

- 1.0.0 Standard Business
- 1.1.0 Welcome & Introductions
 - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
- 1.2.0 Apologies for Absence
 - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
- 1.3.0 Declarations of Interest
 - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
- 1.4.0 Minutes of the Committee Meeting held on 25th October 2021
 - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
 - To Approve*
 - Minutes of the Committee Meeting held on 25th October 2021
- 1.5.0 Action Log of the Committee Meeting held on 25th October 2021
 - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
 - To Approve*
 - Action Log of the Committee Meeting held on 25th October 2021
- 2.0.0 Programme Governance
- 2.1.0 TCS Finance Report
 - To be led by Mark Ash, Assistant Director of Finance, TCS*
 - To Note*
 - 2.1 TCS Finance Report (October 2021).docx
- 2.2.0 TCS Programme Risk Register
 - To be led by Bethan Lewis, TCS Programme Planner and Risk Advisor*
 - To Note*
 - 2.2 TCS Programme Risk Register Cover Paper.docx
 - 2.2 TCS Programme Risk Register Appendix 1.pdf
 - 2.2 TCS Programme Risk Register Appendix 2.pdf
- 2.3.0 Programme Resource Update
 - To be led by Carl James, Director of Strategic Transformation, Planning & Digital*
 - To Note*
 - 2.3 Programme Resource Update.docx
- 3.0.0 Programme Delivery
- 3.1.0 TCS Programme Managers Update
 - To be led by Carys Jones, Senior Programme Delivery and Assurance Manager*
 - To Note*
 - 3.1 TCS Programme Managers Update.docx
- 4.0.0 Project Delivery
- 4.1.0 Project 4: Radiotherapy Satellite Centre
- 4.1.1 Progress Timeline Updates
 - To be led by Andrea Hague, Director of Service Transformation, Velindre Cancer Centre*
 - ***Verbal update***
 - To Note*
- 4.2.1 FBC Update
 - To be led by Andrea Hague, Director of Service Transformation, Velindre Cancer Centre*
 - ***Verbal update***
 - To Note*
- 5.0.0 Engagement & Collaboration
- 5.1.0 Communications & Engagement
 - To be led by Non Gwilym, Director of Communications and Engagement*
 - To note*
 - 5.1 Communications & Engagement.docx
- 6.0.0 Any Other Business

Prior Agreement by the chair required.

Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee

7.0.0

Review of the Meeting

Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee

8.0.0

Date & Time of Next Meeting

21st December 2021 at 11am

via Microsoft Teams

9.0.0

Close

TCS Programme Scrutiny Committee
Public Session

MINUTES OF THE MEETING HELD

25th October 2021

14:00 – 15:15 Trust Headquarters, Nantgarw
(via Teams)

Members Present:

Stephen Harries (SHarries)
 Gareth Jones (GJ)

Independent Member (Chair)
 Independent Member

In attendance:

Professor Donna Mead (DM)
 Steve Ham (SHam)
 Carl James (CJ)
 Lauren Fear (LF)
 Carys Jones (CJones)
 David Powell (DP)
 Bethan Lewis (BL)
 Matthew Bunce (MB)
 Andrea Hague (AH)
 Francesca Carpanini (FC)
 Nicola Williams
 Huw Llewellyn
 Cath O'Brien
 Peter Sowerby
 Jessica Corrigan (JC)

Trust Chairperson
 Trust Chief Executive
 Director of Strategic Transformation, Planning & Digital
 Director of Corporate Governance and Chief of Staff
 Senior Programme Delivery and Assurance Manager
 nVCC Project Director
 TCS Programme Planner and Risk Advisor
 Executive Director of Finance
 Director of Service Transformation, Velindre Cancer Centre
 Senior Engagement & Communication
 Executive Director of Nursing, AHP's & Medical Scientists
 Director of Commercial and Strategic Partnerships
 Chief Operating Officer
 Senior Project Manager
 Secretariat

Apologies:

Hilary Jones

Independent Member

1.0	STANDARD BUSINESS	ACTION
1.1	Welcome & Introductions SHarries welcomed attendees to the meeting.	
1.2	Apologies for Absence Apologies were noted as above.	
1.3	Declarations of Interest No declarations of interest were received.	
1.4	Previous Minutes The papers were taken as read. The minutes were confirmed to be an accurate record of the meeting on 21 st September 2021 and were approved .	

<p>1.5</p>	<p>Action Log</p> <p>SHarries noted that actions 98, 102, 103, 104, 105 and 106 were marked as closed.</p> <p>Re Action 98, it was noted that: An update has been received that the Integrated Audit Plan for nVCC is funded through the business case by Welsh Government and is not part of a wider Internal Audit budget for large schemes across Wales. As such, the costs are scrutinised through that process. An Integrated Plan is developed specifically for each scheme based upon the level of audit and assurance that is deemed appropriate throughout the life of project and calculated based upon the estimated number of audit days required. Capital and Estates audit and large capital schemes, that the Wales specific level of experience and expertise provided is not really comparable to any other provider. We only recover our costs.</p> <p>It was agreed this action was appropriately marked as closed.</p> <p>Action 107: It was agreed as this action is within the remit of CCLG this action will be marked as closed.</p> <p>All closed actions were approved.</p>	
	<p>PROGRAMME GOVERNANCE</p>	
<p>2.1</p>	<p>TCS Finance Report</p> <p>It was highlighted there is a small overspend of £0.124m for the Integrated Radiotherapy Solution (IRS) Project. This overspend will be managed within the Transforming Cancer Service Programme.</p> <p>It was also highlighted a small overspend within revenue, there is a forecast of £0.017m. This will be managed within the overall budgets.</p> <p>The Sub-Committee Noted the Paper.</p>	
<p>2.2</p>	<p>TCS Programme Risk Register</p> <p>The TCS Programme Risk Register report was presented. It highlighted the latest risk position for the TCS programme and projects, and the changes and updates to the project risks and issues.</p> <p>It was emphasised that IO54 which relates to programme resources has been brought down to a medium rating.</p> <p>It was highlighted that the issue relating to Project 5 – Outreach has been closed and superseded by the programme issue (IO61).</p> <p>It was confirmed once Project 6 - Service Delivery & Transition starts progressing again these risks will be transferred across to Velindre Futures.</p>	

	<p>GJ emphasised his concerns regarding the lack of resources. DM also highlighted the concerns regarding the lack of resources on behalf of HJ. It was established the lack of resources links to the issues updated in the report which has been confirmed as being escalated. A paper will be provided on the resource risk and issues during the November TCS Programme Scrutiny Sub-Committee. The resource issues are being included in the financial strategy to the next Trust Board meeting.</p> <p>The Sub-Committee Noted the Paper.</p>	CJ
PROGRAMME DELIVERY		
3.1	<p>TCS Programme Managers Update</p> <p>The report highlighted a brief update from the latest CCLG meeting. The Cardiff Cancer Research Hub at UHW are drafting the first proposal. CJ confirmed a full update will be provided at the TCS Programme Scrutiny Sub-Committee.</p> <p>The Senior Programme Delivery and Assurance Manager for TCS are currently drafting a series of change controls. These will be received by the November Programme Delivery Board for discussion and approval. It was confirmed this will appear in the Programme Delivery Board not Trust Board in November. It was confirmed the changes do not impact Board governance.</p> <p>DM confirmed at the RD&I Committee several concerns were raised regarding the R&D Hub. These concerns related to IP and methodology functions. DM wanted to ensure CJ is aware of these concerns to ensure it is fed back to the team. Further discussions will be held outside of this committee.</p> <p>The Sub-Committee Noted the Paper.</p>	CJ
4.0	PROJECT DELIVERY	
	Project 1: Enabling Works & Project 2: New Velindre Cancer Centre	
4.1	<p>Research, Development & Innovation</p> <p>This agenda item was removed from the agenda. The Research, Development and Innovation paper will be discussed at the Research, Development and Innovation committee first.</p>	
4.2	<p>Charity Interface</p> <p>Velindre Charity and nVCC Project Team are developing an opportunity for fundraising and are developing a list of potential projects. An engagement process with VCC staff was due to take place in September to identify staff ideas and preferences for this opportunity. Once this engagement exercise has completed, the nVCC Project and Velindre Charity will consider the responses and report back on those fundraising priorities identified.</p>	

	The Sub-Committee Noted the Paper.	
4.3	<p>Children's & Young Persons Engagement (Minecraft)</p> <p>The paper outlines the Children's & Young Persons Engagement (Minecraft) competition. The competition winners will have the opportunity to be involved in the design process and they will be able to meet the designers.</p> <p>The competition winners and runners up have been awarded.</p> <p>The Sub-Committee Noted the Paper.</p>	
4.4	<p>Collaborative Centre – Update</p> <p>The collaborative centre has managed to secured funding for the business case, over the last 6 months they have combined the collaborative centre with the core learning centre brief. This brief will allow for development and learning opportunities and build partnerships.</p> <p>The Sub-Committee Noted the Paper.</p>	
4.5	<p>Wellbeing & future generations Act (WBFGA) – new Velindre Cancer Centre Status report</p> <p>The Wellbeing & future generations Act (WBFGA) report outlines the work undertaken to date. This report notes the next steps for the service change element which is being taken forward by Velindre Futures. It was noted the great progress made so far.</p> <p>The Sub-Committee Noted the Paper.</p>	
	Project 4 – Radiotherapy Satellite Centre	
4.6	<p>FBC Timeline Update</p> <p>A verbal update was given on the FBC timeline. It has been identified there could be a potential 6 month delay due to the rescheduling of the programme. The programme has been rescheduled from December 2023 to June 2024. A full report will follow in due course.</p> <p>The Sub-Committee Noted the verbal update.</p>	
4.7	<p>Nuffield Trust Recommendations: Progress</p> <p>The Sub-Committee received and reviewed this report, and noted in particular the following:</p> <p>Recommendation 1: the scope has been agreed for the “developing the cancer system” aspect of this recommendation. A workshop is due to take place in</p>	

	<p>January which will hopefully be chaired by an external facilitator. Public Health Wales, all Health Boards and the cancer networks will be attendance.</p> <p>Recommendation 3: reference was made work taking place in terms of unscheduled and acute care, both internally and externally, and to the approval of the AOS business case.</p> <p>Director of Planning from Aneurin Bevan has been identified as the SRO. It was noted good progress is being made.</p> <p>The Sub-Committee Noted the Paper.</p>	
5.0	ENGAGEMENT & COLLABORATION	
5.1	<p>Communications & Engagements</p> <p>The Sub-Committee Noted the Paper.</p>	
8.0	DATE AND TIME OF NEXT MEETING	
	22 nd November 2021 at 10.30am via Microsoft Teams.	

Acronyms:

CCLG – Cancer Collaborate Leadership Group
 nVCC – New Velindre Cancer Centre
 AOS – Acute Oncology Service

TCS Programme Scrutiny Sub-Committee

November 2021

Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
108	A paper will be provided on the resource risk and issues during the November TCS Programme Scrutiny Sub-Committee (25/10/2021 – 2.2)	Carl James	25/10/2021	22/11/2021	Paper to be presented during November TCS Programme Scrutiny Sub-Committee	CLOSED
109	The Cardiff Cancer Research Hub at UHW are drafting the first proposal. A full update will be provided at the TCS Programme Scrutiny Sub-Committee. (25/10/2021 – 3.1)	Carl James	25/10/2021		Governance route is currently being confirmed in parallel with Cardiff and Vale UHB and Cardiff University with the aim to bring the service specification to January Trust Board having gone through appropriate process.	

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2021-22 OCTOBER 2021

DATE OF MEETING22nd November 2021**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE INDICATE
REASON**

Not Applicable - Public Report

PREPARED BY

Mark Ash, Assistant Project Director

PRESENTED BY

Mark Ash, Assistant Project Director

EXECUTIVE SPONSOR APPROVED

Matthew Bunce, Executive Director of Finance

REPORT PURPOSE

FOR NOTING

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

N/A

Choose an item.

ACRONYMS

TCS	Transforming Cancer Services
Trust	Velindre University NHS Trust
PBC	Project Business Case
PMO	Programme Management Office
EW	nVCC Enabling Works
nVCC	New Velindre Cancer Centre
WG	Welsh Government
IRS	Integrated Radiotherapy Solution
SDT	Service Delivery and Transformation

1. PURPOSE

- 1.1 The purpose of this report is to provide a financial update to the TCS Programme Delivery Board for the financial year 2021-22, outlining spend to date against budget as at Month 07.

2. BACKGROUND

- 2.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following the completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.
- 2.2 As at March 2021, the Cabinet Secretary for Health, Well-being and Sport, had approved capital and revenue funding for the TCS Programme and associated Projects of £20.710m and £1.678m respectively.
- 2.3 Included in this approval was funding for the IRS Project (Project 3a). The PBC for this project was endorsed by WG in 2019-20, providing capital funding of £1.110m from July 2019 to December 2022. The provision was £0.250m in 2019-20, £0.548m in 2021-22, and £0.312m in 2021-22.
- 2.4 In addition to WG funding, NHS Commissioners agreed in December 2018 to provide annual revenue funding towards the TCS Programme. £0.400m was provided in the initial year of 2018-19, with £0.420m annually thereafter.
- 2.5 Further revenue funding was provided by Trust in 2019-20 and 2020-21 from its own baseline revenue budget. Funding of £0.060m and £0.030m respectively was provided for nVCC Project Delivery (previously provided by WG until March 2019). Another £0.039m (2019-20) and £0.166m (2020-21) was provided to cover the costs of staff secondment from Velindre Cancer Centre.
- 2.6 The total funding and expenditure for the TCS Programme and associated Projects by the end of March 2021 was £23.923m: £20.710m Capital, £3.213m Revenue.

3. FUNDING

- 3.1 Funding provision for the financial year 2021-22 is outlined below.
- 3.2 In August 2021, the Trust Board approved that the nVCC Project provide interim funding of **c£0.350m** to the EW Project. The funding is to support the work packages associated with tree and vegetation clearance (c£0.250m) and site management and security (c£100k). The EW Project will secure this funding from the approval of its FBC in January 2022. The Project(s) financial plans will be updated in November 2021.
- 3.3 To date no revenue funding has been provided by WG. The Trust has provided revenue funding of **£0.084m**.

Description	Funding	
	Capital	Revenue
Programme Management Office There is no capital funding requirement for the PMO at present Allocation from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management Allocation from WG 2021-22 revenue pay award funding	£ nil	£0.246m £0.240m £0.006m
Project 1 – Enabling Works for nVCC Capital funding from WG was provided on 24 March 2021	£0.346m £0.346m	£ nil
Project 2 – New Velindre Cancer Centre Capital funding from WG was provided on 24 March 2021 The Trust has provided revenue funding for Project Delivery The Trust has provided revenue funding for the Judicial Review	£3.365m £3.365m	£0.084m £0.026m £0.058m
Project 3a – Radiotherapy Procurement Solution Final 9 months of a 28 month project, running from 1 st August 2019 to 31 st December 2021, with a funding allocation of £0.312m for 2021-22 from an overall funding allocation of £1.110m Additional funding provided by the Trust for the Project's increased legal costs	£0.460m £0.312m £0.148m	£ nil
Project 4 – Radiotherapy Satellite Centre The project is led and funded by the hosting organisation, Aneurin Bevan University Health Board; no funding requirement is expected from the Trust for 2021-22	£ nil	£ nil
Project 5 – SACT and Outreach Funding has been requested for this project however none has been provided to date	£ nil	£ nil

Description	Funding	
	Capital	Revenue
Project 6 – Service Delivery, Transformation and Transition Allocation from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management Funding provided from the Trust's core revenue budget towards the costs of the Project Director post and the Project Manager post Allocation from WG 2021-22 revenue pay award funding	£ nil	£0.305m £0.180m £0.116m £0.009m
Project 7 – VCC Decommissioning No funding requested or provided for this project to date	£ nil	£ nil
Total funding provided to date	£4.170m	£0.635m
	£4.805m	

4. FINANCIAL SUMMARY AS AT 31ST OCTOBER SEPTEMBER 2021

4.1 The summary financial position for the TCS Programme for the year 2021-22 is outlined below:

- **CAPITAL** spend is **£1.549m** with a forecast outturn of **£4.283m**; and
- **REVENUE** spend is **£0.374m** with a forecast outturn of **£0.652m**

TCS Programme Budget & Spend 2021-22						
CAPITAL	Cumulative to Date			Financial Year		
	Budget to Oct-21 £	Spend to Oct-21 £	Variance to Oct-21 £	Annual Budget £	Annual Forecast £	Annual Variance £
PAY						
Project Leadership	110,281	101,062	9,219	193,000	186,382	6,618
Project 1 - Enabling Works	100,000	124,162	-24,162	100,000	216,011	-116,011
Project 2 - New Velindre Cancer Centre	377,828	376,870	958	1,008,500	988,600	19,900
Project 3a - Radiotherapy Procurement Solution	188,900	201,393	-12,493	204,113	320,392	-116,280
Capital Pay Total	777,009	803,487	-26,478	1,505,613	1,711,386	-205,773
NON-PAY						
nVCC Project Delivery	23,870	19,048	4,822	78,500	78,500	0
Project 1 - Enabling Works	131,250	130,553	697	245,500	406,945	-161,445
Project 2 - New Velindre Cancer Centre	480,363	466,364	13,999	2,084,500	1,829,887	254,613
Project 3a - Radiotherapy Procurement Solution	132,528	129,492	3,035	255,728	255,803	-76
Capital Non-Pay Total	768,010	745,458	22,553	2,664,228	2,571,136	93,091
CAPITAL TOTAL	1,545,019	1,548,945	-3,926	4,169,840	4,282,522	-112,682

REVENUE	Cumulative to Date			Financial Year		
	Budget to Oct-21 £	Spend to Oct-21 £	Variance to Oct-21 £	Annual Budget £	Annual Forecast £	Annual Variance £
PAY						
Programme Management Office	119,679	119,679	0	224,833	224,833	0
Project 6 - Service Change Team	177,703	189,272	-11,570	304,633	320,974	-16,340
Revenue Pay total	297,381	308,951	-11,570	529,466	545,807	-16,340
NON-PAY						
nVCC Project Delivery	16,307	14,028	2,279	26,000	26,000	0
nVCC Judicial Review	43,000	43,000	0	58,000	58,000	0
Programme Management Office	0	8,100	-8,100	21,534	21,534	0
Project 6 - Service Change Team	0	155	-155	0	266	-266
Revenue Non-Pay Total	59,307	65,283	-5,976	105,534	105,800	-266
REVENUE TOTAL	356,688	374,235	-17,546	635,000	651,607	-16,607

5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 31ST OCTOBER 2021

CAPITAL SPEND

Project Leadership, Projects 1 and 2 Pay Costs

- 5.1 **WG Funded Staffing** - An in-year spend of **£0.602m** for posts funded by WG reflects the current position against a budget of **£0.588m**. There is a forecast spend of **£1.391m** for the year against a budget of **£1.302m**. The pay costs have been analysed by each element of the Project(s).

nVCC Project Delivery, Projects 1 and 2 Non-Pay Costs

- 5.2 **nVCC Project Delivery** - There is an in-year capital spend of **£0.019m** against a budget of **£0.024m** for project support and running costs for Projects 1 and 2. This is made up of office costs and document portal fees. The spend for this financial year is forecast to break even against a budget of **£0.079m**.

- 5.3 **Project 1 Enabling Works** - There is a cumulative capital spend to date of **£0.255m** against a budget of **£0.231m**, with a forecast spend for the year of **£0.623m** against a budget of **£0.346m**.

Work package	Spend to 31 st October 2021 £m	Forecast Annual Spend £m
Pay	£0.124	£0.216
Third Party Undertakings	£nil	
Technical Advisers	£0.101	
Works	£0.012	
Legal Advice	£0.017	
Enabling Works Reserves	£nil	
Non-pay	£0.130	£0.407
Total	£0.254	£0.623

- 5.4 **Project 2 - nVCC** - There is a cumulative capital spend to date of **£0.963m**, against a budget of **£0.968m**. The forecast spend for the years is **£3.084m** against a budget of **£3.286m**.

Work package	Spend to 31 st October 2021 £m	Forecast Annual Spend £m
Pay	£0.478	£1.175
Project Delivery costs	£0.019	£0.079
Competitive Dialogue – PQQ & Dialogue	£0.462	£1.695
Legal Advice	£0.012	£0.053
nVCC Reserves	-£0.008	£0.082
Non-pay	£0.485	£1.909
Total	£0.963	£3.084

Project 3a – Integrated Radiotherapy Procurement Solution

- 5.5 There is a cumulative capital spend to date of **£0.331m** (£0.201m pay, £0.129m non-pay) for the IRS Project against a budget of **£0.321m**. The Project is currently forecasting a spend of **£0.576m** (£0.320m pay, £0.256m non-pay) against a budget of **£0.460m**.
- 5.6 The Project delay and the Final Tender phase work have increased the project staff resource requirement for the Project, which is now forecast at £0.320m for 2021-22,

resulting in a **forecast overspend of £0.116m**. The plan is for the other TCS Projects and / or Trust discretionary capital funding to cover the increased pay costs for the IRS Project.

REVENUE SPEND

Programme Management Office

- 5.7 The PMO spend to date is **£0.128m** (£0.120m pay, £0.008m non-pay) against a budget of **£0.121m** (pay). The Project is currently forecast to break even in the financial year 2021-22 against a budget of **£0.246m** (£0.225m Pay, £0.021m Non-pay).

Projects 1 and 2 Delivery Costs

- 5.8 There is a revenue project delivery cost to date for the nVCC and Enabling Works Projects of **£0.014m** against a budget of **£0.016m**, with a budget and expected spend for the year of **£0.026m**. This spend relates to costs associated with office costs and project support, such as audit, training and Competitive Dialogue support.

nVCC Judicial Review

- 5.9 There is a cumulative to date revenue spend of **£0.043m** against a budget of the same for the legal advice to deliver the requirements of the judicial review process as the Trust is an interested party. The current budget and forecast spend for the year is **£0.058m**.

Project 6 – Service Delivery, Transformation and Transition (Service Change)

- 5.10 Service Change spend to date is **£0.189m** against a budget of **£0.178m**, made up of pay costs. The Project is currently forecasting a spend of **£0.321m** for the year against a budget of **£0.305m**. The overspend remains a financial risk to the outturn position for the Project, which the Project Team are working to mitigate.

6. Financial Risks & Issues

- 6.1 The forecast overspend of £0.116m (capital) for the IRS Project and £0.017m (revenue) for the Service Change Project remains a risk to the outturn position for the Programme, however it is anticipated that these overspends will be funded through other TCS programme underspends or Trust discretionary capital funding.

7. CONSIDERATIONS FOR BOARD

- 7.1 This report is included as an appendix to the Trust Board Finance Report.

8. IMPACT ASSESSMENT

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

9. RECOMMENDATION

- 9.1 The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2021-22 as at 31st October 2021.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme & Project Risk

DATE OF MEETING	22 nd November 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR
PRESENTED BY	BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR
EXECUTIVE SPONSOR APPROVED	CARL JAMES - DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING AND DIGITAL

	For Noting
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	16/11/21	Approved

ACRONYMS	
TCS	Transforming Cancer Services

1. BACKGROUND

- 1.1 Monthly reviews of the Project and Programme Risk Registers are undertaken with Projects and Risk Owners, where the current risk landscape/s - including new risks, ratings review, emerging risks, emerging / new issues, are discussed and scrutinised.
- 1.2 This report will provide an update on the latest risk position for the TCS Programme and Projects and will present risks that meet the threshold of a 'current score' of 12 and include the Risk Register as an appendix.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Note latest TCS Programme Risk Landscape.

3. IMPACT ASSESSMENT

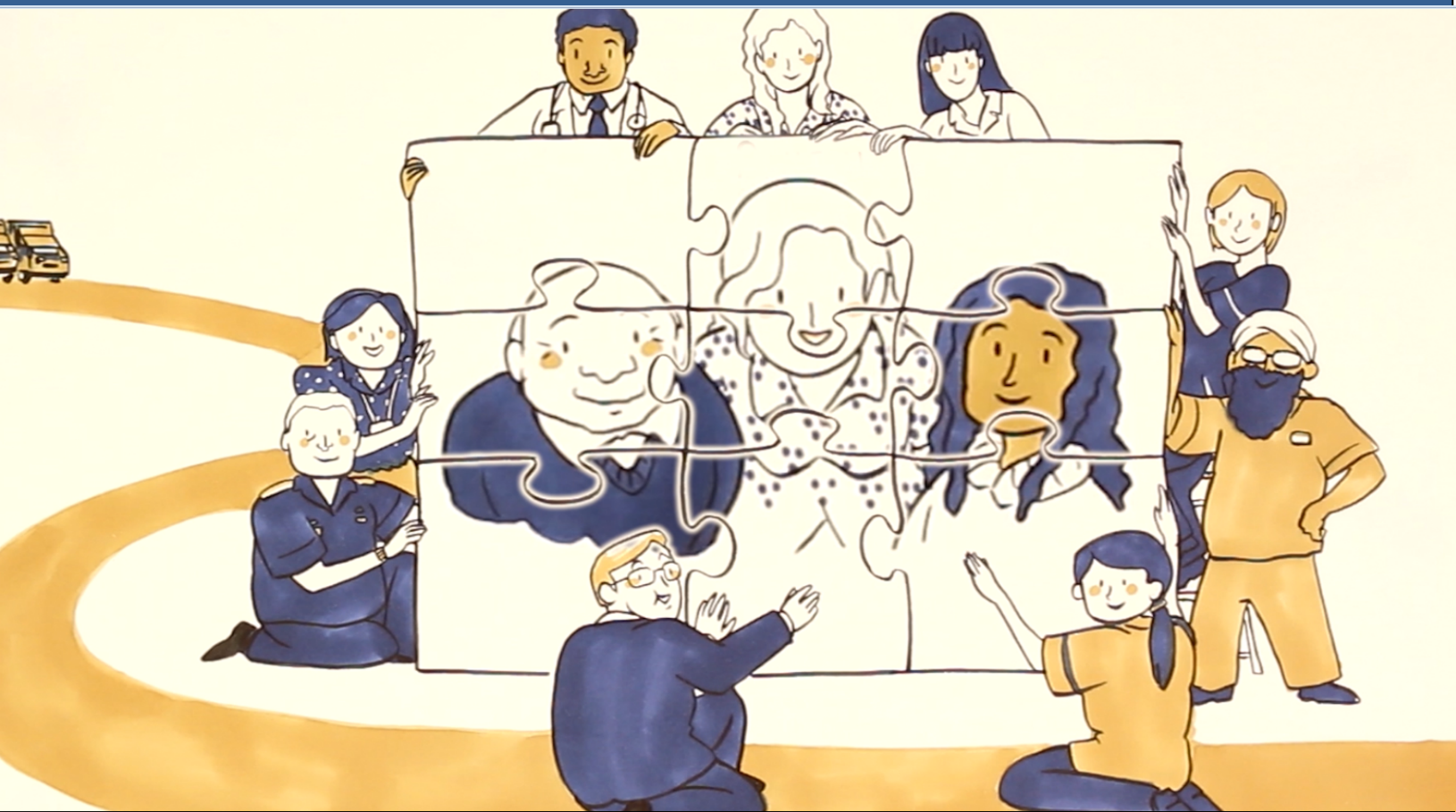
QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT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

4. RECOMMENDATION

4.1 The TCS Programme Scrutiny Sub-Committee Are asked to:

- **Note** the latest risk position for the TCS Programme and Projects
- **Note** changes and updates to Project Risks & Issues
- **Note** the latest PMO Risk Register

TRANSFORMING CANCER SERVICES PROGRAMME (South East Wales)



TCS Programme & Project Risk

Version 0.2

TCS Programme & Project Risk

DOCUMENTATION CONTROL SHEET

The source of the document will be found in the following location: Programme Management Shared Folder; Project Folders;

Document Version History:

Version Number	Date	Author	Summary of changes
0.1	08/11/2021	Bethan Lewis	Commencement of Document
0.2	12/11/2021	Bethan Lewis	Reviewed and minor amendments

Approvals

This document requires the following approvals:

Title / Group	Date	Version/Option
TCS Programme Delivery Board	16/11/2021	0.1

Distribution

This document has been distributed to:

Name	Title	Date	Version

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APPENDICES

APPENDIX 1: PMO RISK REGISTER – NOVEMBER 2021

APPENDIX 2: TCS PROGRAMME RISK REGISTER – NOVEMBER 2021

1.0 PROGRAMME & PROJECT RISK UPDATE – NOVEMBER 2021

- 1.1 The below tables provides the most up to date data in regards to risk across the TCS Programme and its Projects which continue to be monitored and updates provided to the Programme Delivery Board each month. There are currently 129 risks in the Programme Risk Register; Figure 1 below provides a view of the number of risks broken down by project and current risk rating. Figure 2 demonstrates the proportion of risks by rating, with the majority 49% currently rated as 'Amber' and 35% rated as 'Yellow'.
- 1.2 Having reviewed the lowest rated and oldest risks in the Risk Register all of the lowest rated 'green risks' are the oldest active risks dating from 2015-2019; the risks that remain open from this period are the lowest rated and have the least number of higher rated risks (Amber or Red) demonstrating that good and timely management of risks and controls has been undertaken. The active risks in the Register from 2020-2021 include the current highest rated risks as would be expected with a number of Projects being at particularly crucial stages. These highest rated risks have clear Action Plans in place to manage and mitigate and continue to be prioritised. Figure 3 provides the breakdown of the number of risks from across the Projects and Programme which would have an impact on any of the other Projects; as expected the nVCC Project has the highest number of risks which could impact that project owing to the various dependencies and reliance's across the Programme to ensure its Critical Path is maintained.

Figure 1: Breakdown of Risks Emerging from Project

Risks emerging from...Totals				
1. Enabling works for nVCC		39		
3	13	17	6	
3. Digital and Equipment		3		
0	3	0	0	
3a. IRS		27		
4	7	12	4	
5. SACT and Outreach		9		
2	6	1	0	
7. VCC Decommissioning		1		
0	0	1	0	
2. nVCC		20		
0	9	11	0	
4. Radiotherapy Satellite Centre		7		
0	5	2	0	
6. Service Delivery, Transformation and Transition		13		
2	10	1	0	
8. Programme		10		
0	10	0	0	
Totals				
129				
11		63		
45		10		

Figure 2: Proportion of Risks by Rating Score

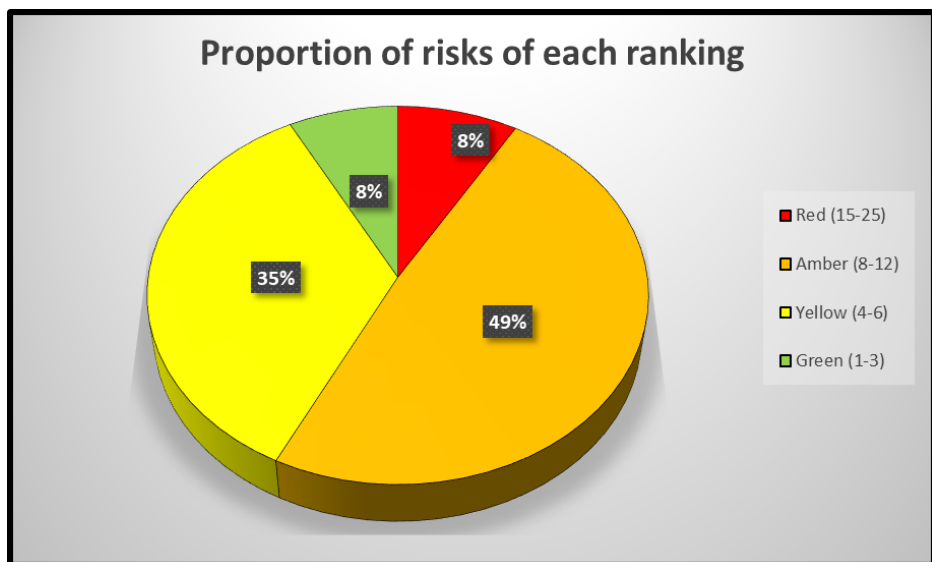
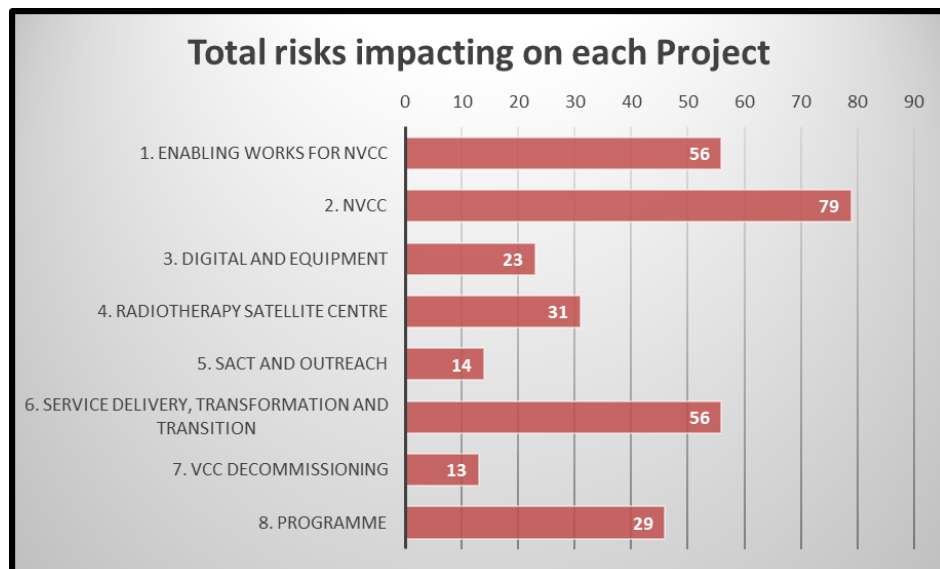


Figure 3: Breakdown of Risks Impacting upon Projects




2.0 TCS Projects Risk Update

- 2.1 Monthly reviews are undertaken with each of the projects to establish progress made and understand their latest risk position.

Projects 1 & 2 – Enabling Works for nVCC & nVCC

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	3	2	3	0	8
Issues	0	0	0	0	0

- There has been 2 new risks raised and 1 escalated risk for Project 1 (Enabling Works) in this reporting period.
- There have been 1 new risk raised and 2 closed risks for Project 2 (nVCC) in this reporting period.
- Of the new risks raised, none meet the threshold (current rating of 12) to report to the Programme Delivery Board.
- Detail of the escalated risk which now meets the threshold for reporting to Programme Delivery Board can be seen in the below table:

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R313	S278 Application There is a risk that the Section 278 application takes longer than expected to be approved, meaning that works traffic accessing the 'straight' TCAR are delayed, leading to a delay to construction and longer overall construction timeline.		Likelihood 3 Impact 4 Overall 12 <i>Previous risk score</i> <i>Likelihood 3</i> <i>Impact 3</i> <i>Overall 9</i>	Risk Owner – Mark Young Due to the time restrictions of 9 months for the availability of TCAR1 could come into force prior to TCAR2 becoming available. Outstanding mitigations: 1. Progress S278 application as quickly as possible.

Project 4 – Radiotherapy Satellite Centre (RSC)

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	0	1	0	0	1
Issues	0	1	0	0	1

- There has been 1 risk closed in the Project Risk Register in this reporting period.
- The Project issue has been closed and status update provided in the table below, project timelines will continue to be monitored through the Project risk register.

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
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AB – 2	Programme Delay / Impact of SMART Hospital	<ul style="list-style-type: none"> Stage 4 design process is estimated to be 3 weeks behind programme due primarily to changes to C sheets and the 1:200 layout. Compliance with the SMART Hospital Brief, if and when confirmed, could add a further 12 weeks to the design programme. Additional fee costs awaited. The changes and impact of SMART Hospital brief could exceed the FBC fees agreed by WG. 	CLOSED	<ul style="list-style-type: none"> Paper outlining additional costs for future proofing of the building and bunker design submitted by NWSSP-SES to WG has been approved. Revised timeline has been received by Kier & ABUHB, Project team continue to work through proposed timelines to see if any time back can be gained prior to timelines being approved. 	Andrea Hague / Andrew Walker	N/A
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Project 5 – Outreach

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	0	0	0	0	0
Issues	0	0	0	0	0

- There have been no changes to the Outreach Project Risk Register in this reporting period.
- Time scheduled with Project Risk Owner on 19th November

Project 6 – Service Delivery & Transition

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	0	0	0	0	0
Issues	0	0	0	0	0

- All of the Project 6 risks have been reviewed in regards to ownership and status. Recommendations for actions to be taken has been agreed and will be brought to Programme Board for approval in alignment with formal change request for Project 6 / scope of TCS Programme.

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	0	0	0	0	0
Issues	0	0	0	0	0

3.1 Having undertaken a review of the Programme risks there have been no changes to the risk ratings in the PMO Risk Register in this reporting period.

3.2 There has been no new issues raised; updates have been provided in relation to the 2 current Programme issues, detail of which can be seen in the below table:-

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I061	Programme Objectives & Key Dependency not met The Outreach Project has been placed 'on hold' and is not able to progress with its own objectives and as such has wider implications across the TCS Programme.	The objectives of the TCS Programme as outlined in the Programme Business Case will not be met, along with they key dependency on Outreach facilities being operational prior to the nVCC opening in order to meet the need and ability to provide SACT across SE Wales	High	The CEO along with Director of Finance is developing a medium term financial strategy which will consider the resourcing of additional project support alongside other investment requirements in the Trust which will be considered by the Trust Board over the next two months.	Steve Ham	03/12/21
I054	Programme Resource 1.0 WTE Band 4 Co-ordinator vacancy within PMO as a result of the internal promotion of the previous post holder	Lack of general administration support within the Programme Team, particularly in relation to providing secretariat support to the Programme Delivery Board.	Medium	Recruitment to post currently underway. Recruitment documentation submitted to proceed to external advert via Trac in Nov. Remaining PMO staff currently absorbing additional workload.	Carys Jones	30/11/21

3.4 The latest PMO Risk Register can be found in Appendix 1 to this report.

3.5 There are 21 risks in the November 2021 TCS Programme Risk Register with a current rating score of 12 and above, the detail of these can be seen in the Risk Register which is included as Appendix 2 to this report.

3.6 The Programme Delivery Board are asked to:

- Note changes to Project Risks & Issues
- Note the latest PMO Risk Register

4.0 Next Steps

- 4.1 Continue to work with Projects and Risk Owners to facilitate best risk management practices including completion of action due dates and quantification of risk cost where relevant.
- 4.2 Programme Risk Advisor has joined Weekly Risk Meeting with VCC and Trust colleagues to work on the implementation of the Risk Datix Module.

R302	04-Nov-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	<p>Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS</p> <p>Causes - Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives</p> <p>Consequences - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders</p>	12-Oct-21	<p>1) Agree clear scope and role of VF and its programme board.</p> <p>2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result.</p> <p>3) Communicate the scope of both and any implications for TCS</p> <p>4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making</p> <p>5) Understanding and agreement of key stakeholders within and outside the organisation.</p>	<p>1) Complete - VF scope & Board in place</p> <p>2) Complete - Interface issues mapped and aligned between VF, Strategic Infrastructure Board and Executive Management Board.</p> <p>3) Ongoing</p> <p>4) TBC</p> <p>5) TBC</p>	Carys Jones	3	30-Nov-21	Multiple Stages	Quality / Performance / Service Delivery	4	3	12	2	2	4	
R299	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	<p>Risk that due to the regional nature of the programme involving numerous organisational interfaces leads to increased difficulties of consensus and obtaining approvals.</p> <p>Causes - 5 different organisations as primary commissioners/ Each HB have slightly different cancer strategies to meet local needs / Levels of funding and investment available to support preferred option/improvements for cancer / Reliance on number of external parties to deliver outcomes and key activity / Projects and Programme not adequately aligned / Practicality and logistics of holding a single discussion to agree.</p> <p>Consequences - Delays to delivery of Programme and Project key activity / Reputational damage for Velindre Trust / Reduced potential for good patient outcomes and care.</p>	12-Oct-21	<p>1) Attended various committees, project and programme boards to update on programme progress and objectives</p> <p>2) Effective procurement and contractual processes in place</p> <p>3) Programme established with engagement of LHBs & CHCs</p> <p>4) Established Clinical Advisory Board</p> <p>5) Engagement events and workshops with HBs</p> <p>6) Engaged DoPs, DoF's in development of BCs.</p> <p>7) Establishment of regional forum CCLG</p> <p>8) PBC sign off OBC for nVCC</p>	<p>1) complete / ongoing</p> <p>2) complete</p> <p>3) complete</p> <p>4) complete</p> <p>5) complete</p> <p>6) complete</p> <p>7) complete - In addition to CCLG the Partnership Boards with C&V and Cwm Taf HBs have been established and the establishment of Partnership Board with ABUHB is underway</p> <p>8) complete</p>	Carl James			Multiple Stages	Timescale	3	3	9	3	2	6	
R281	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	<p>There is a risk of changing political support for the Programme on a Local and National level resulting in potential delays to legal/regulatory approvals.</p>	12-Oct-21	<p>1) PMO team continue to monitor and engage as part of development of programme wide comms</p>	<p>1) Projects 1 & 2 continue to monitor risks associated with May 2021 elections and continue to engage with Local MPs & AM's as part of their Comms plans.</p> <p>OBC approval from WG on the 19th March Tender issued on Sell2Wales Ongoing political support from Labour & Plaid Cymru</p> <p>Labour Government majority in the Senedd and no change in direction indicated in MIM policy or support for Programme / Project</p>	Bethan Lewis			Multiple Stages	Reputation / Political	2	4	8	2	4	8	
R283	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	<p>There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes constituent projects. Risks relating to project procurement, financing and the effectiveness of supply chains may lead to project delays and additional costs.</p>	12-Oct-21	<p>1) Regular review of risk and Brexit implications from a Programme risk perspective.</p> <p>2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda.</p> <p>3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan.</p> <p>4) Close engagement with prospective bidders or suppliers to identify risks in advance.</p>	<p>1) Ongoing - Programme level risk is unlikely at this stage but could be subject to change if Projects are coming across issues relating to cost/availability which would impact Critical Path & Master Plan.</p> <p>2) Ongoing - The 3 Projects which could be sensitive to Brexit impacts continue to monitor and review as they progress along their individual procurement processes.</p> <p>3) Ongoing - programme team reviewing project plans with project teams ensuring accurate reflection of timescales and dependencies in Master Programme Plan.</p> <p>4) Will be done at appropriate time during tender processes</p>	Bethan Lewis			Multiple Stages	Quality / Performance / Service Delivery	2	4	8	4	2	8	
R296	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Steve Ham	<p>Risk that there is a lack of funding in place / allocated to deliver the projects and programme</p> <p>Causes - WG decide not to fund all/part costs / WG does not have sufficient funding to meet the needs of the programme/projects / Commissioners unable to support revenue requests partially or fully. / Political / Government priority changes re capital funding of key infrastructure projects / Uncertainty from Brexit in regards to key aspects of programme activity (procurement, supply chain, MIM) / Increase in costs stemming from uncertainty caused by Brexit.</p> <p>Consequences - Increased costs for Projects / Programme / Reduction in available funds leading to the need to review & realign intended outcomes / deliverables / Delays to programme timescales / Full programme benefits not realised / only partial benefits realised / Early programme closure / full objectives and aims not delivered / Impact across wider organisation of not being able to undertake other high risk capital scheme / Loss of staff and knowledge base</p>	12-Oct-21	<p>1) Established Programme Governance with agreed forecasted costs for the programme and each project</p> <p>2) Agreed funding sources and streams with WG and Commissioners</p> <p>3) WG have provided funding commitment to funding of key infrastructure projects</p> <p>4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contracts</p> <p>5) Agreed financial management and cost control arrangements in place</p> <p>6) Issuing up to date forecast costs to WG to enable medium term capital planning at WG level</p> <p>7) Briefing WG Director General and Programme Sponsor well in advance</p> <p>8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements for programme</p>	<p>1) complete</p> <p>2) complete</p> <p>3) complete</p> <p>4) ongoing</p> <p>5) complete</p> <p>6) ongoing</p> <p>7) TBC</p> <p>8) complete - Commissioner support for revenue funding.</p> <p>In addition OBCs for Projects 1,2 & 4 have been approved.</p>	Carys Jones	6) 7)		Multiple Stages	Cost	2	4	8	2	2	4	

R268	17-Jan-20	Jacqui Couch	4. Radiotherapy Satellite Centre		X	X			X					Andrea Hague	There is a risk that as the IRS Project needs to be phased in parallel with RSC Project, due to overlapping timeframes and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.	18-Oct-21		1) RSC project requires a clear view IRS Project Risk landscape and links between the 2 projects in terms of risk registers and project plans 2) Ensure design is flexible and futureproof to allow for IRS solution 3) Review impact of delays to IRS Project on RSC Timeline	1) There is consistent membership sits on both project boards to provide oversight on progress across both 2) Shared Services have submitted paper to WG outlining the increased costs for futureproofing the bunker and the infrastructure for SMART requirements, waiting for reply from WG. 3) Timelines continue to be regularly reviewed by Project Team	2) Kier / ABUHB	2	19-Nov-21	Multiple Stages	Timescale	4	3	12	2	2	4
R273	30-Jun-20	Jacqui Couch	5. SACT and Outreach		X				X					Nicola Williams	There is a risk that the projected growth assumptions for outreach delivery of SACT, ambulatory care and outpatients is less than will be required, leading to undersized locations.	18-Aug-21		1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirements will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirements will be undertaken.	1) Re-run of projections has been completed and growth assumptions understood, the outputs will then be used to feed into each of the different Outreach locations ensuring they are suitably sized. 2) Paper will be taken to Project Board and Programme Delivery Board	Jacqui Couch / Carys Jones	2	16-Sep-21	Service Delivery	Quality / Performance / Service Delivery	3	4	12	2	3	6
R274	30-Jun-20	Jacqui Couch	5. SACT and Outreach							X				Nicola Williams	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of the outreach project	31-Aug-21		1) Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	1) Ongoing as and when required	Project Board	N/A	N/A	Service Delivery	Quality / Performance / Service Delivery	3	4	12	1	3	3
R279	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	X	Lauren Fear	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependent links are not communicated effectively and the wider networked clinical model not understood.	10-Nov-21		1) Revise TCS website 2) Improve internal TCS teams Comms 3) Improvements to intranet 4) Improvements to the link between Programme Governance and Comms	1) Completed - TCS website moved onto MURA platform 2) Completed - Comms team have recruited to support TCS Programme 3) Work to makes intranet improvements continues, scope of this work is vast and Comms team continue to make progress as per capacity 4) Ongoing work with further evaluation of process and protocols to ensure efficacy	Non Gwilym	3	14-Jan-22	Multiple Stages	Reputation / Political	4	3	12	2	2	4
R282	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	X	Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	12-Oct-21		1) Regular review and update of Project Plans 2) Update Programme Master Plan to reflect any project changes 3) Review and reporting on Master Plan to PDB and Scrutiny committee	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. Complete 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity Complete 3) Ongoing	Bethan Lewis	n/a	n/a	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	2	4
R295	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	X	Tom Crosby	Risk that Clinical Model does not meet required Business needs Causes - Patient need has changed / Medical & tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand Consequences - Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services	12-Oct-21		8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (acute oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health Boards and subsequently to WG with a comprehensive strategic plan for the realisation of the programme investment objectives and benefits.	8) Established Velindre Futures clinical plan to refresh clinical service model 9a) AOS case approved by Velindre University NHS Trust and Cardiff LHB Board September 2021. Expected to go to Aneirin Bevan and Cwm Taf LHBs in November 2021 for approval. Project manager appointed and detailed project plan being developed 9b) Unscheduled care workstream established within Velindre Futures and working through action plan. Velindre @UHW Project established with UC workshops planned for 8th Sept & 15th Sept. Final clinical service spec to be completed be end of October 21. 10) Leadership of 4 medical directors at regional level to address key outstanding areas - agreement of clinical model and acceptance of recommendation of Nuffield Report - Compete & work ongoing 11) Seek external expertise in design of remaining areas Complete - Trust & HB partners have onboarded external expertise 12) Seek seats on local health board cancer services - Complete Partnership Boards in place with Cardiff and Vale and Cwm Taf. Velindre University NHS Trust offered seat on Aneuririn Bevan LHB	Carl James	9a) 9a) 30/11/21 9b) 29/10/21	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	2	4	
R297	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	X	Sarah Morley	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs. Causes - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate. Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients	18-Oct-21		1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied 2) Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 3) Clarity of expectations for workforce team involvement 4) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 5) Workforce team to support service to ensure the right people are available and allocated to support	1) Service plans are being developed through VCC Projects and under Velindre Futures workstreams. Ongoing 2) Workforce planning capability being recruited in WOD to support development of plans. Workforce planning toolkit and methodology in place and signed off by Trust Ongoing 3) Role clarity to be defined following completion of service plan Ongoing 4) WOD Team route of engagement with changing programme delivery landscape and VF is being established 5) Currently WOD team supporting in the completion of baselining current workforce to support further planning and supporting initial recruitment in IRS	1) Service Leads 2) Head of Workforce 3) Service Leads 4) Head of Workforce 5) Service Leads/Senior Business Partner VCC	4	Dec 2021	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	1	2
R298	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	X	Lauren Fear	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians) Causes - Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change Consequences - WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits	10-Nov-21		1) Communications / stakeholder engagement plan in development 2) Dedicated webpage for TCS Programme 3) Variety of stakeholder events held over a number of years 4) Clinical workshops held throughout Programme lifetime 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs 8) Monthly meeting with WG Head of Capital and Director General. 9) Engagement with local community	1) completed - Plans are in place and being implemented working with both nVCC & RSC Project teams and Project Boards 2) Better use of technology being reviewed and rolled out to share key messages 3) Variety of stakeholder events held over a number of years - complete 4) Clinical workshops held throughout Programme lifetime - ongoing 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - ongoing 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - ongoing through CCLG 8) Monthly meeting with WG Head of Capital and Director General - ongoing 9) Ongoing with further meetings planned on a regular basis as per Programme and Project milestones	Non Gwilym	n/a	n/a	Multiple Stages	Reputation / Political	4	3	12	2	2	4

R302	04-Nov-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	<p>Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS</p> <p>Causes - Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives</p> <p>Consequences - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders</p>	12-Oct-21		<p>1) Agree clear scope and role of VF and its programme board.</p> <p>2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result.</p> <p>3) Communicate the scope of both and any implications for TCS</p> <p>4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making</p> <p>5) Understanding and agreement of key stakeholders within and outside the organisation.</p>	<p>1) Complete - VF scope & Board in place</p> <p>2) Complete - Interface issues mapped and aligned between VF, Strategic Infrastructure Board and Executive Management Board:</p> <p>3) Ongoing</p> <p>4) TBC</p> <p>5) TBC</p>	Carys Jones	3	30-Nov-21	Multiple Stages	Quality / Performance / Service Delivery	4	3	12	2	2	4
R342	08-Sep-21	Gavin Bryce	3a. IRS									Gavin Bryce	<p>There is a risk that as the nVCC Competitive Dialogue clashes with the IRS Final Tender evaluation, there is pressure on resource availability leading to delays in finalising the evaluation process</p>	09-Nov-21		<p>1) Understanding of which staff and resource are impacted to explore availability and potential impact of this to the Project</p>	<p>1) Work has started</p>	Gavin Bryce	1	05-Nov-21	Procurement	Timescale	4	3	12	2	3	6
R304	10-Dec-20	Craig Salisbury	1. Enabling works for nVCC	X	X							X	<p>Railway cutting PROW</p> <p>There is a risk that an application to create a public right of way in the railway cutting might affect the project's ability to use it for a TCAR, leading to delays to enabling works construction</p>	08-Nov-21	£600k	<p>1. Divert PROW.</p>	<p>1. Allowance has been made for handling correctly the newly established public right of way through the railway cutting, that affects the proposed enabling works. We will ensure that we will comply with all necessary timelines for planning, advertisement and enactment of the public right of way diversion to all of the enabling works to proceed uninhibited by this. Timely application to Cardiff CCC will be undertaken. This has been documented on the project plan for the enabling works which is being discussed regularly by PLT. Liability issues and timing to be looked at closely.</p> <p>- Ongoing in continual talks with Cardiff CC regarding any diversions that will be required</p>	Mark Young	n/a	n/a	Construction	Timescale	4	3	12	2	2	4
R313	11-Jan-21	Mark Young	1. Enabling works for nVCC	X	X							Mark Young	<p>S278 Application</p> <p>There is a risk that the Section 278 application takes longer than expected to be approved, meaning that works traffic accessing the 'straight' TCAR are delayed, leading to a delay to construction and longer overall construction timeline.</p>	08-Nov-21		<p>1. Progress S278 application as quickly as possible.</p>	<p>This application process has started.</p> <p>1. Impact increased due to TCAR1 not being available</p>	Mark Young	1	Ongoing	Construction	Timescale	3	4	12	2	3	6

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Programme resourcing

DATE OF MEETING	22 nd November 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Carl James, Director of Strategic Transformation, Planning and Digital
PRESENTED BY	Carl James, Director of Strategic Transformation, Planning and Digital
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning & Digital

REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME

ACRONYMS	
CCLG	South East Wales Cancer Collaborative Leadership Group
LHBs	Local Health Boards
VT	Velindre University NHS Trust

1. PURPOSE

- 1.1 The purpose of this paper is to provide an update on the resourcing of the TCS Programme.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The TCS Programme is well established and moving from the planning stage into the delivery stage, with many of its projects well advanced. The scale and complexity of the programme has determined that additional resources have been required over a period of time to lead and deliver the work required. This has presented a number of risks which can be broadly summarised as the ability to recruit people with the required skills and expertise; the ability of Velindre Cancer Centre to manage the demands of core service delivery whilst finding the required time to input into the programme; and the ability to fund the additional requirements.
- 2.2 The Trust, like all health organisations is working within defined budget and any major change programmes present a challenge. This has been exacerbated by the Covid-19 pandemic which has required a significant focus on managing the Trusts response to it whilst maintain progress with the TCS programme.
- 2.3 The TCS Sub-Committee has raised the issue of programme resourcing on a number of occasions as there are a number of risks (R272, R317, R208 and R210) which have remained with a high risk rating for a prolonged period. Each of these risks have subsequently been re-assessed.
- 2.4 The resources required for each, together with the funding source is set out In Table 1 below.

Table 1

Risk No	Risk	Capacity Gap	Proposed Solution	Funding Source	Decision expected	Remaining Gap (current/future)
272	Lack of project support (SACT & Outreach)	<ul style="list-style-type: none"> 1 x Project Manager 1 x Administrative support 	<ul style="list-style-type: none"> 1 x Project Manager 0.5 administrative support Potential realignment of clinical planning and technical expertise (nursing and pharmacy)(needs agreement with Velindre Futures Programme) 	5 year Trust investment strategy	November 2021	<p>Current Gap still remains regarding clinical input (leadership (2 sessions per week) and technical expertise (2 sessions per week. _ No gap to complete the planning phase</p> <p>Future Will be identified in once work completed and funded via WG Capital and commissioner revenue support</p>
317	Insufficient availability of people will lead to delays in the solutions (IRS)	<ul style="list-style-type: none"> 1 x Administrative support Clinical time Commercial Director (on sabbatical) 	<ul style="list-style-type: none"> 1 x Administrative support in place Commercial Director (on sabbatical) Clinical time will be set out in resource requirements in FBC 	<p>OBC</p> <p>Within core revenue funding</p> <p>FBC Welsh Government and additional Covid monies to</p>	<p>Completed</p> <p>None required</p> <p>March 2022</p>	<p>Current No capacity gap to conclude procurement process up to contract award</p> <p>Future Resources required for implementation of IRS will be set out within FBC and funded by the Welsh Government</p>

Risk No	Risk	Capacity Gap	Proposed Solution	Funding Source	Decision expected	Remaining Gap (current/future)
				recruit staff to increase capacity on core service delivery		
210	Lack of dedicated resources to support service transformation	<ul style="list-style-type: none"> Clinical transformation leadership Clinical time Project managers Administrative support 	<p>Velindre Futures Programme will assume responsibility. It has received additional funding to support including:</p> <ul style="list-style-type: none"> Clinical Transformation Lead Establishment of Programme Officer with project managers and administrative staff 	Trust	None required	<p>Current Further work required to determine any additional capacity required in VF as it takes responsibility for Clinical Transformation</p> <p>Future As above. The funding source would be one/all of:</p> <ul style="list-style-type: none"> Trust Welsh Government (FBCs for nVCC and IRS) Health Board commissioners (i.e. through business case approval and/or uplift in contracted activity)

- 2.5 Notwithstanding the position set out in Table 1, effectively resourcing such an ambitions and complex change programme will remain a constant challenge for the Trust. Outside of the immediate risks considered in Table 1 sit a number of other areas of work that will potentially require additional investment now and over coming years. These include:
- i. Velindre University NHS Trust role within the South East Wales Cancer Collaborative Leadership Group. The TCS Programme Team has been facilitating the CCLG programme of work for the past two years. This is not considered to be sustainable moving into 2022/2023 due to additional work commitments falling out of the Nuffield Trust recommendations.
 - ii. Delivery of the Nuffield Trust report recommendations. The Director of Transformation, Planning and Digital and TCS Programme Office team have been leading and coordinating the delivery of a number of key recommendations set out with the report including:
 - Velindre@UHW Research hub: a significant piece of work which requires service development; business case development; and implementation planning.
 - Velindre@UHW unscheduled care: a piece of work which requires service mapping and improvement work and implementation planning.
 -
 - Velindre@UHW hemato oncology: the review of possible opportunities for improved alignment across Cardiff.
 - iii. Acute Oncology Services: the development of the regional model of care, business case and supporting implementation.
- 2.6 Investment requirements to support the continued delivery of the work set out above have been identified and are being considered as part of the Trusts' five year investment strategy. Additional resources will ease the current pressure but may still not be sufficient to support the current and wider work packages.

3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

4.1 The TCS Programme Scrutiny Sub-Committee is asked to:

- (i). **note** the risks and potential mitigating actions related to the programme and projects;
- (ii). review resource requirements further following the expected investment decisions in November/December 2021.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME MANAGERS REPORT

DATE OF MEETING	22 nd November 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	
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PREPARED BY	Carys Jones, Senior Programme Delivery & Assurance Manger
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PRESENTED BY	Carys Jones, Senior Programme Delivery & Assurance Manger
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EXECUTIVE SPONSOR	Carl James, Director of Strategic Transformation, Planning & Digital
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
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n/a	n/a	n/a
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ACRONYMS

CCLG	Collaborative Cancer Leadership Group
nVCC	new Velindre Cancer Centre
OBC	Outline Business Case
PMO	Programme Management Office
PMP	Project Master Plan
RSC	Radiotherapy Satellite Centre
TCS	Transforming Cancer Services
VCC	Velindre Cancer Centre
WG	Welsh Government

1. SITUATION / BACKGROUND

- 1.1 The TCS Programme will deliver a range of outcomes and benefits for patients across South East Wales. The Programme has been established since 2015 and consists of seven defined projects that are being delivered by the Trust in conjunction with its various partners / stakeholders.
- 1.2 This report provides a summary update against wider TCS Programme matters only. Details pertaining to the specifics of the constituent Projects within the Programme are captured in their respective Highlight Reports also reported at the same Programme Delivery Board (PDB). A brief update against the elements of each project which impact upon the wider programme and Master Programme Plan are contained at the end of this report.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The report is set out in the following way:
 - a) External updates
 - b) Internal Programme updates
 - i. Wider Programme updates
 - ii. Notable Updates from the Seven Projects affecting the Programme
 - iii. Master Programme Plan (see also the separate agenda item)

3. EXTERNAL PROGRAMME ARRANGEMENTS

Collaborative Cancer Leadership Group (CCLG)

- 3.1 The quarterly Collaborative Cancer Leadership Group (CCLG) meeting was held on the 22nd October within this reporting period. Dr Stuart Walker, Interim CEO, Cardiff and Vale UHB, chaired the meeting following Len Richards' departure.
- 3.2 A brief summary of each is contained below:

- **Nuffield Trust Report Progress Update**

An update was provided on progress against the recommendations contained within the Nuffield Trust (NT) report published on 1st December 2020. Key areas of progress within the reporting period were the development of the Cardiff Cancer Research Hub proposal (also a separate agenda item) and progress in developing an Acute Deteriorating Patient Pathway between CAVUHB and Velindre.

It was agreed that a monthly 'touch point' meeting with the SE Wales cancer leads would be arranged to capture the collective progress against the NT recommendations across the region into a single update.

- **Workshop on Developing the SE Wales Cancer System**

The CCLG received a proposed outline for a regional cancer system workshop designed to explore potential opportunities to strengthen the cancer system across SE Wales. The group reviewed the suggested agenda and list of proposed attendees and provided feedback. It was suggested that there should be an increased focus on population health and regional cancer outcomes at the workshop to help inform the regional cancer priorities. It was also requested that the current cancer governance landscape be mapped out in advance to clarify the scope and function of the various local, regional and national groups in existence.

The workshop will provisionally be held on 21st January 2022 with the support of an independent external facilitator.

- **Velindre @ UHW Progress Update**

Jaz Abraham, Medical Director Velindre UNHST, and Meriel Jenney, Interim Medical Director at CAVUHB, provided a highlight report on the Velindre @ UHW Programme commending the progress to date, particularly in respect of the research hub agenda. The relationship with the AOS work was also noted.

- **Velindre @ UHW – Research Hub Proposal**

The draft proposal for a tripartite Cardiff Cancer Research Hub at the University Hospital of Wales (UHW), Cardiff was received by the CCLG for endorsement. The draft proposal is a tripartite partnership between CAVUHB, Cardiff University (CU) and Velindre, which develops the research and development (R&D) infrastructure in Wales further through the establishment of a joint Cancer Research Hub to make Cardiff, and indeed Wales, competitive on the UK cancer research stage.

The proposal was endorsed by CCLG for further work to continue on the operational detail and capital/revenue business cases as necessary. The CCLG was supportive of progressing elements of the model that could be implemented in the short term with no/low cost.

- **Acute Oncology Service (AOS) Regional Business case**

The regional AOS Business Case was approved at both the Velindre and CAVUHB Board meetings on 30th September. Aneurin Bevan UHB will receive the Business Case at their November Board, whilst Cwm Taf Morgannwg UHB will receive the Business Case at either their November or January 2022 Board meetings. Preparatory work towards implementing the service, such as developing job descriptions etc., is already underway in anticipation.

The Senior Responsible Owner (SRO) was confirmed at the CCLG as Nicola Prygodczic, Executive Director of Planning, ABUHB, which would be reviewed after 6 months.

- **Cwm Taf Morgannwg Partnership Board priorities**

The priorities emerging from the first two joint Cwm Taf Morgannwg UHB and Velindre Partnership Board meetings were noted as being: primary care oncology, health needs assessment and diagnostics.

- **Prehabilitation2Rehabilitation ('P2R')**

Dr Rachael Barlow, Clinical Lead Prehab2Rehab at CAVUHB, provided a brief verbal update on the latest developments in P2R. Dr Barlow highlighted the need for project/programme management and data analyst resource to progress the work and build on the positive start made in CAVUHB. It was resolved that these requirements would be reviewed outside the meeting with a view to supporting the request.

- **Transforming Cancer Services (TCS) in SE Wales Programme**

A brief update on the key areas of the programme was provided, namely the nVCC, the Integrated Radiotherapy Solution (IRS) procurement, and the Radiotherapy Satellite Centre.

3.3 The next CCLG meeting is anticipated to be at the end of January 2022, with quarterly meetings thereafter throughout 2022.

3.4 The outcome of the workshop on developing the SE Wales Cancer System will help shape the future direction and priorities of the CCLG, including potentially its membership and format. A further update will be shared with the PDB in the new year.

Velindre Futures Programme

3.5 The next Velindre Future (VF) Programme Board is due to be held on 11th November, with the usual Transforming Cancer Services highlight presentation provided by the Senior Programme Delivery and Assurance Manager.

3.5 The VF Programme Board agenda also includes a summary report from each of the Development and Delivery Groups and their associated workstreams, in addition to the Digital Health and Care Record Project, which is helpful to highlight areas of overlap with the TCS programme.

4. INTERNAL PROGRAMME ARRANGEMENTS

Wider Programme Updates

Programme Benefits and Value Added Projects

4.1 The TCS Programme are conscious that there will be wider benefits, beyond those immediately identified in the Programme Business Case (PBC), resulting from the programme's activities such as building a new hospital.

4.2 These wider benefits might be opportunities where the Trust can lead or collectively sponsor to add further value, or enhance the site itself, or link to wider work elsewhere in the Trust.

4.3 Within the organisation, there will be a sponsorship group to lead collaboration across the matrix of activities to enable this coordination.

- 4.4 A separate specific agenda item on the *Programme Benefits and Value Added Projects* was received on the main Programme Delivery Board agenda containing a more detailed update and outlining the next steps.

Risk Management

- 4.5 The TCS Programme Risk Advisor continues to work alongside the Corporate Risk team in preparation for the transition of all risk management and reporting processes to the corporate Datix system (version 14).
- 4.6 The timeline and training requirements for this transition are being planned carefully to ensure minimal disruption to the projects, particularly projects 1, 2 and 3a who are at critical points in competitive dialogue and procurement.
- 4.7 Risk across the Programme and Projects continues to be monitored and engagement with each of the Projects with regards to the management of risk remains ongoing with the Programme Risk Advisor. A full and up-to-date risk report is submitted as a substantive item.

PMO Training

- 4.8 Members of the Programme Team will be undertaking various training courses as part of their continued personal and professional development before the end of the year to ensure skills are developed and/or maintained in key areas of project, programme and risk management.
- 4.9 This includes Managing Successful Programmes (MSP), Agile Project Management and Management of Risk (MoR) training, including sitting the relevant professional exams where applicable.

Notable Updates from the Seven Projects affecting the Programme

- 4.10 This section *does not* provide a full update against each project; only matters which have a potential impact on the delivery or coherence of the overall programme (such as scope or timescales), are highlighted below. Details pertaining to the specifics of the constituent Projects are captured in their respective Highlight Reports.
- 4.11 **nVCC Enabling Works** – The enabling works Full Business Case (FBC) was submitted to Welsh Government on 27th September and is undergoing scrutiny. A Gateway 3 Review is currently underway, with a decision from Welsh Government anticipated in December 2021. Limited vegetation clearance work was undertaken on site between 25 – 29th October (in accordance with the relevant licences) in order to allow access for future ground survey work. Limited on site protest caused some disruption.
- 4.12 **nVCC** – Competitive Dialogue (CD) is now well underway and progressing well. The start of CD represents a major milestone in the project. CD with the two consortia will run until Spring 2022 when final designs will be requested. A

decision to refuse a Judicial Review against the WGs decision to approve the Outline Business Case (OBC) is being contested and is scheduled to be heard in the High Court on 17th November 2021.

- 4.13 The **Integrated Radiotherapy Solution (IRS)** – the final IRS procurement has now closed to tenders. The bid evaluation is to be undertaken in November/December with the outcome expected in late December 2021 pending final procurement and/or legal advice as required.
- 4.14 The **Radiotherapy Satellite Centre** – the Stage 4 design process has recommenced from 4th October following sign off of the 1:200 layouts including the MRI Bunker ‘future proofing’. A revised programme based on the sign off of the 1:200 layouts was received from the Design Team on 7th October. FBC completion is now April 2022 with an anticipated ‘Beam On’ date of July 2024 representing an overall delay of circa. 6 months.
- 4.15 **Outreach** – the project is currently on hold until project resourcing constraints can be resolved. A resourcing solution is being discussed at Executive level. Under the future change control process and revised governance arrangements in train, it is anticipated that this project will transfer to the Velindre Futures programme from December 2021.
- 4.16 **Service Delivery and Transition** has not progressed within the TCS programme however the Velindre @ and Velindre Futures programme address many of the areas of the original project scope. Under the change control process and revised governance arrangements in train, it is anticipated that this project will transfer to the Velindre Futures programme from December 2021.

Master Programme Plan

- 4.17 The Master Programme Plan and critical path for the TCS Programme have been reviewed by the Programme Team working with the Projects, and an updated plan has been produced and is presented as a substantive item on the agenda. The Master Programme Plan has now been developed at a more granular level allowing attendees to see the impacts on interdependent Projects more clearly.

4 IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability

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

5 RECOMMENDATION

5.2 The TCS Scrutiny Sub-Committee are asked to **NOTE** this report.

TCS Programme Scrutiny Sub-Committee

Communications and Engagement Update

DATE OF MEETING	22 November 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	FRANCESCA CARPANINI, SENIOR COMMUNICATIONS AND ENGAGEMENT MANAGER
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE

REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
nVCC project board Enabling Works project board	15 November	Noted
TCS Programme Board	16 November	Noted

ACRONYMS

nVCC	New Velindre Cancer Centre
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TCS	Transforming Cancer Services
VCC	Velindre Cancer Centr

1. **SITUATION.**

2. **BACKGROUND**

This paper provides the Committee with an update on programme communications and engagement during the course of mid October to mid November 2021.

The Programme Board approved the Transforming Cancer Services (TCS) Programme Communications and Engagement strategy in December 2019. The strategy emphasises the importance of good one-to-one stakeholder engagement, building positive relationships and informing our patients, staff and communities of interest.

3. **ASSESSMENT**

Over the reporting period we focused our efforts on:

- Strategic counsel and operational communications and engagement support for the preparation works on site ahead of ground investigation commencing in late November (summary report as attachment); this work included:
 1. Coordinating media enquiries from ITV Wales, BBC Wales, Wales Online and The National, alongside managing media on site for interviews with David Powell. Media coverage included within summary report. Overall coverage was balanced, with context provided as per information provided.
 2. Providing agreed statement from David Powell to each media outlet request alongside background information relating to permissions and context of work being undertaken.
 3. Sharing content across Velindre Matters channels and monitoring social media.
 4. Liaison with South Wales Police, Welsh Government and Cardiff Council communications

5. Establish lines of contact with the relevant contractors

A communications and engagement lessons learned will be captured as part of a wider project lessons learned.

- Responding to correspondence from a wide range of stakeholders. There has been a significant increase in correspondence over the past month in response to the preparatory works that took place on site and the distribution of the first community newsletter. The key themes are:
 - the related permissions / licenses required,
 - awareness of the provisions in the CEMP
 - challenges in relation to the clinical model
 - 60/40 land use split
- Political stakeholder meetings – in addition to the regular meetings with the local constituency MS and MP, we have made proactive approaches to ward councillors to provide on or off site briefings relating to the works and impact on community.
- Preparation for stakeholder engagement with competitive dialogue – a new protocol guiding engagement between our stakeholders and the bidders has been developed in the spirit of open engagement while safeguarding the procurement process;
- Implementing a plan to promote clinical messaging, working towards promoting our own content to coincide with 12 months on since Nuffield
- Supporting the Velindre Minecraft Competition Green Design Workshop hosted at Down to Earth on Friday 29 October – video and images captured, alongside prize giving to attendees, runners up and winners of the competition. Artwork of winning worlds to be installed at VCC in November;
- Supporting the development of a wider value added package for socialising with staff and stakeholders.

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

- Implementing communications and engagement activity required to support ground survey works on site including community, stakeholder, media and staff briefings;

- To coincide with the first anniversary of the publication of the Nuffield Trust advice, implementing the clinical communications plan with accompanying promotional activity outlining the model that underpins the development of Velindre cancer service;
- Implementing the feedback plan that allows us to track and score staff and patient sentiment, understanding and idea;
- Update and publish new FAQs;
- Review the stakeholder engagement plans received from the participants as part of community benefits workstream;
- Deliver internal Green Ambitions Showcase for VCC staff to understand plans for new cancer centre and implement follow up survey / feedback process to gain further insight; this information will be shared with participants as part of competitive dialogue;
- Review and update direct action workflow following preparation works disruption to provide additional information and cover potential risks for future work being undertaken;
- Planning for the Value Added showcase in December;
- Finalise phased approach to 'I'm Involved with Velindre' campaign and begin socialising with staff and stakeholders;
- Publish next issue of Velindre Matters digital newsletter;
- Plan out topics and articles for next edition of Velindre Matters community newsletter (for January 2022) to begin drafting and approvals process;
- Support two meetings with MS and MP and local community councillors;
- Continue to maintain media briefings and information sharing with key outlets;
- Promote new content on the Velindre Matters social channels;
- Continue to monitor social media channels and advise accordingly;
- Supporting the nVCC research and development working group;
- Supporting the patient engagement framework and related activities.

4. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

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

5. RECOMMENDATION

5.1 The TCS Programme Scrutiny Sub-Committee are recommended to **NOTE** the paper.