

- 1.0.0 10:00 - STANDARD BUSINESS
 - Led by Prof Donna Mead (Chair)*
- 1.1.0 APOLOGIES
 - Led by Prof Donna Mead (Chair)*
 - Apologies received from:*
 - 1. Mr Carl James, Director of Strategic Transformation, Planning & Digital
- 1.2.0 IN ATTENDANCE
 - Led by Prof Donna Mead (Chair)*
- 1.3.0 DECLARATIONS OF INTEREST
 - Led by Prof Donna Mead (Chair)*
- 1.4.0 MATTERS ARISING
 - Led by Prof Donna Mead (Chair)*
- 1.4.1 Action Log
 - 1.4.1 Action Log updated from 26_11_2020.docx
- 2.0.0 10:05 - CONSENT ITEMS
 - Led by Prof Donna Mead (Chair)*
- 2.1.0 FOR APPROVAL
- 2.1.1 Minutes from the Public Trust Board meetings held on the 26th November 2020 and Extraordinary Public Meeting of 10th December 2020
 - Led by Prof Donna Mead (Chair)*
 - 2.1.1a Draft Minutes Public Trust Board Meeting 26_11_2020 V2.docx
 - 2.1.1b Draft Minutes Public Trust Board Meeting 10_12_2020 V2.docx
- 2.1.2 Contract Acceptance and Expenditure Urgent Decisions over £100k (Procurement)
 - To be led by Mark Osland, Executive Director of Finance*
 - 2.1.2 TB Procurement Submission Summary.pdf
 - 2.1.2a App 1 VCC Provision of SACT compounding and nursing service extension EXTENSION.pdf
 - 2.1.2b App 2 Provision of Off-site archiving v2.pdf
 - 2.1.2c App 3 VCC Additional Digital Services.pdf
 - 2.1.2d App 4 WBS HLA tissue typing bone marrow volunteer donors.pdf
 - 2.1.2e App 5 WBS Bacterial Monitoring Equipment Replacement .pdf
 - 2.1.2f App 6 WBS Off Site Scanning.pdf
 - 2.1.2g App 7 WBS - Flow Cytometers Final VERSION (004).pdf
 - 2.1.2h App 8 NWSSP Forensic Software.pdf
 - 2.1.2i App 9 NWIS - Data Quality System Audit+ 1 Year Extension v1.1.pdf
 - 2.1.2j App 10 NWIS - Data Centre Capacity DC 2 - Newport 2 Year Extension v1.1.pdf
- 2.1.3 Chairs Urgent Action Report
 - To be led by Prof. Donna Mead (Chair)*
 - 2.1.3 Chairs Urgent Action Report January 2021.docx
- 2.1.4 Policies for Approval Report
 - To be led by Mrs Lauren Fear, Director of Corporate Governance*
 - * Policy for the Live Streaming and Recording of Meetings*
 - 2.1.4 Live streaming of meetings Policy Cover Report.docx
 - 2.1.4a Live Streaming of Meetings Policy.docx
- 2.2.0 FOR NOTING
- 2.2.1 Charitable Funds Annual Report

To be led by Mr Mark Osland, Executive Director of Finance

2.2.1 Charitable Funds (Trustee) Annual Report 2019-20.docx

2.2.1a Charitable Funds Trustee Annual Report 2019-20.pdf

3.0.0 10:15 - KEY REPORTS

Presenter: Name & Title

3.1.0 Chairs Update

Led by Prof Donna Mead (Chair)

3.1.0 Chair Update Report.docx

3.2.0 CEO Update

Led by Mr Steve Ham, Chief Executive

3.2.0 CEO Update Report - Jan 2021.docx

4.0.0 10:30 - QUALITY, SAFETY & PERFORMANCE

Presenter: Name & Title

4.1.0 Quality, Safety & Performance Committee Highlight Report

Led by Mrs Janet Pickles, Independent Member & Chair of the Quality, Safety & Performance Committee

4.1.0 Quality Safety Performance Committee Highlight Report_18.01.2021_FINAL.docx

4.2.0 Remuneration Committee Highlight Report

Led by Prof Donna Mead (Chair)

4.2.0 Remuneration Committee Highlight Report - 17.12.2020.docx

4.3.0 Local Partnership Forum Highlight Report

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

4.3.0 LPF Highlight Report - 02.12.2020.docx

4.4.0 Divisional Quality Safety & Performance Report as at November 2020

Led by Mrs Cath O'Brien, Interim Chief Operating Officer

4.4.0 Delivering Excellence Performance Report Cover Paper.docx

4.4.a Appendix 1 VCC Performance Report.pdf

4.4.b Appendix 2 WBS Performance Report.pdf

4.4.c Appendix 3 WOD Performance Report.docx

4.4d Additional Absence Data - Board 28th Jan 2021.pptx

4.5.0 Financial Report Period Ended 30 November 2020 (M8)

Led by Mr Mark Osland, Executive Director of Finance

4.5 Month 8 Finance Report Cover Paper.docx

4.5a M8 VELINDRE NHS TRUST FINANCIAL POSITION TO NOVEMBER 2020 - TRUST BOARD FINAL.docx

4.5B Stage 2 Capital Prioritisation - Trust Capital Programme 2020 - 2021.docx

4.6.0 COVID-19 Update

To be led by Mr Steve Ham, Chief Executive and Mrs Cath O'Brien, Interim Chief Operating Officer

4.6.0a COVID 19 Update for jan 21v1.docx

4.6.0a Appendix 1 - vaccination-strategy-for-wales.pdf

4.6.0b VCC Clinical Framework For Defining the Clinical Model and Treatment Decision Making During Wave2 .docx

4.6.0c VCC Clinical Framework for Defining the Clinical Model and Treatment Decision Making During Wave 2.pdf

4.6.0c Appendix SACT Principles.pdf

4.6.0 Appendix VCC RECOVERY PHASE of COVID May 2020 with deletions highlighted from Dec 2020.docx

4.7.0a Appendix 2 - Vaccination plan version 1.1 working draft 21.1.2021 .docx

5.0.0 11:10 - STRATEGIC DEVELOPMENT

Presenter: Name & Title

5.1.0 Strategic Development Committee Highlight Report

To be led by Mr Stephen Harries, Chair of the Strategic Development Committee/Independent Member

5.1.0 Strategic Development Committee Highlight Report - December.docx

5.2.0 Transforming Cancer Services Programme Scrutiny Sub-Committee Highlight Report and Annual Report

To be led by Mr Stephen Harries, Independent Member & Chair of the TCS Programme Scrutiny Sub-Committee

5.2.0a TCS Programme Scrutiny Committee Highlight Report December 2020 v1.docx

5.2.0b TCS Programme Scrutiny Committee Annual Report October 2020 v0.2.docx

5.3.0 Transforming Cancer Services Communication & Engagement Update

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

5.3.0 Comms January 2021 TCS C&E TB.docx

5.4.0 Update on the Nuffield Trust Report

To be led by Mr Steve Ham, Chief Executive

5.4.0 Trust Board - Nuffield Report Update January 2021.pdf

5.5.0 Socio-Economic Duty Report

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

5.5.0 Socio-economic duty.docx

5.6.0 Progress Report on Quarter 3 Delivery Plan

To be led by Mrs Cath O'Brien, Interim Chief Operating Officer and Mr Phil Hodson, Deputy Director of Planning & Performance

5.6.0 Progress Report Q3 Delivery Plan FINAL version 004.docx

6.0.0 12:05 - INTEGRATED GOVERNANCE

Presenter: Name & Title

6.1.0 Audit Committee Highlight Report and Annual Report

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

6.1.0 a Audit Committee Highlight Report 11 December 2020 final.docx

6.1.0b Audit Committee Annual Report Jan - Dec 2020 final.docx

7.0.0 12:20 - ANY OTHER BUSINESS

Prior Approval By the Chairman Required

8.0.0 12:30 - DATE AND TIME OF THE NEXT MEETING

25th March 2020 at 9.30 am until 12.30 noon via Zoom.

9.0.0 CLOSE

The Board is asked to adopt the following resolution:

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

VELINDRE NHS TRUST

UPDATE OF ACTION POINTS FROM PUBLIC TRUST BOARD MEETINGS UPDATED 30th JULY 2020

MINUTE NUMBER	ACTION	STATUS	LEAD	DUE DATE/ STATUS
19.12.2019 – Extraordinary Public Trust Board				
2.0	Urgent Decisions Over £100k 1. Mr Mark Osland and Mrs Lauren Fear will be addressing the process supporting the “Over 100k Commitments” with Procurement colleagues in January 2020, and this will include a review of the detail captured within the reports as well as improving consistency of content. An update will be received at the January Trust Board meeting.	UPDATE JANUARY 2021 Engagement and consultation on the revised process and supporting documentation will be completed over the next few weeks to enable a new Policy and Procedure to be presented to the Board in March. The new process is designed to provide a more robust and comprehensive framework that will see the introduction of a standardised business case to enable more effective decision-making.	MO/LF	OPEN To be presented to the March 2021 Trust Board
30.04.2020 Public Trust Board				
	1. Mr Steve Ham confirmed that he has informed the NHS CEO in Welsh Government on the status and will follow this up in writing – confirmation that the letter has been sent.	UPDATE JULY 2020 This action relates to the Letter of Accountability and Update was given at the 25 th June Board with	SH	CLOSED

		the intention to align this with the Q2 plan submission		
26.11.2020 Public Trust Board				
2.1.2	1. Mr Mark Osland to amend page 3 of the cover report 'Table of Decisions' to reflect the TCS provision of Professional legal Advisory Services also includes legal, financial and insurance advisory services.	15/01/21: MO confirming action completed.	MO	CLOSED
	2. Mr Mark Osland to provide Mr Gareth Jones with the names of Directors omitted from the Director/Sponsor Declaration of Compliance forms outside of the Trust Board Meeting.	15/01/21: MO confirming action completed.	MO	CLOSED
2.2.2	1. Mrs Cath O'Brien to provide an update to the Trust Board if the Trust was prepared for any increases for the scaling up of Stereotactic and Brachytherapy Services i.e. were there any workforce or capacity issues.		COB	January 2021
4.2.0	1. Mr Steve Ham to provide a written CEO Update report to be loaded to Ibabs for Board members to be able to access and the Trust's website		SH	CLOSED
	2. Mr Steve Ham to attach a copy of the Welsh Government Joint Escalation and Routine Arrangements letter to the report.		SH	CLOSED
	3. Mrs Nicola Williams to request the Quality, Safety & Performance Committee provide an update on activities for the improvement and maintaining staff wellbeing including a trend analysis on anxiety/stress absence to the January 2021 Trust Board.	Update 19/01/21 from SFM: Work is underway on the Trust Wellbeing Plan, which will be presented to QSP in March. Trend Analysis and benchmarking on absence reasons will also be presented to QSP in March 2021.	NW/SFM	January 2021

5.6.0	1. Mrs Cath O'Brien to provide an update to Mr Stephen Harries on considerations being given to installing a canopy over the VCC Main Reception. 2. Ms Sarah Morley to give consideration if the Trust could establish a grant/loan for staff who are living with domestic abuse.	Update 19/01/21 from SFM: Support for staff subject to domestic abuse is being considered under the Wellbeing Recovery Plan which is being developed by the Trust in response to the wellbeing lessons learned survey and other feedback from staff.	COB SFM	January 2021 April 2021
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Minutes of the Public Trust Board Meeting – Part A

VELINDRE UNIVERSITY NHS TRUST HQ/TEAMS/LIVE STREAMED
THURSDAY 26 NOVEMBER 2020 @ 10:00

PRESENT:

Professor Donna Mead
Mr Stephen Harries
Ms Janet Pickles
Mr Martin Veale
Mrs Hilary Jones
Mr Gareth Jones
Professor Donald Fraser
Mr Steve Ham
Mrs Nicola Williams

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

Ms Sarah Morley
Mr Mark Osland

IN ATTENDANCE:

Mrs Lauren Fear
Mr Carl James
Ms Cath O'Brien
Mr Alan Prosser

Director of Corporate Governance
Director of Transformation, Planning & Digital
Interim Chief Operating Officer
Interim Director of Welsh Blood Service

Mrs Catherine Currier

Secretariat

1.0.0	STANDARD BUSINESS Led by Prof Donna Mead, Chair Professor Donna Mead welcomed everyone to the Trust Board Meeting being live streamed to the public on 26 th November 2020.	
1.1.0	APOLOGIES Led by Prof Donna Mead, Chair Apologies were received from Dr Jacinta Abraham, Executive Medical Director.	

1.2.0	IN ATTENDANCE Led by Prof Donna Mead, Chair Welcome to:- • Katrina Febry, Relationships Manager, Audit Wales • Stephen Allen, Community Health Council (CHC) Representative • David Cogan, Patient Representative • Brenda Chamberlain, Community Health Council (CHC) Representative	
1.3.0	DECLARATIONS OF INTEREST Led by Prof Donna Mead, Chair No declarations of interest were declared.	
1.4.0	MATTERS ARISING	
1.4.1	Action Log Led by Prof Donna Mead, Chair The Trust Board DISCUSSED and UPDATED the action log.	
2.0.0	CONSENT ITEMS Led by Prof Donna Mead, Chair Velindre University NHS Trust The consent part of the agenda considers routine committee business as a single agenda item. Prof Donna Mead explained notice had been given for the following items to be removed from the consent agenda: • 2.1.2 Contract Acceptance & Expected Urgent Decisions over £100,000 (Procurement) • 2.2.1 Health Inspectorate Wales Annual Report • 2.2.2 WHSCC Joint Committee Briefing	
2.1.0	FOR APPROVAL	
2.1.1	Minutes from the Public Trust Board meeting held on the 24th September 2020 Led by Prof Donna Mead, Chair The Minutes of the last meeting were APPROVED under consent.	
2.1.2	Contract Acceptance & Expected Urgent Decisions over £100,000 (Procurement) Led by Mr Mark Osland, Executive Director of Finance This item was removed from the Consent Agenda in order to address two points of clarification required:	

	1. Mr Gareth Jones highlighted that in some of the reports, Section 3 Director/Sponsor Declaration of Compliance did not contain the Lead Directors details. Mr Mark Osland confirmed this information had been provided by email prior to submission of the papers to Trust Board, but acknowledged there had been an oversight on this occasion. Mr Mark Osland offered to confirm outside of the Trust Board the names of the Directors omitted. 2. Mr Gareth Jones noted that on page 3 of the cover document, the summary setting out the table of decisions refers to 'TCS the provision of Professional Legal Advisory Services', and this was misleading, as there are also financial and insurance services, which are covered in the paper (Appendix 3). Mr Mark Osland agreed and confirmed the summary sheet should be amended to reflect this. Subject to the above amendments, the Trust Board AUTHORISED 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 AUTHORISED the Chief Executive to APPROVE requisitions for expenditure under the named agreement.	Mark Osland Mark Osland
2.1.3	Chairs Urgent Action Endorsements Led by Prof Donna Mead, Chair The Trust Board CONSIDERED and ENDORSED the Chairs urgent action taken since the 24th September 2020 Trust Board Meeting.	
2.1.4	Approved Policies Update Led by Mrs Lauren Fear, Director of Corporate Governance The Trust Board APPROVED the All Wales Lease Car/Pool Vehicle Policy & Procedure.	
2.1.5	Amendment to Standing Orders Led by Mrs Lauren Fear, Director of Corporate Governance Mr Martin Veale noted that NWIS were a hosted organisation, however there was no reference to their Terms of Reference in the updated schedule. Mrs Lauren Fear advised that hosted organisations were included under Schedule 5 of the Standing Orders and that the Board were being asked to approve amendments specific to Schedule 3. The Trust Board APPROVED the amendments to the Trust Board Standing Orders.	

2.2.0	FOR NOTING	
2.2.1	Health Inspectorate Wales (HIW) Annual Report Led by Mrs Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Sciences. Prof Donna Mead requested this agenda item was pulled from the consent agenda, to allow her to bring to the Board's attention the positive feedback the Trust had received in the Health Inspectorate Wales' Annual Report. It was noted the report did identify recommendations for the Trust in relation to its provision of Welsh language and delays in the complaints procedure. Ms Sarah Morley confirmed the Trust recognised the need to continue to improve the number of Welsh speaking staff within the Velindre Cancer Centre and work was ongoing, including undertaking language assessments as part of reviewing job descriptions. In addition, the Velindre Cancer Centre had established a Welsh Language Steering Group to progress activities. Mrs Nicola Williams reported the Trust had also demonstrated an improvement in the delays in the complaints procedures, since the HIW report had been published. In Quarter 2, the Trust had achieved a 100% compliance rate. The Trust continues to strive to respond to every complaint in 30 days, however it was noted complex complaints take longer. The Trust Board NOTED the contents of the Healthcare Inspectorate Wales Annual Report 2019-2020.	
2.2.2	WHSCC Joint Committee Briefings Led by Mrs Lauren Fear, Director of Corporate Governance Prof Donna Mead requested this agenda item was removed from the consent agenda. In the briefing it states that Stereotactic and Brachytherapy services would be scaled up, as a consequence of COVID-19 across the whole of Wales. Prof Donna Mead asked if the Trust was prepared for any increase i.e. are there any issues in terms of capacity or workforce? Mrs Cath O'Brien was not in a position to provide an update at the meeting, but offered to provide an update to the Board outside of the meeting. The Trust Board NOTED the contents of the Welsh Health Specialised Services Committee Joint Committee Briefings.	Cath O'Brien
2.2.3	Governance Arrangements During COVID Update: Final Reports Following Audit Wales and Internal Audit Advisory Joint Review Led by Mrs Lauren Fear, Director of Corporate Governance Prof Donna Mead congratulated colleagues for the very positive review of the Trust's Governance Arrangements during the pandemic. It was noted	

	there were no recommendations, only items for consideration, which were in hand. The Trust Board NOTED the contents of both reports and the key message confirming the Trust operated effectively during the peak of the pandemic.	
2.2.4	Health & Safety 2019/20 Annual Report Led by Mr Carl James, Director of Strategic Transformation Planning & Digital The Trust Board NOTED the annual report.	
2.2.5	Quarter 3 and Quarter 4 Operating Plan - Progress Update Led by Cath O'Brien, Chief Operating Officer Prof Donna Mead reminded the Board that due to Welsh Government deadlines the Trust's Quarter 3 and Quarter 4 Operating Plans had been submitted as a Chair's urgent action. It was noted for public assurance the Board Members had reviewed the plans at a Board briefing Session prior to submission to today's Board meeting. The Trust Board NOTED the Quarter 3 – Quarter 4 Operating Plan.	
3.0.0 10:10	Presentation: Delivery of Convalescent Plasma Programme - Welsh Blood Service Led by Mr Alan Prosser, Interim Director of WBS Mr Alan Prosser provided a presentation on the Convalescent Plasma Programme, including: • Background to the programme • Information on the challenges • Opportunities the programme provides • Timeline and milestones • Next steps Mr Alan Prosser acknowledged the work of Mr Peter Richardson, Head of Quality & Safety, who has headed up the programme and thanked everyone involved. It was noted that Dr Atherton had written to Chloe George, Lead Scientist in Transfusion Medicine, thanking her for her personal input into the programme and her work at a national, UK and international level. Prof Donna Mead thanked Mr Alan Prosser for the presentation and recommended the Board Members took the opportunity to visit the WBS to be able to appreciate the new machines and Service, when circumstances allow. Prof Donna Mead highlighted the number of invitations (6,982) sent out in comparison to the number of donations received (762). Mr Alan Prosser confirmed that 2,624 expressions of interest were received; however, individuals' ability to donate was dependent on a number of variables including how well donors were recovering, individual fitness levels and	

	haemoglobin levels. Prof Donna Mead highlighted the important message that the population of Wales were prepared to participate in the programme, but that the programme's criteria for donating did mean this was not always possible. Mr Stephen Allen asked what the Trust's plans were for this service post-March 2021 with potential vaccines becoming available. Mr Alan Prosser confirmed the Service was considering repurposing machines and opportunities for how plasma could be used in the future, and discussions are ongoing with other UK services at a national level in this regard. Mrs Nicola Williams praised the professionalism and dedication of staff within the Welsh Blood Service that have adopted a systems leadership role and their ability to adapt the collections model during the pandemic. Prof Donna Mead congratulated the service and highlighted the important role the Welsh Blood Service was taking in supporting the delivery of the COVID-19 vaccine across Wales. Mr Steve Ham noted this strategic development and highlighted the importance of how the programme/service is developed. The Board agreed on the need to include this work in the next Annual Report, with specific focus on North Wales. The Trust Board NOTED the contents of the presentation.	
4.0.0	KEY REPORTS	
4.1.0	Chairs Update Led by Prof Donna Mead (Chair) The Chair updated the Board and confirmed that the report was for noting and highlighted the following items: • The Trust's Annual General Meeting held on 22 October 2020 had been live streamed. There had been no technical issues and the content was excellent. • The Trust has been awarded Silver status for Employer Recognition in supporting reservists to deploy. • The Trust's Staff Survey • The collaboration between the Welsh Blood Service and Public Health Wales. • Improving Cancer Services in Wales and beyond. • Charitable funds use for the provision for English for Speakers of Other Languages (ESOL) in partnership with Cardiff & Vale College, led by Dr Seema Arif which received The Times Educational Supplemental Award. • A Remembrance Day Event was held on 11 November 2020, where a cenotaph for Velindre has been erected. The service was led by Simon Lawrence, who works in the Radiology Department and is also the Commanding Officer for 203 Wales Field Hospital. This event was live streamed. • A jointly funded research collaborative with Cardiff & Vale University and the Charities Fund to broaden and develop research capacity for Nursing, Allied Health and Clinical Scientists. The Research	

	Professor has been appointed and a Clinical Fellow has been offered a post. The Trust Board NOTED the contents of the update.	
4.2.0	CEO Update Mr Steve Ham, Chief Executive Officer Mr Steve Ham apologised for not providing a written update, and that this would be provided to the Board following the meeting and posted on the website. Mr Steve Ham extended his thanks to everyone for their continued focus, hard work, commitment and endeavour during these unprecedented times. Mr Steve Ham highlighted the following key messages: • The process for the Joint Escalation and Routine Arrangements has been completed for this part of the year. We have maintained Routine Arrangements following discussions with Welsh Government, Trust, Audit Wales and Health Inspectorate Wales. A copy of the letter will be attached to the report and included on the website. • The Nuffield Trust were undertaking work on providing independent advice. Nuffield planned to publish its report shortly and this would be circulated to the Trust Board and others. • The Trust had stepped up management arrangements for COVID/Brexit including having weekly GOLD command meetings. Professor Donna Mead noted that staff welfare underpinned everything the Trust was doing and noted how busy this period has been for our staff and for how long. Mr Steve Ham suggested the Quality, Safety & Performance Committee provide an update on activities for the improvement and maintaining staff wellbeing, including a trend analysis on anxiety/stress absence to the January 2021 Trust Board. The Trust Board NOTED the contents of the oral update.	Steve Ham Steve Ham Nicola Williams & Sarah Morley
4.2.1	Velindre University NHS Trust still within 'routine' monitoring arrangements on the escalation framework Mr Steve Ham, Chief Executive Officer An update on this item was included in the CEO Update (4.2.0). The Trust Board NOTED the contents of the oral update.	
5.0.0	QUALITY, SAFETY AND PERFORMANCE	
5.1.0	Quality, Safety and Performance Committee Highlight Report Led by Mrs Janet Pickles, Chair of the Quality, Safety & Performance Committee Prof Donna Mead noted that the new Board Committee structure was now being implemented. The level of detail contained in the Highlight Report was exemplary in providing sufficient detail for the Board to provide the	

	necessary assurance and reporting on the work now covered by the Committee. Mrs Janet Pickles reported that this was the first meeting of the new Quality, Safety & Performance Committee. The remit of the Committee was wide, reflected in the substantial number of items covered by the agenda. This was the first time the Committee was receiving workforce, finance, performance information through a quality and safety lens, which supported a more holistic approach to aid triangulation of key themes, this aspect, would mature as the Committee continues. Mrs Janet Pickles confirmed there was nothing to 'alert' the Board of and thanked staff for going the extra mile during this difficult time. Mrs Nicola Williams underlined the fantastic uptake of the flu vaccination. Prof Donna Mead acknowledged that the Trust was well on the way to achieving its 90% staff vaccination target set by Welsh Government. Prof Donna Mead requested the Board's congratulations and thanks were passed to all staff involved in administering the vaccine. Mr Martin Veale echoed Prof Donna Mead's comments on the detailed highlight report. Mr Steve Ham highlighted that a review of the new Committee structure would be undertaken after the Committee had met through two cycles. Mrs Lauren Fear confirmed this had been agreed to be completed after the Committee structure had been running for a year. Mrs Janet Pickles noted there had been a debrief meeting following the Quality, Safety & Performance Committee to consider any immediate learning on what worked well and what can be built upon etc. The Board noted the development of a joint Patient and Donor Experience Annual Report and that this was an excellent step forward. Prof Donna Mead noted the use of variations of the same colours in charts did make deciphering the different elements of the graphs difficult and this could be improved by using different colours in future reports. The Board felt the joint report ensured the Trust knows what the concerns are, as well as positive experiences. The Trust Board NOTED the contents of this report.	
5.2.0	COVID Update Led by Mrs Cath O'Brien, Chief Operating Officer Mrs Cath O'Brien explained the report covered a number of elements and highlighted: • A review of the 'Clinical Governance and Operating Framework for Clinical Patient Pathway/Treatment Decision Making during COVID-19' was being undertaken to assess the impact of the second wave. It was agreed that an update would be provided at the January Trust Board. • The Trust's Vision and Mission for the next stage of the pandemic had been agreed based on the Trust's objectives for Quarter 3 and 4. This was being shared with staff to give clarity on priorities. • The Trust is looking to take out a lease on the Bobath Building adjacent to the Velindre Cancer Centre to provide staff with breakout/wellbeing spaces. This is to replace the space previously provided by Maggie's.	

	Mrs Nicola Williams provided an update on the COVID-19 Vaccine Programme. It was noted this was currently in flux due to changing/updated information being received. The Trust is planning on commencing staff vaccinations on 14 December. A 21 day period is required between the first and second vaccine. Staff involved in the flu vaccinations would be mobilised and trained to support the COVID-19 vaccine process. Work continues on planning logistics with daily meetings being held, as the national picture changes. Prof Donna Mead noted this was very reassuring and asked if plans may need to evolve if there is a delay in vaccine being ready. Mrs Nicola Williams confirmed this was the case and is still unclear when the vaccine will definitely be available and licensed. Prof Donna Mead asked if the Cancer Centre had any intention during the second wave to bring patients from hubs back into the Cancer Centre. Mrs Cath O'Brien stated at the moment we are not anticipating patients will return; however we are open to all scenarios and are responding on a daily basis. It is the Cancer Centre's intention to keep patients being treated, as close to home as possible. Mr Martin Veale acknowledged the wonderful news on the vaccine and noted this was a moveable feast. However, as it currently stands did the Trust have any indication if the volumes of vaccine would be sufficient for all staff and if not, how will the Trust prioritise. Mrs Nicola Williams confirmed there were many logistics involved; however, there was no indication of a supply chain issue. The Trust Board NOTED the content of this update report.	
5.3.0	Velindre University Trust Risk Update Led by Mrs Lauren Fear, Director of Corporate Governance Mrs Lauren Fear provided an overview of the progress being made on the Trust Risk Register, based on the Trust Assurance Framework approved by the September Trust Board. Mrs Lauren Fear noted the Trust had approved a fundamental change to the Risk Register process including the use of Datix and approved risk appetite based on categories. It was noted that work was ongoing on the Datix element of the process and this will be phased in over the coming months. It was hoped by March 2021 the full Datix module would be up and running and an update on all risks to be presented to the January 2021 Trust Board. The Trust Board NOTED the oral update.	
5.3.1	Trust Assurance Framework Led by Mrs Lauren Fear, Director of Corporate Governance Mrs Lauren Fear explained the Trust's Assurance Framework was presented to the Strategic Development Committee to provide a view of our strategic risks, as an organisation. Mrs Lauren Fear agreed to provide an update to the Board on process, developments and next steps at the January 2021 Trust Board. Mr Gareth Jones asked if the risk descriptions could be presented differently i.e. bullet points to make them easier to interpret. Mrs Lauren Fear confirmed	

	the risk descriptions were still being developed and that these would be presented to the next Strategic Development Committee followed by the January 2021 Trust Board. The Trust Board NOTED the update and DISCUSSED the draft risks to form part of the newly approved Trust Assurance Framework.	
5.3.2	EU Exit and EU Transition Led by Mr Carl James, Director of Strategic Transformation, Planning and Digital Mr Carl James highlighted the EU Exit position was still unclear. Weekly national meetings are being held. It was noted the overriding position for the Trust was that the risks are well understood and arrangements in place across the Trust and Wales. We are awaiting the outcome of the Brexit discussions to allow the Trust to understand what is in front of us, as of 1 January 2021. Prof Donna Mead asked if work would carry on past this date. Mr Carl James confirmed work would continue and would include business contingency plans. Mr Martin Veale asked if the Trust was continuing to engage with NWSSP. Mr Carl James confirmed NWSSP were part of the weekly Brexit Group and they along with other organisations provide information of their risks, actions plans. In addition, NWSSP are part of the Trust's discussion on managing the process ahead of us. The Board NOTED the update	
5.4.0	Remuneration Committee Highlight Report Led by Prof Donna Mead, Chair Prof Donna Mead provided feedback to the Trust Board on the Remuneration Committee, which noted some Redundancy payments and approving the remuneration of a Board Level appointment. The Trust Board NOTED the update.	
5.5.0	BREAK	
5.6.0	Delivering Excellence Performance Report Led by Mrs Cath O'Brien, Chief Operating Officer Mrs Cath O'Brien explained a copy of the Performance Report presented to the Quality, Safety & Performance Committee had been included with the meeting papers. This was to illustrate the level of information being presented to the Committee and thanked Peter Gorin for the production of the cover report. Mrs Cath O'Brien highlighted the following key messages: <u>Velindre Cancer Centre</u> The Infection Prevention & Control measures required to respond to the pandemic continues to provide a challenge, in terms of capacity and the Trust's plans to recommencing of treatment.	

	• There had been improvements in SACT provision including maintaining service levels and starting to repatriate to outreach facilities. It was noted the service would be enhanced by increasing 'Medicines at Home' and oral SACT provision. The service continued to utilise additional capacity in Outpatients, where it was effective to do so. • Continue to maintain Radiotherapy target and there was a 7% increase in referrals in September over and above those received in August. Maintained radical and palliative treatments at 94% of 100% targets. It was explained the delays were due to process delays due to COVID-19 related capacity in the planning process, rather than machine capacity. Work continues on how to enhance process and systems to remove delays. • Patient feedback continues to be closely monitored and concerns around access to Outpatients Department. The canopy was now in place and work was ongoing to streamline process to ensure effective flow through clinics. • A hub had been established in Outpatients to co-ordinate virtual clinics. Mr Stephen Harries asked if the idea of a canopy outside the main Reception of VCC had been abandoned. Mrs Cath O'Brien confirmed the Cancer Centre is continuing to work through the practicalities of a canopy in this area and offered to provide an individual update to Mr Stephen Harries. Prof Donna Mead noted the difficulties being experienced as cancer services come back on line and the impact of COVID-19 would last for some time to come. Posts on social media showed that people were noticing how busy the Outpatient Department is. It was felt the biggest pressure was phlebotomy, as this had ceased in Primary Care and it was asked if this could be repatriated back to the Health Boards. Mrs Cath O'Brien confirmed that work was ongoing with the Estates Department to relocate the phlebotomy provision away from Outpatients. It was not envisaged that patients would be repatriated to Health Board phlebotomy services; however, conversations with Health Boards were being maintained. Professor Donna Mead questioned if the Trust was consulted on the repatriation of patients from Primary Care. It was confirmed this had happened in March 2020 and there were conversations, but that the Trust had to respond quickly to meet patient needs and the team had responded positively. Prof Donna Mead asked if the Trust need to look at a substantive solution if no repatriation was expected any time soon. Mrs Cath O'Brien confirmed a site had been identified and the Trust was working through moving the service and would continue to have discussions with Health Boards; however, the COVID-19 vaccine would impact on Health Boards plans. Mr Stephen Allen noted if the repatriation of the phlebotomy service was a long term plan, there may be a need for a conversation with the Community Health Council. Mrs Cath O'Brien noted this requirement, but it was not anticipated to be a long term change and the commitment remains for patients to be able to access services, as close to home as possible. Mrs Cath O'Brien agreed to advice the local Community Health Council should there be any change to provision for a longer duration than anticipated. Mr Martin Veale noted the improved report. Mrs Cath O'Brien confirmed work was ongoing to revise the performance framework; how this was	Cath O'Brien
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	delivered and how Business Intelligence could be used as tool to provide additional information. <u>Welsh Blood Service</u> It was noted the service continues to maintain stock levels. There continues to be a challenge for products in terms of the laboratories and collection due to the Infection Control & Prevention measures against COVID-19. There had been an increase in platelet waste in the August bank holiday due to increase stock holding required to cover bank holiday and drop in normal demands from Health Boards. A full analysis had been undertaken. <u>Trust wide</u> Ms Sarah Morley highlighted PADR figures had improved to 70%. Both sickness levels and Mandatory & Statutory training figures had slight improvements. The report now included a breakdown in terms of COVID-19 related aspects including for special leave for 'non' and COVID-19. Extra slides were included containing detailed information on workforce absence as requested by the Board to give more context and background. The information provided sickness information including COVID-19 for a rolling year. It was noted this information would become more relevant as we move into the pandemic. A breakdown of absence reasons had also been included. Mr Martin Veale acknowledged the inclusion of this information and this is what he was seeking to aid understanding the context. Mr Gareth Jones was struck by the data around anxiety/stress absence reason, and asked if the Trust is addressing this. Ms Sarah Morley highlighted that anxiety/stress absence was at the heart of the Organisational Development programmes to bring around wider change. The Service was providing support to individuals and managers and providing access to a variety of resources. Mr Steve Ham felt it would be helpful to take some trend analysis to the Quality Safety & Performance Committee, along with some benchmarking as indicated earlier. Mrs Janet Pickles informed the Board the Future Generations Commissioner had announced, as part of 16 days of action against violence against women and domestic abuse, her organisation as an employer would look to provide grant and a loan to employees, who were living with domestic abuse and wanted to flee. This is due to people in employment being unable to access 'refuge'. This is part of a project looking at the barriers on stopping staff from seeking help. Mrs Jan Pickles asked if the NHS could take similar steps. Ms Sarah Morley acknowledged the positivity of this initiative and would consider this from the Trust's perspective. The Board NOTED the update.	Sarah Morley Sarah Morley
6.0.0	STRATEGIC DEVELOPMENT	

6.1.0	Strategic Development Committee Highlight Report Led by Mr Stephen Harries, Chair of the Strategic Development Committee Mr Stephen Harries informed the Board that the first meeting of this new committee had been held on 5 November 2020 and highlighted the following key messages: • There were no matters for alert/escalate. • The Committee had received an update on ○ The Terms of Reference and cycle of business ○ Update on engagement process around Trust goal setting leading to the Trust's 10 year plan. ○ Received an update and presentation on ongoing development of the South East Wales Acute Oncology Business Case, which is being led by the South East Wales Collaborative Centre Leadership Group. This involves a Multi-Disciplinary Team reviewing current acute oncology service provision across South East Wales. ○ Performance Assurance Framework and Trust Assurance Framework updates. Prof Donna Mead noted that whilst there may be fewer agenda items, the Committee would be able to have detailed debates on the items. Mr Stephen Harries confirmed it was the Committee's intention to discuss items in depth. Mr Steve Ham noted that the Strategic Development Committee had the potential to shape the Trust's direction and it was important the Trust considered how best to use this Committee. The Trust Board NOTED the contents of the report and actions being taken.	
6.2.0	Transforming Cancer Services (TCS) Scrutiny Sub-Committee Highlight Report Led by Mr Stephen Harries, Vice-Chair Velindre University NHS Trust Mr Stephen Harries provided an update on the meeting of 12th November 2020. • There was nothing to alert or escalate. • Advice & update on TCS Financial Report received including approval for capital funding for current year. • There was a discussion around the ○ Risk Register, ○ Trust Assurance Framework , ○ Communication and Engagement outcomes. Mr Carl James informed the Board the Trust was attending a Welsh Government Infrastructure Investment Board (IIB) to present the Radiotherapy Satellite Centre Business Case on the 9 December 2020. Prof Donna Mead asked if Aneurin Bevan University Health Board would be presenting the Business Case. Mr Carl James confirmed they would lead on the project; however, the Service remains the Trust's responsibility. The Trust Board NOTED the contents of the report and actions being taken.	

6.3.0	TCS Programme Communication & Engagement Update Led by Lauren Fear, Director of Corporate Governance Mrs Lauren Fear reported an update had been provided to the TCS Scrutiny Committee. In terms of engagement on the clinical model, Velindre Futures, a cross section of staff have been involved. All Terms of Reference and information on the ongoing progress had been shared internally for transparency. The Nuffield Trust are in the finalisation stage of their report. A new Facebook page on future Trust developments from an infrastructure and service perspective was being created and would be launched to coincide with publication of Nuffield Trust's Recommendations. This would be the platform for engagement with the public from the start on the Nuffield Trust's recommendations. It was highlighted that the Trust is awaiting a formal follow up following the Senedd's Petitions Committee and the Trust's response to their follow up questions. The importance of continuing with staff engagement and encouraging an open and honest two-way discussion was highlighted. It was felt that this would be further enabled by launch of the work 'In Confidence' programme. Prof Donna Mead asked for an update on supporting planning requirements, which is an important step for the enabling works. Mrs Lauren Fear confirmed whilst the Trust was prepared from a communication perspective, it had been decided not to work proactively on this aspect, which is part of a larger journey. Mr Carl James confirmed the planning requirements were one of a number of activities with the key being that important conversations on the clinical matters, patient experience and with staff are the central ones, which can be overshadowed by the planning aspect. The importance of allowing patients, families and staff to be at the centre of conversations and involved the development of this exciting project was highlighted. Prof Donna Mead informed the Board the planning application (say which planning application) had been granted and was unanimously supported. Mr Stephen Allen suggested the Community Health Council could scrutinise the whole raft of engagement and provide some independent commentary. Mrs Lauren Fear felt this could be really helpful. The Trust Board NOTED the oral update.	
6.4.0	Academic Partnership Board Highlight Report Led by Prof Donna Mead, Chair Velindre University NHS Trust Prof Donna Mead informed the Board that the Trust had held its first Academic Partnership Board with University colleagues. Due to the pandemic the meeting was held in two sessions, with the first focusing on the Trust providing information on our projects and aspirations. This was followed by a second session where the Universities were given the opportunity to inform us and the other Universities of their ongoing projects and aspirations. Five universities were represented at both meetings. The	

	next stage is for the Trust to meet with individual Universities to discuss what we take forward as a collaborative. The Trust Board NOTED the update.	
7.0.0	INTEGRATED GOVERNANCE	
7.1.0	Financial Report Period Led by Mr Mark Osland, Director of Finance Mr Mark Osland explained the report provided information to the end of September 2020. It was highlighted there had been a few developments since the report had been produced. • The Trust's overall position was on track for end of October 2020 no changes in this respect. • With regards to the Revenue budget, it was reported the Trust was on track to meet its statutory duty to breakeven, depending on additional COVID-19 expenditure. Mr Mark Osland confirmed discussions with Welsh Government had been ongoing throughout the year around reimbursement for additional COVID-19 costs and formal confirmation of funding had been received. There is a process to go through and it was hoped to have access to the funds at the end of November 2020. • Formal confirmation of the capital budget for the enabling works, TCS Programme had been signed and returned. This allows the Trust to progress with plans for distributing the remaining discretionary capital. Prof Donna Mead noted the Financial report was a very positive report and was pleased to note the outcome in relation to COVID-19 and capital funding, which has come through and will release discretionary funding. Mr Martin Veale asked if the Trust would be in a position to utilise the money by the end of March 2020. Mr Mark Osland responded that the Trust was always conscious of time limits and had been preparing plans in the background, which included a detailed capital programme. Mr Stephen Harries asked if the Trust could deliver on the capital programme at the end of the year considering the impact of Brexit and the pandemic; are there any risks around being able to order items and these being delivered; has a risk assessment been undertaken on this. Mr Carl James confirmed the Trust could deliver the capital programme; however this would be tighter due to the pandemic and Brexit. The Medical Devices and Supply Chain have had a level of diligence applied, as best as the Trust can. The Strategic Development Committee is planning to develop a 3, 5 and 10 year Capital Investment Programme. This year considering how to reshape future direction of travel over a 5-10 year period and then to get alignment with equipment and building lifespans, along with other enabling items and how to get different types of investments. Mrs Cath O'Brien confirmed pieces of work have been undertaken over the last couple of years preparing for Brexit that maps the supply chain for all of our products, requirements, components, which come from overseas for VCC. For WBS there are items outside the regular NHS supply chain and these have been fully mapped and are understood. An assessment on stock which would	

	need to be brought forward to enable resilience during the changeover period has been undertaken and are being revisited. In addition, NHS Wales Shared Services have done the same for items they hold in their warehouses. The Trust Board ENDORSED the contents of the September 2020 financial report.	
7.2.0	Audit Committee Highlight Report Led by Mr Martin Veale, Independent Member and Chair of the Audit Committee Mr Martin Veale informed the Board there was one item to advise the Board of, which was the transition of the Strategic Health Authority for NWIS to become Digital Healthcare Wales. The meeting was attended by Helen Thomas (NWIS), Steve Ham (Velindre) and Ifan Evans (WG), which helps the Committee to be able to get an overall view. An additional Audit Committee was scheduled to focus on this transition for early December 2020. Currently the Interim Chair was Mr Bob Hudson and adverts were out for the Vice-Chair and Independent Members posts. The highlight report includes information on the other activities covered by this Committee. The Trust Board NOTED the contents of the report and actions being taken.	
7.3.0	Charitable Funds Committee Highlight Report Led by Prof Donna Mead, Chair of Velindre University NHS Trust and the Charitable Funds Committee Prof Donna Mead informed the Board the Committee had received a presentation from Ambassador Wayne Griffiths, which had been inspirational. The Committee also provided an excellent opportunity for a fundraiser to experience how the money had been spent. It was noted that the current time was proving challenging for all charities. The Trust had recast the budget focus for this year, in light of the pandemic. Due to a one-off donation from the Moondance foundation, it was likely the Charity would meet its target; however, next year will continue to be challenging and meetings were planned to discuss how we maximise fundraising activities. It was noted that the Trust's charity was able to apply for NHS charities fund, which has been established in the light of COVID-19. The Trustee's Charitable Funds Annual Report will be submitted in January 2021 and a draft report has been circulated, which needs to be finalised for submission to the December 2020 Charitable Funds Committee meeting. The report had been shared with the Trustee's for comment, and a request made for final comments to be received by the end of this week to enable the report to be finalised. It was noted that comments which Mr Martin Veale's has submitted had been taken on board. Three new Ambassadors invitations have been sent and the Trust is awaiting responses and an update will be provided once the responses have been received.	

	The Trust Board NOTED the contents of the report and actions being taken.	
7.4.0	NWSSP Audit Committee Highlight Report Led by Mr Martin Veale, Independent Member and Chair of the Audit Committee Mr Martin Veale informed the Board there were no items for alert, or to advise on. The Committee had received a range of activity papers for assurance. In particular, the Committee received a detailed report from NHS Wales Shared Services Partnership around contracting for Protective Personal Equipment (PPE) items and schedule of major contracts and progress. Prof Donna Mead noted the due diligence undertaken to support NWIS during this time had worked well. Prof Donna Mead thanked Mr Stephen Harries and Mr Mark Osland on setting up this system and the audit trail for each procurement request. The Trust Board NOTED the contents of the report and actions being taken.	
8.0.0	ANY OTHER BUSINESS: There were no other items for discussion.	
9.0.0	DATE AND TIME OF THE NEXT MEETING: Thursday 28th January 2021 at 9.30 am.	
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).	

Minutes Extraordinary Public Trust Board Meeting – Part A

VELINDRE UNIVERSITY NHS TRUST HQ/TEAMS/LIVE STREAMED THURSDAY 10 DECEMBER 2020 @ 3 PM

PRESENT:

Professor Donna Mead OBE	Chair (Chair)
Mr Stephen Harries	Interim Vice Chair
Mr Martin Veale	Independent Member
Mrs Hilary Jones	Independent Member
Mr Gareth Jones	Independent Member
Professor Donald Fraser	Independent Member
Mr Steve Ham	Chief Executive
Mrs Nicola Williams	Executive Director of Nursing, AHPs & Health Scientists
Ms Sarah Morley	Executive Director of Workforce and OD
Mr Mark Osland	Executive Director of Finance

IN ATTENDANCE:

Mrs Lauren Fear	Director of Corporate Governance
Mr Carl James	Director of Transformation, Planning & Digital
Ms Cath O'Brien	Interim Chief Operating Officer
Mrs Catherine Currier	Secretariat

1.0.0	Standard Business Prof. Donna Mead, Chair	
1.1.0	Welcome & Introductions Led by Prof. Donna Mead, Chair Professor Donna Mead explained this was an Extraordinary Public Trust Board Meeting to discuss the Nuffield Trust advice, which was published on 1st December 2020 on the proposed clinical model that underpins non-surgical oncology in South East Wales.	
1.2.0	Apologies for Absence Led by Prof. Donna Mead, Chair Apologies were received from Dr Jacinta Abraham, Executive Medical Director, who is being represented by Dr Tom Crosby, Consultant Oncologist	

	• Mrs Janet Pickles, Independent Member • Katrina Febry, Relationship Manager, Audit Wales	
	In Attendance • Mr Stephen Allen, Community Health Council Representative • Mr David Cogan, Velindre Cancer Centre Patient Liaison Group Member • Mr David Powell, Director nVCC Project, Transforming Cancer Services Programme in South East Wales	
1.3.0	Declarations of Interest Led by Prof. Donna Mead, Chair No declarations of interest were declared.	
2.0.0	Items for Discussion Led by Prof. Donna Mead, Chair	
2.1.0	Nuffield Trust - Advice on the proposed model for non-surgical tertiary oncology services in South East Wales Led by Mr Steve Ham, Chief Executive Prof Donna Mead explained that the Nuffield Trust had undertaken a detailed analysis of the evidence, informed by engagement with a cross section of staff and a range of stakeholders across the region. The evidence had been considered by an expert panel appointed by the Nuffield Trust, who have a wealth of experience in both health services and in oncology services. The report was issued on 1st December 2020, and the Trust issued a statement to thank the Nuffield Trust for the advice and recommendations and we welcomed the report. Since its publication the Executive Team have held 3 virtual meetings, which were open to all Velindre Cancer Centre staff. Prof Donna Mead explained the purpose for today's meeting is to remind the Board of the background to the project and to provide summary of the key recommendations. There will then be an opportunity to discuss the report in further detail and to ask questions before considering our agreed response. Mr Steve Ham added his thanks to those of Prof. Donna Mead to the Nuffield Trust, for completing this report on time given the range of people involved in the programme of work. Mr Steve Ham welcomed the report and considered the report to provide the Trust with a springboard to take the next steps in the evolution of the organisation and its relationships with stakeholders.	

Mr Steve Ham highlighted some key aspects of the report which included:

- The report concludes that given where the Trust is something needs to happen now and can't wait.
- It also highlights, although there is a trend for co-location, there wasn't a strong evidence base for either model. However, co-location was not an option for the Trust, for a considerable period of time
- The report then states: the proposed solution, which the Trust is working towards can deliver safe, high quality service for our patients, which is a really important position set out in the report.
- The report also states there are strategic opportunities for the Trust and the region in terms of cancer care in the future that the Trust should consider working through with our partners in the region.

Mr Steve Ham provided the Board with information on the engagement which has been undertaken since the report was published. This has included three Question and Answer sessions with staff attended by a total of around 100 people. The Executive Team are now working with the VCC Senior Management Team on how we continue to engage with staff going forward. A meeting also took place with the Consultant body with around 40 medical staff in attendance. Other members of the Executive Team have also met with colleagues in team meetings and on an individual basis. In addition, there has been Local Health Board engagement including with Medical Directors, Chief Executives, and Directors of Planning on how we take the next steps. Whilst the above shows the engagement undertaken so far, the Trust is aware continuous engagement will be required.

The Trust has received some positive feedback on the Nuffield Trust report, which has been generally very well received by both internal and external stakeholders. It is felt the report does reflect stakeholders' voices and it has heard the views that have been raised. The report has been well received by the Health Boards, who are eager to progress with the work set out in the report. The Trust will also be taking the report and the recommendations to the Cancer Collaborative Leadership Group in January 2021 to discuss how these are progressed. This builds upon the conversations the Trust has already had and the commitment already received from our health organisation partners to work together.

Internally, there is an expectation for the Trust to make progress where we can and the report sets out some recommendations in this area. The Trust has established a 'Velindre Futures model' within the Cancer Centre, which will be having a Programme Board that Task Force leads will feed into to develop the programme. The meeting will help the Trust to progress some of the recommendations/changes that can be implemented now.

	Prof. Donna Mead offered Dr Tom Crosby and Mr Carl James the opportunity to feedback on some of their meetings with external stakeholders, since the report was published. Mr Carl James confirmed that following discussions with the Directors of Planning there was a desire for an opportunity for the report to be presented. It was felt the report did not just consider 'cause and effect' and only focus on Velindre as an organisation. This helps to start to describe how a high performing cancer system works across South East Wales and what type of model this could be, with a clear strategy for the next 5 to 10 years based on decisions using shared data. There has been a sense of opportunity and excitement in discussions with the Directors of Planning and an eagerness to commence, especially on long-standing issues. Dr Tom Crosby reflected that the Nuffield Trust went out of their way to listen to as many people as possible. Perhaps disproportionately people with concerns, as the Nuffield Trust were willing to listen to anyone with concerns who came forward and this approach was welcomed. One of the main concerns was about co-location and both the report and dialogue with the Nuffield Trust recognised the theoretical advantages to co-locating services, but there was an acceptance that unless you can redesign and co-produce both acute and elective care services from scratch, rather than building on existing constraints, this is a challenge. It was recognised that co-locating Velindre onto an acute site without it being redeveloped may cause more issues. However, there are opportunities for the use of facilities and co-working to be considered as services and sites are developed in the future. There is not a perfect co-located medical organisational solution, however big the site, which could locate local and tertiary services or all services together. There is increasing awareness during COVID-19, and in terms of effectiveness of the need to separate acute and elective services, which was recognised in the report. Prof. Donna Mead offered Mr David Cogan the opportunity of commenting on the Nuffield Trust's report and views that have been fed back to him. Mr David Cogan felt there were 3 headings. Firstly, there is a recognition of needing to do something now, which is foremost in the minds of most patients at the moment. It's good that the report is challenging and pushing us to do something now. The second point is about engagement and the opportunity to talk to patients including attending at a Patient Liaison Group meeting to discuss the report to gain more of a patient's perspective. Thirdly, around the opportunity to reaching out, mobilisation and communication, as a patient group we are keen to lead, how can the Patient Liaison Group, start some of the communication with different groups i.e. Health Boards and lead it from a patient perspective, as well as a medical, clinical point of view.	
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Mr Gareth Jones noted the report identifies a number of actions to be progressed with others and asked whether, in the current climate, if this would have an impact on the timeline for the development and completion of the new Velindre Cancer Centre. Mr David Powell confirmed there had been a degree of parallel running, once the shape of the infrastructure had been agreed with Welsh Government with working with the Health Boards, as they are mutually supportive. The recommendations also allows the Trust to consider what systems would need to be in place to allow the building to work and to optimise its use. These are seen as complementary activities.

Dr Tom Crosby also noted some of the challenges are for the system, and relate to the service model we have now as a stand-alone cancer centre. These challenges should not wait for the development of a new cancer centre. Some of the challenge we can progress now i.e. how we look after patients, who comes to the Cancer Centre; how we look after patients who deteriorate becoming unwell in Velindre and how we deliver elective services of chemotherapy and radiotherapy etc, which are challenges very much for now. In terms of Mr David Cogan's comments it is really important the patient voice is really harnessed. The Cancer Centre does this well, but there is more we can do to systematise patient experience feedback and design of the service. It is also important to co-produce the solution with our staff and that they feel part of the design of the new system, be that in the current infrastructure, @Velindre locations and in the future in a new cancer centre. There is more we can do to build the vision and implementation with our staff.

Prof. Donna Mead stated that the staff engagement process the Trust had undertaken prior to the publication of the report, where the Trust talked with staff about their concerns and the publication of the report has unleashed a willingness and desire for everyone to join together and be part of the solution.

Mr Steve Ham noted Mr Gareth Jones' point was a really important one. There is a lot going on in the NHS; we are responding to COVID-19 and will have to catch up and restart other things, over the next few years. The Trust is taking this opportunity to reorganise the way it works including management arrangements and replacing Canisc to mention a few of the issues.

How we bring our programmes together and join them up will be very important. The Executive Group is focusing on making the Trust clear on how we want things to work, the role and function between Canisc implementation, service change and the management arrangements. This work runs alongside and is interlinked with the Transforming Cancer Services in South East Wales Programme work. In addition, the Trust is having discussions across the region about how we work and it was noted the challenges in the Health Boards are even bigger.

However, it was important to harness the energy that has been created to resolve issues and build upon the work that has already taken place. Over the last 12 months work has progressed on developing a business case for the Acute Oncology Service, which is an area the region has been challenged to resolve.

Mr Carl James replied in response to Mr Gareth Jones' question, whilst the focus has been on the new hospital, there is a need to remember what the Trust is trying to do, which is to redesign a service. Mr Carl James gave assurance that the Trust already have a lot of these plans and arrangements in place. The Nuffield Report provided two particular things. One, it reaffirmed the Trust's direction of travel was the right one, which is important. Secondly, it has given the Trust, as previously mentioned, momentum to bring some of the more complex issues together in a consolidated manner and to actively work across the region.

Prof. Donna Mead asked Mr Steve Ham whether the impact of COVID 19 would affect the Health Board's ability in the short term to be able to engage with us on the programme of work and what effect this might have on timelines. Mr Steve Ham responded that foremost the work the Trust needs to do was to address our own organisational issues, which are within our gift of prioritisation. Mr Steve Ham felt the response from health boards, in particular, over the last month or so has been very engaging.

Dr. Tom Crosby noted there are lots of national conversations around COVID-19 and potential recovery plans. Reflecting that back onto the Trust, it is really important wherever possible we do what we can do best and that which only we can do and that is the safe delivery of elective care, radiotherapy, chemotherapy and looking after our patients, who have complications of treatment particularly if they are not related to COVID-19 infections. People will be looking to Velindre, when developing a Cancer COVID-19 Recovery Plan, and we need to prepare for this, as an organisation.

Mrs Nicola Williams concurred with everything colleagues have said. Clinically, this is a really exciting time for the Trust. The clinical elements of the report, such as the admission criteria, is an area we have been working on with our clinicians. Since receiving the report, I have met with a host of different professional groups and they all welcome the report. There is a real excitement now about transformation and they are energised and want to help us shape this for the future.

Mr Stephen Harries noted that whilst this was a good opportunity to look forward to delivering this agreed clinical model, there was an opportunity to look back at the engagement process, which developed the clinical model. It was noted that a wide range of people had been involved in a comprehensive well-structured engagement process including

staff, various organisations, the networks, patients and the public. An agreed clinical model was presented to the Trust Board and approved and this formed the basis of our plans. Rolling on a couple of years, whilst the Nuffield Trust are not reviewing what we presented before, they are reviewing the situation and have come up with a slightly different clinical model. It would be helpful just to try to understand, how it is that we have ended up in a situation that within a relatively short time that requires a modification to the clinical model. There may be all sorts of explanations, the Trust could learn by looking back at where we have come from, as well as looking forward to where we all want to get to collectively.

Mr Steve Ham responded that there is always something to learn and this was an important aspect to pick up. Some of the things Mr Stephen Harries mentioned are included within the Velindre Futures and making sure these become a core part of our ethos, as an organisation. The Trust is aware the clinical model is not a static thing and this does challenge the Trust to keep it under review. This is also a challenge for the system and we are aware the volume of what we are trying to achieve adds to this.

Mr Carl James reiterated the first principles of the clinical model was to be patient led, patient at the centre, equitable care consistent, wherever you receive that care. It was felt the principles remain right, sound and still stand. The model then said more patients, where appropriate and through their choice want to be receiving care in their homes; then doing more in the local community and finally having to travel a bit further for specialist care. It was felt these were right and proper and still sound principles. The Trust is working on the question of which patients should be admitted and for what purpose. This work was being done irrespective of the report. The report has meant the Trust has had to focus on accelerating some the things such as ambulatory care and how that relates across the region. It was noted that Mr Steve Ham has touched already on the importance of Acute Oncology Services being comprehensively provided. The importance of Research, Development and Innovation and making this part of front line service delivery, as we know good research, good development informs clinical practice and delivers better outcomes. Overall, the Trust are still on the right track.

Mr Stephen Allen confirmed he had seen the Nuffield Report and had shared it with CHC colleagues across Wales. The report provides a blueprint, as to the way forward, perhaps for the way cancer services need to be looked at going forward, which the CHC would welcome. On behalf of the wider community and patients Mr Stephen Allen asked if the Nuffield Trust received all the information, in order to undertake this review. In particular, an ex-service user's correspondence and any other correspondence from concerned members of the public, the wider community and clinicians. It was noted there is a requirement for the CHC to receive assurance that the

	Nuffield Trust undertook their review having access to all that information. Prof. Donna Mead stated when the Nuffield Trust were discussing the categories of people they wanted to interview, this included those who had written letters of concern either to ourselves, Welsh Government etc. and that they were included in the people invited to interview. Mrs Lauren Fear confirmed this was the case and those letters of concern were shared up front with the Nuffield Trust, which helped them to form the Terms of Reference that structured the work. Then they requested, who they wanted to interview at that stage of the process and they wanted to talk to those, who had led on the letters of concern. Mr Stephen Allen confirmed this answered his question to a degree and was aware the CHC will be seeking assurance from the Board, so it can be satisfied diligence was undertaken. Prof. Donna Mead also confirmed that open sessions were arranged, at the end of the interviewing phase, where anybody could book in and have an interview with the Nuffield Trust. Mrs Cath O'Brien brought together a number of themes that we have discussed which include: • The enormous amount of engagement initially undertaken; • The amount of work that has been ongoing in the cancer centre, since that time to look at how we develop our services on an ongoing basis; • Work on restructuring the management team within the cancer centre; • The establishment of the Velindre Futures Programme, which in its initial phase started to review the admission criteria, patient pathways, the education elements and our research and development aspirations. This work is coming to a point where it can make some recommendations and using the momentum to progress through the delivery phase. • Having discussions with the Patient Liaison Group on engagement with members of the public, patient and their families. Mrs Cath O'Brien provided assurance that the enthusiasm and increased opportunity for constructive discussion is being capitalised on, whilst recognising the impact of the pandemic on staff and services. Mr Martin Veale asked in terms of the whole system of anti-cancer treatments and noted this was not about building a new hospital to solve all our ails. It is about fitting the new building in with the totality of what anti-cancer therapies means going forward; particularly with the backdrop of COVID-19 and the lack of referrals and the potential of backlog coming the Trust's way. Whilst the solutions are not solely in the Trust's gift Mr Martin Veale asked if this and the report significantly change any of our plans going forward.	
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	Prof. Donna Mead noted one of the things most welcomed about the report, was that it held a mirror up to the Trust on what we were already doing and planning. Mr Steve Ham stated the report does not change anything in the long term. The ambition is the same over the short and medium term it puts greater onus on us to deal with the immediate issues and the team are focused on working through this. The report reaffirms the long term plan should remain our focus. Mrs Hilary Jones stated the report has provided reassurance to those who were not around during the initial development of the clinical model. Prof. Donna Mead reiterated there is a lot of work ahead of the Trust to fulfil the recommendations of the report. Given the content of that advice, our discussions today, and the responses that have been provided by the Officers, it's my intention as Chair to ask for the Board to support the recommendations set out in the advice from the Nuffield Trust and to support the direction of travel with respect of the next steps laid out in the covering paper. In doing that the Trust should acknowledge this is going to require continued close partnership with our staff, our patients, the Community Health Council and our health Board partners to ensure that we end up with continued delivery of excellent cancer services to the people of south East Wales. By a show of hands the Trust Board demonstrated: • they welcomed the report, • supported the recommendations and • Direction of travel in respect of next steps.	
3.0.0	Any Other Business - Prior agreement with the Chair required Led by Prof. Donna Mead, Chair There were no other items for discussion.	
4.0.0	Date & Time of Next Trust Board Meeting Led by Prof. Donna Mead, Chair Thursday 28th January 2021 at 10 am - 12:30pm, Via Microsoft Teams	
5.0.0	Close	

TRUST BOARD

BOARD DECISIONS REQUIRED FOR COMMITMENTS EXCEEDING £100k FOR THE PERIOD 28th January 2021 to 24th March 2021

DATE OF MEETING	28 th January 2021
PREPARED BY	Christine Thorne
PRESENTED BY	Mark Osland
EXECUTIVE SPONSOR	Mark Osland

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

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

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

2. ASSESSMENT

2.1 Option Appraisal / Analysis:

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

2.2 Impact Assessment:

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

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

Appendix No	Division	Scheme/Contract/Agreement Title	Period of Contract	Total Expected Maximum Value of Contract £ (ex VAT)
1	VCC	Extension of SACT compounding and nursing service	8 th March 2019 to 7 th March 2021 (extension from 8 th March 2021 to 30 th September 2021)	327,474
2	VCC	Velindre Cancer Centre - Provision Of Off-Site Archiving	1 st May 2021 to 31 st April 2023 option to extend for a further +1 +1 years	193,200
3	VCC	Velindre University NHS Trust Additional Digital Services Infrastructure	Equipment, Services and Licences are anticipated to be procured and delivered before 31 March 2021	500,000
4	WBS	HLA Tissue Typing for bone marrow volunteer donors performed by 3rd party supplier (histogenetics)	19 th January 2020 to 1 st January 2022 option to extend for a further +1 +1 years	160,000
5	WBS	Bacterial Monitoring Equipment Replacement At Welsh Blood Service	1 st March 2021 to 28 th Feb 2026 with an option for an additional year plus another year (5+1+1)	1,120,694
6	WBS	Off Site Scanning of Electronic Records	8 th May 2021 to 7 th May 2023 (option to extend further +1 +1 years)	207,000

7	WBS	Flow Cytometry (consumables and maintenance)	29 th January 2021 to 7 th May 2023 (option to extend for 2 further years until 7 th May 2025)	1,280,000
8	NWSSP	Forensic Software	1 st April 2021 to 31 st March 2026	464,568
9	NWIS	All Wales Data Quality System ("DQS") for General Medical Practices	The original contract was for five (5) years with no options to extend. The original contract was due to expire in March 2019, but an extension beyond the intended contract term was executed. That extension is due to expire on 30 June 2021. NWIS are seeking to extend this contract for an additional twelve (12) months. To commence 01 July 2021 and expire 30 June 2022.	600,000
10	NWS	Data Centre Capacity Requirements – Data Centre ("DC2")	The full two (2) year extension option included in the OJEU have already been utilised, NWIS are seeking to extend this contract for an additional two (2) years, beyond its intended contract term. To commence 01 July 2021 and expire 30 June 2023.	2,352,000

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. TITLE OF SCHEME/CONTRACT: PROVISION OF SACT COMPOUNDING AND NURSING SERVICE

2. CONTRACT DETAILS

2.1. Description of Goods / Services/ Works/Lease

Velindre University NHS Trusts Pharmacy service based within Velindre Cancer Centre currently run a Systemic Anti-Cancer Therapy Compounding and Nursing Service in-House for 2 days per week. The existing agreement is coming to an end of 8th March 2021. The purpose of this paper is to seek approval to extend the existing agreement until 30th September 2021 to allow adequate time to run a competitive process.

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

Approved at Executive Management Board 21st December 2020.

▪ 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

Under the existing agreement, there is no provision to extend, therefore there will be a requirement to issue a Voluntary Ex Ante notice published to Europe for transparency.

2.2.2. Contract Renewal/Extension

The current contract start date was 8th March 2019 and had a contract life of 1 year with an option to extend + 6 + 6 months (expiring 7th March 2021). This was initially

planned to be an interim agreement which would be superseded by the impending All Wales, High Tech Homecare services Tender. Following a meeting between Procurement, the service and the All Wales Sourcing team on 5th October 2020, it was confirmed that the future Homecare medicines agreement would not meet the specific requirements for VCC, therefore Velindre frontline team will need to run its own competitive Tender.

2.3. Procurement Route

Single Tender process supported by the publication of the Voluntary Ex Ante notice to be published on the Find a Tender service (FTS) via Sell2Wales

2.4. Timescales for implementation

Not applicable

2.5. Period of Contract

8th March 2019 to 7th March 2021 this extended period will be from 8th March 2021 to 30th September 2021.

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	08/03/21 to 30/09/21 £ (excl VAT)	Total £ (ex VAT) VAT is reclaimable
Provision of a SACT Compounding and Nursing Service	£327,474	£327,474
Contingency 5%		£16,373
Total		343,847

2.7. Source of Funds

Service funded from existing 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: Paul Wilkins

Service Area: Velindre Cancer Centre

BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k

1. TITLE OF SCHEME/CONTRACT:

VELINDRE CANCER CENTRE - PROVISION OF OFF-SITE ARCHIVING

2. CONTRACT DETAILS

2.1. Description of Goods / Services/ Works/Lease

The Velindre Cancer Centre create, and are required to retain a significant number of manual [i.e. paper] patient health records. Given the nature of the records, and to support ongoing care to patients, retention and the timely access to the manual records is therefore a fundamental requirement of the Cancer Centre.

In addition to the storage of archived manual health records, the Cancer Centre also archives non-clinical information such as Financial and Estates data.

Currently the Cancer Centre has use of a multiple number of off-site storage facilities for archiving of manual patient health and non-health records. There are currently approximately 9000 boxes of archived records requiring storage. Of the number archived over 6500 were health records folders.

The Cancer Centre wishes to bring together the existing off-site storage facilities that are currently being used, and bring in a single off-site archiving storage location. A storage location that will enable the Cancer Centre to continue to retain all records in line with current Trust Records Management guidance and meeting with the Cancer Centre Statutory obligations [i.e. namely, and where necessary Data Protection obligations]

2.2. Nature of Contract

2.2.1. New/First time contract

Currently there are two legacy storage facilities being used across the Cancer Centre – purpose is to now bring these two legacy facilities into a single and new 'one contract' off-site storage location.

▪ 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

Not applicable

2.3. Procurement Route

Open OJEU exercise

2.4. Timescales for implementation

Anticipated Contract Award 24th May 2021 with a one month implementation period.

2.5. Period of Contract

28th June 2021 to 27th June 2023 (option to extend for a further 2 years until 2025)

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	Fy21/22 £ (excl VAT)	FY22/23 £ (excl VAT)	FY23/24 £ (excl VAT)	FY24/25 £ (excl VAT)	Total £ (Inc. VAT)
Ongoing cost	£42,000	£42,000	£42,000	£42,000	£168,000
Contingency 15%	To cover possible annual increases in line with RPI and further storage requirements over the term of the agreement				25,200
Total					231,200

2.7. Source of Funds

Revenue

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: Paul Wilkins

Service Area: Director, Velindre Cancer Centre

BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k

1. TITLE OF SCHEME/CONTRACT:

Velindre University NHS Trust Additional Digital Services Infrastructure

2. CONTRACT DETAILS

2.1. Description of Goods / Services/ Works/Lease

A Digital procurement to secure additional infrastructure equipment for example, Laptops, Workstation equipment, Mobile Devices, Licences, Network, Server and Storage devices and associated professional services for the installation, training and configuration of equipment, software and licences procured. The investment is required to replace and upgrade existing infrastructure, mitigate current risks and increase capacity for existing and new services provided.

The infrastructure requirement has been reviewed in alignment with the current risk register for Digital Services and has identified a need for capital and revenue investment. The total estimated investment is summarised in section 2.6 below.

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**

Collaborative procurement for common spend to capture requirements from multiple business cases submitted by each division.

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

None



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

None

2.2.2. Contract Renewal/Extension Renewal of Existing Services

N/A

2.3. Procurement Route

A mini competition will be run under the National Procurement Service (NPS) IT Products & Services Framework Agreements.

2.4. Timescales for implementation

Procure equipment, services and licences before the end of financial year 2020/2021 with implementation from April 2021.

2.5. Period of Contract

Equipment, Services and Licences are anticipated to be procured and delivered before **31 March 2021**.

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)	Total £ (Inc. VAT)
Digital Infrastructure	£500,000.00	£600,000.00
Total	£500,000.00	£600,000.00

The Digital Services team for Velindre University NHS Trust maintains a prioritised list of capital spending requirements, based on identified IT equipment and infrastructure requirements across the Trust. This list is used to identify spending commitments against the Trust allocation of discretionary capital.

£100,000 was initially allocated for spending against Digital equipment, services and infrastructure for the 2020/21 financial year. This is consistent with the monies allocated for IT capital spending previously. In recent years, it has routinely been the case that additional monies have been made available to support IT capital spending requirements towards the end of each financial year, due to underspends in other areas. This was increased in November 2020 to £280,000. This request is an additional sum to cover any slippage in the capital programme.

2.7. Source of Funds

Funding will be via the Trust Discretionary Capital budget, in the event that an expected further capital allocation is provided.

Procurements will only take place when capital monies are confirmed.

Approval will allow the Trust to take advantage of any opportunities that might arise, should any slippage on All-Wales capital schemes result in increased capital funding being available to the Trust.

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: Stuart Morris, Deputy Chief Digital Officer

Service Area: Digital Service



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BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k

1. HLA TISSUE TYPING FOR BONE MARROW VOLUNTEER DONORS PERFORMED BY 3RD PARTY SUPPLIER (HISTOGENETICS)

2. CONTRACT DETAILS

2.1. Description of Services:

The unrelated bone marrow volunteer donors are recruited at blood session and added to the donor panel, the HLA tissue typing is outsourced to a 3rd party supplier. The Tissue typing is critical to the matching of a donor with a patient and hence the provision of a life-saving stem cell transplant. The service provided is HLA tissue typing for all relevant genetic markers to facilitate a stem cell transplant. The supplier provides CCR5 testing CCR5 testing (mutation called delta 32 that is protective against the common HIV virus strains) free of charge under the current contract.

The price of the typing is highly competitive, of an extremely high resolution and of an excellent quality (assessed by validation and having no issues or typing discrepancies since the beginning of the collaboration in 2013)

2.2. Nature of Contract

(Please complete either 2.2.1 or 2.2.2).

2.2.1. New/First time contract

- **Date of Board approval of business case- N/A**
- **Issues to bring to Board's attention that differs from the detail within the approved business case. – N/A**
- **Details of any matters that may be considered as Novel or contentious – N/A**

2.2.2. Contract Renewal/Extension

- **The Histogenetics contract is up for renewal and will require a full tender process. However, we are engaging with our European partners to produce a URS to cover the varying specifications of multiple registries that will take part**



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in this combined tender process. Progressing this combined tender will have the possibility of reducing the cost even further. Unfortunately, this process is also progressing slower than anticipated and the time constraints mean that we will fail to meet the end of contract date of 19th January if a full tender process was initiated. We have been under contract with the Histogenetics typing service since January 2013. In that time they have provided a quality service with close to allele level HLA typing for a fraction of the their one off typing cost (i.e. \$50 v \$350) bearing in mind that their one off 6 loci allele level typing cost is considerably cheaper than their main competitors (matter of public record – data can be provided). We have not experienced any service breaks, typing failures or typing discrepancies in this time. They also provide CCR5 testing (mutation called delta 32 that is protective against the common HIV virus strains) free of charge under the current contract.

- Value for money will be achieved not only due to the low cost in the HLA typing service but in the quality and resolution of the service provided. We have a great deal of experience with Histogenetics and have not encountered any issues, quality or otherwise, with their service.
- As an international stem cell registry the WBMDR has been working hard to maintain the provision of stem cell products to facilitate transplants locally and globally during this COVID-19 pandemic. We have experienced many challenges such as reducing donor exposure, international flight quarantine, grounding of commercial flights, using freight and cargo flight to transport stem cells (HTA full knowledge), transportation of cryopreserved stem cells to name but a few. Unfortunately, reacting to these changes and implementing safe and viable alternative processes has taken up a great deal of time and the fact that we are working with European registries on this tender process, who have themselves experienced the same COVID related issues, has meant that progress has been limited.

2.3. Procurement Route

Single Tender Action

2.4. Timescales for implementation

The current contract expires on 19th January 2021

2.5. Period of Contract

19th January 2020 – 1st January 2022



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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	£ (excl VAT)	£ (Inc. VAT)
HLA Tissue Typing For Bone Marrow Volunteer Donors	£160000	£160000
Total	£160000	£160000

Note: VAT recoverable as this is a managed service.

2.7. Source of Funds

EXISTING REVENUE – (W303)



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3. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

3.1. 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.**

Signed:

Print Name:

ALAN PROSSER

Job Title:

DIRECTOR Welsh Blood Service

Date:

15/01/2021

BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k

1. TITLE OF SCHEME/CONTRACT:

BACTERIAL MONITORING EQUIPMENT REPLACEMENT AT WELSH BLOOD SERVICE

2. CONTRACT DETAILS

2.1. Description of Goods / Services/ Works/Lease

The Welsh Blood Service (WBS) wishes to obtain an automated system to detect microbial growth. Specifically for the testing of bacterial growth in platelet components from Blood and Apheresis donors as well as in red cell components (e.g. as part of transfusion reaction investigations).

The bacteriological monitoring process is a measure intended to improve the safety of the platelets produced by the Blood Services. Platelets are stored at $22\pm 2^{\circ}\text{C}$. This allows many bacterial species to reproduce at a rate sufficient to cause significant contamination of the product risking potential harm to a patient, in some cases, just two days.

The monitoring system involves taking a sample of the platelet components on day 2 of their life and inoculating it into culture bottles. The bottles are continually monitored using a culture machine, which will flag positive bottles to the Blood Establishment Computer System (BECS), ePROGESA. Contaminated units are withdrawn from the blood supply. All pooled and apheresis platelets manufactured by the blood service will be subject to this monitoring unless exempted on a concessionary basis.

WBS currently use the Biorad BactAlert 3D system as the testing platform; it consists of 2 controller units, which have now been in use since implementation dates of 2004 and 2013.

WBS were approached by our Scottish National Blood Transfusion Service (SNBTS) colleagues in July 2020 to discuss a potential collaboration opportunity as they are in a similar position and working to the same timelines, thusly, this procurement is being progressed collaboratively. Under this collaborative approach the funding source and form of contract is open to the market response, where greatest value and matching to service specifications can be assessed. The main options are via outright capital purchase or managed service contracts. Indicative costs for both options are provided.

2.2. Nature of Contract (Please complete either 2.2.1 or 2.2.2).

2.2.1. New/First time contract

This would present as a first time contract as new equipment will be purchased.

- **Date of Board approval of business case**
Welsh Blood Services Capital & Procurement Planning Group has approved this investment as a critical capital requirement under the Capital Programme for 21/22, approved by the WBS Senior Management Team.
- **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**
Collaboration with Scottish National Blood Transfusion Service (SNBTS)

2.2.2. Contract Renewal/Extension
Not Applicable

2.3. Procurement Route

The Welsh Blood Service are Collaborating with SNBTS to purchase the Bacterial Monitoring Equipment.

Two options of purchasing this equipment are itemised in the tender i.e. Managed Service Contract or a Capital Purchase.

2.4. Timescales for implementation

Tender Issued	December 2020
Tender Closed	January 2021
Award of Tender	March 2021
Delivery	June 2021
Go-live	September 2021

2.5. Period of Contract

The Contract will be a total of 5 years with an option for an additional year plus another year (5+1+1)

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).

CAPITAL PURCHASE

Description	Qty	Capital – One Off Payment			Revenue (Maintenance & Consumables)			
		Cost			Cost			
		Unit	Total	Total Inc. VAT	Unit	Total Annual Cost	Whole Life (7 Years)	Total Inc. VAT
Equipment	2	£84,000	£168,000	£201,600				
Maintenance	2				£9,463	£18,926	£132,482	£158,978
Consumables	2				£36,642	£73,284	£158,978	£615,586
		CAPITAL Whole Life Purchase		£201,600	REVENUE (Maintenance & Consumables) Whole Life Costs (7 Years)			£774,564
		TOTAL WHOLE LIFE COST Inc. VAT - 7 Years (Inc. Capital & Revenue)						£976,164

The Capital cost is an estimation based on a figure obtained from the current supplier. The annual maintenance and consumable cost referred to above, is an estimate based on cost currently being paid by the service.

MANAGED SERVICE CONTRACT

Equipment	QTY	Monthly Rental Price	Total Monthly Rental Price
REVENUE / RENTAL COSTS (7 Years = 84 Months)			
Equipment, Maintenance & Consumables	2	£6,671	£13,342
100% VAT Recoverable			
Total Maximum Spend (84 Months) excl. VAT			£1,120,694
VAT (100% reclaimable)			£0
Total Maximum Spend (84 Months) incl. VAT			£1,120,694

The introduction of accounting standard IFRS16 will need to be considered against the terms of the managed service contract to deem whether asset rental requires capitalisation.

2.7. Source of Funds

This replacement equipment is currently on the WBS Discretionary Capital Funding Priority List for 2021/22. Revenue expenditure will be funded from existing WBS funding sources.

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: WELSH BLOOD SERVICE

BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k

- 1. TITLE OF SCHEME/CONTRACT:** Provision of a scanning and archiving service for Welsh Blood Service.

2. CONTRACT DETAILS

2.1. Description of Goods / Services/ Works/Lease

The Welsh Blood Service has a requirement to retain and have access to documents or document images over extended periods of up to 40 years. The current provision involves scanning images onto CD-ROMs and returning the hard media copy to the service in order for them to archive and retrieve as and when necessary.

It has been established through market scoping and a supplier engagement day, that while this method meets the basic requirements of the Service, it is somewhat out dated, and many more cost and time efficient methods are available.

WBS records include special category data; therefore, state-of-the-art cyber security is a paramount requirement.

The Welsh Blood service requires a new system and service where paper records can be held in secure digital format, and be readily accessible by authorised members of staff accessible by authorised members of staff.

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**

The incumbent supplier has been providing this service since 1st October 2014, on successful award of a tender process. This contract was due to expire in 31st March 2017, but was extended to allow time for a tender to be run. There has been an unsuccessful OJEU tender (supplier failed internal audit) and a second failed mini competition (Suppliers stating various reasons for not submitting a bid.)

2.3. **Procurement Route**

Open OJEU exercise.

2.4. **Timescales for implementation**

Implementation by 8th May 2021

2.5. **Period of Contract**

8th May 2021 to 7th May 2023 (option to extend for 2 further years until 7th May 2025)

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	Fy21/22 £ (excl VAT)	FY22/23 £ (excl VAT)	FY23/24 £ (excl VAT)	FY24/25 £ (excl VAT)	Total £ (Inc. VAT)
scanning and archiving service for Welsh Blood Service.	£45,000	£45,000	£45,000	£45,000	£180,000
Contingency 15%					£27,000
Total					£207,000

2.7. Source of Funds

Revenue

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: Welsh Blood Service

BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k

1. TITLE OF SCHEME/CONTRACT:

REPLACEMENT OF FLOW CYTOMETERS AT WELSH BLOOD SERVICE

2. CONTRACT DETAILS

2.1. Description of Goods / Services/ Works/Lease

The Welsh Blood service (WBS) has a requirement to replace its existing flow cytometer equipment and maintenance contracts. This specialist equipment is used in the quality assurance laboratory, the Welsh Transplantation laboratory and Red Cell Immunohaematology laboratory for tests related to the quality and safety of blood components, patient-donor compatibility testing, and patient diagnostics.

The Welsh Blood Service operates five flow cytometer systems; however all are beyond their asset life and manufacturer support for four of the systems expires December 2021. The equipment will be replaced with four systems of the same specification for routine service use, and 1 higher specification machine to support component development and research and development in the WBS.

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 – Local Capital Business Case has been approved.

☐ 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

Not Applicable

2.3. Procurement Route

The Welsh Blood Service are a beneficiary within the NHSBT framework (Supply and Support of New and Existing Flow Cytometers – Reference: NHSBT1181), which will be used to purchase the replacement equipment and associated maintenance contracts.

Due to the different specification requirements for the R&D equipment, the minicompetition consists of two 'lots' which may result in flow cytometers being purchased from different suppliers.

2.4. Timescales for implementation

Contracting Stage	Anticipated Date/Timescales	Responsibility
Briefing paper / Estimates return	25/11/2020	Procurement
Advertisement and Release of Tender	30/11/2020	Procurement
Tender Return	18/12/2020	Procurement
Evaluation	21/12/20	Service
Validation Script	04/01/2021 to be finalised by 15/01/2021	Service
Ratifications Out / Return	18/01/2021	Service
Publish Award	19/01/2021	Procurement
Contract Start	26/01/2021	Procurement

The Replacement is currently out to tender via the E-Tender Wales Bravo Solutions portal. The closing date is the 18th December 2020. On receipt of the successful tender, the supplier will be approached regarding any potential delays due to BREXIT and any other constraints.

2.5. Period of Contract

The Contract will be a total of 7 years with an option to extend for an additional 3 years.

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).

Actual costs of equipment and maintenance will not be known until the tender is completed, but is **estimated** as follows:

Equipment	QTY	Unit Price exc VAT	VAT Status	Total Price Exc VAT
CAPITAL COSTS				
Flow Cytometer for routine service (2020/21)	4	£60,000	Standard VAT	£240,000
Flow Cytometer for research and development (2021/22)	1	£100,000	Standard VAT	£100,000
Capital Spend				£340,000
Equipment	QTY	Unit Price exc VAT	VAT Status	Total Price Exc VAT
REVENUE COSTS				
Annual Maintenance	4	£11,000	VAT Reclaimable	£44,000
Annual Maintenance for research and development (2021/22)	1	£15,000	VAT Reclaimable	£15,000
Annual flow consumables for 5 machines		-	Standard VAT	£35,000
Revenue Spend (over 7 Years)				£658,000
Revenue Spend (over 10 Years)				£940,000
Total Maximum Spend (over 10 Years)				£1,280,000

The annual maintenance cost referred to above, is an estimate based on cost currently being paid by the service.

The annual flow consumable costs are the reagents required to set up/run each flow cytometer and must be purchased from the supplier of the equipment. The prices are estimated based on current annual use and current prices.

2.7. Source of Funds

The award of this replacement equipment has been approved and will be funded through the Trust's Discretionary Capital Funding.

This funding was tabled through the Trust's Capital Planning Group on the 17th November 2020. The agreement was to fund four machines in 2020/21 and the fifth machine in 2021/22.

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: Welsh Blood Service

BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k

1. SCHEME TITLE

FORENSIC SOFTWARE

2. CONTRACT DETAILS

2.1. Description of Goods / Services / Works/ Lease

The NHS Wales Accounts Payable service is provided from Velindre NHS Trust under a NWSSP arrangement and are looking to renew a hosted, managed service arrangement for an Accounts Payable Forensic Software service currently provided by Fiscal Technologies.

2.2. Nature of Contract

(Please complete either 2.2.1 or 2.2.2).

2.2.1. New/First time contract

- **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

- **Description of Assessment undertaken to justify continuation of service requirement.**

The existing software has successfully delivered comprehensive and accurate analysis of payment information to highlight and prevent potential duplicate and erroneous payments prior to payment runs over the previous five years from April 2016.

From the period April 2017 until the 30th October 2020 the use of the software from Fiscal Technologies has helped to prevent 7041 erroneous transactions being paid with a total value of £35,700,000.

2.3. Procurement Route

NWSSP Procurement Services proposes to award a direct call-off contract to Fiscal Technology Limited under North Yorkshire County Council single supplier framework for Accounts Payable Audit Solution (APAS) for a 5-year period.

2.4. Timescales for implementation

A call-off order form will be completed and signed off in March 2021 to start in April 2021.

2.5. Period of Contract

1st April 2021 to 31st March 2026.

2.6. Maximum Expected Total Value of Contract – excluding and including VAT

Table 1

Health Board/Trust	Financial Year	Exc. VAT	Inc. VAT
Velindre	FY 21/22	£116,141.67	£139,370
	FY 22/23	£87,106.67	£104,528
	FY 23/24	£87,106.67	£104,528
	FY 24/25	£87,106.67	£104,528
	FY 25/26	£87,106.67	£104,528
	Total	£464,568.35	£557,482

Table 1 outlines the annual costs payable for use of the software, hosting, maintenance and support.

2.7. Source of Funds

The required funds will be paid for out of the revenue budgets for the existing contract.

3. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

3.1. 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.***

Signed: Andy Butler

Print Name: Andy Butler

Job Title: NWSSP Director

Date: 19/01/21

BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k

1. SCHEME TITLE

All Wales Data Quality System (“DQS”) for General Medical Practices

2. CONTRACT DETAILS

2.1. Description of Goods / Services/ Works/Lease

In 2014, NWIS, via a Restricted OJEU procedure, re-procured an ‘All Wales Data Quality System for General Medical Practices’ (DQS) with associated maintenance and support for the data quality in individual GMPs and the reporting requirements for national and local initiatives. The contract for ‘Audit+’ was awarded to Informatica Systems Ltd in January 2014. The contract was for a period of three (3) years with the option to extend for a further two (2) years, on an annual basis. The contract commenced without delay on 01 April 2014 and was due to expire on 31 March 2019.

As there were no further extension provisions under the contract, a two (2) years and 3 months extension beyond its original term was executed in April 2019 to ensure that operational continuity was maintained. This extension was signed off by Velindre Trust Board in June 2019

Audit+ provides a common platform in Wales, which can readily be built upon to provide additional tailored modules produced directly by NWIS to support practices in delivering the emerging clinical agenda (and its associated data requirements) in Wales. The solution is also pivotal and intrinsic to supporting the active management of the national pandemic as it provides data for the secondary user for:

- COVID-19 Shielded Patient List identification;
- COVID-19 Vaccination Programme;
- COVID-19 risk stratification of the entire General Practice population in Wales;
- Public Health Wales pandemic disease surveillance systems (COVID-19, flu, measles, mumps etc)
- SAIL for research, COVID-19 modelling etc

This paper seeks approval from the Velindre Board to enable NWIS to:

- enter into a further extension of the current contract with Informatica Systems Ltd for the provision of All Wales Data Quality System (DQS) for General Medical Practices' (GMP) for a period of twelve (12) months (i.e. up to 30 June 2022)
- It addresses the process by which procurement risk shall be managed by reviewing the potential exclusion options under the Public Contract Regulations 2015 ("PCR2015") and in so doing will ensure that operational continuity is maintained whilst simultaneously seeking to manage the risk of supplier challenge to Velindre University NHS Trust.

The request is made on the basis that the procured Audit+ solution with write back capability is so bespoke and embedded within NWIS' national product set that it would present significant technical difficulties, inconvenience and disproportionate costs to employ a separate contractor to deliver the existing service and to migrate on to a replacement solution. In addition, the extension is necessary to ensure that continuity of this critical component in the delivery of the emerging clinical agenda (and its associated data requirements) in Wales, whilst also providing NHS Wales with the essential data required to manage the Covid19 pandemic, while NWIS seeks to review the market and re-procure a new solution.

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.

2.2.2. Contract Renewal/Extension

- ✦ **Description of Assessment undertaken to justify continuation of service requirement.**

Based on the detail provided in section 2.1 above it is envisaged that the most appropriate extension period is to extend the existing Audit+ contract with Informatica for a period of twelve (12) months. In addition, the market of available suppliers to meet the Authority's requirements is a small one and risk will be mitigated by issuing a PIN Notice and Market engagement process.

The rationale for the extension is set out in the table below:

Consideration	Outcome
Is it lawful to enter into a contract exceeding the term?	In line with requirements stated within Reg. 72(1)(b) and (c) of PCR2015, the extension of the existing contract has become necessary for a number of reasons including but not limited to: Reg. 72(1)(b) Additional services necessary which cannot be carried out by a separate contractor: The current solution Audit+, is so well embedded within the existing GPS Services that it would be difficult, costly and complex to procure a new contractor to undertake this service for the following reasons: - GP System suppliers will be updating their systems to record natively in SNOMED-CT. Extracting and analysing data stored in SNOMED-CT presents considerable issues as described above. From support and confidence-based perspectives, the Authority and NHS Wales have a high level of confidence in Audit+, allowing the root cause of any data issues identified to be pinpointed with certainty. The implementation of a new auditing solution would not guarantee from the outset a stable platform. Without this stability, there would be significant impact on the service's resources and associated costs of rectifying/addressing corrective actions. From a GMP's perspective, identifying an issue during such a critical transition period, where the root cause is unknown resulting in subsequent delays in delivering a working solution, would not be an acceptable position. Having confidence in Audit+ and hence being able to attribute an issue quickly and with certainty is the desired position to be in. - The impact on existing Authority resources to undertake the work required by a new contractor for the provision of a potentially new auditing solution, together with the complexities of the on-boarding/off boarding process set out above, would be significant. It would not only require

	additional Authority specialist resources to be secured but also prove time consuming and costly for existing Authority resources, as they would be required to train and develop the additional resources. It could result in an increase of two new members of staff, at Band 6 level, costing the Authority £66,352 per annum, based on an annual salary of £33,176 per person as a minimum without factoring in the costs and complexities set out above. - By maintaining the existing solution, the need to recreate in excess of 10 existing Practice facing modules and multiple existing data extraction modules (for COVID-19 etc.) and creating new modules/data extraction requirements during the pandemic is diminished. In moving on to a new contractor those modules produced would need to be re-done, which would also add complexity, disruption to the existing service and cost to the Authority where resource is currently focussed on pandemic activities. Reg. 72(1)(c) Unforeseen Circumstances: - As a result of the Covid-19 crisis, resources to carry out the reevaluation and re-tender are substantially diminished and are likely to remain so for some time. <u>Restrictions and Modification</u> There is no material change to the scope envisaged and the extension will not exceed 50% of the contract value.
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✦ **Details of any matters that may be considered as Novel or contentious**

The potential exclusion options detailed in the Public Contract Regulations 2015 (PCR2015) have been reviewed and it has been concluded that NWIS are able to extend the contract beyond its intended term under Regulation 72(1)(b) additional services necessary which cannot be carried out by a separate contractor and Regulation 72(1)(c) modification due to unforeseen circumstances.

Regulation 72(1)(b) applies where:

- The Contractor cannot be changed for economic or technical reasons – this could be because e.g. the contractor owns intellectual property rights in the system, or it would be technically too difficult

for another contractor to complete the implementation, or it would lead to disproportionate cost to do so; and

- It would cause significant inconvenience or duplication of costs to employ a separate contractor to do it.

Regulation 72(1)(c) applies where:

- The modification has been brought about by circumstances, which a diligent authority could not have foreseen. It will be important to document the reasons for the subsequent changes to the contract. Provided these were not reasonably foreseeable (you will be able to rely on them) and;
- The modification must not change the overall nature/scope of the contract.

Under the Procurement regulations (72) a contract can:

- only be modified up to 50% of its original contract value.
- any modification must not be outside the scope of the Agreement as intended.

From the perspectives of both modification aspects, the Authority is content that this is appropriate as set out below:

- The scope of the agreement shall remain in accordance with the Requirements of the Agreement.
- The total contract value for the DQS contract is currently £4,690,81.00 exc VAT, with the anticipated costs of the twelve (12) month extension being £600,000.00 exc VAT. This will bring the overall contract value to £5,290,381.00 ex VAT.

2.3. Procurement Route

The current contract will be extended for a period of twelve (12) months beyond its intended term and the following activities will be undertaken to mitigate the risk:

- Issuing of a Prior Information Notice to the market, notifying of the Authority's intention to re-procure and of a market/supplier engagement process.
- Early 2021, market and supplier engagement will be undertaken to assess the current market, competition and new technology available.
- A PIN will be issued to formalise the supplier engagement process.
- The procurement planning and activities will commence early in 2021.
- The procurement route will be dependent upon the findings of the strategic review.

2.4. Timescales for implementation

The extension will need to be executed asap.

2.5. Period of Contract

The original contract was for five (5) years with no options to extend. The original contract was due to expire in March 2019, but an extension beyond the intended contract term was executed. That extension is due to expire on 30 June 2021. NWIS are seeking to extend this contract for an additional twelve (12) months. To commence 01 July 2021 and expire 30 June 2022.

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).

A quotation has been sought based on a twelve-month extension, taking into account that the number of GP practices has reduced from 470 to approximately 416 and subsequently 398 as 01 January 2021.

These costs exclude any server costs (and associated service management costs) that will need to be borne either through the existing contract or via direct NWIS procurement.

Period	£ Exc VAT	£ Inc VAT
Total value of twelve (12) month extension	600,000*	720,000

***Based on 326 participating SAIL practices**

Please Note: The extension costs detailed in the table above are estimated based on last years cost taking into consideration RPI.

2.7. Source of Funds

To be funded from the existing revenue budget supported by GMC Wales.

3. DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE

- 3.1. The lead Director, by providing email confirmation to seek Board approval, is making a **declaration that all procurement rules, Standing Orders and Standing Financial Instructions have been complied with.** Procurement Services retain this confirmation electronically in the tender file.

Lead Director Name: Helen Thomas

Service Area: NHS Wales Informatics Service

BOARD DECISION REQUIRED FOR COMMITMENT EXCEEDING £100k

1. SCHEME TITLE

DATA CENTRE SERVICES (Data Centre 2 - Newport)

2. CONTRACT DETAILS

2.1. Description of Goods / Services/ Works/Lease

In 2014, NWIS executed an Agreement to provide co-location services for the hosting of networking and server equipment. The Agreement was for the provision of a new Tier 3 Data Centre to be paired with the existing Data Centre located in Blaenavon to host NHS Wales IT systems, which replaced the Hosting Service provided by British Telecommunications plc out of their Cardiff Bay Data Centre.

The Agreement was for a period of five (5) years, which commenced on 01 July 2014 and concluded on 30 June 2019, with the option to extend for a further two (2) years, up to 30 June 2021. There are no further extension options available under the current contract.

This paper is seeking the approval of the Velindre Board to sign off the extension outside the contract's original term to 30th June 2023 on the basis set out below. This paper also addresses the process by which procurement risk shall be managed by assessing the potential exclusion options under the Public Contract Regulations 2015 ("PCR2015") and in so doing will ensure that operational continuity is maintained and risk to the Trust is mitigated.

The request is made on the basis that the sudden and unforeseen exit from the Blaenavon Data Centre (DC1) which was only communicated to the Authority in the summer of 2020 has necessitated the "pausing" of the re-procurement of the Data Centre 2. Indeed, the Authority had already secured the funding/approval by Summer 2020. As a consequence of the Blaenavon exit, undertaking a procurement at this point with the possibility of buying an alternative data centre for DC2 would introduce considerable additional risk given that exit/transition arrangements are currently in process in respect of the Blaenavon Data Centre. Conducting the transition and migration of both DCs at the same time would severely impact the provision of critical services to NHS Wales during the transition period, putting significant pressure not only on the 3rd party suppliers but also on NWIS resources. At present, the DC2 at Newport delivers a robust

service that meets the critical needs of the organisation and to transition two DCs at once will bring highly technical and complex risks and could negatively affect NWIS' reputation

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.

2.2.2. **Contract Renewal/Extension**

- ✦ **Description of Assessment undertaken to justify continuation of service requirement.**

Based on the two factors detailed in section 2.1 above it is envisaged that the most appropriate extension period is to extend the existing BT Agreement for a period of two (2) years. In addition, the market of available suppliers to meet the Authority's requirements is a small one and risk will be mitigated by issuing a PIN Notice and Market engagement process.

The rationale for the extension is set out in the table below:

Consideration	Outcome
Is it lawful to enter into a contract exceeding the term?	In line with requirements stated within Reg. 72 of PCR2015, Reg. 72(1)(b) Additional services necessary which cannot be carried out by a separate contractor: the request for the extension and additional services have become necessary for a number of reasons including but not limited to: Service interruption risk The NWIS equipment in the Newport Data Centre (DC2) is housed in data centre halls contracted and managed by BT. The building is owned and managed by Vantage Data Centres and provides data centre halls to a number of providers including CGI and Microsoft. It is

not feasible to relocate the NWIS equipment to another data centre location, or another data hall within the Vantage Data Centres building before the end of June 2021. This is due to the relocation of the NWIS equipment from the other NWIS data centre (Blaenavon Data Centre – DC1) to a new data centre (Church Village) already being underway. It should be noted that the exit from the Blaenavon Data Centre was not an NWIS decision. The Blaenavon Data Centre provider made an unexpected decision (in Mid 2020) to cease providing data centre services in October 2021. NWIS had started the procurement process for the replacement of the Newport Data Centre (before the Blaenavon announcement) but all the allocated resources (technical / commercial / financial) were diverted to focus on the Blaenavon situation.

There are not enough suitably skilled and knowledgeable resources to plan and undertake the two data centre moves in parallel and engaging external resources is not practical because they would not have the knowledge of NWIS systems. Two data centres are used to provide resilience for critical clinical services. Some services normally run 'active' from data centre 1, with data centre 2 as the 'standby' and others run in the opposite configuration. The plan for the Blaenavon Data Centre move is to run clinical critical services from the Newport Data Centre while the equipment is moved from Blaenavon to Church Village over a 3-4 month period in Mid-2021. If two parallel data centre moves were to be attempted, it would result in the widespread disruption/interruption to critical clinical services which would be unacceptable at any time, but particularly when most of the systems hosted in both data centres are used in the active management of Covid-19. This would result in a significant and unacceptable increase in likelihood of patient harm. Examples of the systems hosted in the NWIS data centre include:

- **Welsh Immunisation Service (WIS)** - Used to plan, invite citizens and in the administration of the Covid-19 vaccines.
- **Welsh Laboratory Information Management System (WLIMS)** – Used in all hospital laboratories across NHS Wales. All tests undertaken by NHS Wales labs are processed in this system
- **Integration Services (InSe)**. These are used to transmit data (e.g. COVID test results) between UK Government Labs to NHS Wales systems. The vast majority of all COVID tests undertaken for Welsh citizens are processed in this way.
- **Welsh Clinical Portal (WCP)** – Used by hospital clinicians to request and view radiology and pathology tests/results and other clinical documents/records.
- **GP systems (EMIS and Vision)** - These systems located in NWIS data centres are used by all GP practices in Wales.

	• Information Services – Dashboard and other reports used in the management and reporting of Covid-19 • CANISC – Cancer Information System • Internet access for all NHS Wales sites - used to access Office 365 (Email, Teams, etc), Attend Anywhere (Video Consultation), AccuRx (Video Consultation), on-line clinical resources, etc. Transition to Cloud services Currently there is a shift in the IT industry from systems hosted on 'onpremises infrastructure' to 'cloud hosted'. NWIS is planning to undertake a significant shift of systems into Cloud providers over the next two years, which may negate the need for having two onpremises data centres. Should there still be a need for a second data centre, the required space will be significantly less than the current requirement. Therefore, there is little benefit in going to the wider market and entering into a new arrangement for data centre space at this stage, especially as the effort required and cost to move services to a new provider is significant and would be better directed at developing new digital services. Hence, it is more beneficial to extend the current contract for 2 years while the future requirement becomes clearer. <u>Restrictions and Modification</u> There is no material change to the scope envisaged and the extension value does not exceed 50% of the value of the original contract. It will be necessary to publish a contract modification notice in OJEU, as set out above.
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✦ **Details of any matters that may be considered as Novel or contentious**

The potential exclusion options detailed in the Public Contract Regulations 2015 (PCR2015) have been reviewed and it has been concluded that NWIS are able to extend the contract beyond its intended term under Regulation 72(1)(b) additional services necessary which cannot be carried out by a separate contractor. Regulation 72(1)(b) applies where:

- The Contractor cannot be changed for economic or technical reasons – this could be because e.g. the contractor owns intellectual property rights in the system, or it would be technically too difficult for another contractor to complete the implementation, or it would lead to disproportionate cost to do so; and

- It would cause significant inconvenience or duplication of costs to employ a separate contractor to do it.

Under the Procurement regulations a contract can:

- only be modified up to 50% of its original contract value.
- any modification must not be outside the scope of the Agreement as intended.

From the perspectives of both modification aspects, the Authority is content that this is appropriate as set out below:

- The scope of the agreement shall remain in accordance with the Requirements of the Agreement.
- The total contract value for the DC2 contract is currently £6,834,640.00 exc VAT, with the anticipated costs of the two (2) year extension being £2,352,000.00 exc VAT. This will bring the overall contract value to £9,186,640.00 ex VAT.

2.3. Procurement Route

The current contract will be extended for a period of two (2) years beyond its intended term and the following activities will be undertaken to mitigate the risk:

- Issuing of a Prior Information Notice to the market, notifying of the Authority's intention to re-procure and of a market/supplier engagement process.
- Research to interrogate the market to develop an options appraisal gathering requirements, and production of an Outline Business Case ("OBC").
- Development of a specialist team to drive the drafting of detailed requirements and other procurement documentation in line with the data centre strategy; Cloud v On-premise.
- Re-profile the financial model to generate savings.

2.4. Timescales for implementation



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth
GIG Felindre
Velindre NHS Trust

The extension
executed asap.

will need to be

2.5. *Period of Contract*

The full two (2) year extension option included in the OJEU have already been utilised, NWIS are seeking to extend this contract for an additional two (2) years, beyond its intended contract term. To commence 01 July 2021 and expire 30 June 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).*

Table 2.6A			
SPACE, POWER AND INSTALLATION – BASED ON 56 RACKS			
Price per footprint @ power rating	+ Power		Total Bundled Price
@6KW/h	£8,000	£14,000	£21,000* per rack, per annum
56 Racks, per Annum – Total Cost exc VAT			£1,176,000
56 Racks for two (2) years – Total Cost exc VAT			£2,352,000

Please Note: The costs are based on £21,000 per rack per annum, which are calculated based on previous pricing taking into consideration potential increases as a result of RPI.

* Power costs include the cost for power in a 6kW bundle which is a constituent of a standard rack bundle. The cost of this includes not only the cost of 6kW of power but also the PUE (Power Usage Efficiency) which has been averaged over the two data centres that NWIS currently occupy.

2.7. *Source of Funds*

This will be funded from revenue.

3. *DIRECTOR/SPONSOR DECLARATION OF COMPLIANCE*

3.1. The lead Director, by providing email confirmation to seek Board approval, is making a **declaration that all procurement rules, Standing Orders and Standing Financial Instructions have been complied with.** Procurement



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth
GIG Felindre
Velindre NHS Trust

Services retain
electronically in the tender file.

this

confirmation

Lead Director Name: Helen Thomas

Service Area: NHS Wales Informatics Service

TRUST BOARD

CHAIRS URGENT ACTION MATTER REPORT

DATE OF MEETING	28/01/2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Emma Stephens, Head of Corporate Governance
PRESENTED BY	Lauren Fear, Director of Corporate Governance
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Director of Corporate Governance

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

COMMITTEE OR GROUP	DATE	OUTCOME
Trust Board Members – Via Email	17/11/2020	Approved – two requests
Trust Board Members – Via Email	15/12/2020	Approved – three requests

ACRONYMS

TCS	Transforming Cancer Services Programme
NWIS	NHS Wales Informatics Service
NWSSP	NHS Wales Shared Services Partnership
WBMDR	Welsh Bone Marrow Donor Registry

1. SITUATION/BACKGROUND

- 1.1 In accordance with Trust Standing Orders, there may occasionally, be circumstances where decisions, which would normally be made by the Board, need to be taken between scheduled meetings and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and Chief Executive, supported by the Board Secretary, as appropriate, may deal with the matter on behalf of the Board – after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded, and reported to the next meeting of the Board for consideration and ratification. Where issues are included in the Schedule of 'Expected Urgent Decisions' and prior approval is sought from the Board, these issues will not be reported here.
- 1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.
- 1.3 The Vice-Chair was invited and agreed to attend the NWSSP Financial Governance Group that has been established to oversee and scrutinise NWSSP procurement requests in response to COVID 19 PPE requirements. The Board has agreed that due to the role performed by the Vice-Chair on this group, the Vice-Chair will abstain from any approval requests sought via Chairs Urgent Action involving NWSSP procurement decisions.
- 1.4 This report details Chair's Urgent Action taken between the 14 November 2020 to the 17 January 2021.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Option Appraisal / Analysis:

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

3. IMPACT ASSESSMENT

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



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

4. RECOMMENDATION

- 4.1 The Board is asked to **CONSIDER** and **ENDORSE** the Chairs urgent action taken between the 14 November 2020 to the 17 January 2021 as outlined in Appendix 1.

Appendix 1

The following items were dealt with by Chairs Urgent Action:

1. WSP Ltd - Variation

The Trust Board were sent an email on the 17 November 2020, inviting the Board to **AUTHORISE** an additional £100k expenditure to support an extension and variation of the Lol to £300k so that critical work activities can be maintained to support the Transforming Cancer Services (TCS) Project.

Due to the urgency of this matter, it could not wait until the 26 November 2020 Trust Board meeting.

Recommendation Approved:

- Mrs. Donna Mead, Chair
- Mr. Steve Ham, Chief Executive Officer
- Mr. Gareth Jones, Independent Member
- Mrs. Hilary Jones, Independent Member
- Mrs. Janet Pickles, Independent Member
- Mr. Mark Osland, Executive Director of Finance

No objections to approval were received.

2. Planning Considerations – Proposed Approach Going Forward

The Trust Board were sent an email on the 17 November 2020, inviting the Board to **AUTHORISE** extending the commitment from £200,000 to the total cost of the reserved matters design works, c£0.500m to support the proposed planning approach going forward for the TCS Project.

Due to the urgency of this matter, it could not wait until the 26 November 2020 Trust Board meeting.

Recommendation Approved:

- Mrs. Donna Mead, Chair
- Mr. Steve Ham, Chief Executive Officer
- Mr. Gareth Jones, Independent Member
- Mrs. Hilary Jones, Independent Member
- Mrs. Janet Pickles, Independent Member
- Mr. Mark Osland, Executive Director of Finance

No objections to approval were received.

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

The Trust Board were sent an email on 14 December 2020, inviting the Board to **AUTHORISE** the procurement of two Stem Cell Apheresis collection systems to be used to collect stem cells from donors to enable the WBMDR to set up a new Stem Cell apheresis service.

Due to the urgency of the above activity, this matter could not wait until the 28 January 2021 Trust Board meeting.

Recommendation Approved:

- Mrs. Donna Mead, Chair
- Mr. Steve Ham, Chief Executive Officer
- Martin Veale, Independent Member
- Stephen Harries, Independent Member
- Hilary Jones, Independent Member

Some clarifications were requested and subsequently addressed in order for the Board to approve this request. No objections to approval were received.

4. Commitment Exceeding £100k – NHS Wales Informatics Service (NWIS) Data Centre Services (Data Centre 1)

The Trust Board were sent an email on 14 December 2020, inviting the Board to **AUTHORISE** a new contract for networking equipment required as a result of the Blaenavon Data Centre exit and transition to a new facility.

Due to the urgency of the above activity, this matter could not wait until the 28 January 2021 Trust Board meeting.

Recommendation Approved:

- Mrs. Donna Mead, Chair
- Mr. Steve Ham, Chief Executive Officer
- Martin Veale, Independent Member
- Stephen Harries, Independent Member
- Hilary Jones, Independent Member

Some clarifications were requested and subsequently addressed in order for the Board to approve this request. No objections to approval were received.

5. Commitment Exceeding £100k – Microsoft Ongoing Development for Test Trace Protect System (TTPs)

The Trust Board were sent an email on 14 December 2020, inviting the Board to **AUTHORISE** the establishment of a new agreement with Microsoft to support the ongoing development for the national Test Trace Protect System (TTPs).

Due to the urgency of the above activity, this matter could not wait until the 28 January 2021 Trust Board meeting.

Recommendation Approved:

- Mrs. Donna Mead, Chair
- Mr. Steve Ham, Chief Executive Officer
- Martin Veale, Independent Member
- Stephen Harries, Independent Member
- Hilary Jones, Independent Member

No objections to approval were received.



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TRUST BOARD

POLICY FOR THE LIVE STREAMING AND RECORDING OF MEETINGS

DATE OF MEETING	28/01/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Michelle Pearce – Project Support Officer	
PRESENTED BY	Stuart Morris, Associate Director of Informatics	
EXECUTIVE SPONSOR APPROVED	Lauren Fear – Director of Corporate Governance	
REPORT PURPOSE	FOR APPROVAL	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board	02/11/2020	APPROVED

1. SITUATION/BACKGROUND

- 1.1 The purpose of this policy reflects the Trust's ongoing commitment to be transparent and accessible whilst adapting to a new remote working model for the Velindre University NHS Trust in response to the ongoing global pandemic.

The introduction of a new policy for the live streaming and recording of meetings will allow the organisation to replicate an office culture in a remote environment where it is not currently possible to transact in person.

The move to the streaming of both Public and Private Meetings will ensure that key organisational decisions are made requiring approval by the board and ensure that Velindre University NHS Trust continues to run efficiently in a fast paced and changing environment.

The policy has followed the full consultation process and all comments and feedback received have been reflected in the final version of the policy.

- 1.2 This policy applies to all staff employed by or contracted to the Trust, including those within the Hosted Organisations and are outlined below:

- Chair, Vice Chair and Independent Members
- Executive Team Members
- All Velindre University NHS Trust employees, including hosted organisations
- Community Health Council attendees
- Audit Wales attendees
- Any persons attending meetings and events held in public or private
- Patient Liaison Groups
- Health Inspectorate Wales
- Consultancy & Special Advisors to the Trust
- Invited guests on topical issues

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Engagement on this Policy and Procedure has taken place with the following departments:

Name/Title	Date Consulted
Divisional Strategic Management Team	02/09/2020
Equality Impact Assessment Group	27/07/2020
Formal Trust Consultation	09/09/2020

2.2 Engagement on this policy has taken place with the following individuals below and subsequent changes have been reflected into the final version of the policy.

Name/Title	Amendment date made to policy
Workforce Business Partner (VUNHST)	15/10/2020
Project Support and Office Manager (HTW)	15/10/2020
Head of Workforce & OD (NHS Wales Shared Services Partnership)	15/10/2020
Head of Nursing (Velindre Cancer Centre)	16/10/2020
Executive Director of Nursing, Allied Health Professionals and Health Science (VUNHST)	02/11/2020

2.3 An Equality Impact Assessment was undertaken on 12 October on the outcome following:

Action required		Potential Outcomes	Timescale	Lead Officer	Resource implications
1	Provision of auto caption during streaming. This can be done after live recordings if appropriate.	Support for those members of the public with communication needs, to participate fully	ASAP	Stuart Morris	Built into some streaming platforms, such as Teams and Zoom

		with the meetings.			
2	Public streaming timetable and content via community groups.	Better engagement from seldom heard voices.	Continuously	Trust Comms and Engagement	Time, translation services and focused engagement needs

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
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 Based on the above information **Trust Board** is asked to **APPROVE** the Live Streaming and Recording of Meetings policy.
- 4.2 The document will be published on the Trust Intranet site and circulated to the policy distribution list.



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Ref: (GC 07 Draft 11 January 2021)

POLICY FOR THE LIVE STREAMING OF MEETINGS HELD IN PUBLIC AND THE RECORDING OF PRIVATE MEETINGS ACROSS VELINDRE UNIVERSITY NHS TRUST

Executive Sponsor & Function	Director of Corporate Governance
Document Author:	Project Support Officer
Approved by:	TBC
Approval Date:	TBC
Date of Equality Impact Assessment:	12/10/2020
Equality Impact Assessment Outcome:	Approved
Review Date:	Three Years – Jan 2024
Version:	07

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1. Policy Statement

- 1.1 This policy reflects the Trust's commitment to transparent and accessible decision making processes, with the introduction of live streaming and recording of Trust Meetings held in public.
- 1.2 The policy also covers the recording of Private Trust meetings (where appropriate). These recordings will not be shared with the Public at any time and deleted once their purpose has been fulfilled. The purpose of recording such meetings is to ensure that an accurate record is made

2. Scope of Policy

This Policy applies to:

2.1 Meetings Held In Public:

- Trust Board Meetings of Velindre University NHS Trust held in Public
- Trust Committee Meetings of Velindre University NHS Trust held in Public
- Any other meetings held in public as authorised by the Chief Executive Officer

2.2 Public Meetings:

- All meetings of Velindre University NHS Trust held in Public, where a request has been made to record the meeting for the following reasons:-
 - Support the creation of meeting minutes and action plans
 - Support the circulation of messages for employees of Velindre University NHS Trust
 - Must be agreed by all parties present in the meeting
 - Can only be subsequently shared with those present in the meeting and / or for purposes agreed prior to starting the recording of the meeting
 - Public engagement events
 - Question & Answer (Q&A) in a virtual event session
 - Trust Annual General Meetings
 - Hosting of Velindre University NHS Trust services and initiatives, for example a virtual workplace menopause café

2.3 Private Meetings:

- All meetings of Velindre University NHS Trust held in Private, where a request has been made to record the meeting for the following reasons:-
 - Support the creation of meeting minutes and action plans
 - Support the circulation of messages for employees of Velindre University NHS Trust
 - Must be agreed by all parties present in the meeting
 - Can only be subsequently shared with those present in the meeting and / or for purposes agreed prior to starting the recording of the meeting
 - This policy does not apply to any Workforce meetings, informal or formal, including 1-2-1s, Managing Attendance at Work (sickness absence), Dignity at Work, Grievance, Disciplinary or any other meetings covered by a Workforce policy.

3. Definitions

- 3.1.1 Meetings held in Public** – These are meetings where members of the public can attend to observe a meeting, however observers are not permitted to join in the discussion.
- 3.1.2 Public Meetings** – Meetings held in public to conduct business of the organisation where any member of the public is able to attend should they choose to do so. There may also be an opportunity to participate in the meeting.
- 3.1.3 Private Meetings** – These are meetings held to conduct business that are not open to members of the public to attend where there are specific valid reasons for not doing so.

4. Applicable to all Key Persons/Roles Impacted by this Policy

- Chair, Vice Chair and Independent Members
- Executive Team Members
- All Velindre University NHS Trust employees, including hosted organisations
- Community Health Council attendees
- Audit Wales attendees
- Any persons attending meetings and events held in public or private
- Patient Liaison Groups
- Health Inspectorate Wales
- Consultancy & Special Advisors to the Trust
- Invited guests on topical issues

5 Aims and Objectives

5.1 Meetings held in Public

- 5.1.1 The policy is to enable an improvement in accessibility and community participation in relation to decision making processes. It is envisaged that live streaming and publishing of video recordings of meetings, will provide more flexible and convenient access to a wider audience, by allowing the public to watch meetings 'in real time' via the internet without the need to attend in person.
- 5.1.2 As a result this provides the community greater access to viewing debate and decisions, eliminates geographic and time barriers which may prevent the public from attending meetings in person; thereby resulting in greater community awareness and confidence in the integrity and accountability of decision making processes.

5.2 Meetings held in Private

- 5.2.1 This policy enables executive support teams and all Trust service administrators in the recording of meeting minutes and actions.
- 5.2.2 This policy enables the recording of meetings and events for wider dissemination of Trust wide communications.

6. Responsibilities

6.1 Meetings held in Public / Public Meetings & Events

6.1.1 Communications Team

- 6.1.1.1 The Communications team will be responsible for the creation and setting up of any meetings or events held in Public.
- 6.1.1.2 The Communications team will be responsible for the production and "on the day" management of any meeting or events held in Public.

6.1.2 Corporate Governance Team

6.1.2.1 The Corporate Governance team will be responsible for the planning, preparation, training and readiness of all panellists (i.e. Trust Participants)

6.1.3 Digital Services Team

6.1.3.1 The Digital Services Team will be responsible for the delivery of the appropriate platform, security and availability of technical expertise and (where applicable) in-meeting support

6.1.4 Roles & Responsibilities for the Trust Board

Specifically for the Trust Board Meetings held in public, the following roles and responsibilities have been allocated:

Role	Responsibility
Chair:	Chair of the Meeting – Lead Person Person: VUNHST Chair
Reserve Chair:	Reserve Chair for the Meeting – in the event of the Chair being unavailable Person: VUNHST Vice Chair
Attendance:	Board Members and other members of the Executive Team.
Engagement:	On occasions there might be an opportunity for Public Attendees to ask questions for a limited time period before and after the Trust Board Person: Staff / Member of the General Public
Host:	Management of Agenda / Time Keeper / Host Person: Director of Corporate Governance or designated person for the event
Production:	Management of Live Event (including preparation, live production and post production activities) Person: Assistant Director of Communications and Engagement or Senior Colleague in Communications & Engagement
Co-Production:	As above Person : Nominated by the Head of Communications and Associate Director of Communications and Engagement
Secretariat:	Formal record keeper of discussions and actions Person: Executive Support Team

Role	Responsibility
Technical Support:	Technical Support on the Day Person: Digital Services Support Team

6.1.5 Meetings held in Private

6.1.5.1 Meeting Secretariat

The meeting secretariat will be responsible for the recording of private meetings following approval to do so from the Meeting Chair.

The meeting secretariat will be responsible for the deletion of the private meeting footage once its purpose has been fulfilled.

7. Implementation/Policy Compliance

7.1 Procedure for recording meetings

7.1.1 When a meeting has a defined Public and Private agenda, these recordings must be treated as separate meetings and follow the appropriate sections within this policy.

7.1.2 At no point should a meeting that has a public and private agenda be recorded as one meeting.

7.2 Meetings held in Public

7.2.1 For meetings to be Live Streamed and recorded, only Trust approved digital technologies should be used; such as Zoom and Microsoft Teams. The choice of technology will depend on the requirements of the meeting. It is advised to seek advice from Digital Services regarding the most appropriate solution for the meeting type.

7.2.2 The recording will then be uploaded to Trust's website within 48 hours.

7.2.3 Other Public Meetings authorised by the CEO/ Nominated Deputy may also be streamed live.

7.2.4 The Chair and/or CEO/ Nominated Deputy have the discretion and authority at any time to direct the termination or interruption of live streaming if they believe it is advisable to do so. Such direction will only be given in exceptional circumstances, where the content of debate is considered misleading, defamatory or potentially inappropriate to be published.

7.2.5 There may be situations where, due to technical difficulties a live stream may not be available. Whilst every effort will be made to ensure the live streaming and website are available, the Trust takes no responsibility for and cannot be held liable for, the live streaming or the Trust website being temporarily unavailable due to technical issues beyond its control. Technical issues may include, but are not limited to:

- the availability of the internet connection
- national issues with the infrastructure or Office 365 deployment
- device failure or malfunction
- unavailability of social media platforms or power outages

7.2.6 Access to Recordings of Trust Board Meetings that are streamed live on the internet will later be uploaded onto the Trust website, and available to be viewed. All recordings will be retained in line with existing Trust policies [i.e IG01 Records Management Policy].

7.2.7 The Trust has created an email address that will be referenced for any public questions (Corporate.Services2@wales.nhs.uk). All questions received will be answered within 24 hours of the meeting. It is not intended that public questions will be answered during the meeting.

7.2.8 At the commencement of each meeting, the Chair shall read a statement notifying those present that the meeting will be streamed live on the internet and that the recording will be made publicly available on Trust's website. Information signage of the meeting will be shown on screen prior to go live.

7.2.9 An etiquette guide has also been created to provide support and advice to all individuals during broadcasting of the meetings. The

guide will outline all key areas ensuring the production runs as seamless as possible. Reference Appendix 3

- 7.10 If the public meeting has a Q&A function to the meeting, the chair or the host of the meeting will endeavour to facilitate those questions, in relation to the agenda or theme of that meeting. However, there will be occasions where responses will follow post meeting, due to the volumes of questions and/ or requiring input from other colleagues.
- 7.11 It is recommended that in meeting group chat function is disabled during all public facing meetings. In the event of the in-chat function required during private meetings, it is recommended that the terminology and tone used is solely professional at all times for all individual users. The minutes should reflect points made, as appropriate, from the chat function.

7.3 Consent

- 7.3.1 The policy requires consent to be granted from all individuals ahead of the planned meetings with written permission from featured individuals. Reference Appendix 1.
- 7.3.2 Requests for written permission from speakers and performers before you include them as part of a stream and ensure they have the rights to all of their own material.
- 7.3.3 It is essential that all individuals taking part in live broadcasting fully understand their involvement and have enough information to make a decision; not be under the influence of anyone and to make the decision on their own free will; at no point should any individual feel pressured into taking part if they do not want to.
- 7.3.4 Request written permission from speakers and performers before you include them as part of a stream and ensure they have the rights to all of their own material.
- 7.3.5 The communications department will hold responsibility for the consent forms and will store the scanned and signed consent forms for a maximum of 3 years.
- 7.3.6 Data Protection legislation governs the protection of personal data. Under the legislation individuals have a number of rights to include the right of access to data we may hold about them. Should individuals wish to request access or have any objections or queries relating to how their personal data is being processed by the Trust then all requests are to be managed in line with

existing Trust policies [i.e. IG02 Data Protection & Confidentiality Policy]

Note: The Organiser and Chair of the meeting should be aware that a request via the Freedom of Information (FOI) process can be made for a recording of a meeting.

7.4 Social Media

- 7.4.1 A social media project plan will be created and illustrate the timeframe and different platforms that will be utilised to promote any event.
- 7.4.2 The Trust will utilise social media platforms, for example Twitter and Facebook, to engage with an array of key stakeholders.
- 7.4.3 Social media platforms will be monitored during a public event.
- 7.4.4 The use of social media will be in accordance with the Social NHS Wales All Wales Social Media Policy

7.5 Recording

- 7.5.1 All virtual Meetings held in Public will be recorded. The Trust will aim to record all Public meetings unless determined otherwise by the chair or with a valid reason not to do so. There may also be an instance when a recording of meeting is not possible due to technology failure.
- 7.5.2 The Trust will endeavour to produce a recording of all live streamed meetings unless determined otherwise by the chair
- 7.5.3 For Private meetings there may be occasions where a meeting is held and it is felt that it would be beneficial to one or more parties for the meeting to be recorded to ensure that an accurate record of the meeting is captured. Examples include capturing meeting minutes and action plans.
- 7.5.4 In these instances, whilst one or more parties may not agree to be recorded, as long as the recording is used strictly for the purpose it was intended for and a copy is made available to all parties if they so wish, then it is acceptable for the recording to go ahead.
- 7.5.5 For standard Private Trust meetings, the video recording will be deleted when the minutes and action plan have been created, and formally approved at the next meeting.

8. Equality Impact Assessment Statement

- 8.1 The Trust is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its employees reflect their individual needs and does not discriminate against individuals or groups.
- 8.2 The Trust will undertake an Equality Impact Assessment and receive feedback on this policy and the way it operates.
- 8.3 The Trust wanted to know of any possible or actual impact that this procedure may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues) race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.

9. References

None

10. Getting Help

- 10.1 Please contact the Director of Corporate Governance for further support with regards to the adoption of this policy as required.

11. Related Policies

- 11.1 **GC01** Policy on Policies
- 11.2 **GC09** Trust Policy for Media
- 11.3 **GC03** Standards of Behaviour
- 11.4 NHS Wales All Wales Social Media Policy

12. Information, Instruction and Training

- 12.1 It is essential that for the implementation of new technology and systems, that a plan is in place to train and support employees as they learn and adapt to using new technology.

12.2 With the introduction to the streaming platform Zoom Webinar, it is essential that staff have both a small training group training session prior to the meeting and follow up sessions as and when required.

12.3 Similarly, training material is available for Microsoft Teams.

12.4 Training in small groups of employees will have the advantage of creating a support group by working with others as they learn the new technology.

12.5 Staff are also encouraged to explore the online support tutorials below:

- <https://support.zoom.us/hc/en-us>
- <https://support.zoom.us/hc/en-us/sections/200324965-Video-Webinar>
- <https://support.microsoft.com/en-us/office/microsoft-teams-video-training-4f108e54-240b-4351-8084-b1089f0d21d7>

12.6 In addition to the platform training, employees are encouraged to reference Appendix 2 and 3 to consider best practice guidance



IN-HOUSE FILMING/RECORDING/PHOTOGRAPHY

CONSENT AGREEMENT WITH VELINDRE UNIVERSITY NHS TRUST

Filming/Recording/Photography:

ALL MEETINGS HELD IN PUBLIC AND MEETINGS HELD IN PRIVATE

Name of Project Lead:

Director of Corporate Governance

Purpose of Filming/Recording/Photography:

Trust Meetings held in Public, Trust meetings held in Private

I, _____ (name), agree to be filmed/recorded/photographed for the above-named meetings

I give _____ (project lead) use of all still and/or motion pictures, sound recordings and or written records which are made of me, my voice and my image for the specific purposes of:

- Trust Meetings held in Public
- Private meetings for the capture of minutes and actions/distribution of staff communications

This permission is limited to the use of any footage/recording/photography of me being used directly and only for the purposes of these meetings, unless permission is granted by me, in writing, for its further use in any capacity.

I understand what is being asked of me and that that my participation in this programme is entirely voluntary, with my permission being given freely and without

any undue influence or pressure from the Trust or representative(s) of the media organisation/agency.

I further understand that I may, at any time, discontinue my involvement and that, should I withdraw from filming activities, I will not be penalised nor disadvantaged in any way by the Trust.

I understand that my first responsibility in any filming activities is to the Service User. If, at any point, I become concerned about the impact of the filming/recording/photography project on the Service User or other staff members/volunteers for operational/safety/well-being or privacy purposes, that I will ask for it to be stopped.

I confirm that I have notified any and all Service User(s) and/or other members of NHS staff/ volunteers likely to be impacted by this filming/recording/photography and that they have been advised of their individual rights to consent/or otherwise to taking part.

I have made all appropriate arrangements to ensure that the privacy of anyone who does not wish to consent to being part of the project will be honoured and protected at all times throughout the duration of the relevant filming/recording/photography.

I understand that once I agree to consent to filming it may not be possible to view the finished material before it is broadcast/published.

I understand that any material published via the internet and/or social media sites may be downloaded or reused by other third parties and that the Velindre University NHS Trust does not control the use or disclosure of any information about me or images of me resulting from this contact. I hereby release the Velindre University NHS Trust from any and all liability for such uses or disclosures.

Please indicate by ticking the boxes below the view that you will be providing when participating in the production:

Name: _____

Job Title: _____

Department: _____

Signature: _____

Date: _____



GUIDE / ETIQUETTE FOR VIRTUAL MEETINGS

1	Diary. Check your diary to ensure that the diary invite is there and is compatible to the equipment you will be using for the meeting. Please check this a couple of hours before the meeting in case you need the diary invite forwarding the another e-mail address, as support staff may not be available or pick up your request to do this immediately before the start of a meeting. Note: A reminder email will also be sent on the day of the event approximatly 30 minutes before for the meeting.
2	Questions. If you know in advance that you wish to raise a question or discussion point during the meeting, please notify the Chair and minute taker before the meeting. This will ensure that the Chair is aware that you wish to speak.
2	Background. Make sure the background behind you is appropriate and there are no whiteboards with any confidential or patient identifiable information that could be viewed by other participants. <u>This is especially important where the meeting may be livestreamed to the public.</u> Note: Panellists are advised to use the corporate grey background that has been created for meetings use as a background for Public meetings.
3	Base for meeting. If you are planning on dialling into the meeting with a colleague in the same room, please ensure that you use your own separate devices. You should not share the same laptop, passing this across the table with your colleague during the meeting. Please ensure that there is sufficient distance between you to avoid any audible feedback. If joining a meeting outside of the working environment e.g at home/ conference centre or an alternative venue please ensure that you are able to participate in the meeting with minimal disruptions adhering to confidentiality guidelines.

4	Lighting. Adjust the lighting to ensure that your face is well lit and not in shadow. <i>Hint- if your back is to a window then pull the blind or curtains and rely on the room lighting.</i>
5	Background Noise. Please remember to mute your microphone when not speaking. Any background noise will be distracting. Please remember to turn off/mute any mobile devices, beepers, etc. Do not shuffle papers, use a keyboard, tap on the table, or the microphone itself, or use china plates, coffee or tea cups without coasters. Please remember to also reduce other background noises, ie, open windows, fans etc.
6	Presentation. Please make sure you are professionally presented in terms of your attire, and your background. Please do not eat during the meeting, drink out of a glass or cup and stay seated and present throughout unless the Chair calls a formal break.
7	Devices. Please ensure that your devices are fully charged, or you are positioned close to a power supply. Ensure your equipment works correctly Check it out before the meeting, Click on your profile image on the top right, and select Settings, Devices, Make a Test Call, and you can test the audio and video. Keep your mobile/other devices away from your laptop to avoid interference. Your iPad can be used to view the meeting papers.
8	Introductions. The Chair may do a roll call at the beginning and/or note any apologies. Introductions by Board Members at some meetings held in public may be bilingual. Note: As part of the Introductory Slide Deck 'Meet the Board' slides will be presented displaying all board members.
9	Joining the meeting. Please join the meeting 15-30 minutes before the official start time of the meeting to ensure that your connection is working. Ensure your camera and microphone are working, and that they are correctly positioned.

DURING THE MEETING

10	Introductions. The Chair will welcome all participants to the meeting and may ask for introductions. The introductions will also be a way to ensure that all Members can be heard, and that the minute taker is clear who is dialling in. Note: We will test this at the start of the meeting and before we go live.
11	Chair's Comments. The Chair will take this opportunity to remind Members to ensure that their microphones are muted until they wish to speak. This will also be an opportunity for the Chair to inform Members of how they should

	indicate that they wish to contribute to the meeting. This could be via the 'raise hand' function in Teams, or the 'chat' function in Teams and Skype. For Members dialling in by telephone, they will need to verbally indicate that they wish to speak.
12	Be present in the meeting. Avoid doing other tasks and emails. Look at your camera (either at the top of your laptop or at the camera fitted to your screen). Note that the public can screenshot your image – we will put a disclaimer in the 'Rules of Engagement':- <i>Unless the Board has given prior and specific agreement, members of the public and other observers will not be allowed to record proceedings in any way other than in writing.</i> Avoid: - Saying "not for minuting comments" - Name colleagues outside the Organisation without permission
13	Presentations. For presentations being made, the Chair should request presenters/leads to be clear whether they wish to receive comments after or during presentations. Note: If you have a presentation please can ensure this is shared with the production team in advance of the meeting. All presentations are to be presented and shared from one device only.
14	End of the meeting. The Chair should thank everyone for their participation in the meeting.

DURING THE MEETING – ALL MEMBERS

15	Screen Display. During the meeting, the main screen will be focussed on the person who is speaking at the time, which is why it is important to mute your microphone when not in use. Any additional noise will result in the main screen displayed being deflected to the person creating the additional sound.
16	Remain Present. Please stay seated and present during the meeting. If you do have to go 'off screen', please turn your camera off.
17	Contributions to the meeting. When making a contribution please identify yourself when starting to speak. Please speak a little slower than usual, and keep your remarks concise and to the point. Please wait for the Chair to indicate when you can speak, and try not to interrupt or speak over others. This will ensure that everyone will have an opportunity to contribute to the meeting.

DRAFT

Integrated Impact Assessment		 GIG CYMRU NHS WALES	Ymddiriedolaeth GIG Prifysgol Felindre Velindre University NHS Trust
Ref no: GC 07			
Name of the policy, service, scheme or project: Policy for the Live Streaming of Public Meetings and The Recording of Private Meetings Across Velindre University NHS Trust	Policy for the Live Streaming of Public Meetings and The Recording of Private Meetings Across Velindre University NHS Trust		
Service Area	Corporate Governance		
Preparation			
The purpose and aims of the policy, procedure, strategy or decision required Please include; - the overall objective or purpose - the stated aims (including who the intended beneficiaries are) - a broad description of how this will be achieved - the measure of success will be - the time frame for achieving this - a brief description of how the purpose aims of the policy are relevant to equality and intended beneficiaries.		Aims and objectives: The policy reflects the Trust's commitment to transparent and accessible decision making processes, with the introduction of live streaming and recording of Trust Meetings held in Public. The policy also cover the recording of Private Trust meetings (where appropriate). These recordings will not be shared with the Public at any time and deleted once their purpose has been fulfilled.	

Meetings held in Public

The policy is to enable an improvement in accessibility and community participation in relation to decision making processes. It is envisaged that live streaming and publishing of video recordings of meetings, will provide more flexible and convenient access to a wider audience, by allowing the public to watch meetings 'in real time' via the internet without the need to attend in person.

As a result this provides the community greater access to viewing debate and decisions, eliminates geographic and time barriers which may prevent the public from attending meetings in person; thereby resulting in greater community awareness and confidence in the integrity and accountability of decision making processes.

Meetings held in Private

This policy enables executive support teams and all Trust service administrators in the recording of meeting minutes and actions.

This policy enables the recording of meeting and events for wider dissemination of Trust wide communications.

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

This Equality Impact Assessment will identify any areas of concerns that can be addressed and respond to equality needs.

The Trust needs to know of any possible or actual impact that this procedure may have on any groups in respect of sex and gender (including maternity and pregnancy as well as marriage or civil partnership issues) race, disability, sexual orientation, Welsh language, religion or belief, gender reassignment and gender identity, age or other protected areas.

The measure of success will be via the following

- Registrations
- Social media posts engagement levels promoting the webinar including Facebook and Twitter. How many Likes/ shares etc..
- Attendee and engagement levels
- Post event reporting including email addresses

The **time frame** to monitor the success is 6 months.

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

Who is the Executive Sponsor?	Lauren Fear, Director of Corporate Governance
We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 identified as being relevant to the policy. • What steps will you take to engage and consult with stakeholders, (internally and externally)? • How will people with protected characteristics be involved in developing the policy, procedure, strategy and or decision from the start? • Outline how proposals have/will be communicated? • What are the arrangements for engagement as the policy/procedure/strategy or decision is being implemented?	The Trust will ensure that a formal consultation process is carried out including public scrutiny and allowing additional information to be sought for a range of parties as to inform the development of the policy or its implementation. The policy has been shared with members of the Executive Management Board Meeting, Trust Board and will be published on the live domain website to ensure the Trust is transparent and accountable.
Does the policy assist services or staff in meeting their most basic needs such as; • Improved Health • Fair recruitment etc.	The new policy will enable transparency and will communicate a clear statement of intent.
Who and how many (if known) may be affected by the policy?	All VUNHST employees
In review of the Well-being of Future Generations Act Which Well-being Goals does this contribute to and how? Please select from drop down box, if multiple, please list.	A Prosperous Wales A More Equal Wales

If none, how will it be adapted to contribute to one?	
Evidenced used/considered Your decisions must be based on robust evidence. What evidence base have you used in support? 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. Please list the source of this evidence; • Identify and include numbers of staff, broken down by protected characteristics and other relevant information • 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)?	VUNHST has adhered to the official guidance provided by Welsh Government. Welsh Parliament have also shared guidance on their Terms and Conditions for streaming meetings below: https://senedd.wales/en/help/Pages/terms.aspx

Do you consider the evidence to be strong, satisfactory or and are there any gaps in the evidence?	
Who is involved in undertaking the EQIA	Stuart Morris, Associate Director of Informatics

Equality Duties, Sustainable Development Principles

Does the policy/procedure, strategy, e-learning, guidance etc meet	Protected Characteristics									Additional		Sustainable				
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage/ civil Partnerships	Welsh Language	Carers	Long Term	Collaboration	Involvement	Prevention	Integration
- Public Sector & specific duties - Equality Act 2010 - Welsh Language Standards (2011) - Sustainable Development Principles?																
To eliminate discrimination and harassment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Promote equality of opportunity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					

Promote good relations and positive attitudes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Encourage participation in public life	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
In relation to disability only, should the policy/service/project or scheme take account of difference, even if involves treating some individuals more favorably?	✓															

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
Article 2: The Right to Life	✓		
Article 3: the right not to be tortured or treated in a inhumane or degrading way	✓		
Article 5: The right to liberty	✓		
Article 6: the right to a fair trial	✓		
Article 8: the right to respect for private and family life	✓		
Article 9: Freedom of thought, conscience and religion	✓		
Article 14: prohibition of discrimination	✓		

Measuring the Impact

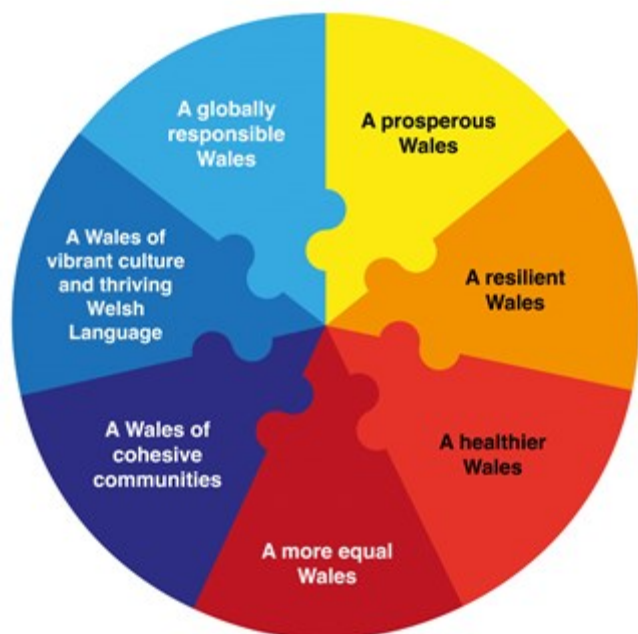
Reason for your decision (including evidence used). Include details of how it might impact on people from this group and how opportunities to advance equality and good relations have been maximised.	
Protected Characteristics & Other Areas	Impact – operational & financial
• Race • Sex • Disability • Sexual orientation • Religion belief & non belief • Age • Gender Identity • Pregnancy & maternity • Marriage & civil partnership • Carers	The provision of the Live Streaming of Public Meetings and The Recording of Private Meetings Across Velindre University NHS Trust aims to meet the Trust Duty to providing access to its decision making process and opportunities for transparency and public involvement in Trust services etc. Public access to IT, WIFI and streaming services has improved over the past 5 years, but the Trust also recognizes that access to steaming services is also limited in some communities. Communities that may already feel disenfranchised and marginalized. Therefore streaming is just one step in the right direction for public engagement and a response to providing public access to decision making during the pandemic. Regarding communication accessibility, the Trust needs to ensure that live captioning is made available. This facility is available on Teams and Zoom platforms. This supports members of the public who may have communication needs, such as hearing impairments and language needs. In situations such as the AGM and public engagement, the provision of BSL interpretation would be necessary. Recognizing that for those who use BSL as their first language. Their reading capacity from the subtitles may not be as strong, leading to them missing out information for example.

	The use of clear masks on streaming video will also be necessary for some situations. Where it may be mandated for those on the call to wear masks if in an office or clinical environment. With regards socio economic impact, recognizing that access to digital technology can be a postcode lottery where geography, cost and education can be factors in access to good Wi-Fi, technology ability, understanding and access.
Welsh Language Standards	Impact – Operational & Financial
1. Operational Standards – how we operate 2. Service Delivery – how we deliver our services 3. Record Keeping – how we keep a record of our services e.g language needs of patients or donors 4. Policy making – how we develop our policies 5. Supplementary Standards – how we report on our services Does the policy, service, or project have positive or negative effects on: a) Opportunities for persons to use the Welsh language? b) Does it treat the Welsh language less favourably than the English language?	In addition to all content will be provided in English & Welsh for the public. The Trust recognizes the values and need to respect the support for conversations and communications to be bilingual and that this supports the continuous development of Welsh Culture. From streaming meetings through to service delivery the Welsh Language will be regarded equally.

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 more equal Wales – More equitable care and opportunity that reduces variation, and better meets the needs of vulnerable groups.

- The live broadcast of meetings will give people equal opportunities to participate.
- It was also enable people to develop knowledge regarding the Trust board meetings by being an attendee.
- The policy will promote incorporating social and ethical

A prosperous Wales – Opportunities for volunteering the development of new career pathways and employment that encourages people to live and work in West Wales.

- The policy will promote inclusive local economies.
- Promote an innovative and productive society

Sustainable Development Principles	
Hirdymor  Long Term Balancing short term with long term needs	The introduction of live streaming and recording of Trust Meetings held in Public became a short term need regarding the impact of the Covid 19 pandemic, but the long term impact is that it meets the Trusts commitment to transparent and accessible decision making processes.
Cydwethio  Collaboration Working together to deliver aims and objectives.	The policy is to enable an improvement in accessibility and community participation in relation to decision making processes. It is envisaged that live streaming and publishing of video recordings of meetings, will provide more flexible and convenient access to a wider audience, by allowing the public to watch meetings 'in real time' via the internet without the need to attend in person. As a result this provides the community greater access to viewing debate and decisions, eliminates geographic and time barriers which may prevent the public from attending meetings in person; thereby resulting in greater community awareness and confidence in the integrity and accountability of decision making processes.

 Involving those with an interest and seeking their views	As above
 Putting resources into preventing problems occurring or getting worse	By providing a platform for meetings to be accessible to the public during the pandemic and beyond, it is ensuring that public engagement and transparency is available. Putting a resource in place to prevent problems and concerns from occurring or getting worse.

Integreiddio



Integration

Considering impact on all wellbeing goals together and on other bodies

The policy is to enable an improvement in accessibility and community participation in relation to decision making processes. It is envisaged that live streaming and publishing of video recordings of meetings, will provide more flexible and convenient access to a wider audience, by allowing the public to watch meetings 'in real time' via the internet without the need to attend in person.

As a result this provides the community greater access to viewing debate and decisions, eliminates geographic and time barriers which may prevent the public from attending meetings in person; thereby resulting in greater community awareness and confidence in the integrity and accountability of decision making processes.

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 policy will enable all members of the public with access to wifi and a computer to view broadcasting of meetings. The Trust recognizes that digital access is not available to all, where applicable and relevant, some meeting recordings can be held on the Trust website. Where they can be viewed for a suitable time. Allowing those with limited IT access to view via public IT accessible formats such as community centers, libraries and other local council and community facilities.

Positive Action

Impact – Operational & Financial

If the policy, procedure, strategy and or decision is intended to increase equality of opportunity through positive action, does it appear to be lawful?

N/A

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.

Outcome report

Equality Impact Assessment: Recommendations			  Ymddiriedolaeth GIG Prifysgol Felindre Velindre University NHS Trust		
Please list below any recommendations for action that you plan to take as a result of this impact assessment					
Action Required	Potential Outcomes	Time-scale	Lead Officer	Resource implications	
1	Provision of auto caption during streaming. This can be done after live recordings if appropriate.	Support for those members of the public with communication needs, to participate fully with the meetings.	ASAP	Stuart Morris	Built into some streaming platforms, such as Teams and Zoom.
2	Publicize streaming timetable and content via community groups.	Better engagement from seldom heard voices.	Continuously	Trust Communications and Engagement	Time, translation services and focused engagement needs.

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

Recommendation	Likelihood	Impact	Risk Grading
1	2	2	4

2	2	3	6
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Reputation and compromise position	Monitoring Arrangements
The Trust has a duty to provide opportunities for the public to access Trust meetings as appropriate. The provision of meetings being live streamed ensures that especially during the current situation there is a facility in place to ensure public participation.	This policy will be reviewed every 3 years in line with current trust process, unless there is a change in legislation or advice. A review of the provision of service and public involvement is recommended after 6 months. To ensure that comms and engagement have reached out to support access from seldom heard voices.
Training and dissemination of policy	
Support available as relevant and required.	

Is the policy etc. lawful?	Yes ☒	No ☐	Review date
Does the EQIA group support the policy be adopted?	Yes ☐	No ☐	2023
Signed on behalf of Trust Equal Impact Assessment Group	Ceri Harris	Signed Lead Officer	
Date:	12/10/20	Date:	

	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	National media interest	Impacts on large percentage of the population
		Elements of public expectations not being met	Impacts on small number of the population		Gross failure to meet national standards

Annex 1

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

CHARITABLE FUNDS (TRUSTEE) ANNUAL REPORT 2019-20

DATE OF MEETING	28/01/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Emma Stephens, Head of Corporate Governance	
PRESENTED BY	Mark Osland, Executive Director of Finance	
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Charitable Funds Committee	09/12/2020	APPROVED
ACRONYMS		
CFC	Charitable Funds Committee	

1. SITUATION/BACKGROUND

- 1.1 The Charitable Funds (Trustee) Annual Report and its Financial Statements are prepared in accordance with the Statement of Recommended Practice on Accounting and Reporting for Charities (SORP 2005), the Charity Commission's general guidance and with the applicable United Kingdom accounting standards.

- 1.2 As with previous years the aim of the annual report is to demonstrate how the money raised through Charitable Funds allows the Charity to make a difference and enhance the services provided.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The following consultation and engagement with Trustees, Divisions and Patient Liaison Group Representative has taken place and any comments and amendments have been incorporated as appropriate.

Engagement	When	Purpose	Status
Charitable Funds Committee	October - November 2020	First Draft For Review / Comment	Complete – all comments received have been incorporated where appropriate.
All Trustees	November 2020	Second Draft For Review / Comment	Complete – all comments received have been incorporated where appropriate.
Audit Wales	October – December 2020	Audit of the Financial Statements	Signed off
Charitable Funds Committee	December 2020	Formal Approval	Approved
Audit Committee	January 2021	Report on Audit of the Financial Statements – For Noting / Information	Noted
Trust Board	January 2021	For Noting / Information	On Target
Charity Commission	By the 31 st January 2021	Formal Submission	On Target

- 2.2 The Final report will be made available in Welsh and will be published on the Trust Intranet and Internet sites.
- 2.3 The Annual Report is attached at Appendix 1.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	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 ending good governance within the Trust can support quality care.

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

4. RECOMMENDATION

- 4.1 The Trust Board is asked to **NOTE** the Charitable Funds Annual Report 2019-20, which will be submitted to the Charity Commission by the 31st January 2021.



Charitable Funds Trustee Annual Report 2019-20



Gwasanaeth Gwaed Cymru
Welsh Blood Service



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Canolfan Ganser Felindre
Velindre Cancer Centre



<u>Glossary of Abbreviations</u>	3 - 4
<u>Welcome Introduction</u>	5 - 7
<u>Charity Purpose</u>	8 - 9
- <i>Aims & Objectives</i>	
<u>Part 1:</u>	10 - 23
- <i>How the generous donations of our supporters enable us to enhance the services we provide</i>	
<u>Part 2:</u>	24 - 62
- <i>Charity Governance, Audit & Finance</i>	

Glossary of Abbreviations

AHPs	Allied Health Professionals
AHSC	Academic Health Science Centre
BAME	Black, Asian and Minority Ethnic
CFC	Charitable Funds Committee
CNS	Clinical Nurse Specialist
COVID 19	Coronavirus 2019
CTU	Clinical Trial Unit
ESOL	English for Speakers of Other Languages
FR	Fundraising Regulator
FRS	Financial Reporting Standard
ISAs	International Standards on Auditing
NPHS	National Public Health Service
PARS	Physical Activity Rehabilitation Programme
PCH	Prince Charles Hospital
PLG	Patient Liaison Group
POC	Point of Care
R&D	Research & Development
ROM	Range of Motion
RT	Radiotherapy
SABT	Stereotactic Ablative Body Radiotherapy
SACT	Systemic Anti-Cancer Therapy
SC	Supportive Care
SOFA	Statement of Financial Activities

<i>SORP</i>	Statement of Recommended Practice
<i>UGI CNS</i>	Upper Gastrointestinal Clinical Nurse Specialist
<i>UK</i>	United Kingdom
<i>VAT</i>	Value Added Tax
<i>VCC</i>	Velindre Cancer Centre
<i>WBS</i>	Welsh Blood Service
<i>WCB</i>	Wales Cancer Bank

What this Annual Report will tell you?

Velindre University NHS Trust Charity Annual Report tells the story of how the money raised through Charitable Funds in 2019-20 has enabled us to make a difference and enhance the services provided by the Trust.

It provides information about how the Charity has performed this year, key activities and developments and our plans for 2020-21 and beyond.

Our priorities are shaped by our Charity Vision, Mission, Objectives and Aims, which are set out on page 5.

If you would like copies of this report in print form and/or alternative formats or languages, please contact us using the details below.

Velindre University NHS Trust, Corporate Headquarters

Unit 2, Charnwood Court,

Parc Nantgarw,

Cardiff.

CF15 7QZ Tel: 029 2019 6161

Email: Corporate.Services2@wales.nhs.uk

Website: www.velindre-tr.wales.nhs.uk

Welcome

On behalf of the Corporate Trustees of Velindre University NHS Trust Charity, we present the Charitable Funds (Trustee) Annual Report together with the Audited Financial Statements for the year ended 31 March 2020.

Velindre University NHS Trust, which incorporates the Velindre Cancer Centre and the Welsh Blood Service, is dedicated to providing quality, care and excellence in its treatment and engagement with patients, donors, their families and other people we come in contact with.

We are proud of our staff's dedication in providing the very best possible services and the way, in turn, we are valued by our patients and donors. We believe we have a story to tell and, while we are required by the Charity Commission to produce an Annual Report detailing our accounts and activities over the past year, we are delighted that it also gives us a great opportunity to tell you more about the Charity and the services we have helped to enhance.

Presenting this report also provides an opportune time for the Trustees to extend an important thank you to all our fundraisers supporters and partners. The level of support the Charity receives is exceptional and for this we are extremely grateful.



2019–20 was another successful period. £2.949m was raised. On behalf of the Corporate Trustees we extend a huge vote of thanks for the continued generosity to all our patrons, ambassadors, fundraisers and supporters. We thank them also for their commitment and time in raising these funds to help support the Velindre University NHS Trust Charity.

To all our supporters, fundraisers, staff and volunteers with your help we continue to grow and support our Charity mission. Warmest thanks are also due to our Fundraising Team and Charity support staff, for your continued dedication in taking forward the actions and activities that drive our Charity forward.

The Trustees would also like to thank the Patient Liaison Group representatives who attend the Charitable Funds Committee as they provide a valuable patient voice throughout discussions on new projects, activities and initiatives. The Patient Liaison Group (PLG) commitment and support is extremely helpful and we look forward to continuing to work with PLG members during 2020-21 and beyond.

*LOOKING
FORWARD TO
2020/2021*

Our future plans are detailed within this Annual Report as we continue to grow and expand our charity profile. We urge you to read this report in its entirety to learn all the exciting activity that has taken place during the year as detailed in the pages that follow.

Thank you.



Professor Donna Mead, OBE
Chair



Mr. Steve Ham
Chief Executive

Charity Purpose

VISION

Invest in promoting Quality, Care and Excellence in the Services provided by Velindre University NHS Trust.

MISSION

To support the Trust's provision of world class research-led treatment, care and support for patients and families affected by cancer as well as other patients supported by the Trust and those who are involved in the donation of blood or stem cells.

AIMS

The aims of the Velindre University NHS Trust Charity are to:

1. Improve the quality and quantity of research undertaken by the Trust.

Aims specific to Velindre Cancer Centre:

1. Improve outcomes for cancer patients.
2. Improve conditions and support for cancer patients and their families that are treated by Velindre Cancer Centre.
3. Ensure that cancer patients treated by Velindre Cancer Centre have access to the best possible treatment, care and support by helping with the development of its facilities, services and training its staff.
4. Improve the scope of successful treatment by assisting with the development of Velindre Cancer Centre research activities and medical education.
5. Ensure the people affected by cancer will have their information, needs, and support addressed effectively.
6. Raise awareness about the prevention and early diagnosis of cancer within our community.

Aims specific to the Welsh Blood Service:

1. Provide donors with the best care and experience possible and ensure donors feel fully valued.
2. Promote blood donation to grow the donor pool.
3. Improve donor care through the development of research activity at the Welsh Blood Service and utilise research and development activity to support the delivery of evidence based care.

OBJECTIVES



General - For charitable purposes relating to the general or specific purposes of Velindre University NHS Trust or to purposes relating to the health service and for any other Health Services for which specific monies have been donated for use within the UK or overseas.



Patients - For the relief of illness of patients suffering from cancer or its effects as well as other patients that are/or have been treated by Velindre University NHS Trust.



Donors - For the promotion of blood donation to grow the donor pool and to improve donor care and experience.



Staff - For the relief of sickness by promoting the efficient and effective performance and duties of Velindre University NHS Trust staff.



Research - For any charitable purpose or purposes principally (but not exclusively) at or in connection with Velindre University NHS Trust which will further the following aims:

The investigation of the causes of cancer and the prevention, cure, treatment and defeat of cancer in all its forms;

- The advancement of scientific and medical education and research in topics related to cancer;
- The furtherance of any other charitable purpose for the relief of persons diagnosed with cancer;
- To support research and development into new and novel uses of blood, blood components and cellular technology for the benefit of patients;
- Improve donor care through the development of research activity;
- Improve quality and safety of blood components and products; and Support research to improve outcomes in transplantation.

PART 1

MAKING A DIFFERENCE

HOW THE GENEROUS DONATIONS OF OUR SUPPORTERS ENABLE US TO ENHANCE THE SERVICES WE PROVIDE

FINANCIAL HIGHLIGHTS



01

Donations

The income raised from general donations and grants totalled £1.725m during 2019-20. As always this reflects the enormous generosity, hard work, and dedication of our loyal supporters. Each year the level of donations we receive far exceeds expectations and for this we continue to be extremely grateful.

02

Events/Fundraising Income

Each year we put on a number of fundraising events in order to raise the funds needed to support the continued growth of both the charity and its supporters. This year the success of these events continued with our loyal supporters joining us on a number of fundraising activities raising a total of £0.635m.

03

Legacies

Legacies received during 2019-20 totalled £0.435m. We continue to receive a number of legacies, which is a vital source of the charity's income, and we are extremely thankful to those that have the foresight, and generosity to remember Velindre by leaving a gift in their will.

04

Investments

The charity has a portfolio of investments managed by an external investment company according to guidelines and responsible policies agreed with the Trustees of the charity. During the year the portfolio realised dividend income of £0.150m.

05

Trading

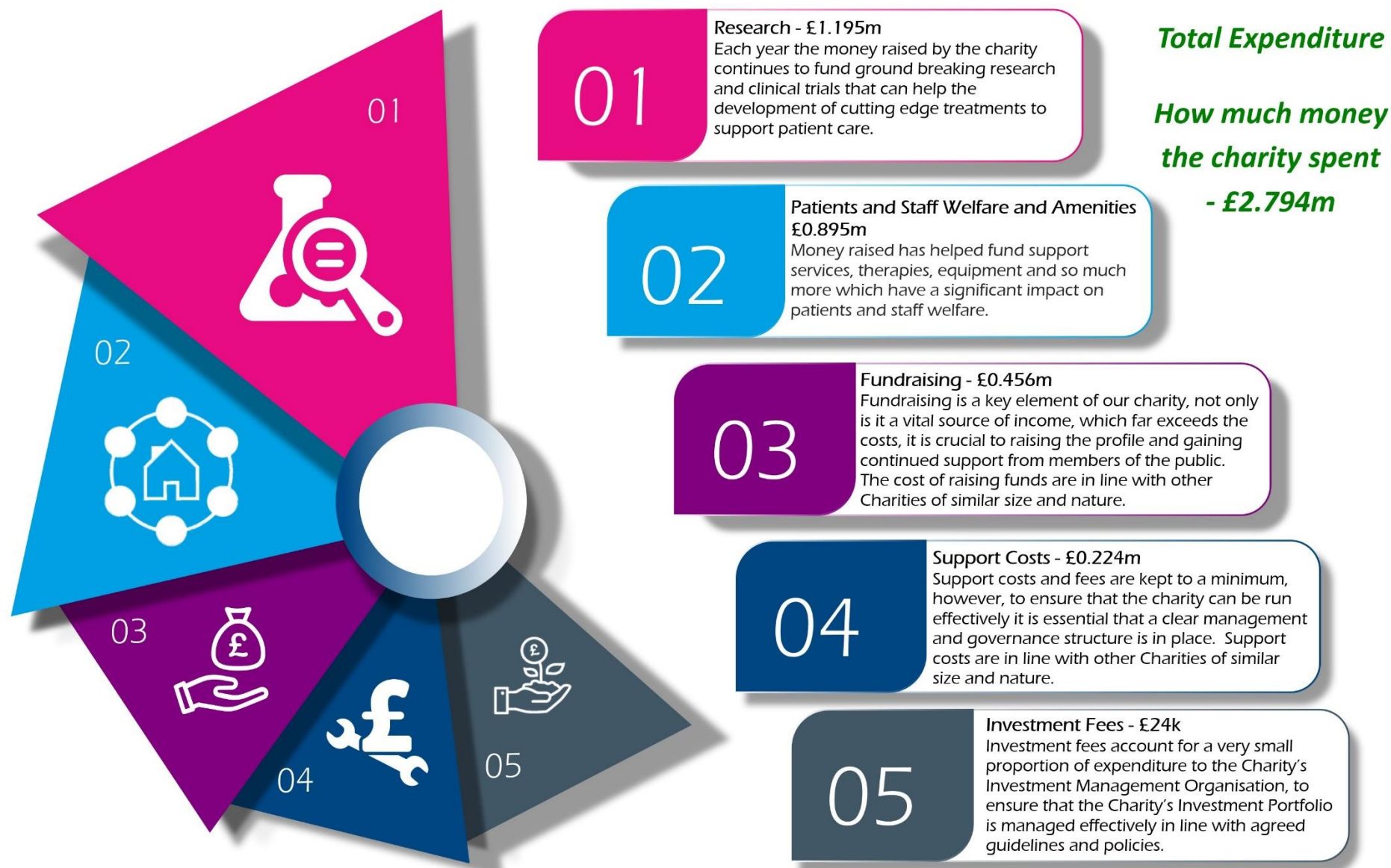
Patient and Family Member Cookbook - Developed in collaboration with our patients, (past and present), their families and those impacted by cancer a charity cookbook. The book includes tips on adaptations that can support someone going through cancer treatment. Sales from the book are given to Velindre Fundraising amounting to £0.04m.

Total Income

**How much money the
charity received -
£2.949m**

The general interpretation is that Charitable Funds can be used to enhance the level of care provided by Government funding, but not replace it or otherwise be used as a substitute for statutory funding.

The following examples of how Charitable Funds have been used demonstrate how the Charity has helped to enhance the services provided by the Trust. Good governance arrangements are in place to ensure clear separation of decision-making. The Patient Liaison Group representatives who attend the Charitable Funds Committee provide a valuable patient voice throughout discussions on new projects, activities and initiatives. During 2019-20 we spent £2.794m across the following main areas of the charity as identified below.



The following pages provide some examples of projects/activities that have been supported in the past year thanks to your generous donations.

*ENHANCED PATIENT
EXPERIENCE AND
SUPPORT SERVICES*

Here are some examples of the activity that the monies raised supported during the year. As part of our improved communication we have created a document to share with donors and partners which highlight the impact of Charitable Funds.



Examples of activity that the monies raised supported during the 2019-20:

CLINICAL NURSE SPECIALIST

Specialist Nurses
Monies raised continues to fund specialist nurses who can provide physical, psychological and emotional support to patients and their families with £510,000 spent in 2019/20.

Wi-Fi

Fundraising helps to improve the patient experience whilst attending VCC as an out-patient, in-patient, day case or visitor by providing them with free access to the internet allowing them to keep in touch with family members, relatives, etc. through websites such as social media and/or Skype.



The Moondance Foundation

Advancing Radiotherapy Fund – The Moondance Foundation, Probert Head & Neck, Lucas Fund

A Patient Support Unit funded by the Moondance Programme, alongside colleagues from service improvement, nursing and therapies, provides ambulatory care to Head & Neck patients at an earlier stage in their treatment process. The service opened for patient use in June 2019 and has been rated as 'excellent' by all of the patients that have used the service.

Medical Physics Expert

A Medical Physics Expert together with the Radiation Protection Service support clinical trials involving diagnostic radiology procedures involving ionising radiation a number of which involve patients undergoing diagnostic radiological procedures. Without this funding there would have been insufficient resource within the Radiation Protection Service to meet demand for radiation reviews, leading to delay in implementing clinical research studies or not being able to run studies. £37,000 has been spent over the last 3 years.



Oncology Physiotherapist

Your fundraising helped towards a Specialist Physiotherapist who has set up a successful acupuncture service to treat hot flushes as a consequence of a cancer diagnosis. The development of a physical activity programme has been designed called Velindre Physical activity Rehabilitation Programme (PARS). Examples of feedback from patients:

Really useful during the RT for maintaining ROM and self-management. Aimed at the perfect level for someone post chemo/breast surgery/RT

Consultant Radiographer

Monies has funded the appointment of the first Consultant Radiographer in Wales leading the way in prudent healthcare focusing on providing enhanced patient care and experience and specialist support to Head and Neck cancer patients undergoing radiotherapy.

A 'late effects clinic' for Head and Neck patients has been implemented that provides further support and allows quick access to expert advice for symptom control to patients involved in complex treatment regimes, often with very difficult side effects.

New developments include the establishment of a Consultant Radiographer ward-round (widely supported by the Consultant body) and a Consultant Radiographer-led review clinic to manage the late side-effects of radiotherapy.



Supporting lung research through Biosample Collection

Grant funding for the Wales Cancer Bank has directly increased the number of lung patients consenting for research and contributing samples to research projects in Wales and beyond. As a direct consequence, the work supported by this funding has been hugely beneficial to this important cohort of patients and it has allowed integration and the transition of a research pilot to a clinical trial. Since the commencement of the funding in May 2012, 651 patients have taken the opportunity to take part in research who would not otherwise have been offered that choice, compared with only 14 patients over the previous four years.





FURTHER INFORMATION

The activities described above provide only an example of the activity that Velindre University NHS Trust Charity has supported during the year. Further information and detail can be sought from the Charitable Funds Committee meeting papers, which are published on the Velindre University NHS Trust website: <http://www.velindre-tr.wales.nhs.uk/charitable-funds-committee-cfc->

FUNDRAISING HIGHLIGHTS - OUR SUPPORTERS

We are extremely fortunate to receive fantastic support from our wonderful President, Vice Presidents, Patrons and Ambassadors who give their time freely to help launch and promote campaigns, attend events, create publicity and make an invaluable contribution to Velindre. To find out more about this special group of people please visit: <http://www.velindrefundraising.com/patrons>. Thank you for your continued support and commitment.

In 2019, Velindre was delighted to welcome a new Vice President in Hywel Peterson.



Patron Sam Warburton and Vice President Hywel Peterson present a cheque to Velindre staff

Alan, Maggie and Hywel - The Petersons' were the first group to be appointed as Family Ambassadors for Velindre in 2012 and have been terrific supporters for many years. The appointment of Hywel as a Velindre Vice President recognises this exceptional commitment and Hywel's enthusiasm to take his support to a new level.

Hywel is highly respected by Velindre Patrons, many of whom he has worked closely with over the years and has a terrific reputation both in Wales and nationally. Hywel said: "I am extremely honoured to be appointed Vice President of Velindre Fundraising. My family and I have supported Velindre for number years, so I am delighted to be taking up this new role. By next year, one in two of people will develop cancer so to help in some way tackle cancer is very important and rewarding. We all know about the Hospital of Hope, but something that may fly under the radar is the phenomenal research work being undertaken that is helping people who have been diagnosed with cancer."

We were also delighted to announce 3 new Ambassadors, who have all been long term, committed supporters of Velindre – Gareth Rees, Kim Pedlar and Stuart Buswell.



To view all Velindre Ambassadors please visit <http://www.velindrefundraising.com/ambassadors>

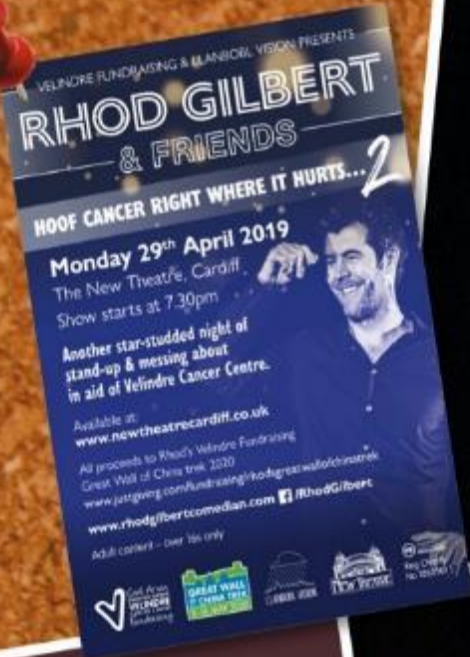
The following pages highlight some of the fantastic fundraising activity and efforts that supporters of Velindre University NHS Trust Charity have undertaken during 2019-20.

**WALES
WEEK
IN LONDON**



Kindly sponsored by:





Kindly sponsored by:



Patrons / Noddwyr



Kindly sponsored by:

**Contact
radio**

Walking / Cerdded





Fantastic Fundraisers Codwyn Arian Gwych



Kindly sponsored by:

BRINSONS

FUNDRAISING PRIORITIES 2020/2021

The three main priorities requiring fundraising financial support are:

- **Access to the latest treatments** – to include a focus on the unique selling point of the Radiotherapy service
- **Patient Support and Care**
- **Research and Development** – to include innovation and service improvement initiatives

Velindre Fundraising works very closely with new and existing supporters to put in place a diverse fundraising programme of repeatable events. Aside from large overseas events we want to encourage as many supporters as possible to be involved in other forms of fundraising, so support, advice and individually designed fundraising packs are available for a range of activities. There are a series of Velindre organised activities taking part throughout the year, designed to develop and grow and become an annual activity in people's calendars.

If you would like to help, Donate, take part in an event, or need support to organise an event of your own, please visit our website: <http://www.velindrefundraising.com/>

FUNDRAISING PRINCIPLES

The following information details how the Charity provides assurance that it undertakes its activity in accordance with the relevant standards and regulations. The approach taken by Velindre Fundraising is in accordance with the standards set by the Fundraising Regulator, the Association of NHS Charities and the Charity Commission.



Each event that Velindre Fundraising organises is considered by the Charitable Funds Committee. The proposal outlines the event with anticipated income and expenditure forecasts, key achievements etc. Following the event an Evaluation Form is presented to the Charitable Funds Committee. When an individual wants to raise funds for Velindre University NHS Trust Charity, they are asked to complete an Events Registration Form, which asks for details of their activity, contact details, proposed income and expenditure, date and time of activity, who is involved, details of past activities and, who else may be supporting the event. There is also a disclaimer which confirms that the proposed fundraiser is organising a safe and legal event and has read and agreed to Velindre Fundraising's Terms and Conditions. The fundraiser is then supplied with Velindre fundraising branded materials which reassure the potential audience that the activity is genuine. All these details are entered onto a fundraising database, regular contact takes place between the volunteer fundraiser and Velindre Fundraising staff, following the activity a thank you letter/receipt is produced along with a certificate, and if appropriate press and social media coverage.

In summary, the key messages are:

- Events are approved by the Charitable Fund Committee
- Fundraising activity is undertaken in accordance with set standards.
- The Charity does not use Commercial Fundraisers

PART 2
CHARITY GOVERNANCE, AUDIT AND FINANCE
PROVIDING ASSURANCE THAT WE ARE OPERATING OUR CHARITY EFFECTIVELY

About our Charity Trustees

The Velindre University NHS Trust Board as Corporate Trustee is ultimately accountable for charitable funds donated to Velindre University NHS Trust.

The Chair and Independent Members of the Trust Board are appointed by the Welsh Government while the Chief Executive and Executive Directors are appointed by the Trust Board.

Trustees of Velindre University NHS Trust Charity are responsible for controlling the management and administration of the Charity and have collective responsibility for the Charity.

The duties of a Trustee are to:

- Ensure the Charity is carrying out its purposes for the public benefit.
- Comply with the Charity's Governing Document and the law.
- Act in the Charity's best interests.
- Manage the Charity's resources responsibly.
- Act with reasonable care and skill.
- Ensure the Charity is accountable.

The Charity Commission has written guidance which sets out what is required of a Charity Trustee, including their responsibilities to the Charity. This guidance is available via the following link:

<https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-cc3>

Meet Our Trustees

Here are our Trust Board Members (Charity Trustees) for the period 2019-20:



Professor Donna Mead, OBE,
Chair

Appointment:

Professor Mead was appointed
Chair of Velindre University NHS
Trust in May 2018.



Mr. Stephen Harries, Interim
Vice Chair/Independent
Member

Appointment:

Mr. Harries was appointed as an
Independent Member of the
Trust in April 2017. In
November 2018, Mr. Harries was
appointed as Interim Vice Chair.



Professor Jane Hopkinson,
Independent Member

Appointment:

Professor Hopkinson was
appointed as an Independent
Member of the Trust in August
2012. Professor Hopkinson's
term came to an end on the 31
August 2019.



Mrs. Janet Pickles,
Independent Member

Appointment:

Mrs. Pickles was appointed as an
Independent Member of the
Trust in October 2012.



Mr. Phil Roberts,
Independent Member

Appointment:

Mr. Roberts was appointed as an
Independent Member of the
Trust in March 2012. In
September 2018, Mr. Roberts
accepted the invitation to
continue to serve as
Independent Member with the
Trust for a further 11 months, 1
April 2019 to 29 February 2020.



Judge Ray Singh,
Independent Member

Appointment:

Judge Singh was appointed as
an Independent Member of the
Trust in November 2011. Judge
Singh accepted the invitation to
continue to serve as Independent
Member to the Trust in
October 2018 and was
re-appointed for 12 months
from 1st November 2018 to
31st October 2019.



Mr. Martin Veale, JP,
Independent Member

Appointment:

Mr. Veale was appointed as an Independent Member of the Trust in April 2017. Mr Veale's second term with the Trust will commence in April 2020.



Professor Donald Fraser,
Independent Member

Appointment:

Professor Fraser was appointed as an Independent Member of the Trust in December 2019.



Mr Gareth Jones,
Independent Member

Appointment:

Mr Jones was appointed as an Independent Member of the Trust in December 2019.



Mrs Hilary Jones,
Independent Member

Appointment:

Mrs Hilary Jones was appointed as an Independent Member of the Trust from 1 March 2020.



Mr. Steve Ham,
Chief Executive
Accountable Officer



Dr. Jacinta Abraham,
Medical Director



Mr. Mark Osland,
Executive Director
of Finance



Mrs. Jayne Elias,
Interim Executive Director of
Nursing & Service
Improvement

Mrs. Elias was appointed as
Interim Executive Director of
Nursing & Service Improvement
on the 1 March 2019 to the 26
August 2019.



Mrs. Nicola Williams,
Executive Director of Nursing,
AHPs and Health Scientists

Mrs. Williams commenced her
appointment with the Trust on
the 26 August 2019.



Ms. Sarah Morley,
Executive Director of
Organisational Development
& Workforce

Structure, Governance & Management of Charitable Funds



COMMITTEE/ MEETING STRUCTURE

In order to facilitate the administration and management of the charitable funds the Trust Board has established a Charitable Funds Committee to provide advice and recommendations to the Board.

The Charitable Funds Committee manages, on behalf of the Trust Board, all aspects of control, investment and expenditure of the Trust's charitable funds. The Trustees have been appointed under s11 of the NHS and Community Care Act 1990.

The Charitable Funds Committee may delegate authority to commit expenditure but cannot delegate accountability.

The Executive Director of Finance is responsible for the day to day management and control of the administration of the charitable funds and reports to the Charitable Funds Committee.

The Executive Director of Finance has particular responsibility to ensure that the spending is in accordance with the objectives and priorities agreed by the Charitable Funds Committee and the Board; that the criteria for spending charitable monies are fully met; that full accounting records are maintained and that devolved decision making or delegated arrangements are in accordance within the policies and procedures set out by the Board as the Corporate Trustees.

The Charitable Funds Committee is supported by a Sub-Committee, the Investment Performance Review Sub-Committee which has particular responsibility for managing the Charity Investment Portfolio together with the Charity's Investment Management Organisation (Brewin Dolphin).

The main objectives of the Investment Performance Review Sub-Committee are to:

- Ensure that when investing charitable funds Trustees achieve an appropriate balance for the Charity between the two objectives of:
 - Providing an income to help the Charity carry out its purposes effectively in the short term; and
 - Maintaining and, if possible, enhancing the value of the invested funds, to enable the Charity to carry out its purpose in the longer term.
- Ensure that the following standards as defined in the Trustee Act are followed, whether they are using the investment powers in that Act or not.

There are some restraints on the types of investments, for example exclusions as expressly identified by the Trustees are companies who derive a significant proportion their income from Gambling, Tobacco, Alcohol and Armament activities.

The Charitable Funds Committee (CFC) is also supported by the Charitable Funds Operational Management Group.

Within the charity there are a number of designated funds relating to particular areas. The charity manages spending through the Divisional and Individual Fund Holders who are allocated part of the total budget to spend in accordance with agreed authorisation limits.

Fund Holders for each of the designated funds manage these funds on a day-to-day basis within the Trust's Standing Orders and Standing Financial Instructions and powers of delegated authority set by the Corporate Trustee (The Velindre University NHS Trust Board).

The Trustee oversees the work of the Fund Holders and has the power to revoke a Fund Holders remit or, subject to any specific donor restriction, direct the use to which funds are put.

TRUSTEE
INDUCTION &
TRAINING

As part of their induction programme new Executive Directors and Independent Members of Velindre University NHS Trust are made aware of their responsibilities as Board Members of Velindre University NHS Trust and as Corporate Trustees of Velindre University NHS Trust Charity.

There is an annual meeting of all Trustees, which provides an opportunity for Trustees to “take stock” of where we are, whilst also learning from others to help clarify thoughts in respect of the journey ahead and setting our strategic direction.

CHARITY
RELATED
POLICIES

The Charitable Funds Policies and Procedures are managed in accordance with the Velindre University NHS Trust Policy for the Management of Policies, Procedures and Written Control Documents; this provides the Trust Board with robust assurance that the charitable funds are handled with efficiency and effectiveness.

The Charitable Funds policies are available via the following link:

<http://www.velindre-tr.wales.nhs.uk/charitable-funds-policies>

MANAGEMENT
OF CONCERNS

Concerns received in relation to the Charity are managed in accordance with the Velindre University NHS Trust Handling Concerns Policy. Any concerns received against the Charity would be captured in the Charity Governance Update Report, which is a regular item at the Charitable Funds Committee meeting. In response to findings identified from any concerns raised against the Charity the Charitable Funds Committee would consider any lessons learned and identify areas where improvements could be made.

There were no concerns received against the Charity in 2019-20

RISK MANAGEMENT

The Trust Board as Corporate Trustee is responsible for the Charity's risk management and the effectiveness of internal control systems. The Trust Board and Charitable Fund Committee reviews major risks and the Audit Committee works to ensure that reasonable measures are taken to manage these risks.

The impact of the continuing economic uncertainty remains a major risk to the Charity. Therefore, plans, reserves and investment policies are frequently reviewed. The Trustees have considered the risks that the Charity faces and confirm that systems, procedures and policies are in place to ensure that any risks are minimised.

The risk register is updated by the Charitable Funds Operational Management Group and is subsequently monitored by the Charitable Funds Committee as a standing agenda item at all meetings, to ensure actions are taken in the areas that have been identified in this process as low or non-compliance. This approach will continue to strengthen the position of the Charity and ensure the Trustees are indemnified in accordance with the Welsh Risk Pool (NHS Insurers) expectations.

These processes provide the Trust Board with the assurance that internal controls and risks are monitored by management. The Charitable Funds Committee continues to improve reporting procedures to ensure that it can foresee and react to changes in the economic environment.

FINANCIAL RISK MANAGEMENT

The Charity's activities expose the Charity to credit risk, market risk and liquidity risk.

The Charity's financial activities are governed by policies approved by the Charitable Funds Committee and the Trust Board and these activities are directly supported by the Operational Management Group, Executive Director of Finance and the Senior Finance and Procurement team.

The principal financial assets are bank balances, investments, and receivables. Credit risk is mainly attributable to bank balances and these are well controlled. A number of the Charity's investments are subject to market activities and have recorded some limited realised and unrealised gains in the year.

The Charity's investment policy focuses on minimising the Charity's exposure to losses as this is explained in the Investment policy.

As the present economic situation continues the Charity needs to ensure that is able to meet its liabilities as and when they fall due. The Charity has procedures in place to control its cash flow and commitment forecasts. Additionally, its reserves policy is continuously reviewed.

RELATIONSHIPS
WITH RELATED
PARTIES/EXTERNAL
BODIES

During the year, none of the Trustees or members of the key management staff or parties related to them have undertaken any material transactions with the Velindre University NHS Trust Charitable Funds.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters and endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions.

Most grants made are to Velindre University NHS Trust to support the activities relating to Velindre University NHS Trust in line with objectives of the charity. For example, The Charitable Funds do not directly employ the staff, working on different activities; grants are made to Velindre University NHS Trust to employ those staff.

AUDIT
REQUIREMENTS

The Velindre University NHS Trust Audit Committee reviews any Internal Audit and External Audit reports on audits undertaken across key operations of the Charity and its risks.

The Audit Committee meets with the external auditor on a regular basis to discuss findings and risks that the Charity could face.

Future Plans – Governance Activity

The following priorities in respect of governance activity were identified for 2019-20 and beyond:

1. Develop and Deliver a Charity Strategy

The main focus for the Charity Director is the development of a Strategy for 2020-2024. The strategy will capture the Charitable Spend, Income Target, and Financial Planning and how the Charity intends to maintain its growth and continue to develop and be successful.

2. Review the Business Case Proposal and Evaluation Process

The Charitable Funds Committee have requested a review of the Business Case and Evaluation Process, firstly to improve the access and completion of the documentation for the authors and also ensure the outcome based indicators of any activity funded by the Charity is captured through a robust and effective evaluation process.

3. Review the Charitable Funds Committee effectiveness

Ensure the Charitable Funds Committee complies with the following annual governance requirements:

- Terms of Reference Review.
- Committee Cycle of Business Review and update for 2020-21.
- Compile a Committee Annual Report for the Trust Board reporting on the activity of the Charity during 2019.
- Undertake a Committee effectiveness survey.

4. Monitor progress in respect of the Committee Business Cycle for 2020

It is good practice for all Board/Committees to have in place an agreed work plan for the year and Committee Business Cycle for 2020 will be monitored to ensure agreed activity is met.

5. Continue to identify new Risks and review and management of existing risks affecting the Charity

This will be achieved through regular monitoring and consideration of the Charity Risk Register and activities affecting the Charity.

Social Investment Activity

The Charities (Protection and Social Investment) Act 2016 ('the 2016 Act') introduces a new statutory power for charities to make social investments. This came into force on 31 July 2016.

The Charity commission guidance states the following:

In the legislation, a 'social investment' means a 'relevant act' of a charity which is carried out 'with a view to both directly furthering the charity's purposes and achieving a financial return for the charity'. In this interim guidance, the term 'social investment' has the same meaning as it has in the 2016 Act.

A 'relevant act' means one of two things:

- an application or use of funds or other property by the charity; or
- taking on a commitment in relation to a liability of another person which puts the charity's funds or other property at risk of being applied or used, such as a guarantee

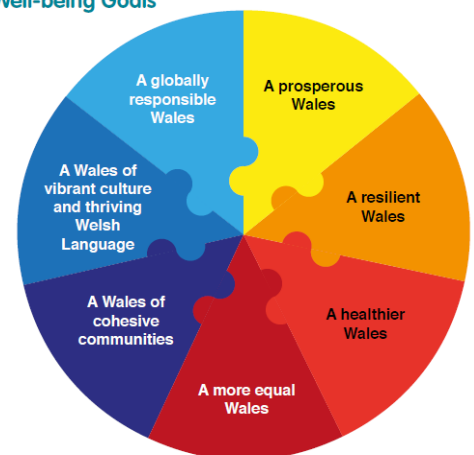
In this context, an application or use of funds or other property achieves a 'financial return' if its outcome is better for the charity in financial terms than expending the whole of the funds or other property in question and this interim guidance generally uses the term in this way.

It is important to remember that whether or not a social investment is being made is determined by the motivation of the charity – if the reasons for applying funds in a particular way include both directly furthering the charity's purposes and making a financial return then the proposed action will be a social investment.

In view of this, the Charity will continue to actively consider which (if any) activities of the charity fall within the definition of 'social investment'. This is because Trustees have specific legal duties which apply when making social investment decisions and they should be able to show that they have made these decisions in good faith.

During 2019-20, the Investment Performance Review Sub Committee will review the Charitable Funds Investment Policy. The Sub Committee also plan to assess the possibility of increasing investment into companies that can demonstrate sound ethical and social commitments, debate the ethical & social issues around the Trusts current investment portfolio and review the existing exclusions expressly identified by the Trustees, which include certain types of investment in companies whose trade is inconsistent with the aims of the Velindre University NHS Trust Charity.

Well-being Goals



The investment advisors will also be asked to identify a number of social and ethical Investment opportunities aligned with the Wellbeing of Future Generations (Wales) Act 2015 and identify their relative risk to be shared with the Investment sub-committee to review and consider whether it recommends switching funds into these investments.

Financial Performance

Financial Summary for the Year ended 31st March 2020

Thanks to the donations and legacies received we have achieved a total income of £2,949,000 (2019: £3,477,000). Expenditure from charitable activities for the year was £2,274,000 (2019: £2,958,000), which we used for patient and staff welfare, improvement of facilities and research.

Investment Policy and Performance

At the 31 March 2020, the market value of the investment portfolio is £5.2m (2019: £5.6m). The portfolio is managed by the Charity's investment brokers Brewin Dolphin. They work within the limits of the investment policy to achieve the charities financial objectives: generating growth, maximising returns, supporting the reserves policy and ensuring risks and liquidity are managed. The investment policy is to invest in low risk 'Wealth Builder Funds' and also funds must not be invested in tobacco, alcohol, gambling and armament related entities.

The accounts show a decline in Investment performance of 7.1% (2019: 5.2% growth). The value of the investments fell by £394k over the financial year. This was a result of the extreme market volatility witnessed at the end of the financial year in February and March 2020, due to the onset of the COVID-19 crisis. Markets quickly priced in a forthcoming recession, resulting in one of the sharpest falls in stock market history. Markets have since rebounded well as the economic position has become clearer and support has been provided by central banks and governments across the world. The portfolios have so far recovered all of these losses in the new financial year - as at 19 November 2020 they were valued at £5,797,908 [a gain of +£644k]. The Charity has a long-term time horizon for its investments and is able to weather short-term volatility in order to meet its long-term objectives. The Trustees, in order to attempt minimising the risk to Velindre NHS Charitable Funds, have agreed to operate within a lower risk investment strategy. The level of investment risk taken is reviewed regularly and has been appropriately mitigated by apportioning the funds into two well-diversified lower risk portfolios.

Investment decisions are supported by the advice of the investment managers.

The performance of Brewin Dolphin in their role as investment managers and advisors is monitored and regularly reviewed by the Trustees.

Unrestricted Funds Reserves Policy

Reserves are part of the charity's unrestricted funds that are available to spend on any of the charity's purposes. Reserves are maintained at a level, which enables the charity to ensure financial commitments are met, as they fall due and to manage any short-term volatility. This assessment of the required level of reserves excludes those funds that are designated or restricted as they are only available for a specified purpose.

The Trustees consider that reserves should be set at a level, which is equivalent to estimated planned commitments for the following four months at any given point. At this level, in the event of a significant reduction in charitable funding, it is anticipated that the Charity would be able to continue with the current programme of activity for such time as is necessary to allow for a properly planned and managed change in the activity programme and/or the generation of additional income streams.

In accordance with the above, the unrestricted reserve target for the general-purpose fund was set at £739,025 as at 31st March 2020 (2019: £889,879). The balance of £2,057,541 (2019: £1,113,032) exceeds the target by £1,318,516 (2019: £223,152) and excludes an apportionment of dividends, management fees, realised and unrealised losses and transfers to/from unrestricted/designated Funds. Trustees will continue to monitor the Charity's future funding strategies and detailed budget plans to ensure the unrestricted funds reserve policy is met.

Grant Making Policy

Grants are awarded for funding requests which meet the objectives of the charity in support of its mission to support the Trust's provision of world class research-led treatment, care and support for patients and families affected by cancer and those who are involved in the donation of blood products. Grants are predominantly awarded to Velindre University NHS Trust, however grants are also awarded to other institutions to support the overall objectives of the charity. A rigorous process of review and evaluation is carried out on all funding requests to ensure they are of the highest standard.

Funds held as Custodian Trustee on behalf of others

On 1st October 2009, Public Health Wales NHS Trust was established which incorporated the former Screening and National Public Health Service (NPHS) divisions of Velindre University NHS Trust. The Charitable Funds relating to the Screening and NPHS divisions have remained in Velindre University NHS Trust Charitable Funds. The total amount of these funds held is £31,000 (2019: £46,000).

Statement of Responsibilities of the Trustees

The Trustees are responsible for preparing the Trustees Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards.

The law applicable to Charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- The establishment and monitoring of a system of internal control;
- Observe the methods and principles of the Charities SORP FRS 102;
- Make judgments and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any departures disclosed and explained in the financial statements.

The Trustees are responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity which enables them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the charity and taking reasonable steps for the prevention and detection of fraud and other irregularities.

Approved by the Board Trustees and authorised for issue on: 9 December 2020

Donna Mead,
Chair

Mark Osland
Executive Director of Finance

The Independent Auditor's Report of the Auditor General for Wales to the Trustees of Velindre University NHS Trust Charitable Funds.

Report on the audit of the financial statements

Opinion

I have audited the financial statements of Velindre University NHS Trust Charitable Funds for the year ended 31 March 2020 under the Charities Act 2011. These comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2020 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the trustee has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Report on other requirements

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustees are responsible for the other information in the annual report and accounts. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

Matters on which I report by exception

I have nothing to report in respect of the following matters [in relation to which the Charities (Accounts and Reports) regulations 2008 require me to] report to you if, in my opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report;
- sufficient accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns; or
- I have not received all of the information and explanations I require for my audit.

Responsibilities

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee responsibilities, the trustees are responsible for preparing the financial statements in accordance with the Charities Act 2011, for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity’s ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor’s responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor’s responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor’s report.

Adrian Crompton	24 Cathedral Road
Auditor General for Wales	Cardiff
18 December 2020	CF11 9LJ

Financial Statements

Statement of Financial Activities for the year ended 31 March 2020		Unrestricted Funds £'000	Restricted Funds £'000	Total Funds 2019-20 £'000	Total Funds 2018-19 £'000
	Note				
Incoming resources from generated funds:					
Donation and Legacies	3	2,160	0	2,160	2,437
Charitable Activities		0	0	0	0
Other Trading Income	3	639	0	639	886
Investments	5	150	0	150	154
Other		0	0	0	0
Total incoming resources		2,949	0	2,949	3,477
Expenditure on:					
Raising Funds	6	518	2	520	768
Charitable activities	7	2,260	14	2,274	2,958
Other		0	0	0	0
Total Expenditure		2,778	16	2,794	3,726
Net gains / (losses) on investments	12	(518)	0	(518)	146
Net income/ (expenditure)		(347)	(16)	(363)	(103)
Transfer between Funds	17	0	0	0	0
Net Movement In Funds		(347)	(16)	(363)	(103)
Reconciliation of Funds:					
Fund balance brought forward	18	6,121	232	6,353	6,456
Fund Balance Carried Forward	18	5,774	216	5,990	6,353

Balance sheet
As at 31 March 2020

	Note	Unrestricted Funds £'000	Restricted Funds £'000	Total 2020 £'000	Total 2019 £'000
Fixed assets					
Investments	12	4,959	195	5,154	5,548
Total fixed assets		4,959	195	5,154	5,548
Current assets					
Debtors	13	569	0	569	102
Cash at bank and in hand	14	895	29	924	1,294
Total current assets		1,464	29	1,493	1,396
Liabilities					
Creditors: amounts falling due within one year	15	(649)	(8)	(657)	(591)
Net Current assets/ (liabilities)		815	21	836	805
Total assets less current liabilities		5,774	216	5,990	6,353
Creditors amounts falling after more than one year	15	0	0	0	0
Total Net assets/ (liabilities)		5,774	216	5,990	6,353
The Funds of the Charity:					
Restricted funds	18	0	216	216	232
Unrestricted funds	18	5,774	0	5,774	6,121
Total funds		5,774	216	5,990	6,353

The notes on page 46 to 61 form part of these financial statements.

Approved by the Board of Trustees and authorised
on:

Donna Mead
Chair

Mark Osland
Executive Director of Finance

Statement of Cash Flows
For the year ended 31 March 2020

	Note	Total Funds 2019-20 £'000	Total Funds 2018-19 £'000
Cash Flows from operating activities:			
Net Cash provided by (used in) operating activities	16	(396)	(69)
Cash Flow from Investing Activities:			
Dividend, interest and rents from Investments	5	150	154
Proceeds from the sale of investments	12	1,594	343
Purchase of investments	12	(1,385)	(328)
(Increase)/ Decrease in Cash held in Investments	12	(333)	(143)
Net Cash provided by (used in) investing activities		26	26
Change in Cash and Cash equivalents in the reporting period		(370)	(43)
Cash and cash equivalents at the beginning of the reporting period	14	1,294	1,337
Cash and cash equivalents at the end of the reporting period	14	924	1,294

Notes on the accounts

1. Accounting policies

(a) Basis Of Preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it is effective and applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meets the definition of a public benefit entity under FRS 102.

(b) Funds Structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund or
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from appeals or legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustees have the discretion to spend the capital (expendable

endowment) and those where there is no discretion to expend the capital (permanent endowment).

The charity does not currently hold any endowment funds.

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 18.

(c) Incoming resources

Income consists of donations, legacies, income from charitable activities and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not

been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable, whichever falls sooner.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

(e) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(f) Investment Income

Income from investments is allocated to the general unrestricted fund and used to fund the fundraising costs.

(g) Recognition of expenditure and associated liabilities as a result of grants

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised but a contingent liability is disclosed.

(h) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned

between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 9.

(i) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the charity's objectives. The costs of generating funds represent fundraising costs together with investment management fees. Fundraising costs include expenses for fundraising activities and a fee paid to the related party for salaries and overhead costs of the NHS Trusts fundraising office.

(j) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objectives of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 7.

(k) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

(l) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in 90 day notice interest bearing savings accounts.

(m) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

(n) Investment Fixed Assets

Listed Investments are stated at market value.

The SOFA includes realised gains and losses on investments sold in the year, and unrealised gains and losses on the revaluation of investments.

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (purchase date if later).

Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or purchase date if later).

Investments are subject to review of impairment when there is an indication of a reduction in their carrying value. Any impairment is recognised in the year in which it occurs.

2. Related Party Transactions

During the year none of the trustees or members of the key management staff or parties related to them have undertaken any material transactions with Velindre University NHS Trust Charitable Trust.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

None of the members of the Board received any expenses or remuneration during the year for their duties to the charitable trust.

Velindre NHS Trust, the corporate trustee of the Charitable Trust, has received reimbursement from the Charitable Trust of £2,143,000 (2019: £2,762,000). Cardiff University has received reimbursement from the Charitable Trust of £170,000 (2019: £207,000). As at the 31st March 2020 £491,000 (2019: £476,000)

was outstanding in respect to these transactions to Velindre NHS Trust and £35,000 (2019: £36,000) to Cardiff University.

3. Income from donations, legacies & trading activities

	Unrestricted Funds £'000	Restricted Funds £000	Total 2019-20 £'000	Total 2018-19 £'000
Donations	1,725	-	1,725	1,770
Legacies	435	-	435	667
Other Trading Activities:				
Trading	4	-	4	8
Fundraising Events	635	-	635	878
	2,799	-	2,799	3,323

4. Role of volunteers

Like all charities, Velindre University NHS Trust Charitable funds is reliant on a team of volunteers for our smooth running. Our volunteers perform 2 roles:

Fund advisors – There are about 32 Velindre staff who manage how the charity's designated funds should be spent. These funds are designated (or earmarked) by the trustees to be spent for a particular purpose or in a particular ward or department. Each fund advisor has delegated powers to spend the designated funds that

they manage in accordance with the trustees wishes. Fund advisors who spend more than £5,000 are required to report to trustees setting out what they intend spending the money on, and the difference it will make to the patients / staff or research led by Velindre.

Fundraisers – There are hundreds of local volunteers who actively fundraise for Velindre University NHS Trust Charitable Funds by running a huge variety of events such as coffee mornings, open gardens, sports tournaments, sponsored walks, balls and dinners. Fundraisers also carry out a number of collections at supermarkets and events.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

5. Gross Investment Income

	Unrestricted Funds £'000	Restricted Funds £000	Total 2019-20 £'000	Total 2018-19 £'000
Income from investments	150	-	150	154
	150	-	150	154

6. Analysis of expenditure on raising funds

	Unrestricted Funds £'000	Restricted Funds £000	Total 2019-20 £'000	Total 2018-19 £'000
Fundraising Office	233	-	233	192
Fundraising Costs, Donation Charges & Events	223	-	223	523
Investment Management Support Costs	23	1	24	23
	39	1	40	30
	518	2	520	768

7. Analysis of Charitable Activity

	Grant Funded Activity £'000	Support Costs £000	Total 2019-20 £'000	Total 2018-19 £'000
Patient Welfare and Amenities	894	45	939	947
Staff Welfare and Amenities	1	3	4	12
Research	1,195	136	1,331	1,999
	2,090	184	2,274	2,958

8. Analysis of Grants

The charity does not make grants to individuals. The majority of grants are made to Velindre University NHS Trust to provide for the care of NHS patients in furtherance of our charitable aims. The charity also awards grants to Cardiff University to undertake research in partnership with Velindre University NHS Trust. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in note 7.

The trustees operate a scheme of delegation for the majority of the charitable funds, under which fund advisors manage the day to day disbursements on their projects in accordance with the directions set out by the trustees in charity standing orders and

financial instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards.

The significant grants made to institutions are:

	Total 2019-20 £'000	Total 2018-19 £000
Velindre University NHS Trust	1,689	2,444
Cardiff University	170	207
Other	415*	307
	2,274	2,958

*Includes £162,000 to Local Health Boards/Trusts

9. Allocation of Support Costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic, and day to day management of a charity.

	Raising Funds £'000	Charitable Activities £000	Total 2019-20 £'000	Total 2018-19 £'000
Governance				
External Audit	1	7	8	8
Finance and Administration	16	76	92	45
Other Professional Fees	-	-	-	-
Total Governance	17	83	100	53
Finance and Administration	21	100	121	73
Other Professional fees	-	-	-	-
Other Costs	-	-	-	26
	38	183	221	152

	Unrestricted Funds £'000	Restricted Funds £000	Total 2019-20 £'000	Total 2018-19 £'000
Raising Funds	38	0	38	30
Charitable Activities	182	1	183	122
	220	1	221	152

Support costs are allocated based on actual expenditure incurred across the various activities of the charity.

10. Staff Costs, Trustees' remuneration, benefits and expenses

The charity does not make any payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustee.

The charity has no employees. Staff services are provided to the charity from Velindre University NHS Trust, the corporate Trustee of the charitable trust, which has received reimbursement from the charitable trust of £1,567,000 (2019: £2,484,000).

11. Auditors remuneration

The auditors remuneration of £8,000 (2019: £8,000) related solely to the audit of the statutory annual report and accounts.

12.Fixed asset investments

Movement in fixed assets investments

	Total 2019-20 £'000	Total 2018-19 £000
Market value brought forward	5,548	5,274
Add: additions to investments at cost	1,385	328
Less disposals at carrying value	(1,594)	(343)
Change in cash held within investment portfolio	333	143
Add net gain/(loss) on revaluation	(518)	146
Market Value as at 31st March	5,154	5,548

At Market Value

	Total 2019-20 £'000	Total 2018-19 £000
Cash	548	215
Sovereign & Fixed Income	1,865	2,383
Developed Market Equity	1,329	1,550
Emerging Market Equity	32	80
Real Estate & Infrastructure	380	352
Absolute Return	726	729
Global Investments	97	93
Other	177	146
Total Investments	5,154	5,548

All investments are carried at their fair value.

The valuations are provided by the investment managers Brewin Dolphin.

Risk

The Trustees recognise that all investments involve an element of risk. The level of risk that is appropriate for the Trust will be influenced by various factors, including the Trustees' attitude to risk, the Trust's capacity to afford potential investment losses and its investment objectives.

The Trustees in Order to mitigate the Capital Risk have agreed to request the investment advisor/manager to maintain a diversified portfolio of assets in order to protect the charity's investments from sudden variations in the market. Additionally, the Trustees have considered investing only, or substantially in markets where financial services are closely regulated and compensation scheme are in place.

The Trustees in order to attempt minimising the risk to Velindre University NHS Charitable Funds, is only prepared to accept limited losses over any period of time. Therefore, it has been agreed to set the Investments Risk Tolerance Category as **LOW**, which means that investments will be skewed significantly to less volatile asset classes such as high quality investment grade corporate and sovereign bonds. Riskier assets such as equities, alternative investments and commodities may be selected but they are likely to play a less significant role.

The Trustees have determined that the purpose of the Velindre University NHS Trust Charitable Funds investment has been categorised as **GENERAL** with no specific investment purpose. The time horizon for the Trust general investment account is between **5 to 7 years**.

The Trustees have requested that the Assets allocation should be distributed following the best advice from the Investment Manager and its direct effect in having an Investment Risk Tolerance Category in Low.

The Asset Classes allocation considered by the Trustees should include the following:

Cash
Sovereign Fixed Income
Corporate Fixed Income
Developed Market Equity
Emerging Market Equity
Private Equity
Commodities
Absolute Return

13. Analysis of Current debtors

Debtors under 1 year

	Total 31 March 2020 £'000	Total 31 March 2019 £000
Amount due from subsidiary	536	1
Accrued Income	-	-
Other debtors	33	101
	569	102

14. Analysis of Cash and Cash Equivalents

	Total 31 March 2020 £'000	Total 31 March 2019 £000
Cash and Bank Balances	924	1,294
	924	1,294

The cash balances are held on interest bearing deposit within NatWest bank account and represent restricted appeals to fund specific equipment or funds held to facilitate cash flow and the fulfilment of obligations to make grant payments. The funds are held

on a 90 day notice account and are therefore classified as cash and cash equivalents.

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

All of the amounts held on interest bearing deposit are available to spend on charitable activities.

15. Analysis of Liabilities

	Total 31 March 2020 £'000	Total 31 March 2019 £000
Creditors under 1 year		
Trade Creditors	166	115
Amount due to fellow subsidiary	491	476
Deferred Income	-	-
	657	591
Creditors over 1 year		
Trade Creditors	-	-
Other Creditors	-	-
Accruals	-	-
	657	591

16. Reconciliation of net income/expenditure to net cash flow from Operating activities

	Total 2019-20 £'000	Total 2018-19 £000
Net income/(expenditure) (per statement of financial activities)	(363)	(103)
Adjustment For:		
Depreciation Charges	-	-
(Gains)/Losses on investments	518	(146)
Dividends, interest and rents from investments	(150)	(154)
Loss/(profit) on the sale of fixed assets	-	-
(Increase)/decrease in stocks	-	-
(Increase)/decrease in debtors	(467)	304
Increase/(decrease) in creditors	66	30
Net cash provided by (used in) operating activities	(396)	(69)

17. Transfer between funds

During the year there were no transfers between restricted funds and unrestricted funds (2019: £0). Following approval of funding requests by the trustees £61,000 was transferred from unrestricted funds to unrestricted designated funds (2019: £283,000).

18. Analysis of Funds

a. Analysis of restricted fund movements

	Balance 1 April 2019 £'000	Income £'000	Expenditure £'000	Transfers £'000	Gains and losses £'000	Balance 31 March 2020 £000
Patient Welfare & Amenities	16	-	(7)	-	-	9
Staff Welfare & Amenities	65	-	(4)	-	-	61
Research	151	-	(5)	-	-	146
	232	-	(16)	-	-	216

b. Analysis of unrestricted and material designated fund movements

	Balance 1 April 2019 £'000	Income £'000	Expenditure £'000	Transfers £'000	Gains and losses £'000	Balance 31 March 2020 £000
Unrestricted Funds						
General 'umbrella' Fund	1,137	2,756	(1,640)	(61)	(518)	1,674
Designated Funds						
Patient Welfare & Amenities	671	30	(10)	-	-	691
Staff Welfare & Amenities	44	2	-	-	-	46
Research	4,269	161	(1,128)	61	-	3,363
	6,121	2,949	(2,778)	-	(518)	5,774
Total	6,353	2,949	(2,794)	-	(518)	5,990

During 2015-16 the unrestricted designated research balance was in receipt of a one off donation totalling £1,500,000 from the Moondance foundation which has gone towards funding stereotactic radiotherapy at Velindre Cancer Centre. The donation is aimed at establishing a multi-disciplinary team who can drive forward a cutting edge radiotherapy programme, providing staffing, equipment and infrastructure to enable

patients to receive Stereotactic Ablative Body Radiotherapy routinely, and to participate in clinical trials involving SABT before it may otherwise be possible. The charitable trust approved to match fund this donation over a period of five years.

During 2017-18 the charity received a significant legacy totalling £825k which has been donated into the Lucas Fund to be used for Radiotherapy. Furthermore in the same year the charity received a considerable charitable donation to the sum of £1,304k, which is to be used for Head & Neck cancer research, development and radiotherapy. A governance structure has been set up to ensure that the funds are spent both appropriately and in a timely manner to conform with the donors wishes.

The unrestricted general fund, research funds, and the charity as a whole has a number of commitments which are outlined in note 20.

19. Post balance sheet/Contingent asset

The Charity was notified at the end of March of potential funding from NHS Charities in response to the Covid-19 pandemic, however the sum to be received was not disclosed at this point. The charity was notified about one legacy from the representatives to the estate prior to the year end. This has not been included in the accounts as there is uncertainty as to the amount, and it cannot be reliably estimated.

20. Commitments, Liabilities and Provisions

Project	Items Relating to these projects included within the SOFA for year ended March 2020 £000	Items not Included in the SOFA or Balance Sheet		
		31/03/2020 £000		31/03/2019 £000
<u>Bids Prior to 2014/15</u>				
FIGARO trial	2	0		0
<u>2014/15 Bids</u>				
Medical Physics Expert	8	0		0
Professor of Supportive Cancer Care	0	0		175
<u>2015/16 Bids</u>				
Fiducial Marker Insertion Service	28	0		63
Establishment of Patient Advice and Liaison Administrator	0	0		20
Advancing Radiotherapy (Moondance Programme)	998	1,517		1,806
Velindre Cancer Centre Clinical Fellow In Gynaecological Technical	0	0		26
Building Capacity and excellence in Research & Development for Nursing & Therapies	0	0		5
Small Grant Scheme	9	0		19
<u>2016/17 Bids</u>				
MacMillan Lead Welfare Rights Advisor	0	0		25
Research Post	0	0		4
Tex Rad – Imaging technology to support radiotherapy treatments	23	18		66
Community based Point of Care (POC) testing to improve critical care pathways for cancer patients	13	0		36
Thyroid Cancer Clinical Nurse Specialist	33	0		25
Gynaecological Research	38	70		71
Liteform Study	0	0		8
In the Pink Breast Cancer Research	17	5		187

<u>2017/18 Bids</u>			
Research & Development Officer	0	0	36
Gynae & Neuro Nurse	97	0	138
Academic Health Science Centre Fellowship	0	0	91
Oncology Physiotherapist	13	41	77
Clinical Trials - Faktion	9	0	0
Upper Gastrointestinal Clinical Nurse Specialist	55	0	79
Patient Portal	(6)	0	0
Cloud WIFI	6	0	13
Radiotherapy Fundraising	0	0	24
Developing Radiomics	8	12	27
Upper Gastrointestinal Clinical Nurse Specialist	0	0	52
Clinical Trainer for the Systemic Anti Cancer Treatment Service	0	0	24
Fractal Dimension – research study	40	109	96
<u>2018/19 Bids</u>			
Phase 1 Clinical Trials Extension	97	0	410
Continuation of funding to support the library, knowledge and information services	125	0	86
Development of a Cancer & Screening Awareness Resource for English for Speakers of Other Languages	0	0	5
Breast Clinical Nurse Specialist	138	0	145
Funding for further development and roll out of Cancer & Screening Awareness Resource for English for Speakers of Other Languages	18	0	49
Clinical Psychology	73	0	95
Complimentary Therapies	54	0	83
Research & Development Officer Continuation of Funding	0	0	17
Clinical Specialists	111	0	111
Clinical Trials - Pharmacy	20	0	218
Chaplaincy Services	29	0	30
Information Manager	40	0	40
Lead Welfare Rights	9	0	41
Supportive Care (SC) Lead Nurse	32	0	32
Funding for Clinical Trials Unit Support for Research & Development	14	0	182
Gardening	10	0	10
Wigs	29	0	29
Consultant Radiographer	20	35	55

Smart Phone App	0	45	45
Biosample Collection Wales Cancer Bank (WCB)	29	15	48
Continuation of funding for Upper Gastrointestinal Clinical Nurse Specialist	44	0	58
Replacement Treatment Chairs	18	0	20
Clinical Trial Delivery	0	0	70
<u>2019/20 Bids</u>			
Cloud WIFI	0	32	0
Clinical Nurse Specialist	0	2,012	0
Research & Development	0	2,690	0
Spiritual Support	0	84	0
Information Manager	0	133	0
Provision of Wigs for cancer patients	0	86	0
Funding to support Welfare Rights Advisory Service	0	134	0
Clinical Psychology	0	263	0
Biosample Collection Wales Cancer Bank (WCB)	0	89	0
Complimentary Therapies	0	256	0
Funding for further development and roll out of Cancer & Screening Awareness Resource for English for Speakers of Other Languages	0	49	0
Continuation of funding to support the library, knowledge and information services	0	234	0
Pelvic Health	0	103	0
Community based Point of Care (POC) white cell testing to improve critical care pathways for cancer patients – a pilot study	0	15	0
Patient Records	0	30	0
Total Commitments	2,301	8,077	5,072

The charity has not entered into any contractual arrangement for the approved expenditure, the funds remain the charities and are drawn down based on activity.

The items have been recognised on the SOFA and/or Balance sheet to the extent to which the project has been delivered.

21. Other Information

Towards the end of the 2019-20 financial year, the COVID-19 pandemic required a review of the income target for 2020-21 due to likely impact on the ability to raise funds. The income target against the unrestricted fund was reduced from £2.6m to £1.6m which ensured that the Charity would still be able to meet current commitments.

Legal & Administrative Details

This Trustee's report and its Financial Statements have been prepared in accordance with the Statement of Recommended Practice on Accounting and Reporting for Charities (SORP), Charity Commission's general guidance and with applicable United Kingdom accounting standards.

The Governing Document of the Charity has been registered with the Charity Commission. This document encompasses the main objectives of the charity for the provision of patient care, staff welfare, research and Welsh Blood Service at the Velindre University NHS Trust, with the Board of Directors acting as a Trustee.

The Velindre University NHS Trust Charitable Funds is a registered charity with the Charity Commission.

Charity Correspondence Address	Fundraising department
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Reference and administration details:

Registration Charity Number: 1052501

Contact details:

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Professional Advisors:

Contact Details

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or Braille, please contact;

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TRUST BOARD

CHAIR'S REPORT

DATE OF MEETING	28 th January 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Emma Stephens, Head of Corporate Governance	
PRESENTED BY	Professor Donna Mead, Chair	
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Director of Corporate Governance	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		
ACRONYMS		

1. SITUATION/BACKGROUND

1.1 This report provides information to the Board from the Chair.

1.2 Issues addressed in this report cover the following:

- Board Briefings on 23rd December 2020 and 14th January 2021
- Vaccination Programme
- Staff Survey
- Independent Member Board Champions
- A new collaboration between the Welsh Blood Service and the Army
- St David's Award nominations
- Visit to Blood Donation Clinic

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Board Briefings on 23 December 2020 and 14 January 2021

2.1.1 The Chair would like to summarise matters discussed at the recent Board Briefing sessions.

2.1.2 During the session on **23 December 2020** the Board:

- Received an update on the National COVID-19 picture, including the new variant, its impact on both the vaccine and testing.
- The Board were informed that the outbreak position in the Velindre Cancer Centre was now stable, and the pilot of the lateral testing for staff had commenced.
- The Board received an update on delivery of the vaccination programme in line with the national programme and plans for the next phase of delivery.
- The Board received an update on the workforce position for COVID-19 related absence and the support arrangements in place for well-being across the Trust.
- The Board received an update on Brexit and plans in place to cover a Deal / No Deal position.
- The board were informed of the development of a recovery plan for the second wave of the pandemic and that this would be governed through the appropriate pathways.

2.1.3 During the session on **14 January 2021** the Board:

- Received an update on the National COVID-19 picture including a breakdown of number of cases in Wales by Local Authority.
- The Board received an update on the impact of COVID-19 on core service delivery across the Velindre Cancer Centre and the Welsh Blood Service.
- The Board received an update on the recent outbreak position in the Velindre Cancer Centre on the First Floor Ward and plans in place for a close out meeting to receive assurance on actions completed.
- The Board received an update on delivery of the vaccination programme in line with the national programme and timescales for administration of the second dose of the vaccine.
- The Board received an update on the workforce position for COVID-19 related absence and that there had been a very slight reduction since the beginning of January 2021.
- The Board received an update on Brexit.

2.2. Vaccination Programme

- 2.2.1. Although, there will be various references to the delivery of the vaccination programme during the Board meeting, the Chair on behalf of the Board, would like to reiterate her thanks to everyone involved and express how immensely proud of the tremendous contribution that the Trust has already made to date.

The Welsh Blood Service are playing a pivotal role and staff from both divisions have volunteered for a variety of roles – from leadership, vaccinators, programme management, administration, communications and call centre support. The effort from all has been incredible, and in particular, the Chair would like to thank Nicola Williams, Executive Director for Nursing, Allied Health Professionals and Health Science, for her outstanding leadership of the overall programme.

2.3. Staff Survey

- 2.3.1 The findings of the staff survey and the COVID 19 lessons learned survey themes have been shared with the Executive Management Board and the Quality, Safety and Performance Committee. A dedicated Board Briefing is to be arranged to share the results and discuss next steps in taking the survey work forward.

2.4 Independent Member Board Champion

2.4.1 There were a number of drivers to a review of the Board Champion roles for the Trust:

- The Committee governance structure has undergone significant change and re-focus during 2020. Given the change, as a Board, we agreed that the Champion roles were an important part of the assurance framework for Independent Members – which provided opportunity for listening, understanding, insight, assurance and direction to be provided, outside of the committee structure.
- There have been changes to the Independent Member team and it was therefore appropriate to review Board Champion roles accordingly.
- Welsh Government have indicated that they intend to change the statutory and guidelines requirements for Champion roles and the final guidance was received on 19 January 2021.
- In line with the refresh of our Trust Strategy and in line with wider best practice, there was a desire to have Board Champion roles also aligned to strategic priorities, as well to major risk areas – where the focus often and traditionally is.

2.4.2 Approach to the alignments, objectives, scope and expected inputs and outputs was a co-produced piece by the Independent Member team.

2.4.3 Due to the continued impact of COVID 19, it would not be appropriate to launch the refreshed approach in full. However, elements will now be started in a way that is supporting and aligned to the current service environment.

2.5 A new collaboration between the Welsh Blood Service and the Army

2.5.1 The Chair is pleased to report that the Welsh Blood Service have entered into a new arrangement with the Army. The Army have made a commitment to the four blood services across the United Kingdom to recruit new blood donors from their regular army ranks and to identify army buildings that could be used to host blood donation sessions going forward. This builds on the work with the Military Liaison officers who supported the Welsh Blood Service during the first wave of the pandemic.

2.6 St David's Award nominations

2.6.1 The Chair is delighted to report that the Welsh Blood Service have submitted:

- Two nominations for the Donors of Wales “our unsung heroes” recognising their support during this crisis in the community spirit and humanitarian categories;
- One nomination for introduction of Convalescent Plasma in the Innovation, Science and Technology Category;
- One nomination for changes to Stem Cell delivery via Cryopreservation to maintain the work of stem cell importation and exportation around the world in the Humanitarian category.

2.7 Visit to Blood Donation Clinic

2.7.1 During the period between Christmas and New Year, the Chair visited a blood donor clinic in Ystradgynlais. The venue was cold due to heating problems and although this had some impact on collections, staff were positive and working very professionally. Several donors mentioned that they had not donated for some time but because of COVID restrictions, they now had the time and opportunity to donate. The session ran smoothly and efficiently and the staff are to be commended for their professionalism.

3.0 Impact Assessment

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

4.0 RECOMMENDATION

4.1 The Board is asked to **NOTE** the content of this update report from the Trust Chair.



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TRUST BOARD

CHIEF EXECUTIVE'S REPORT

DATE OF MEETING	28/1/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Lauren Fear, Director of Corporate Governance	
PRESENTED BY	Steve Ham, Chief Executive	
EXECUTIVE SPONSOR APPROVED	Carl James, Acting Chief Executive	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.

1. SITUATION/BACKGROUND

1.1 This reports provides information to the Board from the Chief Executive Officer (CEO).

1.2 Issues addressed in this report cover the following;

- Further development of in the management of the clinical model and the Nuffield Trust appointed to provide independent advice
- Consideration of service delivery over the next period

- Update on preparing for the next phase as an organisation

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Incident Management

The CEO would like to provide further on-going update on the incident management arrangements. Strategic Gold command continues to meet three times a week to both Covid and Brexit. The two tactical Silvers also continue to operate, in Welsh Blood Service and in Velindre Cancer Centre. These are then supported by service level operational Bronze commands. Executive Management Board and Divisional Senior Management Teams continue to also meet for wider organisational oversight and decision making.

2.2 Vaccination Programme

There is a detailed update on the progress in the Covid Update paper. However, like the Chair, I wanted to express my own thank you and admiration for the way in which staff right across the Trust have responded to the challenge. The resulting achievement is outstanding, with the Trust going beyond our statutory duty to vaccinate patients and staff from other organisations, including WAST and Cardiff & Vale UHB. On behalf of the executive management team, I wanted to thank every member of staff in the Trust – for those directly involved and for those who are supporting through their own efforts in maintaining the services whilst we also undertake this as an organisation.

2.3 Continued regional coordination following the Nuffield Trust Report

Following the Board meeting in December to receive and accept the Nuffield Trust report, the CEO would like to provide an update on some of the key developments in regional collaboration over the past month. There has been a joint communication with Cardiff and Vale to particularly emphasise the plans to work together to address aspects of the report particularly linked to our two organisations. Similar approaches are also being adopted with the other Health Boards.

In addition, the Collaborative Cancer Leadership Group (CCLG) met on 21st January, chaired by Len Richards, CEO, Cardiff & Vale UHB. The Group received the Nuffield Trust report and accepted the recommendations, which was an important step given the importance of the CCLG in providing the system leadership for many of the next steps. The breadth and importance of the items up for discussion, including Acute Oncology, digital approach, prehabilitation, updates on satellite and outreach and RD&I, serve to reaffirm how pivotal this forum will be to achieving regional collaboration across the South East Wales cancer community.

2.4 Digital Charter

The CEO is pleased to report that the Trust has signed up to the Digital Inclusion Alliance Wales Charter (DIAWC). The purpose of the DIAW is to bring together people from across the public, private, third and academic sectors in Wales to coordinate and promote digital inclusion activity across Wales under one national banner.

The Charter includes 'six pledges' and is a simple way for organizations to show their commitment to helping digitally excluded people enjoy the benefits of the internet – particularly older people, people with disabilities, unemployed people, social housing tenants and families in poverty.

Being a member of the Alliance and signing up to the 'Six Pledges' above represents an opportunity for the Trust to participate in and shape the delivery of an innovative initiative that inspires digital inclusion action and works to ensure that everyone in Wales has the opportunity to engage with digital services and the digital world.

3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

The Board is asked to **NOTE** the content of this update report from the CEO.

TRUST BOARD

QUALITY, SAFETY & PERFORMANCE COMMITTEE HIGHLIGHT REPORT

DATE OF MEETING	28 th January 2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Emma Stephens, Head of Corporate Governance
PRESENTED BY	Janet Pickles, Independent Member
EXECUTIVE SPONSOR APPROVED	Nicola Williams, Executive Director Nursing, Allied Health Professionals, & Health Scientists
REPORT PURPOSE	FOR NOTING

ACRONYMS	
VCC	Velindre Cancer Centre
WBS	Welsh Blood Service

1. PURPOSE

This paper has been prepared to provide the Trust Board with details of the key issues and items considered by the Quality, Safety & Performance Committee at its meeting held on the 18th January 2021.

The Board is requested to **NOTE** the contents of the report and actions being taken.

2. BACKGROUND

This was the second meeting of the Quality, Safety and Performance Committee following the establishment of a new Board Committee structure in November 2020. The Quality, Safety and Performance Committee meets on a bi-monthly basis.

3. HIGHLIGHT REPORT

The following areas were highlighted for reporting to the Trust Board from the meeting of the Quality, Safety & Performance Committee held on the 18th January 2021:

ALERT / ESCALATE	There were no items for alerting or escalating to the Trust Board.
ADVISE	The only item to advise the Trust Board on is the ongoing impact that COVID-19 has had on the trust. This includes staff availability, incidences / outbreaks of COVID-19, and performance.
ASSURE	COVID 19 Vaccination Programme Presentation The Committee received a presentation on the organisation wide effort to support the delivery of the COVID-19 vaccination programme. The Committee noted that the initial COVID-19 vaccination plan was to vaccinate all Velindre staff in line with national priorities and that due to the successful delivery of the programme was now playing a pivotal role in supporting delivery of the national effort across NHS Wales. This included vaccinating frontline WAST employees and some frontline staff groups that Cardiff & Vale Health Board were responsible for vaccinating. The Committee noted that to date the Trust have administered over 2,500 vaccines, with only one dose of the vaccine 'wasted', and that delivery of the next phase is already underway, with the Trust starting to vaccinate its cancer centre patients aged 80 years and over. The Committee were advised that there had been national recognition of the work undertaken by Velindre Trust to support population mass vaccination and, noted the positive feedback received by those who have received vaccinations at one of Velindre's vaccination sites. The Committee identified that this



highlights our staff's commitment, dedication and professionalism in delivering the service and commended the speed and agility within the service establishing a comprehensive vaccination programme in such a short space of time and extended their thanks to all involved.

- **Policy Development**

The Committee approved the Medical Devices and Equipment Policy and agreed that the Trust Policy Framework will be reviewed to ensure the Wellbeing of Future Generations Act underpinned all policy development.

- **Infection Prevention & Control Management Group Report**

The Committee received the report from the Trusts Infection Prevention & Control Management Group meeting that had been held on the 15th December 2020 that also included a copy of the Infection Control detailed COVID report and surveillance and performance report. The report detailed the increase in the number of COVID- 19 cases within the Velindre Cancer Centre during November and early December 2020 as well as the outbreaks occurring that had occurred. The Committee received assurance on the management arrangements in place, including those for the recent outbreak on the First Floor Ward that is being managed through formal outbreak control meetings.

Two areas of ongoing low compliance in relation to infection prevention & control assurance standards were highlighted to the Committee namely:

- Velindre Cancer Centre Nursing Infection Prevention Control training and competency compliance
- Compliance of infection control environmental standards within the Velindre Cancer Centre Changing Facilities

The Committee noted urgent resolution was being managed via the Cancer Centre Senior Management Team.

- **Draft Trust COVID 19 Vaccination Plan**

The Committee received the draft Trust COVID 19 Vaccination Plan that includes details of the supporting governance arrangements in place (provided to the Board in the COVID-19 update report). The Committee noted that the plan had been developed at pace following the publication of Welsh Government's national COVID 19



Vaccination strategy on the 11 January 2021 (provided to Board as part of the COVID-19 update report).

The Committee noted that the plan would be under constant review as the delivery model will be evaluated and amended in real time. The Committee noted that the plan would be further refined in the forthcoming weeks and brought back to the next meeting of the Committee for approval.

The Committee reiterated thanks and praise to everyone involved in the delivery of the vaccination programme.

- **Safety Alerts Report**

The Committee received the highlight report from the Trusts Safety Alert Meeting held on the 19th November 2020. There was one item contained for alerting / escalating to the Committee which was non-compliance with implementation timescales of 'PSN046 – Resources to support safer bowel care for patients at risk of autonomic dysreflexia'. The Committee were assured that a significant amount of work to progress the requirements has been undertaken and a risk assessment has identified the overall risk as being low, as the procedure is an extremely rare occurrence at the Cancer Centre. The Cancer Centre is working at pace to put the necessary arrangements in place as quickly as possible.

- **Divisional Quality, Safety & Performance Reports**

- **Welsh Blood Service**

The Committee received a detailed Quality, Safety and Performance report from the Welsh Blood Service for November 2020. Assurance was provided that all clinical demand continues to be met and that the service is focused on maintaining supply of blood and blood products during this current second wave of the pandemic.

The Committee requested increased assurance as ten of the Good Manufacturing Practice (GMP) incidents reported in November had not been fully risk rated. The Committee noted this had been escalated to the Senior Management Team and corrective action implemented including a comprehensive education and training programme.

The Committee received information on key organisational developments including the launch of the plasmapheresis service



and the important role the service has played in the landmark changes to the donor selection guidelines that will see a move away from blanket restrictions for certain groups of people from donating blood.

The Committee commended the ongoing system leadership role adopted by the Service supporting the pandemic and its support in the national roll out of the COVID-19 vaccination programme.

- **Velindre Cancer Centre**

The Committee received a detailed Quality, Safety and Performance report from Velindre Cancer Centre for November 2020. The impact COVID was having on Cancer Centre performance and delivery and the challenges this has presented in ensuring core service delivery is maintained was discussed. The Committee noted progress made to address performance around Cancer Services' radiotherapy targets and Systemic Anti-Cancer Treatment (SACT). Further assurance was sought on performance against the Radical Radiotherapy within 28 days target and that this would be provided in the performance report for the January Trust Board.

- **Financial Report**

The Committee received and discussed the detailed month 8 finance report. The Committee were provided with assurance that excluding the impact of costs directly associated with COVID 19, the Trust remains on track to achieve a financial break even position. The Committee were informed that the Trust has also now received confirmation from Welsh Government that the full level of funding requested for all COVID-19 expenditure will be provided. There were no issues identified that indicated that the Trust would not be meeting its statutory financial responsibilities.

- **Digital Service Operational Report - Review of Strategic Informatics Programme**

The Committee received a comprehensive report of key projects/programmes of work underway for digital services. The Committee received assurance that a review of the core infrastructure risks has taken place and discretionary capital has been allocated to address these. The Committee noted that the cyber security programme continues to be developed and this has been centred on threats in light of COVID-19 and the potential of a No Deal Brexit.



- **Research & Development Highlight Report**

The Committee received an update on key activities relating to Research & Development taking place at a local, national, UK level, and the impact on the Trust to enable discussion at wider level. The Committee were informed that an Operational Plan has been developed to demonstrate how the Trust's RD&I division will deliver on the strategic priorities and that a new Trust RD&I strategy is under development that will set the direction for RD&I within the Welsh Blood Service and the Velindre Cancer Centre.

- **Workforce Report**

The Committee received a comprehensive Workforce report, which highlighted the activities and areas of focus for Workforce and Organisational Development in relation to staff, availability, engagement and development. It was noted that the sickness absence rate had remained relatively static in month at 5.14% and the Trust Work in Confidence Platform was now in operation with 19 users registered.

The Committee received a detailed presentation outlining the findings from three Behaviour Surveys undertaken last year, together with data from the national staff survey findings. It was agreed that a Board Briefing would be arranged to further discuss the findings and next steps.

- **Nuffield Trust Report**

The Committee received an update on the Nuffield Report and the actions that fell into three broad categories, namely: (1) Need for Action, (2) Co-location, the new VCC and future strategic opportunities and (3) In patient care. The Committee noted that the recommendations for implementation are being progressed through the Velindre Futures programme, which was established prior to the work undertaken by the Nuffield Trust in September 2020. The Committee were assured how we systemise the patient voice in regional work would be a core element of how we take the service change forward.

- **Triangulation**

The Committee received reports, which enabled the integration of performance, with quality & safety reporting, together with finance, digital and workforce for the second time since its inaugural meeting. The impact of the COVID 19 pandemic continues to be the central theme across the Trust and its impact on core service delivery. The

	Committee noted the impact of COVID 19 on staff sickness has improved since the previous reporting period.
INFORM	There were no items to inform the Trust Board on.
APPENDICES	

4. RECOMMENDATION

The Trust Board is asked to **NOTE** the contents of this report.

TRUST BOARD

REMUNERATION COMMITTEE HIGHLIGHT REPORT

DATE OF MEETING	28 th January 2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Mel Findlay, Business Support Officer
PRESENTED BY	Donna Mead, Chair
EXECUTIVE SPONSOR APPROVED	Sarah Morley, Director of Organisational Development and Workforce
REPORT PURPOSE	FOR NOTING
ACRONYMS	
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 on 17.12.2020.
- 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	• Nothing of note to report
ADVISE	Voluntary Early Redundancy Payments (VERS) • The committee approved two VERS applications from NWSSP Settlement Payment • The committee approved a settlement payment for a NWSSP member of staff
ASSURE	• Nothing of note to report
INFORM	• Nothing of note to report
APPENDICES	NOT APPLICABLE

TRUST BOARD

LOCAL PARTNERSHIP FORUM HIGHLIGHT REPORT

DATE OF MEETING	28 th January 2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Mel Findlay, Business Support Officer
PRESENTED BY	Sarah Morley, Executive Director of OD & Workforce
EXECUTIVE SPONSOR APPROVED	Sarah Morley, Director of Organisational Development and Workforce
REPORT PURPOSE	FOR NOTING
ACRONYMS	
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 Local Partnership Forum on 02.12.2020.
- 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.



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2. HIGHLIGHT REPORT

ALERT / ESCALATE	• Nothing of note to report
ADVISE	VCC Senior Management Team Organisational Change Progress • The Local Partnership Forum received an overview of the progress of the Organisational change taking place at VCC, which was discussed and noted by the Local Partnership Forum. • The Local Partnership Forum noted the contents of the Nuffield Report and the NVCC project. Noting recommendations and potential proposals • An overview of the Development of Trust Mission/Vision was received by the Local Partnership forum and noted.
ASSURE	• Nothing of note to report
INFORM	• Nothing of note to report
APPENDICES	NOT APPLICABLE

TRUST BOARD

DIVISIONAL QUALITY SAFETY AND PERFORMANCE REPORT AS AT NOVEMBER 2020

DATE OF MEETING	28/01/2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Peter Gorin, Head of Corporate Strategic Planning and Performance
PRESENTED BY	Cath O'Brien, Interim Chief Operating Officer
EXECUTIVE SPONSOR APPROVED	Cath O'Brien, Interim Chief Operating Officer

REPORT PURPOSE	FOR DISCUSSION / REVIEW
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Executive Management Board Quality Safety & Performance Committee	11 th Dec 2020 18 th Jan 2021	DISCUSSED & NOTED

ACRONYMS	
VUNHST	Velindre University NHS Trust
UHB	University Health Board

VCC SMT	Velindre Cancer Centre Senior Management Team
WBS SMT	Welsh Blood Service Senior Management Team
WHSSC	Welsh Health Specialist Services Committee
PADR	Performance Appraisal and Development Review
KPIs	Key Performance Indicators
SACT	Systemic Anti-Cancer Therapy
WTE	Whole Time Equivalent (staff)
EMB	Executive Management Board

1. SITUATION/BACKGROUND

- 1.1 The attached Trust performance reports provide an update to the Trust Board with respect to Trust-wide performance against key performance metrics through to the end of November 2020 for the Velindre Cancer Centre, the Welsh Blood Service and for VUNHST Corporate Services respectively.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The reports set-out performance at Velindre Cancer Centre (**appendix 1**), the Welsh Blood Service (**appendix 2**) and in relation to Trust-wide staff absence, PADR compliance and staff sickness (**appendix 3**). Each report is prefaced by an '*at a glance*' section which is intended to draw attention to key areas of performance across the Trust. A number of areas from these reports is highlighted below.
- 2.2 The divisional performance reports were initially presented to the WBS and VCC Senior Management Teams (SMTs) and have been reviewed by the Executive Management Board (EMB) at their meeting held on 11th December 2020.
- 2.3 **Velindre Cancer Centre:**
Our cancer services continue to be severely disrupted due to the increased prevalence of COVID-19, and the impact of tougher National lockdown measures. Operational constraints have also affected performance, requiring robust compliance with social distancing and infection control measures, in respect to Outpatient services and SACT.

2.3.1 Cancer services

Physical capacity at VCC has been reduced by nearly 40% as a result of the requirement to comply with COVID-19 social distancing and infection prevention guidelines and policies.

However, during November cancer services met the majority of Key Performance Indicators (KPIs); 12 KPIs that were green, 4 were amber and only 3 that were red, with Therapy services continuing to deliver high performance.

The pressure on Radiotherapy (radical, palliative and emergency – amber KPIs) and non-emergency 21 day SACT services (red KPI) continues, due to COVID-19 patient safety measures with a number of clinical staff being unable to provide patient facing care.

Specifically, performance against the Radical Radiotherapy within 28 days target, includes the newly commissioned Extreme Hypofractionation (EXHFRT) therapy which has limited capacity. Prostate cancer patients following this treatment path are placed on hormone therapy in the interim awaiting EXHFRT treatment, and as such do not experience any delay in treatment.

All of the quality indicators demonstrated compliance with standards, including the two red areas of Sepsis and Pressure Ulcers, where both had mitigating factors outside of VCC control. Further detailed performance data is provided in **Appendix 1**.

2.3.2 Brachytherapy

The brachytherapy service for prostate patients at VCC has been commissioned by WHSSC since, at least, 2012. WHSSC's commissioning policy, historically, allowed the commissioning of a Low Dose Rate (LDR) therapy service only. Consequently, a LDR service was delivered at VCC.

LDR brachytherapy is employed in the treatment of clinically low risk patients only. LDR, as a treatment option, is no longer considered clinically optimal and is currently offered as a therapy at a limited and decreasing number of centres in the UK. High Dose Rate (HDR) brachytherapy is a very similar treatment modality which demonstrates very similar clinical outcomes for low risk patients, but can potentially be used to treat medium and high risk patients in addition to those deemed low risk.

Both LDR and HDR brachytherapy depend on the insertion of a radioactive seed in close proximity to the disease site. The therapy ensures a high degree of dose conformity and limit toxicity and, thereby, damage to surrounding structures. In addition to the fact that LDR, due to the limited cohort who might receive the therapy, is no longer considered optimal, the supplier, used by VCC, to secure seeds for the LDR service discontinued

production as a consequence of falling demand. No viable alternative could be identified. As such, the LDR brachytherapy service for prostate cancer at VCC was suspended.

Prior to the advent of the pandemic, clinical colleagues at VCC, led by Dr. Jake Tanguay, had assisted WHSSC in a review of its clinical commissioning policy.

The revised policy, which would allow WHSSC to commission a HDR brachytherapy service for the treatment of prostate cancers, was presented to and approved by the WHSSC Management Group earlier this year.

In September 2020, a bid was submitted to WHSSC, as part of its annual prioritisation process intended to identify services which it might include in its Integrated Commissioning Plan (ICP) for 2021/22, seeking support for a HDR brachytherapy service for the treatment of prostate cancer at VCC.

In the late summer, WHSSC approached VCC with a view to identifying therapies which it might support, as an extraordinary measure, in year with the specific intent of supporting the overall systemic response to COVID. It was suggested that a HDR brachytherapy service might warrant this support. External beam radiotherapy (EBRT) can be used as a viable alternative to surgical resection in some cases and HDR brachytherapy (which can also be used as a monotherapy) can be employed in conjunction with EBRT as a 'boost' which results, in effect, in a form of extreme hypofractionation, thereby, freeing linac capacity.

WHSSC indicated that it would offer to support a HDR brachytherapy service for the treatment of prostate cancers at VCC until the end of the current financial year. Appropriate patients have been identified and there are plans to begin treatment as early as January.

2.3.3 Patient Feedback

The impact of COVID-19 on VCC physical site capacity and workforce availability, plus the implementation of virtual consultations and the centralization of clinical activity from outreach settings, has inevitably affected the patient experience. However, patient feedback has improved following recent concerns relating to the site limitations.

Whilst it has not been possible to triangulate the specific indicators against services or departments, service specific performance meetings have been held where such data and information is discussed and challenged resulting in improvement plans being implemented.

2.4 Welsh Blood Service

Supply of all blood components to meet demand continues to be sustained in the current difficult operating environment. However, we are continuing to experience difficulties in

booking blood collection venues under strengthened Covid restrictions. Additional staff are being sent out per team to resource triage points and to support the introduction of social distancing and PPE. This is likely to continue whilst COVID 19 is present in the community.

There are also ongoing staff capacity challenges that have been created from staff isolation and the risk assessment for shielding staff. We are continuing to work through this with WOD colleagues to ensure safe and effective working and maintenance of the blood supply chain.

Further detailed performance data is provided in **Appendix 2**.

2.4.1 Whole Blood Collection Efficiency (Target 1.25 units by WTE per hour)

Collection efficiency is again below the target at 1.1 for the eighth consecutive month, as a consequence of the ongoing need to increase resource requirements due to COVID 19. This has resulted in additional staffing being sent out per team, and is likely to continue for the long term while COVID 19 is present within the community.

The changes which were due to be brought in under the Blood Supply Chain 2020 have been put on hold during the COVID 19 pandemic.

Whilst all clinical demand for whole blood and platelets was met during November, an importation request for 50 A negative units was made to NHSBT to supplement with the overall stock position of red cells and other stock groups maintained.

2.4.2 Manufacturing Efficiency (392 Components per FTE)

Production efficiency continues to remain below the target. The principle influences on this are lower collections against a planned staffing model.

This position and the target to be reviewed in line with processing staff changes as part of the Blood Supply Chain 2020 initiative.

2.4.3 Time Expired Platelets (Target 10% expired)

Platelet expiry levels continues to decrease from previous months in both October and November and is only marginally above the 10% target.

Further planned reductions in platelet production will continue. This will be an iterative implementation over a period of time that will continue to be impacted on by external factors and as such does not have a definitive deadline.

2.4.4 Safety

There were no Serious Adverse Events (SAE) reported to the MHRA in November, and 100% of quality incidents were closed within the required 30 days, meeting the target position.

There were no formal concerns received, whilst the 9 informal concerns were managed as Early Resolution, with 100% of concerns acknowledged (i.e. contact made with donor following receipt of concern) within 2 working days of receipt.

2.4.5 Donor Feedback

WBS invites every blood donor to complete a feedback survey in the month after their donation. Overall donor satisfaction for the month of November continued to exceed target position at 96.1%

2.5 Corporate Services

Detailed performance data is provided in **Appendix 3**.

2.5.1 PADR Compliance (Target 85%)

Overall VUNHST compliance rates have improved marginally to 69.89% in November but remain below target as a result of COVID-19 operational impacts. Individual 'hot spots' are being addressed: a corporate function improvement plan trajectory is in place and the TCS department have developed an action plan to increase compliance whilst continuing to deliver against service requirements

Going forward there will be a focus on improved recording with guidance on PADR completion and triangulation of data in hotspot areas of poor PADR compliance to ensure data provides effective information on the issues.

2.5.2 Sickness Absence (Target 3.54%)

Sickness absence remains above target at 5.14% in November. The operational workforce team are working with departments identified as 'hot spots' to encourage timely conversations and a proactive wellbeing approach is embedded within management practice.

VCC has a couple of cases of 'long covid' absence. These staff are being supported through the usual mechanisms. In addition discussions are ongoing with Occupational Health to consider any additional support we may be able to offer these staff who are unable to return to work with their current symptoms.

Sickness absence cases continue to be discussed during regular department meetings to ensure the appropriate application of Managing Attendance at Work Policy; more detailed analysis but sickness type is given in **Appendix 3**.

2.5.3 Mandatory and Statutory Compliance (Target 85%)

Mandatory and Statutory Focus Group set up to share best practice and improve compliance, currently at 85.59% which now needs the overall target. This Focus Group includes Trust trainers and Subject Matter Experts who produce training needs analyses

identifying levels of mandatory training needed for each staff group; this now includes COVID related training.

In WBS the Quality Assurance Department encouraged to undertake modules on line, rather than face- to-face sessions to increase compliance. All other WBS areas compliance exceeds 90%

In VCC Clinical Fire Training has been the focus over the last couple of months with bespoke and back to back classroom sessions, increase of compliance from 29% reported back in September to 81% currently.

Other VCC areas saw only a slight decrease in their M&S training. This will be addressed at SMT, with identification of any barriers. Ongoing consideration is being given to bespoke and virtual lessons including Violence and Aggression etc.

Education and Development will continue to work with tutors to review the current provision of training, and provide more flexible and accessible options where this is possible, and continue to monitor the data through SMT in all Divisions and in Corporate Divisions

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	The current performance reporting and monitoring system is predicated upon identifying performance issues and supporting effective decision making at service and operational levels to drive forward continuous improvement in quality, safety and the overall experience of patients and donors.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: • Staff and Resources • Safe Care • Timely Care • Effective Care.
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Delivery against the performance metrics presented in the attached reports and the work associated with delivering

	improved performance supports sound financial governance across the Trust.
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4. RECOMMENDATION

- 4.1 The Velindre University NHS Trust Board is asked to **DISCUSS** and **REVIEW** the contents of the attached performance reports.

At a Glance Highlights - November 2020

During November there were 12 KPIs that were green, 4 that were amber and only 3 that were red.

Therapy services were continuing to deliver high performance. Patient experience has improved following recent concerns relating to the site limitations. All of the quality indicators demonstrated compliance with standards including the two red areas of Sepsis and pressure ulcers, where both had mitigation outside of VCC control.

High level Summary of Achievement

- % of patients receiving radical radiotherapy within 28-days.
- % of patients receiving palliative radiotherapy within 14-days.
- % of patients receiving emergency radiotherapy within 2-days.
- % of patients receiving non-emergency SACT treatment within 21-days.
- % of patients receiving emergency SACT treatment within 5-days.
- % of therapies inpatients seen within 2 working days.
- % of urgent therapies outpatient referrals seen within 2 weeks.
- % of routine therapies outpatient referrals seen within 6 weeks.
- % of outpatients seen within 20 minutes.
- % outpatient DNA rates.
- Number of potentially avoidable hospital acquired thrombosis (HAT).
- Number of delayed transfers of care (DToc's).
- Number of VCC acquired potentially avoidable pressure ulcers.
- Number of pressure ulcers reported to Welsh Governments as serious incidents.
- Number of VCC inpatient falls.
- Number of VCC acquired healthcare associated infections.
- % of patients who receive a diagnosis of sepsis and receive all 6 treatment elements within 1 hour.
- % of patients who rated experience at Velindre as 9 out of 10 or above.
- % clinical coding within 1 month.

RAG rating above indicates that the individual target was achieved, not achieved or close to being achieved

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The detailed performance information is reflected in the pages that follow with the arrows below describing changes to target attainment for individual targets relative to the previous month



Awaiting SACT update.



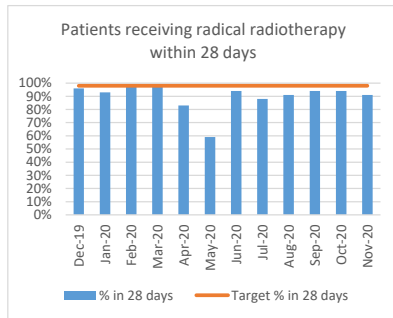
Awaiting SACT update.



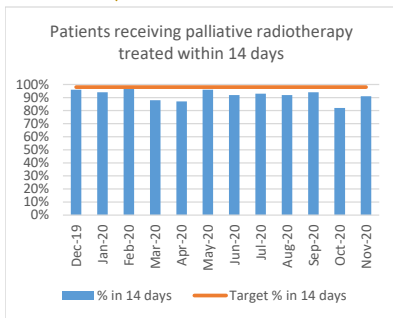
Awaiting SACT update.

Equitable and Timely Access to Services - Radiotherapy

Nov-20



Last month   Target Not Achieved

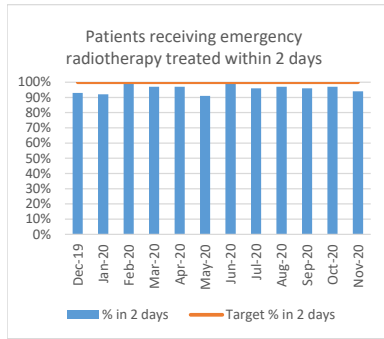


Last month   Target Not Achieved

Target: 98%	SMT lead: Radiotherapy Services Manager	
Reason for performance:	Actions being taken to improve performance:	Expected completion date
Demand for radiotherapy services has increased with 346 new patient referrals received in November, an increase of 17% on the 294 received in October. In light of the COVID pandemic, a number of clinical staff are unable to provide patient facing care. To ensure a robust service and patient safety, a linear accelerator (linac) has been stood down and capacity on a second has been dedicated to the treatment of COVID positive or suspected-positive patients. Such changes have reduced available linac capacity and impaired the service's overall flexibility. 28 Day Radical Treatment: 200 patients commenced treatment with radical intent, an increase of 31% on the 153 patients treated in October. 18 did not begin treatment within 28-days - A performance rate of 91%. The reasons identified for the treatment delays were: • 4 were as a result of complex planning issues • 2 were as a result of eReferral error • 4 were as a result of delays in completion of pre treatment planning CT in line with attendance at Consultant specific clinic • 4 were as a result of Extreme Hypofractionation slot availability • 2 were as a result of Out patient department capacity • 1 was as a result of patient not attending • 1 was as a result of patient deferral to prioritise capacity for a paediatric patient under general anaesthetic Of the 18 patients who were not treated within 28 days, 1 was treated within 30 days, 6 were treated within 35 days, 3 were treated within 40 days, 4 were treated within 45 days, 1 treated within 65 days, 1 treated within 70 days and 1 treated within 95 days 14 Day Palliative Treatment: 97 patients commenced treatment with palliative intent, a reduction of 8% on the 105 patients treated in October. 9 did not begin treatment within 14-days A performance rate of 91%. The reasons identified for the treatment delays were: • 5 were attributed to timeliness of production of 3D plan- • 2 were as a result consultant requested start date. • 2 were as a result of change of intent Of the 9 patients who were not treated in 14 days, 2 were treated within 20 days, 5 were treated within 25 days, 1 was treated within 30 days and 1 was treated within 35 days	A1: Formal monthly performance reviews commenced with VCC senior management team to focus on performance, capacity, finance, workforce, etc. A2: Weekly service capacity meeting commenced with radiotherapy, physics and medical representation. A3: Due to the increase in non Radiotherapy service breach reasons, the SST leadership team is now formally engaged in weekly capacity meetings. A4: Booking process review to be undertaken to highlight improvements required to avoid future errors. A5: Radiotherapy team to specifically review hyperfractionation capacity. A6: Long waits for consultant specific clinics to be reviewed by SST management team. A7: Reasons for replanning delays to be scrutinised by SST team and physics team.	E1: Complete E2: Complete E3 December E4 to E7: December

Equitable and Timely Access to Services - Radiotherapy (Cont.)

Nov-20

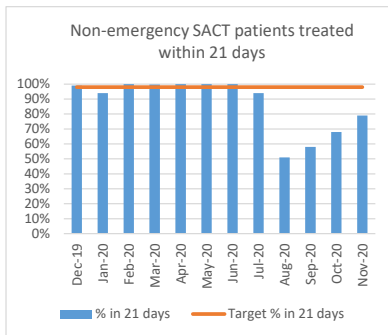


Last month   Target Not Achieved

Target: 98%		SMT lead: Radiotherapy Services Manager	
Reason for performance:	Actions being taken to improve performance:	Expected completion c	
2 Day Emergency Treatment: 17 patients commenced emergency treatment, a reduction of 52% on the 36 patients treated in October. 1 patient did not begin treatment within 2-days. A performance rate of 94%. The patient that did not commence radiotherapy treatment within 2 days of referral was as a result of a delay in transferring the patient from another hospital due to awaiting results of a COVID test. The patient received treatment on day 3.	A1: Due to the increase in non Radiotherapy service breach reasons, the SST leadership team is more formally engaged in providing remedial actions monthly.	E1: December	

Equitable and Timely Access to Services - Non-Emergency Systemic Anti-Cancer Therapy (SACT)

Nov-20

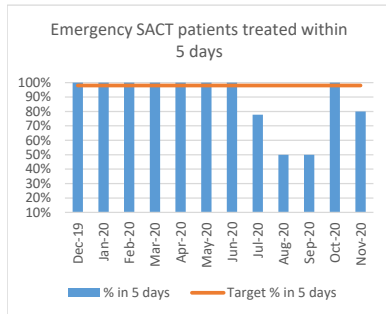


Last month   Target Not Achieved

Target: 98%	SMT lead: Chief Pharmacist	
Reason for performance:	Actions being taken to improve performance:	Expected completion c
21 Days Non Emergency Treatment 352 non-emergency new patients began treatment in November, which is a reduction of 8% on the 382 treated in October. 73 of these patients were not treated within 21 days due to capacity issues. Of the patients who did not begin treatment within 21 days, 51 were treated within 28 days and 22 within 38 days. A Performance Rate of 73%. This continues the improvement month on month from August, when the impact of reduced capacity and increased referrals impacted most. The repatriation of SACT delivery services to VCC as part of the response to the pandemic, whilst a necessary means to optimise patient safety during the early phases, has had the effect of severely limiting capacity. All SACT delivery continues to be undertaken at VCC (with exception of the Mobile Unit located at Nant Garw) and a reduced service at the Macmillan Unit at PCH. The reintroduction of deferred patient treatments from July onwards has been the primary cause of the bottleneck. The required cycles of treatment will result in this impact being seen until January 2021.	A1: Operational focus on reducing maximum patient wait times. A2: Increasing capacity with support from ward based staffing and UHB pharmacies. A3: Working with Cwm Taf Morgannwg UHB to develop operational plan to allow the Macmillan Unit to operate for 5-days per week from November. A4: Working with Aneurin Bevan UHB to reopen Neville Hall outreach service from January.	E1: December 2020 E2: December 2020 E3: January 2021 E5: January 2021

Equitable and Timely Access to Services - Emergency Systemic Anti-Cancer Therapy (SACT)

Nov-20

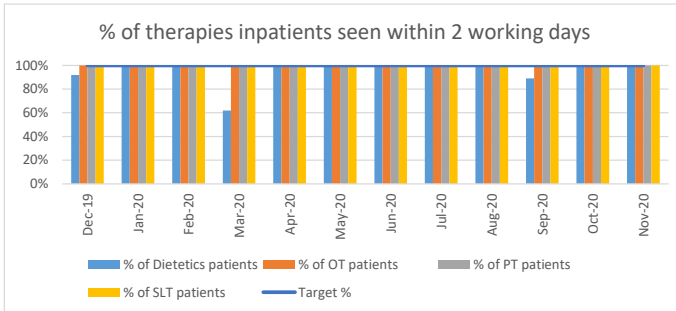


Last month   Target Achieved

Target: 98%	SMT lead: Chief Pharmacist	
Reason for performance:	Actions being taken to improve performance:	Expected completion c
5 Day Emergency SACT There were 5 emergency patients treated in November, a reduction on the 9 patients treated in October. 4 patients were treated within 2 days and 1 within 4 days. . A Performance rate of 100%.	A1: Clinical prioritisation process in place and ring fencing of emergency chair capacity.	E1: In place and active.

Equitable and Timely Access to Services - Therapies (Inpatients)

Nov-20

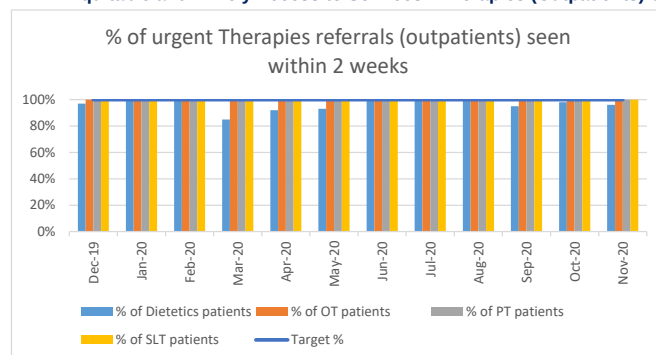


Dietetics - last month
OT - last month
PT - last month
SLT - last month

Target: 100%	
Reason for performance:	
Target achieved 100%: Demand for dietetic services at VCC is increasing. More nasogastric tubes (NGTs) are typically being used to support patient feeding requirements in secondary care in stead of more invasive alternatives due to the constraints of the pandemic response. NGTs require greater dietetic input. Routine, face to face, outpatient appointment were suspended with effect from the 16th March as part of the Trust's response to the COVID-19 pandemic.	SMT lead: Therapies Manager Actions being taken to improve performance: A1: Initiated process to recruit new full-time dietician. A2: Breaches to be reviewed monthly with Head of Planning and Performance. Actions arising from breach analysis to form monthly improvement plan going forward.
	Expected completion date: E1: February 2021 E2: Complete

Equitable and Timely Access to Services - Therapies (Outpatients) Urgent Referrals Seen Within 2 Weeks

Nov-20

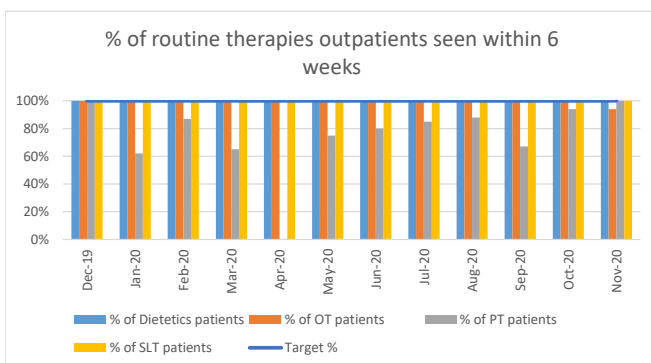


Dietetics - last month →
OT - last month →
PT - last month →
SLT - last month →

Target: 100%	
Reason for performance:	
One patient referred to be seen by a dietician was not seen within the target time due to capacity issues (the patient was seen on day 15).	
Demand for dietetic services at VCC is increasing. More nasogastric tubes (NGTs) are typically being used to support patient feeding requirements in secondary care in stead of more invasive alternatives due to the constraints of the pandemic response. NGTs require greater dietetic input.	
Increasing demand for the dietetic drop-in clinic has been observed.	
Routine, face to face, outpatient appointments were suspended with effect from the 16th March as part of the Trust's response to the COVID-19 pandemic.	
SMT lead: Therapies Manager	
Actions being taken to improve performance:	Expected completion
A1: Initiated process to recruit new full-time dietician.	E1: February 2021
A2: Seek to recruit interim locum dietician pending successful recruitment process.	E2: Complete

Equitable and Timely Access to Services - Therapies (Outpatients) Routine Referrals Seen Within 6 Weeks

Nov-20



Dietetics - last month →
 OT - last month ↓
 PT - last month ↑
 SLT - last month →

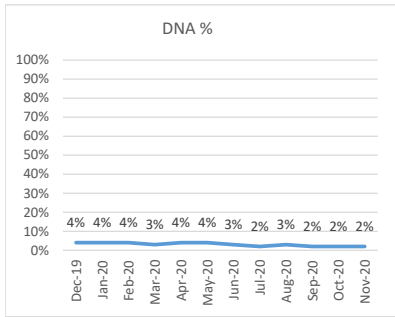
Target: 100%
Reason for performance:
One patient referred for Occupational Therapy was not seen in time. The patient did not respond to repeated contacts and was not successfully contacted until three days after target.
Routine, face-to-face, outpatient appointments were suspended with effect from the 16th March as part of the Trust's response to the COVID-19 pandemic.

SMT lead: Therapies Manager	
Actions being taken to improve performance:	Expected completion date:
A1: Breaches to be reviewed monthly with Head of Planning and Performance. Actions arising from breach analysis to form monthly improvement plan going forward.	E1: Complete

Equitable and Timely Access to Services - Outpatient Waiting Times

Nov-20

Target: <20 minutes	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Since the beginning of the pandemic significant numbers of patients have been required to access phlebotomy services at VCC because of restricted access at GP surgeries, etc.. Outpatient clinics are observing an increasing number of patients attending face-to-face clinics. These issues are presenting acute physical capacity challenges. In November 2020: 86% of patients were seen within 20 minutes of their scheduled appointment. 93% were seen within 30 minutes The mean waiting time was 11 minutes The average for the last 12 months is 52%. ** N.B. ** This data is obtained from a manual data collection exercise undertaken by nursing staff for one week each month. This can result in some clinic & waiting times data not being fully captured. Therefore, this data only provides a snap shot of waiting times information. This data also only includes patients who have a face-2-face attendance.	A1: A review of the effectiveness of evening clinics introduced in September 2020 to be completed in order to inform a decision with respect to longer term viability.. A2: Audit to be conducted by medical records to ascertain the effect of patients undergoing blood tests on the same day as an Outpatient appointment to be completed. This will identify related capacity and flow issues. A3: The use of a mobile unit to deliver phlebotomy services and increase capacity. A4: Project initiated with objective of relocating phlebotomy service within VCC which will release capacity within the Outpatient Department. A4: Increasing number of face-to-face appointments with patients being actively monitored and issue has been escalated to clinical leads.	E1: End of December 2020 E2: December 2020 E3: Will be operational from 21st December 2020 E4: March 2021 E3: Complete

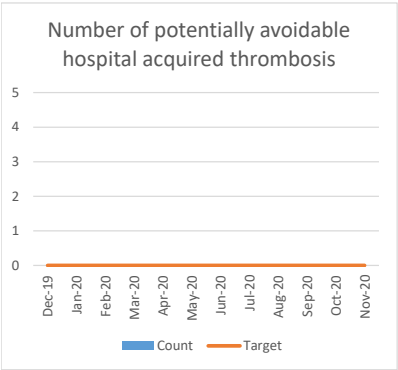


Last month   Target Achieved

Outpatients - Did Not Attend (DNA) Rates

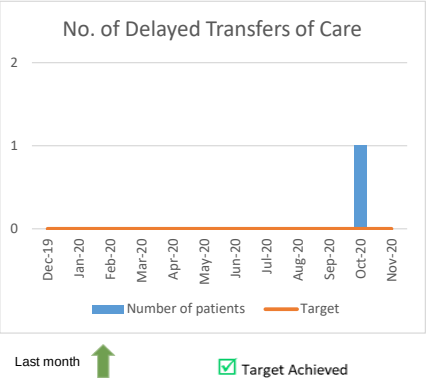
Nov-20

Target: <5%	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion c
Performance on track.		



Last month  ☒ Target Achieved

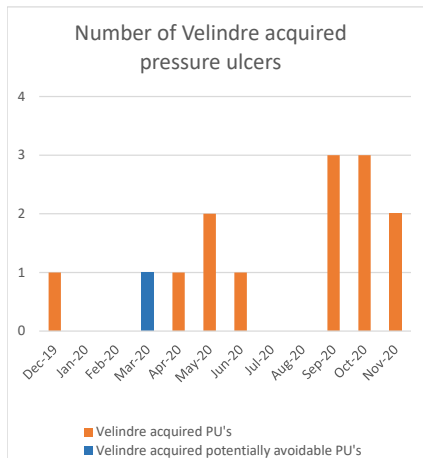
Target: zero	SMT lead: Clinical Director	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.		



Target: zero	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.		

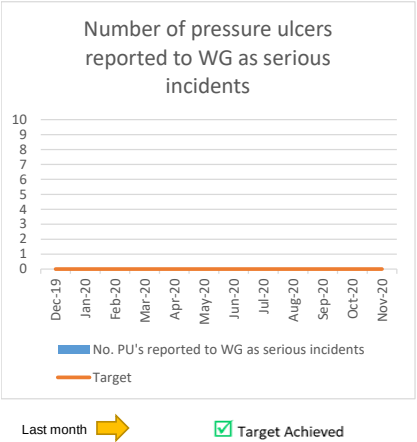
Safe and Reliable Services - Velindre Acquired Potentially Avoidable Pressure Ulcers

Nov-20



Last month ↑ ✗ Target Not Achieved

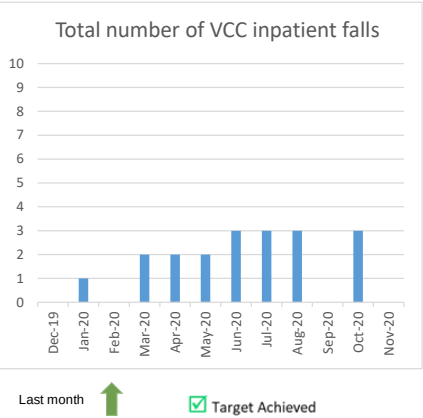
Target: zero pressure ulcers		SMT lead: Head of Nursing
Reason for performance:	Actions being taken to improve performance:	completion date:
During November 2020 there were 2 hospital acquired pressure ulcers on First Floor ward. Following a full investigation and discussion at the pressure ulcer scrutiny panel, this pressure damage was deemed as unavoidable in both cases.	A1: The Pressure Ulcer Scrutiny Panel is responsible for monitoring the implementation of any agreed actions or recommendations. A2: A review of learning from avoidable and unavoidable cases is being planned to review the assurance levels provided by the internal scrutiny process.	E1: In place and active February 2021



Target: zero	SMT lead: Head of Nursing	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
Performance on track.		

Safe and Reliable Services - Falls

Nov-20



Reason for performance:	SMT lead: Head of Nursing	
	Actions being taken to improve performance:	Expected completion date:
Performance on track.		

Number of Velindre-acquired infections:

C.diff infections = 0

MRSA infections = 0

MSSA infections = 0

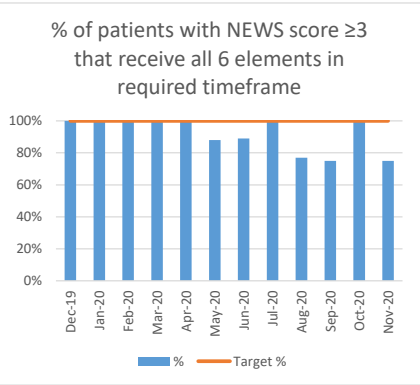
E.coli infections = 0*Klebsiella* infections = 0*Pseudomonas Aeruginosa* infections = 0

Target: 0 infections	SMT lead: Clinical Director	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
There were no healthcare associated infections attributable to Velindre in November. However, there were two healthcare associated infections reported; one MSSA and one <i>E. coli</i> . In both cases the patient was admitted with the infection and this was confirmed by microbiology specimens taken on the day of admission.	The infection prevention and control team review all infections, whether Velindre acquired or not, and undertake root cause analysis in conjunction with the clinical teams to review cause/ trends and identify any lessons learned. A1: Investigation of both identified cases of infection.	E1: December 2020

Last month   Target Achieved

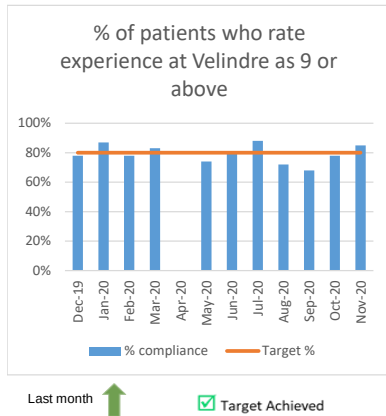
Annual figures for Velindre-acquired infections:												
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
<i>C.Diff</i>	0	0	0	0	1	0	0	0	0	1	0	0
<i>MRSA</i>	0	0	0	0	0	0	0	0	0	0	0	0
<i>MSSA</i>	1	0	0	0	0	0	0	0	0	0	0	0
<i>E.Coli</i>	0	0	0	0	0	0	1	1	0	0	0	0
<i>Klebsiella</i>	0	0	0	0	0	0	0	0	0	0	0	0
<i>P. Aeruginosa</i>	0	0	0	0	0	0	0	0	0	0	0	0

(newly presenting patients only)



Last month   Target Not Achieved

Target: 100%	SMT lead: Clinical Director	
Reason for performance:	Actions being taken to improve performance:	Expected completion date:
4 patients received diagnosis of sepsis 3 of these patients received sepsis bundle within 1 hour. In case of patient who did not receive the bundle within an hour, a clinical decision was made to undertake a C-Reactive Protein Test (CRP) prior to the administration of antibiotics. The decision was taken based on the patient's clinical history, but prevented administration of the bundle within an hour.	A1: The patient was admitted to the First Floor ward was administered IV antibiotics and completed the bundle. The patient did not receive a diagnosis of sepsis.	E1: Complete



Target: 80%		
SMT lead: Director of Operations		
Reason for performance:	Actions being taken to improve performance:	Expected completion
A further improvement in overall experience rating was observed in November. Lower experience scores in November relate to treatment being stopped due to COVID, lack of contact / communication from oncologists, preference of face to face contact versus virtual consultations and lack of co-ordination across services. Suggestions for improvements will be taken forward with all departments and monitored by the Quality and Safety Management Group.	A1: All patients who were contactable (i.e. not anonymous) contacted to discuss concerns further. A2: Outpatient Development Programme has established a dedicated workstream on patient experience and engagement. This will include a plan to increase the level of patients completing the core experience questions. A3: Investigate options to provide virtual access for relatives unable to attend with patient to an outpatient appointment. A4: Implementation of actions following virtual consultation patient experience survey (as discussed at November's meeting of the Trust's Quality, Safety and Performance Committee).	E1: Business as usual E2: Plan approved in November 2020. E3: Complete E4: December 2020

Concerns:

The Trust Board's Quality and Safety Committee receive a report on the detail of all concerns received.

Ombudsman Investigation – recommendation to uphold part of the concerns. Response was managed in line with Putting Things Right (PTR) and is on target to close within 20 working days.

Out of Time Enquiry - lack of communication with NHS providers and VUNHST. The Trust Complaints Manager is currently obtaining consent from the patient to potentially investigate concerns jointly with the health board.

Formal Enquiries from Another Health Board (led by the Health Board) - related to communication issues and appointments.

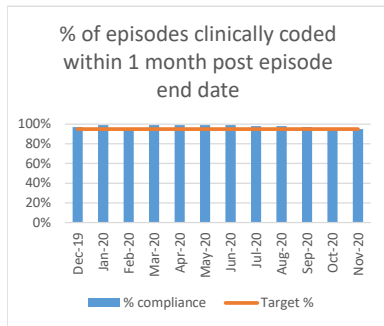
Reopened Complaints - related to dissatisfaction with an original response and dissatisfaction with agreed clinical plan/treatment.

Type of concern	No.
Early Resolution	3
PSOW Outcome	1
Out of Time Enquiry	1
Formal Joint Enquiries	2
Reopened Complaints	3

Claims	2
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Information - Clinical Coding

Nov-20



Last month   Target Achieved

Target: 98%		SMT lead: Head of IM&T	
Reason for performance:		Actions being taken to improve performance:	Expected completion date:
Performance on track.			

VCC Measures Glossary

Measure	Target	Monthly/Annual/Rolling	National/Local
Patients Receiving Radical Radiotherapy Within 28 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Patients Receiving Palliative Radiotherapy Within 14 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Patients Receiving Emergency Radiotherapy Within 2 Days	98% or greater	Monthly	Local (Based on RCR Guidance)
Non-Emergency SACT Patients Treated Within 21 Days	98% or greater	Monthly	Local (Based on JCCO Guidance)
Emergency SACT Patients Treated Within 5 Days	98% or greater	Monthly	Local (Based on JCCO Guidance)
Percentage of Therapies Inpatients Seen Within 2 Days	100%	Monthly	Local
Percentage of Urgent Therapies Outpatients seen within 2 weeks	100%	Monthly	Local
Percentage of routine Therapies Outpatients Seen Within 6 Weeks	100%	Monthly	Local
Monthly Percentage of NPs, Ops and Chemo Assessment Appointments where patients were seen within 20 minutes of the scheduled appointment times	100%	Monthly	Local
Number of Potentially Avoidable Hospital Acquired Thrombosis	0	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance which Requires Reporting on a Quarterly Basis)
Number of Delayed Transfers of Care	0	Monthly	National
Number of Velindre Acquired Pressure Ulcers	0	Monthly	Local
Number of Pressure Ulcers Reported to the Welsh Government as Serious Incidents	0	Monthly	Local (Adapted from NHS Wales Delivery Framework and Reporting Guidance)

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)

- All clinical demand was met (this included the importation of 50 A-neg on 27/11/2020) with overall stock position of red cells was **2028** at the end of November.
- All stock groups were maintained above 3 days.
- All clinical demand for platelets was met.
- Whole blood collection efficiency is below the target for the **eighth** consecutive month as a consequence of the ongoing need to increase resource requirements due to COVID 19, which has resulted in additional staffing being sent out per team to resource a triage point and to support the introduction of social distancing and PPE. This is likely to continue whilst COVID 19 is present in the community
- Production efficiency continues to remain below the target. The principle influences on this are lower collections against a planned staffing model.
- Time expired red cells remains below the target of 1%
- Platelet expiry decreased from previous months in November. Platelet production was increased in the last week of November to account for increased issuing.
- 100% of quality incidents closed within the required 30 days, meeting the target position.
- There were no Serious Adverse Events (SAE) reported to the MHRA in November.
- There were no formal concerns received, whilst the 9 informal concerns were managed as Early Resolution.
- 100% of concerns were acknowledged (ie contact made with donor following receipt of concern) within 2 working days of receipt
- Overall donor satisfaction continued to exceed target at 96.1%.



10 Key Performance Indicators were above the previous month's performance, 3 achieving target.



4 Key Performance Indicators remained the same as the previous month's performance, however 6 achieved target.



8 Key Performance Indicators were down on the previous month's performance, however 2 achieved target..

Quarterly (Oct - Dec) targets not reported this month

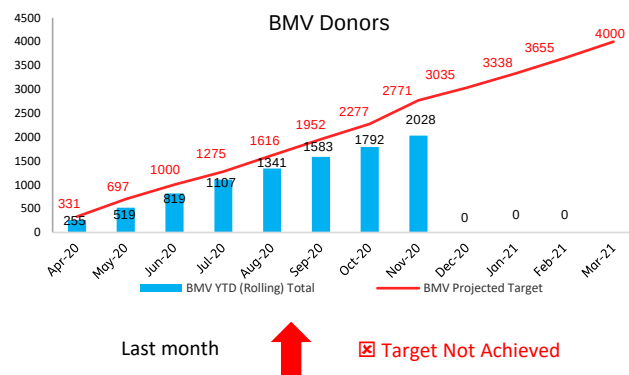
Reference Table

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

Nov-20



Annual Target: 4000		SMT Lead: Jayne Davey / Tracey Rees	
What are the reasons for performance?		Action(s) being taken to improve performance	By When
There were 236 new bone marrow volunteers added to the Welsh Bone Marrow Donor Registry (WBMDR) in November.		Develop a new donor recruitment and retention strategy for the WBMDR aligned with the development of the revised WBS strategic intent.	TBC - original deadlines delayed due to COVID. Task and Finish group has been established to take forward recruitment of non blood donors
		The new Donor Recruitment & Retention Strategy will be informed by: - a review of the existing donor panel to assess the required growth; - a review of the outcomes of the new bone marrow pilot recruitment to provide proof of concept and operational readiness for a recruitment strategy that is not solely dependent on blood-donors.	

Safe and Reliable Service

Nov-20

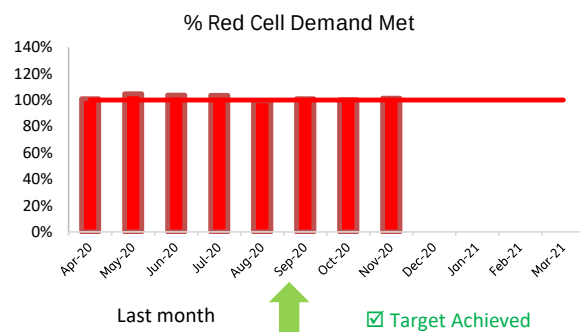
Number of days red cell stock level is below 3 days for groups O, A & B-



Monthly Target: 0		SMT Lead: Jayne Davey / Tracey Rees	
What are the reasons for performance?		Action(s) being taken to improve performance	By When
All stock groups were maintained above 3 days. Stock levels are balanced across all groups but total stock levels have declined. Effective collaboration between the Collections and Laboratory teams within the Supply Chain supported the maintenance of robust stock levels.		Daily Resilience meetings are held in a collaboration of blood collection and manufacturing teams; this forum facilitates operational actions in response to challenges in maintaining adequate stock levels in order to minimise blood shortages. In addition, the Demand Planning Leadership Group meet on a weekly basis to monitor and review performance.	Business as Usual

Safe and Reliable service

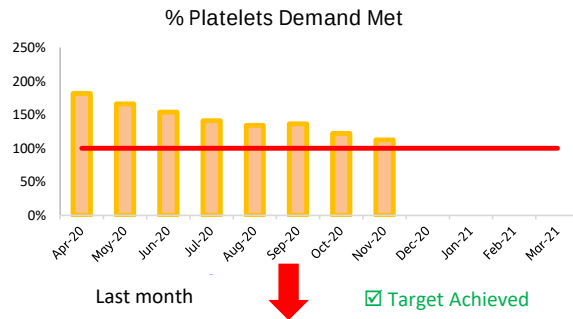
Nov-20



Monthly Target: 100%		SMT Lead: Jayne Davey / Tracey Rees	
What are the reasons for performance?		Actions(s) being taken to improve performance	By When
All demand for red cells was met. This is the result of established daily communications between the Collections and Laboratory teams enabling agile responses to variations of stock levels and service needs. Pressure is being placed on stocks as a result in difficulties in collecting sufficient donations due to Covid-19 restrictions in collections.		Daily Resilience meetings are held in a collaboration of blood collection and manufacturing teams; this forum facilitates operational actions in response to challenges in maintaining adequate stock levels in order to minimise blood shortages. In addition, the Demand Planning Leadership Group meet on a weekly basis to monitor and review performance.	Business as Usual

Safe and Reliable service

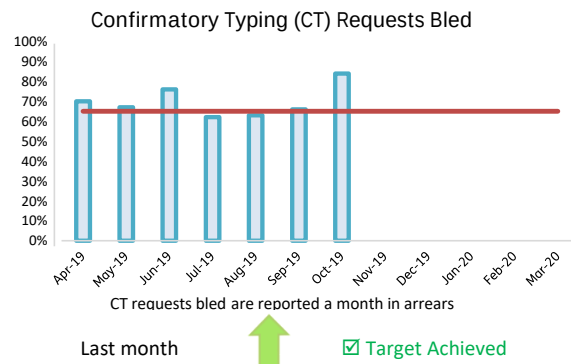
Nov-20



Monthly Target: 100%		
SMT Lead: Jayne Davey / Tracey Rees		
What are the reasons for performance?	Actions(s) being taken to improve performance	By When
All clinical demand for platelets was met. This is the result of established daily communications between the Collections and Laboratory teams enabling agile responses to variations of stock levels and service needs.		TBC Currently on hold due to other priorities as a result of COVID

Safe and Reliable service

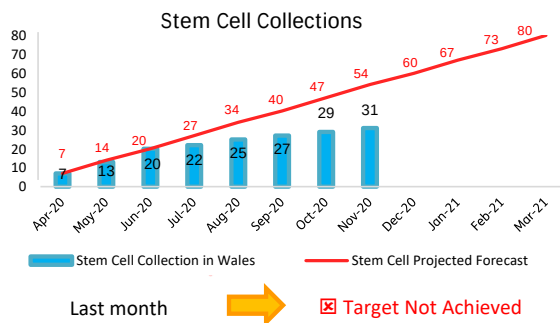
Nov-20



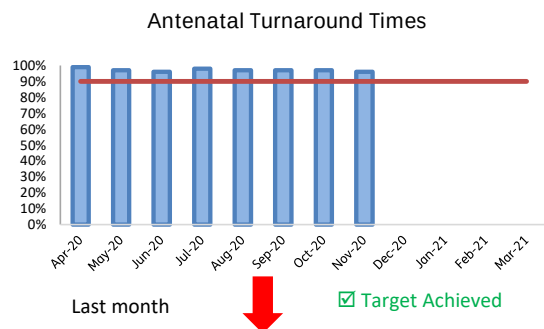
Monthly Target: 65%		
SMT Lead: Tracey Rees		
What are the reasons for performance?	Action(s) being taken to improve performance	By When
The number of CT requests for October was 28 (November not available): -21 donors were bled (84%) note: 3 cancelled by TC - 67% of samples were bled within 7 days - 95% of requests were completed within 14 days. (Industry KPI's are 50% and 80% respectively) - 86% of donors contacted	We have an ongoing system to keep donor details up to date and will continue to review all cancellations to apply learning to future practice wherever possible. We are engaging with stakeholders to improve understanding around turnaround times for donor requests and improve transplantation options for patients.	Business as Usual

Safe and Reliable service

Nov-20



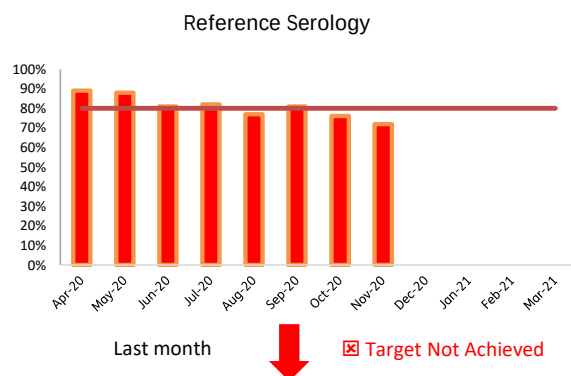
Annual Target: 80		
SMT Lead: Tracey Rees		
What are the reasons for performance?	Action(s) being taken to improve performance	By When
There were 2 Stem Cell Collections in October with YTD collections below target position. 1x PBL also Collected 5 x Cancellations at work up stage. 2 x Failed medical	Define and agree future strategy for Stem Cell collection as part of wider review of future strategy for the WBMDR.	TBC delayed due to COVID but will form part of the Collection Centre review



Safe and Reliable service

Nov-20

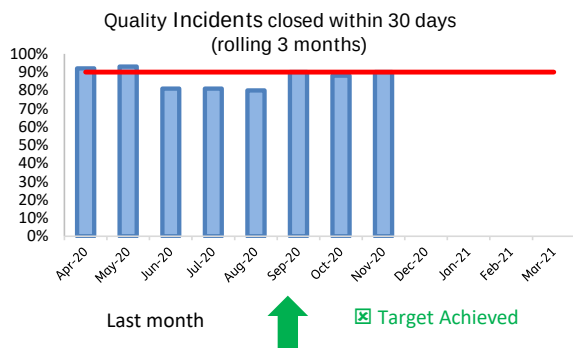
Monthly Target: 90%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Turnaround times for routine Antenatal tests in November remained above target at 96%. Continued monitoring and active management is in place.	Continuation of existing processes which are maintaining high performance against current target.	Business as Usual



Safe and Reliable service

Nov-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 November below target at 72%. Workload remains high (190 hospital patient referrals compared to average of 173 year to date). All compatibility testing (>60% of referrals) completed to required time/date (which remains RCI priority).	A review of complex patient referrals will be undertaken as part of a laboratory modernisation project which is currently being scoped. This will be supported by a benchmarking exercise to review current turnaround time KPIs with UK counterparts. The laboratory modernisation programme has been suspended due to COVID. It is anticipated this will recommence early Autumn 2020	March 2021



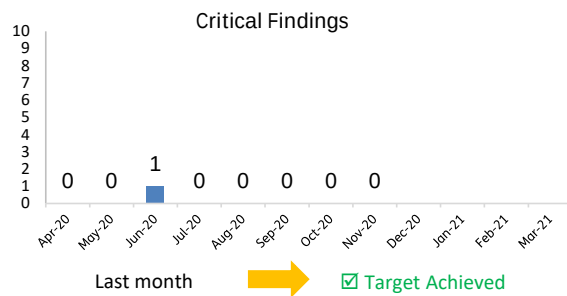
Safe and Reliable service

Nov-20

Monthly Target: 90%	SMT Lead: Peter Richardson	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Performance in November has met the target position, with 90 % of quality incidents closed within the required 30 days. This indicates a 2% increase in performance from the previous month. The number of incidents reported in the three month rolling period has increased overall (88 reports); 9 were not closed within this period, the same number as the previous two reporting periods.	The agreed SMT action plan will remain in place to ensure that the improved performance is sustained. A revised process for managing low-impact incidents has been developed; this will release more resource to focus on timely investigation of more serious incidents. The revised process was due to go into pilot in Q3, however this has been delayed due to the availability of the QPulse supplier who has been unable to support QPulse configuration until late November. Pilot of the revised process is now expected to commence in Q4.	Continue with close monitoring.

Safe and Reliable service

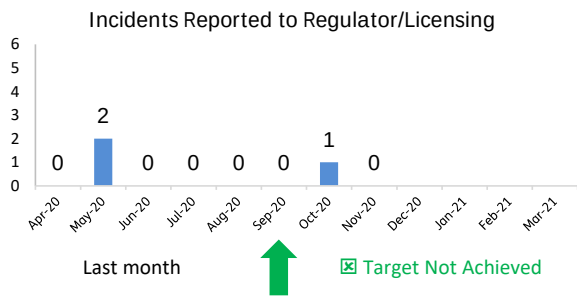
Nov-20



Target: 0		
SMT Lead: Peter Richardson		
What are the reasons for performance?	Action(s) being taken to improve performance	By When
There were no external audits or inspections undertaken in November.	None required.	No further action required. MHRA action plan being managed as BAU.

Safe and Reliable service

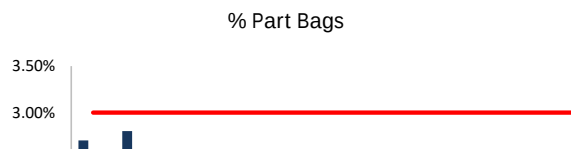
Nov-20



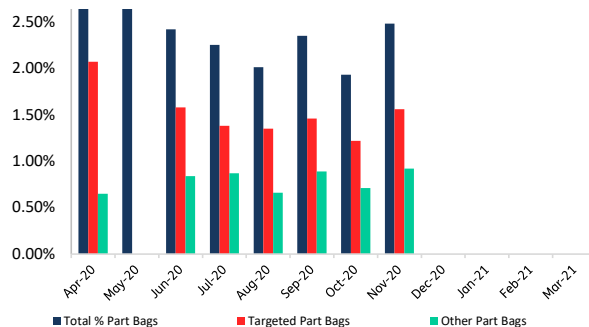
Annual Target: 0		
SMT Lead: Peter Richardson		
What are the reasons for performance?	Action(s) being taken to improve performance	By When
There were no Serious Adverse Events (SAE) reported to the MHRA in November.	None required.	No further action required.

Spending Every Pound Well

Nov-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 November 2020 remains within the 3.0% tolerance at 2.48% of donors who donated.	Ongoing work to maintain the part bag rate under tolerance threshold include (but is not limited to) the following: - Ongoing cycle of Points Of Care Audit	Business as Usual



Last month



☑ Target Achieved

The overall Part Bag figure gives general reassurance that this is not an area of concern. The breakdown of reasons for part bags for November 2020 are as follows:

- Haematoma 10%
- Donor Discomfort 3%
- Poor Access 22%
- Donor Request 1%
- Late Info 1%
- VVR 8%
- Needle Placement 29%
- Needle Displaced 1%
- Clot in Needle 24%
- Equipment 1%

Consideration must be given in future development of this measurement to the value of splitting into 'targetted' and 'other' groups

- Review of Audit findings and implementation of associated action plans

- Work with clinical teams with trend of exceedance of tolerance levels to determine cause and implement action plan

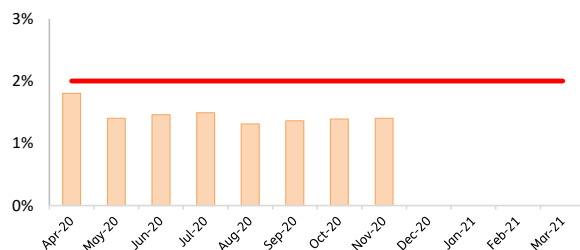
The factors that comprise the 'reasons for part bags' will continue to be monitored on an individual team and collective basis.

Business as Usual

Business as Usual

Business as Usual

% Unsuccessful Venepuncture



Last month



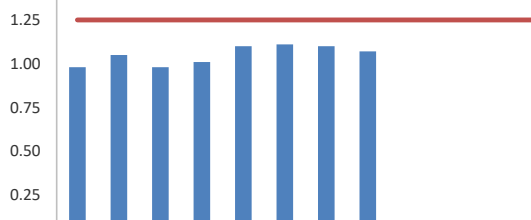
☑ Target Achieved

Spending Every Pound Well

Nov-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 November 2020 successfully remained within the tolerance threshold at 1.40% of donors where a donation was attempted	Monitoring of FVP rates by team continues.	Business as Usual

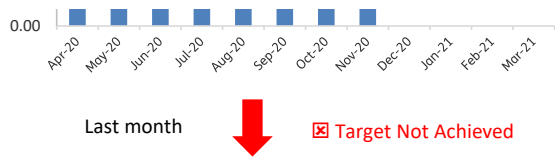
Whole Blood Collection Productivity



Spending Every Pound Well

Nov-20

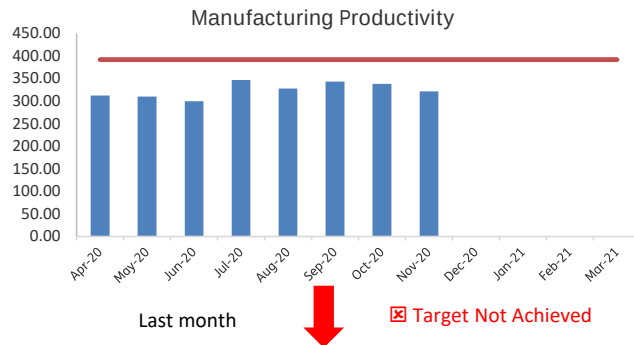
Monthly Target: 1.25	SMT Lead: Jayne Davey	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Collection efficiency is below the target of 1.25 for the eighth consecutive month as a consequence of the ongoing need to increase resource requirements due to COVID 19, which has resulted in additional staffing being sent out per team to man a newly added triage point, and to support the introduction of social distancing and PPE. Depending on the number of chairs put out, this could see an increase of up to 3 staff per team. This is likely to continue for the long term while COVID 19 is	The changes which were due to be brought in under the Blood Supply Chain 2020 have been put on hold during the COVID 19 pandemic.	March 2021



present within the community. However a small improvement has been seen due increase in collections to meet demand and this has been sustained improvement for the past 4 months.

Spending Every Pound Well

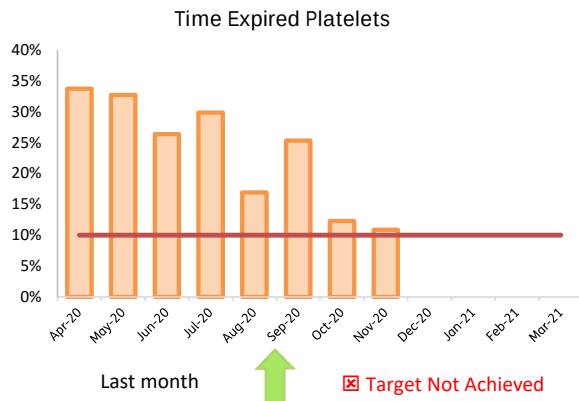
Monthly Target 392	SMT Lead: Trcaey Rees	
What are the reasons for performance?	Actions(s) bring taken to improve performance	By When
Production efficiency continues to remain below the target. The principle influences on this are lower collections against a planned staffing model.	Target to be reviewed in line with processing / staff changes as part of the Blood Supply Chain 2020 initiative.	BSC2020 put on hold due to COVID pandemic. Initial meeting recommenced October 2020.



Spending Every Pound Well

Nov-20

Monthly Target: Maximum 10%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Platlelet expiry decreased from previous months in November.	Further planned reductions in platelet production will continue.	ongoing
Platelet production was increased in the last week of November to account for increased issuing.		

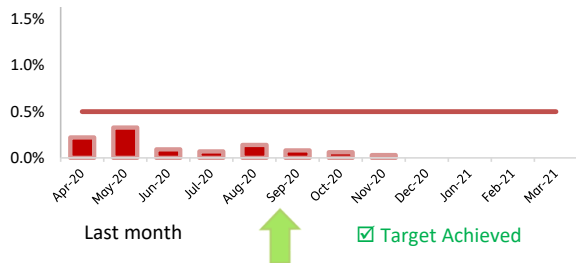


Spending Every Pound Well

Nov-20

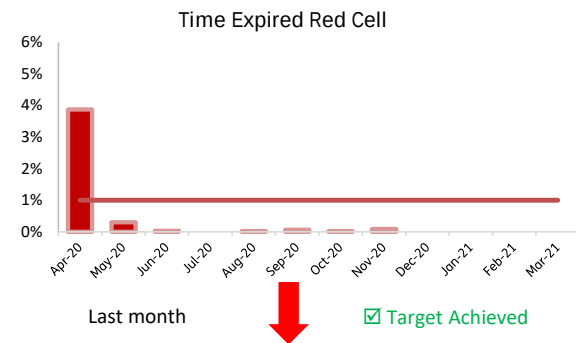
2.0% Controllable Manufacturing Losses

Monthly Target: Maximum 0.5%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When



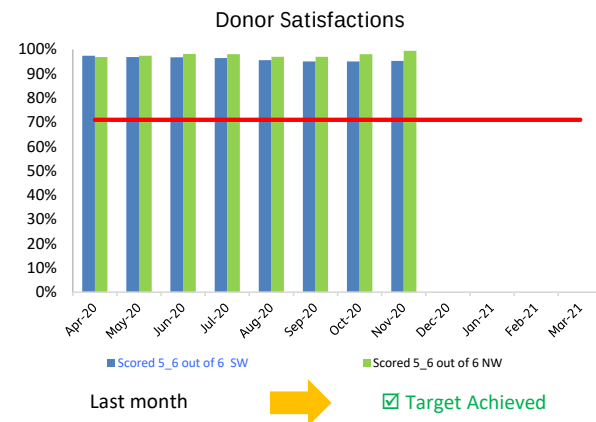
The controllable red cell losses were : Operator Centrifuge : 1 Heat Seal Fail (Collections):1	Local reporting and management of incidents where they occur for monitoring of losses and lessons learnt.	Business as Usual
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Spending Every Pound Well



Nov-20		
Monthly Target: Maximum 1%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Time expired red cells are below the target of 1%.	Monitoring continues	Business as usual

First Class Donor Experience

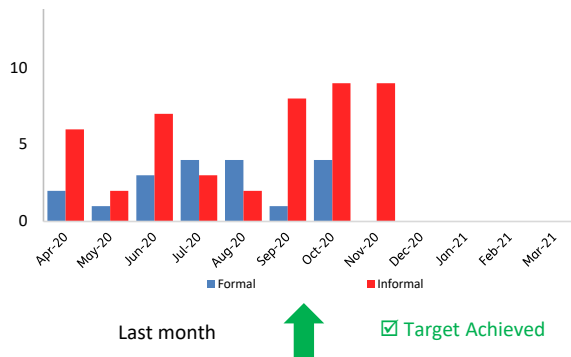


Nov-20		
Monthly Target: Minimum 71%	SMT Lead: Jayne Davey	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Overall donor satisfaction continued to exceed target at 96.1%. In total there were 866 respondents, who had made a full donation, that shared their donation experience, 172 were from North Wales and 694 were from South Wales (where location was able to be defined).	Findings to be reported to management at Collections OSG meeting for actions from individual teams. Comms to be circulated regarding record month for N. Wales satisfaction	Business as usual
This is the highest score on record for North Wales satisfaction.		

First Class Donor Experience

Number of Concerns Received

Nov-20		
Target: N/A	SMT Lead: Alan Prosser	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
In November 7,445 donors were registered at donation	All concerns have been investigated and lessons learnt	Business as usual



clinics.
9 concerns (0.12%) were reported within this period:

- Q122 (ER)

Concern themes during this period include:

- Turned away from session with child x 2
- Unable to book appointment due to no available slots
- Unclear documentation led to 10th donation card being issued to a donor in error
- Staff attitude
- Donor face covering on session whilst exempt x 2
- Lack of directional signs at clinic venue
- Turned away from session for being late for appointment

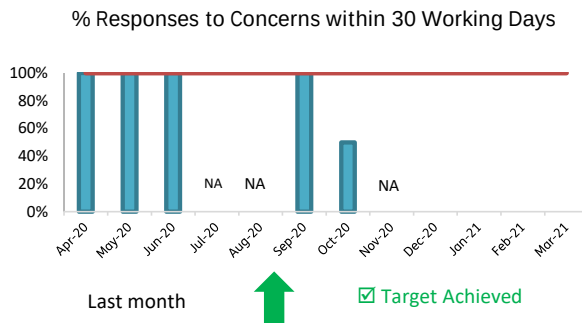
identified and actioned as appropriate.

Examples of action taken include:

- Communications team to ensure that information on website is clear with regards to donors who wish to attend clinic with a child/or other person
- Alternative appointments were offered to donors who required them
- Staff reminded of the importance of clear and legible instruction when writing on Donation Records
- Review of donor face covering has taken place, including risk assessment, options appraisal exercise and advice from Legal and corporate team. Decision - donors with exemptions from wearing face covering can now be accepted for donation.
- Venue host to use directional signage in car park to sign post donors to the clinic

First Class Donor Experience

Nov-20



Monthly Target: 100%		SMT Lead: Alan Prosser	
What are the reasons for performance?		Action(s) being taken to improve performance	By When
There were no formal concerns received in November 2020.		Continue to monitor 30 day response compliance.	Business as Usual
October 2020 figure for this factor has been adjusted down as the 30 days time line was breached on two formal concerns as a decision around donor face coverings was being worked through. Donor were kept updated during this time. Closing letters for both donors now in hand.			

First Class Donor Experience

Nov-20

% Concerns Acknowledged within 2 Working

Monthly Target: 100%		SMT Lead: Alan Prosser	
What are the reasons for performance?		Action(s) being taken to improve performance	By When

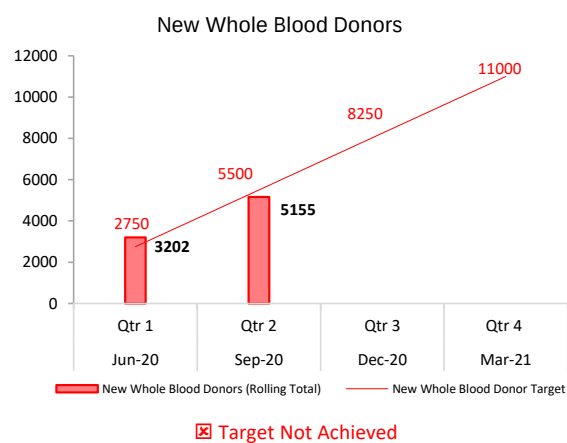


100% of concerns were acknowledged (ie contact made with donor following receipt of concern) within 2 working days of receipt.	Continue to monitor concern management timescales Reinforced within training package so roles and responsibilities are clear.	ongoing
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Quarterly Reporting

Equitable and Timely Access to Services

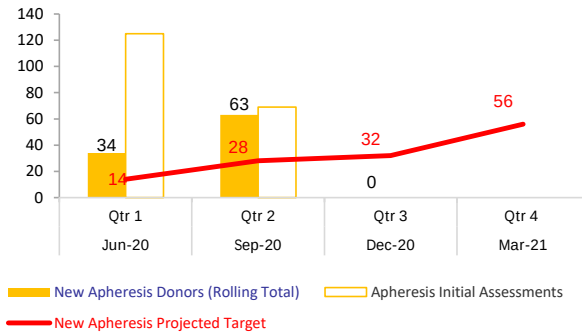
Nov-20



Quarterly Target: 2750	SMT Lead: Jayne Davey	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
692 new donors completed a donation in November.		N/A

Nov-20

New Apheresis Donors



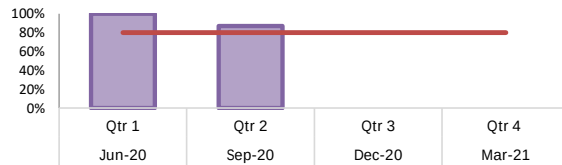
☑ Target Achieved

Quarterly Target: 14	SMT Lead: Jayne Davey	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
There were 7 new apheresis donors in November 2020.	Continue to recruit new apheresis donors.	N/A

Safe and Reliable service

Nov-20

Turnaround Times (Deceased Donor Typing/Crossmatching)



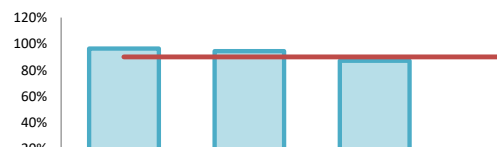
☑ Target Achieved

Quarterly Target: 80%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Turnaround times were above target at 87%. Crossmatching has resumed following the pause to transplantation during lockdown. Numbers have returned to normal levels.	Continued monitoring and active management is in place.	TBC delayed due to COVID but will form part of the Collection Centre review

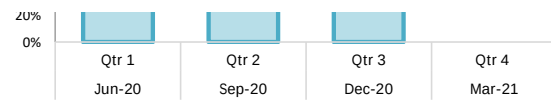
Safe and Reliable service

Nov-20

Anti D & -c Quantitation



Quarterly Target: 90%	SMT Lead: Tracey Rees	
What are the reasons for performance?	Action(s) being taken to improve performance	By When
Turnaround times for November at 90%	Continued monitoring and active management is in place.	Business as Usual



☑ Target Achieved

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Workforce Report provides the following:

- Overview of Key Performance Indicators for Sickness, PADR, Statutory and Mandatory training in all Divisions of the Trust, including Corporate Divisions, TCS and Research and Development (excluding hosted);
- Corporate Divisions include Finance, Workforce and OD, Corporate Estates and Planning, Corporate IT, Clinical Governance, Infection Control, Fundraising and Trust Management and Board;
- The report provides a 12 monthly trend report for Sickness, PADR, Statutory and Mandatory training;
- Hotspots identified, with in month actions to explain improvement trajectory work. Hotspots defined as areas where KPIs are not met and there has been a downward trend over the last three months;
- In month Job Planning figures with narrative to notify areas of improvement.

At a Glance for Velindre (Excluding Hosted)

Velindre (Excluding Hosted)	Current Month	Previous Month	Target
	Nov-20	Oct-20	
PADR	69.89	70.02	85%
Sickness	5.14	5.19	3.54%
S&M Compliance	85.59	81.26	85%

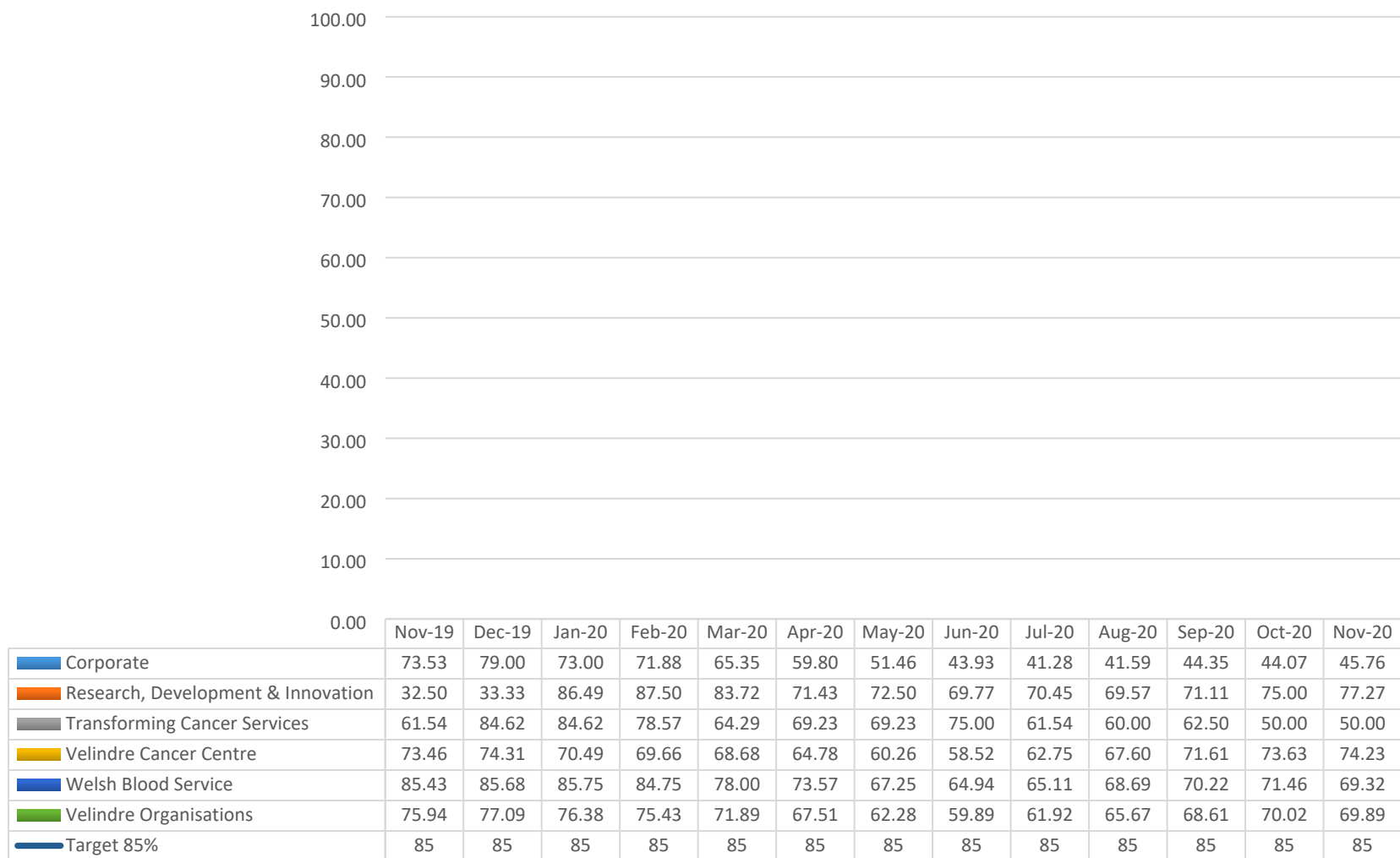
Workforce Dashboard

Data below highlights rolling figures for workforce KPI's. This provides a running total of the values of the last 12 months of an indicator providing trend data for the indicators. Granular monthly data is generated for divisions as separate reports. Data Rag Rated for ease of reading.

Key	85%-100%		50% - 84.99%		0% - 49.99%								
These figures exclude Trainee Doctors, those on Maternity, Starters within first 6 Months, those currently off on sickness absence.													
PADR	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Corporate	73.53	79.00	73.00	71.88	65.35	59.80	51.46	43.93	41.28	41.59	44.35	44.07	45.76
Research, Development & Innovation	32.50	33.33	86.49	87.50	83.72	71.43	72.50	69.77	70.45	69.57	71.11	75.00	77.27
Transforming Cancer Services	61.54	84.62	84.62	78.57	64.29	69.23	69.23	75.00	61.54	60.00	62.50	50.00	50.00
Velindre Cancer Centre	73.46	74.31	70.49	69.66	68.68	64.78	60.26	58.52	62.75	67.60	71.61	73.63	74.23
Welsh Blood Service	85.43	85.68	85.75	84.75	78.00	73.57	67.25	64.94	65.11	68.69	70.22	71.46	69.32
Velindre Organisations	75.94	77.09	76.38	75.43	71.89	67.51	62.28	59.89	61.92	65.67	68.61	70.02	69.89
Target 85%	85	85	85	85	85	85	85	85	85	85	85	85	85
Key	85%-100%		50% - 84.99%		0% - 49.99%								
These figures exclude those on Maternity and those currently off with sickness absence													
Stat and Mand Compliance (10x CSTF)	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Corporate	76.89	77.11	77.04	76.47	74.21	72.36	70.73	68.94	70.00	72.80	66.67	70.00	69.45
Research, Development & Innovation	61.04	59.58	68.57	74.00	74.51	75.10	75.92	76.27	75.96	80.79	72.41	75.71	76.73
Transforming Cancer Services	69.23	80.00	82.31	77.50	77.65	74.38	69.41	65.29	66.67	70.99	70.00	65.26	70.56
Velindre Cancer Centre	76.62	77.05	78.10	79.11	78.16	77.94	77.76	77.62	78.82	79.87	77.79	78.94	80.13
Welsh Blood Service	90.96	91.88	90.85	90.68	92.26	92.87	93.27	93.79	93.79	91.99	90.65	89.69	91.67
Velindre Organisations	80.60	81.15	81.75	82.30	82.08	82.00	81.83	81.74	82.49	82.99	80.57	81.26	85.59
Key	0% - 3.54%		3.55% - 4.49%		4.5 % & Above								
Sickness Rolling %	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Corporate	4.93	4.92	4.84	4.70	4.77	4.85	4.85	4.87	4.91	5.20	5.38	5.39	5.12
Research, Development & Innovation	3.42	3.91	4.07	4.02	4.16	4.36	4.68	5.01	5.14	4.88	4.68	4.51	4.66
Transforming Cancer Services	7.17	5.77	4.90	4.17	3.91	3.99	3.81	3.69	3.08	2.46	2.38	2.31	2.25
Velindre Cancer Centre	4.05	4.15	4.25	4.30	4.62	5.07	5.26	5.44	5.57	5.63	5.72	5.72	5.69
Welsh Blood Service	4.79	4.82	4.76	4.83	4.99	5.13	5.09	4.92	4.76	4.60	4.53	4.39	4.33
Velindre Organisations	4.38	4.44	4.47	4.49	4.73	5.03	5.13	5.19	5.21	5.21	5.24	5.19	5.14
Target 3.54%	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54
Monthly Special Leave Absence %													
Special Leave Non Covid Related	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Corporate	0.13	0.11	0.19	0.26	0.31	0.36	0.43	0.43	0.41	0.40	0.42	0.39	0.38
Research, Development & Innovation	0.20	0.23	0.18	0.27	0.45	0.50	0.60	0.58	0.61	0.69	0.70	0.65	0.64
Transforming Cancer Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.02	0.02	0.16
Velindre Cancer Centre	0.38	0.29	0.28	0.29	0.32	0.34	0.35	0.34	0.34	0.36	0.37	0.38	0.40
Welsh Blood Service	0.61	0.36	0.38	0.41	0.44	0.49	0.52	0.52	0.53	0.55	0.57	0.62	0.62
Velindre Organisations	0.31	0.29	0.30	0.32	0.36	0.39	0.42	0.41	0.41	0.43	0.45	0.46	0.47
Monthly Special Leave Absence %													
Special Leave Covid Related	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Corporate	0.00	0.00	0.00	0.00	0.09	0.27	0.35	0.42	0.49	0.57	0.58	0.59	0.59
Research, Development & Innovation	0.00	0.00	0.00	0.00	0.53	0.96	1.25	1.53	1.82	1.97	1.96	1.94	1.93
Transforming Cancer Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Velindre Cancer Centre	0.00	0.00	0.00	0.01	0.33	0.78	1.11	1.37	1.59	1.73	1.81	1.84	1.95
Welsh Blood Service	0.00	0.00	0.00	0.00	0.17	0.50	0.77	1.03	1.22	1.32	1.39	1.48	1.57
Velindre Organisations	0.00	0.00	0.00	0.00	0.26	0.64	0.93	1.17	1.36	1.49	1.55	1.59	1.68

PADR – The Figures

PADR Status - last 12 Months by Division



PADR – The Narrative

Performance Indicator	RAG / change from previous month	Oct Figure	Hotspot Areas	%	Comment to include reasons for change / rates high or low
PADR Compliance (85%)	69% 	70%	WBS - Directors Section	33.33% 	There are only 6 people in this section. 4 outstanding are not within Directors management responsibility.
			WBS - General Section	45.83% 	All departments have similar compliance within General Services.
			WBS - Collection Service	62.84% 	2 departments are contributing to low figure for Collections and have compliance below 40%.
			VCC - Medical Staffing	10.53% 	Medical appraisals, which are recorded via the MARS system, shows 82% compliance. A Revalidation Officer has recently been recruited who will ensure that ESR is also updated. Only slight improvements have been shown to date, as the post holder has just commenced in post. All Doctor appraisals that were due to be undertaken between 1 st April 2020 and 30 th September 2020 have been suspended in accordance with the WG letter. This equates to 7 Drs.
			VCC - Medical Physics	70.97% 	Medical Physics have made positive progress against their PADR improvement plan.

		VCC – Information Services	75% 	Information services have made positive progress against their PADR improvement plan.
		Corporate	45.76% 	This % has slightly increased since last month. 4 departments have compliance above 50%. The other 7 are between 0 and 40%. WOD working with departmental leads to ensure an improvement trajectory is in place.
		RD+I	75.6% 	This % has increased from last month. The department have developed an action plan which should assist with increased compliance going forward.
		TCS	50% 	This % has decreased from last month. WOD will continue to work with the department to ensure the action plan for improved compliance is implemented and support provided.
		HTW	71.43	This is the first time that HTW compliance has been reported. WOD support will be provided to the department to assist with improve compliance.

Action/ initiatives:

WBS

- Understand reasons for low compliance in General and Collection Services and support managers in identifying actions to improve compliance.
- Operational workforce team will work with these department Managers to develop plan to increase compliance.

VCC

- SMT to monitor the PADR improvement plans monthly, addressing areas of concern and supporting Departments where barriers or staffing issue are identified.

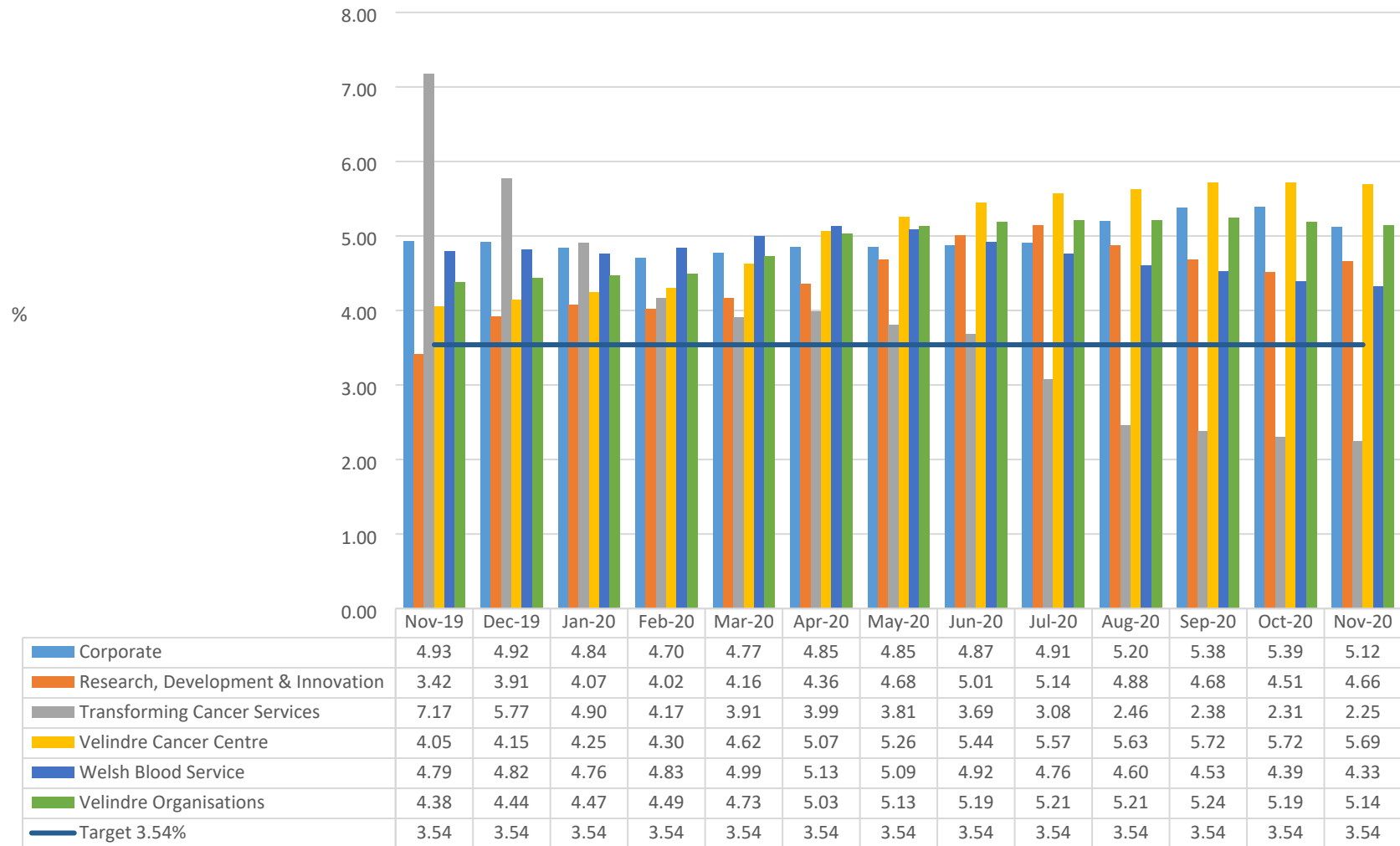
- NB The majority of Departments have either maintained, or improved their PADR compliance in line with improvement plans.

Corporate Areas (including RD&T, HTW & TCS)

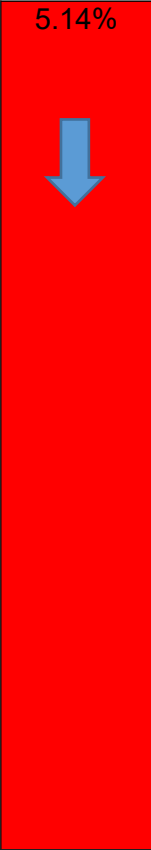
- Hotspot areas will be discussed in meetings with department managers and improvement plans developed/monitored.

Sickness Data – The Figures

Sickness - Last 12 Months by Division



Sickness – The Narrative

Performance Indicator	RAG/ Change from previous month	Oct Figure	Hotspot	%	Comment to include reasons for change / rates high or low
Sickness absence (3.42%)	5.14% 	5.19	WBS - Collection Service	6.84% 	All departments with the exception of 4, have rates well below target of 3.54%. All 4 areas have high rates, although 2 are on a downward trend. 2 areas have had a significant increase of 5% and 9%.
			WBS - QA Service	5.88% 	2 departments have high rates. 1 is on a downward trend.
			VCC - Information Section	5.77% cumulative 7.01% in month 	There have been increasing levels of stress related absence within Health Records, as well as COVID absence. The Workforce Team have also been involved in a couple of ER matters which will inevitably cause some staff significant levels of anxiety and may be reflected within the absence. WOD considering supportive action available to be discussed with the manager.
			VCC - Outpatients	6.39% Cumulative 6.39% in month 	The significant increase in absence witnessed during October, due to COVID, is decreasing as no further notable incidents have occurred within this Department.
			Corporate	5.12% cumulative 2.39% in month	0.34% of in month absence was Covid related. Sickness absence grew between April and August 2020 (to 7.71%), but sharp reduction in November

					due to a number of staff returning from long term sickness absence. 71.2% of absence due to stress/anxiety/depression – (NB this relates to only 6 staff in November).
			RD+I	4.71% cumulative 5.21% in month 	1.15% of in month absence Covid related. 62% of absence due to stress/anxiety/depression – high compared with elsewhere in the Trust. As this is a small department, even 1 absence can have significant impact on percentages.
			TCS	2.24% cumulative 0.00% in month 	No Covid absence reported.
			HTW	4.71% cumulative 3.31% in month	No Covid absence reported. Headcount of 16. 42.6% of rolling 12 month absence is cardiac related. 22.6% is stress and anxiety related (which is lower than the Trust average).

Action/ initiatives:**WBS**

- Support managers in identifying actions to support the return to work, specifically in areas with significant increase in sickness rates.

VCC

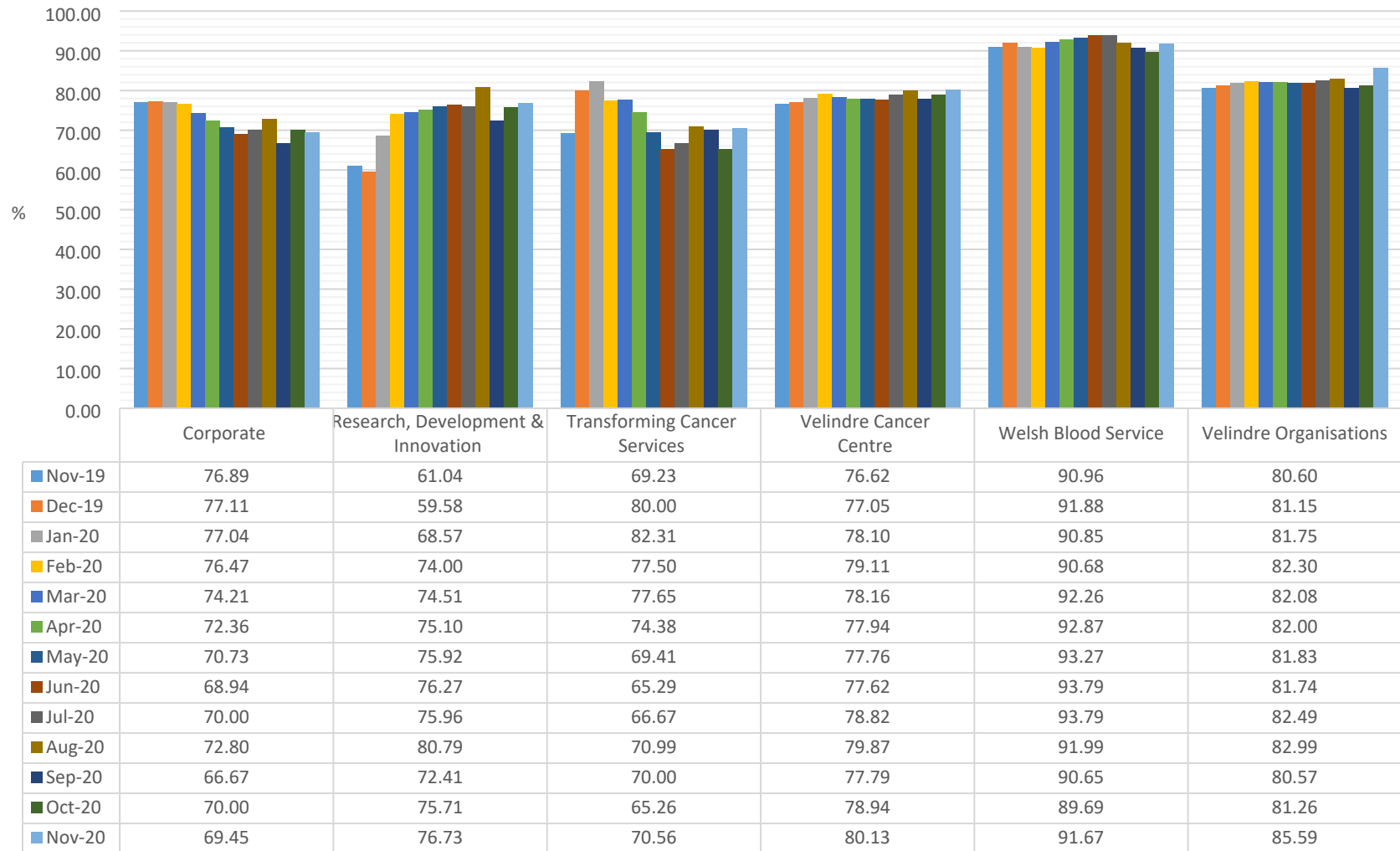
- VCC has a couple of cases of long Covid absence – staff are being supported through the usual mechanisms. In addition, discussions are ongoing with Occupational Health to consider any additional support we may be able to offer these staff who are unable to return to work with their current symptoms.
- Sickness absence cases continue to be discussed during regular department meetings to ensure the appropriate application of MAAW Policy.

Corporate Areas (including RD&T, HTW & TCS)

Corporate has around 130 staff (headcount) across 11 departments; this equates to between 2 and 32 staff per department, so each staff member can have between 3% and 50% impact on that department's figures. The Business Partner is supporting a number of areas with complex sickness cases.

Statutory and Mandatory Figures – The Figures

Statutory & Mandatory Compliance (10x CSTF) last 12 months by Division



Statutory and Mandatory Figures – The Narrative

Performance Indicator	RAG/ Change from previous month	Oct Figure	Hotspot	%	Comment to include reasons for change / rates high or low
Stat.& Mand. Training (85%)	85.6% ↑	81%	WBS - Quality Assurance Section	83.33% ↔	All other areas are over 90%.
			VCC – Medical Staffing	50.48% ↑	Medical staffing are making incremental improvements to their compliance, as this continues to be embedded in job planning discussions.
			VCC – Palliative Medicine	45% ↑	Slight increase from October's compliance. Palliative Medicine continues to be a challenge, particularly as we employ staff within this group that do not work at VCC in any capacity. Consideration is being given to how best these staff are supported going forward.
			Corporate	70% ↔	Issues within Estates due to COVID19 work. Some other areas have significant sickness absence.

			RD&I	77% 	Slight increase from October's compliance.
			TCS	66.85% 	Slight increase from October's compliance.
			HTW	86.43%	This is the first time that HTW compliance has been reported. Comparative, in month figures will be highlighted within subsequent reports.

Action/ initiatives:

WBS

- Quality Assurance Department encouraged to undertake modules on line, rather than face- to-face sessions to increase compliance.

VCC

- Continued improvement in Clinical Fire Training has been the focus over the last couple of months, with bespoke and back to back classroom sessions. This has led to an increase in compliance, from 29% reported in September, to 80.11% in October 2020.
- Many areas saw only a slight decrease in their M&S training. This will be addressed at SMT, with identification of any barriers. Ongoing consideration is being given to bespoke and virtual lessons including Violence and Aggression etc.

Corporate Areas (including RD&T, HTW & TCS)

Statutory and Mandatory training compliance will be addressed at a departmental level, to establish whether there are any barriers to improving this.

Job Planning Figures

VCC

Role	Assignments	With Expired Plan	% With Expired Plan	With Unsigned Plan	% With Unsigned Plan	With Current Plan (within 1 Year)	% With Current Plan
Consultant	58	17	29%	46	79%	29	50%
Medical Director	1	1	100%	1	100%	0	0%
Specialty Doctor	0	0	0%	0	0%	0	0%
GP	1	0	0%	1	100%	0	0%
Grand Total	60	18	30%	48	80%	29	48%

Key points:

- Slight improvement on October's job planning compliance figures;
- COVID continues to provide a significant challenge in terms of ensuring that job planning/review sessions are undertaken in a timely manner;
- Job planning sessions are being booked in each month to cover off all Consultants; the challenge continues to be around ensuring that all job plans are signed off, however solutions are being sought in relation to this.
- The Medical Workforce Team are currently looking at the job plans against the activity by Consultant and SST; it is anticipated that the outputs from this work will be available in the New Year and that this will dovetail into the unified workforce modelling that is taking place.

WBS

Role	Assignments	With Expired Plan	% With Expired Plan	With Unsigned Plan	% With Unsigned Plan	With Current Plan (within 1 Year)	% With Current Plan
Consultant	2	2	100%	0	0%	0	0%
Medical Director	1	1	100%	0	0%	0	0%
Specialty Doctor	1	1	100%	0	0%	0	0%
GP	0	0	0%	0	0%	0	0%
Grand Total	4	4	75%	0	0%	0	0%

Key points:

The position remains the same as last month, i.e. the remaining x1 consultant and x1 specialty doctor have been in post for less than one year (with start dates of mid-February and mid-August respectively), although they have both had interim reviews.

COVID19 Related Workforce Absence

Absence Type	Monday 4th Jan 2021	Monday 11th Jan 2021
Overall Sickness FTE %	5.39%	5.27%
	Headcount	Headcount
COVID Sickness	20 Staff	17 Staff
Non COVID Sickness	67 Staff	70 Staff
COVID Special Leave	20 Staff	15 Staff
Non COVID Special Leave	15 Staff	11 Staff
Total	122 Staff	113 Staff

- ESR BI used as reporting mechanisms for absence.
- Below is Organisational Sickness & Special Leave absence as at Monday 11th Jan 2021 COVID-19 only:

Division	H/C Sickness	H/C Special Leave	H/C within Division	% Sickness of Division	% Special Leave of Division
Corporate (Inc. TCS and RDI)	0	0	206	0.00%	0.00%
Velindre Cancer Centre	15	11	849	1.76%	1.29%
Welsh Blood Service	2	4	486	0.41%	0.82%
Hosted (HTW and CRW)	0	0	19	0.00%	0.00%
Total	17	15	1560	1.09%	0.96%

Workforce Absence

All Sickness Absence Rolling as at
11th Jan 2021 (Covering 12 Months)

Month	Rolling Abs FTE %
Reported on 11th Jan 2021	5.20

All **Non Covid** Sickness Absence Rolling as at
11th Jan 2021 (Covering 12 Months)

Month	Rolling Abs FTE %
Reported on 11th Jan 2021	4.26

Covid Sickness Absence Rolling as at
11th Jan 2021 (Covering 12 Months)

Month	Rolling Abs FTE %
Reported on 11th Jan 2021	0.95

Absence reasons from 12th Jan 2020 – 11th Jan 2021

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	160	184	8,069.19	38.6
S12 Other musculoskeletal problems	50	57	2,103.35	10.1
S28 Injury, fracture	38	39	1,695.61	8.1
S11 Back Problems	45	52	1,173.57	5.6
S25 Gastrointestinal problems	166	191	1,101.72	5.3
S19 Heart, cardiac & circulatory problems	18	18	826.52	4.0
S13 Cold, Cough, Flu - Influenza	161	171	719.35	3.4
S30 Pregnancy related disorders	31	52	681.48	3.3
S17 Benign and malignant tumours, cancers	7	8	666.60	3.2
S98 Other known causes - not elsewhere classified	20	20	639.38	3.1
S15 Chest & respiratory problems	38	41	587.86	2.8
S16 Headache / migraine	86	105	460.02	2.2
S26 Genitourinary & gynaecological disorders	58	63	392.76	1.9
S24 Endocrine / glandular problems	11	14	389.59	1.9
S21 Ear, nose, throat (ENT)	58	60	344.73	1.7
S29 Nervous system disorders	5	5	305.76	1.5
S27 Infectious diseases	23	24	211.52	1.0
S23 Eye problems	11	12	145.61	0.7
S18 Blood disorders	5	6	143.00	0.7
S31 Skin disorders	8	9	99.28	0.5
S99 Unknown causes / Not specified	10	10	67.61	0.3
S22 Dental and oral problems	15	15	52.56	0.3
S14 Asthma	1	1	2.40	0.0



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TRUST BOARD

FINANCE REPORT FOR THE PERIOD ENDED 30 NOVEMBER 2020 (M8)

DATE OF MEETING	28/01/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Mark Osland – Executive 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
Executive Management Board	11/01/21	For Noting
Quality Safety & Performance	18/01/21	For Noting
ACRONYMS		

1. SITUATION/BACKGROUND

- 1.1 The attached report outlines the financial position and performance for the period to the end of November 2020.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Performance against Key Financial Targets:

KPI Target	Unit	Current Month £000	Year to Date £000	Year End Forecast £000
Revenue (To ensure net operating costs do not exceed income)	Variance	21	16	0
Capital (To ensure that costs do not exceed the Capital Expenditure limit)	Actual Spend	511	4,399	9,713
Public Sector Payment Performance (Administrative Target – To pay 95% of non NHS invoices within 30 days measured against number of invoices paid).	%	97.9%	97.3%	95.0

2.2 Revenue Budget

Excluding the impact of costs directly associated with Covid, the overall revenue budget is broadly in line with expectations as planned within the IMTP and we continue to forecast a breakeven position at the end of the financial year.

The overall position against the profiled revenue budget to the end of November is an underspend of **£16k**, with an underachievement against income offset by an underspend on both Pay and Non pay. A large element of the underachievement on planned income relates to staff recharges which are not being recharged to other organisations due to vacancies. This will be directly offset by an underspend on pay.

We are experiencing a number of cost pressures which have surfaced since the completion of the IMTP at the beginning of the year, but in line with normal budgetary control procedures these are being managed to ensure the delegated expenditure control limits are not exceeded.

Savings and income targets have been affected by Covid but these have been identified separately and the forecast outturn position is dependent upon the receipt of additional

funding from WG. Details of the financial implications of this and the rationale for the underachievement are being shared with WG each month.

2.3 Covid Expenditure

Covid-19 Revenue Spend		
Expenditure Type	YTD	Full Year
	Actual (£'000)	Forecast (£'000)
Pay	1,534	2,731
Non Pay	5,393	6,394
Non Delivery of Savings Plans	417	700
Reduction of non pay costs due to reduced elective activity	(405)	(565)
Total	6,940	9,260

The overall gross expenditure directly associated with Covid is now forecast to be £9.2m. This includes Hospice funding of £4.1m which is passing through the Trust. The funding also includes £750k associated with the Convalescent Plasma project (due to delays in the project timetable and recruitment this has reduced from an original forecast of £1.1m).

The Trust has now received confirmation from Welsh Government that the full level of funding which has been requested will be provided.

The gross forecast of £9.2m also incorporates estimated costs of £0.9m specifically to provide additional capacity to meet an expected increase in demand during the final months of the year.

Since the modelling exercise was undertaken to inform the quarter 3 and 4 operational plan, the latest position suggests that the expected increase in demand may not now occur and there remains uncertainty if this level of additional capacity will be required in the current financial year.

2.4 Reserves

The financial strategy for 2020-21 included withholding a level of unallocated budget to be used in support of the Trust transformation and delivery agenda. Furthermore, as part of the standard financial planning process the Trust also maintains an Emergency reserve. During the year a number of decisions have been made by the Executive Management Team to allocate funding from its reserves on a recurrent and non recurrent basis, to support the Trusts priorities..

The remaining recurrent and non recurrent unallocated budget is £85k and £501k respectively.

2.5 Financial Risks

There is a risk that the total level of income now secured from WG in relation to costs associated with Covid may not be required due to demand not crystalizing as modelled. This could result in a material underspend being reported. This would not only have a reputational impact on the Trust but also effect the WG overall H&SSG reported outturn position.

2.6 Capital

a) All Wales Programme

The Trust has now received funding confirmation from WG in relation to the TCS Programme for 2020/21.

Performance against the current agreed All Wales Programme budget allocations are generally on course to deliver as expected although some variances will occur, but these will be managed with the overall envelope of the Programme.

A further request for an additional **£400k** of capital funding from the All Wales Programme has recently been submitted to WG. This is a pragmatic view of what we estimate we estimate can successfully deliver in the timeframe between now and the end of the financial year in relation to Fire safety and WBS HQ.

b) Discretionary Programme

The budget allocation from WG to fund TCS has removed the limitations on allocation of the discretionary budget, with the Capital Planning and Delivery Group (CPDG) now working with the service to ensure effective delivery of the remaining discretionary Programme.

A detailed paper on the plan for the discretionary capital Programme for the remainder of the year was submitted to the Strategic Development Committee on 14 December and has been included as Appendix 2.

c) Covid-19

The Trust has received confirmation that its Capital Expenditure Limit (CEL) has been increased to reflect the majority of its funding request to date in relation to capital expenditure incurred which is directly associated with Covid **This is circa £1.5m.**

A further request of **£366k** of capital expenditure related to Covid has recently been submitted to Welsh Government.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The Trust financial position at the end of October 2020 is an overspend of £(5)k with a year-end forecast break-even position in accordance with the approved IMTP

4. RECOMMENDATION

- 4.1** The Trust Board is asked to **NOTE** the contents of the November 2020 financial report and in particular the financial performance to date, and the year-end forecast to achieve financial break-even.



Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



FINANCIAL PERFORMANCE REPORT

FOR THE PERIOD ENDED NOVEMBER 2020/21

**JANUARY TRUST BOARD
28/01/2021**

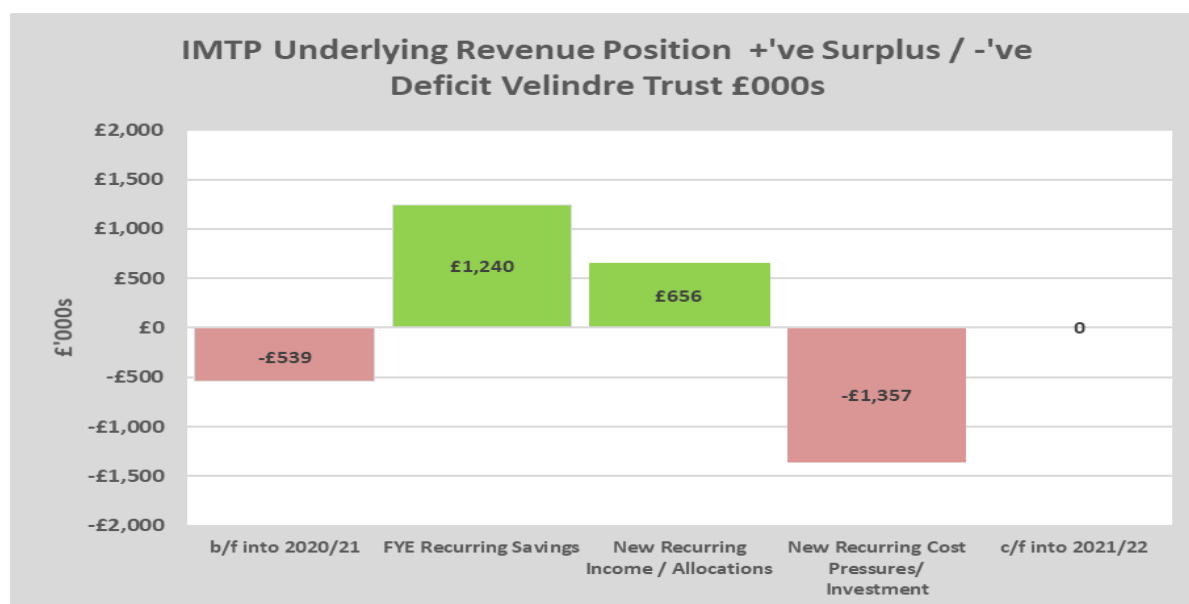
1. Introduction

The purpose of this report is to outline the financial position and performance for the year to date, performance against financial savings targets and highlight the financial risks and forecast for the financial year, outlining the actions required to deliver the IMTP Financial Plan for 2020-21.

2. Background / Context

The Trust Financial Plan for 2020-21 was set within the following context.

- The Trust submitted a balanced Integrated Medium Term Plan (IMTP), covering the period 2020-21 to 2022-23 to the Welsh Government on 31 January 2020. The IMTP was submitted on the basis of delivering financial balance for each of the three years.
- For 2020-21 the IMTP included;
 - an underlying **deficit of £539k brought forward from 2019-20**
 - **new cost pressures/ Investment** in 20-21 of **£1,517k** (Recurring FYE effect £1,357k),
 - offset by **new recurring Income allocation of £656k**,
 - and **savings schemes of £1,400k**, (£1,240k FYE recurring), which can be further split between savings schemes £1,000k (£940k FYE recurring), and income generating schemes of £400k (£300k: FYE recurring).
- The Trust is expecting to fully eliminate the underlying deficit in line with the approved IMTP, partly through the utilisation of growth funding, and partly through internal savings in order to take a balanced position into 2021-22. **However in order achieve a balanced carry forward position the savings target set for 2020-21 must be achieved.**



Underlying Position +Deficit/(-Surplus) £000s	b/f Into 2020/21	Recurring Savings	New Recurring Income / Allocations	FYE New Cost Pressures/ Investment	c/f Into 2021/22
Velindre NHS Trust	- 539	1240	656	- 1357	-

3. Executive Summary

Summary of Performance against Key Financial Targets (Excluding Hosted Organisations)

(Figures in parenthesis signify an adverse variance against plan)

Table 1 - Key Targets

KPI Target	Unit	Current Month £000	Year to Date £000	Year End Forecast £000
Revenue (To ensure net operating costs do not exceed income)	Variance	21	16	0
Capital (To ensure that costs do not exceed the Capital Expenditure limit)	Actual Spend	511	4,399	9,713
Public Sector Payment Performance (Administrative Target – To pay 95% of non NHS invoices within 30 days measured against number of invoices paid).	%	97.9%	97.3%	95.0

Performance against Planned Savings

Efficiency Savings /	Variance	(81)	(541)	0
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The Trust has now received confirmation of funding from WG for all costs that are associated with Covid. This includes the actual expenditure incurred, as well as the loss of income and savings that has been directly impacted by the pandemic.

Revenue

The Trust has reported a **£21k** in-month Underspend for November '20, with a cumulative position of **£16k** underspent, and an outturn forecast of **Breakeven**.

Capital

The approved Capital Expenditure Limit (CEL) as at November 2020 is currently **£8,843k** for 2020-21. This represents all Wales Capital funding of **£5,514**, Discretionary funding of **£1,850k** and funding for Covid-19 of **£1,479k**.

PSPP (Excluding Hosted Organisations)

During November '20 the Trust (core) achieved a compliance level of **97.92%** (October '20: 96.35%) of Non-NHS supplier invoices paid within the 30 day target, which gives a cumulative compliance figure of **97.3%** to the end of November compared to the target of 95%. The Trust continues to work with its staff and NWSSPP Accounts Payable to ensure prompt authorisation of invoices and receipting of goods.

Efficiency/ Savings

The Trust is currently forecasting a full year underachievement of **£(700)k** against the savings plans, £(541)k year to date, which is a direct result of Covid. WG have confirmed that the loss of savings which is a direct result of Covid will be funded.

4. Revenue Position

Cumulative				Forecast		
£15,747 Underspent				Breakeven		
Type	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	Full Year Budget (£'000)	Full Year Forecast (£'000)	Forecast Variance (£'000)
Income	(99,778)	(99,213)	(565)	(150,716)	(150,457)	(259)
Pay	44,080	43,728	352	66,455	65,956	499
Non Pay	55,699	55,470	229	84,262	84,501	(240)
Total	(0)	(16)	16	0	0	0

The overall position against the profiled revenue budget to the end of November is an Underspend of **£16k**, with an underachievement against income offset by an underspend on both Pay and Non pay. This is further analysed in the tables below.

4.1 Income Analysis

Income Type	Cumulative			Year End Forecast		
	£(565)k Underachievement			£(259)k underachievement		
	YTD Budget (£'000)	YTD Actual (£'000)	YTD Variance (£'000)	Full Year Budget (£'000)	Full Year Forecast (£'000)	Forecast Variance (£'000)
Core Income - HB / WHSSC	44,768	44,768	0	70,045	70,045	0
Nice/ High Cost Drugs	26,245	26,245	0	38,784	38,784	0
WBS Wholesale Blood Products	7,497	7,504	7	12,120	12,120	0
WBS WTAIL	2,266	1,870	(395)	3,245	2,656	(589)
WBS Blood Components	207	159	(48)	385	107	(278)
Home Care Drugs	379	495	116	575	743	168
Private Patient	1,162	1,295	133	1,822	1,968	146
VCC Over Activity	1,023	1,023	0	1,734	1,734	0
Radiation Protection	448	448	0	774	852	78
Staff Recharges	1,372	1,168	(204)	1,999	1,686	(313)
One Wales Palliative and EOL Care	3,849	3,848	(1)	4,222	4,222	0
Velindre Charity	1,664	1,611	(53)	2,541	2,485	(56)
Other Charity	693	670	(23)	975	977	3
RD&I*	2,377	2,243	(134)	3,783	3,632	(151)
HTW	625	625	0	1,100	1,100	0
Other Operating Income	5,205	5,242	37	2,291	2,157	(133)
WG Income VCC Covid Max Capacity			0	905	905	0
WG Income Covid			0	3,417	4,284	867
Total	99,779	99,214	(565)	150,716	150,457	(259)

*RD&I full year budget includes £917k of Velindre Charity income.

One Wales includes £3,104k of income for the Hospices which is pass through support funding from WG in relation to Covid
The remaining WG support for Covid is split between max capacity and other Covid related expenditure, or to replenish non-achievement of income / savings.

The Trust has reported a cumulative year to date underachievement of **£(565)k** on Income, and is currently forecasting an outturn underachievement position of circa **£(259)k**.

- Welsh Transplantation and Immunogenetics Laboratory (WTAI), and WBS Blood Components are forecasting a large underachievement of £867k due to underactivity from Covid, and will be funded via WG.
- Home Care Drugs overachievement is due to the increased homecare service of Oral drugs provided in relation to SACT since April.
- Staff recharges are underachieving by £(204)k due to vacancies which are not being recharged to other organisations to recoup the income, and will be offset by an underspend in staff.
- Velindre Charity income is also under target by £(53)k, outturn circa (£56)k due to vacancies within the service which are not being recharged to the Charity.
- RD&I forecasting a £(151)k under recovery where the division will not be drawing down on the planned Astra Zeneca Money this year.
- Other operating income is forecasting to underperform in both Corporate and VCC. Corporate underachievement is due to the Trust no longer receiving interest on cash balances held within the bank. VCC underperformance is due to the temporary closure of the gift shop and reduced customers in the canteen.
- The Trust is currently assuming £905k (Previously £1,007k) of income from WG to meet the additional capacity demands in VCC which is further explained later in the paper.
- The remaining forecasted Covid income overachievement of £867k is offsetting the underachievement against income in WBS as described above.

4.2 Pay Analysis by Staff Group

STAFF GROUP	Cumulative			Year End Forecast		
	£352k Underspend			£499k Underspend		
	YTD	YTD	YTD	Full Year	Full Year	Forecast
	Budget	Actual	Variance	Budget	Forecast	Variance
	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
ADD PROF SCIENTIFIC AND TECHNICAL	1,503	1,510	(7)	2,304	2,277	27
ADDITIONAL CLINICAL SERVICES	4,445	4,178	267	6,529	6,062	467
ADMINISTRATIVE & CLERICAL	13,898	13,421	477	20,775	20,164	611
ALLIED HEALTH PROFESSIONALS	4,000	4,385	(384)	5,876	6,565	(688)
ESTATES AND ANCILLIARY	1,601	1,555	46	2,240	2,132	108
HEALTHCARE SCIENTISTS	5,378	5,094	285	8,057	7,822	235
MEDICAL AND DENTAL	7,696	7,650	46	11,471	11,389	82
NURSING	6,408	5,854	554	9,614	8,863	752
STUDENTS	40	40	0	40	40	0
SAVINGS & VACANCY FACTOR						
TARGET*	(891)	41	(932)	(1,013)	81	(1,094)
VCC Covid Max Capacity				560	560	0
Total	44,079	43,728	352	66,455	65,956	499

The Trust has reported a cumulative year to date position underspend of **£352k** on Pay and is forecasting a year end outturn overspend position of circa **£499k**.

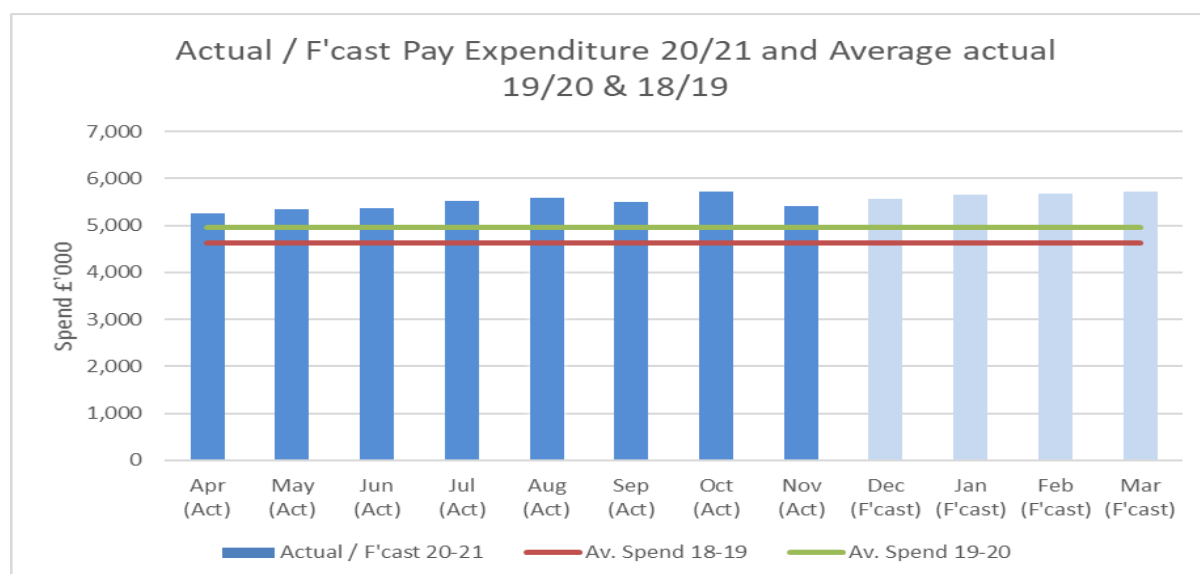
Included within the various staff group expenditure values shown within the above table, the total Agency spend for November was £183k (October £259k), giving a cumulative year to date spend of **£1,748k** and a forecasted spend of circa **£2,433k**. Of these totals the year to date spend on agency directly related to Covid-19 is £365k and forecasted spend is circa £521k.

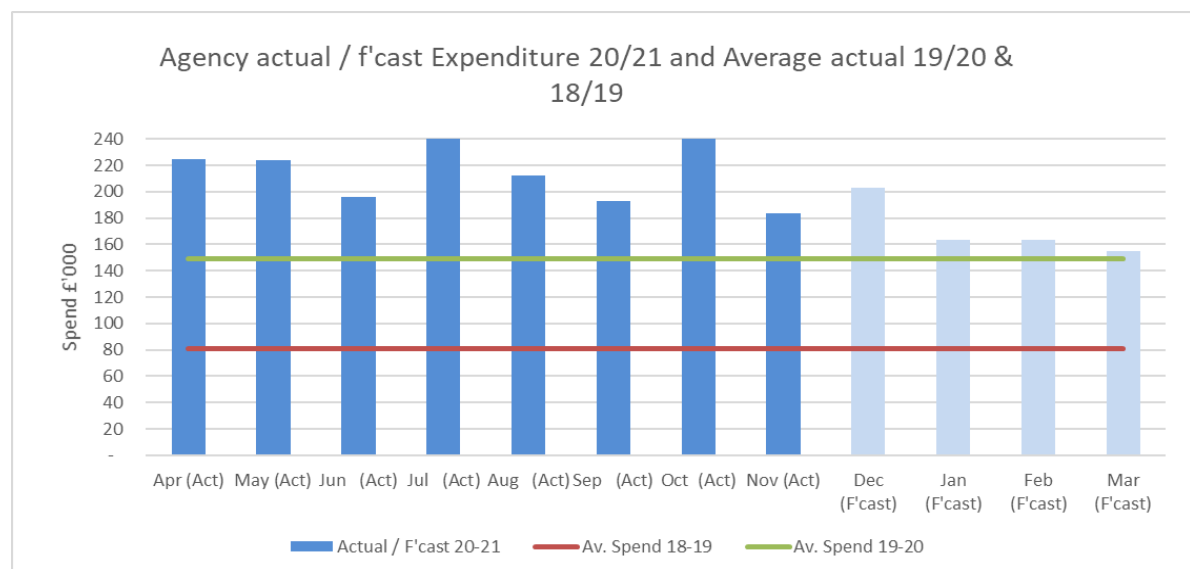
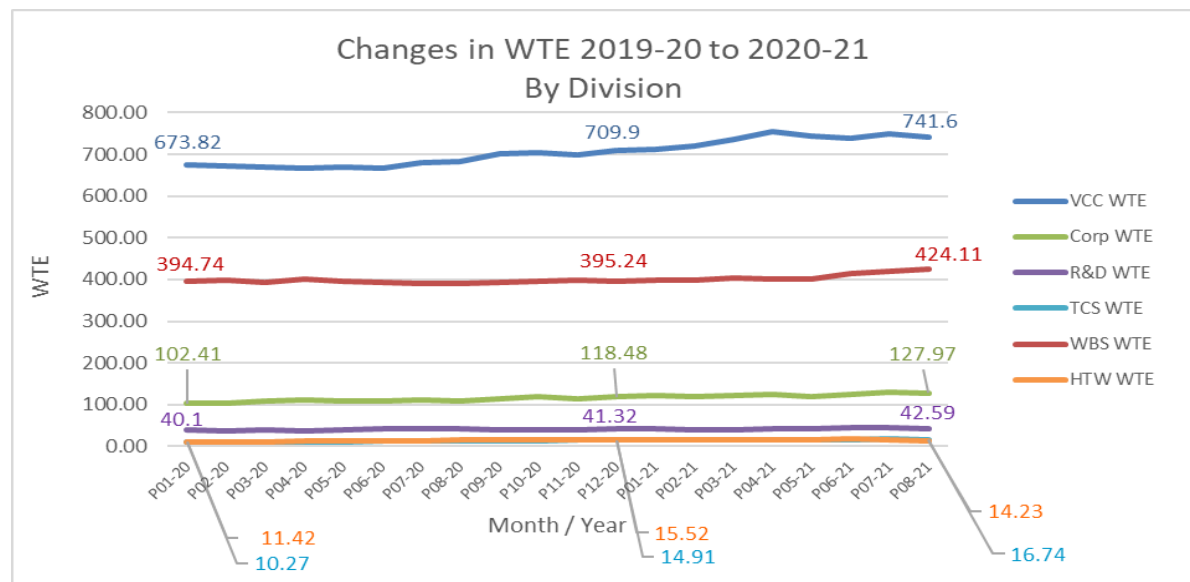
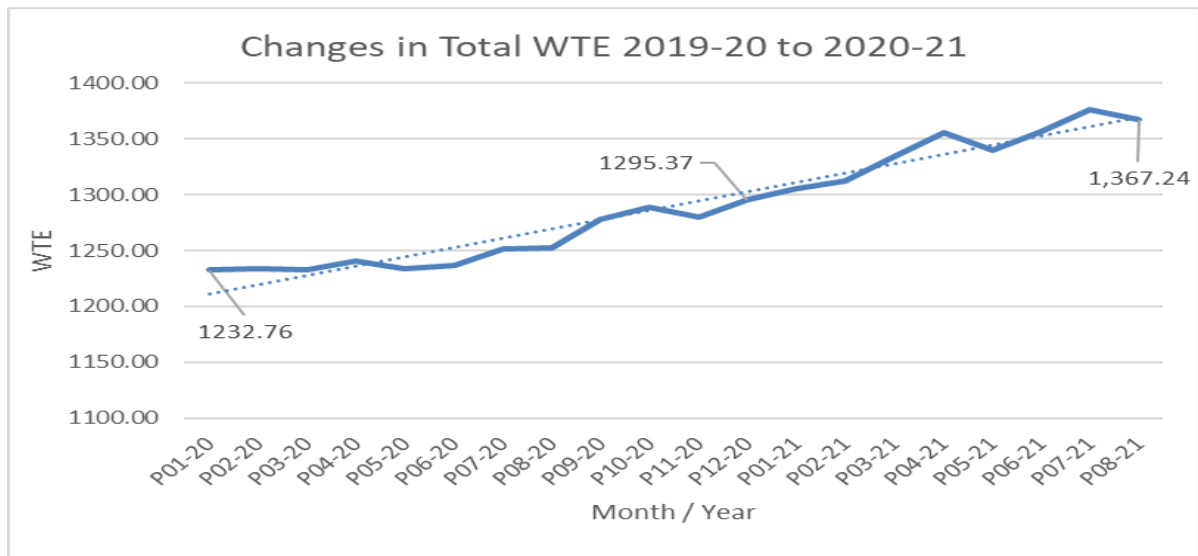
- Current variances against underspending staff groups are: Medical and Dental (7.82 wte) Admin & Clerical (16.98 wte), Healthcare Scientists (11.26 wte), and Nursing (16.21 wte).
- Allied Health Professionals are experiencing an over spend of £(384)k which is due to the use of agency in Radiotherapy and Medical Physics to cover staff vacancies that the Trust has been unable to recruit to permanently, and staff off sick, or self-isolating due to Covid.
- Through the impact of Covid the Trust is unable to enact service redesign to generate planned staffing efficiencies so the Trust is not expecting to achieve £350k of staff savings this year (£204k year to November), which will be funded by WG. The remaining underachievement against the savings and vacancy factor targets within the divisions is being achieved through underspends across numerous staffing groups, as illustrated in the above table.
- The Trust is currently expecting to spend circa £560k on Pay to meet the additional capacity demands in VCC, which will be fully funded from WG.

Pay Spend Trends (Run Rate)

The pay spend for 19-20 was 12% above av. pay 18-19. 3% can be attributed to the pay award. 1.3% (£822k in total) relates to an increase in use of agency staff, and 6.3% the Increase in pension award which was accounted for in month 12. The remaining difference is a result of the additional staff recruited since the end of March'19 (c. 63 wte).

The pay spend for 20-21 (excluding the 6.3% increase in pension) is forecasted to be circa 10.1% above av. pay in 2019-20. 3% can be accounted for by the pay award, 4.36% can be accounted for by an increase in use of agency, with the remaining being the additional staff recruited over the latter part of 19/20, and since the beginning of 2020/21 (c. 72 wte), and the expected pay costs associated with Covid-19.





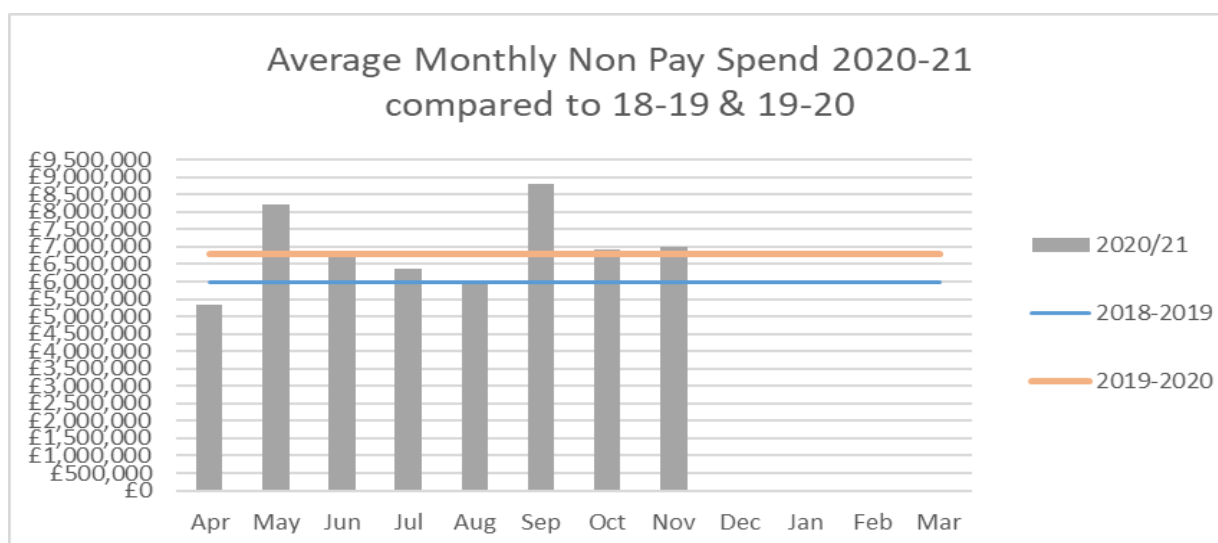
4.3 Non Pay Analysis

Income Type	Cumulative			Year End Forecast		
	£229k Underspend			£(240)k Overspent		
	YTD	YTD	YTD	Full Year	Full Year	Forecast
	Budget	Actual	Variance	Budget	Forecast	Variance
	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
Nice & High Cost Drugs	25,826	25,826	(0)	36,951	36,950	0
Blood Wholesaling	7,546	7,533	13	12,193	12,180	13
Depreciation	4,279	4,279	0	6,416	6,416	0
Clinical Services & Supplies	3,846	3,777	70	6,336	6,125	211
Facilities Management	538	580	(42)	781	814	(34)
Maintenance & Repairs	1,916	1,889	27	2,865	2,841	24
General Drugs	1,863	1,659	204	2,714	2,349	366
Utilities/ Rent /Rates	1,496	1,511	(15)	2,239	2,235	4
General Services & Supplies	1,410	1,303	107	2,135	2,246	(111)
Blood Components	1,318	1,196	122	1,908	1,736	172
Transport	685	646	39	1,047	995	52
Printing / Stationary / Postage	485	374	111	817	670	147
Computer Maintenance & Supplies	484	652	(168)	718	921	(203)
Travel & Subsistence	341	227	114	571	402	169
Equipment & Consumables	246	310	(64)	321	416	(95)
Education & Development	179	173	5	308	259	49
NHS SLA	(711)	(709)	(2)	(858)	(902)	45
Audit Fees	187	187	(0)	306	308	(2)
Telecoms	197	278	(82)	257	381	(124)
One Wales End of Life Care	3,747	3,747	0	4,197	4,197	0
General Reserves / Savings Target	(178)	33	(211)	1,694	2,617	(923)
VCC Covid Max Capacity				345	345	0
Total	55,700	55,471	229	84,262	84,501	(240)

The Trust has reported a cumulative year to date position of **£229k** underspent on Non-Pay and is forecasting an outturn forecast position of **£(240)k** overspent.

- Clinical Services is underspending due to a reduction in activity within both VCC and WBS as a result of Covid.
- General drugs & Blood Components are underspending due to low activity.
- Computer Maintenance & Supplies is over spending due to increased costs for maintenance and support.
- Transport, Travel & subsistence and Education are all underspending due to reduced activity in relation to Covid.
- Printing / Stationary & Postage is underspending due to a reduction in staff activity in the office and paper based communications as a result of Covid.
- General Reserves / Savings Target is currently reporting an overspend of £(211)k to date as a result of the Cost improvement Plans (CIP) held centrally within divisions. These CIP's are being achieved throughout other areas of non-pay as illustrated in the table above. The expenditure on the reserves is phased into the back end of the year in line with investment decisions made at a Trust and Divisional basis.
- The Trust is currently expecting to spend circa £345k on Non-Pay to meet the additional capacity demands in VCC, which will be funded by WG.

Non-pay (c£81.6m) av. monthly spend increased by c£800k (10%) from £6m in 18-19 to £6.8m in 19-20. The monthly av. for 20-21 to November has increased bringing the monthly average to 6.9m just exceeding the 19-20 average.



*Non Pay includes £3.1m (£2.1m M2 and £1m M6) of Covid pass through expenditure to the hospices funded via WG.

* VCC drug spend increased by circa £1.4m in September which is additional spend in month along with a catch up on invoice processing.

4.4 Covid-19

Covid-19 Revenue Spend		
Expenditure Type	YTD	Full Year
	Actual (£'000)	Forecast (£'000)
Pay	1,534	2,731
Non Pay	5,393	6,394
Non Delivery of Savings Plans	417	700
Reduction of non pay costs due to reduced elective activity	(405)	(565)
Total	6,940	9,260

The Trust has now received funding confirmation for all Costs associated with Covid.

The total year to date net additional expenditure on services directly related to Covid-19 is £6,940k. This incorporates actual gross expenditure of £6,927k, plus non delivery of savings of £417k, offset by a reduction in activity costs of £(405)k.

The full year net additional forecast cost amounts to £9,260k. Included within this forecast is expenditure of £4,071 relating to Hospice funding which is passing through the Trust and fully funded by WG.

Additionally £750k (Previously £1,153k) relates to the all Wales Convalescent Plasma service which Welsh Government has asked the Trust to implement. The introduction of the Convalescent Plasma trial at Welsh Blood Service has been fully funded by Welsh Government, slippage on the expenditure profile has been discussed with WG to ensure funding is aligned with commitments.

The total forecast cost includes a large proportion of estimated costs to provide additional capacity to meet an expected increase in demand later this year.

Additional Capacity

On the assumption that demand flows in accordance with the Trust projection, the Trust will be unable to deliver those activity levels within its current available resources, as the capacity would need to be increased significantly to meet the guidance for the safe return of healthcare environments to routine arrangements following the initial Covid-19 response. There will be a requirement for additional physical space and workforce resource to deliver activity levels in a safe way for both patients and staff. The Trust has considered options that could create sufficient additional physical capacity and resource it internally, or commission it externally to meet the uncertain demand.

The financial assessment included within this report and contained within the Month 8 submission to WG had a focus on creating capacity which could respond to demand increasing to pre-Covid levels within quarter 3 and at a level of 110/115% pre-Covid levels in quarter 4 to take account of suppressed demand within the system.

The amount required to provide this necessary additional capacity to cover Radiotherapy and SACT has been revised down to **£905k** during November (this is included in the above table). This is a further reduction of £101k from the £1,006k previously reported due to the anticipated reduced requirement for outsourcing. The practicalities of forecasting operational delivery are extremely challenging, such as availability of workforce aligned with recovery timelines and the availability of outsourcing capacity.

Work will continue on refining these estimates and the options that will be available, however it is highly likely that we may not see the surge in activity during February and March which we are currently planning against which will further reduce the expected costs. This was highlighted to WG in the month 8 submission.

Mass Vaccinations

The Trust is expecting revenue expenditure of circa £84k for Mass Covid Vaccinations during 2020/21. The £84k revenue spend requirement for 2020/21 largely relates to the WBS storage and distribution for NHS Wales (£74k). The internal programme implementation and delivery of vaccinations to Velindre for line staff has reduced to £10k with the work being largely absorbed by the current workforce.

5. Savings

The Trust established as part of the IMTP a savings requirement of £1,400k for 2020-21, (£1,200k) recurrent and (£200k) non-recurrent, with £1,000k being categorised as actual saving schemes and £400k being income generating schemes. Following a review of the schemes since the IMTP

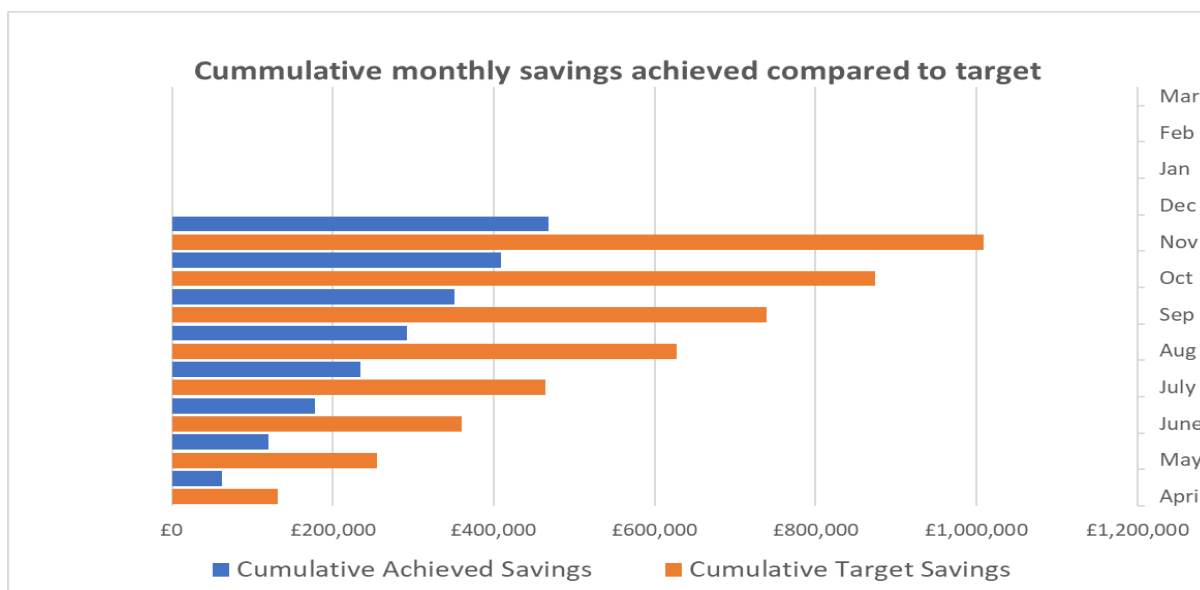
submission in January the savings are now categorised as £800k being actual saving schemes, and £600k being income generating schemes.

Within the identified savings, £650k of the schemes are now RAG rated as green, £700k have turned red due Covid-19, and a further £50k has turned red but with non-recurrent schemes being generated in its place. A significant proportion of the savings were expected to be delivered through service redesign and workforce rationalisation, which has been impossible to enact due to the capacity workforce requirement of delivering within the Covid-19 environment.

The Trust is currently forecasting a full year underachievement of **£(700)k** against the savings plans, which is a direct result of Covid and will be funded via WG. The £(700)k is made up of four schemes within VCC (£550k) turning red, and one scheme within WBS (£150k).

The Trust agreed as part of the IMTP submission that a balanced position will be carried into the next financial year. Covid-19 is having a huge impact on delivery (50% under-achieved) against the savings target this year, so it is extremely important that Budget Holders start to develop plans for recurrent savings next year.

ORIGINAL PLAN		TOTAL £000	Planned YTD £000	Actual YTD £000	Variance YTD £000	F'cast Full Year £000	Variance Full Year £000
VCC TOTAL SAVINGS		850	567	82	(485)	201	(649)
				14%		24%	
WBS TOTAL SAVINGS		450	250	193	(57)	335	(115)
				77%		74%	
CORPORATE TOTAL SAVINGS		100	67	67	0	100	0
				100%		100%	
TRUST TOTAL SAVINGS IDENTIFIED		1,400	883	342	(541)	636	(764)
TRUST ADDITIONAL NON-RECURRENT SAVINGS			126	126	0	64	64
WG COVID FUNDING FOR LOSS OF SAVINGS			0	0	0	700	700
TRUST TOTAL SAVINGS		1,400	1,009	468	(541)	1,400	0
				46%		100%	
Scheme Type			Planned YTD £000	Actual YTD £000	Variance YTD £000	F'cast Full Year £000	Variance Full Year £000
Savings Schemes							
Service Redesign - (Covid)	Red	50	33	0	(33)	0	(50)
Premium of Agency Staffing - (Covid)	Red	150	100	0	(100)	0	(150)
Supportive Structures - (Covid)	Red	150	100	0	(100)	0	(150)
Procurement National and Local Value Plan	Red	50	33	0	(33)	0	(50)
Non Pay targeted Savings	Green	84	56	56	0	84	0
Non Recurrent Gains - Stock Management	Green	100	67	60	(7)	135	35
Review of Staffing	Green	116	77	77	0	116	0
Changes in Staffing Establishment	Green	100	67	67	0	100	0
Total Saving Schemes		800	533	260	(273)	435	(365)
Income Generation							
Productivity Gains - (Covid)	Red	200	133	0	(133)	0	(200)
Maximising Meds@Home opportunities	Green	50	33	36	3	50	0
Medicines Management (Secondary Care)	Green	100	67	0	(66)	50	(50)
Maximum income opportunities	Green	100	67	45	(21)	100	0
Increased Sale of Products - (Covid)	Red	150	50	0	(50)	0	(150)
Total Income Generation		600	350	82	(268)	201	(399)
TRUST ADDITIONAL NON-RECURRENT SAVINGS			126	126	0	64	64
WG COVID FUNDING FOR LOSS OF SAVINGS						700	700
Trust Total Savings		1,400	1,009	468	(541)	1,400	0



6. Reserves

The financial strategy for 2020-21 facilitated the development of a recurrent and non-recurrent reserve in support of the Trust transformation and delivery agenda. This could only be accommodated on the basis that all income expectations are received, planned savings schemes are delivered and new emerging cost pressures are managed. In addition the Trust holds an emergency reserve of 522k.

The current remaining available funding is shown below:-

Summary of Total Reserves Remaining Available in 2020/21	
Recurrent Reserve Available 2020/21	85
Non-Recurrent Reserve Available 2020/21	501
	586

7. End of Year Forecast / Risk Assessment

There are a number of financial risks and opportunities that arise during the year, which for 2020/21 we have now managed to mitigate from within the overall Trust position.

The only remaining risk which is not incorporated in the current forecasted outturn position is below:

NHS Pension final pay controls

From April 2014, if a member of the pension scheme receives an increase to pensionable pay that exceeds the allowable amount then the Trust will be liable for a final pay control charge. It is extremely difficult to calculate the potential cost of the NHS pension final pay as the information required is not readily available. We are however continually monitoring any person that could potentially fall into this category, and where possible minimising any further potential risk.

8. CAPITAL EXPENDITURE

Administrative Target

- To ensure that net Capital expenditure does not exceed the Capital Expenditure Limit (CEL) approved by the Welsh Government.
- To ensure the Trust does not exceed its External Financing Limit

	Approved CEL £000s	YTD Spend £000s	Committed Orders Outstanding £000s	Budget Remaining @ M7 £000s	Forecast Year End Spend £000s	Year End Variance £000s
All Wales Capital Programme						
Transforming Cancer Services	3,261	1,458	0	1,803	3,261	0
TCS - Radiotherapy Procurement Solution	548	315	0	233	548	0
IT - WPAS (CANISC replacement phase 2)	0	399	0	(399)	792	(792)
VCC CT Sim Replacement x2	1,557	778	165	614	1,557	0
WBS DNA Extracting Kit	50	53	0	(3)	50	0
WBS Foetal D	54	0	34	20	54	0
VCC - Treatment Planning System	44	1	0	43	44	0
Total All Wales Capital Programme	5,514	3,004	199	2,311	6,306	(792)
Covid-19						
COVID-19 WBS Plasmapheresis	397	271	0	126	397	0
COVID-19 Digital Devices	92	0	0	92	92	0
COVID-19 Other	946	946	0	0	979	(33)
COVID – 19 - Funding requirements for 2020-21 (Tranche 4)	44	17	27	27	44	0
Total Covid-19	1,479	1,234	27	245	1,512	(33)
Discretionary Capital	1,850	161	5	1,684	1,850	0
Sub Total	8,843	4,399	231	4,240	9,668	(825)
Charitable Funded Capital Scheme	45	0	0	45	45	0
TOTAL	8,888	4,399	231	4,285	9,713	(825)

The approved Capital Expenditure Limit (CEL) as at November 2020 was £8,843k for 2020-21 (excl Charity). This includes All Wales Capital funding of £5,514k, Covid-19 funding to date of £1,479k, and discretionary funding of £1,850k.

Covid-19

The total committed Capital expenditure on Covid-19 is currently £1,512k, (spend to November £1,234k). This includes, £397k for Convalescent Plasma, £92k for Digital Devices, £979k for other related Covid expenditure such as Medical and IT equipment, Gas Supply resilience, and certain social distancing measures. As part of the Tranche 4 funding from WG the Trust received £44k to purchase the WBS Freezers for NHS Wales Mass Vaccination £(17)k and the purchase of Defibrillators £(27)k bought via NWSSP.

The Convalescent plasma funding of £397k, Digital Devices £92k, Covid funding 946k, along with the £44k requirement for Tranche Four funding has been added to the Trust CEL.

On the 17th December the Trust provided a further update to WG on the additional Capital requirement directly related to Covid which now currently stands at £366k. The £366k includes the purchase of the Tenovous lease to enable further social distancing in VCC, along with further IT kit requirements of £136k. The remaining £132k includes additional measures to support social distancing such as virtual hubs and room conversions.

WPAS

The WPAS project has been delayed slightly due to redeployment of staff in response to Covid. Therefore the expected funding requirement for 2020/21 has reduced by £100k from £892k to £792k. The £100k will still be required and a request will be made to WG for the funding to be added to the £892k baseline funding for 2021/22.

The Trust has received confirmation of the £792k transfer from both NWIS and WG for 2020/21 with the Velindre CEL expected to be updated in due course.

Major Schemes in Development

In addition to the request for additional capital to cover future Covid related costs, the Trust has also been in discussions with WG over other project funding which it is seeking to secure from the All Wales Capital programme. The Trust continues to discuss those schemes which it will be able to partly deliver in the current year but given the limited time scale and the ability to deliver the schemes before the end of the financial year the Trust is now focusing on the following two schemes for 2020/21:

Fire Safety £250k
WBS HQ £150k

Other Major Schemes in development which will now be considered during 2021/22 in conjunction with WG include:

VCC Ventilation
VCC Infrastructure
Blood Gas Analysers

Discretionary Capital

Following TCS funding approval the use of the discretionary programme was agreed at the Capital Planning and Delivery Group (CPDG) meeting which was held on the 17th November, and subsequently submitted the outline of the programme to the Executive Management Board (EMB) which was approved on the 7th December. Please refer to Appendix 2

Performance to date

The actual cumulative expenditure to November 2020 on the All Wales Capital Programme schemes was £3,004k, this is broken down between spend on the TCS Programme £1,458, Radiotherapy Procurement Solution £315k, WPAS £399k, TPS £1k, CT SIM Replacement £778k and WBS DNA Extracting Kit £53k

The year to date spend related to Covid-19 is £1,234k.

There has been little movement on the Discretionary capital funding programme due to previous uncertainty around funding for the TCS programme. Having now received the allocation from WG to fund the TCS programme the Trust will be moving forward with the schemes outlined in Appendix 2.

Year-end Forecast Spend

The year-end forecasted outturn is currently expected to be managed to a breakeven position.

Risks associated with the Capital Programme

- Unlikely to be 100% successful with bids to the All Wales Programme

9. BALANCE SHEET (Including Hosted Organisations)

The Balance Sheet in NHS Financial Statements is known as the Statement of Financial Position. It provides a snapshot of the Trust's financial position including the hosted divisions at a point in time.

The statement shows the Trust's assets and liabilities. As part of the Trust SFIs there is a mandatory requirement to report movement in working capital.

Balance Sheet key movements between opening balance as at 1st April '20 and 31st November '20 and forecast closing balance as at 31st March '21.

Non-Current Assets

The **Increase of £2,324k** from 1st April to 31st November will relate to the agreed purchase from the Trust Capital programme, offset against the depreciation charges on Property, Plant & Equipment and Intangible assets.

Current Assets

Inventories (stock)

The **increase in stock of £40,965k** from 1st April to 30th November relates mainly to purchases of stock within NWSSP in response to Covid-19 which will be passed out to the HB's. The Trust is also still holding £7,000k of contingency stock from 2018-19 which WG asked both NWSSP and WBS to purchase in preparation for Brexit.

NWSSP have highlighted that there may be some misstatements in the balance sheet relating to stock held for Covid-19 items. NWSSP colleagues are currently working through the detail and have assured us that further information will be provided to Welsh Government if this is likely to be an issue.

The Trust is intending to unwind the contingency stock during 2020-21 to repay the £7,000k cash provided by WG to purchase the Brexit stock, however given the precarious situation which has arisen due to Covid-19 the Trust is currently continuing to hold this stock.

Cash and cash equivalents

Due to the high levels of purchases relating to Covid-19 within NWSSP, the cash levels are fluctuating significantly on a daily/ weekly basis. Cash levels are being continually monitored using a cash flow forecast in order to maintain appropriate levels.

Trade and other receivables

Trade and other receivables will move up and down each month depending on timing of when invoices are raised, and when the cash is physically received from debtors.

Current Liabilities & Non-Current Liabilities

Current Liabilities

Current Liabilities will move up and down each month depending on timing of when commitments are made, and invoices are received and paid.

	Opening Balance Beginning of Apr 20	Closing Balance End of Nov-20	Movement from 1st April to Nov-20	Forecast Closing Balance End of Mar 21
	£'000	£'000	£'000	£'000
Non-Current Assets				
Property, plant and equipment	129,554	135,102	5,548	129,554
Intangible assets	17,644	14,420	(3,224)	17,644
Trade and other receivables	862,962	867,942	4,980	862,962
Other financial assets	0	0	0	0
Non-Current Assets sub total	1,010,160	1,017,464	7,304	1,010,160
Current Assets				
Inventories	13,134	54,099	40,965	21,117
Trade and other receivables	414,260	535,472	121,212	406,348
Other financial assets	0	0	0	0
Cash and cash equivalents	18,263	57,823	39,560	18,263
Non-current assets classified as held for sale	0	0	0	0
Current Assets sub total	445,657	647,394	201,737	445,728
TOTAL ASSETS	1,455,817	1,664,858	209,041	1,455,888
Current Liabilities				
Trade and other payables	(166,270)	(373,809)	(207,539)	(166,270)
Borrowings	(21)	0	21	0
Other financial liabilities	0	0	0	0
Provisions	(272,376)	(272,476)	(100)	(272,476)
Current Liabilities sub total	(438,667)	(646,285)	(207,618)	(438,746)
NET ASSETS LESS CURRENT LIABILITIES	1,017,150	1,018,573	1,423	1,017,142
Non-Current Liabilities				
Trade and other payables	0	0	0	0
Borrowings	(8)	0	8	0
Other financial liabilities	0	0	0	0
Provisions	(863,259)	(863,259)	0	(863,259)
Non-Current Liabilities sub total	(863,267)	(863,259)	8	(863,259)
TOTAL ASSETS EMPLOYED	153,883	155,314.00	1,431	153,883
FINANCED BY:				
Taxpayers' Equity				
General Fund	0	0	0	0
PDC	113,118	113,121	3	113,118
Retained earnings	12,432	12,448	16	12,432
Revaluation reserve	28,333	29,745	1,412	28,333
Other reserve	0	0	0	0
Total Taxpayers' Equity	153,883	155,314.00	1,431	153,883

10. CASH FLOW (Includes Hosted Organisations)

Cash held in the Trusts bank account is a key indicator of its financial health in terms of income, expenditure and surplus or deficit. The Trust is mainly reliant on its commissioners for cash, however if the Trust has a deficit it would need to secure a loan from Welsh Government to cover the cash shortfall created by the deficit.

The cash-flow forecast is important to enable the Trust to plan for sufficient cash availability throughout the financial year to pay its debts, such as payroll, services provided by other health bodies and private companies. The cash-flow forecast ensures that the Trust has an early understanding of any cash-flow difficulties and can liaise with Welsh Government to secure a loan.

As part of the Brexit emergency planning an additional £5m of stock had been purchased by NWSSP and an additional £2m of commercial blood products have been purchased by WBS, to provide resilience for NHS Wales due to the precarious decision around Brexit.

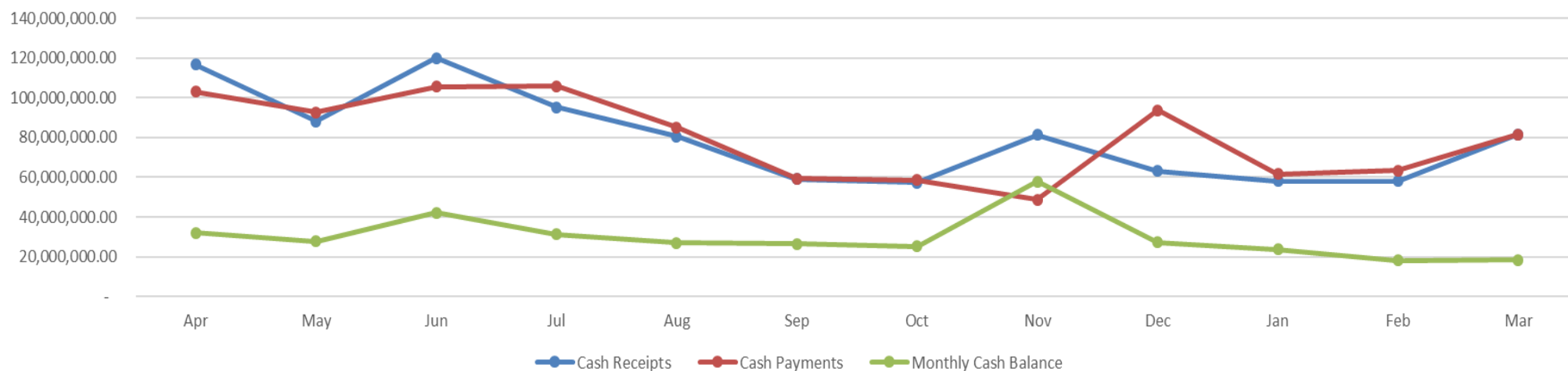
To aid the Trust's cash flow while the stock was being held for Brexit, Welsh Government have provided the Trust with additional cash of £7m during 2019/20 with the intention that it is repaid during 2020/21. WBS did intend to run down the stock from April, however given the precarious situation with Covid-19 the Trust will continue to hold this stock until further notice. NWSSP are currently reviewing the timing of the All Wales Brexit stock run down.

Due to the high levels of purchases relating to Covid-19 within NWSSP the cash levels have been significantly higher than usual for the first seven months of the year and may continue to be higher with ongoing need for Covid related purchases. The cash balance can fluctuate significantly on a daily / weekly basis.

Cash levels are monitored on a daily basis using a detailed cash flow forecast in order to ensure the Trust has sufficient cash balances to meet anticipated commitments.

		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Totals £'000
	RECEIPTS													
1	LHB / WHSSC income	20,362	26,383	20,839	55,869	25,973	18,500	22,300	28,851	24,300	22,560	27,680	31,600	325,217
2	WG Income	93,193	44,297	70,821	25,015	47,924	38,900	32,800	49,784	36,890	33,800	28,700	36,800	538,924
3	Short Term Loans													0
4	PDC	149											11,120	11,269
5	Interest Receivable	3	4	0	4	4	0	0	0	0	0	0	0	15
6	Sale of Assets													0
7	Other	3,162	17,499	28,494	14,317	6,817	1,664	2,150	2,702	2,075	1,800	1,600	2,100	84,380
8	TOTAL RECEIPTS	116,869	88,184	120,154	95,205	80,718	59,064	57,250	81,337	63,265	58,160	57,980	81,620	959,805
	PAYMENTS													
9	Salaries and Wages	15,946	15,958	16,323	16,424	18,048	19,137	20,067	19,055	20,245	21,205	21,845	22,270	226,524
10	Non pay items	84,539	75,671	88,129	87,538	65,800	38,200	36,600	28,920	71,832	38,005	37,850	47,382	700,467
11	Short Term Loan Repayment													0
12	PDC Repayment													0
14	Capital Payment	2,551	1,004	1,167	2,030	1,380	2,100	1,980	653	1,800	2,500	3,800	4,850	25,815
15	Other items												7,000	7,000
16	TOTAL PAYMENTS	103,036	92,633	105,619	105,992	85,228	59,437	58,647	48,628	93,877	61,710	63,495	81,502	959,805
17	Net cash inflow/outflow	13,832	(4,450)	14,535	(10,787)	(4,510)	(373)	(1,397)	32,709	(30,612)	(3,550)	(5,515)	118	
18	Balance b/f	18,263	32,095	27,646	42,181	31,394	26,884	26,511	25,114	57,823	27,211	23,660	18,145	
19	Balance c/f	32,095	27,646	42,181	31,394	26,884	26,511	25,114	57,823	27,211	23,660	18,145	18,263	

Monthly Cash Flow Forecast



DIVISIONAL ANALYSIS

(Figures in parenthesis signify an adverse variance against plan)

Core Trust

Velindre Trust Core Divisional Finance Performance

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Variance
	£000	£000	£000	£000	£000	£000
VCC	22,715	22,724	(8)	34,426	34,426	0
RD&I	(160)	(136)	(25)	(474)	(474)	0
WBS	13,277	13,228	50	21,185	21,185	0
Sub-Total Divisions	35,832	35,816	17	55,137	55,137	0
Corporate Services Directorates	3,967	3,970	(3)	6,119	6,119	(0)
Delegated Budget Position	39,799	39,785	14	61,256	61,256	(0)
TCS	409	409	0	616	616	0
Health Technology Wales	15	13	2	0	0	0
Non recurrent measures to achieve financial breakeven general reserves	0	0	0	0	0	0
Trust Position	40,223	40,207	16	61,871	61,871	(0)

VCC

Velindre Cancer Centre (VCC)

	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	36,416	36,473	57	54,808	54,847	40
Expenditure						
Staff	25,438	25,562	(124)	37,894	38,266	(372)
Non Staff	33,694	33,635	59	51,334	51,002	332
Sub Total	59,131	59,197	(65)	89,228	89,268	(40)
Total	22,715	22,724	(8)	34,421	34,421	0

VCC Key Issues:

The reported financial position for the Velindre Cancer Centre at the end of November 2020 was an overspend of **£(8)k** representing 0.01% of the division's annual budget. VCC is currently expecting to achieve an outturn position of **breakeven**.

Income at Month 8 Overachieved by **£57k**, this is caused by higher than expected income above budget for SACT Homecare and an increase in private patient drug recharges (incl. top-up); this is

being offset by the under-achievement of management savings income, gift-shop closure and a reduction in catering income from reduced activity in relation to Covid.

Staff was **£(124)k** overspent as at Month 8. The major factor contributing to the overspend is the cost of agency which totals **£(1,079)k** as at the end of November, with additional activity in Radiotherapy and Medical Physics being the main cause. There are underspends across the division due to vacancies which are above vacancy factor and the service redesign savings target, which is helping to offset some of the agency costs.

Non Staff Expenditure at Month 8 was **£59k** underspent. The main reason for the underspend is in the general drugs budget, and various underspends across other services due to low activity, such as Nursing, Radiology, and patient appliances (wigs). This is partly offset with an overspend in Pharmacy due to one off maintenance costs for Chemo Care, Medical Oncotype spending, and the non-achievement of savings plans.

WBS

Welsh Blood Service (WBS)

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	10,883	10,432	(451)	16,994	16,994	0
Expenditure						
Staff	11,047	10,745	302	16,835	16,291	545
Non Staff	13,114	12,915	199	21,344	21,889	(545)
Sub Total	24,160	23,660	501	38,179	38,180	(0)
Total	13,277	13,228	50	21,185	21,185	(0)

WBS Key Issues:

The reported financial position for the Welsh Blood Service at the end of November 2020 was an underspend of **£50k** representing 0.13% of the division's annual budget. WBS is currently expecting to achieve an outturn position of **breakeven**.

Income underachievement to date is **£(451)k**, where activity is lower than planned on Plasma Sales, Bone marrow and Nequas due to Covid suppressed activity. Any income loss on this activity is expected to be covered from WG Covid funding.

Staffing underspend continues to be high with **£302k** reported to November, which is above the divisions vacancy factor target. Vacancies remain high though decreasing based on recent recruitment with additional staff having commenced from September. Convalescent plasma staff begun from August as part of phase 1, with Phase 2 and 3 having started in September which is fully funded by WG.

Non Staff underspend of **£199k** is largely due to reduced costs from suppressed activity, underspend on collections services, Laboratory Services, and WTAIL, (business Systems & Centre service), and re-phasing of non-pay contingency into M12 to support increased activity and staff recruitment post Covid.

Corporate

Corporate Services

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	4,710	4,673	(37)	5,452	5,335	(117)
Expenditure						
Staff	4,909	4,838	71	7,405	7,260	145
Non Staff	3,768	3,805	(37)	4,167	4,195	(28)
Sub Total	8,677	8,643	34	11,572	11,455	117
Total	3,967	3,970	(3)	6,119	6,120	(0)

Corporate Key Issues:

The reported financial position for the Corporate Services Division at the end of November 2020 was an overspend of **£(3)k** representing 0.02% of the division's annual budget. The Corporate division is currently expecting to achieve an outturn position of **breakeven**.

Income position is expected to underachieve by circa **£(37)k** due to a reduction in bank interest following the rate changes earlier in the year, full year effect £(90)k.

Staff underspends **£71k** are due to vacancies which are partly being offset by the use of agency staff with a forecast outturn of circa **£145k** by year end.

The forecast Non pay overspend circa **£(37k)** is due to unachieved savings target, and an overspend in VCC Estates, partly offset by asset and debt recovery savings.

RD&I

RD&I

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	2,377	2,243	(134)	3,783	3,632	(151)
Expenditure						
Staff	1,813	1,725	88	2,680	2,578	103
Non Staff	404	382	21	629	580	48
Sub Total	2,216	2,107	110	3,309	3,158	151
Total	(160)	(136)	(25)	(474)	(474)	(0)

RD&I Key Issues

The reported financial position for the RD&I Division at the end of November 2020 was an overspend of **£(25)k** representing 0.74% of the total divisional budget. RD&I is currently expecting to achieve an outturn position of **breakeven**.

Income that was expected to be received in the final quarter of the year in relation to the FAKTION agreement, will now be received during 2021/22 causing an underachievement of £134k on income.

Staff cost underspends of £88k are due to Vacancies and maternity leave in the Trials delivery team.

Non-Staff related underspends £21k are due to Savings from a reduction in Trials activity.

TCS – (Revenue)

Hosted Other - TCS

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	0	0	0	0	0	0
Expenditure						
Staff	357	360	(3)	536	536	0
Non Staff	52	49	3	80	80	0
Sub Total	409	409	0	616	616	0
Total	409	409	0	616	616	0

TCS Key Issues

The reported financial position for the TCS Programme at the end of November 2020 was breakeven with a forecasted outturn position of **breakeven**.

HTW

Hosted Other - HTW

	YTD Budget	YTD Actual	YTD Variance	Annual Budget	Full Year Forecast	Year End Projected Variance
	£000	£000	£000	£000	£000	£000
Income	625	625	0	1,100	1,100	0
Expenditure						
Staff	516	498	18	809	809	0
Non Staff	123	139	(16)	291	291	0
Sub Total	639	638	2	1,100	1,100	0
Total	15	13	2	0	0	0

HTW Key Issues

The reported financial position for Health Technology Wales at the end of November 2020 was **£2k** underspent, with a forecasted outturn position of **breakeven**.

A **£18k** underspend on staff has been offset by a **£(16k)** overspend in non-staff, with the HTW budget being fully funded by WG.

Appendix 1

TCS PROGRAMME DELIVERY BOARD

TCS PROGRAMME FINANCIAL REPORT FOR 2020-21 NOVEMBER 2020

DATE OF MEETING	11 th January 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Mark Ash, Assistant Director of Finance - TCS Programme
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PRESENTED BY	Mark Osland, Executive Director of Finance
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EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance
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REPORT PURPOSE	ENDORSE FOR BOARD APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
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COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.

ACRONYMS	
TCS	Transforming Cancer Services
Trust	Velindre University NHS Trust
nVCC	New Velindre Cancer Centre
WG	Welsh Government
PMO	Programme Management Office

1. PURPOSE

- 1.1 The purpose of this report is to provide a financial update to the TCS Programme Delivery Board for the financial year 2020-21, outlining spend to date against budget as at Month 08 and current forecast.

2. BACKGROUND

- 2.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following the completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.
- 2.2 It should be noted that as at March 2020, the Cabinet Secretary for Health, Well-being and Sport, has approved capital and revenue funding for the TCS Programme and its associated Projects. The total cumulative expenditure as at the end of March 2020 was £17.375 Capital and £2.621m for Revenue.
- 2.3 In addition to WG funding, NHS Commissioners agreed in December 2018 to provide annual revenue funding towards the TCS Programme, £0.400m of which was provided in 2018/19, £0.420m in 2019-20, and £0.420m in 2020-21.
- 2.4 In the financial year 2019-20, the Trust provided the nVCC and Enabling Works projects with £0.060m of revenue funding from its own baseline revenue budget. Previously direct revenue support for these projects had been provided by WG. .
- 2.5 The Radiotherapy Procurement Solution PBC (Project 3 – Equipment and Digital) was endorsed by WG in 2019-20. Capital funding of £1.110m was approved from July 2019 to December 2022, with £0.347m provided in 2019-20. Re-profiling of the funding resulted in a revised funding allocation of £0.250m for the 2019-20 financial year. The slippage of £0.097m has been reprovided in the next financial year, increasing the allocation for the financial year 2020-21 from £0.451m to £0.548m.

3. FUNDING

Funding provision for the financial year 2020-21 is outlined below. The following should be noted:

- 3.1 In October 2020, Welsh Government provided capital funding for the nVCC and EW Projects of £3.261m.

- 3.2 A revenue budget of £30k was also provided in October 2020 from the Trust's core revenue budget to cover project delivery costs for 2020-21 for the Enabling Works and nVCC Projects.

Description	Funding	
	Capital	Revenue
Programme Management Office There is no capital funding requirement for the PMO at present Allocation from funding provided from Commissioners for 2020-21 to cover direct clinical/management support and PMO	£nil	£0.240m
Project 1 – Enabling Works for nVCC Project 2 – nVCC <i>WG Capital Funding</i> Capital funding from WG was provided in October 2020 <i>Revenue Funding</i> Revenue funding to cover project delivery costs was provided by the Trust in October 2020	£3.261m	£0.030m
Project 3a – Radiotherapy Procurement Solution £0.451m capital funding provided in 2020-21 plus £0.097m capital funding reprovided from 2019-20	£0.548m	£nil
Project 4 – Radiotherapy Satellite Centre Project is led and funded by the hosting organisation, Aneurin Bevan University Health Board, and no funding requirement is expected from the Trust for 2020-21	£nil	£ nil
Project 5 – SACT and Outreach Funding has been requested for this project however none has been provided to date	£nil	£nil

Description	Funding	
	Capital	Revenue
Project 6 – Service Delivery, Transformation and Transition No capital funding requirement at present Allocation from funding provided from Commissioners for 2020-21 to cover direct clinical/management support and PMO Funding provided from the Trust's core revenue budget towards the costs of the Project Director post Funding transferred from Velindre Cancer Centre toward the costs for the Project Manager post Funding provided from the Trust's core revenue budget for the Acute Oncology Service Business Justification Case	£nil	£0.180m £0.067m £0.049m £0.050m
Project 7 – VCC Decommissioning No funding requested or provided for this project to date	£nil	£nil
Total funding provided to date: £4.425m	£3.809m	£0.616m

4. FINANCIAL SUMMARY AS AT 30TH NOVEMBER 2020

- 4.1 The summary financial position for the TCS Programme for the year 2020-21 is outlined below:

TCS Programme Budget & Spend 2020/21

CAPITAL	Current Month			Financial Year		
	Budget to Nov-20	Spend to Nov-20	Variance to Nov-20	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership	106,131	104,789	1,343	176,073	172,618	3,455
Project 1 - Enabling Works	47,333	41,108	6,225	85,687	78,981	6,706
Project 2 - New Velindre Cancer Centre	447,736	444,197	3,540	728,409	717,122	11,286
Project 3a - Radiotherapy Procurement Solution	277,333	259,129	18,204	416,000	391,598	24,402
Capital Pay Total	878,534	849,223	29,311	1,406,169	1,360,320	45,849
NON-PAY						
nVCC Project Delivery	21,464	21,060	405	76,850	75,982	868
Project 1 - Enabling Works	486,902	506,403	-19,501	1,307,995	1,311,764	-3,769
Project 2 - New Velindre Cancer Centre	329,982	335,016	-5,034	886,265	886,605	-341
Project 3a - Radiotherapy Procurement Solution	23,333	56,032	-32,698	132,000	156,402	-24,402
Capital Non-Pay Total	861,681	918,510	-56,829	2,403,109	2,430,753	-27,644
CAPITAL TOTAL	1,740,215	1,767,732	-27,518	3,809,277	3,791,073	18,205

REVENUE	Current Month			Financial Year		
	Budget to Nov-20	Spend to Nov-20	Variance to Nov-20	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Programme Management Office	160,000	132,271	27,729	240,000	208,805	31,195
Project 6 - Service Change Team	197,061	198,523	-1,463	295,591	297,395	-1,804
Revenue Pay total	357,061	330,794	26,267	535,591	506,200	29,391
NON-PAY						
nVCC Project Delivery	16,783	17,999	-1,216	30,000	30,276	-276
Programme Management Office	0	1,339	-1,339	0	24,159	-24,159
Project 6 - Service Change Team	35,000	35,178	-178	50,000	50,267	-267
Revenue Non-Pay Total	51,783	54,516	-2,732	80,000	105,055	-25,055
REVENUE TOTAL	408,844	385,309	23,534	615,591	611,256	4,335

5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 30TH NOVEMBER 2020

CAPITAL SPEND

Projects 1 and 2 Pay Costs

- 5.1 **WG Funded Staffing** - An in-year spend of **£0.0.590m** for posts funded by WG reflects the current 'interim' posts against a budget of **£0.601m**. The underspend of £0.011m is due to a delay in staff recruitment. There is a forecast spend of **£0.969m** for the year against a budget of **£0.990m**. The pay costs have been analysed by each element of the Project(s).

Projects 1 and 2 Non-Pay Costs

5.2 **nVCC Project Delivery** - There is a capital cost of **£0.021k** for the year to date for project support and running costs for Projects 1 and 2 against a budget of the same. This is made internal audit fees, IT purchases, travel and subsistence, and general office costs. The forecast spend for the financial year 2020-21 is **£0.076m** against a budget of **£0.077m**.

5.3 **Enabling Works** - There is an in-year capital spend of **£0.548m**, with a forecast spend for the year of **£1.391m**, against budgets of **£0.534m** and **£1.394m** respectively.

Work package	Spend to 30 th November 2020
Pay	£0.041m
Planning (inc TCAR & Asda)	£0.071m
Master Planning & Feasibility Study	£nil
Third Party Undertakings	£0.077m
Enabling Works - Design & Employers Requirements	£0.342m
Enabling Works – Works	£0.001m
Miscellaneous Works – Fol Legal Advice	£0.016m

5.4 **nVCC** - There is an in-year capital spend of **£0.884m**, with a forecast spend for the year of **£1.776m**, against budgets of **£0.884m** and **£1.791m** respectively.

Work package	Spend to 30 th November 2020
Pay (including Project Leadership)	£0.549m
Project Agreement (PA)	£0.059m
Procurement Documents (PD)	£0.083m
Land Transfer	£0.019m
nVCC Technical Support	£0.168m
Competitive Dialogue Preparedness	£nil
Miscellaneous Works – Fol Legal Advice	£0.005m

Project 3a – Radiotherapy Procurement Solution

5.5 There is an in-year spend of **£0.315m** (£0.259m pay, £0.056m non-pay) for the Integrated Radiotherapy Solutions Procurement Project against a budget of **£0.301m**. An underspend in staff costs due to movements in pay costs and a delay in recruitment, and an overspend in non-pay costs due to increased advisory services, has resulted in an overall overspend to date of £0.014m. The Project is currently forecasting a break even position against a budget for the year of **£0.548m**.

REVENUE SPEND

Programme Management Office

- 5.6 The PMO spend to date is **£0.134m** against a budget of **£0.160m**, made up of pay costs of £0.132m and non-pay costs of £1.3k. The underspend of £26k is due to the reduced costs for the Associate Director of Programmes and a delay in recruitment. The resulting forecast outturn for the financial year 2020-21 of **£0.233m** against a budget of **£0.240m**.

Projects 1 and 2 Delivery Costs

- 5.7 There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£18k** to date against a budget of **£17k**, with an expected spend for the year of **£30k**, against a budget of the same. This is made up of rates and other running costs.

Project 6 – Service Delivery, Transformation and Transition (Service Change)

- 5.8 Service Change spend to date is **£0.234m** against a budget of **£0.232m**. This is made up of pay costs of £0.199m and non-pay costs of £0.035m for Healthcare Planner support for the Acute Oncology Services Business Justification Case (AOS BJC). The Project is forecasting a spend of **£0.348m** against an adjusted budget of **£0.346m**.

6. CONSIDERATIONS FOR BOARD

- 6.1 An extract of this report is reported in the Trust Boards Finance Report.

7. IMPACT ASSESSMENT

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

8. RECOMMENDATION

- 8.1 The TCS Programme Board are asked to **ENDORSE** the financial position for the TCS Programme and Associated Projects for 2020-21 as at 30th November 2020.

TRUST BOARD

Capital Programme 2020-21

DATE OF MEETING

28/01/2021

PUBLIC OR PRIVATE REPORT

Public

PREPARED BY

Phil Hodson, Deputy Director of Planning and Performance

PRESENTED BY

Phil Hodson, Deputy Director of Planning and Performance

**EXECUTIVE SPONSOR
APPROVED**

Carl James, Director of Strategic Transformation, Planning and Digital

REPORT PURPOSE

FOR APPROVAL

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

VUNHST Capital Planning Group

17/11/20

APPROVED

Executive Management Board

07/12/2020

APPROVED

Strategic Development Committee

14/12/2020

APPROVED

ACRONYMS

VUNHST

Velindre University NHS Trust

1. SITUATION/BACKGROUND

1.1 The purpose of this paper is to:

- Outline the approach to the prioritisation of Trust discretionary capital for 2020 / 2021
- Seek approval for the allocation of discretionary Trust discretionary capital allocation (*Stage 2 only* – see 2.8 - 2.14) for 2020 / 2021.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Prioritisation of Velindre University NHS Trust Discretionary Capital:

- 2.1 VUNHST Trust receives an annual discretionary capital allocation from the Welsh Government (WG). However, demand for capital investment across the Trust consistently exceeds the current available supply. This means that effective prioritisation of capital funding has become an important component of the Trust planning cycle.
- 2.2 In response a VUNHST Capital Planning Prioritisation Framework has been developed to support the assessment and prioritisation of capital funding proposals from across the Trust.
- 2.3 The framework outlines a clear, rational approach and a fair, transparent process to ensure that capital resource is prioritised against greatest need. The key objectives of the VUNHST Capital Planning Prioritisation Framework are:
- To prioritise capital investment across competing needs
 - To meet statutory, regulatory or organisational requirements and accepted best practice
 - To align resources to agreed Trust strategic goals
 - To support service developments which improve the overall health and wellbeing of the population and which improve the quality of service provision across the Trust
 - To support informed and transparent decision making

- To enable consideration and discussion across disparate service areas and systems
- To provide value for money in relation to capital investment
- To ensure that all decisions are underpinned by a sound evidence base wherever possible.

2.4 The process for prioritising discretionary capital investment from across the Trust is summarised in the following four steps:

Step 1: Identification of Capital Investment Opportunities for WBS / VCC and support services
Step 2: Description and justification for each Capital proposal submitted to the VUNHST Capital Planning Group
Step 3: Prioritisation of Capital Schemes and the development of a recommended VUNHST discretionary Capital Programme by the VUNHST Capital Planning Group
Step 4: Approval of the VUNHST discretionary Capital Programme by the VUNHST Executive Management Board

Approach to the prioritisation of Velindre University NHS Trust Discretionary Capital for 2020 / 2021:

2.5 VUNHST Trust received a discretionary capital allocation of £1.85m for 2020 / 2021 from the Welsh Government (WG). Traditionally, the VUNHST Capital Planning Group have put forward a recommendation to the VUNHST Executive Management Board to approve the full discretionary capital allocation. However, it was agreed that a two-stage allocation process should be adopted for 2020 / 2021. This was in response to uncertainty regarding the Welsh Government funding of the Transforming Cancer Services in South East Wales Programme.

- **Stage 1 (completed July 2020)** – To provide an initial allocation of £824,000 to cover urgent and essential capital priorities across The Trust.
- **Stage 2** – To allocate the remainder of the VUNHST discretionary capital budget (£1,026,000) following confirmation that funding would be provided to cover the Transforming Cancer Services in South East Wales Programme.

Stage 1 Prioritisation - Summary:

- 2.6 As referenced in section 2.5 the Trust received a discretionary capital allocation for 2020 / 2021 of **£1,850,000**. The VUNHST Executive Management Board, at its meeting held on 28th July 2020, approved the allocation of **£824,000**. The remaining balance for 2020 / 2021, to allocate for 'Stage' 2 of the prioritisation process, was therefore **£1,026,000**. This is summarised in the table below:

Stage 1 Prioritisation Process - 2020 / 2021	£000
Committed Discretionary Funds B/frwrd from 2020 / 2021	19
Stage 1 Allocated Budgets	805
Sub-Total	824
Trust 2020 / 2021 Discretionary Capital Allocation	1,850
Remaining Available Budget for Stage 2	1.026

- 2.7 The remainder of this paper applies to **Stage 2** only.

Stage 2 Prioritisation Process:

- 2.8 The Trust Capital Planning Lead has worked closely with planning leads from WBS and VCC, as well as key support leads, to identify a range of potential capital investment opportunities from across the Trust.
- 2.9 Each potential scheme has then been prioritised by using the Trust capital planning prioritisation framework. A key focus of the prioritisation framework is to identify schemes which, if not funded, could compromise delivery of core services.
- 2.10 Capital priorities for both VCC and WBS had been approved by the divisional Senior Management Teams and / or Business Development Group as required in line with the respective governance requirements. In prioritising schemes consideration has been given to their deliverability by the end of 2020 / 2021.

Stage 2 Prioritisation – Recommended Allocation of Discretionary Capital:

- 2.11 It is recommended that the following Welsh Blood Service capital schemes are funded.

Welsh Blood Service

Scheme Name	£000	Status
Water Infrastructure Works	60	Critical
Terumo Spectra Optia Cell Separators x 2	140	Critical
Terumo Sterile Connecting Device	7	Critical
Haematology Analyser	24	Critical
Fume Safety Cabinet	8	Critical
Flow Cytometer Replacement x 4	320	Critical
Building Management System*	15	Critical
Additional Blood Bank Refrigerator	7	Critical
Centrifuge X 2	22	Significant
Total	603	N/A

* Note – Scheme allocated funding as part of the Stage 1 process. However, returned tenders are circa £15K above original forecast budget.

- 2.12 It is recommended that the following Velindre Cancer Centre capital schemes are funded.

Velindre Cancer Centre

Scheme Name	£000	Status
Tenovus Lease	98	Critical
Fire Safety	50	Critical
IBA Matrix Replacement	21	Critical
Conversion of Therapies Room*	12	Critical
Installation of Heating to Engineering Block	22	Critical
Upgrade of ExacTrac System	22	Critical
Hand / Foot Contamination Monitor	29	Critical
Theatre Air Handling Unit	14	Critical
Total	268**	N/A

* Note – Scheme allocated funding as part of the Stage 1 process. However, returned tenders are circa £12K above original forecast budget.

** Note – It has been assumed that the following VCC critical schemes will funded by the Welsh Government and have therefore not been prioritised for Trust discretionary capital. They will however be delivered during 2020 / 2021 and this has been considered when assessing the deliverability of VCC discretionary schemes by the end of the financial year.

Scheme Name	£000	Status
Estates Works to Bobath	250	Critical
Estates Works Tenovus		Critical
Estates Work to Cancer Research Wales		Critical

Scheme Name	£000	Status
Total	250	N/A

- 2.13 It is recommended that the following capital allocation is made to support digital service developments across the Trust.

Digital Services (Trust-wide)

Scheme Name	£000	Status
Trust-wide Digital Services Critical Priorities*	200	Critical
Total	200	N/A

* Note – Digital priorities for 2020 / 2021 total circa £500,000. However, many of these schemes have short lead times.

- 2.14 It is recommended that the following ‘centrally held’ capital planning contingency is allocated.

Planning Contingency

Scheme Name	£000	Status
Discretionary Capital Planning Contingency	55	Critical
Total	55	N/A

* Note – Planning contingency will be retained to cover unplanned and urgent investments e.g. equipment failure.

Stage 2 Prioritisation - Summary:

- 2.15 As referenced in section 2.16 the remaining balance for 2020 / 2021 to allocate for 'Stage' 2 of the prioritisation process is **£1,026,000**. It is recommended that this is allocated as follows:

Stage 2 Prioritisation Process - 2020 / 2021	£000
Welsh Blood Service	603
Velindre Cancer Centre	268
Digital Services	200
Planning Contingency	55
Sub-Total	1,126
Welsh Government Funding for Fire Safety*	100
Total	1.026

* Note – VUNHST has submitted a Business Justification Case to the Welsh Government to support a programme of Fire Safety infrastructure improvements across the Trust. It has been assumed that capital expenditure committed to date will be reimbursed through the Business Case scrutiny and approval process.

Important Note:

- 2.16 The following schemes were also prioritised for funding as part of the Stage 2 allocation process.
- VCC – Decontamination Room for Theatre – £42K
 - WBS – Flow Cytometer Replacement (X1) - £80k
- 2.17 However, following review it was agreed that the VCC Decontamination Theatre scheme could not be delivered by March 2021 and that one WBS Flow Cytometer could not be funded from existing available resources. It is therefore recommended that a commitment is made to fund these schemes in 2021 / 2022.

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	Yes (Include further detail below)
	Approval of the recommendations made within this paper would result in commitment of VUNHST discretionary capital allocation.

4. RECOMMENDATION

4.1 The Trust Board is asked to:

- Endorse the proposed approach to the prioritisation of Trust discretionary capital as set out within this report.
- Approve Stage 2 allocation of discretionary Trust discretionary capital allocation for 2020 / 2021.
- Approve that 122K of Trust discretionary capital is approved for 2021 / 2022 to support the development of a VCC Theatre Decontamination Room for VCC and the replacement of on Flow Cytometer Replacement at WBS.

Next Steps:

4.2 Assuming endorsement of the above recommendations (see 4.1) the next steps are as follows:

- Initiate all Stage 2 schemes and develop delivery programmes, in partnership with Shared Services / Procurement Services where required, in order to ensure delivery by March 2021.

TRUST BOARD

COVID 19 UPDATE REPORT

DATE OF MEETING	28/01/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Cath O'Brien – Interim Chief Operating Officer	
PRESENTED BY	Cath O'Brien – Interim Chief Operating Officer	
EXECUTIVE SPONSOR APPROVED	Cath O'Brien, Interim Chief Operating Officer Nicola Williams, Executive Director of Nursing, AHP & Health Scientists	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
GOLD	Meetings in Dec and Jan	
ACRONYMS		
PPE	Personal Protective Equipment	
VCC	Velindre Cancer Centre	

UPI	Upper Gastrointestinal Series
SACT	Systemic Anti-Cancer Therapy
IMTP	Integrated Medium Term Plan

1. SITUATION

This paper has been prepared to provide the Trust Board with an overview of the Trust's plans and delivery in relation to COVID-19. This paper includes a summary of the impact that COVID-19 continues to have and the mitigations put in place to ensure our staff, patients and donors are safe and protected.

The Trust Board is asked to:

- **AGREE** the Clinical Framework for Decision Making.
- **NOTE** the current position in relation to the COVID pandemic
- **NOTE** Welsh Government COVID-19 vaccination strategy
- **NOTE** the Trusts working draft COVID-19 vaccination plan.

2. BACKGROUND

The COVID-19 pandemic has presented various challenges to our staff, patients, donors and the delivery of our services. Our staff have had to adapt to working whilst wearing Personal Protective Equipment (PPE) and changing working practices whilst continuing to give the best care to our patients and donors. Equally our patients and donors are having to adapt to new guidance and advice when they come for treatment or to donate.

On 10th October 2020 the Trust re-established its COVID-19 command infrastructure, initially weekly with Silver (Divisional) and Gold command meetings being held, this has now increased to three meetings a week for Gold and Silver at WBS and daily at VCC. The frequency will flex to meet the need.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

3.1 Clinical Principles

Please refer to agenda item 4.7.0b/c respectively.

3.2 COVID-19 Incidents / Outbreaks:

Since the last Board meeting there have been two new outbreaks that are being managed through formal outbreak control meetings:

- First floor ward at Velindre Cancer Centre: Involving patients and staff. The outbreak was declared over on the 5th January 2021. The Outbreak Control Group identified (confirmed by genotyping) that there had been transmission of COVID despite all control measures being in place. There were seven patients and three staff members with the same genotype. The majority of actions identified through the investigations have been concluded. There are a small number being monitored and concluded through the Velindre Cancer Centre Senior Management Team. The Outbreak report will be provided to the March 2021 Quality, Safety & Performance Committee.
- Head Quarters Building; involving four members of staff. Early indication is that transmission may have occurred through 'touch points' e.g. door handles as staff members were not all in the building at the same time. Basic measures have been re-enforced, staff reminded to work at home when they can, and a full deep clean of the whole building undertaken.
- There have been no COVID related outbreaks at Welsh Blood Service.

3.3. Velindre Cancer Centre

3.3.1 VCC site utilisation

It was our intention to maintain VCC as a COVID-Free Green Site, however with the increase in Covid 19 rates in the general population and NHS service pressure which resulted, we encountered patients for who the best treatment was admission to VCC. This, together with our action plan to respond to the outbreak incidents,

have required us to revisit the site utilisation and designation of space to create red and amber zones. We have been supported in this work with advice from Public Health Wales. A framework approach has been developed that enable us to flex space depending on the patient demand. It will be managed under the direction of the Head of Nursing and reviewed via the VCC Silver command and assured by Gold.

A further review of staff attendance at site and working from home has been undertaken to ensure we minimize foot fall on site. We continue to ensure that only staff who have a specific need to attend site do so and we continue to maintain over 50% of outpatient contacts via telephone or video consultation.

3.3.2 Staff facilities

We continue to maintain the additional space made available for staff across the site. The development of a further space adjacent to the VCC site is underway but not expected to be opened till spring due to estates requirements.

3.3.3 Systemic Anti-Cancer Therapy (SACT)

Plans were in place to repatriate SACT and wider outpatient services to the LHB sites during early 2021. However, the impact of wave 2 on local hospital sites has delayed this. We continue to provide the SACT service that had been re-established at Prince Charles. Further progress in repatriation on hold. We continue to experience considerable pressure in the system as we deliver the treatment pathways for those patients who had treatment deferred in wave 1 as well as commence treatment for newly referred patients. We are currently experiencing pre pandemic demand for SACT, which we are delivering at VCC and within the constraints of operating in a COVID 19 context. Phlebotomy services are delivering twice the demand of April 20 and we are in active discussion with LHBs to address the multiple factors that are contributing to this increase in patients attending VCC.

3.3.4 Inpatient Services

As outlined above we continue to adapt the site to meet patient demand and to ensure we are able to flex our inpatient staff to cover other services when inpatient demand allows this.

3.3.5 Radiotherapy

We continue to benefit from the LINAC capacity provided by the implementation of hypo fractionation technique, however the associated increase in demand that this creates for radiotherapy planning remains a limit to service delivery. We are continuing to work through the options to further develop capacity.

3.4 Welsh Blood Service

3.4.1 Blood Supply Collection

A number of operational pressures at start of New Year with temperatures at venues, venue access, weather predications, staffing availability and the impact of the holiday season created a short term decrease in stock levels. It was agreed to access a stock from NHSBT to support our stock position. The stock position has now recovered but we continue to experience fluctuations. This is exacerbated by the use of venues for the new vaccination programme which is creating a challenge. We are maintaining close contact with our donors during this difficult period.

3.4.2 Blood demand

The Blood Health Team are continuing to liaise with hospital blood banks on prudent use of blood components and to enable us to track hospital stock levels.

3.4.3 Welsh Bone Marrow Donor Registry

We are maintaining importation and exportation of donations across Europe under new EU rules.

3.4.4 Non Business as Usual Work Programme

A review of projects and initiatives has been undertaken to agree what can be paused during wave 2 to enable the support of the COVID 19 response including management of the vaccine cold supply chain and enabling the vaccination programme alongside the standard service provision.

3.5 COVID-19 Vaccine Update

3.5.1 Significant changes have been made to the Trusts vaccination plans since the last Board meeting. Velindre University NHS Trust does not have statutory responsibility for population health, primary / community care provision in the same

way as Health Boards and therefore historically Velindre University NHS Trust has only taken responsibility for the vaccination of its staff for influenza. This responsibility remains in relation to the provision of the COVID-19 vaccinations but the Trust recognized the national priority to safeguard as much as the population as possible from COVID as quickly as possible and therefore has in agreement with Welsh Government also agreed to offer COVID Vaccinations to (in line with national vaccination priorities):

- Frontline WAST employees
- Some frontline staff groups that Cardiff & Vale Health Board are responsible for vaccinating
- Velindre Cancer Centre patients who have been active Cancer Centre patients for the past 18 months, do not live in a care home setting and can travel to receive the vaccine.

This mutual aid approach has been recognized and commended nationally.

3.5.2 To date the Trust has administered 2,523 first dose of the COVID-19 vaccination. The breakdown is as follows:

Organisation	Number of vaccinations given
Velindre University NHS Trust	1,232
WAST	816
Cardiff & Vale Health Board	345
Others (non NHS, other HB)	93
Unknown	37
Total	2,523

3.5.3 Welsh Government published its COVID-19 Vaccination strategy on 11th January 2021 (attached in **Appendix 1**). Following this the Trust has published its vaccination plan (attached in **Appendix 2**). This plan details the Trusts vaccination priorities and delivery plan as well as governance arrangements.

Following revised national guidance the second dose of the vaccines will be offered 11 weeks following administration of the first dose. The first batches of the second dose will be provided on the 1st March 2021.

3.6 Workforce Update

- 3.6.1** Levels of absence directly related to COVID fluctuate on a daily basis but are running at levels below 1%. Annual rolling absence levels are at 5.2%, the highest levels attributable to anxiety, stress of depression. Work to maximise staff wellbeing and support is managed through the Workforce hub with direct access by managers across all elements of wellbeing, which may impact staff or their families. A Wellbeing Recovery Plan is being completed to respond to feedback from staff and further strengthen our support in this area.
- 3.6.2** Risk assessments are being completed on a rolling basis. All staff are asked to repeat these as circumstances change in relation to their individual circumstances or their working environment. During the last month advice has changed in regard to staff who were previously shielding requiring repeats of risk assessments in those cases with such staff being accommodated to work from home where possible in that situation.
- 3.6.3** Staff who are working from home to reduce footfall in administrative buildings are being supported by managers to complete risk assessments of their work environment to ensure they have the correct equipment necessary to comply with DSE regulations.
- 3.6.4** Fast track recruitment processes developed during the first wave are being re-instated to accommodate the needs of the vaccination programme and other service needs across the Trust.

3 IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:

EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4 RECOMMENDATION

The Trust Board is asked to:

- **NOTE** the current position in relation to the COVID pandemic
- **NOTE** Welsh Government COVID-19 vaccination strategy
- **NOTE** the Trusts working draft COVID-19 vaccination plan.

5.0 Appendices

Appendix 1 - Vaccination Strategy for Wales

Appendix 2 - Velindre University NHS Trust COVID 19 Vaccination Programme



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



Llywodraeth Cymru
Welsh Government



Mae Brechu yn achub bywydau
Vaccination saves lives

Vaccination Strategy for Wales

January 2021



DIOGELU CYMRU
KEEP WALES SAFE



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4 Section 2 - Overview and where we are now

6 Section 3 - Our Priorities

8 Section 4 - Our vaccination infrastructure -
where and how to get vaccinated

10 Section 5 - Keeping up to date on the vaccination programme

11 Annex

SECTION 1. Ministerial Foreword

2020 was a very difficult year for everyone. Many of us have lost family members and close friends to coronavirus. All of us have had our lives disrupted in one way or another by the pandemic.

The situation in Wales as we enter 2021 remains very serious. Cases of the virus are very high and a new, more infectious strain of coronavirus has emerged across the UK, which is circulating in all parts of Wales. As a result, we all need to stay at home again to keep Wales safe.

But 2021 also brings hope for us all with the Covid-19 vaccines now available. Wales' vaccination programme began with the arrival of the Pfizer BioNTech vaccine early in December, followed by the Oxford AstraZeneca vaccine at the beginning of January.

NHS plans were put into operation immediately, and have led to more than 86,039 people across Wales being vaccinated so far. Against a backdrop of extreme pressure on the NHS and social care, the efforts by everyone involved to deliver this number, with minimal wastage in such a short space of time, is a significant and positive start.

This national strategy sets out how the vaccination programme will ramp up as fast and as safely as possible in the coming weeks and offer us a brighter future.

More than 1.5 million people in Wales will get the vaccine in the first stage of roll out – but it will take time to protect everyone.

The demand for the vaccine is understandably very high. It is important we work through the population according to the priority list as set out by the JCVI (Joint Committee on Vaccination and Immunisation).

The people who are most at risk of catching coronavirus and developing serious illnesses will get the vaccine first. This includes people living in care homes; the over 80s and frontline health and care workers. (Please see the annex for more details of priority groups in the first phase).

We are still in the early days of the roll-out of this programme but as more vaccines are provided to Wales from the UK Government and our operations scale up, we will continue to see the numbers of those being vaccinated in our priority groups increase day-on-day. Over the next three weeks, Wales will receive further doses of the two approved vaccines to help protect people who are most at-risk.

Our NHS has delivered over 86,039 vaccines with only 1% wastage in the first few weeks of a national vaccination programme that is unprecedented in the scale and pace required. Our NHS has only been able to do this by working with key stakeholders – local government, the military, other public services, businesses and volunteers. This concerted multi agency effort is continuing and our scale of delivery is growing all the time so that we can protect more of our most vulnerable population every day. We know that we are all in a race against the virus to protect and save as many lives as possible.

Our message remains; please do not contact your health board, GP, pharmacists or local authority for an appointment, you will be contacted when it is your turn.

In the meantime, we all need to continue to follow the rules and guidance in place to keep ourselves and our families safe. This means meeting as few people as possible, washing our hands regularly, wearing a face covering and keeping our distance from others.

SECTION 2. Overview and where we are now

Our national strategy builds upon the plans already in place within each of our seven Health Boards and provides more detail about our programme. It is intended to set out Wales' path for the coming months as the numbers of those being vaccinated ramp up significantly.

It is important to be clear about the supply challenges and that the logistics around the first vaccine in particular held challenges for cold chain maintenance and distribution. Health boards are operating to a 'just in time' vaccine delivery mechanism as supply arrives. They have been building delivery infrastructure and recruiting workforce, including primary care support, to the vaccination centres for this vaccine.

With supply details for both new vaccines becoming firmer, we can now set out more clearly our national strategy and ambitions.

The national strategy is focussed on these key areas:

- **Our priorities** – we continue to work closely with the UK Government on supply. Based on what we know about supply and the priority cohorts set by the JCVI, we have set key milestones (section 3);
- **Our vaccination infrastructure** – making sure that people can access their vaccination offer - the places to go to get vaccinated, people to give the vaccination and the appointment and digital recording and reporting system set up (section 4);
- **Keeping up to date and informed about the vaccination programme** – we are committed to providing information to keep everyone in Wales updated about the vaccination programme (section 5).

In line with the Welsh Government's approach to responding to latest clinical, scientific and other evidence during this pandemic, this national strategy will be reviewed regularly.

Where we are now

Our vaccination roll out is designed to meet the challenge of the biggest vaccination programme

in history – to go as fast and as safely as possible and with minimum waste of the hard won vaccines. As with our responses to the Covid-19 pandemic, this is predicated on making use of the expertise of the NHS in delivering vaccinations, including the annual influenza vaccine.

NHS Wales developed very detailed plans and strategies in preparation for the COVID-19 programme. The successful launch of the programme for the Pfizer BioNTech vaccine on 8 December shows the effectiveness of those plans.

On 4 January, the Oxford AstraZeneca vaccine was rolled out in Wales. This means we can get a vaccine to those who need it most much more quickly than we could in those first initial weeks with just the Pfizer BioNTech vaccine, which has limitations and logistical challenges. We are now able to deliver to some of those groups that had been more difficult to reach with the first vaccine. Care Home and GP distribution to reach the over 80 year olds is being expanded and we are engaged with pharmacies and other primary care professionals to rapidly expand further.

Using the expertise of our NHS in delivering vaccines, each Health Board has been planning for and working on boosting the workforce, ensuring training requirements are met, JCVI and other guidance followed, logistics for vaccine consumables and PPE, as well as the supporting infrastructure required to deliver the Programme.

This is a whole NHS Wales approach, with Welsh Government working closely with Public Health Wales on all medical, technical and public health aspects, NHS Wales Informatics Service has designed and delivered on a new vaccine IT solution for Wales, which will endure long after this programme has completed. NHS Wales Shared Services, the Welsh Blood Service and Welsh Courier Service have all been vital to logistics and distribution. NHS Trusts have participated with health boards in vaccinating and administrative support. The Military have assisted us with aspects of planning and delivery in order to meet our greatest peacetime health challenge since smallpox.

Our vaccine deployment has only been underway in the UK for just over a month and we have:

- **Made significant progress in building the vaccination infrastructure in all parts of Wales** needed to deploy both the Pfizer BioNTech and AstraZeneca vaccines (section 4). Having started with **7 vaccination centres** – 1 in each health board area, the number grew initially to 14 and is currently at 22 with additional centres planned in the coming weeks. With the addition of primary care, as set out in section 4, we will be able to move even faster;
- **Designed and put in place a single digital appointment system** which can appoint, capture data on vaccines given, safety concerns, adverse events, wastage and more;
- **Administered the first dose of the vaccine to over 80,000 people** in Wales in just over a month.

SECTION 3. Our Priorities

Our priority list of people to receive the vaccine has been agreed by endorsing the UK's independent Joint Committee on Vaccination and Immunisation (JCVI). The same priority list is being followed by all four nations in the UK (at annex 1) and has the support of all 4 Chief Medical Officers (CMOs) within the UK.

Protecting the vulnerable has always been at the heart of our response to the pandemic and now at the forefront of our fightback against this terrible disease. This is why vaccinating care homes and the over 80s will be a continuing focus, now boosted by the availability of the Oxford AstraZeneca vaccine.

It is also imperative that we protect our NHS and social care to maintain resilience and be there when our most vulnerable citizens need it. Alongside the most vulnerable in our communities, we are, therefore, committed to keeping our frontline NHS and social care workers safe to enable them to look after us.

The JCVI guidance advises that those frontline health and social care workers at higher risk of acquiring the infection or transmitting it to multiple vulnerable persons because of their individual or setting characteristics will be higher priority for vaccination than those at lower risk. The announcement of 8 January recognises that some staff in schools and colleges provide intimate health and care support to groups of young people who have complex medical needs. In Wales these staff will be captured under the health and social care category.

The JCVI are currently considering prioritisation for the second phase of the roll out, following vaccination of all JCVI cohorts 1-9. This includes consideration of prioritisation vaccines for specific occupational groups where individuals have not already received the vaccine due to individual characteristics such as age or being clinically vulnerable.

We could set aside the recommended priority approach of the independent expert JCVI and re-prioritise certain specific occupational groups. However that would mean that citizens more vulnerable to harm including mortality would

wait more time and be at greater risk of exposure to virus. In short the clear public health advice is that such an approach is likely to cost lives. If the public health advice of the JCVI and CMOs changes we will of course reconsider our approach.

Priority Group Milestones and Markers

We are setting **3 key milestones** to drive our efforts. These milestones are all dependent on **vaccine supply**.

PRIORITY GROUP MILESTONES

- **Milestone 1 – by mid February – cohorts 1 - 4.**

Subject to supply, our aim is to offer vaccination to all care home residents and staff; frontline health and social care staff; those 70 years of age and over; and clinically extremely vulnerable individuals.

- **Milestone 2 – by the Spring – priority cohorts 5 – 9.**

Subject to supply, which becomes more uncertain further into the future, our aim is to offer vaccination to all Phase 1 priority cohorts (i.e. 50+s and clinically vulnerable/at risk).

Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 30 December 2020 - GOV.UK (www.gov.uk)

It is estimated that taken together, these at risk groups represent around **99%** of preventable mortality from Covid-19.

- **Milestone 3 – by the autumn**

Our ambition is to offer vaccination to the rest of the eligible adult population according to the further JCVI guidance that will be produced on priorities. We do not yet know supply for this phase, so there is further planning to do on this milestone that will take account of supply and the further JCVI guidance.

We are also setting some early **markers** to achieve en route to meeting the first milestone:

Markers

- Marker 1.** All Welsh Ambulance Service staff – by 18 January
- Marker 2.** All Care Homes – by the end of January
- Marker 3.** GP surgeries to increase from 100 to 250 by the end of January providing vaccine to the vulnerable closer to their homes as availability of the Oxford AstraZeneca vaccine increases

Supply

Our plans are dependent on Wales receiving vaccine supplies in fair proportions and in fair time. Whilst supply is a matter outside of our control, the UK Vaccines Minister has provided assurance on future supplies and we will keep in close contact with the UK Government and vaccine manufacturers to ensure supply remains secure.

To date, Wales has received 280,000 doses of the Pfizer BioNTech vaccine and 47,000 doses of the AstraZeneca vaccine.

On 31 December we were able to double the number of individuals who can be vaccinated

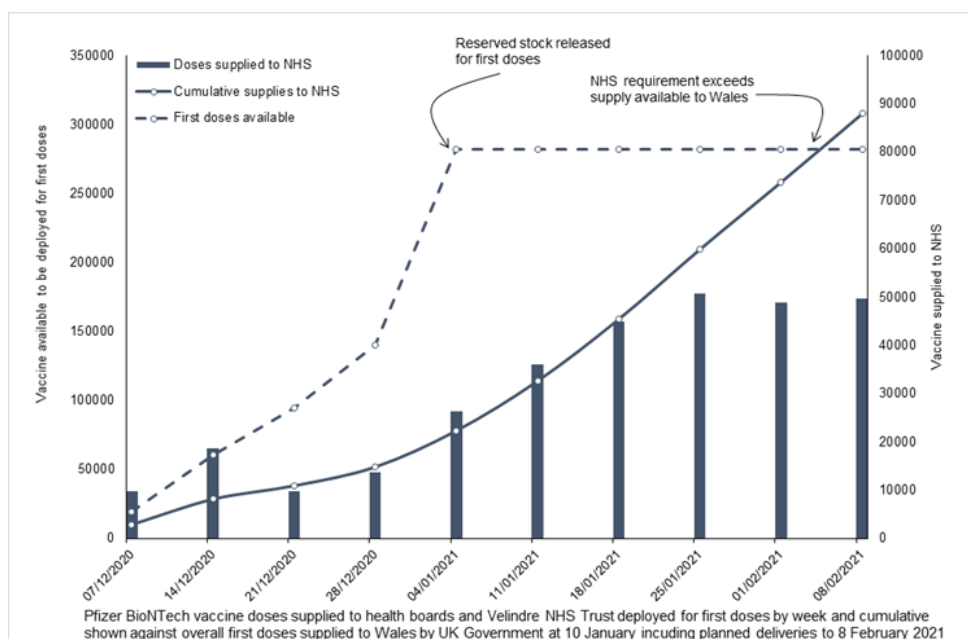
in the first three months of our plan as a result of the change in position by the Medicine and Healthcare products Regulatory Agency (MHRA) and the JCVI.

The decision to extend the interval between vaccine doses to up to 12 weeks and to allow vaccine previously reserved for second doses (50%) to be deployed immediately, has allowed us to increase capacity to deliver the Pfizer BioNTech vaccine in particular.

Plans are in place to increase the number of doses of the Pfizer BioNTech vaccine delivered by the NHS to around 50,000 each week by the end of January; almost doubling the rate at which the vaccine is currently being used. Our plan will exceed Wales' current supply of the vaccine by the end of week commencing 8 February highlighting the importance of guaranteed vaccine supply (Figure one).

Every dose of the Oxford AstraZeneca vaccine allocated to Wales is being delivered directly to GPs, other primary care providers including pharmacies, and hospitals as soon as it is available. To date we have received relatively small volumes. We know many GPs and others are ready and able to use as much of this vaccine as can be supplied by UK Government. Whilst we are confident supply will increase significantly in the next few weeks, if we had more we could increase coverage rapidly.

Figure 1: Pfizer BioNTech vaccine doses supplied to health boards and Velindre NHS TrustWales



SECTION 4. Our Vaccination Infrastructures - Where and How to Get Vaccinated

The vaccination delivery model

We have been building an infrastructure from the ground up. That includes a bespoke and robust digital infrastructure for booking appointments, recording, and reporting on vaccination activity.

The delivery model built by NHS Wales is a blended model. This is aimed at providing a mix of sites in order to maximise speed of roll out, ensure safety, meet the needs of the characteristics of the vaccines, be as conveniently located as possible and, importantly make sure we give equitable access across the country and all communities. This model is also intended to get the vaccines into our care homes and to our older populations as soon as possible.

That means we have a mix of mass vaccinations centres (MVCs), primary care surgeries and mobile units:

- High throughput through **Mass Vaccination Centres (MVCs)**, which are crucial in handling the characteristics of the Pfizer BioNTech vaccine. MVCs will continue to be important, despite the coming on stream of primary care, because of the Pfizer BioNTech complexities and because of the numbers as we move through the cohorts, especially during phase 2. **Centres** will, in the next couple of weeks, increase to 35, with a blend of mass centres and smaller satellite centres. Health boards are actively considering more centres as we look to have at least **one vaccination centre in each county of Wales**. At the same time, capacity at centres is increasing. Our health boards have planned their vaccination centres to flex their opening times based on vaccine supply. Therefore as the vaccine supplies increase more and more will be open for longer days and over 7 days per week. Over the past week, **90%** of our vaccine centres have been open over the weekend. General practice has also planned to open on evening and weekends and as vaccine supply increases so will their hours and days of vaccine delivery;
- Local convenience, safety for older and vulnerable groups and reach into communities through **primary care**. A mechanism has been put in place to enable all primary care contractors (General Practice, Community Pharmacy, Dentistry and Optometry) to play a role in vaccine deployment. GP practices and pharmacies in particular are experts at running immunisation programmes and have the existing infrastructure to do so. The primary care community has responded quickly and in the coming weeks we will see primary care take a pivotal role in our vaccine roll out.
- Every year GP practices in Wales deliver many hundreds of thousands of seasonal influenza vaccinations in just a few months. Utilising the expertise, experience and convenience of local GP practices will allow us to reach significant numbers of individuals in the priority groups for vaccination. We are already engaging around **100 GP practices** in delivering the programme and will **increase this to more than 250 before the end of January**. We are aware GPs are ready and able to deploy the Oxford AstraZeneca vaccine as soon as it is available. Given the constraints on supply of this vaccine we will work with health boards and GP practices with the necessary infrastructure to deploy the Pfizer BioNTech vaccine wherever it is feasible to do so, learning lessons from what other counties in the UK and around the world are doing;
- Many community pharmacies have experience providing vaccinations. Whilst the roll out of the COVID-19 vaccination programme poses different logistic challenges for pharmacies (where vaccine has to be supplied in relatively large quantities and used more rapidly), some larger pharmacies will be able to vaccinate on-site and staff from others will support efforts at MVCs. Again, this will depend on having adequate supplies of the right type of vaccine available to meet demand from all parts of primary care.

- Full geographical coverage, especially in rural or 'hard to reach' communities, enabling further reach into communities via **mobile units**, which are particularly important in the immediate term in accessing care homes. The **14 Mobile units** delivered by our community nurses now in place in Wales continue to focus on reaching care homes.

We will continue to expand our vaccination infrastructure. A map has been produced indicating the location of current centres; this will be updated routinely. (See page 10.)

Making appointments - Welsh Immunisation System

A robust digital infrastructure for scheduling appointments, recording, and reporting on vaccination activity is now in place. All vaccinations in Wales are recorded directly into the Welsh Immunisation System - bespoke software developed by the NHS Wales Informatics Service to meet the needs of the vaccination programme. It makes it easy to rapidly call the people in the highest priority groups to our mass centres, send them text reminders, and make sure that they are called back again for their next doses. It is integrated with the GP record so vaccinators can check allergies and past immunisations - ensuring safety in the programme.

Workforce – the military, utilising our wider public sector and volunteers

As well as building the physical infrastructure, establishing and mobilising our vaccination workforce as well as creating surge capacity has been underway.

Our mass vaccination centres (MVCs) development has been led by the health boards with extensive support from local authorities in terms of location and site suitability. Staffing models have been developed in great detail with

a multidisciplinary approach which respects the guidance on social distancing, PPE and the complexity of handling the Pfizer BioNTech vaccine. The teams in the MVCs are a collection of experienced immunisers, those with updated training and registered health care professionals who have taken the training required to immunise using the vaccine. Pharmacy support has been critical for the Pfizer BioNTech vaccine due to the cold chain requirement. A number of our MVCs have a broad professional contribution, from both primary, secondary and mental health services.

The support of the military is also in place across Wales and we now have:

- **14 immunisers;** and
- **70 other personnel** supporting at vaccination centres.

There is the possibility that this will be expanded over the coming weeks.

There has been significant interest in supporting health boards with their local programmes and offers from national organisations for use of their premises and staff has been forthcoming. Arrangements are in place with St John Ambulance Cymru and British Red Cross and we are in discussions with other organisations. Health boards are also having conversations with their local authority partners and police.

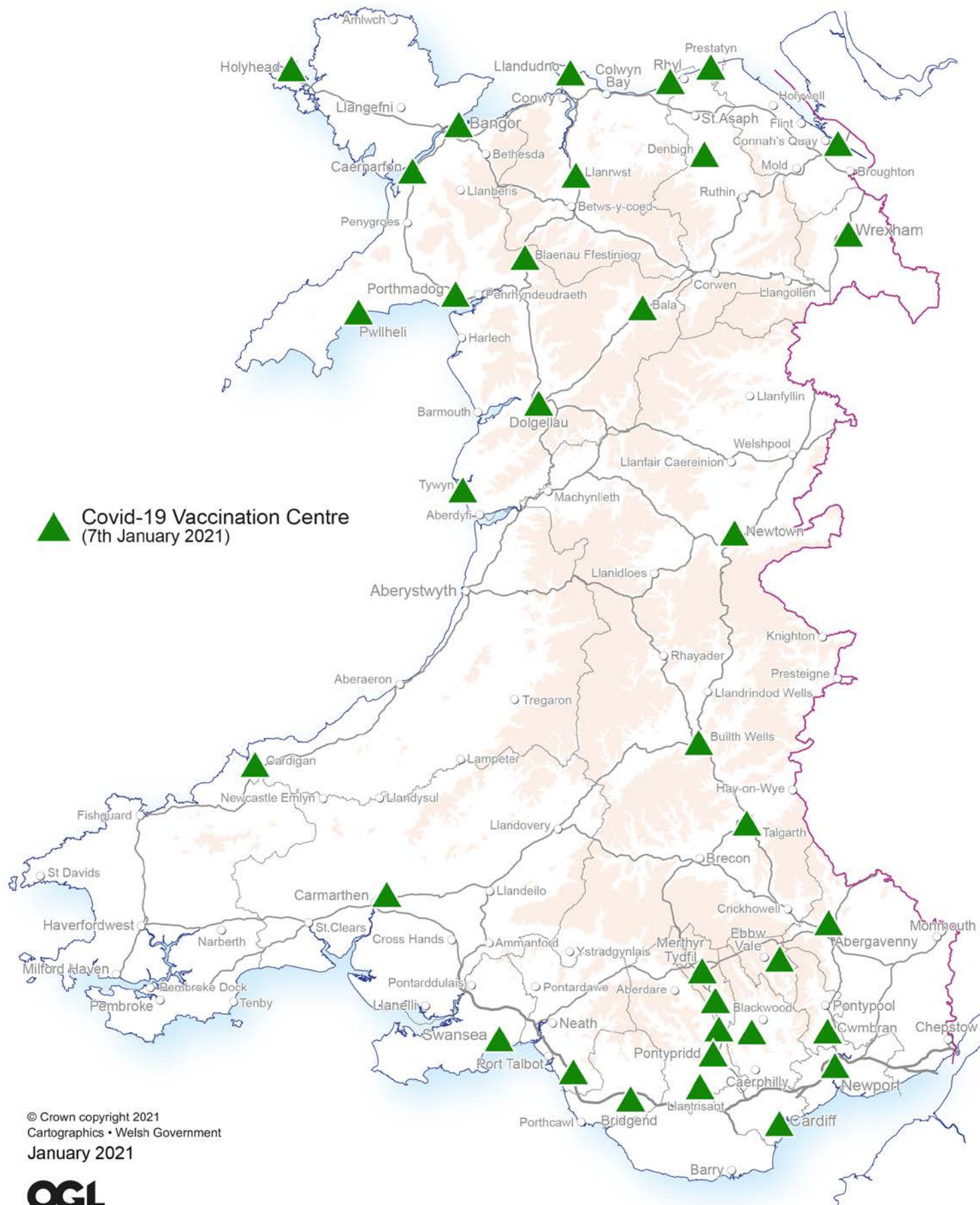
There is an important role here for our retired staff and others with expertise and experience to help with the vaccination roll out. We have put in place arrangements and protocols for people to be able to volunteer:

<https://gov.wales/national-protocol-pfizer-biontech-covid-19-vaccine>

<https://gov.wales/national-protocol-covid-19-astrazeneca-vaccine>

WALES

COVID-19 VACCINATION CENTRES



SECTION 5: Keeping up to date on the vaccination programme

We know that people will want to be fully informed about the vaccination roll out and about the vaccination itself.

At a national level, we are committed to being transparent and keeping everyone up to date with progress. We are:

- **Releasing data daily** on the number of people who have received vaccinations. This will be published on the **Public Health Wales Rapid COVID-19 Surveillance dashboard*** Monday to Friday. The daily release will show the total cumulative number of vaccinations administered – for both first and second doses. The daily figures will give a timely update on the roll out of the vaccination programme, although the actual number of people vaccinated will be higher due to ongoing data entry.*
- Continuing to publish **weekly, more detailed data on vaccinations** through the Public Health Wales Rapid COVID-19 Surveillance dashboard. This will include data at local health board level and will be expanded to cover other topics as more good quality data becomes available, such as take up by priority group.*

- Begin regular publication of **data on the supply and stock of vaccines** in Wales.
- Planning to publish a **dashboard to summarise and track progress** on the vaccination programme.

To keep individuals up to date about the vaccination roll out and confident to take up their vaccination offer, health boards are also working with local partners, including local government, to keep people informed about vaccination roll out and their place in it. Health boards have written directly to every household in Wales to explain what they can expect in terms of the vaccination programme. Included within this letter is an infographic explaining the priority groups and numbers of the population within each group – so that individuals can assess where they are in the queue as it were.

<https://phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/about-the-vaccine/>

* <https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary>

ANNEX 1

The priority list to receive the vaccine has been agreed by the UK's independent Joint Committee on Vaccination and Immunisation (JCVI) and is being followed by all four nations in the UK.

There are two phases:

In the first phase, we will vaccinate according to age and risk of serious illness if someone catches coronavirus.

This priority list is as follows:

1. People living in a care home for older adults and their staff carers
2. All those 80 years of age and older and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and people who are extremely clinically vulnerable (also known as the "shielding" group) – people in this group will previously have received a letter from the Chief Medical Officer advising them to shield
5. All those 65 years of age and over
6. All individuals aged 16 years to 64 years with underlying health conditions*, which put them at higher risk of serious disease and mortality
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over

These groups represent around 99% of preventable deaths from Covid.

*** Underlying health conditions:**

- Chronic respiratory disease, including chronic obstructive pulmonary disease (COPD), cystic fibrosis and severe asthma
- Chronic heart disease (and vascular disease)
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological disease including epilepsy
- Down's syndrome
- Severe and profound learning disability
- Diabetes
- Solid organ, bone marrow and stem cell transplant recipients
- People with specific cancers
- Immunosuppression due to disease or treatment
- Asplenia and splenic dysfunction
- Morbid obesity
- Severe mental illness

In the second phase, further recommendations are awaited from JCVI and we hope the rest of the population in Wales will be vaccinated. The advice from the JCVI is that the focus for this first phase should be on preventing further hospital admissions and vaccinating those people who are at increased risk first.

TRUST BOARD

VELINDRE CANCER CENTRE CLINICAL FRAMEWORK FOR DEFINING THE CLINICAL MODEL AND TREATMENT DECISION MAKING DURING WAVE 2 OF COVID-19

DATE OF MEETING	28 th January 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	VCC Silver Command	
PRESENTED BY	Dr Jacinta Abraham, Executive Medical Director	
EXECUTIVE SPONSOR APPROVED	Dr Jacinta Abraham, Executive Medical Director & Nicola Williams, Executive Nursing, AHPs and Health Science	
REPORT PURPOSE	FOR APPROVAL	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Gold Command	8/1/21	ENDORSED FOR APPROVAL
Board Briefing	14/1/21	INFORMAL DISCUSSION
ACRONYMS		

VCC	Velindre Cancer Centre
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1. SITUATION/BACKGROUND

The clinical principles and framework to support and guide decision making during the Covid pandemic have been received at the Trust Board twice before. Firstly at the Trust Board meeting on 18th March, where the 'Clinical Governance and operating framework for Clinical patient pathway / treatment decision making during COVID 19' were discussed and agreed. Alongside this, an impact assessment process was approved which provided a framework to determine the level of the command structure was most appropriate to make a decision, including Trust Board level. This was referred to in the Audit Wales 2020 Structured Assessment report: "The Board agreed a decision-making framework and supporting impact assessment process to determine which command group should be responsible for individual decisions."

In Trust Board on 4th June, a revised framework was approved for the 'Recovery Phase.' The same impact assessment process continued to apply. This followed an informal discussion on the proposed changes to the framework at Board Briefing on 14th May.

2. KEY POINTS

Core principles remain unchanged from the previous two versions:

- Patient care and safety are paramount.
- Care will be provided based upon clinical need.
- Care will be delivered to maximise clinical outcomes at a patient and population level.
- Care will be provided at home or as close to home as possible where feasible, although capacity in the Health Boards has reduced the availability of outreach for many outpatient clinics and SACT treatments.
- Staff safety and well-being are paramount.

These clinical principles are taken in the latest context of:

- The background risk of community and hospital transmission of COVID-19.

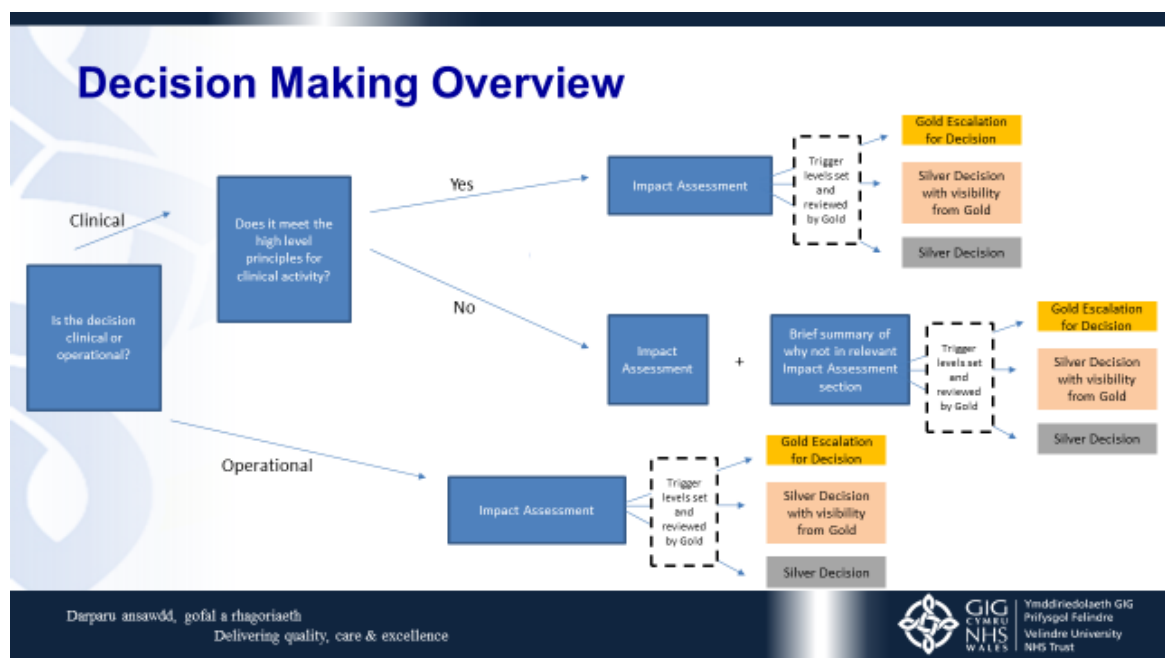


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- The limited ability of VCC to clearly demarcate Green-Amber-Red zones.
- The need for clinical prioritisation to manage capacity and demand whilst minimising impact on patient outcomes.
- The individual patient risks including age, performance status, sites of disease, comorbidities.
- The COVID-19 status of the patient which may be negative, positive, suspected or recovered.
- The treatment modifications already made and any outcome measures seen.
- The impact of future therapy on the basis of already modified treatment pathways.

The Impact Assessment process as set out below will continue with no further change to this approach.



It is acknowledged was discussed at Gold Command that changes in the framework may result in a change to the scoring and mitigation of the Covid-19 risk in the Trust Risk Register. This is reflected in the Trust Risk Register paper.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	Governance, Leadership and Accountability Timely Care Effective Care Safe Care Individual Care Dignified Care
RELATED HEALTHCARE STANDARD	Safe Care
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
	Requirements assessed on case by case basis
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

The Board is asked to **approve** the updated 'Velindre Cancer Centre Clinical Framework for Defining the Clinical Model and Treatment Decision Making.'



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VELINDRE CANCER CENTRE CLINICAL FRAMEWORK FOR DEFINING THE CLINICAL MODEL AND TREATMENT DECISION MAKING

DRAFT

Document Author: Trust Executive Medical Director & Executive Nursing Director

Date: 21/12/2020

Version: 3.0



APPROVAL

Board/Group	Date Submitted	Date Approved	Comments
Clinical Development Group	22/12/2020	22/12/2020	Document approved
VCC Silver Command	22/12/2020	22/12/2020	Changes and Additions from V2 marked in Yellow Deletions from V2 marked in grey on Appendix 3
VCC Gold Command			

REVIEW HISTORY

Date Last Reviewed	Next Review Date
21 st December 2020	

DOCUMENT HISTORY

Version	Date	Amended By	Detail
V1	March 2020		
V2	September 2020		COVID Recovery principles
V3	December 2020	EGE/MB/AG/BT/VC	2 nd Wave Principles



VELINDRE CANCER CENTRE CLINICAL FRAMEWORK FOR DEFINING THE CLINICAL MODEL AND TREATMENT DECISION MAKING Version 3 – DECEMBER 2020

1. PURPOSE

This is a Velindre University NHS Trust document for use during the COVID19 Public Health emergency to support decision making related to service provision at Velindre Cancer Centre. As we move into the second wave of COVID 19, it should be used as a replacement to the '*Clinical Governance and operating framework for Clinical patient pathway / treatment decision making during COVID 19*' and the *Clinical framework for defining the clinical model and treatment decision making during the recovery phase of Covid19*

This Clinical Framework for Defining the Clinical Model and Treatment Decision Making V3 is intended to support cancer service delivery at Velindre Cancer Centre during the second wave of the pandemic. The trajectory of the pandemic remains uncertain and will be reviewed at three-monthly intervals, or as the clinical service requires. This Clinical Framework takes account of lessons learnt during the first Covid surge and subsequent Recovery phase, also noting that there are key differences compared to the first wave.

All proposed changes to clinical pathways/treatment should have a completed impact assessment signed off by the relevant service clinical leads for Radiotherapy and SACT and the Clinical Director, followed by 'Silver' or 'Gold' approval.

Clinical teams are responsible for monitoring and recording patient outcomes. Any Covid-related changes in clinical decisions/routine clinical care should be documented in the medical records (Canisc) with the searchable term ****COVID19**** to support any future audit/review work. Any adverse outcomes should be recorded on the DATIX system and a review of treatment / care pathway to be undertaken. The risk register should be kept 'live'.

The impact of these Principles on the workforce / digital enablement /Regulatory Requirements /Communication strategy must be considered for each action. Individual treatment decisions may need to be made on a case by case basis with input from patients (shared decision making) and the relevant multidisciplinary teams. The process for clinical prioritisation will be overseen by the Nominated Trust Oncology Lead (Clinical Director).

2. DEFINITIONS



- **Second Wave:** The documented COVID-19 peak with potential for major impact on clinical services, extending from December 2020 into early 2021. This may be followed by a further recovery phase and possible further peaks, and will be exacerbated by normal winter and seasonal holiday period pressures.
- **Essential Services:** “Services that are life-saving or life-impacting i.e. where harm would be significant and irreversible, without urgent or emergency intervention”.
- **Scheduled Care:** This is planned and routine care including Inpatient planned admissions, Outpatient attendances, planned Radiology visits, Radiotherapy related visits and Systemic Anti-Cancer Therapies (SACT)
- **Unscheduled care:** Unplanned healthcare episodes such as emergency events including day case assessments, emergency radiology, emergency radiotherapy, inpatient admissions and Acute Oncology Services.

3. REFERENCES

This document has been developed in line with the following documents:

- Clinical Governance and operating framework for Clinical patient pathway / treatment decision making during COVID 19 [VUNHST 18th March 2020] (Ref 1)
- Framework for Maintaining Essential Health Services during the COVID 19 Pandemic [WG]
- Draft NHS WALES COVID 19 Operating Framework-Quarter 1 [WG]
- Speciality guide for the management of non-coronavirus patients requiring acute treatment for cancer [NHS NICE ref 001559]
- Ethical Framework NHS Covid19
- Operating framework for urgent and planned services in hospital settings during COVID-19 NHS
- Guidance for the remobilisation of services within health and care settings. Infection prevention and control recommendations

4. BACKGROUND

4.1 Risk to cancer patients of COVID 19

The cancer population considered at high risk of becoming seriously ill with coronavirus infection (by virtue of age and co-existent health problems) have already been defined (Ref 1). Cancer patients continue to remain at high risk should they contract the disease, especially with high levels of community and potentially hospital acquired transmission. Vaccination programmes are in progress but will take time to protect health and social care workers and reduce the risk to patients. Symptomatic testing and asymptomatic screening will have mixed impact (for example, identifying infected individual to prevent spread, but in the short term may create additional workforce pressures). There is a great deal of uncertainty ahead and there are likely to be fluctuations with geographical variations across SE Wales. The impact of the new variant of COVID-19 is currently unknown (potentially more infectious but not associated with increased severity of illness but more information will come to light in due course). This will need to be closely monitored.



4.2 Risk to cancer patients of not receiving optimal treatment

Cancer services have already been severely disrupted as a result of COVID-19 due to reduced screening, diagnostic pathways, early detection via primary care and primary surgery but also the necessary modification of therapy in order to minimise harm in the high risk cancer group. These pathway changes have increased pressures on non-surgical oncology services which may be felt for weeks and months to come.

Velindre Cancer Centre continued to deliver essential cancer care in line with the high level Principles defined at the start of the pandemic (Ref1). Patients were also cognizant of the risks of treatment, and the majority were included in the shielding population. Staff capacity was also impacted by the need for shielding, self-isolation and/or Covid-19 infection.

Higher community levels and the introduction of comprehensive contact tracing have had a significant impact on staffing levels. Some staff members remain off work since the first wave, current staff sickness rates are higher than average and those staff currently in work are tired after a long and difficult year, with no end immediately in sight. Staffing levels are a significant concern/threat to the provision of optimal, timely treatment, as is the risk of staff burnout and stress.

4.3 National framework for cancer

There is agreement in NHS Wales and the rest of the UK that cancer services should be protected to reduce the risk of further excess deaths during the pandemic. During the recovery period, some elements of routine care such as cancer screening were restarted, though these may be at risk during this second wave. We need to deliver cancer services in a safe way through short planning cycles that maintain the flexibility and agility without putting patients and staff at any increased risk.

This creates a different context within which we need to manage and deliver services, compared to the first wave early in 2020.

5. SECOND WAVE PRINCIPLES

5.1 Overarching principle of the Recovery phase

Velindre University NHS Trust has a responsibility to continue to deliver essential non-surgical cancer services and palliative care to our catchment population. Implementation strategies must be underpinned by patient/ procedure risk assessment, appropriate Covid testing regimes and epidemiological data.

5.2 Principles of care

These remain unchanged (Ref 1):

- Patient care and safety are paramount.
- Care will be provided based upon clinical need.
- Care will be delivered to maximise clinical outcomes at a patient and population level.



- Care will be provided at home or as close to home as possible where feasible, although capacity in the Health Boards has reduced the availability of outreach for many outpatient clinics and SACT treatments.
- Staff safety and well-being are paramount.

These clinical principles are taken in the context of:

- The **background risk** of community and hospital transmission of COVID-19.
- The limited ability of VCC to clearly demarcate Green-Amber-Red zones
- The need for **clinical prioritisation** to manage capacity and demand whilst minimising impact on patient outcomes. The NICE definitions of patient priority level will continue to be used along with the **WCN Priority Matrix for SACT** (See Hyperlink 1 and Appendix 2):
 - The individual patient risks including age, performance status, sites of disease, comorbidities
 - The COVID-19 status of the patient which may be negative, positive, suspected or recovered.
 - The treatment modifications already made and any outcome measures seen.
 - The impact of future therapy on the basis of already modified treatment pathways.

5.3 Key Strategic principles that determine the clinical model during the second wave

Given our vulnerable patient group, all possible measures must be taken to ensure a safe hospital site. Infection prevention and control precautions, for example Standard Infection Control Precautions (SICPs) or Transmission Based Precautions (TBPs) must be communicated between care areas

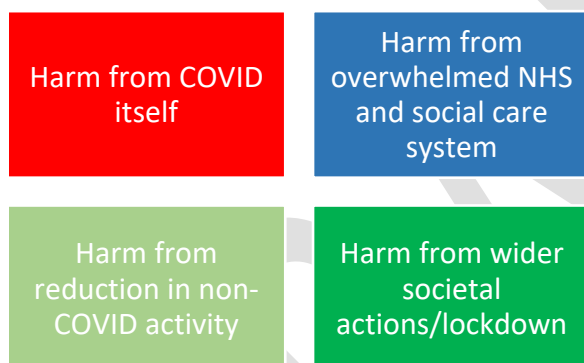
- Risk mitigation strategies include a systematic programme of managing access /rapid triage/screening/ testing and case contact tracing, where necessary of both staff and patients.
- Example of patient risk mitigation encouraging pre-treatment self-isolation for 14 days, pre-treatment screening
- Twice weekly screening of frontline clinical staff is being implemented.
- Social distancing continues to be applied in all areas. In clinical areas where the 2 metre social distancing rule cannot be maintained, this is mitigated by appropriate use of PPE. All staff are encouraged to work from home wherever possible, and IT support has been provided.
- Enhanced cleaning regime and IPC protocols including use of appropriate PPE is mandatory and is regularly audited. (Ref 6)
- All potential admissions will be screened using rapid response testing. Where possible, Covid-positive patients will be diverted to more appropriate locations eg DGH but if emergency or category 1 treatment is necessary, Covid-positive patients will continue to be treated in designated areas and at designated times (eg end of the day to allow cleaning). Clear signage and communications is essential so that staff are aware of these Red zones.
- Ambulatory care should be provided wherever possible, to minimise the need for admission.
- Virtual consultations (telephone and video eg via Attend Anywhere) currently account for 50% outpatient episodes, this will continue to be supported to minimise the need for attendance.



- Feedback from patients and staff is collected regularly, to assess the impact of virtual consultations.
- Social media platforms are used wherever possible, for rapid and far-reaching communications to patients and the public.
- Ensure a rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals). Positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation.

5.4 Principles aligned to National WG Operating Framework

We need to balance the risks for our cancer patients, in these 4 defined areas of harm, and make a clinical judgement on the benefits of treatment. The ethical framework will guide decision making which will be based on the principles that everyone matters equally but this does not mean that everyone is treated the same.



6. WAYS OF WORKING

- The broad principles set out in Ref 1 still remain in relation to ways of working. Key areas where there are differences for the second wave will be included under the existing headings of criteria and ways of working. Where possible we should work with other Cancer Centres, HBs and organisations in/beyond Wales to align with protocols for COVID-19/decisions on how to deliver non-surgical cancer services.

Principles:

- 1) Keep patients and staff safe by reducing transmission (maximises our capacity/ability to deliver our essential services)
- 2) Make best use of our capacity (efficient, good, communication, timely work flow to reduce waste/lost capacity)
- 3) Make necessary changes (physically or functionally) to maximise capacity
- 4) Focus on key areas (e.g. may cancel elective follow-up to allow a focus on essential services such as new patient review, RT or SACT clinics etc.)



- 5) Understand demand from MDTs (and how this is changing as there is a need to see how this balances against capacity)
- 6) Understand how we prioritise clinical need (potentially between teams/services as well as within a team) when demand exceeds capacity
- 7) Understand escalation procedures for prioritisation (when 5 exceeds capacity, despite mitigating factors through 1,2,3 and 4)

6.1 Minimise risk of Transmission

We should take all actions to reduce the risk of any transmission of COVID-19 across any service provided by Velindre. This will help keep patients and staff safe and will help us maintain our staffing levels and therefore our ability to deliver our key services.

- Maintain the 2m distancing rule throughout VCC where possible.
- Patient screening pre-treatment and contact tracing.
- Follow national guidance re isolation of staff/patients after positive contacts/infection
- Vaccination of staff, following national guidance
- Offer virtual consultations wherever possible
- Defined hospital area for access, triage assessment and patient flows within outpatients, day case delivery, inpatients and radiotherapy.
- Ensure areas/wards are clearly signposted, using physical barriers as appropriate to ensure patients/individuals and staff understand the different risk areas
- Safe systems of working including administrative, environmental and engineering controls are an integral part of IPC measures.
- IPC principles i.e. Handwashing / Hand hygiene / minimise physical contact / staff education & training and clearly defined use of PPE for all areas including a risk assessed approach.
- Limiting / preventing visitors / patient support (OPDs) in line with current national guidelines / requirements; all exceptions to be agreed with Nurse or person in charge.
- Enhanced touch point chlorine cleaning and extended site cleaning hours.
- Minimise attendances and duration of stay for outpatient / day case attendances – external holding areas, minimal additional people in clinic with patients.
- Consider designated Radiotherapy facilities and timing of treatment e.g. end of day followed by appropriate zone cleaning.
- Reduce numbers and physical attendance at MDT/other essential meetings using video links where at all possible. (as per WCN guidance).
- Staff screening: Enhanced staff testing and contact tracing programme in line with maintaining COVID-19 free zones.
- Support staff working remotely e.g. maintain new protocols for remote treatment consent, authorisation, approval.
- Review staff rotas to minimise risk of transmission, maximise skill mix, expertise, adequate capacity and oversight while ensuring adequate compensatory rest.
- Robust risk assessment of vulnerable staff including BAME individuals to determine appropriate areas of work.

6.2 Scheduled care



We aim to continue to deliver essential scheduled cancer care in a safe environment, using digital technology for remote/virtual consultations wherever possible.

- Minimise face to face and/or routine reviews where feasible.
- Maximising use of remote monitoring where acceptable
- Extending intervals between visits / surveillance (eg radiology) / monitoring where appropriate.
- Reviewing mode & choice of treatments in line with published guidance.
- Strengthening Homecare.
- Introducing evidence-based hypofractionated RT regimens e.g. Fast Forward for breast cancer.
- Continue trial recruitment and follow-up in line with individual trial protocols.
- Revised pathways for palliative patients / end of life care dependent on options for this e.g. third sector provision/Use of surge capacity in Health Board setting.

6.3 Understanding the Patient risk

We now have a better understanding of the risks of non-surgical cancer treatments during the Covid pandemic and when SACT and RT can be delivered safely. However when community/hospital transmission rates are high, any activity that brings a patient into a clinical setting (especially an inpatient setting) will result in an increased risk of contracting COVID-19. Therefore any treatment activity will involve a degree of risk – which needs to be carefully balanced against the harm/risk of not giving treatment and the negative impact this has on cancer outcomes.

The ability to screen patients prior to treatment (and the introduction of regular staff screening) has improved the safety of cancer treatments and reduced the risk to other patients and staff.

The risk of patients can be defined as:

- The overall risk of benefit/harm from the proposed treatment and/or supportive care
- Their individual risk of contracting COVID-19
- Their risk of immunosuppression during and following cancer treatment
- Other known risks: >70 yrs, WHO performance status of 2 or more, pre-existing lung conditions, lung cancer, other comorbidities e.g. obesity, ethnicity, uncontrolled diabetes, heart disease and hypertension.
- Identifying the most immunosuppressive regimens
- Develop risk stratification by treatment type for SACT/RT or chemoradiotherapy.
- Review evidence for benefit of therapy for that individual or group of patients
- Review evidence for prioritization criteria: SACT and RT neoadjuvant / adjuvant/non-curative, first line treatment and beyond.
- Consider choosing less immunosuppressive treatments or regimens where this is still felt to be relevant, particularly to reduce the risk of respiratory toxicities such as pneumonitis e.g. RT versus CRT, RT versus surgery (refer to NICE interim guidance)
- Rationalisation of therapy in palliative settings: extending intervals/single agents/less complex RT
- Using agreed Covid-19 treatment protocols, developed to reduce risk
- PHW advise that patients who have tested positive (whether symptomatic or not) can proceed to treatment 14 days later if clinically well and appropriate, without repeat testing. The risk of transmission after this interval is considered to be low, and some patients may remain PCR positive for up to 3 months.



6.4 Unscheduled care

Non COVID-related Unscheduled care

Where appropriate, Velindre Cancer Centre would aim not to admit or manage patients with acute respiratory symptoms and suspected or confirmed COVID -19 (admission pathways to relevant HB). We remain open to admissions as maintaining access to inpatient cancer care is a priority. Every patient will be Covid tested on admission irrespective of symptoms and also on day 5 if they remain in hospital. The existing Admission Criteria would otherwise apply and we aim to continue to support HBs in managing non-respiratory acute toxicities.

- Telephone triage to keep patients in the community in line with PHW advice.
- Effective Admission policy: avoid direct admission of suspected cases in line with HB agreement.
- Effective Discharge policy to reduce length of stay.
- Individually appropriate decisions (including discussion with the patient) around ceilings of care
- Expedite a pathway for phlebotomy services in HB.
- Use outpatient treatment regimens to avoid elective admissions unless essential.

Suspected and/or confirmed COVID-19 positive Unscheduled Care:

Velindre Cancer Centre will have designated isolation / segregating arrangements and clear patient triaging / pathways for activation.

These must be discussed with HB partners and WAST to ensure joined up care for patients.

- Consistent robust history taking and risk assessment (including of household members).
- Other known risks: >70 yrs, WHO performance status of 2 or more, pre-existing lung conditions, lung cancer, other comorbidities e.g. obesity, ethnicity, uncontrolled diabetes, heart disease and hypertension.
- Identifying regimens that are most likely to immunosuppress individuals.
- Develop a pathway for isolation, assessment, testing and treatment that protects patients and staff.
- Develop pathways for escalation and resuscitation of COVID-positive cases.

6.5 Assessment Unit (AU)

Velindre should have a designated **assessment/triage area** separated from any segregating areas. The principles of reduced transmission should be applied together with the principles below:-

- Dedicated area with rapid turnaround on AU for low risk patients (potential or unknown risk of COVID).
- Rapid on site testing for any suspected cases.
- Consider entry and exit routes for such an assessment unit.
- Clear signposting and communication for visitors.

6.6 Flexible Inpatient capacity and widening of admission criteria

During the first wave, consideration was given to expanding VCC inpatient capacity for acute admissions not directly related to cancer treatment. This capacity was not required and given the



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mandate to prioritize essential cancer services, there are no plans to provide “field hospital” beds at VCC.

VCC will continue to provide core/essential cancer services, specifically radiotherapy and SACT as well as the relevant AOS services and access to specialist oncology inpatient beds.

6.7 Mutual Aid during the second wave

Staff will continue to have the opportunity to participate in mutual aid programmes as required by NHS Wales following agreement with the health boards, VCC line managers and as compliant within job plans as appropriate. This will be monitored to ensure there is no impact on our core services.

APPENDICES:

Hyperlink 1 NICE definitions of patient priority level for Cancer Patients

<https://www.nice.org.uk/guidance/ng161/chapter/6-Prioritising-systemic-anticancer-treatments>

Appendix 2 WCN Priority Matrix for SACT (to be found within the VCC Convid 19 SACT Treatment Principle document attached



VCC COVID-19 SACT
Treatment principles

Appendix 3 Previous Version with deletions marked in grey:

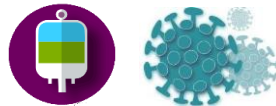
VCC Clinical Framework for Defining the Clinical Model and Treatment Decision Making during the RECOVERY phase of Covid 19 (Approved EMB 26/5/2020)



VCC RECOVERY
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Document Information

Guidance: COVID-19: Treatment with SACT, Principles for Clinical Decision Making



CONFIDENTIAL

This guidance is intended to lay out the principles for managing SACT patients during COVID-19

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Original Author(s):	Bethan Tranter, Chief Pharmacist and SACT Lead Dr Simon Waters Dr Ricky Fraser Dr Hilary Williams Dr Mererid Evans Dr James Powell		
Owner:	Bethan Tranter		
Commissioned by:	VCC Silver Command		

Distribution & approvals history

Version	Distributed to	Date	Action taken / Approved by
V0.1	Ricky Frazer, Mererid Evans, Simon Waters, Nikki Pease, James Powell, Hilary Williams (VCC Consultants)	17.03.20	For comments / input
V0.1	Angharad A Rudkin	18.03.20	For formatting
V1.0	Approved by VCC	18.03.20	Submitted to Gold for endorsement
V2.0	Updated by B Tranter with input from: Simon Waters, Richard Adams. Distributed to Consultants as above for info	24.03.20	Updated. Main amendment: to include NICE NG 161 prioritisation to include "COVID-19" on anno for audit
V3.0	Updated by Rosie Roberts, B Tranter, S Waters, EG Evans	21.04.20	For comments
V3.0	SACT SG	24.04.20	Approved, submitted to CDG
V4.0	Bethan Tranter	25.09.20	BT full review
V6.0	Rosie Roberts, Simon Waters, Angharad Rudkin	26.10.20	For final comments, cross checking with SACT COVID-19 Screening SOP and formatting
V6.3	SSG	03.11.20	For finalisation and approval

V7	SSG	17.11.20 and 01.12.20	For approval. Treatment prioritisation amended to reflect SSG comments of 03/11/20 and 17/11/20 re Positive patient management and clinical prioritisation
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This guideline should be read in conjunction with the following key guidance:

- **COVID-19 rapid guidelines: delivery of systemic anticancer treatments**
www.nice.org.uk/guidance/ng161
- **WCN SACT prioritisation during COVID See Appendix1**
- **SACT Escalation Guidelines**
- **SOP on how to manage pre-treatment COVID-19 patient screening.**

This guidance will be updated regularly. Please ensure that the most recent version is utilised.

1. Introduction

- 1.1. The aim of this guideline is to support senior clinicians as part of a MDT in their decision making as to whether SACT treatment should be initiated or continued in patients during the COVID-19 Pandemic of 2020/ 2021
- 1.2. These guidelines have been developed taking into account:
 - The risks to patients of receiving SACT Treatment with toxic side-effects during the COVID-19 Pandemic and
 - That in some patients the benefits of receiving SACT will be reduced or negated compared to the risks of acquiring COVID-19 and
 - Given that it is expected that NHS Wales' capacity to safely manage these patients may fluctuate during the pandemic.
- 1.3. This guideline outlines principles by which senior medical staff should make their decision in order to ensure appropriate care for the whole of the patient population of Velindre Cancer Centre and the wider population of SE Wales.
- 1.4. This guideline cannot stipulate at individual patient level whether a patient should or should not proceed/ continue with SACT Treatment. This must be an individual decision made collaboratively between the patient and their Consultant/ senior medical staff.
- 1.5. **All decisions made as to whether treatment should continue or proceed should be clearly documented within the patient's medical records on Canisc.**
- 1.6. Ensure that you document clearly how the decision is reached and communicate clearly with the patient, their families and carers.
- 1.7. To enable VCC and Site Specific Teams to monitor changes to treatment pathways, include the following on all Canisc annotations where a decision is made to stop, defer or not to proceed with treatment: ****COVID-19****.
- 1.8. Similarly, when SACT is deferred/modified on ChemoCare for reason of COVID-19, please use the drop down code: COVID-19.
- 1.9. This guidance is applicable to all patients who are managed by VCC.

2. General principles

- 2.1. Patients having SACT are often immunocompromised and may have atypical presentations of Covid-19. Also, symptoms of COVID-19, neutropenic sepsis and pneumonitis may be difficult to differentiate at presentation.
- 2.2. Consideration should be given to starting treating with the least immunosuppressive treatment option until the patient has recovered from Covid-19.
- 2.3. For pre-treatment COVID-19 screening, please refer to: Pre-treatment COVID-19 screening pathway and processes.
- 2.4. The clinical team should inform all new patients or those who are about to start a new line of therapy (i.e. all cycle 1 patients) that COVID screening **may** be required and provide them with the written information leaflet 'COVID-19 and my cancer treatment' <http://www.velindrecc.wales.nhs.uk/covid-19-patient-information-leaflets>

3. Patients with proven COVID 19

- 3.1. Patients with proven COVID-19 should not be routinely treated with SACT except in exceptional circumstances (see below).
- 3.2. SACT treatment should be delayed for at least 14 days from onset of symptoms in patients with proven COVID-19.
- 3.3. A previously positive patient who is asymptomatic with no fever for at least 48 hours (may have a residual dry cough and /or loss of taste & smell) can attend for treatment after 14 days from date of positive test
- 3.4. The only exception is a patient who requires emergency SACT where the risk of delaying treatment outweighs the risk of morbidity and mortality from COVID-19.
- 3.5. The decision to administer SACT to a patient who has suspected or proven COVID-19 must be made by a consultant after a discussion with the patient outlining the risks and benefits of treatment and completion of a risk assessment documented on Canisc which takes into account:
 - Risk of delaying SACT compared to risk of mortality with COVID-19
 - Ensuring staff and patient safety
 - Whether the patient will require admission for SACT or symptom management.
- 3.6. The location for treating the patient will be decided on a case by case basis by the SACT senior nurse in charge. This will take into account the length of treatment required or whether the patient requires in-patient admission.

4. Patients who are symptomatic OR who have been in contact with a confirmed COVID case in the previous 14 days or have been requested to self-isolate

- 4.1 Request a COVID-19 screening test.
- 4.2 Liaise with consultant to confirm clinical appropriateness, defer treatment for a minimum of 14 days from onset of symptoms or contact with confirmed COVID case.
- 4.3 The decision to administer SACT to patients who are symptomatic or have been in contact with a confirmed COVID case in the previous 14 day, or have been requested to self-isolate must be made by the consultant, after a discussion regarding the unknown risk of restarting SACT post COVID-19 infection vs benefit of SACT.

5. General Principles – SACT regimen treatment options

- 5.1. The risks and benefits of patients initiating or continuing cytotoxic and/or immunotherapy based SACT regimens should be carefully considered in all patients, and in particular patients:
 - Who are considered vulnerable to developing COVID-19 as stated by Public Health Wales
 - Who have a Performance Status of >1
 - Whose SACT regimen toxicity profile is significant and risks hospitalisation e.g. risk of neutropenic sepsis or
 - Whose treatment is for latter lines of palliative SACT treatment.
- 5.2. Utilise regimens which are less hospital intense to reduce hospital stays/visits/ contact period/ risk of toxicity as appropriate.
- 5.3. Regularly refer to “NHS England interim treatment options during the COVID-19 pandemic” for alternative funded treatment options and associated clinician responsibilities.
Access via: www.nice.org.uk/guidance/ng161
- 5.4. Do not significantly change prescribing habits without first liaising with Pharmacy, as this may cause disruption with the pharmaceutical supply chain: e.g. do not increase usual numbers of cycles of oral SACT which are prescribed.
- 5.5. For patients on palliative treatments in whom you suspect disease progression over the next few weeks/ months please refer to community palliative care. Information in the CANISC record about the likely course of the patient’s disease and options for further treatment, will be vital for clinical teams from other organisations to determine the most appropriate care pathways in an emergency. Where a DNA CPR discussion has been held with the patient, this should be documented on CANISC on the ALERT tab

6. General Principles – maximising SACT daycase capacity

- 6.1. SACT Strategic Group recognises that the legacy effects of the first wave are on-going with increased demand relative to capacity and that there are uncertainties as to the impact on future surges on both staff resources and patient referrals into VCC for SACT.
- 6.2. This, in addition to increased complexity of managing patient appointments relative to their COVID status means that it is essential to optimise use of daycase resources.
- 6.3. The following are recommendations which clinicians are asked to consider for each patient and implement in all cases where clinically appropriate:

Line of therapy	Action	Benefit
Palliative SACT, 2 nd line onwards	If required, DEFER into NEXT booked treatment slot	Instantly releases daycase capacity
All	Choose oral SACT with MaH Service where possible	Reduced waiting times to start treatment Releases daycase capacity
All	Choose less intense daycase regimens: frequency/ tx duration	Releases daycase capacity
Immunotherapy, Trastuzumab(IV) / pertuzumab Kadcyla	Refer to MaH team at consent for treatment on mobile unit from cycle 3+ *	Releases daycase capacity
All	Work with outpatient nursing team to ensure timely prescribing / deferrals / cancellation of SACT during clinic **	Instantly releases daycase capacity Reduces work across all VCC

[*vcc.homecaretechnicians@wales.nhs.uk](mailto:vcc.homecaretechnicians@wales.nhs.uk)

[http://rqfh5srvdatawh1/Reports_LIVE_BI/Pages/Report.aspx?ItemPath=%2fVCC_Reports%2fPharmacy+Reports%2fClinic+List+\(Live\)](http://rqfh5srvdatawh1/Reports_LIVE_BI/Pages/Report.aspx?ItemPath=%2fVCC_Reports%2fPharmacy+Reports%2fClinic+List+(Live))

7. Treatment Prioritisation

- 7.1. It is the intention of the VCC SACT Strategic Group to continue to provide service throughout the second and subsequent waves of the COVID-19 pandemic.
- 7.2. Subject to SACT resource being maintained during the 2nd wave of the pandemic (Autumn/Winter 2020/2021), VCC SACT Service does not intend to reduce SACT daycase facilities further and will continue its operational recovery plan.
- 7.3. Treatment prioritisation is supported by SACT nurses assisting the booking team and, dependant on need, the SACT Clinical Lead or Clinical Director will liaise with medical colleagues to discuss individual cases if capacity becomes a problem
- 7.4. Refer to the Welsh Cancer Network: SACT prioritisation during Covid-19 Pandemic (Appendix 1).
- 7.5. Routine practice will be to continue to clinically prioritise patients as below:

Routine Prioritisation – Managed via the general SACT booking team

- The WCN COVID prioritisation matrix is utilised as necessary to identify clinical priority for SACT referrals alongside the booking notes and other clinical information
- The Booking team manage Category 2-6 as per WCN COVID matrix
Except chemo RT treatments managed as Category 2 who are referred for SACT escalation and all neo- adjuvant treatments who are escalated as needed

This is a pragmatic adjustment to streamline booking process – patients in complex pathways with RT. This relates to:

- H&N chemo RT and neo-adjuvant/primary (matrix category 4)
- Bladder neo-adjuvant (matrix category 3)
- Anal chemo RT (not in matrix) align with Cervix Chemo RT cat 1

SACT Escalations – Managed via a dedicated team

- Clinical concern about unstable cancer
 - COVID category 1 & Chemo RT new referrals are managed directly by SACT escalation and category 2 new referrals referred to escalation dependant on need – (assessed daily)
 - COVID Category 1&2 patients where there is no space for next cycle (typically due to deferral) are referred for escalation and prioritised based on clinical priority. COVID Category 1& 2 will continue to be classed as high priority for subsequent cycles.
 - COVID Category 3-6 patients where there is no space for next cycle (typically due to deferral) are referred for escalation and prioritised based on clinical priority. When necessary due to capacity limitations the escalation team will advise that patients receiving 2 weekly treatments are deferred into the next planned appointment as per recommendation 6.3
3 weekly treatments may also need to be deferred for 2-3 weeks
- 7.6 Cases falling outside the above (e.g. rare disease or treatment, non-malignant) will be discussed with the SACT Clinical Lead / Clinical Director.

Appendix 1



WCN SACT
prioritisation during



VELINDRE CANCER CENTRE CLINICAL FRAMEWORK FOR DEFINING THE CLINICAL MODEL AND TREATMENT DECISION MAKING DURING THE RECOVERY PHASE of COVID19

1. PURPOSE

This is a Velindre University NHS Trust document for use during the COVID19 Public Health emergency. As we move into the **Recovery** phase of COVID 19, it should be used as a replacement to the '**Clinical Governance and operating framework for Clinical patient pathway / treatment decision making during COVID 19**' reference paper 1.

The aim of the COVID-19 Recovery Phase – Clinical Framework for defining clinical / patient pathway / treatment decision making document is to provide a safe framework to support delivery of cancer treatments and services within Velindre Cancer Centre within the recovery phase of the pandemic.

It is recognised that the trajectory of pandemic recovery is uncertain and agility will be required and refinement as the weeks / months pass. There is also a potential for further 'peaks' which will require further review of the clinical delivery framework.

It is essential that any proposed changes to clinical pathways/treatment have a documented impact assessment. This will be undertaken using an Impact Assessment tool (attached in **Appendix 1**), to be signed off by the relevant site specific team (SST) Clinical Lead, and Clinical Director followed by 'Silver' or 'Gold' approval.

Patient outcomes will be actively monitored by Clinical Teams. Any adverse outcomes must be recorded on the DATIX system and a review of treatment / care pathway to be undertake. The risk register must be kept 'live'.

It is essential that the impact on the workforce / digital enablement /Regulatory Requirements /Communication strategy is considered for each action underlying each principle. Individual treatment decisions may need to be made on a case by case basis with input from patients and the respective multidisciplinary teams. Prioritisation will be overseen by the Nominated Trust Oncology Lead (Clinical Director).

2. DEFINITIONS

- **Recovery Phase:** The phase which occurs after the planning and peak phase of COVID-19 and is likely to have several stages within it including a further 'peak' at some point. We should assume that this period will last for at least 12 months and possibly as long as 18 months.



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- **Essential Services:** “Services that are life-saving or life-impacting i.e. where harm would be significant and irreversible, without urgent or emergency intervention”.
- **Scheduled Care:** This is planned and routine care which includes Inpatient planned admissions, Outpatient attendances, Radiology visits, Radiotherapy related visits and Systemic Anti-Cancer Therapies(SACT)
- **Unscheduled care:** Unplanned health care such as emergency events which may be day case assessments, emergency radiology, in patient admission and Acute Oncology Services.

3. REFERENCES

This document has been developed in line with the following documents:

- Ref 1: Clinical Governance and operating framework for Clinical patient pathway / treatment decision making during COVID 19 [VUNHST 18th March 2020]
- Ref 2: Framework for Maintaining Essential Health Services during the COVID 19 Pandemic [WG]
- Ref 3: Draft NHS WALES COVID 19 Operating Framework-Quarter 1 [WG]
- Ref 4: Speciality guide for the management of non coronavirus patients requiring acute treatment for cancer [NHS NICE ref 001559]
- Ref 5: Ethical Framework NHS Covid19
- Ref 6: Operating framework for urgent and planned services in hospital settings during COVID-19 NHS

4. BACKGROUND

4.1 Risk to cancer patients of COVID 19

The cancer population considered at high risk of becoming seriously ill with coronavirus infection have already been defined (*Ref1*). Cancer patients continue to remain at high risk should they contract the disease, but the risk of community and hospital acquired transmission based on the R0 value is lower than previously. This is due to flattening of the peak incidence of Covid positivity in Wales as a direct consequence of the current national social isolation policy. It is anticipated that there will be an ongoing prevalence of COVID-19 for at least the next 12 -18 months. There is a great deal of uncertainty ahead and during this time it is anticipated that there will be fluctuations with further peaks and ‘surge capacity’ expected, although these are likely to be less intense. The impact of serology testing and the potential development of a vaccine, and the timescales for this, is yet to be determined.

4.2 Risk to cancer patients of not receiving optimal treatment



Cancer services in general have already been severely disrupted as a result of COVID-19. This is in part due to the impact on reduced screening and primary surgery but also the modification of therapy in order to minimise harm from treatments in the high risk cancer group. These pathway changes have resulted in a suppressed demand for non-surgical oncology services which will become manifest in the coming weeks.

In Velindre Cancer Centre, essential cancer care has been continued in line with the high level principles defined at the outset of this pandemic (*Ref1*). However, there have been a number of examples where patients themselves have asked to have treatments modified or stopped because of concerns around their individual vulnerability and the risk of being infected in a hospital environment. In addition, staff capacity has been reduced because of staff COVID-19 infection and this may be an ongoing risk.

4.3 National framework for Recovery phase in cancer

There is agreement across the system in Wales and the UK that we need to urgently restore our ability to deliver essential health services for our cancer population. Where possible we are also asked to consider recommencing more routine care. However we need to do this in a safe way, and with caution, through short planning cycles that maintain the flexibility and agility without putting our patients and staff at any increased risk. The Welsh Clinical Network is developing a framework for the recovery of Cancer Services in Wales during COVID-19 and these Velindre principles are aligned with this document, which is currently in draft form.

5. RECOVERY PHASE PRINCIPLES

5.1 Overarching principle of the Recovery phase

Velindre University NHS Trust has a responsibility to continue to deliver non-surgical cancer services and palliative care, defined as essential, and now to gradually recommence routine cancer services in a safe and controlled way, for the population we serve, whilst working in collaboration with the wider NHS.

5.2 Principles of care

The following principles which we have already outlined (*Ref 1*) still remain:

- Patient care and safety is paramount.
- Care will be provided based upon clinical need.
- Care will be delivered to maximise clinical outcomes at a patient and population level.
- Care will be provided at home or as close to home as possible.
- Staff safety and well-being will be paramount.

To achieve these principles, the following 3 key elements will be considered in parallel:



i) The **background risk** of community and hospital transmission which is influenced by societal movement control and determines the phase of COVID-19

.ii) The ability to become a **COVID-Protected service** apart from designated COVID+ve zones (recognising it will not be possible to control all aspects of this or do this in all areas)

iii) The use of **clinical prioritisation** to manage capacity and demand whilst minimising impacting on patient outcomes. The NHS NICE definitions of patient priority level previously referenced will continue to be used (*See Appendix1*) in considering the clinical prioritisation of patients, the following factors also need to be considered:

- The individual patient risk including factors such as age, performance status, sites of disease, comorbidities
- The COVID-19 status of the patient which may be negative, positive, suspected or recovered.
- The treatment modifications already made and any outcome measures seen.
- The impact of future therapy on the basis of already modified treatment pathways.

5.3 Key Strategic principles that determine the clinical model during the Recovery phase

Given our vulnerable patient group, we need to take additional measures in delivering care in a safe environment, i.e. one that is protected, as far as possible, against the risks of COVID. In addition to the current arrangements during COVID19, we need to create distinct treatment areas now 'designated as COVID protected' to resume non COVID activity. This will form the vast majority of space on site. This will now include Inpatients/Outpatients/Radiotherapy /SACT to allow services to resume.

- Risk mitigation strategies for designation of a safe site would include a systematic programme of managing access /rapid triage/screening/ testing and case contact tracing, where necessary of both staff and patients.
- Example of patient risk mitigation may include Pre-treatment self-isolation for a 14 day period, swab testing (48hrs pre-treatment) and CT chest imaging for specified high risk groups. In addition frontline staff may need to be tested weekly.
- The principle of social distancing needs to be applied for patients and staff alike. In clinical areas where the 2metre social distancing rule cannot be maintained, this is mitigated by appropriate use of PPE. This has an implication for home working/use of remote consultation and consent.
- Enhanced cleaning regime and IPC protocols including use of appropriate PPE which is risk assessed according to the patient and procedure is mandatory.
- In addition to the current arrangements during COVID19, we need to create distinct treatment areas now 'designated as safe' for non COVID activity. (Covid-Protected

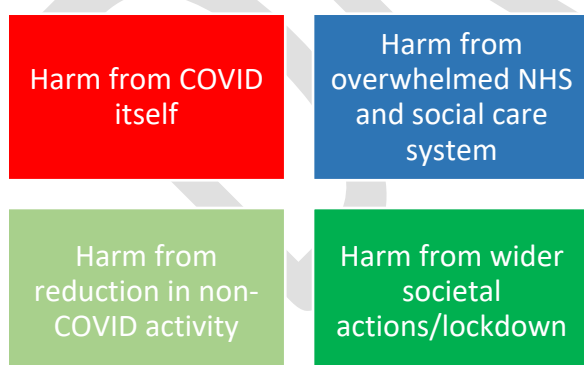


) This will form the vast majority of space on site. This will now include Inpatients / Outpatients/Radiotherapy / SACT to allow services to resume.

- We would also need to have the ability to continue to treat an expected but smaller number of COVID+ve patients should the need arise. Designated COVID+ve areas need to be defined within the service to include Inpatients, Outpatients, Radiotherapy and SACT. Moving these patients to alternative locations where possible should also be considered.
- Where possible and aligned to the principles of TCS, care should be delivered as close to home as possible and the footfall of patients at VCC, reduced to a minimum. In line with this Ambulatory care and Admission avoidance should be encouraged.
- We should continue to embrace new ways of working and efficient treatment monitoring protocols, supported by the appropriate digital infrastructure which allow remote consultations and consent to occur in cases where this is deemed acceptable by patients and relevant to their needs.
- We need to monitor patient and carer outcomes and feedback throughout the recovery phase.
- We should ensure that communication during this time involves clear, and coordinated messaging to patients, carers, external partners and our staff.

5.4 Principles aligned to National WG Operating Framework

We need to balance the risks for our cancer patients, in these 4 defined areas of harm, and make a clinical judgement on the benefits of treatment. The ethical framework will guide decision making which will be based on the principles that everyone matters equally but this does not mean that everyone is treated the same.



6. WAYS OF WORKING

The broad principles set out in *Ref 1* still remain in relation to ways of working. Key areas where there are differences with the recovery phase will be included under the existing headings of criteria and ways of working.



6.1 Minimise risk of Transmission

We should take all actions to reduce the risk of any transmission of COVID-19 across any service provided by Velindre.

- Work with other Cancer Centres, HBs and organisations in Wales to align with recovery protocols for COVID-19.
- Maintain the 2 metre distancing rule throughout the cancer centre apart from necessary clinical requirements.
- Patient screening pre-treatment, dependent on risk factors to include COVID history / Antigen testing/CT imaging/Self isolation protocols 7-14 days and contact tracing.
- Only bringing patients into the cancer centre if there is no alternative i.e. optimise virtual / telephone clinics.
- Defined hospital area for access, triage assessment and patient flows within outpatients, day case delivery, inpatients and radiotherapy.
- IPC principles i.e. Handwashing / Hand hygiene / minimise physical contact / staff education & training and clearly defined use of PPE for all areas including a risk assessed approach.
- Limiting / preventing visitors / patient support (OPDs) in line with current national guidelines / requirements; all exceptions to be agreed with Nurse or person in charge.
- Enhanced touch point chlorine cleaning and extended site cleaning hours.
- Minimise attendances and duration of stay for outpatient / day case attendances.
- Consider designated Radiotherapy facilities and timing of treatment e.g. end of day followed by appropriate zone cleaning.
- Reduce numbers and attendance at MDT using video links where at all possible. (as per WCN guidance).
- Staff screening: Enhanced staff testing and contact tracing programme in line with maintaining COVID-19 free zones.
- Support staff working from home, working remotely e.g. maintain new protocols for remote treatment consent, authorisation, approval.
- Review staff rotas to minimise risk of transmission, maximise skill mix, expertise, adequate capacity and oversight while ensuring adequate compensatory rest.
- Robust risk assessment of vulnerable staff including BAME individuals to determine appropriate areas of work.

6.2 Scheduled care

We should aim, wherever possible to recommence scheduled care in a stepwise approach maintaining the criteria 1 above. Where possible, and where it does not compromise treatment options we should reduce non urgent, face to face patient contact within Velindre Cancer Centre / Outreach settings. It is recognised that this approach will not suit all patient groups and needs to be considered on an individualised basis. This will mean:

- Continuing limited ongoing face to face routine follow up.



- Maximising use of remote monitoring where acceptable to patients and staff.
- Reviewing intervals between visits / surveillance / monitoring.
- Reviewing mode & choice of treatments.
- Strengthening Homecare.
- Reducing fractions of RT where appropriate to do so permanently e.g. Fast Forward for breast cancer.
- Consider safe recommencement of trial recruitment and follow-up in line with individual trial protocols.
- Revised pathways for palliative patients / end of life care dependent on options for this e.g. third sector provision/Use of Dragon heart hospital.

6.3 Understanding the Patient risk

In addition to the approach we have taken to minimise risk of therapy outlined in *Ref1*, in this recovery phase we should consider the ability to now reduce the likelihood of a patient harbouring the disease by intensive pre-treatment triage which may include 7-14 day isolation/screening with swab testing and use of CT imaging where relevant.

We should then **consider the** management of our **patients** in terms of:

- Their risk of contracting COVID-19(now significantly reduced in recovery phase)
- Their risk of immunosuppression during and following cancer treatment
- Balance this risk against likely benefits of treatment/care
- Identifying the known high risk groups: >70,PS 2+, pre-existing lung conditions,
- lung cancer, comorbidity e.g. diabetes, heart disease and hypertension
- Identifying the most immunosuppressive regimens
- Develop risk stratification by treatment type for SACT/RT or Combination SACT-Radiotherapy
- Review evidence for benefit of therapy for that individual or group of patients
- Review evidence for prioritization criteria: SACT and RT neoadjuvant / adjuvant/non-curative.
- Consider choosing less immunosuppressive treatments or regimens where this is still felt to be relevant, particularly to reduce the risk of respiratory toxicities such as pneumonitis e.g. RT versus CRT, RT versus surgery
- Rationalisation of therapy in palliative settings: extending intervals/single agents/Less complex RT
- We need to consider treatment protocols for patients who are asymptomatic and have tested COVID positive who will require repeated testing.

6.4 Unscheduled care

Non COVID Unscheduled care

Where appropriate, Velindre Cancer Centre would aim not to admit or manage patients with acute respiratory symptoms and suspected or confirmed COVID -19 (admission pathways to relevant HB). In line with being a COVID free zone as far as possible we would aim to test every patient on admission irrespective of symptoms. The existing



Admission Criteria would otherwise apply and we aim to continue to support LHBs in managing non-respiratory acute toxicities.

- Telephone triage to keep patients in the community in line with PHW advice.
- Effective Admission policy: avoid direct admission of suspected cases in line with HB agreement.
- Effective Discharge policy to reduce length of stay.
- Expedite a pathway for blood testing in the LHB.
- Delivery of treatment to home with adequate supplies.
- Use outpatient treatment regimens.

Suspected and or confirmed COVID-19 positive Unscheduled Care:

Velindre Cancer Centre will continue to have designated isolation / cohorting arrangements and clear patient triaging / pathways for activation:

- Consistent robust history taking and risk assessment (including of household members).
- Identifying the at risk groups: >70, PS 2+, pre-existing lung conditions, lung cancer, comorbidity e.g. diabetes, heart disease and hypertension.
- Identifying regimens that are most likely to immunosuppress individuals.
- Develop a pathway for isolation, assessment, testing and treatment that protects patients and staff.
- Develop pathways for escalation and resuscitation of COVID-positive cases.

6.5 Assessment Unit (AU)

Velindre should have a designated **assessment area** separated from any cohorting areas. The principles of reduced transmission (6.1) should be applied here. The assessment unit has been temporarily relocated and the feasibility of increasing from 4 to a maximum of 8 spaces is being explored. In addition, a two week pilot of 7 day working with 4 beds in use has been successfully undertaken. The recovery phase will consider the longer term implications and feasibility of this pilot. The AU will also include:

- Dedicated area with rapid turnaround AU for low risk patients (potential or unknown risk of COVID).
- Rapid on site testing for any suspected cases.
- Consider entry and exit routes for such an assessment unit.
- Clear signposting and communication for visitors.
- Primary care/community oncology services should be aligned to the function of the AU.

6.6 Flexible Inpatient capacity and Widening of admission criteria



In order to support our health board partners with the management of cancer patients during the 'peak or future surge capacity period' we have considered a flexible approach to widening our admission criteria. We have also developed a plan to increase our bed capacity to up to 47 beds. The operationalisation of this will depend on social distancing requirements and demand across a number of areas including our own capacity to deliver priority SACT / Radiotherapy and would be considered in collaboration with our Health Board colleagues. The areas we could increase activity would include:

- Palliative Care
- End of life care
- Management of CUP(Carcinoma of Unknown Primary earlier in the pathway)
- Symptom control
- Suspected Cord Compression
- Non-COVID related treatment toxicities

6.7 Mutual Aid during the recovery phase

Staff will continue to participate in mutual aid programmes as required by NHS Wales following agreement with the health boards, VCC line managers and as compliant within job plans as appropriate.



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Prepared by: Trust Executive Medical Director & Executive Nursing Director and members of the VCC Clinical Team

Agreed by: EMB on 26/05/2020

Review Date:

DRAFT

Covid-19 Vaccination Programme

Version: 1.1 working draft (21.1.2021)

Author: Nicola Williams, Executive Director Nursing, AHP & Health Scientists

1. CONTEXT

Velindre University NHS Trust does not have statutory responsibility for population health, primary / community care provision in the same way as Health Boards and therefore historically Velindre University NHS Trust has only taken responsibility for the vaccination of its staff for influenza. This responsibility remains in relation to the provision of the COVID-19 vaccinations but the Trust recognising the national priority to safeguard as much as the population as possible from COVID as quickly as possible has in agreement with Welsh Government also agreed to offer COVID Vaccinations to (in line with national vaccination priorities):

- Frontline WAST employees
- Some frontline staff groups that Cardiff & Vale Health Board are responsible for vaccinating
- Velindre Cancer Centre patients who have been active Cancer Centre patients for the past 18 months, do not live in a care home setting and can travel to receive the vaccine.

2. NATIONAL CONTEXT

Velindre University NHS Trust is planning to meet the requirements and timescales detailed in the NHS Wales COVID-19 Vaccination strategy published 11th January 2021 for the vaccination co-hort detailed above.

The Trust is represented on the National COVID-19 National Project Board and Operational Groups.

The Trust has been advised by the National vaccination leads that it will have access to the Pfizer vaccinations only. Therefore the Trusts delivery plan is congruent with what is deliverable for the intricacies of the Pfizer vaccination (limitations regarding storage, delivery, mobility and shelf life).

3. PHASE ONE VACCINATION DELIVERY OUTCOMES

At the time of drafting this plan (12th January 2021) the Trust had met its phase one vaccination objective i.e. offer vaccine to all Velindre University NHS Trust front lines staff and staff working within Velindre Cancer Centre, had

commenced delivery of phase two and commenced implementation of phase three.

By the 15th January 2021 Velindre University NHS Trust had administered 2,523 COVID-19 Pfizer vaccinations to Trust staff, frontline WAST & Cardiff & Vale staff. The breakdown is as follows:

Organisation	Number of vaccinations given
Velindre University NHS Trust	1,232
WAST	816
Cardiff & Vale Health Board	345
Others (non NHS, other HB)	93
Unknown	37
Total	2,523

4. COVID-19 VACCINATION PROGRAMME AIMS

The aim of the Trusts vaccination Programme is to offer both first and second dose vaccinations without interrupting critical service deliver i.e. provision of blood, blood products and convalescent plasma for NHS Wales, provision of non-surgical solid tumour cancer care and treatments for South East Wales and in line with national priorities and timescales to:

- All Trust employees
- Frontline WAST employees
- Some frontline staff groups that Cardiff & Vale Health Board are responsible for vaccinating
- Velindre Cancer Centre patients who have been active Cancer Centre patients for the past 18 months, do not live in a care home setting and can travel to receive the vaccine.

The COVID-19 Vaccination phases to offer COVID vaccines to...are detailed below:

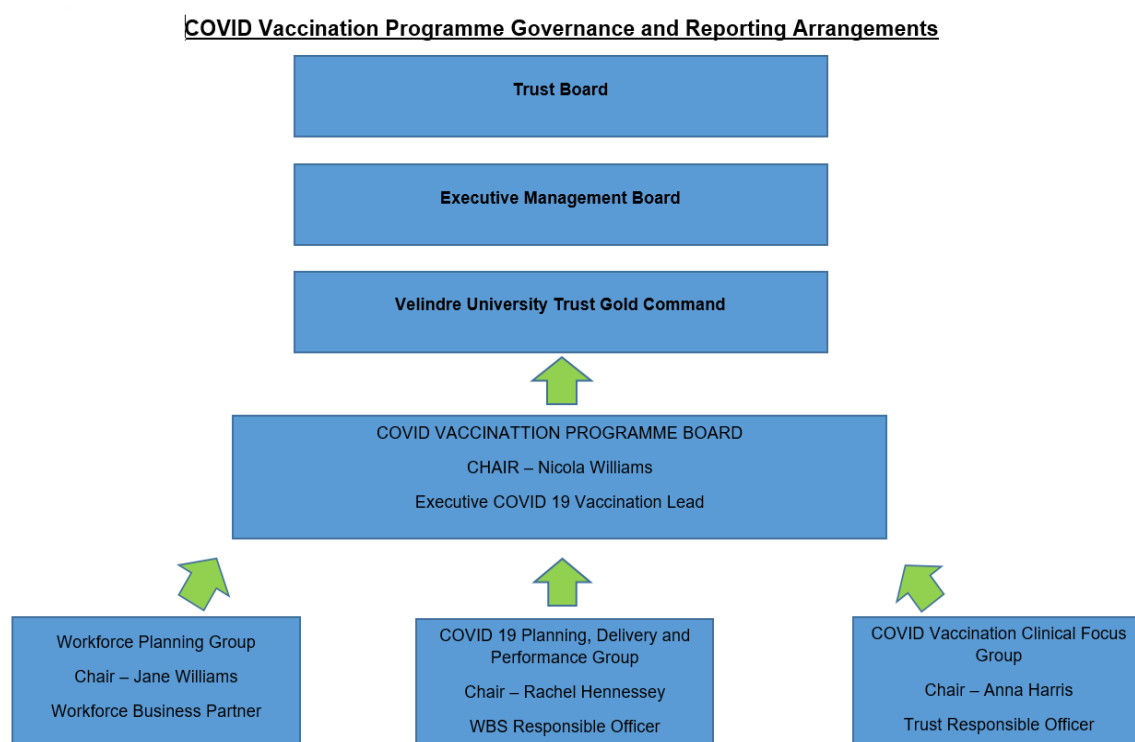
Phase	Coverage	Timescales
One	Front Line Trust employees Staff working in Velindre Cancer Centre	By 6 th January 2021
Two	WAST Front line paramedic staff Support Cardiff & Vale Health Board to vaccinate	By 15 th January 2021

	some staff groups responsible for vaccinating i.e. Hospices	
Three	Velindre Cancer Centre patients (activity in cancer centre within last 18 months) aged 80 years & over who are not residing in a care home and can attend an appointment at VCC.	By 31 st January 2021
Four	Velindre Cancer Centre patients (activity in cancer centre within last 18 months) aged 70-79 and those aged 69 years and younger who are in the extremely vulnerable category & any Trust employees not previously vaccinated in these categories	14 th February 2021
Five	Velindre Cancer Centre patients (activity in cancer centre within last 18 months) aged 60 -69 years & Trust employees aged 60-69 years not previously vaccinated	TBC (no later than Spring 2021)
Six	Velindre Cancer Centre patients (activity in cancer centre within last 18 months) aged 50 -59 years & Trust employees aged 50-59 not previously vaccinated	TBC (no later than Spring 2021)
Seven	Remaining Trust employees	TBC (no later than Spring 2021)
2 nd Vaccination Dose	For all above given first dose by Velindre University NHS Trust	In line with agreed national timescales (currently 11 weeks)– to commence 1 st March 2021

5. VACCINATION GOVERNANCE

5.1 Programme Structure

A COVID-19 vaccination Programme Board has been established that is responsible for the planning and overseeing the delivery of the Trusts COVID-19 vaccination programme in line with Welsh Government COVID-19 vaccination strategy requirements and timescales and the vaccination aims detailed above. There is Terms of reference. The following is the reporting and sub-structure.



5.2 Responsibilities

Core responsibilities include:

Executive Lead: Executive Director Nursing, Allied Health Professionals & Health Scientists

Senior Responsible Officer: Annie Evans, Deputy Director Nursing, Quality & Patient Experience

Operational Lead: Anna Harries, Senior Nurse Professional Standards & Digital

Welsh Blood Service Responsible Officer: Rachel Hennessey, Interim General Manager, Welsh Blood Service

Velindre Cancer Centre Responsible Officer: Lisa Love-Gould, Head of Therapies, Velindre Cancer Centre.

5.3 Workforce Plan

A COVID-19 Workforce plan and governance document has been developed development and will be attached to this when approved.

6. VACCINATION DELIVERY PLAN

6.1 Vaccination Centres

Due to considerable space constraints the following three locations are being used for the vaccination delivery:

- Mobile Units in Velindre Cancer Centre Car Park, Cardiff – suitable for staff vaccinations only given steep steps
- Wales Wound Centre, Llantrisant
- Velindre Cancer Centre Outpatient Department, Cardiff (weekends only)

Alternative locations can be sought if required. To date these locations are sufficient to meet vaccination needs. The Trust, given the need to continue with core business is unable to staff further vaccination centres at present but have offered staff to local mass vaccination sites on an ad-hoc basis.

6.2 Velindre Cancer Centre Patient vaccination plan

7. PFIZER VACCINATION SUPPLY

Weekly delivery of the Pfizer COVID-19 vaccination in packs of 195 ampules has been secured so that the Trust can meet its vaccination plan.

Since the 6th January 2021 the Trust has acquired a 6th does from all but one ampules maximising utilisation of vaccination (Pfizer has only assured the ability to obtain five doses).

8. VACCINE WASTAGE

The Trust is tracking any wastage and to date (21st January 2021 only one dose of vaccine wasted – systems revised to address planning error).

9. CANCER CENTRE PATIENT VACCINATION FORWARD PLAN

9.1. Numbers of patients being offered the COVID-19 Vaccines

It is agreed that the Trust will offer the following Cancer Centre Patients a COVID-19 vaccination in line with nationally agreed priority groups. The agreed patient co-hort is all those who have received active Cancer Centre involvement in the last 18 months:

Phase	Age	Co-hort number
Three	Aged 80 +	1,800
Four	Aged 75-79	2,032
Four	Aged 70-74	2,195
Four	All aged 69< in extremely vulnerable group due to cancer treatments (<i>mechanism for determining being considered</i>)	TBC (included in age details below)
Five	Aged 65-69	1,709
Five	Aged 60-64	1,458
Six	Aged 55-59	1,088
Six	Aged 50-54	826

9.2 Patient Delivery Plan

The specific contact and delivery plan is currently being re-modelled. The vaccination sessions for the Cancer Centres patients aged 80 years and older who are able to travel is starting on the 15th January 2021 and will be completed by the 31st January 2021.

The Trust is working with NWIS and Health Board colleagues regarding the electronic mechanisms to facilitate safe automated booking into appointments without risks of patients 'being lost'. Whilst this is being finalised patients have been contacted by telephone to book appointments. To date just under 50% of patients contacted and offered an appointment have booked one. 10% could not be contacted and have been sent a follow up letter to phone and book in for an appointment. The remaining patients had either already received an appointment or a vaccine, wanted a locally provide vaccine through GP, refused or was unable to travel. A booking centre has been set up at Welsh Blood to receive incoming COVID-19 vaccine booking relating calls.

Provisional second dose vaccination appointments have also been made.

All patients aged 80 years and older will be offered a vaccination over the phone (via letter if no response received). All remaining patients will be sent a letter detailing a vaccination appointment and provided with a contact centre phone number to cancel or change.

10. DATA

Data is being collected electronically after each session and submitted to Welsh Government as required as well as provided through to Gold, Executive Management Board and Trust Board through regular COVID-19 vaccination reports.

Percentage uptake for Velindre University NHS Trust front line staff is being determined at present.

Percentage uptake of Velindre Cancer Centre patients being offered the vaccine will also be captured.

11. COMMUNICATIONS

The Trust Communication Team are part of the Programme Team and are facilitating regular internal staff communications and patient communications via Trust and Cancer Centre websites and social media.

Links have been made with WAST and Welsh Government communication teams regarding provision of positive proactive media statements regarding joint working and the mutual aid being provided by the Trust in relation to vaccinations.

The Trust has been working with Health Board and Trust colleagues to agree the Trusts mutual aid approach at the relevant nation meetings including the COVID-19 vaccination meetings.

The Trust is fully engaging with Partnership colleagues through monthly partnership meetings and is also keeping the Community Health Council abreast of plans through the regular formal meeting infrastructure.

12. EVALUATION & REVIEW

The Trust has kept its COVID-19 Vaccination programme under continual review. This has to date, been evolving daily as new timescales and requirements are agreed. Following publication of the national vaccination strategy it is anticipated that there will now be a period of stability.

However, the Trust will continue to adopt the improvement methodology in its vaccination planning approach by continually reviewing and evaluating its programme to ensure utmost effectiveness, optimal reach and impact.

This plan will be reviewed weekly throughout January 2021.

TRUST BOARD

HIGHLIGHT REPORT FROM THE CHAIR OF THE STRATEGIC DEVELOPMENT COMMITTEE

DATE OF MEETING	28 th January 2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Laura Tolley, Business Support Officer
PRESENTED BY	Stephen Harries, Vice-Chair
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning & Digital
REPORT PURPOSE	FOR NOTING
ACRONYMS	

1. PURPOSE

- 1.1 This paper has been prepared to provide the Trust Board with details of the key issues considered by the Inaugural Strategic Development Committee held on 14th December 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	There were no items identified for Alert / Escalation to the Trust Board.
ADVISE	2020/21 Capital Discretionary Plan: The Committee received an updated 2020/21 Capital Discretionary Plan which will be brought to Trust Board for noting. Developing our Strategic Intent to 2030: The Committee received a presentation which set out the Trust's Strategic Intent to 2030. This is a significant piece of work with an ambitious launch date (due to the ongoing pandemic). The Committee is expecting to receive revised launch dates at the meeting in February 2021. Acute Oncology Service Project Update: The Committee received a presentation which provided an update on the development of the regional Acute Oncology Business Case. The Committee were informed that planning implementation work was being undertaken in preparation for the potential go live date of April 2021, subject to the Business Case being approved.
ASSURE	Socio-economic Duty: The Committee received and discussed the socio-economic duty report and were assured that this area of work would be overseen by the Executive Management Board, with completed actions being presented to Trust Board in March 2021 for noting. Planning – IMTP: The Committee received, discussed and endorsed an update on the proposals for development of the 2021/22 IMTP (which will be brought to the Board for approval in March 2021) and for building on that for IMTP 2022-2025. The Committee welcomed the intention for the planning process to become more integrated and co-produced going forward. Trust Assurance Framework: The Committee received an update on the Trust Assurance Framework and supported the next steps identified. Further guidance and support is being provided to the Executive



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	team to complete the Trust Assurance templates for agreed risks, and to the Strategic Risk Owners to complete their templates. These will be considered in a 'Shape the Organisation' Executive Management meeting in January 2021, to be brought to Trust Board in January 2021.
INFORM	There were no items identified to inform the Trust Board.
APPENDICES	Not Applicable

TRUST BOARD

HIGHLIGHT REPORT FROM THE CHAIR OF THE TCS PROGRAMME SCRUTINY SUB-COMMITTEE

DATE OF MEETING	28.01.2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Katie Foward, TCS Programme Coordinator	
PRESENTED BY	Stephen Harries, Independent Member	
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning and Digital	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Quality, Safety, and Performance Committee	18.01.21	Noted
ACRONYMS		
nVCC TCS WG	New Velindre Cancer Centre Transforming Cancer Services Welsh Government	

1. PURPOSE

- 1.1 This paper has been prepared to provide the Board with details of the key issues considered by the TCS Programme Scrutiny Sub-Committee at its Public meeting on the 14th December 2020.
- 1.2 This is not considered a full update on the Programme but a high level record of the matters of business conducted by the TCS Programme Scrutiny Sub-Committee.
- 1.3 Key highlights from the meeting are reported in section 2.
- 1.4 The Committee is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	
ADVISE	
ASSURE	TCS Programme Risk Register The Committee noted work undertaken by the Programme Planner and Risk Advisor. The cover paper accompanying the register provides a summary breakdown of the changes made to each of the risks for audit purposes. The Programme risks are now under regular review with each of the Project Managers. All changes to the actions this month have been captured and there is a clear audit trail of all work undertaken. Work to establish the most appropriate risk owners for each risk has been completed and new risk owners approved by the Programme Delivery Board. There is work remaining to ensure risk action plans are in place and this work is ongoing with risk owners.
INFORM	Communications and Engagement The Committee were advised that the focus has remained on the Nuffield Trust report and the engagement both internal and external around the publication. Further engagement is underway on the Velindre Futures scope with staff across the Trust. The next steps for engagement across the Programme were outlined and development of a separate social media page is underway to allow the public to engage on the Programme and receive updates on the work, separate from the current Velindre page which provides important patient updates, particularly during the COVID period. A regular external stakeholder bulletin is also in development which will allow the Programme to ensure they keep key partners informed of developments. Nuffield Trust Advice Project – Outcome and Next Steps The Sub-Committee formally received the Nuffield Trust report published on the 1st December 2020 and noted the ongoing work.



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APPENDICES	Not Applicable



TCS Programme Scrutiny Sub-Committee

Annual Report 2019/20

October 2020

FOREWORD

I am pleased to present the second Annual Report of the Velindre University NHS Trust Transforming Cancer Services (TCS) Programme Scrutiny Sub-Committee which outlines the activity for the period October 2019 to October 2020.

I would like to express my thanks to the Committee for their continued work, particularly during the Coronavirus pandemic that has affected all aspects of the Trust's work.

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 Programme, including the Project Agreement timeline ensuring key milestones are met.

During its second 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 2020-21 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 TCS Programme Scrutiny Sub-Committee

TCS Programme Scrutiny Sub-Committee

Annual Report 2019/2020

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Transforming Cancer Services (TCS) Programme Scrutiny Sub-Committee in its second year October 2019 to October 2020 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 Mr Stephen Harries, Interim Trust Vice-Chair, remains as the Sub-Committee Chair after he took over the position from Mr Phil Roberts, Independent Member for Estates and Planning, in the Summer of 2018.
- 1.3 This report reflects the key role that the Sub-Committee has played in scrutinising key documentation related to the Projects under the Programme.

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 During 2020, the Committee structure of the Trust was amended, as such the TCS Programme Scrutiny Committee has been re-categorised as the TCS Programme Scrutiny Sub-Committee, this change has been endorsed by the Sub-Committee and shall be ratified by approved standing orders at the Trust Board in November.
- 2.3 The purpose of the Sub-Committee is:
 - Provide assurance that the leadership, management and governance arrangements are sufficiently robust to deliver the outcomes and benefits of the Programme.
 - Scrutinise the progress of the Programme and provide the Trust Board with assurance that implementation is effective, efficient and within the budget available.
 - Undertake any other scrutiny activity relating to the Transforming Cancer Services Programme as directed by the Trust Board or Senior Responsible Owner (SRO).
 - Seek advice and guidance from appropriate Technical Advisors as well as the Mutual Investment Model (MIM) Transactor (if relating to the new Velindre Cancer Centre Project) to assist the Sub-Committee with their scrutiny of the Transforming Cancer Services Programme.
 - Provide assurance to the Trust Board on all aspects of the Transforming Cancer Services Programme in relation to approvals sought on all decisions reserved for the full Board.
 - Receive all audit, gateway and assurance reviews pertaining to the Programme or its constituent projects and provide assurance (or otherwise) to the Trust that the Programme is being delivered in accordance with all professional, financial and Trust standards.
 - Provide assurance to the Trust Board and support to the Senior Responsible Officer in signalling the TCS closure activities once it has met its objectives.

3. Agenda Planning Process

- 3.1 The Programme Co-ordinator draws up the final agenda for the Committee meetings, to be approved by the Chair, 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 and meetings in 2020 were transferred to Microsoft Teams due to the Coronavirus pandemic.
- 3.3 The secretariat for the meeting is provided by the TCS Programme Office.
- 3.4 It is the intention that the agenda and papers are disseminated to Sub-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 Sub-Committee on the action required.

4. Operating Arrangements

- 4.1 Terms of Reference for the TCS Programme Scrutiny Committee were approved in April 2018 and further in November 2020 following the amendment to the Committee structure with the TCS Programme Scrutiny Committee now operating as a Sub-Committee. The Trust Board approved the creation of the Sub-Committee to scrutinise the Programme arrangements, management and progress and provide assurance to the Board on all aspects of the Programme.
- 4.2 Previously, changes were made to the TCS Programme governance structure that necessitated the widening of the scope of the Scrutiny Sub-Committee to incorporate all seven Projects. The Sub-Committee's Terms of Reference were updated accordingly and the Sub-Committee continue to provide support to the activity of the new Velindre Cancer Centre (nVCC) and enabling works Projects along with the other Projects across the TCS Programme.
- 4.3 Due to the nature of the business considered by the Sub-Committee it does not have a Cycle of Business, it acts dynamically to accommodate the Programme 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 Sub-Committee state that the Sub-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
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Vice Chair	Independent member of the Board (Non-Executive Director)
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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 October 2019, the Sub-Committee have met formally on nine occasions. An informal meeting was held on 19th August 2020. Member attendance at the formal meetings were as follows:

Name	Scrutiny Sub-Committee meetings attended (out of 9 possible meetings up to end of October 2020)
Stephen Harries, Chair	9 out of 9 meetings
Phil Roberts, Independent Member	2 out of 2 meetings
Gareth Jones, Independent Member	7 out of 8 meetings
Hilary Jones, Independent Member	5 out of 6 meetings

- 5.3 Phil Roberts position as an Independent Member came to an end in February 2020. He remains as the nVCC and Enabling Works Projects' Design Advisor.
- 5.4 Gareth Jones joined as an Independent Member in January 2020 and Hilary Jones joined as an Independent Member in April 2020.
- 5.5 The Sub-Committee requires the attendance of other Trust staff for advice, support and information routinely at meetings. It has also co-opted additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity

- 6.1 During its second year the primary function of the Sub-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 Sub-Committee's ability to call on Technical Advisors where necessary is particularly important to ensuring that the work of the Sub-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 Sub-Committee has been able to ensure that the Projects across the Programme can continue to deliver. It has been vital that the internal governance arrangements for all 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 Linear Accelerator machines within the existing Velindre Cancer Centre and the creation of Outreach facilities in relation to the sizing of the nVCC).

7. Key Achievements/Benefits:

- 7.1 The focus of the Scrutiny Sub-Committee, when initially established, was to consider the key aspects and complexity of the Project Agreement (PA), Procurement Documentation (PD) and Mutual Investment Model (MIM) policy. This is noted as a success given the enormous challenges presented to the Sub-Committee.
- 7.2 The key achievements and benefits of the TCS Programme Scrutiny Sub-Committee are detailed below:
- **nVCC and Enabling Works Outline Business Cases (OBC)** – The nVCC OBC was originally submitted to Welsh Government (WG) in January 2018 with further amendments approved by the Trust Board in July 2019. WG provided a series of comments which were addressed in the amended Case. The Sub-Committee has continued to provide assurance on the review throughout the year including reviews of clinical and infrastructure developments. A refresh of the OBC is currently underway and

the Sub-Committee will once again scrutinise the amendments to the case in the upcoming November meeting. The OBC will then be submitted to WG for final approval.

- **nVCC and Enabling Works Procurement Documentation** – the nVCC and Enabling Works Projects have developed their procurement documentation including the notice to the Official Journal of the European Union (OJEU) and the Invitation to Participate in Dialogue (ITPD) documentation. The Sub-Committee have scrutinised the documentation as it has been presented and have provided expert advice, in particular, legal and design advice, to the Project teams. The documents will be further scrutinised in the coming months prior to final approval by the Trust Board in preparation for planning approval and the commencement of the competitive dialogue process.
- **nVCC and Enabling Works Planning Approvals** – outline planning permission was granted for the site in 2018. In order to reduce disruption during the build both to the communities and key stakeholders, it has been necessary to apply for approval for both the 'Asda' entrance to the North of the site and a Temporary Construction Access Route (TCAR) to the East. The TCAR application has been extended from its original 9 months to 48, to reduce disruption across neighbouring sites. The Sub-Committee have scrutinised the process of planning approvals including the granting of the Asda application and the awaited TCAR application which is due to be presented to Cardiff County Council for a decision at their November Planning Committee. Both applications were placed under a WG 'call-in' process and the Committee have sought to understand the constraints and effects this may have on all Projects across the Programme.
- **Land Exchange with Cardiff and Vale University Health Board (CAVUHB)** – Land Exchange Agreements were required with CAVUHB to secure the land for the build. CAVUHB have worked collaboratively with the Project team throughout and the Scrutiny Sub-Committee have now been able to scrutinise the agreements relating to the land exchange, including the Heads of Terms. The Sub-Committee provided in depth scrutiny on the documents, in particular, the IM for legal raising a number of queries which were reviewed and where necessary, changes made. In providing this enhanced scrutiny, the Sub-Committee has provided strong endorsement to the Trust Board for all of these documents, allowing the Trust Board to feel confident in their approval.
- **Integrated Radiotherapy Solution (IRS) Invitation to Participate in Dialogue (ITPD) Documentation** – the IRS ITPD documents were issued out to bidders on the 25th March 2020 following endorsement from the Sub-Committee. The ITPD documents allowed bidders to formulate initial solutions prior to entering into competitive dialogue. The competitive dialogue process is now well underway and the Sub-Committee provide scrutiny at every stage of the process. The Sub-Committee were provided with delegated authority of assurance from the Trust Board given the pace of the dialogue and the need for flexibility. The Sub-Committee have since assured the Board on a re-issue of the ITPD documents to bidders to include a re-weighted scoring system and comments from external colleagues providing professional review. The Project are intending to enter the Trial Tender Phase of Dialogue with Bidders in February 2021.
- **Radiotherapy Satellite Centre (RSC) Outline Business Case (OBC)** – in developing a plan for services across South East Wales, the need for a Satellite Centre was recognised in order to ease the burden on both patients and services. It was agreed that the Satellite Centre would be developed in partnership with Aneurin Bevan University Health Board at their Nevill Hall Site. To date good progress has been made and both the Trust and the Health Board have worked together to develop and OBC for submission. The Sub-Committee have been asked to scrutinise the OBC prior to Trust Board approval and submission to WG for approval. The development of the case is nearing completion and the Sub-Committee will scrutinise the case in detail to ensure they are content for the Trust Board to approve submission to WG. The Sub-Committee have also worked to scrutinise the need for developments in workforce required to operate the service and have raised meaningful queries with the Project team that are being reviewed.

8. Key Challenges

- 8.1 The Programme requires all who work on the Projects to act dynamically in order to deal with changing timelines, stakeholder pressures and changing requirements as and when they occur. The Sub-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 Sub-Committee has now been in operation for two years 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 2020-21. Due to the nature of the Projects it serves the Sub-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. The Committee was amended to a Sub-Committee during the Trust structure review and this will be ratified by the Trust at the Board in November.

10. Reporting the Committee's Work

- 10.1 Due to the commercially sensitive nature of the Sub-Committee's activity, the agenda for the meeting is split into a public and private session. The public session agenda and papers are published on the Trust website, the agenda and papers for the private session are not. From July 2019 onward, a highlight report has been provided to the Trust Board, noting the activity of the Scrutiny Sub-Committee and any approvals or endorsements made, following each meeting.

11. Conclusion and way forward

- 11.1 The Sub-Committee's second year has been a success, having provided valuable assurance to the Trust Board on some of the Programme'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 Sub-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 Sub-Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives. In 2020-21 this is likely to include a refresh of its Terms of Reference to adapt to a changing governance structure within the TCS programme and the addition of the Velindre Futures work. This may see the Sub-Committee's scope altered to reflect the change in reporting requirements for some of the Projects however the Sub-Committee will ensure that it continues to deliver the best possible service to the Trust Board.

TRUST BOARD

Communications and Engagement Update

DATE OF MEETING	28 January 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE	
REPORT PURPOSE	For noting	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS PROGRAMME DELIVERY BOARD	25/01/21	Noted
ACRONYMS		
	None	

1. BACKGROUND

1. This paper provides the Board with an update on Programme communications and engagement since December 2020.
2. The Programme Board approved the Transforming Cancer Services (TCS) Programme Communications and Engagement strategy in December 2019. The strategy emphasises the importance of good one-to-one stakeholder engagement,

building positive relationships and informing our patients, staff and communities of interest. The strategy will be reviewed

3. A high level Programme narrative was adopted to support the strategic alignment of the seven projects built around three messages:
 - Wales has some of the lowest cancer survival rates in the western world
 - In future we will treat more patients and help more people live longer with cancer
 - In future we will treat more patients closer to home

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Over the reporting period we focused our efforts on:

- the local and regional engagement needs for the publication of the Nuffield Trust advice and recommendations;
- supporting the first meeting of the Velindre Futures Programme in early January 2021;
- supporting responding to correspondence from a wide range of stakeholders;
- engagement with the local MS and MP;
- reviewing the communications and engagement strategy including the development of a three month plan support and Programme milestones;
- supporting planning process needs.

Clinical model engagement – Velindre Futures

During the reporting period we have supported the Velindre Task and Finish groups to manage their communications and a future communications and engagement approach to support the programme was considered at the VF inaugural meeting on 7 January.

Clinical model engagement

We are updating the initial narrative created in August 2020 that outlines the story of Velindre clinical futures. It focused on the relationship between the TCS and VF programmes. A new version will also take into account the impact of the Nuffield Trust report and recommendations including the evolving regional programme being taken forward by the Cancer Collaborative Leadership Group (CCLG). When a narrative is agreed it will be supported by the development of visual assets (videos, infographics) to enable effective communication with staff.

Enabling works and New Velindre Cancer Centre update

Operational Plan

We are developing an agile three month communications plan to support the projects to complement the existing project communications and engagement milestones

document. It will be reviewed weekly by member of the project teams and considered by the respective Project Boards on a monthly basis along with newly developed KPI measures to measure effectiveness of the activity.

Staff engagement - departmental meetings

A new round of staff meetings has been undertaken by the Project Director. A post-meeting questionnaire is being provided to all staff to measure the value of the meetings and to glean learning for future events. Outputs will be shared with the project boards.

Through a series of focus groups with VCC staff, we are also reviewing our means for delivering internal communication that will inform how we improve project and Programme awareness and engagement opportunities in future.

Public Engagement

The new Velindre Matters Facebook page is now live. It will provide an opportunity for the public to learn, engage and contribute to the discussion on the development of Velindre cancer services with an emphasis, for the time being, on the projects included in the TCS Programme.

We are working with the Down to Earth team to maximize local engagement opportunities as part of the community benefit and potential procurement process. The engagement plan also include an additional piece of work being progressed with Cardiff County Council, in the context of FGC, to use Minecraft as a means of enabling children and young people to contribute to the design process.

Satellite Radiotherapy Centre Project

Work is underway to deliver a piece of patient engagement work to support the next phase of the Satellite Radiotherapy Centre design process. An outline presentation was discussed at the Patient Liaison Group on 20 January and will be implemented by means of survey and focus groups over the coming weeks. The objectives are:

- to highlight and promote how the SRU plays its part in the wider strategy to transform cancer services in south east Wales and how this links to the Nuffield Trust report;
- to pilot different ways of including the patient voice in the development of our cancer services for the benefit of our future patient engagement strategy;
- to build and work with local networks from across the Health Boards to encourage patients to contribute to the final design;
- to demonstrate to patients, their families and Velindre staff that their voices can influence and that they matter.

Next Steps

For the next month, our priorities will be as follows:

- Finalise three month operational plan;
- Ongoing management of the Velindre Matters page;
- Supporting CCLG communications;
- Supporting the Velindre Futures communications and engagement needs;
- Developing a set of KPIs to measure impact of nVCC/Enabling Works projects' comms activity;
- establishing a new regular external stakeholder bulletin;
- supporting the ongoing staff engagement sessions and a second round of engagement sessions.

3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

4.1 The Trust Board is asked to **NOTE** the paper.

TRUST BOARD

UPDATE ON NUFFIELD TRUST INDEPENDENT ADVICE TO THE TRUST

DATE OF MEETING	28 th January 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Carl James, Director of Strategic Transformation, Planning and Digital
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PRESENTED BY	Steve Ham, Chief Executive Officer
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EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning & Digital
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Quality, Safety and Performance Committee	18 th January 2021	Noted

ACRONYMS	

1. PURPOSE

- 1.1 The purpose of this paper is to provide a progress update on the Nuffield Trust Independent Advice received by the Trust on 1st December 2020.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Nuffield Trust report covers a significant amount of ground across the South East Wales cancer system outside of non-surgical tertiary cancer services. It sets out 11 recommendations for Velindre University NHS Trust and Local Health Board partners to consider in securing planned and sustained improvement in cancer services in the immediate, medium and long term.
- 2.2 The recommendations are broadly structured across the themes set out in Fig.1.

Fig.1

Theme	Area of work	Nuffield Trust Report Recommendation
1	Strategic Leadership: further development of CCLG towards an 'alliance' type body; enhance programmed arrangements (public health to end of life); scoping of a cancer strategy for South East Wales	1
2	Service change and transformation: development of a target operating model for non-surgical oncology services and its interface with LHBs; broader service requirements.	3, 4, 5, 6, 7, 8, 9
3	Infrastructure and Investment: development of infrastructure plans, business cases and investment proposals	New infrastructure from recommendations 3 – 9; 10, 11

- 2.4 A draft high level action plan has been developed which sets out a broad framework for progressing the recommendations (see Annex 1). The recommendations which relate to work that the Trust can deliver i.e. within its direct control are being taken forward through the Velindre Futures programme.
- 2.5 There are also a significant number of recommendations that require partnership at regional level. In order to progress these, discussions have taken place between Local Health Board partners at Chief Executive, Medical Director and Director of Planning level; with all colleagues aligned on the direction of travel set out within the draft action plan.
- 2.4 The Nuffield Report is being considered by the Cancer Collaborative Leadership Group on 21st January 2021 with the suggestion that it provides support for establishing arrangements and detailed implementation plans which will support the delivery of the recommendations. They will operate at a Velindre/specific LHB level (where the recommendation is specific to those organisations) and at a regional level (where the recommendation requires a regional solution).
- 2.5 Following discussions at CCLG and with partner LHBs, further work will be undertaken to finalise with key actions and target dates for delivery.

3. IMPACT ASSESSMENT

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

4. RECOMMENDATION

4.1 Trust Board is asked to:

- (i) note the update;
- (ii) receive a further report which sets out a final action plan to deliver the recommendations set out within the Nuffield Trust report

Annex 1 Draft action plan: requires further update following discussions with regional partners

	Recommendation	Key actions <i>(to be finalized following discussions with partners)</i>	Lead	Senior Responsible Officer	Timescale	Progress
1	The planning process for all South East Wales cancer services needs to be reviewed and its coordination improved, with the development of a common dataset and planning approach put in place. Steps have been taken to support this and it is going to be very important that the CCLG is effective – this will help to fill the strategic gap in the planning of cancer services that has existed across South East Wales. There are some lessons from the development of the more successful cancer alliance models in England that could be followed. These take responsibility not only for the planning of cancer services but also for leadership and performance management.	<u>Developing CCLG</u> • Agree strategic approach for SE Wales e.g. alliance or vanguard model • Develop approach/plan to evolve CCLG e.g. programme/governance/resources <u>Developing strategy for South East Wales</u> • Initial discussions across region/scoping • Establish arrangements for strategy development • Develop plan/Identify resources/arrangements etc	- LHBS/Trust - LHB/Trust - LHB/Trust	TBC	TBC	
2	Full co-location would have advantages but is not practical for a significant period of time. However, action is required soon to deal with the issues	• Secure approval for OBC for new Velindre Cancer Centre	- Velindre University NHS Trust	TBC	TBC	



	with the estate and linear accelerators at the VCC.	Secure approval for OBC/FBC for new linacs for SE Wales	- Velindre University NHS Trust			
3	In the near future, each LHB needs to: develop and implement a coordinated plan for: analysing and benchmarking cancer activity against other areas advice and decision support from oncology for unscheduled cancer inpatient admissions via A&E acute oncology assessment of known cancer patients presenting with symptoms/toxicities, with inpatient admission an option on a district general hospital site if needed, complemented by the Velindre@ ambulatory model, bringing models for haemato-oncology and solid tumour work together consider the lessons of Covid-19 in terms of remote access for patients and the remote provision of advice, multidisciplinary team meetings and other methods for	LHB input - Benchmarking plan etc etc..... - develop a revised target operating model for non-surgical tertiary oncology services including alignment of the AOS/ambulatory care models	- LHBs/Trusts - LHB/Trust	TBC	TBC	

	improving access to specialist opinion.					
4	The new model should not admit who are at risk of major escalation to inpatient beds on the VCC. These patients should be sent to district general hospital sites if admission is required, to avoid a later transfer. The admission criteria for inpatient admission to the VCC therefore need to be revised to reduce the risks associated with acutely ill patients. Regular review of admissions and transfers should be used to keep this and the operation of the escalation procedures under review	• Agree changes to current admission criteria • Changes in operational flows of small number of acutely unwell patients to DGH	- LHBS/Trust - LHBS/Trust	TBC	TBC	
5	To support recommendations 4 and 5, and the research strategy, a focus on cancer including haemato-oncology and a hub for research needs to be established at UHW. There would be advantages to this being under the management of the VCC, but in any case, the pathways between specialists need work	• Identification of options/solutions to develop a hub at existing UHW • Exploration of strategic solution for long-term V@ facility in UHW2	-Cardiff LHB/ Velindre University NHS Trust) - Cardiff LHB (supported by Velindre University NHS Trust)	TBC	TBC	

	in order to streamline cross-referral processes. Such a service would provide many of the benefits of co-location – access to interventional radiology, endoscopy, surgical opinion, critical care and so on – albeit without the convenience of complete proximity.	and alignment of strategic capital business cases				
6	The ambulatory care offer at the VCC should be expanded to include SACT and other ambulatory services for haemato-oncology patients and more multidisciplinary joint clinics. Consideration should be given to expanding a range of other diagnostics, including endoscopy, to create a major diagnostic resource for South East Wales that will be able to operate without the risk of services being disrupted by emergencies and which would also protect these services in the case of further pandemics.	- Review of current arrangements to determine what further opportunities exist for change in patient flows for (i). SACT (ii). diagnostics. - Development of Target Operating Model (as per recommendation 3)	- LHBS/ Velindre University NHS Trust	TBC	TBC	
7	The Velindre@ model needs further work to describe how it will operate, its interface with	- Development of Target Operating Model developed for non-surgical tertiary cancer services which	- LHB/ Velindre	TBC	TBC	

	acute services and its relationship to the wider pattern of ambulatory care. This should include the integration and development of other ambulatory therapeutic services such as dietetics, occupational therapy, physiotherapy, psychological therapy and speech therapy.	finalizes V@ requirements for at home/outreach care	University NHS Trust			
8	The development of a refreshed research strategy is a priority and further work is required to fully take advantage of the networked model.	- Final VCC strategy - Alignment of research, development and innovation strategies across South East Wales - across regional RD&I strategies - alignment with development of service/infrastructure: (i). UHW acute/research hub (ii). Velindre@ locations (iii). Centre for Learning	- Velindre University NHS Trust - LHBs and Velindre University NHS Trust	TBC	TBC	
9	Organisational development and other work to create a successful cancer network is going to be required but has	- Development of regional workforce plans	- LHBs / Velindre University NHS Trust			



	not featured much in our conversations for this report.		(supported by HEIW)			
10	Flexibility in design is going to be important both for the new VCC and for whatever is developed at the new UHW due to the rapid change in the nature of treatment and research.	- Flexibility built into new Velindre Cancer Centre specification - Strategic review of future opportunities across the region in advance of proposed developments e.g. community diagnostics strategy; local cancer plans; split acute/elective sites; proposed UHW2 development etc	- Velindre University NHS Trust - LHBs / Velindre University NHS Trust	TBC	TBC	
11	There are future strategic development opportunities provided by the development of a new VCC and a proposed UHW2. Working together over the 15- to 20-year window, the health system should look to exploit these development opportunities in light of future service needs.	- Establishment of strategic planning capability under the leadership of the CCLG to identify service/infrastructure requirements in planned infrastructure - Partnership between Cardiff LHB, Velindre University NHS Trust and Cardiff City Council on master planning activities in North Cardiff	- LHBs / Velindre University NHS Trust	TBC	TBC	

TRUST BOARD

A More Equal Wales: The Socio-economic Duty

DATE OF MEETING	28/01/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Lauren Fear, Director Corporate Governance	
PRESENTED BY	Lauren Fear, Director Corporate Governance	
EXECUTIVE SPONSOR APPROVED	Lauren Fear, Director Corporate Governance	
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	07/12/2020	ENDORSED
Strategic Development Committee	14/12/2020	ENDORSED
ACRONYMS		

1. SITUATION/BACKGROUND

This paper sets out the key points of the Socio-economic Duty for the Trust Board.

We last discussed the Duty at Board Development session in February 2020 at which time it was due to come into force in March 2020. However, given the re-prioritisation of Government business as a result of COVID, the duty will now come into force on 31 March 2021.

2. KEY FEATURES

The introduction of the Socio-economic Duty means that some public bodies, including LHBs and NHS Trusts, now have to think about how their strategic decisions, such as setting objectives and developing public services, can improve inequality of outcome for people who suffer socio-economic disadvantage.

Inequality of outcome relates to any measureable difference in outcome between those who have experienced socio-economic disadvantage and those who have not.

Some examples of inequalities of outcome include; lower levels of good health, lower paid work, poorer educational attainment and an increased risk of being a victim of crime.

Through better decision making, the duty aims to improve the outcomes for those who suffer socio-economic disadvantage and levelling the playing field in society.

3. LEGISLATIVE CONTEXT

The Socio-economic Duty forms part of the Equality Act 2010 however it lay dormant on the statute book, as neither the UK Government, nor the devolved legislatures elected to commence it. The Wales Act 2017 legislated for a new model of Welsh devolution, which included fully devolving the power to commence the duty in Wales. The Welsh Government intend to use this power

to commence Sections 1 to 3 of the 2010 Act in Wales – the Socio-economic Duty.

To support relevant public bodies, in its role as the regulator of the 2010 Equality Act, the Equality and Human Rights Commission has powers to promote and provide advice and guidance, and publish research, on implementing the Socio-economic Duty. It does not have use of its full enforcement powers in relation to the duty as the 2010 Act does not establish ‘socio-economic discrimination’ – socio-economic status – as a protected characteristic in the Act, and therefore the Equality and Human Rights Commission will not undertake enforcement on the basis of an ‘unlawful act’.

Once the duty is commenced, if a relevant public body fails to perform the duty, an individual or group whose interests are adversely affected by that public body’s decision, may be able to bring a judicial review claim against that authority.

The Equality and Human Rights Commission may support an individual or group with regard to any such challenge, or take such a challenge itself.

4. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

The guidance explains that “relevant public bodies should consider how they integrate the duty into existing processes” and provides some examples of opportunities for this could be considered.

Actions outlined below are based both the examples of considerations given and a Trust view of embedding work required is outlined below:

1. taking an integrated approach to impact assessment	Delivered by continued work of Equality & Diversity manager (who is also closely linked with Government on the development of the duty in providing expertise and advice to them
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	on how the content has been developing)
2. taking a broader approach to engagement and involvement to include socio-economic disadvantage	Incorporated into development of engagement approach with community, patients and donors.
3. developing scrutiny frameworks to include scrutiny of impact with respect to inequality of outcome that results from socio-economic disadvantage	Link to wider work on development of Trust-wide decision making framework and processes. Therefore led by Corporate Governance Director, working with all Executive colleagues.
4. taking an integrated approach to planning and reporting	Incorporated into revised planning and performance frameworks.
5. developing Integrated performance measures	Incorporated into revised planning and performance frameworks.
6. considering prevention of inequalities of outcome caused by socio-economic disadvantage through application of the Well-being of Future Generations Act's five ways of working.	Consider how structurally and culturally linked to the best practice work of Well-being of Future Generations work within the organisation.

7. Engagement and education with the Divisional Senior Management Teams and other key strategic leadership roles, for instance, Assistant Medical Directors	To diarise for January and February
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Executive Management Board have supported this on-going development and will oversee the delivery of the embedding requirements leading up to March 2021.

This overview of work packages, now have been supported at Executive Management Board, will be developed into a detailed activity and action monitoring plan, collectively owned across the action owners and coordinated through the Corporate Governance Team. Evidence of the embedding activity will also be collated as the work progresses.

5. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
	Engagement with Equality & Diversity
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

6. RECOMMENDATION

- 6.1** The Trust Board are asked to **support** the on-going development of the areas of work highlighted in section 4.
- 6.2** The Trust Board are asked to **support** the oversight mechanism being through Executive Management Board in the lead up to March 2021, given also appropriate engagement and education with the Divisional Senior Management Teams and other key strategic leadership roles.
- 6.3** The Trust Board are asked to **endorse** this paper.

TRUST BOARD

PROGRESS REPORT ON QUARTER 3 DELIVERY PLAN

DATE OF MEETING	28/1/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Peter Gorin, Head of Corporate Strategic Planning and Performance	
PRESENTED BY	Phil Hodson, Deputy Director of Planning and Performance	
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning, Performance & Estates	
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	11 th January 2021	NOTED
Quality Safety and Performance Cttee	18 th January 2021	NOTED
ACRONYMS		
VUNHST	Velindre University NHS Trust	

VCC	Velindre Cancer Centre
WBS	Welsh Blood Service
SACT	Systemic Anti-Cancer Therapy
KPIs	Key Performance Indicators
LHB	Local Health Board

1. SITUATION/BACKGROUND

- 1.1 This report has been developed with the intent of providing an update on progress with respect to actions included in the Velindre University NHS Trust (VUNHST) Operational Plan for Quarter 3 of 2020/21. The actions are outlined in Annex 1 – Annex 3.
- 1.2 The Operational Plan was developed as a means to describe the Trust's operational planning intentions for the third quarter of the current financial year, specifically, within the context of the COVID-19 pandemic. However, operational pressures due to the resurgence of COVID-19 infection following the summer has inevitably affected the delivery of actions in a number of areas.
- 1.3 With respect to services delivered by the Velindre Cancer Centre (VCC), plans were developed with reference to '*A Framework for the Reinstatement of Cancer Services in Wales during COVID-19*'.
- 1.4 For WBS the aim was to return to pre-COVID-19 collection capacity within the operational constraints of infection control measures at an individual person and population level.
- 1.5 The divisional Operating Plan Quarterly progress reports were initially presented to the WBS and VCC Senior Management Teams (SMTs) and have been reviewed by the Executive Management Board (EMB) on 11th January and Quality Safety and Performance Committee on 18th January 2021.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Velindre Cancer Centre

- 2.1.1 Our cancer services have continued to be severely disrupted during Quarter 3, due to the increased prevalence of COVID-19, and the impact of tougher National lockdown measures. Operational constraints continue to affected performance and the way we deliver our services, requiring robust compliance with social distancing and infection control measures, in respect to Outpatient services and SACT.

2.1.2 The principle areas of focus for Quarter 3 at VCC were as follows:

- Develop a resilient, quality driven, service model for VCC patients, which is able to respond to peaks and troughs in demand during COVID-19 throughout 2020-2021
- Include options for the expansion of services in order to respond appropriately should a second wave occur and to accommodate patients repatriated from Health Boards and expected surge demand growth
- Continue to deliver all cancer services and to maximize available service capacity within both existing VCC resources and to return outreach services to local Health Board communities
- Work with our internal teams, Health Boards and with the Welsh Government to develop a set of planning assumptions which support the delivery of our plans
- Manage key risks which could impact delivery of our plans, including other essential programmes, staff availability and capacity.

The key objectives above have clearly been impacted by operational pressures in VUNHST and LHBS due to the resurgence of COVID-19 infection during the autumn and early winter of 2020, as discussed below.

2.1.3 Physical capacity at VCC has been reduced by nearly 40% as a result of the requirement to comply with COVID-19 social distancing and infection prevention guidelines and policies. In particular, pressure has been experienced in Radiotherapy (radical, palliative and emergency) and non-emergency 21 day SACT services during Quarter 3, due to COVID-19 patient safety measures with a number of clinical staff being unable to provide patient facing care.

2.1.4 However, during Quarter 3 cancer services have met the majority of Key Performance Indicators (KPIs) with Therapy services continuing to deliver high performance, and patient experience has improved following earlier concerns relating to the site limitations.

2.1.5 The impact of COVID-19 on VCC physical site capacity and workforce availability, plus the implementation of virtual consultations and the centralization of clinical activity from outreach settings, has inevitably affected delivery against Operating Plan actions. A number of VCC Quarter 2 actions have been deferred and/or superseded as our cancer services focused on recovery. These Q2 actions have been included in **Annex1**

2.2 Welsh Blood Service

2.2.1 The supply of all blood components to meet demand has been sustained during Quarter 3 in a challenging operating environment. We continued to experience difficulties in booking blood collection venues as new COVID-19 restrictions were introduced. Additional staff were sent out per team to resource triage points and to support the introduction of social distancing and PPE. This is likely to continue through Quarter 4 and beyond whilst COVID-19 is present in the community.

2.2.2 WBS also experienced ongoing staff capacity challenges, created by staff isolating and risk assessments for shielding staff. We are continuing to work through this with WOD colleagues to ensure safe and effective working and maintenance of the blood supply chain.

2.2.3 The principle areas of focus for Quarter 3 at WBS were as follows:

- Return to 'Business As Usual' in Quarter 3 for all our services, with a key focus to review clinic planning venues, location and capacity requirements
- During Quarter 4 we will plan to support an increase in demand for blood products by hospitals as they undertake additional activity to address waiting list initiatives which have developed as a result of reduced activity during Q1 and Q2.
- Manage key risks which could impact delivery of our plan and have identified plans to mitigate these risks should they come to fruition.
- Continue to develop the convalescent plasma programme by implementing plasmapheresis service.

As with VCC, the above objectives have been impacted by the resurgence of COVID-19 infection during the autumn and early winter of 2020, as discussed below.

2.2.4 However, even in these challenging times, it pleasing to note that our Donor feedback remains positive, with overall donor satisfaction exceeding target at 96% throughout Quarter 3.

2.3 Corporate Services

2.3.1 Workforce

Quarter 3 work priorities in the area of Workforce and Organisational Development focused on:

Managing within the COVID Operational Workforce Framework: key areas of focus here have included provision of an ongoing infrastructure to ensure staff are safe within a work and home environment, via effective risk assessment, staff's wellbeing is supported via a raft of wellbeing offers and ongoing monitoring of workforce availability via daily provision of workforce reports

Staff Engagement: the results of the National and local staff surveys have been analyzed and presented to Divisions and trade union colleagues. An action plan has been developed in a 'you said we did approach'. Key area of focus in Quarter 4 will be staff wellbeing. An Anonymous staff feedback tool – Work In Confidence – enabling and encouraging a safe environment to raise concerns; put forward ideas, enabling and supporting a culture of engagement and change is not in full operation supporting staff to raise and resolve issues

Providing skills and development for staff: despite the Pandemic management development training has been adapted to be developed in a hybrid virtual way. The Trust, working with HEIW, has developed a Leadership and Management Hub to provide a variety of management support including masterclasses and short practical guides to management, aligned to challenges faced in the pandemic.

2.3.2 Digital

Patient Platform and the Keep Me Safe App: progress has been made during Q3 with regards to readiness activities for the launch of these pilots. A live environment has been created for the Patient Platform and is ready to be populated with patients to support Therapy services following final approval to proceed.

Phase 1 of Consultant Connect: has been agreed by the Velindre Cancer Centre SMT and Digital Vision Group, which will see the tool utilized with the Switchboard at VCC. A second, more comprehensive phase is being planned in collaboration with colleagues that implemented the solution at Cardiff and Vale.

2.3.3 Finance

Good progress has been made against Quarter 3 actions and ongoing actions from Quarter 2.

LHB Block Contracts: have been agreed for full Financial Year 20/21, and discussions have commenced with Commissioners for Financial Year 21/22.

Acute Oncology Service: supporting the development of the business case via Finance sub-group established with representation from each LHB and Trust with planning & service representation.

Supporting TCS: with Commissioners engaged frequently to ensure understanding and discuss financial impact of ongoing business cases

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	All plans are subject to the Trust quality assurance framework and the processes established during the Covid 19 outbreak.

RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below: • Staff and Resources • Safe Care • Timely Care • Effective Care • Staying Healthy
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Financial impact of all service changes are being monitored and reviewed with finance colleagues for onward engagement with Welsh Government on Covid related costs.

4. **RECOMMENDATION**

- 4.1 The Velindre University NHS Trust Board is asked to **DISCUSS and REVIEW** the content of this report.

VELINDRE UNIVERSITY NHST OPERATIONAL PLAN QUARTERLY (Q2&Q4) ACTION PLANS ANNEX 1 - VELINDRE CANCER CENTRE								Progress Updates from Quarterly Action Leads
ID	REF	Agreed Quarterly Actions	Work Area	Action Leads	Start Date	End Date	BRAG Rating	Date: 23 December 2020
VQ2	VQ 2.3	Continue to manage repatriated patient activity until safe plans are agreed with HBs	VCC	SACT Lead	1.7.20	30.9.20	Amber	Large proportion of patients continue to be treated at VCC pending full return to outreach services. Unlikely to return fully with existing HB challenges.
VQ2	VQ 2.4	Develop plans with all HB partners to deliver a safe return of SACT outreach services	VCC	Planning Leads/SACT Lead	1.7.20	31.8.20	Amber	PCH has recommenced at 50% capacity with a return to full capacity planned for Q3/4 being delayed by site challenges at Health Boards. Neville Hall has limited capacity at present. Gradual increase in capacity in Q4 with a return to full capacity still planned for Q1 2021/22 although this is challenging as we move to phase 2 of the pandemic
VQ2	VQ 2.6	Implement capacity increase delivery options to meet demand changes	VCC	Senior Management Team.	1.7.20	30.9.20	Amber	Agency staff to support service being progressed. Option appraisal being considered by RMG in January for sustainable capacity options.
VQ2	VQ 2.10	Workforce development and recruitment plan to be developed to support options	VCC	W & OD Lead	1.7.20	30.11.20	Green	Baseline paper scoped by workforce, plan being developed for recruitment, retention.
VQ2	VQ 2.16	Develop a service model for running virtual and face to face clinics which will be adopted by all SSTs	VCC	Medical Directorate Manager	1.7.20	30.9.20	Amber	Hub completed. Ongoing Discussions with SST leads to maximise throughput.

				with SST Leads				
VQ2	VQ 2.20	Gather patient feedback on the use of virtual appointments	VCC	Patient Experience Manager/ OPD Business Manager	1.7.20	30.9.20	Amber	Survey tool developed and patient feedback is delayed due to staff absence and work pressure. Will be finalized in Q4.
VQ2	VQ 2.22	Ultrasonographer to be trained to perform neck US so allowing more capacity	VCC	Radiology Lead Clin Lead Neck US	1.7.20	30.9.20	Amber	Training requirements identified and currently being progressed.
VQ2	VQ 2.23	Further work in establishing weekend therapy community services in the post COVID-19 phase.	VCC	Therapy Lead	1.7.20	30.9.20	Amber	Active engagement with community teams is ongoing.
VQ2	VQ 2.24	Continue physio cover for Saturday and Sunday	VCC	Therapy Lead	1.7.20	31.8.20	Amber	Workforce plan currently being developed.
VQ3/4	VQ 3/4.3	Continue to treat all patients utilising clinical prioritisation plans developed during the recovery phase	VCC	to be agreed	1.10.20	31.03.21	Green	Clinical prioritisation plans being reviewed in light of current status.
VQ3/4	VQ 3/4.1	Continue to increase Oral SACT and at home provision	VCC	to be agreed	1.10.20	31.03.21	Green	Uptake monitored monthly
VQ3/4	VQ 3/4.2	Deliver increased activity at VCC site in advance of outreach return including utilising unused HB Pharmacy/Nursing resources	VCC	to be agreed	1.10.20	31.03.21	Green	Additional chair capacity in place September, pharmacy support from CTMUHB HB's commenced September, ABUHB commenced October. Activity being monitored weekly

VQ3/4	VQ 3/4.8	Deliver and manage the private sector additional capacity provision in line with contractual requirements	VCC	to be agreed	1.10.20	30.11.20	Amber	Ongoing negotiation with third sector/private provider. Extra day secured for Tenovus bus delivery
VQ3/4	VQ 3/4 5	Continue to treat all patients utilising clinical prioritisation plans developed during the recovery phase	VCC	to be agreed	1.10.20	31.03.21	Green	Ongoing process being delivered.
VQ3/4	VQ 3/4 10	Deliver capacity plan option for extended day working	VCC	to be agreed	1.10.20	31.01.21	Green	Agency staff to support service being progressed. Option appraisal being considered by RMG in January for sustainable capacity options.
VQ3/4	VQ 3/4.6	Deliver of additional capacity plans including the implementation of extended day working	VCC	W & OD Lead	1.7.20	31.1.21	Amber	Agency staff to support service being progressed. Option appraisal being considered by RMG in January for sustainable capacity options.
VQ3/4	VQ 3/4 4	Deliver and manage the private sector additional capacity provision in line with contractual requirements	VCC	to be agreed	1.10.20	30.11.20	Green	Ongoing negotiation with third sector/private provider
VQ3/4	VQ 3/4 12	Relocate Phlebotomy service to support effective social distancing in outpatient department and to increase OP throughput	VCC	to be agreed	1.10.20	31.03.21	Amber	Temporary facility on site commencing January 2021. Permanent solution identified, building work to be completed by March 2021.
VQ3/4	VQ 3/4 12	Continue to offer Phlebotomy services and monitor activity levels while initiating discussions on sustainable service model with Health Boards	VCC	to be agreed	1.10.20	31.03.21	Amber	Limitations on DGH and GP surgery access. Little progress on HB engagement in this.
VQ3/4	VQ 3/4 13	Achieve formal agreement of designation of VCC as a 'green' site	VCC	to be agreed	VCC	to be agreed	Amber	No longer a viable option given the scale of prevalence in community , alternative model in place

VQ3/4	VQ 3/4 14	Agree admission and escalation criteria in light of formal designated 'green' status	VCC	to be agreed	VCC	to be agreed	Amber	No longer a viable option, alternative model in place- see above
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VELINDRE UNIVERSITY NHST OPERATIONAL PLAN QUARTERLY (Q2&Q3) ACTION PLANS ANNEX 2 – WELSH BLOOD SERVICE								Progress Updates from Quarterly Action Leads
ID	REF	Agreed Quarterly Actions	Work Area	Action Leads	Start Date	End Date	BRAG Rating	Date: 15 December 2020
BQ2	BQ 2.11	Implement in-house HNA antibody testing to enable convalescent plasma collected from female donors to be used if model shows this to be a viable option	WBS	Chief Scientific officer	1.7.20	30.9.20	Complete	Implemented
BQ3	BQ3.1	Recruitment of laboratory staff to support Manufacturing, Testing and Distribution of convalescent plasma	WBS	to be agreed	1.10.20	31.12.20	Complete	Actioned
BQ3	BQ3.2	Increased plasma freezer capacity in Talbot Green and Wrexham Stock Holding Unit	WBS	to be agreed	1.10.20	31.12.20	Complete	Change controls and validation activities completed
BQ3	BQ3.3	Plasmapheresis collection model in place	WBS	to be agreed	1.10.20	31.12.20	Complete	Completed model in place

VELINDRE UNIVERSITY NHST OPERATIONAL PLAN QUARTERLY (Q2&Q3) ACTION PLANS ANNEX 3 – CORPORATE SERVICES								Progress Updates from Quarterly Action Leads
ID	REF	Agreed Quarterly Actions	Work Area	Action Leads	Start Date	End Date	BRAG Rating	Date: 31 December 2020
CQ2	CQ2.5	Revised plan for use of Trust social media	COMMS	Asst Dir of Comms	1.7.20	31.7.20	Amber	In development – timeframe now end of October 2020.
CQ2	CQ2.6	Deliver new Trust website	COMMS	Asst Dir of Comms	1.7.20	30.9.20	Amber	In development - initial live Beta website early November followed by a phased implementation
CQ2	CQ2.7	Provide support for Trust strategy engagement	COMMS	Asst Dir of Comms	1.7.20	15.7.20	Green	Programme for developing the Trust strategy completed and engagement strategy in development.
CQ2	CQ2.9	Continue direct communication on key topics with special emphasis on PPE, wellbeing, TTP and social distancing as we prepare for safe workplaces	COMMS	Asst Dir of Comms	1.7.20	30.9.20	Green	Process of daily communication to all staff implemented and embedded into ways of working. Specific VCC/WBS communications campaigns delivered during reporting period as and when required in an agile response to the COVID19 context.
NQ2	NQ2.5	VCC Electronic Nurse Rostering Implement Allocate electronic rostering system & bank management system during June 2020	N & Q	Dep Dir Nursing & Quality	1.7.20	31.8.20	Green	Good progress being made. Allocate Erostering 'go live' date is October 2020.

NQ2	NQ2.6	Quality & Safety Framework to be completed and implementation commenced Commence recruitment of Quality & Safety Project Manager	N & Q	Dep Dir Nursing & Quality	1.7.20	30.9.20	Green	Progress is being made against this action and a revised completion date will be developed following recruitment to the Q&S project manager role.
NQ2	NQ2.9	A Review of all Staff who have received a COVID-19 positive swab to have had the screening & review undertaken in line with Staff diagnosed with COVID-19 Policy.	N & Q	Dep Dir Nursing & Quality	1.7.20	30.9.20	Green	Good progress being made and > 50% completed
NQ2	NQ2.10	Review the Quality Metrics and outcome measures within Trust Performance Management Framework	N & Q	Dep Dir Nursing & Quality	1.7.20	30.9.20	Green	Good progress being made, but metrics not yet agreed / finalised.
NQ2	NQ2.11	Undertake service level to Board quality & assurance mapping across Divisions feeding into Trust wide assurance mechanisms	N & Q	Dep Dir Nursing & Quality	1.7.20	30.9.20	Green	Good progress being made re quality and governance assurance frameworks, with new structures being implemented. However, not yet fully finalised
FQ2	FQ2.2	Development of revised RD&I Financial Strategy & Plan	FIN	Dep Dir Finance Head of Fin Bus Partner	1.7.20	31.8.20	Amber	Development is ongoing but completion date has been revised to 31.01.21. Financial Strategy is an enablement and response to the RD&I service strategy which remains in development
FQ2	FQ2.5	Supporting to the PET CT Strategic Programme Board	FIN	Dep Dir Finance Head of Fin Bus Partner	1.7.20	ongoing	Green	Monthly meetings are on-going – nothing significant to report

FQ2	FQ2.6	Supporting Acute Oncology Service business case	FIN	Dep Dir Finance Head of Fin Bus Partner	1.7.20	31.7.20	Green	Finance sub-group established with representation from each HB and Trust with Trust planning & service representation. Purpose of the group is to support development of the economic case and provide financial information for financial case as well as validating the resources & costs of the three options. Ongoing meetings with HB & Trust Nursing and AHP's as well as Medical Staff for HB Finance leads to understand and validate the workforce requirements of each option. Essential that Health Board Planning, Cancer Services Management and Service clinical leads supported by finance take forward agreement of the resource requirement and costs as the business case will require their internal approval and financial investment if CCLG support
FQ2	FQ2.13	Support new services being provided by NWSSP:Single lead employer model for Junior Doctors and establishment of Collaborative Bank	FIN	Dep Dir Finance/ Head of Financial Operations	1.7.20	ongoing	Amber	Services being provided whilst ongoing resources required are assessed. Expectation is that these will be provided. HQ Finance team experiencing pressure to complete statutory reporting and make

								payments to HMRC on time (no deadlines missed as yet but is a risk). Impact on cash flow (payment of junior doctors salary is growing and will be significant when all are transferred to NWSSP) is being highlighted to NWSSP Finance colleagues who are working to resolve.
FQ2	FQ2.14	Support financial elements of NWIS transition to SHA	FIN	Dep Dir Finance / Head of Financial Operations	1.7.20	ongoing	Green	Regular Project meetings taking place with respective actions progressing. This includes the establishment of a bank account for transfer to the SHA, and assessment of the financial assets & liabilities being transferred.
FQ2	FQ2.15	Engage with Finance colleagues across Wales and the NWSSP Central E Business Team to upgrade the Oracle Financial System	FIN	Dep Dir Finance / Head of Operations	1.7.20	ongoing	Amber	Engagement is continuing. This is likely to be a considerable piece of work for the HQ Finance team and resources to support will need to be allocated.
FQ2	FQ2.17	Engage with the Internal Audit of COVID-19 Financial Governance and any other Internal Audit relevant to Finance (likely Core Financial Systems Audit to commence in Q3)	FIN	Dep Dir Finance / Head of Financial Operations	1.7.20	ongoing	Green	Positive feedback from Audit on response to COVID-19 in terms of financial governance. Ongoing audits of Core Financial Systems and Commissioning Contract Currencies
FQ2	FQ2.19	Hold on site meeting with HMRC to review previous information submission and the Trust's Business Risk Review	FIN	Dep Dir Finance / Head of Financial Operations	1.7.20	31.12.20	Green	No date advised by HMRC. Due to the increase in COVID-19 it is anticipated that this will not take place until Q4 at the earliest.

WQ3	WQ3.1	Anonymous staff feedback tool – Work In Confidence – enabling and encouraging a safe environment to raise concerns; put forward ideas, enabling and supporting a culture of engagement and change	WOD	to be agreed	1.10.20	31.12.20	Blue	Completed
WQ3	WQ3.2	Staff surveys to be completed to support culture of listening and action – you said – we did approach	WOD	to be agreed	1.10.20	31.12.20	Green	Ongoing
WQ3	WQ3.3	Staff Networks and Staff Forum in place to support transition and change in VCC	WOD	to be agreed	1.10.20	31.10.20	Green	Ongoing
WQ3	WQ3.4	Management development offer in place to support in changing times	WOD	to be agreed	1.10.20	31.10.20	Green	Ongoing
WQ3	WQ3.5	Focus on PADRs to support targeted and effective development and support talent management	WOD	to be agreed	1.10.20	31.12.20	Green	Ongoing
WQ3/4	WQ3/4.1	COVID operational infrastructure in place to be flexed depending on second waves	WOD	to be agreed	1.10.20	31.1.21	Green	Ongoing
WQ3/4	WQ3/4.2	Shaping of a Talent Management Pathway for the Trust	WOD	to be agreed	1.10.20	31.1.21	Green	Ongoing
WQ3/4	WQ3/4.3	Leadership development in place	WOD	to be agreed	1.10.20	31.12.20	Green	Ongoing

DQ4	DQ4.2	Strategic Projects: Digital Innovation for Out of Hospital Care	DIG	Deputy Chief Digital Officer	1.10.20	31.03.21	Green	Ongoing – pilots are ready to commence with PKB and Keep Me Safe. Support ongoing for video consultation and work commenced with C&V to understand more opportunities for Consultant Connect. In addition – approval to adopt the Digital Inclusion Charter, exploring a South East Wales adoption under CCLG.
NQ3	NQ3.1	To continue to minimise the risk of Covid19 at WBS and VCC: 1. Recruit to Respiratory Protection Advisor and IPC Support Worker posts 2. Recruit to the additional 2 Consultant Microbiology sessions 3. FiT testing machine to be purchased to enable swifter testing of staff 4. Liaise with PHW re regular peer review audits to ensure optimal IPC management re Covid prevention 5. Covid-19 minimisation and management plan in place.	N & Q	to be agreed	1.10.20	31.12.20	Green	Ongoing through 2020/21
NQ3	NQ3.2	Deliver the Flu and Covid vaccination programmes (aim for 90% target for frontline staff for the Flu vaccine)	N & Q	to be agreed	1.10.20	31.12.20	Green	Ongoing through 2020/21

NQ3	NQ3.3	Undertake a clinical risk review of services at VCC with clear actions to address	N & Q	to be agreed	1.10.20	31.12.20	Green	Ongoing through 2020/21
NQ3	NQ3.4	Strengthen the Quality & Safety Framework for the Trust with a clear Q&S structure and strategy – for WBS and VCC	N & Q	to be agreed	1.10.20	31.03.21	Green	Ongoing through 2020/21
NQ3	NQ3.5	Develop a Nursing strategy for the 2021-2024 – 3 year strategy to deliver the vision for nursing at VUNHST	N & Q	to be agreed	1.10.20	31.03.21	Green	Ongoing through 2020/21
NQ3	NQ3.6	Develop a 2021-2024 patient experience and engagement strategy for VUNHST	N & Q	to be agreed	1.10.20	31.03.21	Green	Ongoing through 2020/21
NQ3	NQ3.7	Implement the Welsh Nursing Care Record (WNCR) in line with WG requirements	N & Q	to be agreed	1.10.20	31.03.21	Green	Ongoing through 2020/21
NQ3	NQ3.8	Develop a vulnerable adults Committee and strategy (2021-2024) for VUNHST (to include LD, Dementia and safeguarding)	N & Q	to be agreed	1.10.20	31.03.21	Green	Ongoing through 2020/21
FQ3	FQ3.3	LTAs with all HB's & WHSSC signed securing core income - although operating block arrangement for Q1 & Q2 as per National DoF agreement. Review Sept 20	FIN	Dep Dir Finance	1.10.20	31.12.20	Completed	LTA Block Contract for full Financial Year 20/21. Discussions commencing with Commissioners for Financial Year 21/22.
CQ3/4	CQ3.1	Support the ongoing needs of the Transforming Cancer Services	COMMS	Asst Dir of Comms	1.9.20	31.3.21	Green	Ongoing

		programme including the internal communications and engagement needs of the Velindre Futures programme at the Velindre Cancer Centre						
CQ3/4	CQ3.2	Continue to promote key external messages to maintain the blood supply chain	COMMS	Asst Dir of Comms	1.10.20	31.3.21	Green	Ongoing through 2020/21
CQ3/4	CQ3.3	Continue to celebrate the achievements of Velindre Cancer Centre and Welsh Blood Service staff to maintain public confidence in service delivery	COMMS	Asst Dir of Comms	1.10.20	31.3.21	Green	Ongoing through 2020/21
CQ3/4	CQ3.4	Deliver, in partnership with the relevant Community Health Councils and third sector stakeholders, a new patient engagement strategy by December 2020 aligned to the engagement principles enshrined in the Future Generations Act.	COMMS	Asst Dir of Comms	1.10.20	31.12.20	Green	Ongoing
CQ3/4	CQ3.5	Continue to work closely with colleagues across NHW Wales and Welsh Government to ensure the delivery of consistent and complementary public messages.	COMMS	Asst Dir of Comms	1.10.20	31.3.21	Green	Ongoing through 2020/21
FQ3	FQ3.26	Supporting All Wales Radiology Information System Procurement	FIN	Dep Dir Finance	1.10.20	31.3.21	Green	Ongoing support provided

FQ3	FQ3.27	Supporting TCS and associated Programmes and Procurements such as the Integrated Radiotherapies Solution and Satellite Centre at Neville Hall	FIN	Dep Dir Finance Head of Fin Bus Partner	1.10.20	31.3.21	Green	Commissioners engaged frequently to ensure understanding and discuss considerations of financial impact of ongoing business cases, for example contracting mechanisms and revenue funding requirements.
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Quarterly Progress BRAG Rating	
Action Successfully Completed	BLUE
Challenges causing problems	RED
Issues identified and being resolved	AMBER
Satisfactory progress being made	GREEN

TRUST BOARD

HIGHLIGHT REPORT FROM THE CHAIR OF THE AUDIT COMMITTEE

DATE OF MEETING	28 th January 2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Claire Bowden, Head of Financial Operations
PRESENTED BY	Martin Veale, Independent Member
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance
REPORT PURPOSE	FOR NOTING
ACRONYMS	
NWIS SHA	NHS Wales Informatics Service Special Health Authority

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 extra ordinary meeting on the 11th December 2020 **which focused on matters relating to NWIS**, both business as usual and the upcoming transition to SHA.
- 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	
ADVISE	NWIS Transition to Strategic Health Authority The Committee received updates from all three projects supporting the Digital SHA Programme Board which is led by Dr Andrew Goodall, NHS Wales Chief Executive and who is Senior Responsible Officer for the Programme. The Establishment Project, led by Welsh Government, highlighted 3 key areas of progress: 1. Legislation to create the SHA by Statutory Instrument was laid at the Senedd on 9th December 2020. Further legislation will be required and is anticipated to be laid in March 2021. 2. The 12 week public consultation detailing functions of the new organisation ended on 30th November 2020, and received 78 responses. The Programme Team are reviewing these and will produce a public document in response. 3. Appointments are progressing with an Interim Chair, Bob Hudson, appointed for 12 months to oversee the establishment and initial period of operation; advertisement for non-officer members has been issued and subsequently extended to close to applications on 4th January 2021; and the draft job descriptions for 3 officer members named in the establishment order are being reviewed by the Interim Chair and Dr Goodall before sign off and advertisement in the near future. The Committee were also informed that the Gateway Review commissioned by the Welsh Government which sought to ascertain whether the Programme was on track to deliver the new organisation by 1st April 2021 was given an amber / green rating which was seen as positive. The NWIS Transition Project, led by NWIS, gave a detailed update describing ongoing work in the 4 workstreams: 1. Governance, legal, commercial services & communications; 2. Workforce; 3. Information Governance & Data; 4. Finance. Some discussion was held around the specific risk that the new organisation may not be fully aware of its functions going forward, but the Committee were



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informed that this risk is reducing and will be discussed at their next Executive Board meeting.

The **Velindre Transfer of Accountabilities Project**, led by Velindre, recognised some overlap with the other two projects and added updates from a Velindre perspective as:

1. From a Workforce perspective, work is ongoing and currently progressing on target to ensure all staff transfer appropriately into the new organisation;
2. Financial arrangements are being put in place to cover all tasks required, including the transfer of assets and liabilities where necessary to the new organisation;
3. Governance arrangements to be amended are being mapped and work is progressing to meet deadlines identified.

The Committee were informed that the Trust currently receives an annual levy from NWIS (circa £800k) as part of their hosting arrangements. Discussions focused on the reduction in this income as a result of the transfer to the new SHA. The Committee heard from Welsh Government and the Trust's Executive Director of Finance that both parties were in discussions and agreed the general principle that the Trust should not be financially disadvantaged as a result of the transfer. From a Welsh Government perspective the Committee heard that the level of funding was unlikely to remain at that level in perpetuity.

CANISC

The Committee were informed that NWIS have accelerated their work in this area, including WPAS implementation and are creating an enhanced functionality with sequences in line with CANISC. The Committee raised concerns that transferring from one data centre to another could destabilise CANISC.

NWIS agreed this was a risk and committed to providing an update via the risk register; working closely with Velindre colleagues to manage this risk.

The Committee were given assurance by NWIS that there would be a fully resilient implementation of CANISC during transfer between the old and new data centres.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

ASSURE	NWIS – Regular Updates to Committee The Committee received the usual suite of reports from NWIS. Discussions were held regarding a risk previously highlighted in relation to the ending of a contract with a Data Centre. The Committee were assured appropriate extension arrangements were in place to manage the transition to a new Data Centre and a briefing update was requested by the Committee for information prior to the next Committee meeting. The Committee heard there had been an increased focus in clearing some of the actions identified on the action log, and were encouraged to see that there were no red actions reported other than those outside of the control of NWIS where extensions were agreed.
INFORM	
APPENDICES	NOT APPLICABLE

AUDIT COMMITTEE

ANNUAL REPORT 2020

Audit Committee Annual Report 2020

1. Foreword

I am pleased to present the 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 31st December 2020.

The Audit Committee is a key part in the Trust's governance framework to provide an independent oversight on the effectiveness of the Trust's governance, risk, financial management, counter fraud and internal control arrangements.

I would 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), Audit Wales 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 JP
Chair of the Velindre University NHS Trust Audit Committee
17th December 2020

2. Introduction

This report summarises the key areas of business activity undertaken by the Committee between January and December 2020 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 also advises and assures the Board on those activities undertaken by the NHS Wales Informatics Service (NWIS) that are the responsibility of the Trust. Velindre University NHS Trust also operates a separate Audit Committee 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 October 2020. 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 October 2021 Audit Committee.

The Audit Committee Cycle of Business for July 2020 to May 2021 was approved in July 2020 and will next be reviewed in April 2021. 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 2020 this option was not exercised.

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

Name	Audit Committee (out of 6 possible meetings)
<i>Mr Martin Veale JP (Independent Member) Chair</i>	6 out of 6
<i>Mr Gareth Jones (Independent Member)</i>	6 out of 6
<i>Mrs Janet Pickles (Independent Member)</i>	4 out of 6

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

- Mr Steve Ham, Chief Executive
- Mr Mark Osland, Executive Director of Finance
- Ms Claire Bowden, Head of Financial Operations
- Mrs Lauren Fear, Director of Corporate Governance
- Mr Simon Cookson, Director of Audit and Assurance
- Mrs Cally Hamblyn, Head of Corporate Governance (until April 2020)

- Mrs Gillian Gillett, Audit Wales
- Mrs Kate Febry, Audit Wales

- Mr James Quance, Internal Audit
- Mrs Jayne Gibbon, Internal Audit

- Mr Craig Greenstock, Local Counter Fraud Specialist

Despite some Committees being temporarily stood down at the start of the COVID-19 pandemic, the Audit Committee continued to meet; albeit virtually through video conferencing. The Committee's May 2020 meeting to consider and endorse approval of the 2019/2020 Annual Report and Accounts was moved to June 2020 in accordance with a later deadline for completion of the documents and subsequent Audit Wales audit work. The Committee also held an additional meeting in December to consider assurance issues around the creation of a Strategic Health Authority to take over the functions of NWIS in 2021.

7. Audit Committee Activity 2020

The Audit Committee fulfilled its planned work for 2020 covering a wide range of activity. This work can be summarised under the following headings:

7.1 External Audit

- The Committee approved the Audit Wales plan for 2020 in April 2020, although it was noted that change may be needed due to the impact of the COVID-19 pandemic. Updates at each meeting were given by representatives from Audit Wales.
- Audit Wales documentation was provided to the Committee during the year in relation to the:
 - Annual Audit Report 2019;
 - Structured Audit Report and Annual Audit 2019;
 - Structured Assessment 2020;

- Effectiveness of Counter Fraud Arrangements
 - Guidance for Audit & Risk Committees on financial reporting and management during the COVID-19 pandemic; and
 - Implementing the Wellbeing of Future Generations Act Report.
- Audit Wales also shared with the Committee other relevant publications that were of relevance to the Trust.
 - Audit Wales informed the Committee that they intended to capture the learning, decision making and innovative ways of working through the COVID-19 pandemic, with the aim of sharing this at a later stage. They also offered support through the pandemic.

7.2 Internal Audit

- The Committee received regular progress reports from the Internal Audit team during the calendar year following agreement of an Internal Audit Plan for 2020/2021 in April 2020, with the caveat that there would likely be change due to the impact of the COVID-19 pandemic.
- During the year the Committee considered ten reports completed by Internal Audit, and their assurance ratings are shown below and the reports are listed in appendix 1.

	Velindre	NWIS
Substantial	2	0
Reasonable	7	2
Limited	1	2
	10	4

- Internal Audit's annual assurance opinion for 2019/2020 was reported to the Committee in June 2020. 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 June 2020 received the draft 2019/2020 Annual Accounts, Annual Governance Statement, Letter of Representation and the Trust's response to Audit Wales 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 July 2020, and an update on the 2019/2020 Work Plan in October 2020.
- Regular reports were received and details of other current cases were shared where relevant, including a report detailing Thematic Assessment Fraud Threats to the NHS from COVID-19.

7.5 Assurance & Risk Management Developments

- A response to Welsh Government regarding the Trust's Corporate Governance Arrangements during COVID-19 was prepared and shared with the Committee which heard that the approach had been agreed by all NHS bodies across Wales.
- Financial Governance arrangements during the COVID-19 pandemic were shared with the Committee and where appropriate issues were raised for discussion with the Trust Board.
- A Committee self-assessment questionnaire was completed by Members and attendees, with findings to be reported in early 2021.
- The Committee noted the revised Proposed Committee Structure and Development of the Risk & Assurance Strategy and Framework that were also shared with the Trust Board.

- 7.6 Internal Assurance & Risk Management Monitoring
- Procurement Compliance was reported regularly to the Committee.
 - The Trust Risk Register was presented at the February and July 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 at times expressed disappointment at a lack of updates provided or items overdue for implementation which were fed back to action leads accordingly.
 - Amendments to financial limits included within the Trust Standing Orders were considered when required. This included a variation endorsed in April 2020 to support requirements during the COVID-19 pandemic.
- 7.7 Clinical Audit
- The Clinical Audit Plan was presented to the Committee by the Executive Medical Director in October 2020.
- 7.8 NHS Wales Informatics Service (NWIS)
- Regular updates on governance and financial matters were provided to the Committee.
 - Specific items relating to the transition of NWIS to a new Special Health Authority (Digital Health and Care Wales) on 1st April 2021 were provided towards the later part of the year, with an extraordinary meeting held in December 2020 to ensure the Committee were kept sighted on developments.

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 another busy year, and going forward its programme of work will continue to be reviewed to ensure that its contribution to governance, risk management, financial management, counter fraud and internal control is maximised.

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

Substantial Assurance	The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure .
Reasonable Assurance	The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
Limited Assurance	The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

List of Internal Audits Undertaken and Assurance Ratings

Velindre University NHS Trust

Internal Audit Assignment	Assurance Rating 2020
Welsh Blood Service Divisional Review	Reasonable
Safeguarding	Substantial
Welsh Risk Pool Claims Reimbursement	Substantial
Patient Safety Alerts	Reasonable
Welsh Blood Service Supply Chain	Reasonable
Fire Safety	Reasonable
Workforce Planning	Limited
Velindre Capital Systems – Financial Safeguarding	Reasonable
Health and Care Standards	Reasonable
Water Safety Management	Reasonable
<i>New Velindre Cancer Centre Development Integrated Assurance Plan</i>	<i>N/A</i>

SUMMARY (excluding follow up reports)	
Substantial	2
Reasonable	7
Limited	1
Total	10

NWIS

Internal Audit Assignment	Assurance Rating 2020
Hosted Services	Reasonable
<i>Change Control (Follow Up)</i>	<i>Substantial</i>
GDPR	Limited
WHEPPMA Project	Reasonable
Supplier Management	Limited
SUMMARY (excluding follow up reports)	
Substantial	0
Reasonable	2
Limited	2
Total	4

Audit Committee

Terms of Reference & Operating Arrangements

Reviewed:	November 2020
Next Review Due:	October 2021

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 (Non-Executive Director)

Two independent members of the Board (Non-Executive Directors)

[one member should be a member of the Quality, Safety & Performance 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

Director of Corporate Governance

Chief Operating Officer

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.