

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

**MINUTES OF THE MEETING HELD**  
**19th December 2024 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

**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
Martin Smith	Senior Responsible Officer
Mark Ash (MA)	Assistant Project Director, TCS
Anne Carey (AC)	Interim Chief Operating Officer
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
Jessica Corrigan (JC)	TCS Project Coordinator
Kay Barrow	Corporate Governance Manager
Olayinka Sokoya (OS)	Secretariat / Executive Support Assistant

**Apologies**

Gareth Jones (GJ)	Independent Member
David Donegan	Chief Executive
Matthew Bunce (MB)	Executive Director of Finance
Dr Jacinta Abraham (JA)	Executive Medical Director
Sarah Morley (SM)	Executive Director of OD & Workforce

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

<p><b>1.2</b></p>	<p><b>Apologies for Absence</b>  <i>Led by Stephen Harries, Chair, and Independent Member</i></p> <p>Apologies were noted as above.</p>	
<p><b>1.3</b></p>	<p><b>Declarations of Interest</b>  <i>Led by Stephen Harries, Chair, and Independent Member</i></p> <p>No declarations of interest were received.</p>	
<p><b>1.4</b></p>	<p><b>Minutes of Previous Sub-Committee Meetings held on 21<sup>st</sup> November 2024.</b>  <i>Led by Stephen Harries, Chair, and Independent Member</i></p> <p>Stephen Harries confirmed that in Gareth Jones’ absence, Gareth Jones has sent his comments and questions with respect to the items listed on the agenda and these would be read out as required for each agenda item in order that they are addressed and recorded in the minutes.</p> <p>The TCS Programme Scrutiny Sub-Committee <b>APPROVED</b> the minutes of the 21<sup>st</sup> November 2024 meeting, subject to a correction regarding item 2.4 as it relates to the sentence under the item as well as the typographical error under item 3.1 which was raised by GJ, as the accurate revised record of the meeting.</p> <p>The TCS Programme Scrutiny Sub-Committee <b>APPROVED</b> the minutes of meeting held on 17 October as the accurate revised record of the meeting.</p>	
<p><b>1.5</b></p>	<p><b>Action Log</b>  <i>Led by Stephen Harries, Chair, and Independent Member</i></p> <p>The following updates were provided on the action log:</p> <p>It was agreed that action 15b shall remain open as the target date for this action is 23<sup>rd</sup> January 2025.</p> <p>Actions 159, 160 and 163 all closed having received the papers and updates on these actions.</p> <p>Action 164 – It was agreed to change the target date to February 2024.</p> <p>AC advised that action 162 title be amended as the scope of the action is wider than what is reflected in the title particularly as it relates to Life Sciences Hub work. LF clarified that the action is not the responsibility of TCS and should be transferred to the Strategic Development Committee (SDC) and the Trust Board. AC confirmed that this is aligned to the population health insights work and will inform the population requirement and patient need. SH advised that Action 162 should remain open until SDC has received the Life Sciences Hub work on population health insights in January 2025 and full report by end of February 2025.</p>	<p><b>Secretariat</b></p> <p><b>Secretariat</b></p> <p><b>Secretariat</b></p> <p><b>Secretariat</b></p>

	<p>The TCS Programme Scrutiny Sub-Committee <b>NOTED</b> the Action Log and updates provided.</p>	
<p><b>2.0</b></p>	<p><b>PROGRAMME GOVERNANCE</b></p>	
<p><b>2.1</b></p>	<p><b>nVCC Programme Finance Report</b>  <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 and its associated projects for the financial year 2024-25, outlining spend against budget as at 30<sup>th</sup> November 2024 and the current year-end forecast.</p> <p>MA advised that the funding approvals letter had been received from Welsh Government on 18<sup>th</sup> November 2024, which confirmed the nVCC Project has £69.7m capital and £2.4m in revenue. The Enabling Works Project has £8.9m capital. Both capital amounts included a QRA amount that will be held by Welsh Government that can be called upon as and when risks materialise.</p> <p>The third element of Welsh Government funding that is expected this year is in relation to the Whitchurch Hospital site, which is now under the ownership of the Trust. The Trust is finalising the figures with Welsh Government and would expect that to be in the region of £350k to support the development of the disposal strategy, some minor works and clearance works on site.</p> <p>MA advised that work is ongoing to finalise financial plans with Workstream Leads, which will be based on the latest forecast and reflect agreed budgets. This will be included in the December 2024 financial report that will be presented to the Committee in January 2025.</p> <p>The year-to-date spend as at 30<sup>th</sup> November 2024 for the TCS Programme is £4.6m Capital with a forecast outturn of £7.1m. Revenue is £749k with a forecast outturn of £749k. The forecast at year end for the TCS Programme is a break even position.</p> <p>SH advised that GJ has raised a query in relation to the financial risk highlighted in section 8, bullet point 8.1 of the main report, which is also covered in section 2.5 of the cover paper, regarding the lack of expenditure against the Enabling Work Project revenue budget, whilst there is revenue overspend against the nVCC project and questioned how this risk would be mitigated. MA explained that there is an ongoing discussion with Matthew Bunce and the Corporate Finance Team to finalise how this risk could be mitigated through the utilisation of Corporate Reserve Funds in the sum of circa £20-30k.</p> <p>The TCS Programme Scrutiny Sub-Committee <b>NOTED</b> the financial position for the nVCC Programme and associated projects as at 30<sup>th</sup> November 2024.</p>	



## 2.2

### **nVCC Project Highlight Report**

*Led by David Powell, Project Director*

The nVCC Project Highlight Report provides a high-level status update on the Project.

The following key highlights were noted as follows:

- Recruitment of Digital posts has now commenced and it not now a missed milestone.
- Missed milestones related to the following aspects:
  - Waiting to settle the commercial agreement regarding the changes arising from 1:50 design process with Acorn and the agreement on the change process. It is anticipated that the savings set aside from the chutes will be used to cover off any change implications.
  - Equipping issue relating to small commonly available items to be wall mounted by Acorn. Awaiting information from Acorn to progress.
- New Construction Programme received from Project Co that has been brought up to date with their progress on site. Everyone is now working off that new programme.
- The Reviewable Design Data (RDD) has been received and work will progress with the Team reviewing the data post-Christmas break. However, there are RDD submissions that appear to be non-compliant that are being discussed with Acorn to ensure they understand what is required regarding the technical submissions in terms of compliance.

HJ raised an issue in relation to non-compliance with RDD and asked whether the Trust will have to pay the consultants twice as a consequence of having to review the RDD twice. DP clarified that there is pressure on the consultants because they are doing their job more than once. There have been multiple reviews of some areas, in particular, the mechanical and engineering piece for Holly and Kirkwood that has caused some pressures. However, there are no provisions in the contract for the Trust to be able to make a claim against the impact of non-compliance and this has potential implications for the Trust.

HJ asked for reassurance that RDD submissions will be more compliant. DP advised that this has been discussed and there is a commitment from them to be compliant. This has meant that a number of processes have been trialled and that one has been agreed with a commitment that they will make the process work in delivering fully quality assured RDD for review.

DP advised that Jason Hoskins is working through some examples with them for the RDD for Ventilation and Water to demonstrate where the issues are and using those as a lessons learnt exercise

in order that everyone understands the expectations and requirements.

- Launch of the major equipment procurement has commenced and will need to conclude by September 2025. This is a key activity that includes items such as the large imaging kit and pharmacy robot and will inform Acorn of the equipment being purchased in order for the design to be completed. Some risk regarding the commissioning has been passed to Acorn and this means that the Trust will need to ensure it keeps to the timeline.
- DM referred to page 2 of the report relating to resourcing and in particular, the issues relating to capacity and capability of the Project Team. DM asked for clarification in relation to the context of the statement made in the report and whether it related to capacity i.e. having the right number of staff or capability i.e. having staff with the right skills. DP clarified that the project resourcing requires both capacity and capabilities and these will be recruited into. There are three key skills areas i.e. planning relating to experience of major construction; commissioning experience and experience of commercial activities. There is also a need to enhance the Project Team in the more specialist areas such as equipment, digital, etc. so that all aspects of the project roles are covered. Due to the delays with the FBC, recruitment into the critical roles was delayed however, there is an agreed 'fast track' recruitment process to ensure the key posts are appointed into in a timely manner. Whilst recruitment is being progressed, this is being supplemented by buying in specialists using the All Wales Procurement Framework to fill the gaps until staff are recruited.

DM highlighted that some of the specialist expertise referred to was also mentioned in the PwC recommendations and raised concerns about the time it has taken and that until those posts are in place the Trust is not compliant with those recommendations. GB clarified that this matter is addressed in the report for the Private Session however, the work with the external advisors is going really well and they are delivering a range of new assets and ways of working, but emphasised that by the end of March 2025 it was imperative that the right staff and skills are in place to maintain the work and the project deliverables at the standards that the PwC review recommends. There are definitely new ways of working, which is more like a construction PMO.

MS advised that a recommendation in the PwC reports refers specifically to look at the resources for the RDD process and that has been undertaken and if the process goes well as we anticipate going forwards then there are adequate resources for that element. There is also enough flexibility within the Trust's effective technical supply chain to cover that.

SH observed that the PwC report was many months old and, whilst there have been obstacles due to the requirement for FBC approval



before being able to fully recruit, there have been many conversations in this and other Committees about being prepared for when the approval was received. This is why there is the concern about capability and capacity at this point to be able to deliver, particularly when rare skill sets are required, and this has been a known challenge for some considerable time and is taking some time to resolve.

- Due to the delays with the RDD programme relating to the non-compliance issues, GB queried the timing alignment of the RDD work against the construction programme, and whether further slippage could impact the construction programme? GB also asked whether Sacyr has prioritised those areas that could impact on the construction programme in their plan in order to mitigate any delays? DP clarified that if the RDD programme slips further there would be an inevitable delay to construction, as the RDD informs the designs and this will further impact on the procurement process. DP advised that this has been raised as a risk, however the consortium is still reporting that they can meet the timescales and have been prioritising in a way that maximises their opportunities in order to minimise the risk to the construction programme. DP advised that a review of their programme has been undertaken and the Trust is able to see that they are doing so. However, there is some risk and any float in the programme has already been utilised.
- LF raised a query in relation to the HV intake room referenced on the top of page 3 and that the Project Board was asked to approve. LF clarified that it is for endorsing and will be discussed in the Private Session and that the timing for Trust Board approval will also need to be considered.
- LF advised that the risks are being picked up by NG with DP and MS to ensure that they are being articulated in terms of mitigating actions, scoring and target risk scoring, etc.

LF queried commercial relationships risk, and how that risk should be tracked in the Public TCS meetings?? MS advised that a new process is being introduced in the New Year following feedback from Gardiner and Theobald and that there will be a closer link with the Project risk register to the Trust risk register and to the QRA which is the valuation of risk. This will need to be presented on a quarterly basis to the Trust Board and Welsh Government. This will provide a clearer risk picture in the Highlight Report however, contractual relationship matters are potentially commercially sensitive and the reporting of which should not be included in public reports. SH clarified that initially the discussion would take place in Private Session until such time as it was deemed to be able to take place as part of the Public Session to ensure the Trust is being open and transparent. This would ensure that there is clarity in relation to the context of the risk and that it is not open to misinterpretation. NG advise that a meeting had been held earlier about risks and how they are managed for project and programmes and the reporting into the Trust risk register.



- SH advised that GJ has raised a query on page 1 in relation to RDD and the joint meeting held to develop an agree approach. Whilst GJ appreciated the need to work collaboratively he was seeking assurance that this was not prejudicial to the Trust's interests and not outside the confines of the scope and terms of the Project Agreement. DP confirmed that the Trust has agreed a process that is within the parameters of the Project Agreement and that the terms would be strictly adhered to.

DP advised that within the new Programme provided with Project Co there is sufficient time built in to allow the Trust to review the RDD. The time allowed in the Programme is 15 days to review and if no response has been received it is deemed to be accepted. However, DP explained that there have been discussions to ensure that Project Team availability has been considered in the Programme to ensure that the timescales can be met. The new Programme is being reviewed to ensure there are no pinch points with the Project Team.

- SH advised that GJ has raised a query on page 3 in relation to the only red risk around Inadequate Fibre Divergence. GJ was asking if there has been any further follow up since October 2024 to mitigate the risk and if not, why has it not been captured and reflected in this report. SH sought clarity about whether there was any urgency in this matter. DP advised that this risk was discussed at Project Board and it was resolved that it can be de-escalated as there is a solution however, it is a financial risk which would soon be de-escalated in its entirety once confirmation has been received around connectivity to existing parts of the site. As such, there has been no progress since October 2024. SH felt reassured with the update and the anticipated de-escalation to a risk that reflects not just the significance but the timing issue.
- SH advised that GJ has raised a query on page 3 under Early Warnings regarding the Timber Solution. GJ was raising concerns that the description appears to be a more pessimistic presentation of the situation than the updates that have been received more recently. SH questioned whether it was a report timing issue or whether there was a more optimistic position. DP advised that a number of meetings have taken place since the report was written and there was more optimism expectation of a compliant solution being explored that will broadly lead to the same outcome with no material impact however, confirmation of that solution is awaited.

HJ emphasised that it should be noted that it is not just the loss of embodied carbon with no mitigation to offset the loss, but also the quality and aesthetics of the building and what the expectation of the public is about what they have been promised.

HJ raised a query in relation to missed milestones and asked that



	<p>additional narrative is included in the report to explain the impact and the mitigating actions. DP confirmed that this will be included in the next report. MS clarified that where there has been a missed milestone in the monthly reporting that this is picked up in the next month to confirm it has been met or otherwise. This will ensure that the reporting is a running commentary of the status of the project milestones.</p> <p><b>ACTION:</b> DP to include 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.</p> <ul style="list-style-type: none"> <li>In terms of next steps, DP advised that the project is starting to move into the planning of the transition and commissioning work and that this will be an area of focus moving forward.</li> </ul> <p>The TCS Programme Scrutiny Sub-Committee <b>NOTED</b> the nVCC Project Highlight Report and the project status for the month of November is <b>Amber</b>.</p>	<b>DP</b>
<b>2.3</b>	<p><b>Communication and Engagement Update Report</b> <i>Led by Non Gwilym, Interim Director of Corporate Governance</i></p> <p>In presenting the key areas of the report, NG highlighted the work that Kate Hammond has undertaking as part of the wider Cardiff Council Initiative and the nVCC Community Benefits, in particular, the Open your Eyes Week. Two virtual education sessions were hosted in partnership with Acorn for school pupils across Cardiff to help with the myth busting around construction roles and the importance of collaborative working. A communication has been produced that highlights the successful sessions and will be shared outside of the Committee.</p> <p>DM commented that the nVCC is a regional hospital however, most of the communications and engagement is with Cardiff North due to close proximity, but the hospital is for the South East Wales Region. DM queried to what extent was the Trust undertaking active engagement with wider communities across Wales who will also use the facilities. NG advised that a regional programme of Summer events were delivered that included the Eisteddfod, Caerphilly Big Cheese and some other regional events. Discussions were held at the Engagement Workstream the previous evening. The learning from the Summer events is being used to explore what can be undertaken in the wider communities. Kate Hammond has been in contact with other Engagement colleagues in Health Boards to explore opportunities to take a Roadshow to other healthcare settings to create more awareness among patients, carers, and families.</p> <p>CJ advised that he had been in discussion with NG around the communication and engagement work for the Regional Satellite Unit and that it would be beneficial to align those two pieces of work together. NG</p>	

	<p>advised that the focus to this point has been around internal staff communications and that this will be an opportunity to expand that work to include other healthcare colleagues across other hospital settings</p> <p>SH shared some feedback from a recent hospital visit that highlighted that there are some members of the public who are not aware of the new hospital. Whilst there is the communication and engagement work with the local community and staff, there will need to be a point where patients are informed that a new hospital and regional satellite centre are being built. MJ added that as visitor to the VCS there is not any visible publicity of the new hospital project and suggested that the TV in the canteen may be a good opportunity. NG advised that there is information in the canteen and in certain areas in the VCC however, it is not in all areas and that this is something that is being addressed.</p> <p>AC commented that there is a need to identify the best way of creating awareness of the new hospital whilst being mindful that patients, carers, and families receive messages in different ways and to explore the best ways to capture the different audiences in the messaging.</p> <p>RH provided reassurance that they are working with the Communications and Engagement Team to place boards in conspicuous places such as the main corridors that display different pictures and communications about the new hospital.</p> <p><b>ACTION:</b> NG to present a report and engagement plan at the next meeting on how the Trust can engage with the wider community outside Cardiff North.</p> <p>The TCS Programme Scrutiny Sub-Committee <b>NOTED</b> the Communications and Engagement Update and the work being undertaken the publicise the new hospital.</p>	<b>NG</b>
<b>3.0</b>	<b>PROGRAMME DELIVERY</b>	
<b>3.1</b>	<p><b>Programme Directors Report (including all project updates in scope)</b>  <i>Led by Lauren Fear, Interim Executive Director of Strategic Transformation, Planning and Digital</i></p> <p>The report provides a monthly assessment of the TCS Programme's performance against a range of criteria in relation to its live projects for the period to 30<sup>th</sup> November 2024. The following areas are highlighted for information:</p> <ul style="list-style-type: none"> <li>• The Delivery Confidence Assessment (DCA) remains as Amber Red for this reporting period as the SRU and TrAMS are at Red status, which is the same as the previous month.</li> <li>• The default RAG status for Outreach is Red because there is currently no rating. There was a presentation the previous month however, to be more accurate this should be reflected in the Velindre Futures governance as a 'no rating' instead however, this does not</li> </ul>	



provide the required assurance either yet, but will more accurately reflect the delivery of Velindre Futures governance.

- A number of the actions have not been written in a smart way with clear dates for delivery. This will be addressed when the minimum data sets for project reporting are agreed. LF advised that there is to be an amnesty day co-chaired by AC and LF where there will be a review of the varying approaches to highlight reporting, minimum data sets for projects and how actions are set out. This will inform an agreed consistent streamlined reporting approach across Velindre Futures.
- GB advised that the DCA is an improving position and receiving the nVCC Full Business Case approval has been a key driver. However, the Satellite Radiotherapy Unit (SRU) and national TrAMS are still areas of concern. However, once the delivery date is certain for the SRU then this could potentially move to Amber status.
- Ways of working have improved with the move to working closely with the PMOs with the flow of reporting and the tighter management of the interdependencies has resulted in an improving position overall.
- DM raised concern about the resolution at the last meeting was that there would be a report on TrAMS at each meeting and the report presented within the paper does not provide the assurance being sought especially as it relates to the nVCC. DM asked whether there is a dedicated space for the Aseptic Pharmacy in the nVCC and whether it was future proofed to be sufficient for the anticipated needs going forward, given that as the programme is moving to Outline Business Case (OBC) stage that each Health Board is assessing their Aseptic Pharmacy needs.

DM explained that with Prince Charles Hospital, the Macmillan Unit and the SRU in Nevill Hall, the patients and staff will be the Trust's and the responsibility for ensuring the SACT treatments are available will be the Trust's but was unsure to what extent Health Boards will be taking that into account. DM asked that there is a Deep Dive into TrAMS and specifically those areas that relate to the nVCC.

NW advised that as the appointed Senior Responsible Officer (SRO) for TrAMS, RH was drafting a paper on the position and status of TrAMS as part of the Velindre Futures work. However, following a discussion with RH this would include a 'State of the Nation' report and they would also consider what additional requirements were needed to be able to deliver the services efficiently both now and in the future. This comprehensive analysis is expected to be completed by mid to late January 2025.

LF advised that a Deep Dive on TrAMS was raised at the Strategic Development Committee (SDC) and will be presented at SDC. LF clarified that TrAMS is part of this Committee's interdependencies report.



LF highlighted that there was a need to use the Regional Cancer Programme Board at the end of January / early February 2025 to ensure this is flagged across the four organisations and the Trust's input into the OBC and is aligned.

**ACTION.** NW and RH to present a comprehensive analysis on TrAMS and the additional requirements needed to deliver service efficiently at the nVCC.

NW/RH

- CJ, as the appointed SRO for Radiotherapy, provided an update on the SRU which is Red Status on the risk register however, a lot of work has been done despite the initial delay, which was 12 weeks. CJ highlighted the critical path areas, which included the resolving of the water issues, CT SIM, M&E works and RPA shield. Following the issues with the flooding and asbestos which have been resolved, the commissioning has commenced, and it is expected that the first patient will be scanned around 9<sup>th</sup>/10<sup>th</sup> June 2025 and the Radiotherapy treatment would commence around 20<sup>th</sup> June 2025. Where possible the contractor is running things in parallel to make up the lost time.

CJ advised that the Clatterbridge, using their experience, is currently reviewing the Trust's SRU Implementation Plan to advise on whether there are any elements that have been missed. The Clatterbridge has also agreed to be a Critical Friend and will be review progress at various points

MS asked what the period was between building handover to the first patient treatment? CJ advised that the building would be formerly handed over in May but there will be some parallel running that provides the Trust with some early access to nearly all of the rooms before that. Formal handover is the end of May 2025 and first patient treatment is 20<sup>th</sup> June 2025. MS raised concerns that the timeline was tight. CJ advised that the timescales have reduced however, the Clatterbridge has been asked to review this.

MJ asked whether there are complexities in moving the patients from the VCC to the nVCC. CJ advised that when a patient first starts treatment there will be complexities depending on what machine is used however, the plan is to start treatment with the machines that will be in the nVCC.

AC advised that there are a lot of dependencies across the IRS roll out, SRU and moving into the nVCC, therefore all of the radiotherapy patients would be grouped together, and Chemotherapy patients grouped together also.

CJ advised that the interfaces for the paperless scheduling will be critical and will need to be delivered by the end of January 2025. This has been escalated to Helen Thomas, CEO DHCW and is on



	<p>the risk register. CJ confirmed that the SRC Project Board meeting will allow an update on developments to be provided next week.</p> <p>SH advised that GJ has raised a query on page 2 in relation to the outcome of the previous governance discussion. GJ raised concern about why the update on the Workforce Requirements will have to wait until February 2025. GB clarified that Sarah Morley has provided a detailed update in the Programme Director’s Report at the previous meeting and that the revised timescale was agreed that an update would be provided on a quarterly basis at the previous meeting.</p> <p>SH advised that GJ has raised a query on page 3 in relation to the Matters of Note in Reporting Period. However, discussion had already taken place about the SRU and TrAMS. GJ also raised concern on when the number of the risks reported by Velindre Futures will go through formal approval and be set out in the report. LF explained that SDC is the Committee that scrutinises the Velindre Futures activity and not this Committee. However, there will need to be a process to determine how nVCC dependent risks are reported and when.</p> <p>GB advised that as part of the PWC review in terms of risk, the Corporate Trust Risk Policy does not allow this kind of risk to be reported to a sub-Committee of the Board unless it has been previously governed. Whilst these risks are to be governed through Velindre Futures, they were being flagged to this Committee to inform that they are in the pipeline and that they were not reported as this would be contravening the Trust’s Risk Management Policy.</p> <p>GJ also raised the point of missing dates, particularly in relation to red rated items</p> <ul style="list-style-type: none"> <li>• SH advised that GJ has raised a matter of clarification about what the Committee is being asked to do with this report i.e. whether it was appropriate for the Committee to be asked to Note or receive for Assurance.</li> </ul> <p>The Committee discussed whether this report should be received for noting or assurance and it was agreed that whilst the assurance rating was a level 3 this was deemed to be work in progress.</p> <p>The TCS Programme Scrutiny Sub-Committee received for ASSURANCE, assessed at Level 3, the content of the Programme Director and Interdependencies Report and <b>NOTED</b> the Amber Red Status of Delivery Confidence Assessment (DCA)</p>	
4.0	<b>CONSENT AGENDA</b>	
	<i>No items received.</i>	

<b>5.0</b>	<b>ANY OTHER BUSINESS</b>	
	There were not items of any other business.	
<b>6.0</b>	<b>REVIEW OF THE MEETING</b>	
	<p>SH advised that this was his last Committee meeting as Chair of the Committee and thanked his Independent Member colleagues for their contributions and insightful comments and suggestions. SH would remain a member of the Committee until his tenure as Independent Member for Velindre ended at the end of April 2025.</p> <p>SH wished HJ all the very best in taking over as Chair of the Committee</p> <p>SH also thanked Executive Team colleagues and their teams for their support and contributions.</p> <p>DM thanked SH for his outstanding Chairmanship and keeping the Committee focussed and directed, and also keeping the Committee enthusiastic and committed.</p> <p>CJ wished SH all the very best in his future endeavours.</p>	
<b>7.0</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	The next meeting is scheduled for Thursday, 23rd January 2025, 13:30 – 15:00 at Velindre Headquarters.	
<b>8.0</b>	<b>CLOSE</b>	
	SH formally closed the meeting, expressing thanks for all contributions.	