

PUBLIC TCS Programme Scrutiny Sub-Committee

Thu 20 February 2025, 13:30 - 14:30

VIA MICROSOFT TEAMS



Agenda

13:30 - 13:38 **1. STANDARD BUSINESS** 8 min

1.1. Welcome & Introductions

To Note

Led by Hilary Jones, Interim Chair and Independent Member

1.2. Apologies for Absence

To Note

Led by Hilary Jones, Interim Chair and Independent Member

1.3. Declarations of Interest

To Note

Led by Hilary Jones, Interim Chair and Independent Member

1.4. Minutes of the Sub Committee Meeting Held on 23rd January 2025

To Approve

Led by Hilary Jones, Interim Chair and Independent Member

 1.4 DRAFT Minutes of Public TCS Meeting 23.01.2025 v2.pdf (9 pages)

1.5. Action Log

To Approve

Led by Hilary Jones, Interim Chair and Independent Member

 1.5 TCS Public Action Log 20.02.2025.pdf (4 pages)

13:38 - 14:03 **2. PROJECT GOVERNANCE** 25 min

2.1. nVCC Project Highlight Report

To Note

Led by Martin Smith, Interim Senior Responsible Officer

 2.1 nVCC Project Highlight Report - January (Public) v0.1.pdf (9 pages)

2.2. TCS Programme Finance Report

To Note

Led by Mark Ash, Assistant Project Director

- 📄 2.2a P10-25 TCS Programme Finance Paper (January 2025) - Cover Paper.pdf (5 pages)
- 📄 2.2b P10-25 TCS Programme Finance Paper (January 2025) - Main Report.pdf (15 pages)

2.3. Communication and Engagement Update Report

To Note

Led by Non Gwilym, Interim Director of Corporate Governance

- 📄 2.3 Communications and Engagement Report Update - January 2025.pdf (6 pages)

2.4. Review of Sub-Committee Terms of Reference

To Endorse

Led by Non Gwilym, Interim Director of Corporate Governance

- 📄 2.4a Trust Board Amendment to Trust Standing Orders - Schedule 3 - Cover Paper_JAN 2025 - CLEAN.docx (4 pages)
- 📄 2.4b APPENDIX 1 nVCC Programme Scrutiny Sub Committee ToR - Track Changes JANUARY 2025.docx (11 pages)
- 📄 2.4c APPENDIX 1 nVCC Programme Scrutiny Sub Committee ToR JANUARY 2025 - CLEAN.docx (10 pages)

14:03 - 14:18 3. PROGRAMME DELIVERY 15 min

3.1. Programme Director and Interdependency Management Report

To Note

Led by Lauren Fear, Interim Director of Strategic Transformation

Supported by Gavin Bryce, Associate Director of Programmes

- 📄 3.1 Programme Directors Report February 2025.pdf (28 pages)

14:18 - 14:18 4. CONSENT AGENDA 0 min

NO ITEMS

14:18 - 14:18 5. ANY OTHER BUSINESS 0 min

Led by Hilary Jones, Interim Chair and Independent Member

Prior Agreement by the Chair Required

14:18 - 14:23 6. REVIEW OF THE MEETING 5 min

Led by Hilary Jones, Interim Chair and Independent Member

14:23 - 14:24 7. DATE & TIME OF NEXT MEETING 1 min

Thursday 20th March 2025 at 13.30 – 15.00

Meeting Room, Velindre Trust Headquarters

14:24 - 14:26 8. CLOSE 2 min

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).

14:26 - 14:28 9. PART B SESSION

2 min

The following items will be discussed at the Private / Part B session of TCS Programme Scrutiny Sub-Committee:

- nVCC Project Highlight Report
- Governance and Capability Action Tracker
- Contractual Matters
- Programme Director and Interdependencies Management Report

Transforming Cancer Services (TCS)
Programme Scrutiny Sub-Committee
Public Session

MINUTES OF THE MEETING HELD
23rd January 2025 at 13:30 – 15:00
Meeting Room, Trust Headquarters, Nantgarw
(via Teams)

Members Present:

Stephen Harries (SH)	Vice Chair and Independent Member (Chair)
Professor Donna Mead (DM)	Trust Chair
Hilary Jones (HJ)	Independent Member
Gareth Jones (GJ)	Independent Member

In attendance:

Carl James (CJ)	Executive Director of Strategic Transformation, Planning & Digital
Lauren Fear (LF)	Interim Director of Transformation
Nicola Williams (NW)	Executive Director of Nursing, AHP's & Medical Scientists
Dr Jacinta Abraham (JA)	Executive Medical Director
Martin Smith	Senior Responsible Officer
Mark Ash (MA)	Assistant Project Director, TCS
Rachel Hennessy (RH)	Interim Director, Velindre Cancer Service
Matthew Jenkins (MJ)	Welsh Government Representative
Non Gwilym (NG)	Acting Director of Corporate Governance
David Powell (DP)	nVCC Project Director
Carys Jones (CJones)	Senior Programme Delivery & Assurance Manager (part of the meeting)
Gavin Bryce (GB)	TCS Associate Director of Programme
Andrea Hague (AH)	Director of Service Transformation
Kay Barrow	Corporate Governance Manager
Olayinka Sokoya (OS)	Secretariat / Executive Support Assistant

Apologies

David Donegan (DD)	Chief Executive
Sarah Morley (SM)	Executive Director of OD & Workforce
Anne Carey (AC)	Interim Chief Operating Officer

1.0	STANDARD BUSINESS	ACTION
1.1	Welcome & Introductions <i>Led by Stephen Harries, Chair, and Independent Member</i> SH welcomed attendees to the meeting.	

1.2	<p>Apologies for Absence <i>Led by Stephen Harries, Chair, and Independent Member</i></p> <p>Apologies were noted as above.</p>	
1.3	<p>Declarations of Interest <i>Led by Stephen Harries, Chair, and Independent Member</i></p> <p>No declarations of interest were received.</p>	
1.4	<p>Minutes of Previous Sub-Committee Meetings held on 19th December 2024. <i>Led by Stephen Harries, Chair, and Independent Member</i></p> <p>The TCS Programme Scrutiny Sub-Committee APPROVED the minutes of the meeting held on 19th December 2024, subject to the inclusion of RH in the Action on page 11 under minute reference 3.1 referring to a comprehensive analysis on TrAMS and the additional requirements needed to deliver service efficiently at the nVCC.</p>	Secretariat
1.5	<p>Action Log <i>Led by Stephen Harries, Chair, and Independent Member</i></p> <p>Following a review of the action log, it was agreed that all current actions would remain open.</p> <p>The TCS Programme Scrutiny Sub-Committee NOTED the Action Log and updates provided.</p>	Secretariat
2.0	PROJECT GOVERNANCE	
2.1	<p>nVCC Project Highlight Report <i>Led by David Powell, Project Director</i></p> <p>The nVCC Project Highlight Report provides a high-level status update on the Project.</p> <p>The following key highlights were noted:</p> <ul style="list-style-type: none"> • There has been positive progress during the reporting period. • Missed milestones related to the following aspects: <ul style="list-style-type: none"> ○ Recruitment is behind schedule however; progress is being made to catch up in relation to recruitment activities during the month and workstreams have adopted new strategies considering recent experiences in the market. • The quality issues with the concrete identified by the Independent Tester are in the process of being resolved. • Discussions are ongoing so that the Independent Tester will be part of the RDD review process. • A revised programme for RDD was issued by Acorn in late December 2024. Due to the concerns around the RDD, a very useful 	

session was held with Acorn yesterday (22nd January 2025) to work through the RDD technical packages that included most of the electricals, structural, civils, etc. and also mechanical packages which included water, ventilation and medical gases. There are some residual issues to pick up however, there is an agreed process going forward for reviewing the RDD.

Following the session with Acorn there is more confidence within the Team with the RDD Programme although it is still behind schedule. This means there is some pressure on the team to review the RDD in a short space of time however, every effort is being made to ensure the availability of the team to ensure a swift turnaround.

A further revised programme is expected to be issued tomorrow (24th January 2025) and there is a commitment from Acorn to ensure there is an acceptable design by the given timescales and this will assist in the de-escalation of the project risk.

- Good progress is being made with the procuring of the Category 2C major medical equipment. Workshops with the suppliers went well and all are up to speed with what is required to meet the contractual requirement to provide information to Acorn.
- Planning for the commissioning migration activities is underway with departmental meetings and work with the VCS Leadership Team to define and scope the roles and responsibilities of the Commissioning Board that oversees the commission migration activities and it is anticipated to be completed by the end of the month.
- Due to the delays with the Project, a planning application to extend the use of the Temporary Construction Access Road (southern entrance) for a further year has been submitted and is being considered by the Planners.
- Construction work is progressing with the lower levels of the building and drainage.
- Work continues to implement the recommendations of the Governance and Capability review. A proposed way forward in terms of a blended structure within the project resourcing plan is being developed.
- Formal authorisation of the change relating to concrete mix is being worked through in order to confirm acceptance of it with the contractor.
- A design solution for the Lolfa is being developed by the contractor that retains the exposed timber.
- The overall Project status for the reporting period is Amber with all aspects bar Finance at Amber status however, once recruitment is on track there is the potential to move Resource to a Green status and once the Lolfa is resolved there is the potential to move Quality to a Green status also.

In terms of the change notices, DP advised that the letter of comfort issued that supported setting aside £500k due to the loss of the chutes could potentially be used to offset the 1:50 design change costs. The detail of this is being worked through with the contractor in order to reach a finalised agreement.

- The five Amber Project risks related to issues already discussed regarding:
 - Resourcing – capacity and capabilities of the Project Team.
 - Relationships – predominantly arising from the delays and issues with the RDD Programme, which is being resolved.
 - RDD – as above.
 - Retained PA Obligations – TCAR extended planning application.
 - Planning Compliance – ongoing monitoring and advising the contract of any breaches.

HJ raised concerns that the risk matrix was not providing the required information to provide assurance and asked that target dates are added for future reporting.

Missed milestones related to the following aspects:

- RDD Programme
- Issuing of contract for construction of HV Intake room due in December is awaiting final internal approvals.
- Completion of recruitment to all key posts
- Commencement of inventory of Cancer Centre equipment awaiting staff appointment
- Engagement milestone missed relates to communication work regarding the inventory work (see above)
- The formal quarterly sharing of PA notices with Acorn due in December 2024 was completed in January 2025, to ensure that all notices from the year 2024 were included.

MS advised that there had been a useful session in relation to capturing lessons learnt in relation to the Enabling Works and how those lessons learnt can be planned into and utilised in relation to the capabilities of the Team to map and improve the business processes that are being developed going forwards.

GJ raised concern in relation to the section ‘Authority’s Project Milestones Progress in December’ and previous discussions about including a separate column in the report to capture any missed milestone by Project Co. This is because currently the report appears to give a one-sided view of the actual Project status but should provide the actual position for both the Authority and the Contractor particularly as there is the possibility of having a joint missed milestone. This will ensure a balanced view from a public perspective and will also distinguish between sole or joint milestones.

HJ raised concern about previous discussions about including a column in the report on the effect of the missed milestone to ascertain whether they are detrimental or not to the completion of the construction.

ACTION: For future reporting, DP to insert an additional column in the Missed Milestone section of the nVCC Project Highlight Report that distinguishes whether the responsibility is with the Authority and / or Contractor and to also include a Critical Path Analysis that details the effect of the missed milestones on the Project completion. Target dates to be added to the reporting of Project risks scoring 12 and above.

DP

SH expressed concern that the Sub-Committee was receiving a lot of reassurance but not receiving sufficient assurance on the specific project areas highlighted in the report that have been ongoing for some time with no appreciable progress. Although during the verbal presentation of the report at each meeting there seems to be some level of optimism about how project areas are progressing although the optimism presented at the meeting does not materialise to be able to close down on these issues. An example provided was the continuous concern about the lack of progress in terms of recruitment despite being aware of the workforce requirements for some considerable time.

DP explained that progress has been made in relation to recruitment through dedicated support from the Workforce Team and the fast-track recruitment and onboarding process. However, where posts have failed to be filled through the normal recruitment processes due to the specialist nature of the roles, these have been filled using consultancy via the All Wales Procurement Frameworks. MS confirmed that DP and the team have been tasked to prepare a recruitment strategy and to highlight how this has changed since the original recruitment plan i.e. direct recruitment versus agency engagement. It was highlighted that using agency is a more flexible approach to engage individuals with the necessary skills and experience. However, the approach to the recruitment plan needs to be more strategic with progress tracked and improvements provided in the reporting regarding the controls, slippage, impact and mitigations.

GJ expressed concern in relation to engaging individuals from suppliers and whether this would cause a conflict of interest for other aspects of the contract i.e. equipment procurement. DP provided assurance that the individuals engaged via consultancy are to advise and not to supply, as such there would be no conflict.

GJ commented that under the workforce requirement in the Interdependencies report, there is a table which sets out the workforce requirement across projects however, it only identifies the resourcing requirement for the Satellite Radiotherapy Unit (SRU) and Integrated Radiotherapy Solution (IRS), but does not identify the resource requirements for the nVCC Project, which did not provide confidence in relation to the resource gap for the nVCC Project.

	<p>GJ was pleased with the progress reported regarding the RDD Programme but expressed his surprise in relation to risk identified in the report regarding the impact on the relationship with Project Co and SACYR in this regard. DP explained that the risk identified in the report was about being cognisant of how the relationship with Project Co and SACYR can be managed and maintained while there is tension or stress in the system. There has been a discussion with Project Co on how best to manage the relationship professionally and to be able to reach amicable resolution in a timely manner as and when required, as demonstrated with the RDD process.</p> <p>GJ emphasised the need to build and maintain good relationships with Project Co and SACYR however, there is a need to manage roles, responsibilities and accountability to ensure the Project is completed within the set timescale.</p> <p>The TCS Programme Scrutiny Sub-Committee NOTED the nVCC Project Highlight Report and the Amber Project status for the month of December 2024.</p>	
<p>2.2</p>	<p>nVCC Programme Finance Report <i>Led by Mark Ash, Assistant Project Director</i></p> <p>The purpose of the report is to provide a financial update for the Transforming Cancer Services (TCS) Programme for the financial year 2024-25, outlining spend against budget as of December 2024 and the current year-end forecast.</p> <p>The year-to-date spend for the TCS Programme is circa £4.9m Capital and £474k Revenue, with a forecast expenditure for the current financial year of circa £7.1m Capital and £749k Revenue.</p> <p>Following the approval of the nVCC FBC and the EW FBC Addendum, further funding was received in November 2024 of £69.719m Capital and circa £2.4m Revenue for the nVCC activities between 2024 and 2028. Circa £8.9m Capital was received for the Enabling works relating to works between 2024 and 2027. For the Enabling Works, the Trust is profiling the expenditure for each of those years with Welsh Government and for the Trust's Financial Plan. It is anticipated that this will be finalised by the end of February 2025. There are no anticipated financial risks and the year end forecast is break even.</p> <p>MA advised that apart from the Funding that was received from the Welsh Government in respect of nVCC Project Resources Funding 2024-2028 additional funds in the sum of £0.082m was provided by WG in November 2024 to cover the recurrent pay award for 2024-25. MA advised further that the Trust is finalising the profile of spend for each of the Financial Years for Welsh Government.</p>	



	<p>GJ raised a query in relation to the Financial Implications section of the cover paper on page 4 and 5 under the item 'Source of Funding'. It states revenue funding from the Trust and Commissioners but does not mention the source of the Capital funding. MA confirmed that Welsh Government is providing the Capital funding. MA will update for future reporting to reflect the correct position.</p> <p>The TCS Programme Scrutiny Sub-Committee NOTED the financial position for the nVCC Programme and associated projects as at December 2024 and the current year-end forecast.</p>	
<p>2.3</p>	<p>Communication and Engagement Update Report <i>Led by Non Gwilym, Interim Director of Corporate Governance</i></p> <p>In presenting the key areas of the report, NG highlighted that some of the planned activity did not take place during December 2024 predominantly due to leave over the Christmas period. Although a very successful site visit did take place with the local Councillors, Senedd Member and MP to the nVCC construction site. The visit was led by SACYR and involved a brief tour of the site and a presentation on the Community Benefits followed by a discussion about plans and activities that could be undertaken together in the future.</p> <p>DM advised that in lieu of a 'ground breaking' event due to the Elections, she has written to the Cabinet Secretary with an invitation to visit the Trust also the nVCC construction site.</p> <p>The TCS Programme Scrutiny Sub-Committee NOTED the Communications and Engagement Update.</p>	
<p>3.0</p>	<p>PROGRAMME DELIVERY</p>	
<p>3.1</p>	<p>Programme Director and Interdependency Management Report <i>Led by Lauren Fear, Interim Director of Transformation</i></p> <p>The Sub-Committee received the Programme Director and Interdependency Management Report for the period 1st to 31st December 2024.</p> <p>LF referred to the outstanding action on the action log in relation to reviewing the overall effectiveness of this report in providing the Sub-Committee with the assurance needed around project interdependencies. LF explained that discussions have taken place on the best way to manage the process and how any interdependencies are reported to the Sub-Committee. Following those discussions, the way that interdependencies will be managed will change, given the role of the Chief Operating Officer in managing those interdependencies. DP and AC are working through that detail and, as such, there will need to be a further review of this report in the context of enhancing the model, approach and structure of how the interdependencies between the nVCC Project, Velindre Futures Programme and the Whitchurch Land are managed.</p>	



LF highlighted the reference to the analysis work for TrAMS and advised that this is underway with JA and NW also involved in the scenario planning of any potential delays and this will be brought to the Sub-Committee in February 2025 with a response as an organisation to any potential delays.

LF informed that a discussion with HJ had taken place recently regarding a live matter in relation to the interdependency between the nVCC Project and the Integrated Radiotherapy Solution (IRS) Project and this will be discussed in more detail in the private session as it is still under analysis.

In terms of the query raised by GJ in relation to the analysis of the workforce requirements for the nVCC project, LF clarified that this report has not repeated the analysis of the workforce requirements for the nVCC as this report is for the interdependencies for the Satellite Radiotherapy Unit (SRU) and IRS projects. GJ queried that historically this report has covered the seven projects making up the TCS Programme and that the nVCC analysis has been long awaited and, in fact, this report does not provide the information for IRS. LF explained that a full workforce analysis was provided in November 2024 and the action was to review the analysis and bring an update to the Sub-Committee on a quarterly basis. LF advised that this report included a summary position with a full analysis to be presented in February 2025.

GJ advised that given the pressures on the workforce which are impacting on a number of projects, there is a need to be reviewing the analysis of the workforce requirements more frequently than quarterly. As SM was not present, LF agreed to pick the matter up with SM and AC outside of the meeting.

ACTION: LF to pick up more frequent reporting of the analysis of the workforce requirements with SM and AC outside of the meeting.

LF

DM expressed concern on the status of the national TrAMS Programme which has remained in Amber - Red status for quite some time and does not appear to be progressing. DM highlighted that a report on TrAMS is to be presented at the next meeting and asked that the report also includes a 'Plan B' should the national TrAMS Programme not be delivered on time. NW confirmed that there have been active discussions with the Executive Team and other key officers within the Cancer Service on this matter. NW advised that there is a contingency plan in place and will ensure that the TrAMS paper describes that contingency plan.

ACTION: The analysis work for TrAMS to include a Contingency Plan should TrAMS not be delivered on time.

NW/RH

SH raised concern in relation to the narrative in the first bullet point in Section 3 Matters of Note in Reporting Period on page 2 regarding the 8.4 week delay and the build completion being moved to 1st May 2025. Whilst this point is clarified further down in the report and relates to the SRU, this

	<p>could be misinterpreted by a member of the public and suggested that the narrative should explicitly state that the delay relates to the SRU build completion.</p> <p>The TCS Programme Scrutiny Sub-Committee NOTED Programme Directors Report.</p>	
4.0	CONSENT AGENDA	
	<i>No items received.</i>	
5.0	ANY OTHER BUSINESS	
	<p>Sub-Committee Public Meeting Frequency</p> <p>SH advised that following discussion with the Independent Members and Executive Team, going forward the frequency of the Public meeting of the TCS Programme Scrutiny Sub-Committee will be moved to every two months, so that the Sub-Committee will be meeting publicly six times a year. GJ clarified for reassurance to the public that although the Public meeting was moving to a two-monthly cycle, a 'Private' meeting will still be held each month to scrutinise matters of an appropriate 'Private' nature i.e. contractual and / or commercial in confidence.</p> <p>SH advised that a review of the title of the Sub-Committee is also being considered to better reflect the role of the Sub-Committee and the review of the Terms of Reference for the Sub-Committee will be proposing the new Sub-Committee title.</p> <p>GJ queried that a number of items discussed are to be reported in the February 2025 cycle of business and that it would be sensible for a review of those matters to assess whether they can wait until the March meeting.</p> <p>ACTION: NG to review the items scheduled to be presented to the Public meeting in February and to assess with the Lead Executive whether the item(s) can be delayed to March 2025</p>	<p>Secretariat</p> <p>NG</p>
6.0	REVIEW OF THE MEETING	
	There were no additional comments or questions.	
7.0	DATE & TIME OF NEXT MEETING	
	<p>The next Private meeting is scheduled for 20th February 2025 at 13:30 in Velindre Trust Headquarters.</p> <p>The next Public meeting is scheduled for 20th March 2025 at 13:30 in Velindre Trust Headquarters.</p>	
8.0	CLOSE	
	SH formally closed the meeting, expressing thanks for all contributions.	

TCS Programme Scrutiny Sub-Committee

20 February 2025

Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
157b	Programme Director and Interdependencies Report In two months' time (January 2025), assess whether the new approach to reporting (Interdependencies and Major Programme Reporting) is providing appropriate assurance to Committee members.	Lauren Fear Anne Carey / David Powell	21.11.2024	23.01.2025 20.03.2025	DP / AC working through the enhancing of the model, approach and structure of how the interdependencies between nVCC Project and Velindre Futures Programme are managed and reported to the Sub-Committee.	OPEN
161	Project Highlight Report Project team to include single list of Project Co delivery on obligations for ease of reference.	David Powell	21.11.2024	23.01.2025 20.03.2025	23.01.2025 Action not sufficiently addressed in the January reporting and to be added to the future reporting.	OPEN
162	Life Sciences Hub Strategic Development Committee and Trust Board to receive an update on the Life Sciences Hub population health insights work.	Chief Operating Officer	21.11.2024	18.02.2025	Key headlines expected by mid-January, full report by end of February 2025 to be presented at SDC.	OPEN Action to remain open until SDC has received the update.

164	Programme Director and Interdependencies Report All workforce related actions in the report to include specific dates.	Lauren Fear	21.11.2024	20.02.2025	Update to be provided in February 2025	OPEN
164b	Given the pressures on the workforce which are impacting on a number of projects, there is a need to be reviewing the analysis of the workforce requirements more frequently than quarterly.	Sarah Morley / Anne Carey	23.01.2025	TBC	As SM was not present, LF agreed to pick the matter up with SM and AC outside of the meeting.	OPEN
165	nVCC Project Highlight Report Additional narrative to explain the reasons and mitigations for the missed milestones for future reports and to include a running commentary of the status of the project milestones.	David Powell	19.12.2024	23.01.2025 20.03.2025	23.01.2025 Action not sufficiently addressed in the January reporting and to be added to the future reporting.	OPEN
166	Communication and Engagement Update A report and engagement plan to be present on how the Trust can engage with the wider community outside Cardiff North.	Non Gwilym	19.12.2024	20.02.2025	To be provided in February 2025	OPEN

167	<p>Programme Director's Report - TrAMS A comprehensive analysis on additional requirement needed to deliver service efficiently at the nVCC.</p>	<p>Nicola Williams / Rachel Hennessy</p>	19.12.2024	20.02.2025	<p>23.01.2025 The analysis work for TrAMS to include a Contingency Plan should TrAMS not be delivered on time. To be provided in February 2025.</p>	OPEN
168	<p>Project Highlight Report For future reporting, DP to insert an additional column in the Missed Milestone section of the Nvcc Project Highlight Report that distinguishes whether the responsibility is with the Authority and / or Contractor and to also include a Critical Path Analysis that details the effect of the missed milestones on the Project completion. Target dates to be added to the reporting of Project risks scoring 12 and above.</p>	<p>David Powell</p>	23.01.2025	20/03/2025	<p>To be actioned from March Committee meeting.</p>	OPEN
169	<p>ACTION: NG to review the items scheduled to be presented to the Public meeting in February and to assess with the Lead Executive whether the item(s) can be delayed to March 2025.</p>	<p>Non Gwilym</p>	23.01.2025	20.02.25	<p>Secretariat to inform Committee of cycle from April 2025 by beginning of March 2025.</p>	OPEN

TRANSFORMING CANCER SERVICES PROGRAMME SCRUTINY SUB COMMITTEE	
nVCC January Highlight Report	
DATE OF MEETING	20 February 2025
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Peter Sowerby, Project Manager
PRESENTED BY	David Powell, Project Director
APPROVED BY	David Powell, Project Director
EXECUTIVE SUMMARY	The nVCC Project produces a monthly Highlight Report which is presented to the TCS Scrutiny Sub-Committee for information. The project status for the month of January is Amber .
RECOMMENDATION / ACTIONS	The TCS Scrutiny Sub-Committee are requested to NOTE this report.
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
nVCC Project Board	11/02/2025
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
Noted by the February nVCC Project Board	
7 LEVELS OF ASSURANCE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance

APPENDICES

1 INTRODUCTION

- 1.1 The nVCC Project produces a monthly Highlight report to provide high level information to the Trust on the status of the Project.

2 SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Highlight Report details at a high level:
- Overview of progress for the reporting period
 - Key decisions pending
 - Project Governance Assurance
 - Top Project Risks and Issues
 - Progress against Key Milestones in the reporting period, including missed Milestones
 - Update on PA obligations for the period and compliance status

New VCC Project –Highlight Report

Lead	David Powell
Reporting Period	January 2025

Progress in Period

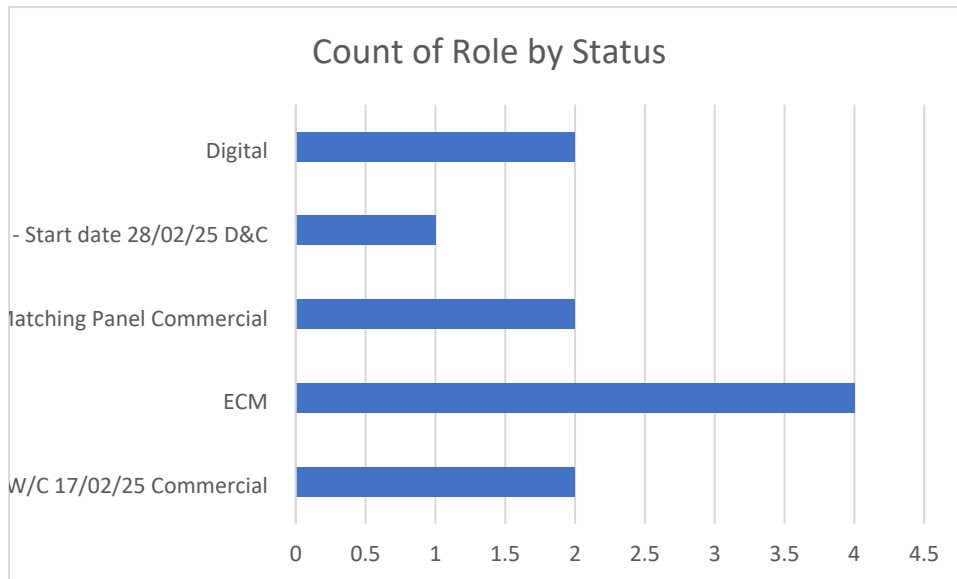
Authority's Project Milestones Progress in January		
Work stream	Milestones achieved in period	Milestones missed in period
D&C (RDD)	0	0
D&C (EW) (Authority)	1	0
Digital	0	0
Equipment, Commissioning and Migration	1	0
Engagement	1	6 ^{*1}
Commercial	0	0
Project Total		
<i>(Data from MSP Feb 1st)</i>		

The missed milestones related to:

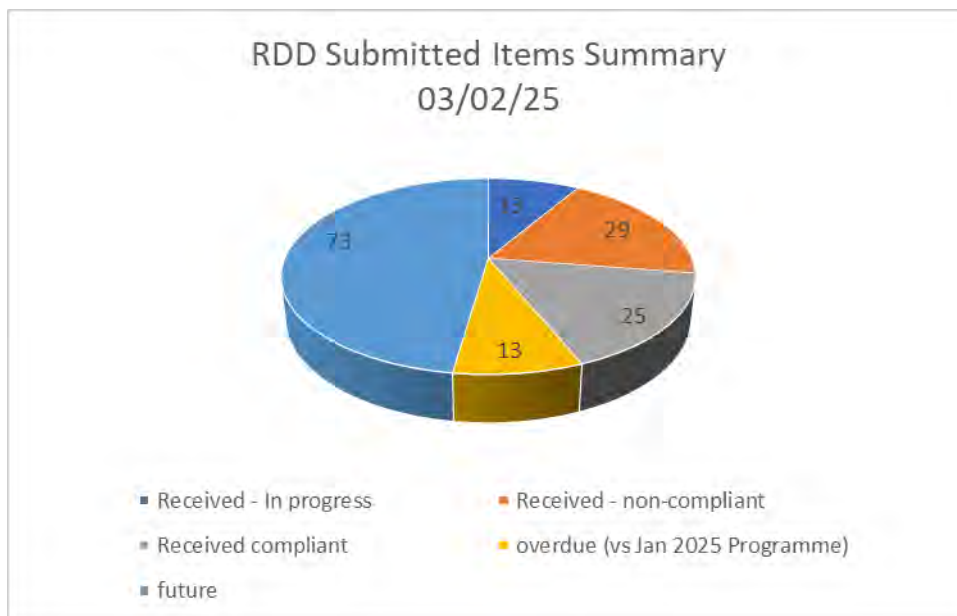
*1 – planned communication support to RDD. Programme being re-set to match new Acorn RDD schedule.

Other Progress Highlights

Key role recruitment campaign



RDD progress.



- All items submitted to the Authority have been responded to within the contractual period
- A new approach was agreed to allow direct advisor-to-advisor conversation.

Key milestones in implementing the PWC report recommendations

- An integrated, logically linked programme was issued by Gardiner and Theobald on January 17th and is undergoing a series of validation workshops with project Work streams prior to being confirmed as a baseline for future reporting.

- An updated risk scoring matrix was agreed and is being introduced in Work stream workshops so that the risk reporting will better reflect the specific timescales and budgets of this stage of the nVCC Project. The associated Risk Management Policy and layout of the register have also been updated. This will be in place for reporting at the March Project Board.
- Technical Advisors provided a report on competencies needed for Project Control roles. This is being implemented by an Organisational Change Process within the project to align roles, alongside retention of external advisors

Equipment Progress

- Tenders were received for all items of major medical equipment (Category 2c) by the close of the tender period, 31 January.

Enabling Works Progress

- HV Intake room design was approved by National Grid and the tender awarded. The works are programmed to complete within the timescale required by the Project Agreement.
- Tenders were received for the S278 main works and advance works. Evaluation will follow and the works will complete well in advance of the nVCC opening date.

	January	December	
Overall Project	Amber	Amber	
Plan Performance (authority)	Amber	Amber	Rated Amber due to activities still required to recruit to full structure.
Plan Performance (whole project)	Amber	Amber	Acorn construction programme behind target but still reporting to complete on time.
Finance	Green	Green	QRA updated and project operating within budget.
Resource	Amber	Amber	Issues of recruiting to key posts and finalisation of new structure to be complete by March 25.
Quality	Amber	Amber	Resolution required to the RDD non-compliance items. Progress being made but requires final sign-offs.

Risks & Issues

Key matters facing the project are: -

Risks scored 12 and above in the risk register and emerging risks include: -:

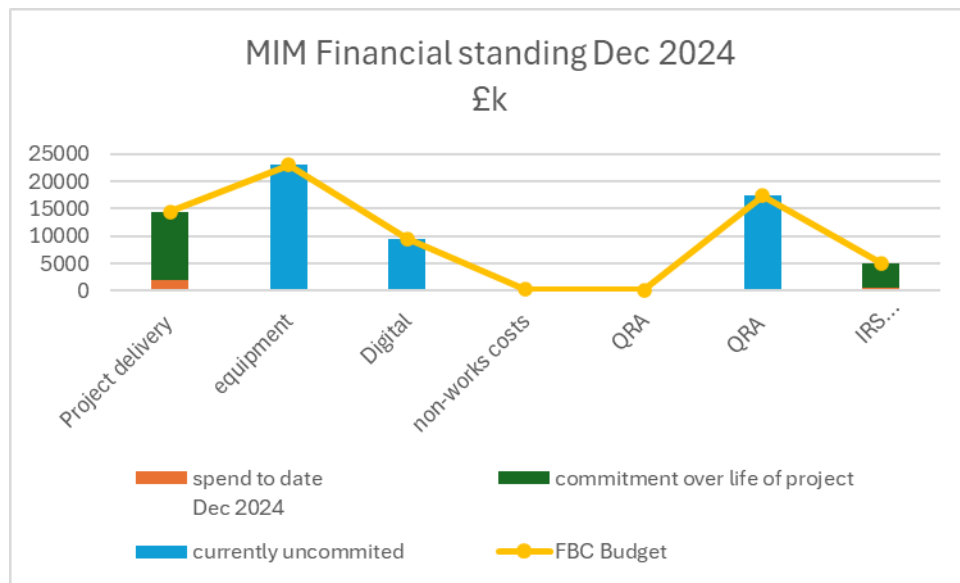
Resourcing

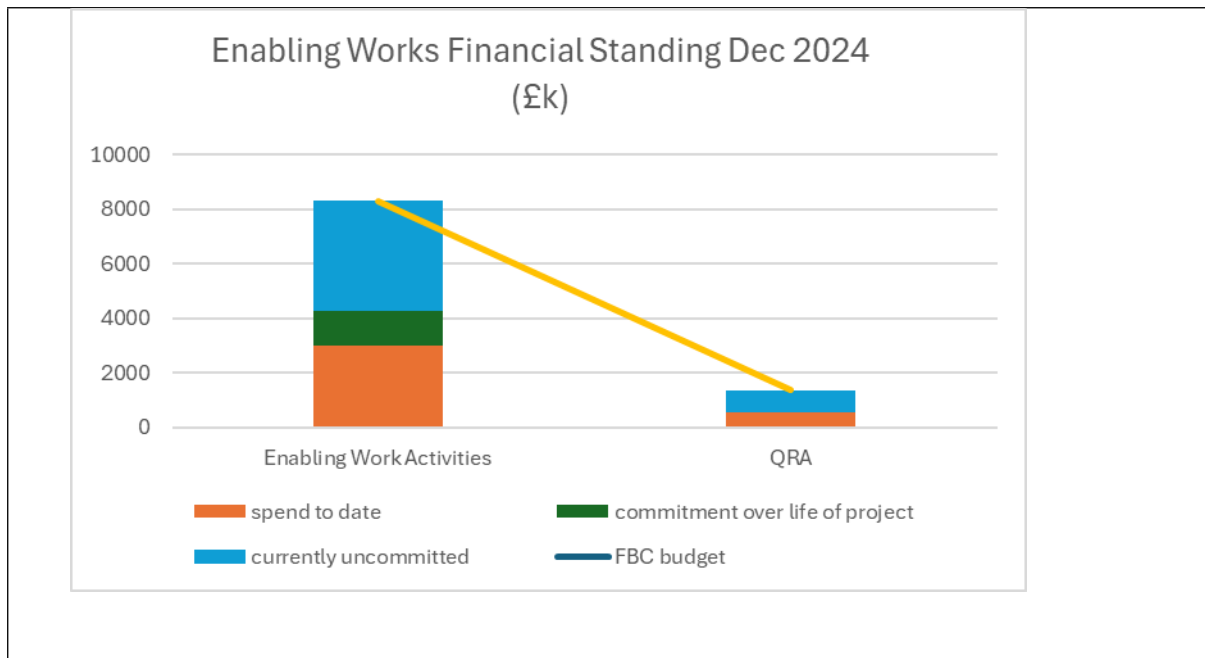
Insufficient capacity in the Work stream(s) to develop the programmes needed. Time needed to implement the capacity and capabilities for the existing team.
Mitigation – recruitment is being undertaken with changes to recruitment strategies and use of external expertise to cover hard to recruit roles.

12

<p>RDD - Lack of workshops and lead in time There is a risk that the reduction of planned workshops to discuss RDD items before formal submission may lead to lower quality submissions that need to be submitted repeatedly, leading to delay, higher adviser costs for the Trust or a lack of available expertise to review items. Mitigation- lock-in sessions in January with Acorn proved effective in moving items forward; on-going series of face-to-face sessions to keep items moving through the process.</p>	12
<p>Retained PA obligations The Authority has to make an application of the TCAR2 planning permission to extend to November 2027; complete the HV Intake Room; complete the S278 Highways works; and complete the Off-site Habitat works. Mitigation – TCAR planning permission submitted (December 2024); procurement programmes for other activities in place to meet PA obligations</p>	12
<p>Extended Dual Running of VCC & nVCC There is a risk that if the commissioning period is extended then a longer dual-running period of VCC & nVCC is required, leading to increased costs and staffing implications. Mitigations Resource agreed in FBC for commissioning; involvement by the Work stream with the IRS and Velindre Futures programmes</p>	12

Financial Position





Early Warnings

The plan for the digitisation of records needs to be initiated in order to minimise the risk of impact if it is not complete before the moving date.

Forward Look for next reporting period (February)

1. **Recruitment.** – Recruitment advertising, shortlisting and interviewing for key posts will continue
2. **The Governance and Capability review** – finalisation of deliverables and implementation will be completed during February and March. This will include an Organisational Change Process for the Project
3. **Commercial Support** – input from Gardiner and Theobald to fulfil the commercial manager role will continue
4. **HV Intake room** – contractor will start works
5. **S278 works** – tenders will be evaluated
6. **Major Medical Equipment** – evaluation of tenders will commence

Milestones due in previous months still outstanding at 31/12/2024		
Milestone	Number outstanding from previous months.	comment
RDD Progress	9	Delays in delivery of compliant items by Acorn has caused Velindre to miss its own targets.
Recruitment and procurement of key posts.	1	See narrative in report above

Milestones due in previous months still outstanding at 31/12/2024		
Milestone	Number outstanding from previous months.	comment
Agreed plan for fibre diversion	1	Resolution depends on negotiations with BT Openreach which are ongoing.

Health and Safety

Overall SACYR has reported

- No Fatal or RIDDOR rated incidents
- 2 Lost Time Incidents (Totalling 13 days)
- 6 Non-Life-Threatening Injuries
- 3 Near Miss Incidents
- 390 Safety Observations



TRUST STRATEGIC GOAL(S)													
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below													
If yes - please select all relevant goals:													
<ul style="list-style-type: none"> Outstanding for quality, safety and experience <input checked="" type="checkbox"/> 													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)	08 - Trust Financial Investment Risk												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below												
	<table> <tr><td>Safe</td><td><input type="checkbox"/></td></tr> <tr><td>Timely</td><td><input type="checkbox"/></td></tr> <tr><td>Effective</td><td><input type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input type="checkbox"/></td></tr> </table>	Safe	<input type="checkbox"/>	Timely	<input type="checkbox"/>	Effective	<input type="checkbox"/>	Equitable	<input type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input type="checkbox"/>
	Safe	<input type="checkbox"/>											
Timely	<input type="checkbox"/>												
Effective	<input type="checkbox"/>												
Equitable	<input type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input type="checkbox"/>												
Efficient Reporting by exception													
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not yet completed (Include further detail below why) The procurement of the nVCC includes a social value element – Community Benefits. Socio-Economic matters relating to the nVCC are outlined in the Project Full Business Case (Benefits).												
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health												
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.												
	<p>Source of Funding: Welsh Government</p> <p>Type of Funding: Revenue and Capital Funding</p> <p>Scale of Change Please detail the value of revenue and/or capital impact:</p> <p>Type of Change Major Programme</p>												

EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx	Not required - please outline why this is not required
	<i>This relates to the ongoing contract management of the nVCC Project.</i>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below) Compliance with Public Procurement Regulations

3 RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	All relevant risks detailed in the report.
WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	



TRANSFORMING CANCER SERVICES PROGRAMME SCRUTINY SUB COMMITTEE	
TCS Programme Finance Report 2024-25 January 2025	
DATE OF MEETING	20 February 2025
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Mark Ash, Assistant Project Director, nVCC and Enabling Works Projects
PRESENTED BY	Matthew Bunce, Executive Director of Finance
APPROVED BY	Matthew Bunce, Executive Director of Finance
EXECUTIVE SUMMARY	<p>The purpose of this report is to provide a financial update for the Transforming Cancer Services (TCS) Programme for the financial year 2024-25, outlining spend against budget as at January 2025 and the current year-end forecast.</p> <p>The year-to-date spend for the TCS Programme is £5.497m Capital and £0.565m Revenue, with a forecast expenditure for the current financial year of £7.154m Capital and £0.790m Revenue.</p>
RECOMMENDATION / ACTIONS	The TCS Scrutiny Committee are asked to NOTE the financial position for the TCS Programme and Associated Projects for 2024-25 as at January 2025.
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
n/a	



SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
N/A	
7 LEVELS OF ASSURANCE	
The purpose of the report to provide assurance on the financial position of the EW and nVCC Project.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance
APPENDICES	
01	Main TCS Programme Finance Paper January 2025

1. SITUATION

- 1.1 The purpose of this report is to provide a financial update for the Transforming Cancer Services (TCS) Programme for the financial year 2024-25, outlining spend against budget as at 31st January 2025 and the current year-end forecast.
- 1.2 The TCS Programme financial position is continually monitored and updated, with an update provided regularly to both the TCS Programme Delivery Board and Trust Board.

2. SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The summary financial position for the TCS Programme for the year 2024-25 as at 31st January 2025 is provided below. A detailed table of budget, spend and variance for the capital and revenue expenditure is provided in Appendix 1.

Expenditure Type	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Capital	£5.497m	£6.787m	£7.154m	-£0.367m
Revenue	£0.565m	£0.788m	£0.790m	-£0.002m
Total	£6.062m	£7.575m	£7.944m	-£0.369m

- 2.2 The overall forecast outturn for the Programme is an overspend of £0.369m for the financial year 2024-25 against a budget of £7.575m. Additional capital funding of

£0.368m for the EW Project is currently being sought from the relevant QRA for ASDA costs. The provision of this funding will mitigate the risk an overspend for the Capital projects for 2024-25.

- 2.3 On the 18th November 2024 the Award of Funding was received in respect of nVCC Project Resources Funding 2024-2028. This provided further funding of £69.719m Capital and £2.412m Revenue for the nVCC activities between 2024 and 2028, and £8.943m Capital for the Enabling works relating to works between 2024 and 2027.
- 2.4 The Trust is finalising the profile of spend for each of the Financial Years for WG.
- 2.5 In addition, funding of £0.082m was provided by WG in November 2024 to cover the recurrent pay award for 2024-25.
- 2.6 There no financial risks to the TCS Programme at present.

3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)	05 - Organisational Change / Strategic Executive Risk'
	Select all relevant domains below



<p>QUALITY AND SAFETY IMPLICATIONS / IMPACT</p>	<p>Safe <input checked="" type="checkbox"/></p> <p>Timely <input type="checkbox"/></p> <p>Effective <input checked="" type="checkbox"/></p> <p>Equitable <input type="checkbox"/></p> <p>Efficient <input type="checkbox"/></p> <p>Patient Centred <input type="checkbox"/></p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</p>	<p>Not required</p>
<p>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</p>	<p>A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health</p>
<p>FINANCIAL IMPLICATIONS / IMPACT</p>	<p>Yes - please Include further detail below, including funding stream</p> <p>Source of Funding: Other (please explain)</p> <p>Please explain if 'other' source of funding selected: Revenue funding from VUNHST and Commissioners</p> <p>Type of Funding: Revenue</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: Capital: £7.154m; Revenue £0.790m</p> <p>Type of Change Major Programme Please explain if 'other' source of funding selected: Click or tap here to enter text</p>
<p>EQUALITY IMPACT ASSESSMENT</p>	<p>Not required - please outline why this is not required</p>



	Click or tap here to enter text.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

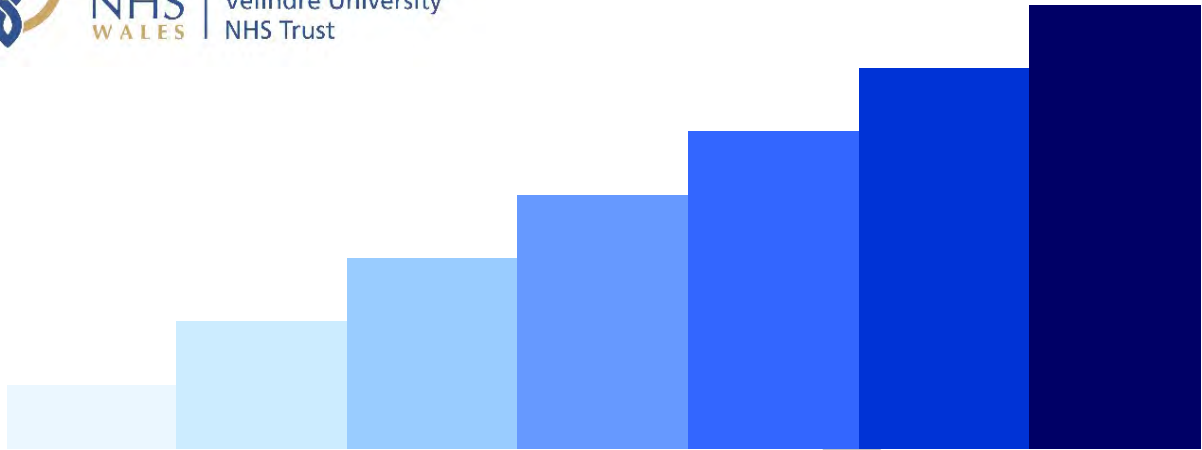
4. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	<ul style="list-style-type: none"> Additional funding required from the Enabling Works QRA to over additional works.
WHAT IS THE CURRENT RISK SCORE	
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	Mitigate the risks by seeking to secure funding from Welsh Government
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



TCS PROGRAMME FINANCE REPORT 2024-25

Period Ending 31st January 2025

Contents

Page

1.	INTRODUCTION.....	2
2.	EXECUTIVE SUMMARY	2
3.	BACKGROUND	2
4.	CAPITAL POSITION	3
5.	REVENUE POSITION.....	4
6.	CASH FLOW.....	4
7.	PROJECT FINANCE UPDATES.....	5
	Programme Management Office	5
	Enabling Works Project.....	5
	New Velindre Cancer Centre Project	7
	Whitchurch Hospital Site	8
	Service Delivery and Transformation Project.....	8
8.	KEY RISKS AND MITIGATING ACTIONS.....	9
9.	TCS SPEND REPORT SUMMARY	9
APPENDIX 1:	TCS Programme Budget and Spend as at 31 st January 2025	11
APPENDIX 2:	TCS Programme Funding for 2024-25	12
Appendix 3:	Sources of Funding and In Year Changes 2024-25	13
APPENDIX 4:	TCS Cumulative Spend Report to 31 st March 2024	14

1. INTRODUCTION

- 1.1 The purpose of this report is to provide a financial update for the Transforming Cancer Services (TCS) Programme for the financial year 2024-25, outlining spend against budget as at 31st January 2025 and the current year-end forecast.
- 1.2 The TCS Programme financial position is continually monitored and updated, with an update provided regularly to both the TCS Programme Delivery Board and Trust Board.

2. EXECUTIVE SUMMARY

- 2.1 The summary financial position for the TCS Programme for the year 2024-25 as at 31st January 2025 is provided below. A detailed table of budget, spend and variance for the capital and revenue expenditure is provided in Appendix 1.

Expenditure Type	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Capital	£5.497m	£6.787m	£7.154m	-£0.367m
Revenue	£0.565m	£0.788m	£0.790m	-£0.002m
Total	£6.062m	£7.575m	£7.944m	-£0.369m

- 2.2 The overall forecast outturn for the Programme is an overspend of £0.369m for the financial year 2024-25 against a budget of £7.575m. Additional funding of £0.368m for the EW Project is currently being sought from the relevant QRA for ASDA costs. The provision of this funding will mitigate the risk an overspend for the Capital projects for 2024-25.
- 2.3 On the 18th November 2024 the Award of Funding was received in respect of nVCC Project Resources Funding 2024-2028. This provided further funding of £69.719m Capital and £2.412m Revenue for the nVCC activities between 2024 and 2028, and £8.943m Capital for the Enabling works relating to works between 2024 and 2027.
- 2.4 The Trust is finalising the profile of spend for each of the Financial Years for WG.
- 2.5 In addition, funding of £0.082m was provided by WG in November 2024 to cover the recurrent pay award for 2024-25.
- 2.6 There are no financial risks to the TCS Programme at present.

3. BACKGROUND

- 3.1 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 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.

- 3.2 By 31st March 2024, the Welsh Government (WG) had provided a total of £63.295m funding (£60.246m capital, £3.049m revenue) to support the TCS Programme. In addition, the Trust had provided £0.264m from its discretionary capital allocation and £0.512m non-recurrent revenue funding.
- 3.3 NHS Commissioners agreed in December 2018 to provide annual revenue funding to the Trust to support TCS Programme, with £0.400m provided in 2018/19, increased to £0.420m thereafter.
- 3.4 The current funding provided to support the TCS Programme in 2024-25 is £0.749m revenue, with no capital funding allocated as yet. This is outlined in Appendix 2. The sources of funding changes are summarised below, with further detail in Appendix 3.

Funding Source	Capital	Revenue	Total
Welsh Government	£6.787m	£0	£6.787m
LHB Commissioners	£0	£0.420m	£0.420m
Trust Reserves	£0	£0.218m	£0.218m
Escrow Interest	£0	£0.028m	£0.028m
Total Funding	£6.787m	£0.666m	£7.453m

4. CAPITAL POSITION

- 4.1 The current capital funding for 2024-25 is outlined below:

• Enabling Works Project	£3.500m
• nVCC Project	£3.174m
• Whitchurch Hospital Site	£0.111m
Total	£6.787m

- 4.2 The capital position as at 31st January 2025 is outlined below, with a forecast overspend of £0.367m for 2024-25. Funding was provided by WG on 18th November 2024.

Capital Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Enabling Works Project	£3.183m	£3.500m	£3.868m	-£0.368m
nVCC Project	£2.282m	£3.176m	£3.174m	£0.002m
Whitchurch Hospital Site	£0.033m	£0.111m	£0.111m	£0
Total	£5.497m	£6.787m	£7.154m	-£0.367m

5. REVENUE POSITION

5.1 The revenue funding for 2024-25 is outlined below:

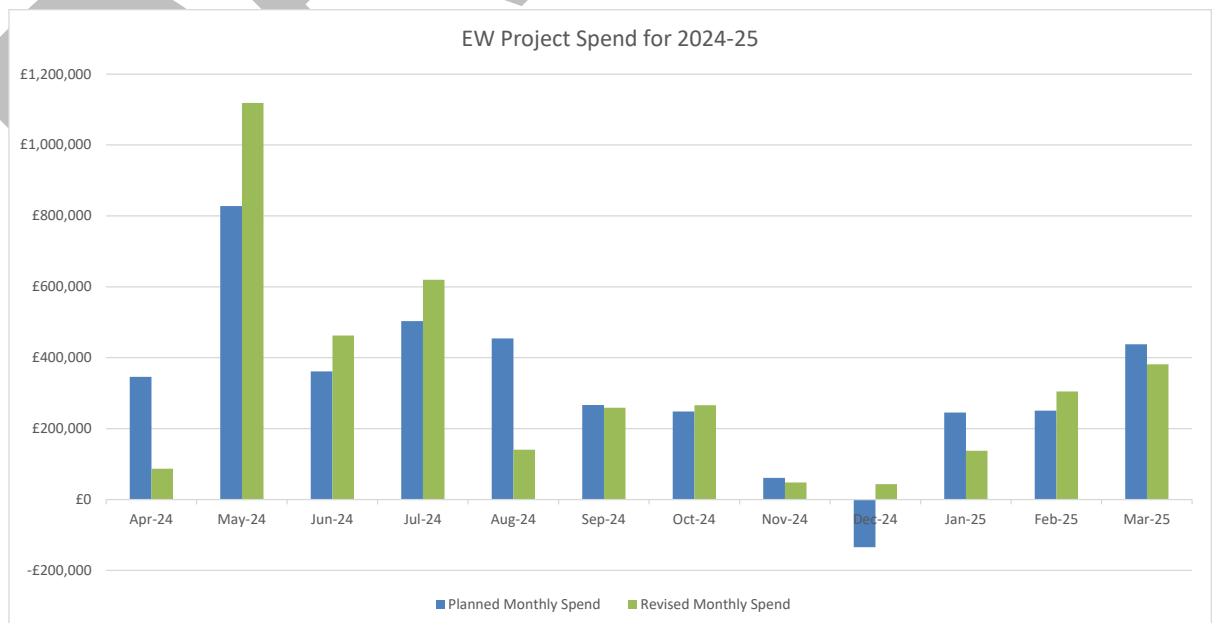
- PMO £0.332m
- Enabling Works Project £0.028m
- nVCC Project £0.104m
- SDT Project £0.323m
- Total £0.788m**

5.2 The revenue position as at 31st January 2025 is outlined below, with a forecast overspend of £0.002m for 2024-25 against a budget of £0.788m. The project(s) will manage to a breakeven financial position.

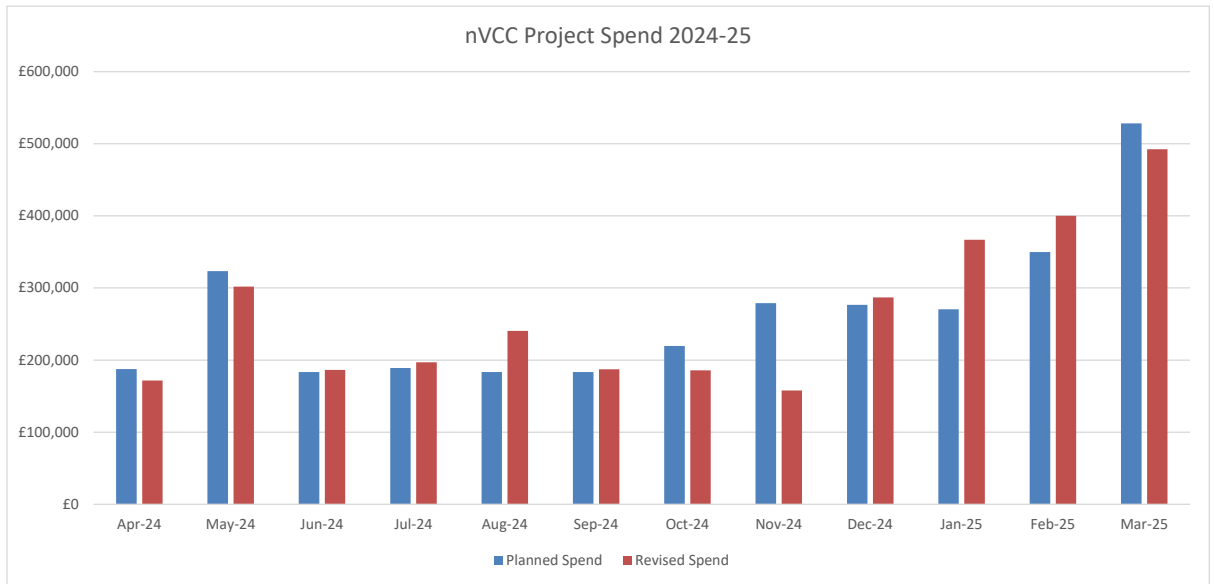
Revenue Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
PMO	£0.247m	£0.332m	£0.337m	-£0.005m
Enabling Works Project	£0	£0.028m	£0	£0.028m
nVCC Project	£0.115m	£0.104m	£0.129m	-£0.025m
SDT Project	£0.203m	£0.323m	£0.324m	-£0.001m
Total	£0.565m	£0.788m	£0.790m	-£0.002m

6. CASH FLOW

6.1 The capital cash flow for the **Enabling Works Project** is outlined below. The actual capital spend to date for the project is £3.183m, with a run rate to date similar to the planned spend.



6.2 The capital cash flow for the **nVCC Project** is outlined below. The actual capital spend to date for the project is £2.282m, with a run rate to date similar to the planned spend.



6.3 The cash flow for the remainder of the Programme is not reported as it is not of a material nature.

7. PROJECT FINANCE UPDATES

7.1 A detailed table of budget, spend and variance is provided in Appendix 1.

Programme Management Office

7.2 The current revenue funding for the PMO for 2024-25 is £0.332m, with £0.240m of this provide from NHS Commissioners' funding, £0.078m from the Trust Reserves, and £0.014m from the WG Pay Award Funding.

7.3 There is no capital funding requirement for the PMO in 2024-25.

7.4 The revenue position for the PMO as at 31st January 2025 is shown below, with a forecast overspend of £0.005m for the year against a budget of £0.332m.

PMO Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Pay	£0.244m	£0.331m	£0.289m	£0.042m
Non Pay	£0.003m	£0.002m	£0.049m	-£0.047m
Total	£0.247m	£0.332m	£0.337m	-£0.005m

7.5 There are currently no financial risks associated with the PMO for 2024-25.

Enabling Works Project Capital

7.6 The EW FBC Addendum was submitted to WG on the 3rd September 2024 and on the 18th November 2024, the Award of Funding was received in respect of nVCC Project

Resources Funding 2024-2028. This provided further funding of £8.943m Capital for the Enabling works relating to works between 2024 and 2027.

- 7.7 The Project's financial position for 31st January 2025 is shown below. The forecast position reflects a forecast overspend of £0.368m for this financial year against a budget of £3.500m.

Enabling Works Capital Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Pay	£0.131m	£0.153m	£0.156m	-£0.003m
Non Pay	£3.051m	£3.347m	£3.712m	-£0.365m
Total	£3.183m	£3.500m	£3.868m	-£0.368m

- 7.8 The Project spend relates to the following activities:

Description	Year to Date			Financial Year		
	Budget Jan-25 £	Spend Jan-25 £	Variance Jan-25 £	Annual Budget £	Annual Forecast £	Annual Variance £
PAY						
Enabling Works Pay	127,433	131,302	-3,869	152,919	156,286	-3,367
Pay Capital Total	127,433	131,302	-3,869	152,919	156,286	-3,367
NON-PAY						
6MVA Supply - National Grid	480,000	480,000	0	480,000	480,000	0
Supply Chain Fees	174,113	184,563	-10,450	207,280	225,563	-18,283
Non Works Costs	0	-4,440	4,440	3,131	-4,440	7,571
Asda Works	1,667,120	1,653,052	14,068	1,404,120	1,743,052	-338,932
Walters Design & Build	481,200	481,188	12	481,200	481,188	12
S278 works on Longwood Drive	189,500	194,020	-4,520	400,000	299,020	100,980
Offsite Habitat Creation (SW Corner)	122,050	44,728	77,322	356,050	409,528	-53,478
HV Intake Room	50,800	8,300	42,500	200,300	116,300	84,000
TCAR Extension Planning Application	0	0	0	40,000	0	40,000
Rural Path	0	0	0	0	0	0
TCAR Habitat	0	0	0	0	0	0
Revised Emergency Access	0	0	0	0	0	0
Enabling Works FBC Reserves	-112,500	9,921	-122,421	-225,000	-38,005	-186,995
Enabling Works FBC Project Capital Total	3,052,283	3,051,332	952	3,347,081	3,712,206	-365,125
TOTAL ENABLING WORKS FBC CAPITAL EXPENDITURE	3,179,716	3,182,633	-2,917	3,500,000	3,868,492	-368,492

- 7.9 In addition to the funding award, a QRA has been established of c£1.4m that will be managed by WG. QRA will be reviewed on a quarterly basis with Welsh Government, supported by Technical Advisors so that risks are robustly assessed, quantified and appropriately revised. The Trust will request funding on a quarterly basis from the QRA when matters arise that require additional funding.

- 7.10 Additional funding of £0.368m is currently being sought from this QRA for ASDA costs. The provision of this funding will mitigate the risk an overspend for the Capital projects for 2024-25.

Revenue

- 7.11 There is currently revenue funding of £0.028m for the Enabling Works nVCC Project for 2024-25. This is provided from the interest earned from the Enabling Works Escrow bank Account for the ASDA works.

- 7.12 The revenue financial position for the Enabling Works Project for 31st January 2025 is shown below, reflecting a current underspend of £0.028m for the year.

Enabling Works Revenue Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Non-Pay	£0	£0.028m	£0	£0.028m
Total	£0	£0.028m	£0	£0.028m

7.13 There is a risk of an underspend of £0.028m for the revenue element of the Enabling Works Project this financial year.

New Velindre Cancer Centre Project Capital

7.14 The nVCC FBC was submitted to WG on the 3rd September 2024 and on the 18th November 2024, the Award of Funding was received in respect of nVCC Project Resources Funding 2024-2028. This provided further funding of £69.719m Capital and £2.412m Revenue for the nVCC activities between 2024 and 2028.

7.15 The Project's financial position for 31st January 2025 is shown below. The forecast position reflects an expected overspend of £0.002m for this financial year.

Enabling Works Capital Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Pay	£1.373m	£1.763m	£1.797m	-£0.034m
Non Pay	£0.909m	£1.413m	£1.377m	£0.036m
Total	£2.282m	£3.176m	£3.174m	£0.002m

7.16 The Project spend relates to the following activities:

Description	Year To Date			Financial Year		
	Budget	Spend	Variance	Annual	Annual	Annual
	Jan-25	Jan-25	Jan-25	Budget	Forecast	Variance
	£	£	£	£	£	£
Project Management Office	704,936	797,983	-93,046	1,108,150	1,196,503	-88,353
Design & Construction	508,658	471,001	37,657	640,390	613,481	26,909
Equipment, Commissioning and Migration	263,251	271,131	-7,880	388,758	388,731	27
Digital	123,144	78,205	44,938	154,155	120,831	33,324
Engagement & Communications Workstream	122,640	128,559	-5,919	149,168	154,583	-5,415
Commercial Activity Group	573,103	534,732	38,371	735,154	699,963	35,191
TOTAL CAPITAL EXPENDITURE	2,295,733	2,281,611	14,121	3,175,774	3,174,091	1,684

7.17 In addition to the funding award, a QRA has been established of c£17.3m that will be managed by WG. QRA will be reviewed on a quarterly basis with Welsh Government, supported by Technical Advisors so that risks are robustly assessed, quantified and appropriately revised. The Trust will request funding on a quarterly basis from the QRA when matters arise that require additional funding.

Revenue

7.18 £0.065m was allocated to the nVCC Project from the revenue pay award funding from WG provided in November 2023. There is also revenue income for project consultancy

work completed by the Project Director for various NHS England organisations, which is currently £0.039m.

- 7.19 The revenue financial position for the nVCC Project for 31st January 2025 is shown below, reflecting a current overspend of £0.025m for the year.

nVCC Revenue Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Pay	£0.092m	£0.104m	£0.104m	£0
Non-Pay	£0	£0	£0.025m	-£0.025m
Total	£0.092m	£0.104m	£0.129m	-£0.025m

- 7.20 There is a risk of an overspend of £0.025m for the revenue element of the nVCC Project this financial year.

Whitchurch Hospital Site

- 7.21 As of 31st January 2025, WG have provided capital funding of £0.111m the Whitchurch Hospital Site Project for 2024-25.

- 7.22 The Project's financial position for 31st January 2025 is shown below. This spend relates mainly to legal fees associated with the Whitchurch Hospital Site. The forecast position reflects a breakeven position for the year against a budget of £0.111m.

Whitchurch Hospital Site Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Non-Pay	£0.033m	£0.111m	£0.111m	£0
Total	£0.033m	£0.111m	£0.111m	£0

Service Delivery and Transformation Project

- 7.23 The revenue funding for the Project for 2024-25 is £0.323m from NHS Commissioners' funding, £0.140m from Trust reserves, and £0.003m from the WG Pay Award Funding. The resulting budget is £0.323m for this financial year.

- 7.24 There is no capital funding requirement for the Project in 2024-25.

- 7.25 The SDT Project revenue position for 2024-25 is shown below, with an overspend of £0.001m for this financial year.

SDT Expenditure	Year to Date Spend	2024-25 Full Year		
		Budget	Forecast	Variance
Pay	£0.200m	£0.309m	£0.249m	£0.061m
Non-Pay	£0.002m	£0.014m	£0.075m	-£0.062m
Total	£0.203m	£0.323m	£0.324m	-£0.001m

7.26 There are currently no financial risks associated with the Project for 2024-25.

8. KEY RISKS AND MITIGATING ACTIONS

8.1 There are no financial risk to the TCS Programme at present.

9. TCS SPEND REPORT SUMMARY

9.1 At the end of 2019, a financial model was developed by the TCS Finance Team to provide a spend profile for the TCS Programme. The model allocates reported spend by year to defined deliverables and outputs within each project within the Programme. It also allocates spend to the various resources need to deliver the Programme, such as pay, advisors, suppliers, etc. The output for the model itself is an in-year report providing spend details on a quarterly basis. A cumulative report is also produced for the Programme for its inception to the end of the latest quarter.

9.2 Appendix 4 provides cumulative report to 31st March 2024. The report for 2024-25 is currently being developed and will be in line with the approved nVCC FBC.

9.3 The cumulative report shows a total spend for the TCS Programme of £68.635m (£63.443m Capital, £5.192m Revenue) to 31st March 2024. The total pay costs for this period were £15.239m.

9.4 The spend to 31st March 2024 for each Project within the Programme is summarised below.

Programme Management Office	£2.187m
Project 1 Enabling Works	£34.735m
Project 2a nVCC	£26.221m
Project 2c Whitchurch Hospital Site	£0.051m
Project 3a Integrated Radiotherapy Solution.....	£0.1.049m
Project 3b Digital Strategy	£0.200m
Project 4 Radiotherapy Satellite	£0.393m
Project 5 SACT and Outreach	£0.002m
Project 6 Service Delivery and Transformation	£3.798m
Project 7 Decommissioning	£0m

9.5 The spend to 31st March 2024 for each financial year is summarised below.

2014-15	£0.328m
2015-16	£2.398m
2016-17	£6.168m
2017-18	£3.909m
2018-19	£4.267m
2019-20	£2.928m
2020-21	£3.924m
2021-22	£6.429m
2022-23	£17.365m
2023-24	£20.918m

9.6 The five deliverables with the highest spend during this period are:

Construction Costs	£19.842m
ASDA Works.....	£6.660m
Competitive Dialogue	£6.196m
Advanced Design and Works	£6.016m
Project Control.....	£5.198m

DRAFT

APPENDIX 1: TCS Programme Budget and Spend as at 31st January 2025

TCS Programme Budget & Spend 2024-25						
CAPITAL	Year to Date			Financial Year		
	Budget Jan-25	Spend Jan-25	Variance Jan-25	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
Enabling Works Project						
Enabling Works Pay	127,433	131,302	-3,869	152,919	156,286	-3,367
Supply Chain Fees	174,113	184,563	-10,450	207,280	225,563	-18,283
Non Works Costs	0	-4,440	4,440	3,131	-4,440	7,571
Asda Works	1,667,120	1,653,052	14,068	1,404,120	1,743,052	-338,932
Walters Design & Build	481,200	481,188	12	481,200	481,188	12
6MVA Supply - National Grid	480,000	480,000	0	480,000	480,000	0
S278 works on Longwood Drive	189,500	194,020	-4,520	400,000	299,020	100,980
Offsite Habitat Creation (SW Corner)	122,050	44,728	77,322	356,050	409,528	-53,478
HV Intake Room	50,800	8,300	42,500	200,300	116,300	84,000
TCAR Extension Planning Application	0	0	0	40,000	0	40,000
Rural Path	0	0	0	0	0	0
TCAR Habitat	0	0	0	0	0	0
Revised Emergency Access	0	0	0	0	0	0
Enabling Works FBC Reserves	-112,500	9,921	-122,421	-225,000	-38,005	-186,995
Enabling Works Capital Total	3,179,716	3,182,633	-2,917	3,500,000	3,868,492	-368,492
nVCC Project						
Project Management Office	704,936	797,983	-93,046	1,108,150	1,196,503	-88,353
Design & Construction	508,658	471,001	37,657	640,390	613,481	26,909
Equipment, Commissioning and Migration	263,251	271,131	-7,880	388,758	388,731	27
Digital	123,144	78,205	44,938	154,155	120,831	33,324
Engagement & Communications Workstream	122,640	128,559	-5,919	149,168	154,583	-5,415
Commercial Activities Group	573,103	534,732	38,371	735,154	699,963	35,191
nVCC Capital Total	2,295,733	2,281,611	14,121	3,175,774	3,174,091	1,684
Whitchurch Hospital Site						
Advisory Services	36,500	32,353	4,147	55,000	54,647	353
Preliminary Works	0	800	-800	56,000	56,800	-800
Whitchurch Hospital Site Reserves	0	-447	447	0	-447	447
WHS Capital Total	36,500	32,706	3,794	111,000	111,000	0
CAPITAL TOTAL	5,511,949	5,496,951	14,998	6,786,774	7,153,582	-366,808

REVENUE						
	Year to Date			Financial Year		
	Budget Jan-25	Spend Jan-25	Variance Jan-25	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
Enabling Works Project						
Project Delivery Support Costs	28,434	0	28,434	28,434	0	28,434
Enabling Works Revenue Total	28,434	0	28,434	28,434	0	28,434
nVCC Project						
nVCC Pay	92,207	92,207	0	104,352	104,352	0
Project Delivery Support Costs	0	23,248	-23,248	0	24,684	-24,684
nVCC Revenue Total	92,207	115,456	-23,248	104,352	129,037	-24,684
TCS Programme Management Office						
TCS PMO Pay	271,642	243,766	27,877	330,695	287,921	42,774
TCS PMO Non Pay	1,500	2,746	-1,246	1,500	48,746	-47,246
PMO Revenue Total	273,142	246,512	26,631	332,195	336,667	-4,472
Service Development, Transformation and Transition Project						
SDT Pay	254,920	200,353	54,567	309,327	248,648	60,679
SDT Non Pay	11,128	2,409	8,719	13,754	75,409	-61,655
SDT Revenue Total	266,048	202,762	63,287	323,081	324,056	-976
REVENUE TOTAL	659,832	564,729	95,103	788,062	789,760	-1,698

APPENDIX 2: TCS Programme Funding for 2024-25

Description	Date	Funding Type	
		Capital	Revenue
Programme Management Office		£0	£0.332m
Commissioner's Funding	01 April 2024	£0	£0.240m
Trust Revenue Funding	01 April 2024	£0	£0.078m
WG Pay Award	02 December 2024	£0	£0.014m
Enabling Works FBC		£3.500m	£0.028m
WG Funding	28 November 2024	£3.500m	£0
Escrow Bank Account Interest	04 June 2024	£0	£0.028m
New Velindre Cancer Centre FBC		£3.176m	£0.104m
WG Funding	28 November 2024	£3.243m	£0
WG Pay Award	02 December 2024	£0	£0.065m
Income for Project Advisory Work	09 January 2025	£0	£0.039m
Virement of funding from 2024-25 to 2025-26	11 February 2025	-£0.067m	£0
Whitchurch Hospital Site		£0.111m	£0
WG Funding	28 November 2024	£0.353m	£0
Virement of funding from 2024-25 to 2025-26	28 January 2025	-£0.242m	
Radiotherapy Satellite Centre		£0	£0
No funding requested or provided for this project to date	-	£0	£0
SACT and Outreach		£0	£0
No funding requested or provided for this project to date	-	£0	£0
Service Delivery, Transformation and Transition		£0	£0.323m
Commissioner's Funding	01 April 2024	£0	£0.180m
Trust Revenue Funding	01 April 2024	£0	£0.140m
WG Pay Award	02 December 2024	£0	£0.003m
VCC Decommissioning		£0	£0
No funding requested or provided for this project to date	-	£0	£0
Total		£6.787m	£0.788m

Appendix 3: Sources of Funding and In Year Changes 2024-25

Sources of Capital Funding

Initial Allocation (as at April 2024)

Project	WG Capital	Total Funding
Enabling Works Project	£0	£0
nVCC Project	£0	£0
Whitchurch Hospital Site	£0	£0
Total	£0	£0

Overall Change to Allocation

Project	WG Capital	Total Funding
Enabling Works Project	£3.500m	£3.500m
nVCC Project	£3.176m	£3.176m
Whitchurch Hospital Site	£0.111m	£0.111m
Total	£6.787m	£6.787m

Current Allocation (as at May 2024)

Project	WG Capital	Total Funding
Enabling Works Project	£3.500m	£3.500m
nVCC Project	£3.176m	£3.176m
Whitchurch Hospital Site	£0.111m	£0.111m
Total	£6.787m	£6.787m

Sources of Revenue Funding

Initial Allocation (as at April 2024)

Project	LHB Comm'rs	Trust Reserves	WG Pay Award	Escrow Interest	Project Advisory Work	Total Funding
PMO	£0.240m	£0.078m	£0	£0	£0	£0.318m
EW	£0	£0	£0	£0	£0	£0
nVCC	£0	£0	£0	£0	£0	£0
SDT	£0.180m	£0.140m	£0	£0	£0	£0.320m
Total	£0.420m	£0.218m	£0	£0	£0	£0.638m

Overall Change to Allocation

Project	LHB Comm'rs	Trust Reserves	WG Pay Award	Escrow Interest	Project Advisory Work	Total Funding
PMO	£0	£0	£0.014m	£0	£0	£0.014m
EW	£0	£0	£0	£0.028m	£0	£0.028m
nVCC	£0	£0	£0.065m	£0	£0.039m	£0.104m
SDT	£0	£0	£0.003m	£0	£0	£0.003m
Total	£0	£0	£0.082m	£0.028m	£0.039m	£0.150m

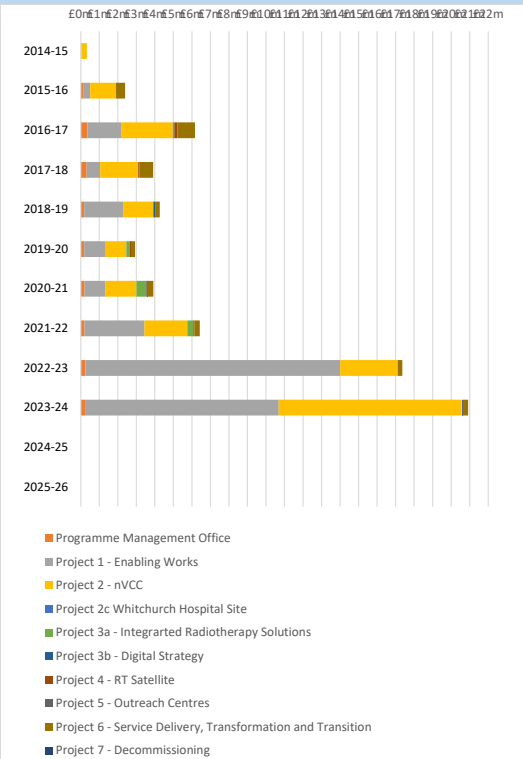
Current Allocation (as at May 2024)

Project	LHB Comm'rs	Trust Reserves	WG Pay Award	Escrow Interest	Project Advisory Work	Total Funding
PMO	£0.240m	£0.078m	£0.014m	£0	£0	£0.332m
EW	£0	£0	£0	£0.028m	£0	£0.028m
nVCC	£0	£0	£0.065m	£0	£0.039m	£0.104m
SDT	£0.180m	£0.140m	£0.003m	£0	£0	£0.323m
Total	£0.420m	£0.218m	£0.082m	£0.028m	£0.039m	£0.788m

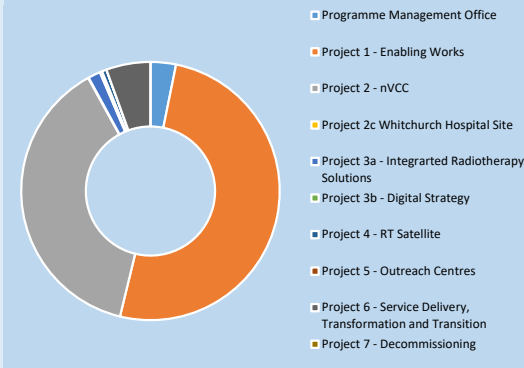
APPENDIX 4: TCS Cumulative Spend Report to 31st March 2024

SUMMARY OF CUMULATIVE TCS SPEND TO 31 MARCH 2024

SPEND PER PROJECT PER YEAR



SPEND FOR EACH PROJECT ACROSS ALL YEARS

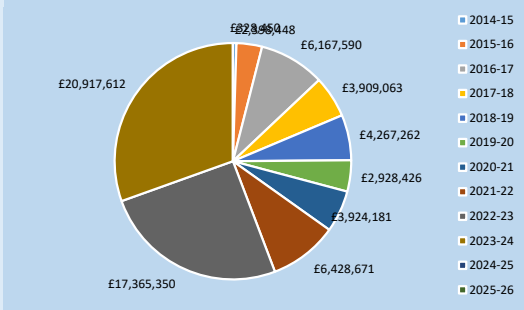


TOTAL SPEND BY PROJECT TO DATE

£68,635,053

Programme Management Office	£2,186,915
Project 1 - Enabling Works	£34,734,803
Project 2 - nVCC	£26,220,533
Project 2c Whitchurch Hospital Site	£50,807
Project 3a - Integrated Radiotherapy Solutions	£1,049,425
Project 3b - Digital Strategy	£199,786
Project 4 - RT Satellite	£393,293
Project 5 - Outreach Centres	£1,909
Project 6 - Service Delivery, Transformation and Transition	£3,797,583
Project 7 - Decommissioning	-

SPEND FOR EACH YEAR ACROSS ALL PROJECTS



DELIVERABLES WITH HIGHEST EXPENDITURE TO DATE

1	Construction Costs	£19,841,778
2	Asda	£6,659,918
3	Competitive Dialogue	£6,196,147
4	Advanced Design and Works	£6,015,699
5	Project Control	£5,198,999

PROPORATIONAL SPEND FOR EACH DELIVERABLE ACROSS ALL YEARS



TRANSFORMING CANCER SERVICES PROGRAMME SCRUTINY SUB COMMITTEE	
Communications and Engagement Update	
DATE OF MEETING	February 2025
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Thomas Deacon, Senior Communications Manager
PRESENTED BY	Non Gwilym, Interim Director of Corporate Governance
APPROVED BY	Non Gwilym, Interim Director of Corporate Governance
EXECUTIVE SUMMARY	A summary of activity by the communications and engagement team to promote the work of the nVCC project during the reporting period.
RECOMMENDATION / ACTIONS	The Committee is asked to NOTE the paper.
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
n/a	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
N/A	
7 LEVELS OF ASSURANCE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	N/A
APPENDICES	
N/A	

1. SITUATION

This report outlines the activities and outcomes delivered by the nVCC communications and engagement team since the previous meeting.

2. BACKGROUND

The report details the work to promote the nVCC project, details the reactive communications issued and highlights the engagement activities carried out.

3. ASSESSMENT

Regular community drop-in

Our regular nVCC community drop-in meeting took place on January 29 at Noddfa with members of the nVCC team and Acorn team. Three members of the public attended and raised queries about the site opening times, use of cranes and ongoing construction. Suggestions were also made about community events that could be co-produced during the Summer which will be followed up by the Engagement lead. Representatives from the AWEN (Friends of Whitchurch Library) group were also keen to be involved in the community platform development during what is their anniversary year.

Our next regular resident drop-in event where members of the public can ask members of the Trust and Acorn team questions about the nVCC project is scheduled for February 26 2025.

Staff Engagement



The team provided an interactive exhibition at the Medical Engagement conference on February 5 at Sophia Gardens.

Updated visuals have now been installed on the main corridor in the cancer centre, leading to the engagement hub. Further displays are to be installed in Outpatients waiting area, Radiotherapy corridor and Noddfa.

Staff workshops are being delivered to departments across the service to support the development of our transition plan. In preparation for these sessions, we have created a series of infographics to support data visualisation.

We are working to arrange staff visits to the nVCC site safely and without impacting construction. An update on this will follow in next month's report.

All-staff Teams call with Acorn team

The next all-staff Teams call with members of the Acorn team will take place on February 26. All VCC staff are invited to the call which will also be recorded for colleagues who are unable to join the session live.

Regular staff “did you know?” internal communications

As part of our work to increase awareness among staff of the project, we shared our regular “did you know?” internal communications focused on integrated care.

Regular monthly staff update

Our regular update highlighting key milestones from each of the nVCC workstream was shared with staff. This content allows staff to see all of the major points from each workstream and these updates will be shared every month until opening in Spring 2027.

First timelapse of 2025

The first timelapse video of the nVCC site was shared with staff on the intranet and with the public on our social media channels. You can watch the video [here](#).

World Cancer Day

As part of broader comms shared across the Trust, we shared a video reflecting on the future of Velindre as part of World Cancer Day. The video highlights the

progress being made on the nVCC and invites people to get involved. You can watch the video [here](#).

Sacyr community apprentice job advert

We shared public comms in support of Sacyr's efforts to recruit a community benefits and stakeholder apprentice to join their team. You can read the full post [here](#).

Whitchurch Hospital media query

We received one query from WalesOnline regarding the Whitchurch Hospital transfer to Velindre.

We responded with the following: *A Velindre University NHS Trust spokesman said: "The transfer of Whitchurch Hospital Grounds and buildings to Velindre University NHS Trust from Cardiff and Vale University Health Board has been completed as part of our work to develop our new Velindre Cancer Centre.*

"We recognise the historical significance of this site for NHS Wales and for the community."

No article has yet been published following the statement being issued.

"Window to the future"

We shared an image from the nVCC site overlooking the construction and shared it with staff and on our social media channels. We will share an image from the same spot monthly going forward.





NEXT MONTH

For the next month, our priorities will be as follows:

- Commence planning of the official opening event with Acorn
- Finalising series of four videos highlighting aspects of nVCC project
- Supporting Workstreams to deliver
- Promoting job adverts
- Outreach event Grangetown Primary School
- Finalise plan to create series of videos highlighting aspects of nVCC project
- Staff site visits plan
- Meet the Supplier event at nVCC site

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Committee is asked to NOTE the contents of the Communications and Engagement update.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: Choose an item	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)	TAF 06 - Organisational and Clinical Governance



QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below Safe <input type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input type="checkbox"/> Patient Centred <input type="checkbox"/>
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	No required.
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Wales of Cohesive Communities - Attractive, viable, safe and well-connected communities. All Wellbeing goals are considered in the development and implementation of the Communications and Engagement plan in support of the nVCC,
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT	Yes - please outline what, if any, actions were taken as a result The EQIA for the project has been completed.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes. They are managed by the Engagement Workstream.
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No.
All risks must be evidenced and consistent with those recorded in Datix	

Transforming Cancer Services (TCS) Programme Scrutiny Sub-Committee	
AMENDMENT TO STANDING ORDERS – SCHEDULE 3 ANNUAL REVIEW SUB-COMMITTEE TERMS OF REFERENCE:	
DATE OF MEETING	20 February 2025
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
REPORT PURPOSE	ENDORSE FOR BOARD APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	YES
PREPARED BY	Kay Barrow, Corporate Governance Manager
PRESENTED BY	Non Gwilym, Interim Director of Corporate Governance
APPROVED BY	Non Gwilym, Interim Director of Corporate Governance
EXECUTIVE SUMMARY	The purpose of this report is to outline the required changes to Schedule 3 of the Trust Standing Orders, resulting from the Annual Review of the Terms of Reference and Operating Arrangements in respect of the Transforming Cancer Services (TCS) Programme Scrutiny Sub-Committee (Appendices 1 and 2).
RECOMMENDATION / ACTIONS	The Transforming Cancer Services (TCS) Programme Scrutiny Sub-Committee is asked to ENDORSE for Trust Board APPROVAL the amendments to the Sub-Committee Terms of Reference outlined in 4.2, which form part of Schedule 3 of the Trust's Standing Orders:
GOVERNANCE ROUTE – N/A	
7 LEVELS OF ASSURANCE - N/A	

APPENDICES	
Appendix 1	new Velindre Cancer Centre (nVCC) Project Scrutiny Sub-Committee Terms of Reference – tracked change version
Appendix 2	new Velindre Cancer Centre (nVCC) Project Scrutiny Sub-Committee Terms of Reference – clean version

1. SITUATION

- 1.1 Velindre University National Health Service Trust is a statutory body that came into existence on 1st December 1993 under the Velindre National Health Service Trust (Establishment) Order 1993 (S.I. 1993/2838), as amended, “the Establishment Order”.
- 1.2 Velindre University NHS Trust has a duty under Regulation 19(2) of the National Health Service Trusts (Membership and Procedure) Regulations 1990 to make Standing Orders for the regulation of their proceedings and business. It is important to note that the Trust is able to vary or suspend its own Standing Orders, providing that it is able to satisfy that it complies with the relevant regulations.

2. BACKGROUND

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

3. ASSESSMENT

- 3.1 The purpose of this report is to outline the required changes to Schedule 3 of the Trust Standing Orders, resulting from the Review of the Terms of Reference in respect of the Transforming Cancer Services Programme Scrutiny Sub-Committee.

4. SUMMARY OF MATTERS FOR CONSIDERATION

- 4.1 In order to align with the recommendations from the PwC review, the Transforming Cancer Services (TCS) Programme Scrutiny Sub-Committee Terms of Reference have been reviewed.
- 4.2 To align with the purpose of the Sub-Committee to oversee, scrutinise and provide assurance in relation to the new Velindre Cancer Centre (nVCC) Project, it is proposed to make the following changes to the Sub-Committee Terms of Reference:
- Change of Sub-Committee name to the New Velindre Cancer Centre (nVCC) Project Scrutiny Sub-Committee.

- Where appropriate, references to Transforming Cancer Services and / or TCS to be amended to new Velindre Cancer Centre (nVCC) or a suitable alternative.
- Where appropriate, references to Programme to be amended to Project.
- Meeting frequency to be updated from four to six times a year.

4.3 The Transforming Cancer Services (TCS) Programme Scrutiny Sub-Committee is asked to **ENDORSE** for Trust Board **APPROVAL** the amendments to the Sub-Committee Terms of Reference outlined in 4.2, which form part of Schedule 3 of the Trust's Standing Orders:

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)													
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below													
If yes - please select all relevant goals:													
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> 													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)	06 – Organisational and Clinical Governance												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	<table> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr> </table> <p>Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore, ensuring good governance within the Trust can support quality care.</p>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
Safe	<input checked="" type="checkbox"/>												
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
QUALITY IMPACT ASSESSMENT	Not required - not a strategic decision												

SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Not required. There are no socio-economic impacts linked directly to the activity outlined in this report.
TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals:</p> <p><i>There are no Trust Well-Being goal implications or impact linked directly to the activity outlined in this report.</i></p>	
FINANCIAL IMPLICATIONS / IMPACT	<i>There is no direct impact on resources as a result of the activity outlined in this report.</i>
EQUALITY IMPACT ASSESSMENT	<i>There is no direct equality impact in respect of this report.</i>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	It is essential that the Trust complies with its standing orders.

6. RISKS

The Trust's governance structure aims to identify issues early to prevent escalations and the Committee integrates into the overall Board arrangements.

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
--	----



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

~~Transforming Cancer~~ ~~Services~~ New Velindre Cancer Centre (nVCC) ~~Programme~~ Project **Scrutiny** **Sub-Committee**

Reviewed:	September 2024 <u>January 2025</u>
Approved:	
Next Review Due:	April 2025 <u>January 2026</u>
Version:	V1.1 <u>V2</u>

1. INTRODUCTION

- 1.1 Within 3.1.1 of the Trust's standing orders it provides that *"The Board may and, where directed by the Welsh Ministers 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"*.

In line with standing orders (and the Trust's scheme of delegation), the Board shall nominate annually a Sub-Committee to be known as the ~~Transforming Cancer Services (TCS)~~ new Velindre Cancer Centre (nVCC) Programme Project Scrutiny Sub-Committee (formerly known as the Transforming Cancer Services Scrutiny Sub-Committee).

As part of their functions, the Quality Safety and Performance Committee and the Strategic Development Committee are supported by the ~~Transforming Cancer Services~~ new Velindre Cancer Centre (nVCC) Project Programme Scrutiny Sub-Committee to provide assurance to the programme governance arrangements for the ~~Transforming Cancer Services~~ new Velindre Cancer Centre (nVCC) Programme Project, which extends to its constituent projects. ~~At a project level~~ The Sub-Committee will examine Pproject arrangements, the application and project management methodologies, monitor project performance, risk management, progress and provide assurance to the Quality, Safety and Performance Committee.

Assurance on development or proposed changes to the ~~programme~~ scope or strategic direction of the project and its interdependencies will be provided to the Strategic Development Committee.

Assurance reporting will also be reported to Trust Board.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Sub-Committee are set out below.

2. PURPOSE

- 2.1 The purpose of the ~~Transforming Cancer Services~~ new Velindre Cancer Centre (nVCC) Programme Project Scrutiny

Sub-Committee is to:

- Provide assurance that the leadership, management and governance arrangements are sufficiently robust to deliver the outcomes and benefits of the project ~~programme~~.
- Scrutinise the progress of the programme Project 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~~ new Velindre Cancer Centre (nVCC) Programme ~~Project~~ 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~~ new Velindre Cancer Centre (nVCC) Programme.
 - Provide assurance to the Trust Board on all aspects of the ~~Transforming Cancer Services~~ new Velindre Cancer Centre (nVCC) Programme in relation to approvals sought on all decisions reserved for the full Board.
 - Receive all audit, gateway and assurance reviews pertaining to the ~~Project programme~~ or its constituent projects and provide assurance (or otherwise) to the Trust that the project 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 new Velindre Cancer Centre (nVCC) ~~TCS~~ closure activities once it has met its objectives.
- 2.2 Where appropriate, the Sub-Committee will advise the Trust Board and the Accountable Officer on where, and how, its system of assurance in relation to the new Velindre Cancer Centre (nVCC) ~~Transforming Cancer Services~~ Project programme may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

With regards to its role in providing advice to the Trust Board, the Sub-Committee will fulfil the following functions:

3.1 Strategy and Policy Development

- Scrutinise ~~programme and~~ project documentation to ensure the direction of the new Velindre Cancer Centre (nVCC) ~~Transforming Cancer Services~~ Project programme remains within the scope and parameters set by the Trust Board and its alignment with the external commissioner and political environment.
- Scrutinise and provide assurance that the Project programme and its constituent projects are conducted in line with the Trust's requirements on policy and legislative compliance, best practice and within the Trust's governance framework.

3.2 Governance, Monitoring and Review

The Sub-Committee will, in respect of its assurance role:-

- Provide assurance that the [Project gramme](#) has a clear and consistent strategic direction of travel aligned with the Trust Boards requirements; strong and effective leadership; clear and transparent lines of accountability and responsibility; and effective reporting to key stakeholders and decision-makers.
- Provide assurance that [Programme and](#) Project governance arrangements are appropriately designed, proportionately applied and implemented and are operating appropriately to ensure the provision of a high-quality [programme and](#) project management delivery.
- Undertake scrutiny and assurance of the [Project gramme](#) progress against the master [programme](#) plan, seeking explanations and remedies for any deviation from [Project gramme](#) timelines. It will report any concerns to the Trust Board as and when appropriate and necessary.
- Undertake scrutiny and assurance of [Project Programme](#) risks, issues and mitigating actions to satisfy itself that they can be placed back under the required levels of control.
- Scrutinise all sources of independent assurance in relation to the delivery of the [Project gramme](#) (e.g. Internal/External Audit, Independent Reviews, Gateway Reviews, and CAP etc.) and scrutinise and monitor the organisation's response to independent reviews.
- Provide assurance that there are robust monitoring and management arrangements in place to identify important enablers and dependencies between the [Project and the relevant corporate and Velindre Cancer Service projects and programmes](#) ~~projects~~, as failure to do so could impact on [project or programme](#) ~~the programmes~~ critical paths.
- Scrutinise and assure that the [Programme and](#) Project expenditure against the budget allocated is appropriate and managed effectively.

3.3 Authority

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

- Employee (and all employees and directed to cooperate with any reasonable request made by the Sub-Committee); and
- Other Committee, sub Committee, or group set up by the Board (including the Project Board) to assist it in the delivery of its functions.
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it

considers this necessary, subject to the Board's budgetary and other requirements; and

- By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Sub-Committee.

Provide assurance that any proposals/actual amendments to delegated limits as necessary in relation to the ~~all Transforming Cancer Services~~ Projects are in accordance with the Trust Boards direction and its Standing Orders and Statutory Financial Instructions.

3.4 Access

The Chair of the ~~new Velindre Cancer Centre (nVCC) Project Transforming Cancer Services Programme~~ Scrutiny Sub-Committee shall have reasonable access to Executive Directors, Directors and other relevant staff.

4. MEMBERSHIP

4.1 Members

A minimum of three (3) members to include:

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

Two (2) other Independent members of the Board (Non-Executive Director)

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

4.2 Attendees

Core Attendance:

- Chief Executive Officer
- Senior Responsible Owner
- ~~TCS nVCC Programme Director~~
- ~~TCS nVCC~~ Project Director
- Executive Director of Strategic Transformation, Planning and Digital
- Executive Medical Director
- Executive Director of Nursing, AHP's & Health Scientists
- Director of Corporate Governance and Chief of Staff
- Executive Director of Organisational Development and Workforce
- Executive Director of Finance
- Director of Commercial and Strategic Partnerships
- Director Velindre Cancer Centre
- Chief Operating Officer
- Chief Digital Officer
- Velindre Futures Programme Director

4.3 Specialist Estates and Governmental Support

Invites to the new Velindre Cancer Centre (nVCC) TGS Project Scrutiny Sub Committee shall be extended to NWSSP- Specialised Estates Services (SES) and Welsh Government representatives in the capacity as observers. These representatives will support the Sub Committee by adopting a “Critical Friend” approach, thus providing assurance as required to the Sub Committee.

4.4 Other Programme / Project Staff as required

The Sub-Committee Chair may extend invitations to others from within or outside the organisation who the Sub-Committee consider should attend, taking account of the matters under consideration of each meeting.

4.5 Secretariat

As determined by the Director of Corporate Governance and Chief of Staff.

4.6 Member Appointments

The membership of the Sub-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 Sub-Committee’s remit and subject to any specific requirements or directions made by the Welsh Government

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

4.7 Support to Sub-Committee Members

The Director of Corporate Governance and Chief of Staff on behalf of the Sub-Committee Chair shall:

- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role: and
- Ensure the provision of a programme of Organisational Development (OD) for Sub-Committee members as part of the Trust’s overall OD programme developed by the Director of Workforce and Organisational Development.

5. SUB-COMMITTEE MEETINGS

5.1 Quorum

At least two (2) Independent members must be present to ensure the quorum of the Sub-Committee, one of whom should be the Sub-Committee Chair. -If the Chair of the new Velindre Cancer Centre (nVCC) TGS Programme-Project Scrutiny Sub-Committee is not present an agreement as to who will chair the Sub-Committee must be agreed between the Independent Members, in absence of the new Velindre Cancer Centre (nVCC) TGS Project Programme-Scrutiny Sub-Committee Chair

5.2 Frequency of Meetings

Meetings shall be held no less than ~~four~~six times a year and otherwise as the Chair of the Sub-Committee deems necessary – consistent with the Trust’s annual plan of Board Business.

5.3 Withdrawal of individuals in attendance

The Sub-Committee Chair 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. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

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

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

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

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

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Sub-Committee Chair shall:

- Report formally, regularly and on a timely basis to the Quality, Safety and Performance Committee, the Strategic Development Committee and the Accountable Officer on the Sub-Committee’s activities. This includes verbal updates on activity and the submission of written highlight reports by exception throughout the year. This reporting is also reported to the Trust Board.
- Bring to the Board’s specific attention any significant matters under consideration by the Sub-Committee;

- Ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive or Chairs of other relevant Committees/Groups of any urgent/critical matters that may affect the operation and/or reputation of the Trust.
- 7.2 The Sub-Committee shall provide a written, annual report to the Board on its work. The report will also record the results of the Sub-Committee's self-assessment and evaluation.
- 7.3 The Director of Corporate Governance and Chief of Staff, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee's performance and operation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

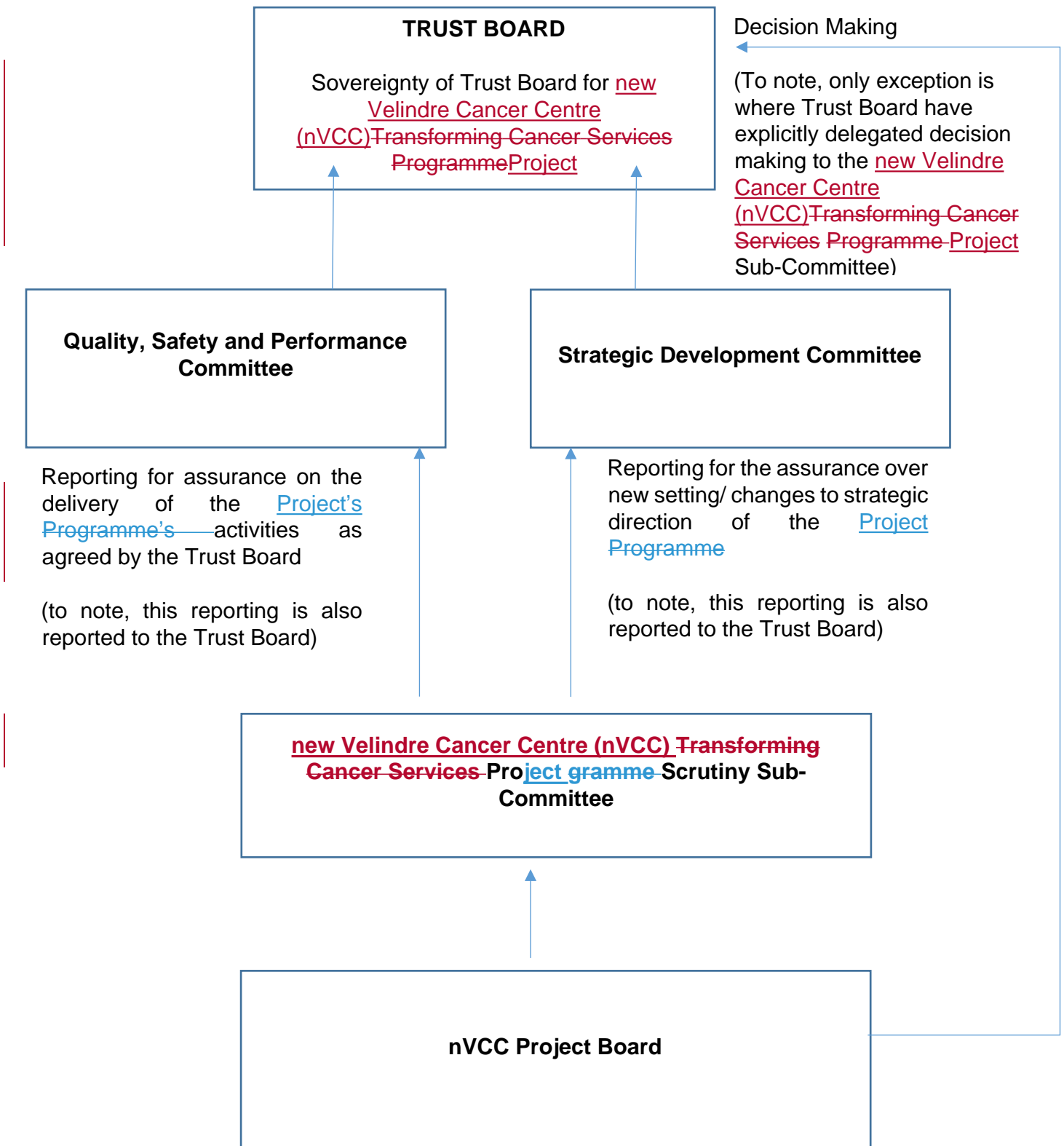
9. REVIEW

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

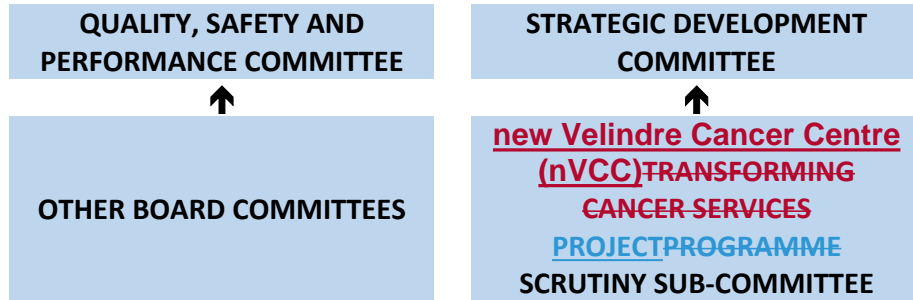
10. CHAIR'S ACTION ON URGENT MATTERS

- 10.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the Director of Corporate Governance and Chief of Staff as appropriate, may deal with the matter on behalf of the Board, after first consulting with one other Independent Members of the Sub-Committee. The Director of Corporate Governance and Chief of Staff must ensure that any such action is formally recorded and reported to the next meeting of the Sub-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.

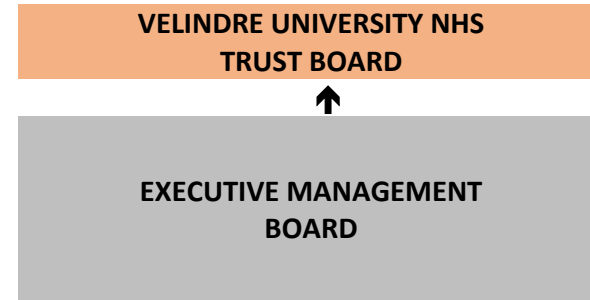
Structure and Governance Arrangements



SCRUTINY AND ASSURANCE



MANAGEMENT ACCOUNTABILITY





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

New Velindre Cancer Centre (nVCC) Project Scrutiny Sub- Committee

Reviewed:	January 2025
Approved:	
Next Review Due:	January 2026
Version:	V2

1. INTRODUCTION

- 1.1 Within 3.1.1 of the Trust's standing orders it provides that *"The Board may and, where directed by the Welsh Ministers 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"*.

In line with standing orders (and the Trust's scheme of delegation), the Board shall nominate annually a Sub-Committee to be known as the new Velindre Cancer Centre (nVCC) Project Scrutiny Sub-Committee (formerly known as the Transforming Cancer Services Scrutiny Sub-Committee).

As part of their functions, the Quality Safety and Performance Committee and the Strategic Development Committee are supported by the new Velindre Cancer Centre (nVCC) Project Scrutiny Sub-Committee to provide assurance to the programme governance arrangements for the new Velindre Cancer Centre (nVCC) Project, which extends to its constituent projects. The Sub-Committee will examine project arrangements, the application and project management methodologies, monitor project performance, risk management, progress and provide assurance to the Quality, Safety and Performance Committee.

Assurance on development or proposed changes to the scope or strategic direction of the project and its interdependencies will be provided to the Strategic Development Committee.

Assurance reporting will also be reported to Trust Board.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Sub-Committee are set out below.

2. PURPOSE

- 2.1 The purpose of the new Velindre Cancer Centre (nVCC) Project Scrutiny Sub-Committee is to:
- Provide assurance that the leadership, management and governance arrangements are sufficiently robust to deliver the outcomes and benefits of the project.
 - Scrutinise the progress of the Project 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 new Velindre Cancer Centre (nVCC) Project 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 to assist the Sub-Committee with their scrutiny of the new Velindre Cancer Centre (nVCC) Project.
 - Provide assurance to the Trust Board on all aspects of the new Velindre Cancer Centre (nVCC) Project in relation to approvals sought on all decisions reserved for the full Board.
 - Receive all audit, gateway and assurance reviews pertaining to the Project or its constituent projects and provide assurance (or otherwise) to the Trust that the project 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 new Velindre Cancer Centre (nVCC) closure activities once it has met its objectives.
- 2.2 Where appropriate, the Sub-Committee will advise the Trust Board and the Accountable Officer on where, and how, its system of assurance in relation to the new Velindre Cancer Centre (nVCC) Project may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

With regards to its role in providing advice to the Trust Board, the Sub-Committee will fulfil the following functions:

3.1 Strategy and Policy Development

- Scrutinise project documentation to ensure the direction of the new Velindre Cancer Centre (nVCC) Project remains within the scope and parameters set by the Trust Board and its alignment with the external commissioner and political environment.
- Scrutinise and provide assurance that the Project and its constituent projects are conducted in line with the Trust's requirements on policy and legislative compliance, best practice and within the Trust's governance framework.

3.2 Governance, Monitoring and Review

The Sub-Committee will, in respect of its assurance role:-

- Provide assurance that the Project has a clear and consistent strategic direction of travel aligned with the Trust Boards requirements; strong and effective leadership; clear and transparent lines of accountability and responsibility; and effective reporting to key stakeholders and decision-makers.
- Provide assurance that Project governance arrangements are appropriately designed, proportionately applied and implemented and are operating

appropriately to ensure the provision of high-quality project management delivery.

- Undertake scrutiny and assurance of the Project progress against the master plan, seeking explanations and remedies for any deviation from Project timelines. It will report any concerns to the Trust Board as and when appropriate and necessary.
- Undertake scrutiny and assurance of Project risks, issues and mitigating actions to satisfy itself that they can be placed back under the required levels of control.
- Scrutinise all sources of independent assurance in relation to the delivery of the Project (e.g. Internal/External Audit, Independent Reviews, Gateway Reviews, and CAP etc.) and scrutinise and monitor the organisation's response to independent reviews.
- Provide assurance that there are robust monitoring and management arrangements in place to identify important enablers and dependencies between the Project and the relevant corporate and Velindre Cancer Service projects and programmes, as failure to do so could impact on project or programme critical paths.
- Scrutinise and assure that the Project expenditure against the budget allocated is appropriate and managed effectively.

3.3 Authority

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

- Employee (and all employees and directed to cooperate with any reasonable request made by the Sub-Committee); and
- Other Committee, sub Committee, or group set up by the Board (including the Project Board) to assist it in the delivery of its functions.
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements; and
- By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Sub-Committee.

Provide assurance that any proposals/actual amendments to delegated limits as necessary in relation to the Project are in accordance with the Trust Boards direction and its Standing Orders and Statutory Financial Instructions.

3.4 Access

The Chair of the new Velindre Cancer Centre (nVCC) Project Scrutiny Sub-Committee shall have reasonable access to Executive Directors, Directors and other relevant staff.

4. MEMBERSHIP

4.1 Members

A minimum of three (3) members to include:

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

Two (2) other Independent members of the Board (Non-Executive Director)

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

4.2 Attendees

Core Attendance:

- Chief Executive Officer
- Senior Responsible Owner
- nVCC Project Director
- Executive Director of Strategic Transformation, Planning and Digital
- Executive Medical Director
- Executive Director of Nursing, AHP's & Health Scientists
- Director of Corporate Governance and Chief of Staff
- Executive Director of Organisational Development and Workforce
- Executive Director of Finance
- Director of Commercial and Strategic Partnerships
- Director Velindre Cancer Centre
- Chief Operating Officer
- Chief Digital Officer
- Velindre Futures Programme Director

4.3 Specialist Estates and Governmental Support

Invites to the new Velindre Cancer Centre (nVCC) Project Scrutiny Sub Committee shall be extended to NWSSP- Specialised Estates Services (SES) and Welsh Government representatives in the capacity as observers. These representatives will support the Sub Committee by adopting a "Critical Friend" approach, thus providing assurance as required to the Sub Committee.

4.4 Other Staff as required

The Sub-Committee Chair may extend invitations to others from within or outside the organisation who the Sub-Committee consider should attend, taking account of the matters under consideration of each meeting.

4.5 Secretariat

As determined by the Director of Corporate Governance.

4.6 Member Appointments

The membership of the Sub-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 Sub-Committee’s remit and subject to any specific requirements or directions made by the Welsh Government

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

4.7 Support to Sub-Committee Members

The Director of Corporate Governance and Chief of Staff on behalf of the Sub-Committee Chair shall:

- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role: and
- Ensure the provision of a programme of Organisational Development (OD) for Sub-Committee members as part of the Trust’s overall OD programme developed by the Director of Workforce and Organisational Development.

5. SUB-COMMITTEE MEETINGS

5.1 Quorum

At least two (2) Independent members must be present to ensure the quorum of the Sub-Committee, one of whom should be the Sub-Committee Chair. -If the Chair of the new Velindre Cancer Centre (nVCC) Project Scrutiny Sub-Committee is not present an agreement as to who will chair the Sub-Committee must be agreed between the Independent Members, in absence of the new Velindre Cancer Centre (nVCC) Project Scrutiny Sub-Committee Chair

5.2 Frequency of Meetings

Meetings shall be held no less than six times a year and otherwise as the Chair of the Sub-Committee deems necessary – consistent with the Trust’s annual plan of Board Business.

5.3 Withdrawal of individuals in attendance

The Sub-Committee Chair 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. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

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

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

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

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

In doing so, contributing to the integration of good governance across the Organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Sub-Committee Chair shall:

- Report formally, regularly and on a timely basis to the Quality, Safety and Performance Committee, the Strategic Development Committee and the Accountable Officer on the Sub-Committee's activities. This includes verbal updates on activity and the submission of written highlight reports by exception throughout the year. This reporting is also reported to the Trust Board.
- Bring to the Board's specific attention any significant matters under consideration by the Sub-Committee;
- Ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive or Chairs of other relevant Committees/Groups of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

- 7.2 The Sub-Committee shall provide a written, annual report to the Board on its work. The report will also record the results of the Sub-Committee's self-assessment and evaluation.
- 7.3 The Director of Corporate Governance and Chief of Staff, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee's performance and operation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

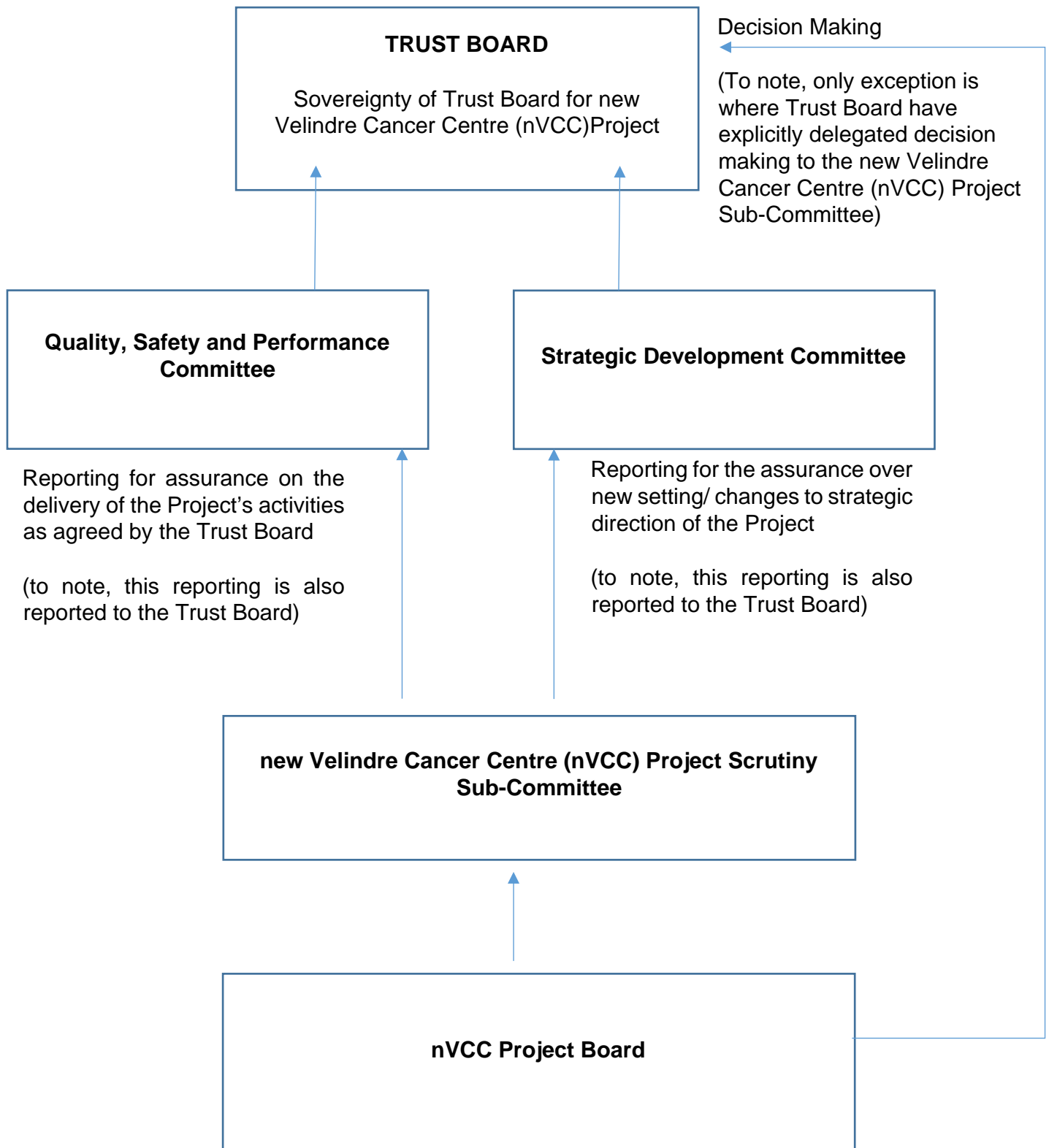
9. REVIEW

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

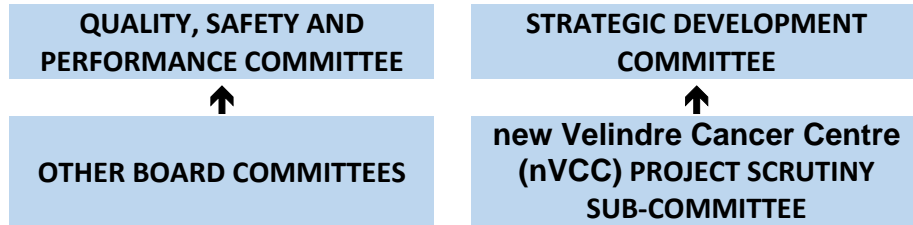
10. CHAIR'S ACTION ON URGENT MATTERS

- 10.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the Director of Corporate Governance and Chief of Staff as appropriate, may deal with the matter on behalf of the Board, after first consulting with one other Independent Members of the Sub-Committee. The Director of Corporate Governance and Chief of Staff must ensure that any such action is formally recorded and reported to the next meeting of the Sub-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.

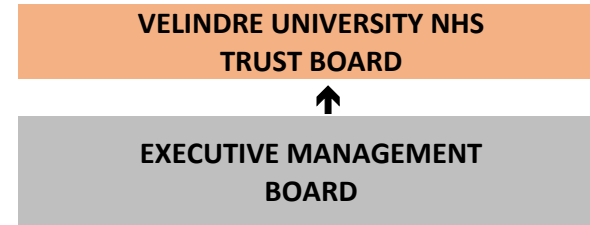
Structure and Governance Arrangements



SCRUTINY AND ASSURANCE



MANAGEMENT ACCOUNTABILITY



TCS PROGRAMME SCRUTINY SUB-COMMITTEE

PROGRAMME DIRECTOR AND INTERDEPENDENCIES REPORT

DATE OF MEETING	20/02/2025	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT	
REPORT PURPOSE	ASSURANCE	
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO	
PREPARED BY	Gavin Bryce, Associate Director of Programmes Carys Jones, Senior Programme Delivery & Assurance Manager, TCS Jessica Corrigan, TCS Programme Support Officer	
PRESENTED BY	Lauren Fear, Transformation Director (Interim)	
APPROVED BY	Lauren Fear, Transformation Director (Interim)	
EXECUTIVE SUMMARY	<p>The Delivery Confidence Assessment (DCA) for the current definition of the TCS Programme has been assessed against the DCA criteria and deemed to be Amber-Red in this reporting period, which has remained the same as last month. However, there has been a slight improvement in overall RAG status and risk profile during this reporting period. If further improvements are made during February there maybe a justification to consider de-escalating DCA to amber.</p> <p>Several key matters are highlighted for information which are set out in Section 3 Assessment - Matters of note in reporting period.</p>	
RECOMMENDATION / ACTIONS	It is recommended that the DCA for the overall Programme is Amber-Red .	
GOVERNANCE ROUTE		
List the Name(s) of Committee / Group who have previously received and considered this report:		Date
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS		

7 LEVELS OF ASSURANCE

<i>If the purpose of the report is selected as 'ASSURANCE', this section must be completed.</i>	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes
APPENDICES	
Appendix A	Delivery Confidence Assessment (DCA) Criteria Description

1. SITUATION

- 1.1 The purpose of the report is to report on the interdependencies between the nVCC Project and other Velindre transformation projects which may impact upon delivery of the nVCC within time, cost, and quality tolerances. This refined interdependency focus also more directly meets the PwC recommendation.
- 1.2 This report provides a monthly assessment of the TCS Programme’s performance against a range of criteria in relation to its live projects.
- 1.3 **The reporting period covers 1st January – 31st January 2025.**

2. BACKGROUND

- 2.1 This report covers the following areas:
 - A) Overall Programme Status: Delivery Confidence Assessment (DCA)
 - B) Project Performance from Highlight Reports
 - C) Workforce Requirements identified across Projects
 - D) Engagement, Alignment and Escalation
 - E) Summary of Dependencies & Associated Risks
 - F) Programme Risks

3. ASSESSMENT

MATTERS OF NOTE IN REPORTING PERIOD
<p>The following areas are highlighted for information:</p> <ul style="list-style-type: none"> • Satellite Radiotherapy Unit (SRU) has re-baselined the project plan with a new agreed delivery date of May 2025. Building fit out & commissioning plan session scheduled to align tasks with resource and finalise critical path for upcoming months. Risks remain relating to the instal of the CT Sim, but all milestones currently appear green. New issue raised as part of the assurance reporting regarding the lack of stability of the PSBA network. Management of uncontrolled symptoms and unwell patient pathway completed and due to be tabled at Joint Regional Board for final sign off. • National TrAMS Programme has been in delay but an exercise to re-baseline the project plan and financial forecast expenditure has been undertaken. Even though the re-baseline exercise has taken place there are still no definitive go live date for services.

A) Overall Programme Status: Delivery Confidence Assessment (DCA)

- 3.1 This report against the scope of the TCS Programme as currently set out.
- 3.2 The TCS Associate Director of Programmes and the interim TCS Programme Director have reviewed the current position in relation to the programme's performance (as set out in the table above) and assessed the Programme's current DCA status accordingly.
- 3.3 This assessment covers the reporting period between 1st January – 31st January 2025 and has concluded an **Amber-Red status** which remains the same as last month. However, there has been a slight improvement in overall RAG status and risk profile during this reporting period. If further improvements are made during February there maybe a justification to consider de-escalating DCA to amber.

3.4 Furthermore detailed rationale for the DCA assessment is set out below:

Previous DCA	Current DCA	Rationale for DCA:	Mitigating Actions:	Action Status:
Amber-Red	Amber-Red	<p>Satellite Radiotherapy Unit (SRU) has re-baselined the project plan with a new agreed delivery date of May 2025. Risks remain relating to the instal of the CT Sim, but all milestones currently appear green. New issue raised as part of the assurance reporting regarding the lack of stability of the PSBA network. Management of uncontrolled symptoms and unwell patient pathway completed and due to be tabled at Joint Regional Board for final sign off.</p>	<p>Building fit out & commissioning plan session scheduled to align tasks with resource and finalise critical path for upcoming months.</p>	<p>In progress</p>
		<p>TrAMS the National timelines are being revised and therefore there is no confirmation of an anticipated implementation date and the Trust is unable to ascertain the level of impact.</p>	<p>Work is being undertaken to assess impact on nVCC and service if the NWSSP TrAMS project is not delivered before nVCC opening date.</p>	<p>A draft options appraisal has previously been delivered to TrAMS Board. Further work is required to be undertaken. This revised paper will be presented at TrAMS and VCSF in February 2025.</p>
		<p>Number of vacancies across Major Programmes team (nVCC Project and Velindre Cancer Service Futures) leading to reduced oversight and delivery capability.</p>	<p>Recruitment activities ongoing. nVCC: Now the FBC funding letter has been received the wider recruitment activities can progress.</p>	<p>Recruitment ongoing.</p>

B) Project Performance from Highlight Reports

4.1 The status of each component part of the Programmes' projects are set out in the table below together with an overall rating.

Project	Project Director / Responsible Owner	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Action Due Date
nVCC Project	Interim nVCC SRO	<p>Plan Performance (Authority) Amber</p> <p>Plan Performance (Acorn and Authority - whole project) Amber</p>	Green	Amber	Green	Amber	Amber ↔	<p>Plan Performance (authority) – Rated Amber due to issues of capacity and recruitment. Mitigations in place with support from HR team to revise role descriptions, banding and target recruitment in specialist publications. Procurement have external expertise to fill the gaps in roles.</p> <p>Plan Performance (whole project) – Acorn construction programme behind target but still reporting to complete on time.</p> <p>Quality - Resolution required to the RDD non-compliance items. Progress being made but requires final sign-offs.</p> <p>Project Resource – Issues of recruiting to key posts and the need to implement the Governance and Capability</p>	<p>Individual Due Dates not currently provided.</p> <p>To be added as part of minimum data set agenda.</p>

Project	Project Director / Responsible Owner	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Action Due Date
								review recommendations by March 2025.	
Integrated Radiotherapy Solution (IRS)	Executive Director of Finance	Amber	Green	Green	Green	Amber	Amber ↔	<p>Project Resource: Paperless workstream bank and agency staff recruitment being assessed at next IRS Board 11/02/2025. They require more staff to either backfill existing or be employed to complete the paperless upgrade, this is to be approved at the IRS Board.</p> <p>Plan: Plans being reviewed against IRS, SRU and digital. Aim to have a joint plan that will give a critical path for assurance of delivery on all plans linked to SRU for opening day.</p>	<p>Individual Due Dates not currently provided.</p> <p>To be added as part of minimum data set agenda.</p>

Project	Project Director / Responsible Owner	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Action Due Date
Satellite Radiotherapy Unit (SRU)	Executive Director Strategic Transformation, Planning and Digital	Amber	Green	Amber	Green	Amber	Amber ↔	<p>Quality: Issue with network unstableness escalated via AA report. Management of Uncontrolled symptoms and unwell patient pathway completed and due to be tabled at Joint Regional Board for final sign off. IRR17 (Radiation protection) co-operation agreement complete and signed off. Second PSBA route completed and handed over for Trust's acceptance. Clinical Applications training dates booked with both Varian and Siemens. Building fit out and commissioning plan session scheduled to align tasks with resource and finalise critical path for upcoming months.</p> <p>Plan: Plans being reviewed against IRS and SRU. Aim to have a joint plan that will give a critical path for assurance of delivery on all plans linked to SRU for opening day.</p>	<p>Individual Due Dates not currently provided.</p> <p>To be added as part of minimum data set agenda.</p>

Project	Project Director / Responsible Owner	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Action Due Date
Outreach	Interim Chief Operating Officer	Green	Green	Green	Green	Green	Green ↑	Project in Initiation. Board and resources being implemented. Three workstreams have been identified and work is being undertaken to baseline the data and assess against the assumptions.	Individual Due Dates not currently provided. To be added as part of minimum data set agenda.
Site Decommissioning	Project Director, nVCC <i>(Responsible Director)</i>	To commence 12-18 months prior to opening of nVCC					N/A	Planned site decommissioning activities and governance arrangements (incl. Business Justification Case) need to start to be developed.	Sept 2025

Project	Project Director / Responsible Owner	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Due Date	
TrAMS	TBC for National TrAMS Programme	National TrAMS						Amber ↔ *status as per individual highlight report*	There are further delays in the go live of the SE Wales hub.	Individual Due Dates not currently provided. To be added as part of minimum data set agenda.
	Interim Director VCS	VUNHST TrAMS						Red ↑ *Status as per individual highlight report*	Work is being undertaken to assess impact on nVCC and service if the NWSSP TrAMS project is not delivered before nVCC opening date. Options appraisal first draft was submitted to Clinical colleagues for feedback and a review is underway of content. Inclusive of TUPE impact on VCC workforce both in terms of numbers and maintaining business continuity and the risk to the organisation assessment of impact should TrAMS not go live before nVCC opens benchmarking against other organisation delivery of oncology (Clatterbridge, Christie, Marsden).	

Whitchurch Hospital Site Disposal	Director of Transformation (Interim)	Green	Amber	<i>Metric not reported</i>	Amber	Green	Amber ↔	Commence immediate steps to safeguard building fabric.	February 2025
-----------------------------------	--------------------------------------	-------	-------	----------------------------	-------	-------	------------	--	---------------

C) Workforce Requirements identified across Projects

Velindre University NHS Trust Workforce Plan

We face many unprecedented challenges in the coming years in achieving our vision in this rapidly evolving healthcare landscape, however these challenges also present many opportunities for us to transform the way that we work in delivering continuous high-quality, patient-centred care. The Velindre University NHS Trust Workforce Plan (approved September 24) will support services through a pragmatic and systematic approach to ensure that we have a sustainable, flexible, and skilled workforce capable of meeting the needs of the population. This plan outlines some of our key priorities for developing the workforce to be able to achieve our strategic priorities.

People Plan Strategic Priorities

As a Trust we have six strategic priorities regarding our workforce with the aim of ensuring we achieve constantly well-led teams, staffed with the right people, maximising skills, and learning, where individuals' wellbeing and identity is nurtured, enhancing our great care. These priorities are:

- **Wellbeing and Engagement** - We will ensure our staff feel valued and supported.
- **Shape and Supply** - We will have the right people with the right skills in the right place at the right time.
- **Skilled and Developed People** - We will continually develop our staff to support them to achieve excellence in everything they do.
- **Leadership and Succession Planning** - We will develop compassionate leaders and managers which sustain our future requirements.
- **Digital Ready People** - We will create a workforce which has the skills, knowledge, and curiosity to maximise the opportunities offered by digital services and technology.
- **Attracting and Retaining the Best Talent** - We will seek to identify the best talent locally and across the globe to work in our organisation.

The Trust Workforce Plan is a comprehensive roadmap to addressing our current and future challenges around workforce and it will support the delivery of all of our strategic priorities. By focusing on workforce planning, training and education, retention and wellbeing, innovation and technology, and diversity and inclusion, the NHS will build a resilient and capable workforce.

The following actions are taken from the Velindre University NHS Trust Workforce Plan: **Immediate Actions (6 months):**

Action	Current Status	Due Date
The Trust will consider development of a Staff Bank, aligned to the employment law developments under the Employment Bill, 2024 (to be published 11 th October 2024), with	Completed – Bank advertising ongoing within the Trust.	Completed. Ongoing ad

the aim of reducing overall agency spend to fill vacancy and temporary workforce gaps.	Agency spend continues a significant downward trajectory reported through Quality, Safety and Performance Committee.	hoc bank recruitment.
An options appraisal will be undertaken on developing a Trust wide creative campaign suitable for attracting potential candidates to the Trust.	Completed – Filming underway.	Completed. December 2024
Evaluate the effectiveness of targeted attraction programmes i.e. International Nurse Recruitment	Ongoing – Evaluation completed, paper in draft for EMB in March 2025.	March 2025
Support the Professional Nursing Forum to develop and implement a local Nurse Retention Plan, aligned to the expectations set by the NHS Wales Retention Programme Board.	Completed – Noted at EMB 28 th January 2025.	Completed. 28/01/2025
A deep dive into sickness absence will be undertaken to review the progress to date at supporting staff well-being and an action plan devised for making improvements where needed.	Completed – Received by QSP on 14 th November 2024.	Completed. 14/11/2024
Support the Divisional Leaders in developing operational workforce plans in line with the agreed methodology and utilising the new workforce modelling system	Ongoing – First session 27 th January 2025. Current structural review underway.	Ongoing 2025 / 2026
Improve the quality of workforce data available to service leads and hold integrated POD and Finance establishment meetings to ensure accuracy	Completed – updated monthly establishment meeting dashboards to mirror SLT workforce dashboards.	Completed.

Medium Action (12 months):

Action	Current Status	Due Date
--------	----------------	----------

Develop a systematic process for embedding workforce planning and education commissioning into the IMTP process for service leads.	Ongoing – Resource allocation submitted as part of the IMTP process	Currently agreeing delivery dates
Utilising quality data and operational workforce plans, develop a longer-term Velindre University NHS Trust Workforce Plan that supports the workforce changes required for the future.	Ongoing – Benchmarking with Blood and Cancer services completed	Currently agreeing delivery dates
Work in collaboration with health and social care partners to develop long-term models of service delivery that are sustainable and fit for the future needs of our patients and donors.	Ongoing – labour market analysis underway	Currently agreeing delivery dates

Alongside the Trust’s high level workforce plan there are a number of operational plans underway that look specifically at the establishment planning and detailed skills requirements for the transformation of services.

Radiation Services Workforce Plan Update – SRU and IRS

Recruitment has continued for the Satellite Radiotherapy Unit (SRU) and the Integrated Radiotherapy Solutions (IRS) program. Recruitment has been largely successful, with only a small number of posts yet to be recruited. Timing of recruitment is being planned and considered, so some recruitment is planned to take place in early 2025, in readiness for SRU opening.

The monitoring of recruitment aligned to the workforce plans for radiation services is undertaken at each SRU and IRS Programme board where the following detail has been extracted for update to the TCS Scrutiny Committee:

Satellite Radiotherapy Unit Recruitment:		
Status	WTE	Percentage Complete
Physics:		
Required posts / funded posts	13 WTE	-
Recruitment complete	9.0 WTE	69.23%
Offers pending	1.0 WTE	7.69%
Roles not currently recruited to	3.0 WTE	23.07%
Radiotherapy:		
Required posts / funded posts	28.8 WTE	-
Recruitment complete	16.8 WTE	58.33%
Offers pending	0 WTE	0%
Roles not currently recruited to	12.0 WTE	41.67%

Posts recruited so far for the SRU have been funded by VCC initially, pending release of SRU funding.

Whether we need to run an additional organisational change process within Medical Physics is still be considered.

Integrated Radiation Solutions Recruitment

Please see the table below, which shows recruitment status for IRS posts:

Integrated Radiation Solutions Recruitment:		
Status	WTE	Percentage Complete
Required posts / funded posts	48	-
Recruitment complete	39.5 WTE	82.29%
Offers pending	0 WTE	0%
Roles not currently recruited to	8.5 WTE	17.70%

Across Radiation Service there are fully developed operational workforce plans, and these are updated by the senior managers regularly as the service and workforce develops.

**Information provided is up to date as of 11th February 2025.*

D) Engagement, Alignment and Escalation (VCS / nVCC Planning Group)

Within the January reporting period, the nVCC / nVCC Planning Group took place on 30th January. Key focus on the benefits analysis of the Full Business Case (FBC). Further work to take place to understand the current position against the benefits and options, noting the need ensure alignments with those in the IRS programme.

A communication and engagement plan is in draft which outlines key milestone. Work is continuing across the Cancer Centre to ‘bring to life’ the new Cancer Centre. The architect model is now sited in the main hospital, together with images across information screens. Further images will be on display by end of February 2025.

The Chief Operating Officer is leading a piece of work to review the progress to date, key milestones and actions required to support ‘operational readiness’.

E) Summary of Dependencies & Associated Risks

Purpose of Section

- The purpose of this section is to provide a summary of the dependencies *between* the various elements of the programme and highlight the potential impact should these become dependencies become misaligned.
- This section does **not** provide an assessment of each individual project’s progress. A summary of individual project progress (as reported through their individual Highlight Reports) is available in Section B – Project Performance from Highlight Reports.

Developmental Work Required

- Additional work is required in collaboration with VCS colleagues to develop a more expansive and detailed nVCC Operational Delivery Plan to clearly specify what deliverables are required from VCS to enable the delivery of the new Cancer Centre.
- Critically, this Operational Delivery Plan should set out **when** these deliverables are required, so that any dependencies are explicit and able to be managed. This will allow the Service to plan effectively whilst minimising any burden and service disruption.
- The work currently underway with the nVCC external advisors (Gardiner & Theobald and Currie & Brown) to develop a comprehensive programme of activities for the nVCC Project will greatly improve our ability to highlight the interdependencies accurately. Levels 1 & 2 of the 'Work Breakdown Structure' (WBS) has been agreed. This baseline position now allows for more detailed scheduling work to follow.

Project	Description	Originating From	Impacting On	Associated Risk ID	Update	Dependencies due by date:	Aligned / Misaligned / No Impact
nVCC Enabling Works – Velindre EW Main Contract	There are a number of elements to the Velindre Enabling Works, all of which lead to the site being prepared and accessible for the construction of the nVCC. Should the totality of Velindre Enabling Works, which includes all vehicle access, utilities and HV intake room should not complete on time, the Trust may not fulfil its contract obligations. This could lead to the extension in overall construction timeline and potentially ultimate completion and opening of the nVCC and wider Programme activity including the IRS Implementation.	External Contractors	nVCC Project	R403	<p>S278 Works Procurement:</p> <ul style="list-style-type: none"> Expressions of interest is posted for the s278 works. A revised ITT document package is in process with a framework identified to procure a contractor for the works. Statutory Authorities are being contacted to complete the name change on the quotations and contracts for the utility diversions. ITT S278 Works going out on 21/10/2024. <p>HV Intake Room:</p> <ul style="list-style-type: none"> Project Co / Sacyr confirmed via a drawing issued on 26th September, the area available to construct. 	<p>S278 Works Procurement: to be procured / in contract by 09/12/2024.</p> <p>ITT was issued in December with an original return date of 17th January 2025. A two-week extension was request and granted. Revised return date 31st January 2025.</p> <p>April 2027 to support beneficial access for nVCC.</p> <p>Cardiff Council – 52 weeks from commencement from the S278 works.</p> <p>HV Intake Room: to be procured / in contract by 09/12/2024.</p> <p>Tenders returned and evaluated. Boards informed.</p>	<p>Target date not met but improved Trust programme achieved by co-ordination between statutory authorities.</p> <p>Aligned</p> <p>Aligned</p>



					<p>The drawing is accepted by the Trust.</p> <ul style="list-style-type: none"> • ITT tender pack was published via eTenderWales on 30th September. • HV Intake Room already out to tender. Tender to be return on 21/10/2024. <p>Utilities: Utilities to edge of site already in place, LV power available in March 2024. Full 6MVA infrastructure completed in April 2024.</p>	PA obligation date October 2025 (originally June 2025 but delayed by Acorn).	
Project	Description	Originating From	Impacting On	Associated Risk ID	Update	Dependencies due by date:	Aligned / Misaligned / No Impact
nVCC Project Planning Matters	The importance of the Planning matters being resolved for the nVCC Project to progress would mean that if they are not resolved the impact would be felt across the wider Programme, impacting several dependencies including construction of	External Contractors	nVCC Project	R438	R438 has been raised relating to potential planning expirations prior to completion of construction as a result of current delays. Based on the latest status regarding the outstanding Planning matters the likelihood of this dependency scenario would currently	Submit Temporary Construction Access Route (TCAR) application by November 2026.	Currently Aligned

	the nVCC and therefore ultimately the planned opening date and planned workforce, digital and equipment dependencies and deliverables and the IRS implementation. Worst case would see the need for re-design of nVCC scheme leading to major delays and likely cost increases.				remain as 'Possible' and the impact 'Moderate'.		
TrAMS (Transforming Access to Medicines Services)	<p>The TrAMS Project will create a shared NHS service, to be delivered through three regional medicines hubs, and work is underway on a 5-year implementation process to bring this about. Redesigning the provision of Pharmacy Technical Services and the workforce involved. The planning and implementation will be on an All-Wales basis and the provision of a centralised service will impact of the patient</p>	TrAMS National Programme	nVCC Project and Service Delivery	2200, 3291 3293, 3519	<p>National timelines are being revised and therefore there is no confirmation of an anticipated implementation date, therefore Trust is unable to ascertain level of impact.</p> <p>If TrAMS is not delivered to the anticipated timescale there will be the need to continue certain pharmacy services on VCC site and impacting on dual running.</p>	April / May 2027	Currently Mis-Aligned / Not Known

Project	Description	Originating From	Impacting On	Associated Risk ID	Update	Dependencies due by date	Aligned / Misaligned / No Impact
	facing service at Velindre Cancer Centre.						
nVCC Project Resilient Utilities to and from Site, PSBA, Water (incl. Waste) Electricity	The provision of resilient utilities to the MIM site will impact on the ability to commission the nVCC and delay equipment install.	External Contractors	nVCC Project	R403	These impacts will be monitored via the Project Board, Risk Register (and Associated mitigations) and relying of Professional Advisors as necessary.	Water to edge of site: S106 connection completed by Walters in 2023. Waste to edge of site: S106 connection completed by Walters in 2023. HV Intake Room: Scheduled for end of June 2025. PA obligation is to be completed by end of August 2025.	Complete Complete Mis-aligned (HV Intake Room) Complete

						PSBA installation date will be 6-12 months off completion. BT infrastructure in place to edge of site, completed in 2023.	
Project	Description	Originating From	Impacting On	Associated Risk ID	Update	Dependencies due by date	Aligned / Misaligned / No Impact
nVCC Project Equipment, Identified Procurement, and installation.	Delays to the equipment, identified procurement routes, and associated installation could lead to delays and create a compensation event, or increased dual running duration and cost.	External Contractors	nVCC Project	R385, R404, R405, R406, R407, R409, R412, R416, R419, R420, R421, R422, R423, R447*	<p>These impacts will be monitored via the Project Board, Risk Register (and Associated mitigations) and relying of Professional Advisors as necessary. The Joint Equipment Committee will also oversee the equipment programme.</p> <p>Commissioning Steering Group (Trust and Acorn) to be established from 23rd June 2025. The Commissioning Steering Group to meet as often as necessary and not less than monthly to develop</p>	June 2025	Currently Aligned



					the Final Commissioning Programme for each phase.		
IRS Implementati on Delays	Implementation delays in the IRS programme could lead to delays to the ASP step up and create a compensation event, or increased dual running duration and cost.	IRS Project	nVCC Project and Service Delivery	IRS 007 IRS 038 IRS 080	<p>These impacts will be monitored via the Project Board, Risk Register (and Associated mitigations) and relying of Professional Advisors as necessary.</p> <p>The Joint Equipment Committee will also oversee the equipment programme.</p> <p>Liquidated damages in the IRS contract may offset potential delay costs.</p>	April 2027	Currently Aligned
Project	Description	Originatin g From	Impacting On	Associated Risk ID	Update	Dependencies due by date	Aligned / Misaligned / No Impact
SRU Completion Delay	A delay in the completion of the SRU could mean that the Trust has insufficient Radiotherapy Capacity to delivery timely care and new treatments.	SRU Project	nVCC Project and Service Delivery	Awaiting date. Information Requested but not received.	<p>The SRU project is reporting a delay which will have impact on Linac commissioning and first patient date.</p> <p>These impacts will be monitored via the Programme Board (currently EMB), Risk Register (and Associated mitigations) and relying of Professional Advisors as necessary.</p>	May 2025	Currently Aligned (at risk)

					Liquidated damages in the SRU contract to offset potential delay costs.		
Outreach Outreach Facilities in Health Boards not Operational prior to nVCC opening	A delay in Outreach Facilities in Health Boards being operational prior to nVCC opening could mean that the Trust has insufficient SACT / Outpatient and Ambulatory Care Capacity to delivery timely care as the nVCC has been sized with outreach being partially decentralised.	Outreach Project	nVCC Project and Service Delivery	-	These impacts will be monitored via the Major Programmes Team and VCSF Programme Boards, Risk Register and associated mitigations and relying on Professional Advisors as necessary.	6 months prior to nVCC opening – October 2026	Misaligned / Not Known

F) Programme Risks – 1st January – 31st January 2025.

- 6.1 All risks with a **rating of '15' or above** or with a rating of **'12' or above relating to patient safety** are usually reported within this report.
- 6.2 In parallel, the external advisors (Gardiner & Theobald and Currie & Brown) working alongside the nVCC Project to deliver the Governance & Capability Review recommendations, have undertaken an extensive gap analysis of risk management within the project. As a result of their analysis, a number of risk processes will be revised (taking into account corporate risk reporting requirements) which will result in an improvement to risk reporting overall.

TRUST RISK ID & DATE OPENED	PROGRAMME	RISK TITLE	ACTIONS	CURRENT RATING
3538 02.12.2024	Velindre Cancer Centre Futures – TrAMS	There is a risk that VUNHST will be unable to sustain demand for SACT in the nVCC due to insufficient capacity as a result of TrAMS 'go live' being delayed beyond the 'go live' date for nVCC leading to patient not receive timely treatment.	<p>A contingency plan is being developed for consideration by VUNHST TrAMS Project Board and subsequently VCSF January 2025.</p> <p>Draft options appraisal discussed at January VCS TrAMS Programme Board. Next step, to discuss with Executive professional leads - in process of being arranged.</p> <p>Further discussion with VUNHST triumvirate - paper to be updated for EMB consideration in February.</p>	15



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TRUST RISK ID & DATE OPENED	PROGRAMME	RISK TITLE	ACTIONS	CURRENT RATING
3541 02.12.2024	Velindre Cancer Centre Futures – TrAMS	There is a risk to performance and service sustainability as a result of national TrAMS project being delayed leading to insufficient capacity within pharmacy technical services to meet SACT production.	Option appraisal being developed in response to potential delay in TrAMS project resulting technical pharmaceutical services not being available in advance of nVCC. Draft options appraisal discussed at January VCS TrAMS programme board. Next step to discuss with Exec professional leads in process of being arranged.	15

SUMMARY OF MATTERS FOR CONSIDERATION

7.1 The TCS Programme Scrutiny Sub-Committee is asked to **NOTE** the contents of this assurance report and the overall DCA rating.

IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)													
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below													
If yes - please select all relevant goals:													
<ul style="list-style-type: none"> • Outstanding for quality, safety, and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development, and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)	Choose an item All TCS risks 15 and above are escalated on the Trust risk register												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below												
	<table border="0"> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input checked="" type="checkbox"/></td></tr> </table>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
	Safe	<input checked="" type="checkbox"/>											
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
The implementation of the Trusts Clinical Operating Model as set out in the TCS programme will impact on all of the above metrics.													
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:	Not required												



TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	<p>The implementation of the TCS Clinical Operating model requires substantial investment in infrastructure to support clinical delivery.</p> <p>This has been broken down into a range of business cases and requires a mixture of Government, Commissioner and Trust Funding. Including innovative funding from the Welsh Government Mutual Investment Model.</p>
EQUALITY IMPACT ASSESSMENT	<p>Yes - please outline what, if any, actions were taken as a result</p> <p>The TCS Programme has an existing Equality Impact Assessment</p>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes. There are multiple commercial contracts required to deliver the infrastructure elements of the TCS Programme.

8 RISKS

Please see programme risk and issues section (h) and (i) for detailed analysis.

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	See programme risk and issues sections (h) and (i) for detailed analysis.
WHAT IS THE CURRENT RISK SCORE	All risks scoring >15 are entered into Datix to meet corporate reporting requirements.
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	See above.
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	See above
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Yes - please detail below








GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

	<i>Resource, Cost, Time</i>
All risks must be evidenced and consistent with those recorded in Datix	

Appendix A – Delivery Confidence Assessment

The Delivery Confidence Assessment (DCA) is a well-used method of providing an overview of a *Programme's status* (it is used by the Infrastructure Projects Authority (IPA) Gateway Reviews and recognised in the Managing Successful Programmes methodology). The evaluation framework for the DCA is set out below and it should be noted that the DCA is a qualitative based judgement having considered a range of evidence available across the Programme i.e., it is an indicator of the position and cannot be definitive.

Colour	Criteria Description
	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
	Successful delivery of the project/programme appears to be unachievable. There are major issues which at this stage do not appear to be manageable or resolvable. The project/ programme may need re-baselining and/or overall viability re-assessed.