

- 1.0 STANDARD BUSINESS
  - 0.1 Public Programme Scrutiny Sub-Committee Agenda 18 03 21 v1.docx
- 1.1 Welcome
  - Stephen Harries, Verbal, To Note*
- 1.2 Declarations of Interest
  - Stephen Harries, Verbal, To Note*
- 1.3 Previous Minutes
  - Stephen Harries, Paper, To Approve*
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- 1.4 Action Log
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    - 1.4 Action Log March 2021- PUBLIC.docx
- 2.0 PROGRAMME GOVERNANCE
- 2.1 Communications and Engagement
  - Non Gwilym, Paper, To Note*
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- 2.2 TCS Finance Report
  - Mark Ash, Paper, To Note*
    - 2.2 Programme Finance Report (February 2021).docx
- 2.3 TCS Programme Risk Register
  - Bethan Lewis, Paper, To Note*
    - 2.3 TCS Programme & Project Risk\_Scrutiny\_March 21\_Public.docx
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- 3.0 PROGRAMME DELIVERY
- 3.1 TCS Programme Managers Update
  - Carys Jones, Paper, To Note*
    - 3.1 Programme Managers Update v2 CJ.docx
- 3.2 Nuffield Trust Report - Progress Update
  - Carl James, Paper, To Note*
    - 3.2 TCS PDB Nuffield Update - 11 March 21 v4.docx
- 4.0 ANY OTHER BUSINESS

# TRANSFORMING CANCER SERVICES

## TCS Programme Scrutiny Sub-Committee

### Public Session

**18<sup>th</sup> March 2021, 14:00-15:00hrs**  
**Trust Headquarters, Nantgarw (via Teams)**

### AGENDA

REF.	ITEM	Owner	Form	Action
<b>STANDARD BUSINESS</b>				
1.1	Welcome	Stephen Harries	Verbal	Note
1.2	Declarations of Interest	Stephen Harries	Verbal	Note
1.3	Previous Minutes	Stephen Harries	Paper	Approve
1.4	Action Log	Stephen Harries	Paper	Approve
<b>PROGRAMME GOVERNANCE</b>				
2.1	Communications and Engagement	Non Gwilym	Paper	Note
2.2	TCS Finance Report	Mark Ash	Paper	Note
2.3	TCS Programme Risk Register	Bethan Lewis	Paper	Note
<b>PROGRAMME DELIVERY</b>				
3.1	TCS Programme Managers Update	Carys Jones	Paper	Note
3.2	Nuffield Trust Report – Progress Update	Carl James	Paper	Note
<b>ANY OTHER BUSINESS</b>				

## **TCS Programme Scrutiny Committee Public Session**

### **MINUTES OF THE MEETING HELD**

**18<sup>th</sup> March 2021**

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

#### **Members Present:**

Hilary Jones (HJ)	Independent Member (Chair)
Gareth Jones (GJ)	Independent Member
Janet Pickles (JP)	Independent Member

#### **In attendance:**

Professor Donna Mead (DM)	Trust Chairperson
Steve Ham (SHam)	Trust Chief Executive
Carl James (CJames)	Director of Strategic Transformation, Planning and Digital
Lauren Fear (LF)	Director of Corporate Governance
Huw Llewelyn (HL)	Director of Strategic Partnerships
Carys Jones (CJones)	Senior Programme Delivery and Assurance Manager
Gavin Bryce (GB)	Associate Director of Programmes, TCS
Mark David (MD)	Project Manager, nVCC Infrastructure & Design
Phil Roberts (PR)	nVCC Design Advisor
Katie Foward (KF)	Programme Coordinator (Minute Taker)
Bethan Lewis (BL)	TCS Programme Planner and Risk Advisor
Matthew Bunce (MB)	Deputy Director of Finance
Geraint Lewis (GL)	Head of IRS Assurance
Nic Cowley (NC)	Head of Sourcing Capital and Project, NWSSP
Penri Desscan (PD)	Procurement Lawyer, Blake Morgan

#### **Apologies:**

Stephen Harries (SHarries)	Independent Member
Martin Veale (MV)	Independent Member
Donald Fraser (DF)	Independent Member
Jacinta Abraham (JA)	Medical Director, Velindre Cancer Centre
Mark Osland (MO)	Director of Finance
Non Gwilym (NG)	Director of Communications and Engagement
Nicola Williams (NW)	Director of Nursing, AHP's and Medical Scientists
Stuart Morris (SM)	Associate Director of Informatics
David Powell (DP)	nVCC Project Director
Mark Ash (MA)	Assistant Director of Finance, TCS

1.0	STANDARD BUSINESS	ACTION
<p>1.1</p> <p>1.2</p> <p>1.3</p> <p>1.4</p>	<p>Welcome / Apologies SHarries welcomed the Group and apologies were noted as above.</p> <p>Declarations of Interest No declarations of interest were received.</p> <p>Previous Minutes The minutes were found to be an accurate record of the meeting on 24<sup>th</sup> February 2021 and were <b>Approved subject to</b>; Page 3, concern about wording of VF being damning. LF will rephrase. 'Re VF suggested wording to be changed.' 1.1 GJ to be changed to HJ. 3.1 ToR membership 1 person from each dep to each exec peer group. 3.3 NT action plan, CCLG received same version but not fully developed.</p> <p>Action Log CJames 93 – meetings with WAST, clear about their process, close action as have clarity. New action need colleagues from WAST to be part of discussions going forward on minimum data sets and contributions. DM support but where starting point is 999 sets up for misinterpretation, take forward discussions, could it be through 111 for example. CJames will speak with ops team to understand what we can do now. 94 – action to close, mapping is in the NT paper, if all comfortable with the mapping as is it will be added in to the governance process.</p>	
	PROGRAMME GOVERNANCE	
<p>2.1</p>	<p>Communications and Engagement LF introduced the paper to the meeting. This report will go to public TB. Key activity over last month has focused on social media engagement through VM. Internal comms engagement for internal is VF. RSC also. Senedd debate key point. Public engagement with CCC and CU on engaging young people with design development. GJ on RSC, refers to strategic document for comms. Typo political engagement 'two two' HL presented to PB on 11/3, received positively. Assured of joint working with ABUHB.  The Sub-Committee <b>Noted</b> the Paper.</p>	
<p>2.2</p>	<p>TCS Finance Report MA introduced the paper to the meeting. No significant issues as we go into year end. Capital and revenue spend to date outlined, small underspend on both so on budget. No risks or issues to be reported. GJ para 2.2 final sentence 'M' missing after 17 capital. Heading to para 5 February spelt incorrectly. SHarries is 2.2 March 2021. MA cumulative for last year.</p>	

	The Sub-Committee <b>Noted</b> the Paper.	
<b>2.3</b>	<p>TCS Programme Risk Register BL introduced the paper to the meeting. Programme, further reduction in proportion of red and amber risks, shows being managed. Projects, 1&amp;2 risks and issues closed, 1 escalated to 12 but clear mitigating actions, reduced 1 from 12 to 8. IRS 1 closed 1 opened on resource concerns, recruitment underway. RSC no changes, recent PT meeting with number of changes so will come to next meeting. Outreach PB next week so update for April. P6 awaiting outcome on decision on VF. Changes expected in april report for programme. SHarries new IRS, fixed term contract staff getting permanent elsewhere. Issue here and now, resource plan in place and recruitment underway. CJames 1 member of admin team gone, one member of expert team off now back. Bigger issue is loss of SS colleague through bereavement leave. Broader as move towards end, balancing competing activities. Most manageable. HL SS colleague has now returned to work to support, personal commitment to the Project. Broader, always the case vulnerable to loss of staff, all is proceeding to plan currently.</p> <p>The Sub-Committee <b>Noted</b> the Paper.</p>	
<b>PROGRAMME DELIVERY</b>		
<b>3.1</b>	<p>TCS Programme Managers Update CJones introduced the paper to the meeting. Key update on wider programme. CCLG april, draft agenda in circulation. Key item AOS BC. V@ model also. NT there will be discussion on taking this forward. VF 2<sup>nd</sup> PB on 4/3, PM attends. Governance still being progressed. Discussed at EMB. DM nervous we might give up sovereignty on TCS. CJ yes challenging to resolve. 10 year strategy, to be put into implementation plan. RD&amp;I opportunities for wider service. Deep dives, each service area, level of detail and prep from services to consider how they go forward. Future workforce planning. Risk management ongoing. Programme wide comms ongoing with informal team meeting this month. highlights from each project flagging interdependencies. GJ 3.13 main emerging 'themes'.</p> <p>The Sub-Committee <b>Noted</b> the Paper.</p>	
<b>3.2</b>	<p>Nuffield Trust Report – Progress Update CJames introduced the paper to the meeting. Progress update to date. future progress, paper to CCLG on 23/4 to consider what recommendations mean and where they are to be discharged, Trust or HB. Can then monitor progress against this decision. Mapping has taken place against committees so attendees content to close action 94.</p>	



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

	The Sub-Committee <b>Noted</b> the Paper.	
<b>4.0</b>	<b>ANY OTHER BUSINESS</b>	
<b>4.1</b>	Any Other Business No other business was received.	

## TCS Programme Scrutiny Sub-Committee

18<sup>th</sup> March 2021

### Action Summary - PUBLIC

No.	Action	Owner	Date Raised	Target	Status
93	CJames to discuss the management and categorisation of ambulatory and out of hours calls with the Welsh Ambulance Service Trust (WAST)	CJames	24.02.2021	April 2021	Ongoing
94	LF to work with CJames and CJones to map the governance of the recommendations from the Nuffield Report to the Committee and Board structure	LF	24.02.2021	April 2021	Ongoing

# TCS PROGRAMME SCRUTINY SUB-COMMITTEE

## Communications and Engagement Update

DATE OF MEETING	18 <sup>th</sup> March 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report	
PREPARED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE	
REPORT PURPOSE	For noting	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	11/03/21	Noted
ACRONYMS		
	None	

### 1. BACKGROUND

1. This paper provides the Committee with an update on Programme communications and engagement since February 2021.
2. The Programme Board approved the Transforming Cancer Services (TCS) Programme Communications and Engagement strategy in December 2019. The strategy emphasises the importance of good one-to-one stakeholder engagement,



building positive relationships and informing our patients, staff and communities of interest.

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

Over the reporting period we focused our efforts on:

- Providing factual information about the new Velindre Cancer Centre project in the context of the Senedd debate on two relevant petitions on 3 March 2021;
- Supporting the development of the Velindre Futures initiative particularly the development of a statement of intent, associated design needs and a communications and engagement menu for the Senior Leadership Team's consideration;
- Responding to correspondence from a wide range of stakeholders;
- Engagement with the local MS and MP;
- Managing content and responses to the Velindre Matters Facebook page;
- Managing multiple media requests;
- Managing the post OBC Radiotherapy Satellite Centre patient engagement;
- Updated the six-month plan to support programme milestones.

### **Velindre Matters**

Velindre Matters promoted the online Radiotherapy Satellite Centre Patient survey during the period. It had:

- i. 960 engagements in total
- ii. An average 3,500 reach across posts
- Positive engagement with page (insights up to 5 March)
  - i. 5,790 people reached
  - ii. 363 engagements
  - iii. 82% of followers are women
  - iv. More than a third of followers are aged 45-54

### **Internal Communications and Engagement**

We are refreshing and standardising the approach we take to collating feedback from staff after team/all-staff engagement events.

We are updating the initial narrative for Velindre Futures which will take into account the impact of the Nuffield Trust report and recommendations including the evolving regional programme being taken forward by the Cancer Collaborative Leadership Group (CCLG). When a narrative is agreed it will be supported by the development of visual assets (videos, infographics) to enable effective communication with staff.

### **Radiotherapy Satellite Centre (RSC)**

Work is underway to produce a communications and engagement strategy, which will be supported by a comprehensive implementation plan. This strategic document is currently under review by the Aneurin Bevan University Health Board communications team and will be presented as a draft at the RSC project board on 11 March.

To date, the patient engagement survey has seen almost 300 responses and continues to be promoted internally, as well as through the Velindre Matters Facebook page and our partner health boards. The survey closes on Friday 5 March, where analysis of responses will then take place.

### **Political Engagement**

We continue to meet the local constituency MS and MP on a fortnightly basis.

On 3 March 2021 the Senedd debated two petitions about the proposed new Velindre Cancer Centre. The debate is available [here](#).

As part of his response to the debate, the Minister for Health and Social Services suggested that a decision on the OBC was due within the coming weeks.

### **Engagement planning - supporting planning process needs.**

Subject to the Welsh Government's decision on the Outline Business Case, Down to Earth are in the process of developing a digital consultation project that will focus on the design development and community benefits which will inform the competitive dialogue process for the new Velindre Cancer Centre. This will be supplemented by additional citizen science activity, which is part of a wider funded project being undertaken by the organisation.

The Down to Earth team will be considered an extension of the communications and engagement function within Transforming Cancer Services for the duration of their contract. This will provide the appropriate level of support and delivery opportunities for agreed activities.

### **Public Engagement**

The communications planning for the Minecraft for Education campaign with Cardiff City Council and Cardiff University is underway and there is consideration as to the opportunity to extend engagement with children and young people beyond the immediate vicinity of the new Velindre Cancer Centre site.

### **Next Steps**

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

- Ongoing management of the Velindre Matters page;
- Responding to a potential decision on the OBC;
- Planning community engagement activity between April – September, subject to announcement;
- Ongoing management of the Down to Earth engagement plans;
- Producing patient consultation evaluation analysis report for RSC project team;
- Establishing communications plan for Minecraft for Education campaign;
- Supporting CCLG communications;
- Supporting the Velindre Futures communications and engagement needs;
- Developing a set of KPIs to measure impact of nVCC/Enabling Works projects' comms activity;
- Finalising new regular external stakeholder bulletin;
- Supporting the ongoing staff engagement sessions.

### Recommendation

The Committee is asked to note the update.

### 3. IMPACT ASSESSMENT

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

### 4. RECOMMENDATION

4.1 The TCS Programme Scrutiny Sub-Committee is asked to **NOTE** the paper.

## TCS PROGRAMME SCRUTINY SUB-COMMITTEE

### TCS PROGRAMME FINANCIAL REPORT FOR 2020-21 FEBRUARY 2021

DATE OF MEETING	11 <sup>th</sup> March 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report
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PREPARED BY	Mark Ash, Assistant Director of Finance - TCS Programme
PRESENTED BY	Mark Ash, Assistant Director of Finance - TCS Programme
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance

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
TCS Programme Delivery Board	11/03/21	NOTED

ACRONYMS	
TCS	Transforming Cancer Services
Trust	Velindre University NHS Trust
nVCC	New Velindre Cancer Centre
WG	Welsh Government
PMO	Programme Management Office

#### 1. PURPOSE

- 1.1 The purpose of this report is to provide a financial update to the TCS Programme Scrutiny Sub-Committee for the financial year 2020-21, outlining spend to date against budget as at Month 11 and current forecast.

## **2. BACKGROUND**

- 2.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following the completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.
- 2.2 It should be noted that as at March 2020, the Cabinet Secretary for Health, Well-being and Sport, has approved capital and revenue funding for the TCS Programme and its associated Projects. The total cumulative expenditure as at the end of March 2020 was £17.375m Capital and £2.621m for Revenue.
- 2.3 In addition to WG funding, NHS Commissioners agreed in December 2018 to provide annual revenue funding towards the TCS Programme, £0.400m of which was provided in 2018/19, £0.420m in 2019-20, and £0.420m in 2020-21.
- 2.4 In the financial year 2019-20, the Trust provided the nVCC and Enabling Works projects with £0.060m of revenue funding from its own baseline revenue budget. Previously direct revenue support for these projects had been provided by WG. .
- 2.5 The Radiotherapy Procurement Solution PBC (Project 3 – Equipment and Digital) was endorsed by WG in 2019-20. Capital funding of £1.110m was approved from July 2019 to December 2022, with £0.347m provided in 2019-20. Re-profiling of the funding resulted in a revised funding allocation of £0.250m for the 2019-20 financial year. The slippage of £0.097m has been reprovided in the next financial year, increasing the allocation for the financial year 2020-21 from £0.451m to £0.548m.

## **3. FUNDING**

Funding provision for the financial year 2020-21 is outlined below. The following should be noted:

- 3.1 In October 2020, Welsh Government provided capital funding for the nVCC and EW Projects of £3.261m. However, it should be noted that £0.257m was subject to Ministerial agreement of the Enabling Works OBC. WG have released £0.027m of this funding for GI works. Therefore, the approved capital funding released was £3.031m.
- 3.2 A review has been undertaken by the Enabling Works Project and it has been determined that the funding provided for the Reserved Matters Application fee of c£0.200m is not required. This position will be managed within the overall Capital Programme.
- 3.3 A revenue budget of £30k was also provided in October 2020 from the Trust's core revenue budget to cover project delivery costs for 2020-21 for the Enabling Works and nVCC Projects.

Description	Funding	
	Capital	Revenue
<b>Programme Management Office</b> There is no capital funding requirement for the PMO at present  Allocation from funding provided from Commissioners for 2020-21 to cover direct clinical/management support and PMO	£nil	£0.240m
<b>Project 1 – Enabling Works for nVCC</b> <b>Project 2 – nVCC</b>  <i>WG Capital Funding</i> Capital funding from WG was provided in October 2020  Funding for Reserved Matters Application Fee released to the Trust's Discretionary Capital Programme  <i>Revenue Funding</i> Revenue funding to cover project delivery costs was provided by the Trust in October 2020	£3.031m  -£0.199m	£0.030m
<b>Project 3a – Radiotherapy Procurement Solution</b> £0.451m capital funding provided in 2020-21 plus £0.097m capital funding reprovided from 2019-20	£0.548m	£nil
<b>Project 4 – Radiotherapy Satellite Centre</b> Project is led and funded by the hosting organisation, Aneurin Bevan University Health Board, and no funding requirement is expected from the Trust for 2020-21	£nil	£ nil
<b>Project 5 – SACT and Outreach</b> Funding has been requested for this project however none has been provided to date	£nil	£nil
<b>Project 6 – Service Delivery, Transformation and Transition</b>  No capital funding requirement at present  Allocation from funding provided from Commissioners for 2020-21 to cover direct clinical/management support and PMO  Funding provided from the Trust's core revenue budget towards the costs of the Project Director post  Funding transferred from Velindre Cancer Centre toward the costs for the Project Manager post  Funding provided from the Trust's core revenue budget for the Acute Oncology Service Business Justification Case	£nil	£0.180m  £0.067m  £0.049m  £0.050m

Description	Funding	
	Capital	Revenue
<b>Project 7 – VCC Decommissioning</b> No funding requested or provided for this project to date	£nil	£nil
<b>Total funding provided to date: £3.996m</b>	<b>£3.380m</b>	<b>£0.616m</b>

#### 4. FINANCIAL SUMMARY AS AT 28<sup>th</sup> FEBRUARY 2021

4.1 The summary financial position for the TCS Programme for the year 2020-21 is outlined below:

TCS Programme Budget & Spend 2020/21						
CAPITAL	Current Month			Financial Year		
	Budget to Feb-21	Spend to Feb-21	Variance to Feb-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
<b>PAY</b>						
Project Leadership	158,587	149,379	9,209	176,073	163,932	12,141
Project 1 - Enabling Works	76,099	75,115	983	85,687	85,681	6
Project 2 - New Velindre Cancer Centre	613,477	605,720	7,758	728,409	664,746	63,663
Project 3a - Radiotherapy Procurement Solution	381,333	357,942	23,391	416,000	391,049	24,951
<b>Capital Pay Total</b>	<b>1,229,497</b>	<b>1,188,156</b>	<b>41,341</b>	<b>1,406,169</b>	<b>1,305,408</b>	<b>100,761</b>
<b>NON-PAY</b>						
nVCC Project Delivery	48,754	44,543	4,212	76,850	56,532	20,317
Project 1 - Enabling Works	604,070	593,349	10,721	879,315	901,879	-22,564
Project 2 - New Velindre Cancer Centre	725,498	722,191	3,307	885,697	931,091	-45,394
Project 3a - Radiotherapy Procurement Solution	32,083	132,940	-100,857	132,000	156,463	-24,463
<b>Capital Non-Pay Total</b>	<b>1,410,406</b>	<b>1,493,023</b>	<b>-82,617</b>	<b>1,973,861</b>	<b>2,045,964</b>	<b>-72,103</b>
<b>CAPITAL TOTAL</b>	<b>2,639,902</b>	<b>2,681,178</b>	<b>-41,276</b>	<b>3,380,030</b>	<b>3,351,372</b>	<b>28,658</b>
REVENUE	Current Month			Financial Year		
	Budget to Feb-21	Spend to Feb-21	Variance to Feb-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
<b>PAY</b>						
Programme Management Office	192,500	187,405	5,095	210,000	207,556	2,444
Project 6 - Service Change Team	270,958	276,770	-5,811	295,591	301,488	-5,897
<b>Revenue Pay total</b>	<b>463,458</b>	<b>464,175</b>	<b>-717</b>	<b>505,591</b>	<b>509,044</b>	<b>-3,453</b>
<b>NON-PAY</b>						
nVCC Project Delivery	23,077	22,300	777	30,000	26,998	3,002
Programme Management Office	27,500	1,220	26,280	30,000	6,220	23,780
Project 6 - Service Change Team	50,000	50,245	-245	50,000	50,267	-267
<b>Revenue Non-Pay Total</b>	<b>100,577</b>	<b>73,765</b>	<b>26,812</b>	<b>110,000</b>	<b>83,485</b>	<b>26,515</b>
<b>REVENUE TOTAL</b>	<b>564,035</b>	<b>537,940</b>	<b>26,095</b>	<b>615,591</b>	<b>592,528</b>	<b>23,062</b>



## 5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 28<sup>th</sup> FEBRUARY 2021

### CAPITAL SPEND

#### **Projects 1 and 2 Pay Costs**

- 5.1 **WG Funded Staffing** - An in-year spend of **£0.830m** for posts funded by WG reflects the current 'interim' posts against a budget of **£0.848m**. The underspend of £0.020m is due to a delay in staff recruitment and loss of staff. There is a forecast spend of **£0.914m** for the year against a budget of **£0.990m**. The pay costs have been analysed by each element of the Project(s).

#### **Projects 1 and 2 Non-Pay Costs**

- 5.2 **nVCC Project Delivery** - There is a capital cost of **£0.045m** for the year to date for project support and running costs for Projects 1 and 2 against a budget of **£0.049m**. This is made internal audit fees, IT purchases, travel and subsistence, and general office costs. The forecast spend for the financial year 2020-21 is **£0.056m** against a budget of **£0.077m**. The forecast underspend of £20k is due to a delay in the procurement of additional document portal services.
- 5.3 **Enabling Works** - There is an in-year capital spend of **£0.668m**, with a forecast spend for the year of **£0.988m**, against budgets of **£0.680m** and **£0.965m** respectively.

Work package	Spend to 28 <sup>th</sup> February 2021
Pay	£0.075m
Planning (inc TCAR & Asda)	£0.093m
Master Planning & Feasibility Study	£nil
Third Party Undertakings	£0.132m
Enabling Works - Design & Employers Requirements	£0.371m
Enabling Works – Works	£0.001m
Miscellaneous Works – Fol Legal Advice	-£0.004m

- 5.4 **nVCC** - There is an in-year capital spend of **£0.1.477m**, with a forecast spend for the year of **£1.760m**, against budgets of **£1.498m** and **£1.790m** respectively.

Work package	Spend to 28 <sup>th</sup> February 2021
Pay (including Project Leadership)	£0.755m
Project Agreement (PA)	£0.093m
Procurement Documents (PD)	£0.153m
Land Transfer	£0.023m
nVCC Technical Support	£0.443m
Competitive Dialogue Preparedness	£0.012m
Miscellaneous Works – Fol Legal Advice	-£0.001m

### ***Project 3a – Radiotherapy Procurement Solution***

- 5.5 There is an in-year spend of **£0.491m** (£0.358m pay, £0.133m non-pay) for the Integrated Radiotherapy Solutions Procurement Project against a budget of **£0.413m**. An underspend in staff costs due to movements in pay costs and a delay in recruitment, and an overspend in non-pay costs due to increased advisory services, has resulted in an overall overspend to date of £0.077m. The Project is currently forecasting a break even position against a budget for the year of **£0.548m**.

## **REVENUE SPEND**

### ***Programme Management Office***

- 5.6 The PMO spend to date is **£0.189m** against a budget of **£0.220m**, made up of pay costs of £0.187m and non-pay costs of £1.2k. The underspend of £0.031m is due to the reduced costs for the Associate Director of Programmes, a delay in recruitment, and in non-pay spend on training and events not taking place due to COVID-19. The resulting forecast outturn for the financial year 2020-21 of **£0.214m** against a budget of **£0.240m**, an overall underspend of £0.026m.

### ***Projects 1 and 2 Delivery Costs***

- 5.7 There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£22k** to date against a budget of **£23k**, with an expected spend for the year of **£27k**, against a budget of **£30k**. The cost is made up of rates and other running costs.

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

- 5.8 Service Change spend to date is **£0.327** against a budget of **c£0.321m**. This is made up of pay costs of £0.277m and non-pay costs of £0.050m for Healthcare Planner support for the Acute Oncology Services Business Justification Case (AOS BJC). The Project is forecasting a spend of **£0.352m** against an adjusted budget of **£0.346m**. The forecast overspend is due to increased pay costs.

## **6. CONSIDERATIONS FOR BOARD**

- 6.1 An extract of this report is reported in the Trust Boards Finance Report.

## **7. IMPACT ASSESSMENT**

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Staff and Resources
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required

<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	See above.

## 8. RECOMMENDATION

- 8.1 The TCS Programme Scrutiny Sub-Committee are asked to **Note** the financial position for the TCS Programme and Associated Projects for 2020-21 as at 28<sup>th</sup> February 2021.

# TCS PROGRAMME SCRUTINY SUB-COMMITTEE

## TCS Programme & Project Risk

DATE OF MEETING	18 <sup>th</sup> March 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
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	
REPORT PURPOSE	For Noting	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	11/03/2021	Approved
ACRONYMS		
TCS	Transforming Cancer Services	

### 1. BACKGROUND

- 1.1 Monthly reviews of the Project and Programme Risk Registers are being 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. RECOMMENDATION

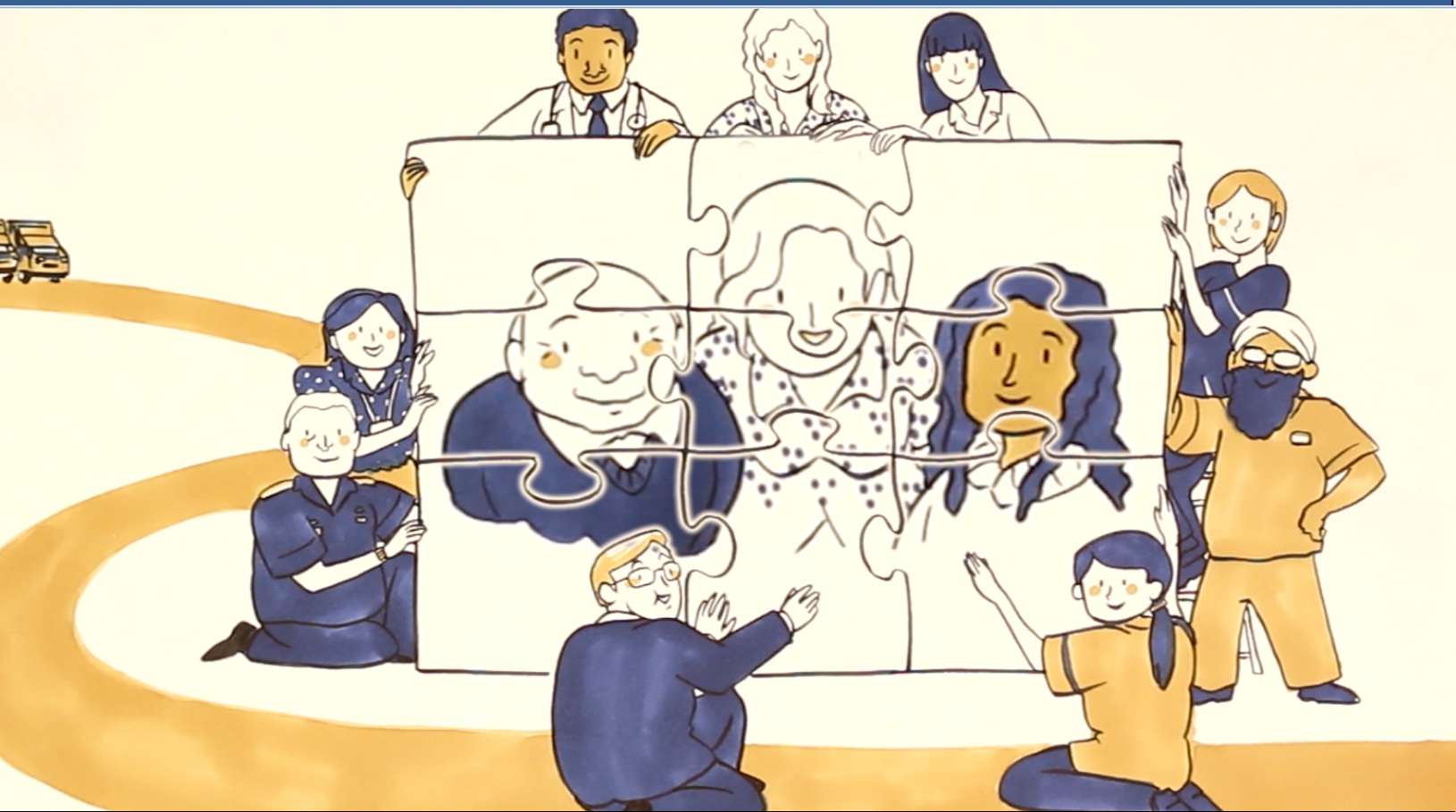
2.1 The Programme Scrutiny Sub-Committee are asked to:

- Note the latest risk position for the TCS Programme and Projects

## 3. IMPACT ASSESSMENT

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

# TRANSFORMING CANCER SERVICES PROGRAMME (South East Wales)



## TCS Programme & Project Risk

Version 0.1

## **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
0.1D	03/03/2021	Bethan Lewis	Commencement of Document
0.2D			

#### **Approvals**

This document requires the following approvals:

Title / Group	Date	Version/Option
TCS Programme Delivery Board	11/03/2021	0.1
TCS Programme Scrutiny sub-Committee	18/03/2021	0.1

#### **Distribution**

This document has been distributed to:

Name	Title	Date	Version

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## **APPENDICES**

APPENDIX 1: PMO RISK REGISTER – MARCH 2021

APPENDIX 2: TCS PROGRAMME RISK REGISTER – MARCH 2021



## 1.0 PROGRAMME & PROJECT RISK UPDATE – MARCH 2021

1.1 The below tables provide 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. The total number of risks has reduced this month and there has also been a further reduction in the proportion of 'Red' & 'Amber' rated risks in this reporting period which is reflected in the marginal increase of 'Yellow' and 'Green' rated risks demonstrating that Projects are prioritising the management of their highest rated risks are being actioned and mitigated to more moderate levels.

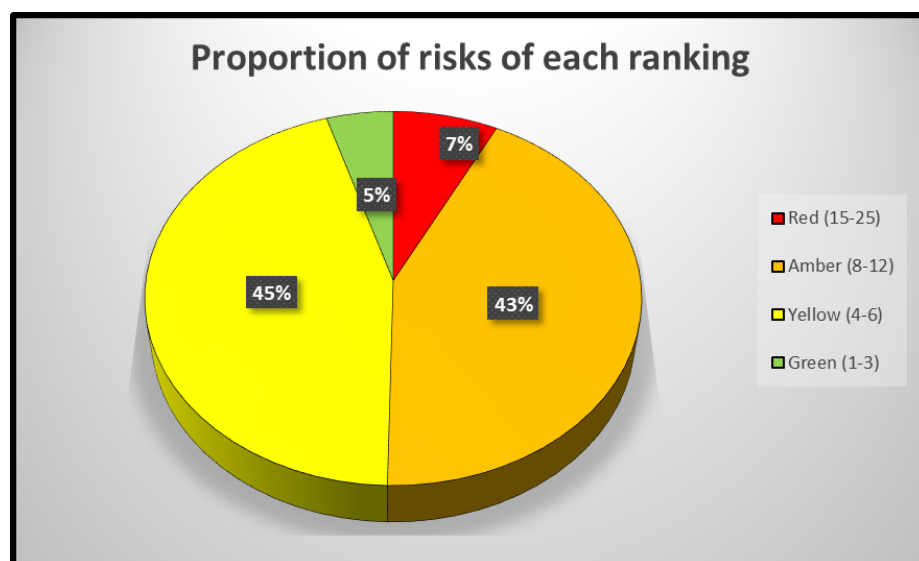
Figure 1: Breakdown of Risks Emerging from Projects

Risks emerging from... Totals				
1. Enabling works for nVCC	33	2. nVCC	29	Totals
0 13 29 6		0 11 17 1		132
3. Digital and Equipment	29	4. Radiotherapy Satellite Centre	9	11 63
3 10 16 0		0 8 1 0		66 7
5. SACT and Outreach	8	6. Service Delivery, Transformation and Transition	13	
3 4 1 0		2 10 1 0		
7. VCC Decommissioning	1	8. Programme	10	
0 0 1 0		3 7 0 0		

Figure 2: Breakdown of Risks Impacting upon Projects

Risks impacting on... Totals				
1. Enabling works for nVCC	55	2. nVCC	80	
3 24 22 6		7 37 34 2		
3. Digital and Equipment	25	4. Radiotherapy Satellite Centre	32	
4 18 3 0		6 14 12 0		
5. SACT and Outreach	15	6. Service Delivery, Transformation and Transition	64	
3 10 2 0		9 35 20 0		
7. VCC Decommissioning	15	8. Programme	45	
4 9 2 0		7 26 9 3		

Figure 3: Proportion of Risks by Rating Score




## 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
<b>Risks</b>	0	4	2	3	9
<b>Issues</b>	0	7	0	0	7

- Projects 1 & 2 have closed 4 risks and 7 issues in the latest reporting period, whilst 3 risks have been de-escalated and 2 risks have been escalated.
- One of the risks which has had its current score escalated now has a score of 12, which meets the threshold to report to Programme Board. The detail of this risk can be seen below:-

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R242	<b>Competition from English schemes</b> There is a risk that hospital schemes in England advance more quickly than the nVCC, meaning that potential bidders are engaged on other schemes and there is reduced market interest, leading to delays or reduced quality.		Likelihood 4 Impact 3 Overall 12  <i>Previous score</i> Likelihood 3 Impact 2 Overall 6	<b>Risk Owner – David Powell</b>  Increased based on discussion at January nVCC Project Board.  Mitigating actions:  1. Communicate the need to progress at pace to WG and provide them with any necessary information to make decisions quickly.  2. Undertake further Soft Market testing to provide confidence to bidders in relation to the nVCC scheme in March 2021. If confidence appears low take further action.

- One of the risks that has been de-escalated had a previous score of 12 and was therefore reported to the Programme Board through the previous risk report, the de-escalation of this risk has now seen the current score move below this. The detail of the risk and comment to show why the risk score has reduced can be seen below:-

ID	Description of Risk	Direction of Travel	Current Rating	Comment
DLA1	<b>18 Months to Satisfy DA Conditions</b> There is a risk that because the Works Agreement is conditional upon the Trust obtaining a range of consents and approvals within 18 months of signing, failure to do so would frustrate the agreement. This would create additional time and cost to resolve.		Likelihood 2 Impact 4 Overall 8  <i>Previous score</i> Likelihood 3 Impact 4 Overall 12	<b>Risk Owner – Mark Young</b>  Risk reduced as extension agreed with Asda, to June 2022.

### Project 3a – Integrated Radiotherapy Solution (IRS)

	New	Closed	Escalated	De-escalated	Total changed risks / issues
<b>Risks</b>	1	1	0	1	3
<b>Issues</b>	0	0	0	0	0

- There has been one new risk added to the IRS risk register this month which has a current score of 16 and the detail of this can be seen in the below table:-

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R317	There is a risk that insufficient resources (people) being made available to the project will	<b>New</b>	Likelihood 4 Impact 4 Overall 16	<b>Risk Owner – Gavin Bryce</b>

	have an adverse impact on the quality of the procurement process.			1) Resource is below what is needed for the Project as identified in the Plan (30% capacity lost)  2) Recruitment underway to replace staff that have left the Trust  3) Project resource monitored dynamically
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- There has also been 1 risk closed and 1 other risk de-escalated in this reporting period.

#### Project 4 – Radiotherapy Satellite Centre (RSC)

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

- There have been no changes to the RSC Risk Register in this reporting period.
- Following meeting with project colleagues in Aneurin Bevan Health Board (ABUHB) it has been agreed that the Programme Risk Advisor will be attending the RSC project team meetings going forward to support the team in reviewing and updating their risks in preparation for reporting to their Project Board and as such through to the Programme reporting.
- There is a project team meeting scheduled in March and any updates made to the risk register by the project team will be reported to the RSC Project Board and consequently to the Programme Board following.

#### Project 5 – Outreach

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

- There has been no Outreach Project Board meeting since the previous Programme Delivery Board and such there has been no further changes to the risk register this month. A project risk review is scheduled during March and as such any updates from this will be reported following.

#### Project 6 – Service Delivery & Transition

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

- The outcome of decisions regarding the scope and alignment of Velindre Futures and TCS Programme (and as such ownership) are still to be finalised and such these risks are not able to be adequately managed in the interim.

### 3.0 TCS Programme Risk Update

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

- 3.1 There have been no changes to the PMO Risk Register in this reporting period and therefore there are no approvals required from the Programme Board this month.
- 3.2 The full PMO Risk Register can be seen in Appendix 1 to this report.
- 3.3 There are 27 risks in the March 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.
- 3.4 The Programme Delivery Board are asked to:
- Note changes to Project Risks & Issues
  - Note latest PMO Risk Register

### 4.0 Next Steps

- 4.1 Continue to work with Projects and Risk Owners to facilitate best risk management practices
- 4.2 Ongoing engagement with Velindre Futures PMO Team

ID	Date Registered	Risk emerging from	Projects Impacting On							Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	Actionee	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating	Current Status / Notes
			EW	nVCC	D+E	RSC	S+O	Service Delivery	Decomm	Prog												
R281	08-Jul-20	8. Programme	X	X	X	X	X	X	X	X	Carl James	15-Jan-21	1) PMO team continue to monitor and engage as part of development of programme wide comms	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.	Bethan Lewis	4	4	16	2	4	8	BL - Risk Accepted Jan PDB due to ongoing uncertainty of impact of the risk the actions and controls to mitigate are monitoring actions and at present no further controls can be implemented.
R282	23-Jul-20	8. Programme	X	X	X	X	X	X	X	X	Carl James	15-Jan-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) 2) 3)	Bethan Lewis	4	4	16	2	2	4	
R283	23-Jul-20	8. Programme	X	X	X	X	X	X	X	X	Carl James	15-Jan-21	1) Regular review of risk and Brexit implications from a Programme risk perspective. Ongoing 2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda. Ongoing 3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan. Ongoing 4) Close engagement with prospective bidders or suppliers to identify risks in advance.	1) Regular review of risk and Brexit implications from a Programme risk perspective. <b>Ongoing</b> 2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda. <b>Ongoing</b> 3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan. <b>Ongoing</b> 4)	Bethan Lewis	4	4	16	4	2	8	BL - Risk Accepted Jan PDB due to ongoing uncertainty of impact of the risk the actions and controls to mitigate are monitoring actions and at present no further controls can be implemented.
R279	08-Jul-20	8. Programme	X	X	X	X	X	X	X	X	Lauren Fear	15-Jan-21	1) Revise TCS website 2) Improve internal TCS teams Comms	1) Work is underway 2) Enagagement with Trust Comms team is ongoing and plans in place to improve Programme Comms position. Comms team are currently recruiting to support.	Bethan Lewis	4	3	12	3	2	6	BL - Rating for this risk should reduce as actions progress
R295	05-Oct-20	8. Programme	X	X	X	X	X	X	X	X	Tom Crosby	15-Jan-21	1) Established TCS Programme 2) Regional Clinical Ownership advisory groups to develop model 3) External Gateway review 4) Clinical leadership involvement 5) Re-fresh based on clinical & tech advances 6) Benchmark against other models 7) Established CCLG 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (actue 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 subsequent to MP with a comprehensive strategy to the	1) Established TCS Programme - <b>complete</b> 2) Regional Clinical Ownership advisory groups to develop model - <b>complete</b> 3) External Gateway review - <b>complete</b> 4) Clinical leadership involvement - <b>complete</b> 5) Re-fresh based on clinical & tech advances - <b>complete</b> 6) Benchmark against other models - <b>complete</b> 7) Established CCLG - <b>complete</b> 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (actue 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	Carys Jones	3	4	12	2	2	4	
R296	05-Oct-20	8. Programme	X	X	X	X	X	X	X	X	Steve Ham	15-Jan-21	1) Established Programme Governance with agreed forecasted costs for the programme and each project 2) Agreed funding sources and streams with WG and Commissioners 3) WG have provided funding commitment to funding of key infrastructure projects 4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contracts 5) Agreed financial management and cost control arrangements in place 6) Issuing up to date forecast costs to WG to enable medium tem capital planning at WG level 7) Briefing WG Director General and Programme Sponsor well in advance 8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements s for programme	1) Established Programme Governance with agreed forecasted costs for the programme and each project - <b>complete</b> 2) Agreed funding sources and streams with WG and Commissioners - <b>complete</b> 3) WG have provided funding commitment to funding of key infrastructure projects- <b>complete</b> 4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contract - <b>ongoing</b> 5) Agreed financial management and cost control arrangements in place - <b>complete</b> 6) Issuing up to date forecast costs to WG to enable medium tem capital planning at WG level 7) Briefing WG Director General and Programme Sponsor well in advance 8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements s for programme	Carys Jones	3	4	12	2	2	4	
R297	05-Oct-20	8. Programme	X	X	X	X	X	X	X	X	Sarah Morley	15-Jan-21	1) Ensuring each project has clear and planned links in with Workforce team 2) Clarity of expectations for workforce team involvement 3) Clarity of Role & Responsibility for Workforce team in relation to Project & Programme need 4) Workforce team to ensure the right people are available and allocated to support			3	4	12	2	1	2	

R298	05-Oct-20	8. Programme	X	X	X	X	X	X	X	Lauren Fear	<p>Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians)</p> <p><b>Causes</b> - 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</p> <p><b>Consequences</b> - WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions &amp; opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits</p>	15-Jan-21	<p>1) Communications / stakeholder engagement plan in development</p> <p>2) Dedicated webpage for TCS Programme</p> <p>3) Variety of stakeholder events held over a number of years</p> <p>4) Clinical workshops held throughout Programme lifetime</p> <p>5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc</p> <p>6) Ongoing engagement with local elected members (MS, MP, Councillors)</p> <p>7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs</p> <p>8) Monthly meeting with WG Head of Capital and Director General.</p>	<p>1) Further engagement is being planned with specialist stakeholders – broader and more targeted who are not fully supportive. Programme Communications resource in place &amp; recruitment of additional comms resource to support comms/engagement activities</p> <p>2) Better use of technology being reviewed and rolled out to share key messages</p> <p>3) Variety of stakeholder events held over a number of years - <b>complete</b></p> <p>4) Clinical workshops held throughout Programme lifetime - <b>ongoing</b></p> <p>5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - <b>ongoing</b></p> <p>6) Ongoing engagement with local elected members (MS, MP, Councillors)</p> <p>7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - <b>ongoing through CCLG</b></p> <p>8) Monthly meeting with WG Head of Capital and Director General -</p>	TBC	4	3	12	2	2	4	
R299	05-Oct-20	8. Programme	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><b>Causes</b> - 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><b>Consequences</b> - Delays to delivery of Programme and Project key activity / Reputational damage for Velindre Trust / Reduced potential for good patient outcomes and care.</p>	15-Jan-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 &amp; 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) 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 &amp; CHCs - <b>ongoing</b></p> <p>4) Established Clinical Advisory Board - <b>complete</b></p> <p>5) Engagement events and workshops with HBs - <b>complete</b></p> <p>6) Engaged DoPs, DoF's in development of BCs - <b>complete</b></p> <p>7) Established CCLG - <b>complete</b></p> <p>8) PBC Signed off OBC for nVCC</p>	TBC	4	3	12	3	2	6	
R302	04-Nov-20	8. Programme	X	X	X	X	X	X	X	Carl James	<p>Risk that there is potential misalignment of scope and timeliness of decisions between VF &amp; TCS</p> <p><b>Causes</b> - Poor communications between VF &amp; TCS teams Delays in agreement of VF scope &amp; 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><b>Consequences</b> - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustments 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 &amp; clinical outputs Disengagement of stakeholders</p>	15-Jan-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)</p> <p>2) Ongoing communication between both PMO teams and resource in place to provide link between the 2</p> <p>3)</p> <p>4)</p> <p>5)</p>	Carys Jones	4	3	12	2	2	4	







R295	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Tom Crosby	Risk that Clinical Model does not meet required Business needs  <b>Causes</b> - Patient need has changed / Medical & tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand  <b>Consequences</b> - 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	15-Jan-21	1) Established TCS Programme 2) Regional Clinical Ownership advisory groups to develop model 3) External Gateway review 4) Clinical leadership involvement 5) Re-fresh based on clinical & tech advances 6) Benchmark against other models 7) Established CCLG 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.	1) Established TCS Programme - <b>complete</b> 2) Regional Clinical Ownership advisory groups to develop model - <b>complete</b> 3) External Gateway review - <b>complete</b> 4) Clinical leadership involvement - <b>complete</b> 5) Re-fresh based on clinical & tech advances - <b>complete</b> 6) Benchmark against other models - <b>complete</b> 7) Established CCLG - <b>complete</b> 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.	Carys Jones	8) 9) 10) 11) 12) 13) 14)	3	4	12	2	2	4		
R296	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Steve Ham	Risk that there is a lack of funding in place / allocated to deliver the projects and programme  <b>Causes</b> - 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.  <b>Consequences</b> - 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	15-Jan-21	1) Established Programme Governance with agreed forecasted costs for the programme and each project 2) Agreed funding sources and streams with WG and Commissioners 3) WG have provided funding commitment to funding of key infrastructure projects 4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contracts 5) Agreed financial management and cost control arrangements in place 6) Issuing up to date forecast costs to WG to enable medium term capital planning at WG level 7) Briefing WG Director General and Programme Sponsor well in advance 8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements s for programme	1) Established Programme Governance with agreed forecasted costs for the programme and each project - <b>complete</b> 2) Agreed funding sources and streams with WG and Commissioners - <b>complete</b> 3) WG have provided funding commitment to funding of key infrastructure projects- <b>complete</b> 4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contract - <b>ongoing</b> 5) Agreed financial management and cost control arrangements in place - <b>complete</b> 6) Issuing up to date forecast costs to WG to enable medium term capital planning at WG level 7) Briefing WG Director General and Programme Sponsor well in advance 8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements s for programme	Carys Jones	6) 7) 8)	3	4	12	2	2	4		
R297	05-Oct-20	Bethan Lewis	8. Programme	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.  <b>Causes</b> - Workforce plans not developed in required timescales / Requirements for workforce capacity and capability no longer accurate.  <b>Consequences</b> - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients	15-Jan-21	1) Ensuring each project has clear and planned links in with Workforce team 2) Clarity of expectations for workforce team involvement 3) Clarity of Role & Responsibility for Workforce team in relation to Project & Programme need 4) Workforce team to ensure the right people are available and allocated to support			3	4	12	2	1	2			
R298	05-Oct-20	Bethan Lewis	8. Programme	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)  <b>Causes</b> - 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  <b>Consequences</b> - 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	15-Jan-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.	1) Further engagement is being planned with specialist stakeholders – broader and more targeted who are not fully supportive. Programme Communications resource in place & recruitment of additional comms resource to support comms/engagement activities 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 - <b>complete</b> 4) Clinical workshops held throughout Programme lifetime - <b>ongoing</b> 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - <b>ongoing</b> 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - <b>ongoing through CCLG</b> 8) Monthly meeting with WG Head of Capital and Director General - <b>ongoing</b>	TBC		4	3	12	2	2	4		
R299	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	Risk that due to the regional nature of the programme involving numerous organisational interfaces leads to increased difficulties of consensus and obtaining approvals.  <b>Causes</b> - 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.  <b>Consequences</b> - Delays to delivery of Programme and Project key activity / Reputational damage for Velindre Trust / Reduced potential for good patient outcomes and care.	15-Jan-21	1) Attended various committees, project and programme boards to update on programme progress and objectives 2) Effective procurement and contractual processes in place 3) Programme established with engagement of LHBs & CHCs 4) Established Clinical Advisory Board 5) Engagement events and workshops with HBs 6) Engaged DoPs, DoF's in development of BCs. 7) Establishment of regional forum CCLG 8) PBC sign off OBC for nVCC	1) Attended various committees, project and programme boards to update on programme progress and objectives 2) Effective procurement and contractual processes in place 3) Programme established with engagement of LHBs & CHCs - <b>ongoing</b> 4) Established Clinical Advisory Board - <b>complete</b> 5) Engagement events and workshops with HBs - <b>complete</b> 6) Engaged DoPs, DoF's in development of BCs - <b>complete</b> 7) Established CCLG - <b>complete</b> 8) PBC Signed off OBC for nVCC	TBC		4	3	12	3	2	6		
R302	04-Nov-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS  <b>Causes</b> - 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  <b>Consequences</b> - 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	15-Jan-21	1) Agree clear scope and role of VF and its programme board. 2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result. 3) Communicate the scope of both and any implications for TCS 4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making 5) Understanding and agreement of key stakeholders within and outside the organisation.	1) 2) Ongoing communication between both PMO teams and resource in place to provide link between the 3) 4) 5)	Carys Jones		4	3	12	2	2	4		
R303	12-Nov-20	Jo Hayward	1. Enabling works for nVCC	X	X						X	Mark Young	<b>NRW ESP License</b>  There is a risk that the Discharge of Conditions of the OPP (2018) is delayed, meaning that NRW will not accept an ESP License application, leading to a delay to habitat clearance and the enabling works programme.  There is a subsequent risk that additional information inserted to the existing information might constitute the need to re-consult the public.	04-Mar-21	1. Ongoing dialogue with NRW in preparedness for license application submission date including a programme of 'rolling review as the application develops. 2. Prepare license application in readiness 3. Ongoing dialogue with Cardiff City Council to ensure Discharge of Conditions are heard at the 16th December 2020 committee	1. Meeting held on 5th November 2020, following which risk likelihood reduced. Information in response to NRW queries is now ready to send back. Will be submitted on 5.3.21. <b>Started</b> 2. Following answers to queries license being submitted on 5.3.21. There are further amendments to the license required for TCAR2 and the MIM scheme (as developed). Dialogue is being maintained with NRW species team to mitigate approval timescales. <b>Started</b> 3. CCC have agreed to hear Discharge of Conditions in December 2020 <b>Complete</b>	Mark Young	1	30-Mar-21	3	4	12	1	4	4	CS - Risk cost is based on a 6 month delay.
WSP PL2	14-May-20	Craig Anderson	1. Enabling works for nVCC	X	X						X	WSP	<b>Save the Northern Meadows protestors</b>  There is a risk that protestors seek to disrupt site works and cause delay . Risk to both survey stages and Enabling Works contract	04-Mar-21	1. Active Comms Strategy and WSP as site Clerk of Works to ensure that contractors on site adhere to Licences and Regulations 2. High Level Security required key part of Enabling Works	1. Comms strategy is living document and will continue to develop. <b>Started</b> 2. To be undertaken during construction <b>Not started</b>	WSP	1	01-Apr-21	3	4	12	2	3	6	CS - Risk managed by WSP. Some elements of the register not completed by them (risk cost, response cost, response stage, next action due, etc. etc.). Some of these elements have been added by

## TCS PROGRAMME SCRUTINY SUB-COMMITTEE

### TCS PROGRAMME MANAGERS REPORT

**DATE OF MEETING**

18.03.2021

**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE INDICATE REASON**

Not Applicable – Public Report

**PREPARED BY**Katie Foward, TCS Programme Coordinator &  
Carys Jones, Senior Programme Assurance &  
Delivery Manger**PRESENTED BY**Carys Jones, Senior Programme Assurance &  
Delivery Manger**EXECUTIVE SPONSOR APPROVED**Carl James, Director of Strategic Transformation,  
Planning, Performance & Estates**REPORT PURPOSE**

FOR NOTING

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

TCS Programme Delivery Board

11.03.21

Noted

**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).

## 2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Highlight 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 next Collaborative Cancer Leadership Group (CCLG) will take place on the 23<sup>rd</sup> April 2021 and will be chaired by Len Richards, CEO Cardiff & Vale University Health Board. An update on the items to be presented on the agenda will be provided once the agenda is finalised between the Programme team and the Chair.
- 3.2 Items anticipated for discussion include:
- **Acute Oncology Service (AOS)** Business Case progress
  - Regional **Prehabilitation to Rehabilitation ('P2R')** development update
  - An outline of the requirements, work completed to date and the next steps for **Digital Enablement for Cancer Services in South East Wales**
  - Supporting **Regional Research, Development & Innovation (RD&I)** delivery and appropriate governance mechanisms
  - **Transforming Cancer Service (TCS)** update, including the new Velindre Cancer Centre OBC, Radiotherapy Satellite Centre, Integrated Radiotherapy Solution procurement

- **Nuffield Trust** recommendation progress, including regional operating model development
- 3.3** Further items of regional and collaborative importance will also be sought from partner organisations.

### ***Nuffield Review***

- 3.2** The Nuffield Trust advice was published on the 1<sup>st</sup> December 2020 and has been formally received by the Velindre University NHS Trust Board, together with our partner organisations via the CCLG.
- 3.3** The recommendations are being taken forward in two ways: at system level, primarily via the Collaborative Cancer Leadership Group (CCLG), and through the Velindre Futures initiative building on the Phase 1 work of the four Task and Finish Group.
- 3.4** A separate update is provided as a substantive item on the PDB agenda describing next steps following the publication of the report including the governance process and ownership for each of the actions under the recommendations. The TCS PMO will support the tracking and progress of the actions. Development of a full action plan with Health Board partners is ongoing.

### ***Velindre Futures***

- 3.5** The second Velindre Future (VF) Programme Board was held on 4<sup>th</sup> March 2021 and was attended by the Senior Programme Delivery & Assurance Manager who presented an update on the latest developments from the TCS Programme. This update included the TCS Master Programme Plan to highlight the interdependencies between the constituent projects and their key milestones. It was agreed that including the key milestone from the VF Programme once developed would also be beneficial to identify further interdependencies.
- 3.6** The governance arrangements were again considered, recognising that these were still emerging, and the Terms of Reference needed to be kept under review. The VF Programme Board also received the draft Terms of Reference for the proposed Development & Delivery Groups within VCC.
- 3.7** Clarifying how the regional CCLG development work, such AOS (which clearly has implications for the VCC delivery model), needed to be considered further. This was also true of the relationship with several of the current TCS projects. The importance of clear governance and decision making arrangements were highlighted, particularly in respect of Projects 5 (Outreach), where several

groups had an interest and a remit. The COO is leading an action to help clarify the governance.

- 3.8** The fortnightly progress meetings continue between the TCS PMO and Velindre Futures PMO to ensure alignment as work programmes emerge and the Nuffield recommendations are taken forward. This also supports joint risk reviews and risk information sharing between programmes.

### ***Velindre Futures Research & Development (R&D)***

- 3.9** The PMO are providing support to the Velindre Futures Research & Development (R&D) Task & Finish Group on a temporary basis to scope the implementation phase as a result of their VF Phase 1 work. This will include understanding the aims and objectives of their work, the relationship with other internals and externals R&D Group, establishing the governance arrangements and scoping the resources required. The first draft of the implementation plan has been developed following a series of meetings with R&D leads.

### ***'Deep Dives'***

- 3.10** A series of 'Deep Dives' into each service area in VCC are underway, supported by the VF PMO. The Deep Dive sessions aim to enable agreement of priorities, issues, critical dependencies and risk. They will support the development of the active delivery work programme and seek to ensure that changes are planned and phased in a way that enables them to be delivered alongside current operational work.
- 3.11** The deep dives are focused on answering on 5 key questions:
- Where will your service be in three years' time under your leadership?
  - What will year one look like?
  - What are the service pressures?
  - What are the projects that you have ongoing or planned?
  - What is the impact of CaNISC or other system changes?
- 3.12** Seven deep dives have been undertaken to date and attended by the Senior Programme Delivery & Assurance Manager. This has proved exceptionally helpful in identify links between emerging service area work programmes and the TCS Programme.
- 3.13** The main emerging themes have predominantly been around workforce and skill mix, although there are some notable points for TCS in respect of potential future design implications (e.g. isolation space required for future service develop ambitions and research participation) and the potential impact on the MIM contract (e.g. generation of income through private patients).
- 3.14** A further update will be provided to the PDB once all the deep dives have been concluded.

### ***Risk Management***

- 3.15** Risk across the Programme and Projects continues to be monitored and engagement with each of the Projects in regards to management of risk remains ongoing with the Programme Risk Advisor. A full and up to date risk report is submitted as a substantive item.

### ***Programme-wide Communications***

- 3.16** An informal, monthly TCS Programme and Project-wide meeting has been established by the PMO and was held for the first time on 12<sup>th</sup> February. The aim of the meeting is to informally share information and updates across all project and programme personnel, particularly whilst the teams are working remotely. Feedback from the first meeting was positive.
- 3.17** It was requested at the first meeting that further information on the progress of Velindre Futures be shared which has now been scheduled for the next session with an update provided by Sarah Richards and/or Jenna Chapman from the VF PMO.
- 3.18** The next meeting will be held on the 17<sup>th</sup> March.

### ***Notable Updates from the Seven Projects affecting the Programme***

- 3.19** 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.
- 3.20** **nVCC and Enabling Works** – The OBC has been presented to the IIB and an outcome is awaited. In a Senedd Plenary Debate on 3<sup>rd</sup> March, the Minister for Health and Social Services indicated that he would be considering the formal advice and making a determination at the end of the same week. An application made to the Cardiff Council Planning Committee to extend the submission period for the reserve matters by 18 months was approved at a meeting on the 27<sup>th</sup> January 2021. Following the Judicial Review period ending on 12<sup>th</sup> March 2021, if there is no challenge, this will allow time for Competitive Dialogue to progress and for the preferred bidder to submit a number of the matters as final documents. The CAP 1 process has now been completed and a full update is provided as a substantive item on the agenda.
- 3.21** The **Integrated Radiotherapy Solution** continues to progress in competitive dialogue and the process is almost ready to conclude. The Project have now commenced the trial tender process which is expected to conclude on the 29<sup>th</sup> March 2021 prior to final tender and the selection of a preferred bidder. **Project 3 sub-groups** have once again begun to progress following COVID-

19 secondments of staff. Medical and non-medical sub-groups are working to ensure equipment is agreed in-line with required specifications and the MiM interface sub-group is working to consider any clinical changes that may affect the costings under the MiM model, including those that may come from the publication of the Nuffield Trust advice.

- 3.22** The **Radiotherapy Satellite Centre** continues to progress. The OBC was presented to the IIB in December and was formally approved at the end of January 2021. The enabling works are expected to be able to commence in early 2021 with ABUHB bearing the initial cost prior to FBC approval, at risk. Work has now commenced with the supply chain partner on detailed designs and the Community Health Council are being consulted. Patients will be engaged during the detailed design process to allow them to influence areas falling outside of technical specifications. A patient survey has recently been published and the results will be utilised in designing the common areas.
- 3.23** **Outreach** had once again begun to progress, however, due to the service pressures from COVID and Health Board personnel being engaged in the COVID-19 Vaccination Programme efforts the January Project Board was cancelled and works relating to change and analysis for re-modelling is now delayed. There is also consideration needed as to which elements will move to the Velindre Futures scope and which remain within TCS. The next Project Board is expected to take place on the 22<sup>nd</sup> March 2021.
- 3.24** **Service Delivery and Transition** has not progressed however consideration is now being given to the most appropriate mechanism to progress this work in light of the scope of the Velindre Futures Programme. The recommendations contained in the Nuffield Advice will also have an impact on how this project is progressed.

### ***Master Programme Plan***

- 3.25** 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**

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

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

## 5 RECOMMENDATION

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



## TCS PROGRAMME SCRUTINY SUB-COMMITTEE

### NUFFIELD TRUST INDEPENDENT ADVICE – A PROGRESS UPDATE

<b>DATE OF MEETING</b>	18 <sup>th</sup> March 2021
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable – Public Report
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<b>PREPARED BY</b>	Carys Jones, Senior Programme Delivery & Assurance Manager Carl James, Director of Strategic Transformation, Planning and Digital
<b>PRESENTED BY</b>	Carl James, Director of Strategic Transformation, Planning and Digital
<b>EXECUTIVE SPONSOR APPROVED</b>	Carl James, Director of Strategic Transformation, Planning & Digital

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

COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	11/03/21	Noted

#### ACRONYMS

CCLG	South East Wales Cancer Collaborative Leadership Group
FBC	Full Business Case
IIB	Infrastructure Investment Board
LHBs	Local Health Boards
NT	Nuffield Trust
OBC	Outline Business Case
VT	Velindre University NHS Trust

## 1. PURPOSE

- 1.1 The purpose of this paper is to provide an update on progress against the recommendations contained within the Nuffield Trust (NT) report<sup>1</sup> published on 1<sup>st</sup> December 2020.
- 1.2 In February 2021, the TCS Programme Delivery Board (PDB) received, for noting, a draft action plan to deliver the recommendations set out by the Nuffield Trust. This paper provides an update against the draft action plan.

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Nuffield Trust were commissioned by Velindre University NHS Trust in September 2020 to provide independent advice on the regionally integrated model for non-surgical tertiary cancer services across South East Wales.
- 2.2 The report sets out 11 recommendations for Velindre University NHS Trust and Health Board (HB) partners to consider in securing planned and sustained improvements in cancer services in the immediate, medium and long term.
- 2.2 The recommendations are broadly structured across the themes set out below in Fig.1.

**Fig.1**

Theme	Area of work	NT Report Recommendation
<b>1</b>	<b>Strategic Leadership:</b> Further development of CCLG towards an 'alliance' type body; enhance programmed arrangements (public health to end of life); scoping of a cancer strategy for South East Wales	1
<b>2</b>	<b>Service Change and Transformation:</b> Development of a Target Operating Model for non-surgical oncology services and its interface with LHBs; broader service requirements.	3, 4, 5, 6, 7, 8, 9

<sup>1</sup> Advice on the proposed model for non-surgical tertiary oncology services in South East Wales (Nuffield Trust, December 2020)

<b>3</b>	<b>Infrastructure and Investment:</b> Development of infrastructure plans, business cases and investment proposals	New infrastructure from recommendations 3–9; 10, 11
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- 2.3 A high-level action plan has been developed which sets out a broad framework for progressing the recommendations (see Annex A).
- 2.4 The Nuffield Report was considered by the Cancer Collaborative Leadership Group (CCLG) on 21<sup>st</sup> January 2021 who accepted all recommendations and responsibility for supporting the delivery of regional recommendations.
- 2.5 The current position against each of the recommendations is set out in the 'Progress' column in Annex 1.
- 2.6 Each recommendation has also been mapped to the corresponding VUNHST Board Committee responsible for overseeing whether the organisation is fulfilling its (VUNHST specific) accountabilities within each recommendation.
- 2.7 In addition to the updates contained in Annex 1, progress since the last report to the TCS Programme Delivery Board on 22<sup>nd</sup> February can be summarised as follows:

## **STRATEGIC AND SERVICE DEVELOPMENT**

### **a) Partnership Boards:**

- The Partnership Board with **Cardiff and Vale UHB** was held on 4<sup>th</sup> February. The Terms of Reference were agreed, together with the immediate work priorities. The next Partnership Board meeting is planned for 23<sup>rd</sup> March.
- The inaugural Partnership Board meeting with **Cwm Taf Morgannwg** University Health Board (CTMUHB) is currently planned for the end of April. Initial high level views have been shared on the work programme content and priority areas.
- A date is currently being sought the **Aneurin Bevan University Health Board** (ABUHB) Partnership Board.
- A **Velindre@CAV workshop** was held with CAVUHB colleagues on the 26<sup>th</sup> February 2021. Initial thoughts on project scope and the required outputs were discussed. A first draft Project Brief has been developed and is being progressed. An internal VCC workshop to discuss these further is planned for

w/c 15<sup>th</sup> March. The next meeting with CAVUHB is being arranged for the start of April.

#### **b) Collaborative Cancer Leadership Group (CCLG)**

- The VUNHST CEO has spoken to all three CEO peers regarding the potential for evolving the role of the CCLG. A date has been identified for a workshop in mid-April to explore the progression of the CCLG towards an alliance type model in line with the Nuffield Trust recommendation.
- Contact has been made with a number of organisations who have either Cancer Alliance or Cancer Vanguard type system arrangements. Initial discussions with a range of partners are underway to explore how they (or similar organisations) could potentially support the development of these Alliance/Vanguard arrangements locally.

#### **VELINDRE FUTURES & VCC SERVICE DEVELOPMENT**

- 2.8 Draft final outputs from the Service Model Co-ordination Group were presented on the 4<sup>th</sup> March 2021 and were well received. These reflected the work completed by the Phase 1 Task and Finish Groups of the Velindre Futures Programme.
- 2.9 Final outputs are expected no later than end March 2021.
- 2.10 This work will then be mapped to where it is best delivered, for example, at a regional level or within the Velindre Futures Programme.

#### **3. IMPACT ASSESSMENT**

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required



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<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.

#### 4. RECOMMENDATION

4.1 The Programme Scrutiny Sub-Committee is asked to:

- **NOTE** the progress update

## Annex 1 Draft Action Plan: Requires further update following discussions with Regional Partners

Updates for March 2021 are illustrated in **GREEN**.

	Recommendation	Key actions* <i>*To be finalised following discussions with partners</i>	Lead	Senior Responsible Officer	Timescale	Progress	Board Committee responsible for oversight of fulfilling the VUNHST accountabilities within each recommendation
1	<p>The planning process for all South East Wales cancer services needs to be reviewed and its coordination improved, with the development of a common dataset and planning approach put in place.</p> <p>Steps have been taken to support this and it is going to be very important that the CCLG is effective – this will help to fill the strategic gap in the planning of cancer services that has existed across South East Wales. There are some</p>	<p><b>Developing CCLG</b></p> <ul style="list-style-type: none"> <li>Agree strategic approach for SE Wales e.g. Alliance or Vanguard model</li> <li>Develop approach/plan to evolve CCLG e.g. programme/ governance/ resources</li> </ul> <p><b>Developing strategy for South East Wales</b></p> <ul style="list-style-type: none"> <li>Initial discussions across region/scoping</li> <li>Establish arrangements for strategy development</li> </ul>	<p>LHBs/ VUT</p> <p>LHB/VUT</p> <p>LHB/ VUT</p>	Carl James	On agenda of CCLG 23 April 2021	<ul style="list-style-type: none"> <li>CEOs/CCLG all agree on principle of approach</li> <li><b>Regional workshop planned for April 2021</b></li> <li>Initial resource request made/ supported in principle by PHW</li> </ul>	<b>Strategic Development Committee</b>

	<p>lessons from the development of the more successful cancer alliance models in England that could be followed. These take responsibility not only for the planning of cancer services but also for leadership and performance management.</p>	<ul style="list-style-type: none"> <li>Develop plan/Identify resources/arrangements etc.</li> </ul>					
2	<p>Full co-location would have advantages but is not practical for a significant period of time. However, action is required soon to deal with the issues with the estate and linear accelerators at the VCC.</p>	<ul style="list-style-type: none"> <li>Secure approval for OBC for new Velindre Cancer Centre</li> </ul>	VUT	David Powell	March 2021	<ul style="list-style-type: none"> <li>OBC submitted and IIB scrutiny complete</li> <li>Commercial Approval Point (CAP) Review meeting took place 22-24<sup>nd</sup> Feb 2021</li> <li>CAP report received and a management action plan will be received by the Trust Board on 15<sup>th</sup> March</li> </ul>	TCS Programme Scrutiny Sub-Committee



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		<ul style="list-style-type: none"> <li>Secure approval for OBC/FBC for new Linacs for SE Wales</li> </ul>	VUT	Carl James	July 2021	<ul style="list-style-type: none"> <li>Final draft tender issue on March 8<sup>th</sup> 2021</li> <li>Draft OBC/FBC submitted</li> </ul>	
3	<p>In the near future, each LHB needs to:</p> <p>a) Develop and implement a coordinated plan for:</p> <ul style="list-style-type: none"> <li>analysing and benchmarking cancer activity against other areas</li> <li>advice and decision support from oncology for unscheduled cancer inpatient admissions via A&amp;E</li> <li>acute oncology assessment of known cancer patients presenting with symptoms/toxicities, with inpatient admission an option on a district general hospital site if</li> </ul>	<p>LHB input</p> <ul style="list-style-type: none"> <li>Benchmarking plan etc.</li> <li>Develop a revised target operating model for non-surgical tertiary oncology services including alignment of the AOS/ambulatory care models</li> </ul>	<p>LHBs/ VUT</p> <p>LHB/VUT</p>	TBC	TBC	<p><b>Regional Operating Model:</b></p> <ul style="list-style-type: none"> <li>Workshop planned for for March/April with LHBs to scope</li> </ul> <p><b>Phase 1: V@UHW:</b></p> <ul style="list-style-type: none"> <li>scoping meeting on 26<sup>th</sup> Feb 2021</li> <li>Further clinical workshops planned between now and 16<sup>th</sup> April</li> </ul> <p><b>Phase 2: V@Cwm Taf</b></p> <ul style="list-style-type: none"> <li>Initial executive meeting in March and</li> </ul>	<p>Strategic Development Committee – for design and development</p> <p>Quality, Safety &amp; Performance Committee – for delivery.</p>



	<p>needed, complemented by the Velindre@ ambulatory model, bringing models for Haemato-oncology and solid tumor work together</p> <p>b) Consider the lessons of Covid-19 in terms of remote access for patients and the remote provision of advice, multidisciplinary team meetings and other methods for improving access to specialist opinion.</p>					scoping meeting in April 2021	
4	<p>The new model should not admit who are at risk of major escalation to inpatient beds on the VCC. These patients should be sent to district general hospital sites if admission is required, to avoid a later transfer. The admission criteria for inpatient</p>	<ul style="list-style-type: none"> <li>Agree changes to current admission criteria</li> <li>Changes in operational flows of small number of acutely unwell patients to DGH</li> </ul>	<p>LHBs/VU T</p> <p>LHBs/VU T</p>	Eve Gallop-Evans/ Jaz Abrahams/Nicola Williams	On agenda of CCLG 23 April 2021	<ul style="list-style-type: none"> <li>Unscheduled Care Group piloting revised VCC admissions criteria</li> <li><b>Phase 1: V@UHW: scoping meeting held</b></li> </ul>	<p>Strategic Development Committee – for design and development</p> <p>Quality, Safety &amp; Performance Committee for delivery.</p>



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	admission to the VCC therefore need to be revised to reduce the risks associated with acutely ill patients. Regular review of admissions and transfers should be used to keep this and the operation of the escalation procedures under review					<p>on 26<sup>th</sup> Feb 2021</p> <ul style="list-style-type: none"> <li>- Phase 1 Velindre Future outputs are drafted, awaiting final version by end March 2021</li> </ul>	
5	To support recommendations 4 and 5, and the research strategy, a focus on cancer including Haemato-oncology and a hub for research needs to be established at UHW. There would be advantages to this being under the management of the VCC, but in any case, the pathways between specialists need work in order to streamline cross-referral processes. Such a service would provide many of the benefits of co-location – access to interventional radiology,	<ul style="list-style-type: none"> <li>• Identification of options/solutions to develop a hub at existing UHW</li> <li>• Exploration of strategic solution for long-term V@ facility in UHW2 and alignment of strategic capital business cases</li> </ul>	C&VLHB/ VUT C&V/VUT	Eve Gallop- Evans/Jaz Abrahams/ Nicola Williams	On agenda of CCLG 23 April 2021	<ul style="list-style-type: none"> <li>- Velindre Futures RD&amp;I strategy completed</li> <li>- Phase 1: V@UHW: scoping meeting held on 26<sup>th</sup> Feb 2021 – scope will include RD&amp;I</li> </ul>	<p>Strategic Development Committee – for design and development</p> <p>Quality, Safety &amp; Performance Committee for delivery.</p>



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	endoscopy, surgical opinion, critical care and so on – albeit without the convenience of complete proximity.						
6	The ambulatory care offer at the VCC should be expanded to include SACT and other ambulatory services for Haemato-oncology patients and more multidisciplinary joint clinics. Consideration should be given to expanding a range of other diagnostics, including endoscopy, to create a major diagnostic resource for South East Wales that will be able to operate without the risk of services being disrupted by emergencies and which would also protect these services in the case of further pandemics.	<ul style="list-style-type: none"> <li>Review of current arrangements to determine what further opportunities exist for change in patient flows for (i) SACT (ii) Diagnostics.</li> <li>Development of Target Operating Model (as per recommendation 3)</li> </ul>	LHBs/ VUT	Eve Gallop- Evans/Jaz Abrahams (TBC)	On agenda of CCLG 23 April 2021	<p><b>Regional Operating Model:</b></p> <ul style="list-style-type: none"> <li>- Workshop now planned for April with LHBs to scope</li> <li>- <b>Phase 1:</b> V@UHW: scoping meeting on 26<sup>th</sup> Feb 2021</li> <li>- <b>Phase 2:</b> V@Cwm Taf</li> <li>- Initial executive meeting in March and scoping meeting in April 2021</li> </ul>	<p>Strategic Development Committee – for design and development</p> <p>Quality, Safety &amp; Performance Committee for delivery.</p>



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7	<p>The Velindre@ model needs further work to describe how it will operate, its interface with acute services and its relationship to the wider pattern of ambulatory care. This should include the integration and development of other ambulatory therapeutic services such as dietetics, occupational therapy, physiotherapy, psychological therapy and speech therapy.</p>	<ul style="list-style-type: none"> <li>Development of Target Operating Model developed for non-surgical tertiary cancer services which finalizes V@ requirements for at home/outreach care</li> </ul>	LHB/ VUT	Eve Gallop-Evans/Jaz Abrahams/Nicola Williams	On agenda of CCLG 23 April 2021	<p><b>Regional Operating Model:</b></p> <ul style="list-style-type: none"> <li>- Workshop now planned for April with LHBs to scope</li> <li>- <b>Phase 1:</b> V@UHW: scoping meeting held on 26<sup>th</sup> Feb 2021</li> <li>- Acute oncology service business case on track to be finalized for 31<sup>st</sup> March 2021</li> <li>- Initial implementation resource has been identified by VT and HBs to commence in April.</li> </ul>	TCS Programme Scrutiny Sub-Committee (as already part of PBC)
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8	The development of a refreshed research strategy is a priority and further work is required to fully take advantage of the networked model.	<ul style="list-style-type: none"> <li>Final VCC strategy</li> <li>Alignment of research, development and innovation strategies across South East Wales</li> <li>across regional RD&amp;I strategies</li> <li>alignment with development of service/infrastructure : <ul style="list-style-type: none"> <li>(i) UHW acute/research hub</li> <li>(ii) Velindre@ locations</li> <li>(iii) Centre for Learning</li> </ul> </li> </ul>	VUT          C&V/VUT	Mererid Evans	February 2021	<ul style="list-style-type: none"> <li>Velindre Futures RD&amp;I strategy completed</li> <li><b>Phase 1:</b> V@UHW: scoping meeting held on 26<sup>th</sup> Feb 2021</li> </ul>	RD&I Sub-Committee
9	Organisational development and other work to create a successful cancer network is going to be required but has not featured much in our	<ul style="list-style-type: none"> <li>Development of regional workforce plans</li> </ul>	LHBs / VUT	Sarah Morley / regional partners (TBC)	On agenda of CCLG 23 April 2021		Strategic Development Committee



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	conversations for this report.						
10	Flexibility in design is going to be important both for the new VCC and for whatever is developed at the new UHW due to the rapid change in the nature of treatment and research.	<ul style="list-style-type: none"> <li>Flexibility built into new Velindre Cancer Centre specification</li> <li>Strategic review of future opportunities across the region in advance of proposed developments e.g. community diagnostics strategy; local cancer plans; split acute/elective sites; proposed UHW2 development etc.</li> </ul>	VUT  LHBs / VUT	David Powell	31 <sup>st</sup> March 2021	Completed	TCS Scrutiny Sub-Committee
11	There are future strategic development opportunities provided by the development of a new VCC and a proposed UHW2. Working together over the 15- to 20-year window, the health system should look to	<ul style="list-style-type: none"> <li>Establishment of strategic planning capability under the leadership of the CCLG to identify service/infrastructure requirements in</li> </ul>	LHBs / VUT	TBC	TBC	<p>CAV: PBC for UHW2 has been developed.</p> <p>CAV &amp; VUHT to engage on future strategic opportunities regarding service and infrastructure</p>	Strategic Development Committee

	exploit these development opportunities in light of future service needs.	planned infrastructure <ul style="list-style-type: none"> <li>Partnership between Cardiff LHB, Velindre University NHS Trust and Cardiff City Council on master planning activities in North Cardiff</li> </ul>					
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