Bundle Public - Transforming Cancer Services Scrutiny Committee Meeting 19 April 2021

TRANSFORMING CANCER SERVICES
TCS Programme Scrutiny Sub-Committee
Public Session

19th April 2021, 14:00-14:20hrs
Trust Headquarters, Nantgarw (via Teams)

AGENDA

REF.	ITEM	Owner	Form	Action
STANDARD BUSINESS				
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
PROGRAMME GOVERNANCE				
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
PROGRAMME DELIVERY				
3.1	TCS Programme Managers Update	Carys Jones	Paper	Note
3.2	Nuffield Trust Report – Progress Update	Carl James	Verbal	Note
ANY OTHER BUSINESS				

TCS Programme Scrutiny Committee
Public Session

MINUTES OF THE MEETING HELD
18th March 2021
14:00 – 15.00 Trust Headquarters, Nantgarw (via Teams)

Members Present:

Stephen Harries (SHarries)	Independent Member (Chair)
Gareth Jones (GJ)	Independent Member

In attendance:

Professor Donna Mead (DM)	Trust Chairperson
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
David Powell (DP)	nVCC Project Director
Andrew Davies (AD)	Principal Project Manager
Mark Ash (MA)	Assistant Director of Finance, TCS
Phil Roberts (PR)	nVCC Design Advisor
Katie Foward (KF)	Programme Coordinator (Minute Taker)
Bethan Lewis (BL)	TCS Programme Planner and Risk Advisor

Apologies:

Hilary Jones (HJ)	Independent Member
Martin Veale (MV)	Independent Member
Donald Fraser (DF)	Independent Member
Steve Ham (SHam)	Trust Chief Executive
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
Gavin Bryce (GB)	Associate Director of Programmes, TCS

1.0	**STANDARD BUSINESS**	**ACTION**
1.1	Welcome / Apologies SHarries welcomed the Group and apologies were noted as above.	
1.2	Declarations of Interest No declarations of interest were received.	
1.3	Previous Minutes The minutes were found to be an accurate record of the meeting on 24th February 2021 and were **Approved subject to;** changing item 1.1 from 'GJ' to 'HJ'. A change at item 3.1 from 'one person from each department' to ' one person from each executive peer group' and a change at 3.3 to note that the CCLG received the same version of the paper but it was not fully developed as opposed to a less detailed paper.	
1.4	Action Log 93 – Meetings have taken place with the Welsh Ambulance Service (WAST) and the Trust is now clearer on their process. This action to be closed and a new action to be opened to take forward discussions with WAST as to how the data is managed and how calls are handled in the future, possibly by calling 111 for example as opposed to 999 to avoid any misinterpretation. CJames will speak with the operations team to understand what can be done to amend the process now as well as in the future. 94 – Action to close, LF has provided mapping in the Nuffield Trust paper against the Committee and Board structure. If attendees are in agreement, the mapping will be formally added to the governance process.	
	PROGRAMME GOVERNANCE	
2.1	Communications and Engagement LF introduced the paper to the meeting. LF advised that this report will be presented in part A of the Trust Board papers. The key activity over the last month has focused on social media engagement through the Velindre Matters Facebook page. Internal engagement on Velindre Futures is ongoing as is engagement around the design for the Radiotherapy Satellite Centre. A key milestone this month was the Senedd Plenary debate on the two opposing petitions. Public engagement has now commenced with Cardiff Council and Cardiff University to seek to involve a new generation of designers for the nVCC. GJ noted a typing error under political engagement, one 'two' should be removed. GJ noted that under Radiotherapy Satellite Centre a strategic document for communications is mentioned. HL advised that this is a high level communications strategy that was presented to the Project Board on the 11th March 2021 and was well received. Staff at Velindre continue to work with partners at Aneurin Bevan University Health Board to ensure joint working across all areas of engagement. The Sub-Committee **Noted** the Paper.	

2.2	TCS Finance Report	
	MA introduced the paper to the meeting.	
	There are no significant finance issues as we approach year end. The report outlines the capital and revenue spend to date with a small underspend noted on both, as such the Programme remains within budget. There are no financial risks to be reported in this period.	
	GJ noted that in the heading to paragraph five February is spelt incorrectly. SHarries queried the spend in section 2.2. MA advised that it provides the cumulative spend to March 2021.	
	The Sub-Committee **Noted** the Paper.	
2.3	TCS Programme Risk Register	
	BL introduced the paper to the meeting.	
	It was noted that there has been a further reduction in the proportion of red and amber rated risks indicating that the highest rated risks are being well managed and mitigated where possible.	
	Projects 1&2 have closed a number of risks and issues. One risk has been escalated to a 12 score but has clear mitigating actions in place. A further risk has had its score reduced.	
	Project 3A have closed one risk however, another has been opened in relation to resource, this is being actively managed and the score is expected to reduce in the next reporting period.	
	A recent meeting has taken place with Project 4 and a number of changes made which will be provided in the next reporting period.	
	A Project Board will take place for Outreach on the 22nd March and further updates are expected on risk in the next reporting period.	
	Project 6 risks are under review however, ownership will become clearer once the full scope of Velindre Futures is developed.	
	SHarries queried whether there was a risk in IRS that the contracts by nature of the work were fixed term and some may take permanent employment elsewhere during the process. CJames advised that a number of staff are specialist and so are recruited only for the duration of the Project. The main issue pertains to the loss of these staff. The Shared Services specialist colleague has returned following a bereavement noting his commitment to the Project to continue. HL noted that Projects are always vulnerable to loss of staff however, all is proceeding to plan and resource is being managed.	
	The Sub-Committee **Noted** the Paper.	
	PROGRAMME DELIVERY	
3.1	TCS Programme Managers Update	
	CJones introduced the paper to the meeting.	
	The paper provides the key updates from the wider Programme. The next Collaborative Cancer Leadership Group (CCLG) is set for the 23rd April and a draft agenda is in circulation. The key item will be the Acute Oncology Service Business Case. There will also be an item on the Velindre@ models and	

	discussions as to how to take these forward following the recommendation of the Nuffield Trust. The Velindre Futures Programme held their second Board with discussion around the governance and Terms of Reference. Communications between the two Programmes continue to ensure clear alignment and responsibilities. Implementation plans are being developed for Research, Development, and Innovation whilst considering opportunities across the wider service. Velindre Futures have carried out 'deep dives' into a number of service areas to determine their priorities and direction of travel for future services including the need for future workforce planning. Risk management across the Programme is ongoing and Programme wide communication sessions have been well received with the second session taking place this week. The report also provides updates on each of the Projects where there may be interdependencies to consider across the wider Programme. The Sub-Committee **Noted** the Paper.	
3.2	Nuffield Trust Report – Progress Update CJames introduced the paper to the meeting. The paper provides the Committee with the progress to date on the work completed and the future action plans against recommendations from the Nuffield Trust. This paper will be taken to the CCLG on the 23rd April to ensure that recommendations that require action from Health Board partners are considered at a regional level. This will then ensure clear plans and responsibilities are in place which the Programme can monitor progress against. Mapping against the Committee and Board structure is contained within the paper and attendees were content with the governance process. The mapping will now be brought into the wider governance process and action 94 above can be closed. The Sub-Committee **Noted** the Paper.	
4.0	**ANY OTHER BUSINESS**	
4.1	Any Other Business No other business was received.	

TCS Programme Scrutiny Sub-Committee

19th April 2021

Action Summary - PUBLIC

No.	Action	Owner	Date Raised	Target	Status
95	**A new action to be opened to take forward discussions with the Welsh Ambulance Service Trust (WAST) as to how the data is managed and how calls are handled in the future to avoid any misinterpretation.**	**CJames**	18.03.2021	June 2021	Ongoing

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Communications and Engagement Update

DATE OF MEETING	19 April 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	15/04/21	Noted

ACRONYMS	
	None

1. **BACKGROUND**

1. This paper provides the Committee with an update on programme communications and engagement since January 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. The strategy will be reviewed.

2.   ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Over the reporting period we focused our efforts on:

- Supported the communications needs of the CCLG;
- Supported the development of the Velindre Futures programme particularly the development of a statement of intent, associated design needs and a communications and engagement menu for the Senior Management Team's consideration;
- Responding to correspondence from a wide range of stakeholders;
- Engagement with the local MS and MP;
- Provided counsel relating to pre-election guidance and its impact on external engagement activity;
- Managed content and responses to the Velindre Matters Facebook page;
- Managed multiple media requests;
- Developed media interview plans with key titles;
- Managed the post OBC Radiotherapy Satellite Centre patient engagement;
- Refreshed staff engagement event survey;
- Ongoing communications and engagement counsel and support of related programme project delivery;
- Delivered plans and narrative in support of the approval outcome for the new Velindre Cancer Centre OBC; and
- Updated the six-month plan to support programme milestones.

Velindre Matters

Due to pre-election guidance, Velindre Matters will focus primarily on sharing factual content through the developed 'You Said, We Answered' feature during the purdah period. This content will cover frequently asked questions previously received relating to the new Velindre Cancer Centre, the Radiotherapy Satellite Centre and wider issues to ensure followers continue to receive credible, accurate information.

The Velindre Matters Twitter profile will also launch during April 2021 to provide complimentary social content to the Facebook page.

Media Engagement

As part of the ongoing proactive approach to media relations, an interview package will be developed for key media titles.

This will be supported by virtual media training for executive leadership, as well as identified project leads which will ensure that VUNHST have spokespeople available in line with reactive and/or proactive media approaches.

Internal Communications and Engagement

We are refreshing the existing staff survey and standardising the approach, to ensure that we receive constructive feedback following engagement events that will align with our ongoing internal communications strategic priorities to increase staff voice.

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)

The collaborative communications and engagement strategy has now been approved between partner health boards and VUNHST.

The implementation plan has been updated to note date changes and will remain a dynamic document as part of the ongoing project requirements.

Following the success of the patient engagement survey relating to the satellite centre design undertaken in February 2021 and in line with CHC requirements, an integrate engagement campaign relating to service change will launch in May 2021. This will seek to inform and gain feedback from patients, staff and wider community on the service change being delivered through the satellite centre.

Engagement planning – supporting planning process needs.

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 then advise 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. Both activities will launch in May 2021.

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

Minecraft for Education

The communications and engagement planning for the Minecraft for Education campaign with Cardiff City Council and Cardiff University is in its final stages. This activity is set to launch in May 2021 and will provide feedback to the competitive dialogue process for the new Velindre Cancer Centre in early June 2021.

A communications pack will be developed to share with partner organisations as part of the launch and subsequent promotion during the campaign period.

Engagement Events

As part of the Down to Earth and VUNHST collaborative engagement approach, a series of engagement events will be undertaken on the new Velindre Cancer Centre site that will focus on raising awareness, providing reassurance and informing key stakeholders of plans. These events will be held during May, July and August.

This activity will correlate with the digital consultation and citizen science activity that will also be undertaken during this period.

Next Steps

For the next month, our priorities will be as follows:
- Ongoing management of the Velindre Matters social media profile(s);
- Finalising plans for Down To Earth community engagement activity for new Velindre Cancer Centre site between May and August;
- Ongoing management of the Down to Earth digital engagement plans;
- Finalising service change engagement campaign ahead of May launch;
- Finalising plans for Minecraft for Education campaign ahead of May launch;
- 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 content new regular external stakeholder bulletin ahead of late April launch;
- Supporting the ongoing staff engagement sessions.

Recommendation

The Committee is asked to note the update.

3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

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

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2020-21 MARCH 2021

DATE OF MEETING	19th April 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report

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

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	15/04/2021	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 12.

2. BACKGROUND

2.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following the completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.

2.2 It should be noted that as at March 2020, the Cabinet Secretary for Health, Well-being and Sport, has approved capital and revenue funding for the TCS Programme and its associated Projects. The total cumulative expenditure as at the end of March 2020 was £17.375 Capital and £2.621m for Revenue.

2.3 In addition to WG funding, NHS Commissioners agreed in December 2018 to provide annual revenue funding towards the TCS Programme, £0.400m of which was provided in 2018/19, £0.420m in 2019-20, and £0.420m in 2020-21.

2.4 In the financial year 2019-20, the Trust provided the nVCC and Enabling Works projects with £0.060m of revenue funding from its own baseline revenue budget. Previously direct revenue support for these projects had been provided by WG. .

2.5 The Radiotherapy Procurement Solution PBC (Project 3 – Equipment and Digital) was endorsed by WG in 2019-20. Capital funding of £1.110m was approved from July 2019 to December 2022, with £0.347m provided in 2019-20. Re-profiling of the funding resulted in a revised funding allocation of £0.250m for the 2019-20 financial year. The slippage of £0.097m has been reprovided in the next financial year, increasing the allocation for the financial year 2020-21 from £0.451m to £0.548m.

3. FUNDING

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

3.1 In October 2020, Welsh Government provided capital funding for the nVCC and EW Projects of £3.261m. 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 was undertaken by the Enabling Works Project and it was determined that the funding provided for the Reserved Matters Application fee of c£0.200m was not required. This position has been 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**
Programme Management Office There is no capital funding requirement for the PMO at present	£nil	
Allocation from funding provided from Commissioners for 2020-21 to cover direct clinical/management support and PMO		£0.240m
Project 1 – Enabling Works for nVCC **Project 2 – nVCC** *WG Capital Funding* Capital funding from WG was provided in October 2020	£3.031m	
Funding for Reserved Matters Application Fee released to the Trust's Discretionary Capital Programme	-£0.199m	£0.030m
Revenue Funding Revenue funding to cover project delivery costs was provided by the Trust in October 2020		
Project 3a – Radiotherapy Procurement Solution £0.451m capital funding provided in 2020-21 plus £0.097m capital funding reprovided from 2019-20	£0.548m	£nil
Project 4 – Radiotherapy Satellite Centre Project is led and funded by the hosting organisation, Aneurin Bevan University Health Board, and no funding requirement is expected from the Trust for 2020-21	£nil	£ nil
Project 5 – SACT and Outreach Funding has been requested for this project however none has been provided to date	£nil	£nil
Project 6 – Service Delivery, Transformation and Transition No capital funding requirement at present	£nil	
Allocation from funding provided from Commissioners for 2020-21 to cover direct clinical/management support and PMO		£0.180m
Funding provided from the Trust's core revenue budget towards the costs of the Project Director post		£0.067m
Funding transferred from Velindre Cancer Centre toward the costs for the Project Manager post		£0.049m
Funding provided from the Trust's core revenue budget for the Acute Oncology Service Business Justification Case		£0.050m

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

4. FINANCIAL SUMMARY AS AT 31ST MARCH 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

	Financial Year		
CAPITAL	**Annual Budget**	**Year End Outturn**	**Annual Variance**
	£	**£**	**£**
PAY			
Project Leadership	176,073	163,576	12,496
Project 1 - Enabling Works	85,687	85,681	6
Project 2 - New Velindre Cancer Centre	728,409	655,268	73,140
Project 3a - Radiotherapy Procurement Solution	416,000	375,246	40,754
Capital Pay Total	**1,406,169**	**1,279,772**	**126,397**
NON-PAY			
nVCC Project Delivery	76,850	55,752	21,097
Project 1 - Enabling Works	879,315	787,824	91,491
Project 2 - New Velindre Cancer Centre	885,697	1,036,067	-150,370
Project 3a - Radiotherapy Procurement Solution	132,000	172,544	-40,544
Capital Non-Pay Total	**1,973,861**	**2,052,187**	**-78,326**
CAPITAL TOTAL	**3,380,030**	**3,331,959**	**48,071**

	Financial Year		
REVENUE	**Annual Budget**	**Year End Outturn**	**Annual Variance**
	£	**£**	**£**
PAY			
Programme Management Office	210,000	207,741	2,259
Project 6 - Service Change Team	295,591	302,934	-7,343
Revenue Pay total	**505,591**	**510,675**	**-5,084**
NON-PAY			
nVCC Project Delivery	30,000	24,971	5,029
Programme Management Office	30,000	6,321	23,679
Project 6 - Service Change Team	50,000	50,255	-255
Revenue Non-Pay Total	**110,000**	**81,548**	**28,452**
REVENUE TOTAL	**615,591**	**592,223**	**23,368**

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

CAPITAL SPEND

Projects 1 and 2 Pay Costs

5.1 **WG Funded Staffing –** A full year spend of **£0.905m** for posts funded by WG reflects the current 'interim' posts against a budget of **£0.990m**. The underspend of £0.086m is due to a delay in staff recruitment and loss of staff. 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 **£0.056m** for the year for project support and running costs for Projects 1 and 2 against a budget of **£0.077m**. This is made up of internal audit fees, IT purchases, travel and subsistence, and general office costs. The underspend of £21k is due to a delay in the procurement of additional document portal services.

5.3 **Enabling Works -** There is a full year capital spend of **£0.874m** against a budget of **£0.965m**.

Work package	Spend to 31st March 2021
Pay	£0.086m
Planning (inc TCAR & Asda)	£0.090m
Master Planning & Feasibility Study	£nil
Third Party Undertakings	£0.175m
Enabling Works - Design & Employers Requirements	£0.525m
Enabling Works – Works	£0.001m
Miscellaneous Works – FoI Legal Advice	-£0.004m

5.4 **nVCC -** There is a full year capital spend of **£1.855m** against a budget of **£1.790m**.

Work package	Spend to 31st March 2021
Pay (including Project Leadership)	£0.819m
Project Agreement (PA)	£0.168m
Procurement Documents (PD)	£0.296m
Land Transfer	£0.029m
nVCC Technical Support	£0.515m
Competitive Dialogue Preparedness	£0.021m
Miscellaneous Works – FoI Legal Advice	£0.006m

Project 3a – Radiotherapy Procurement Solution

5.5 There is a full year spend of **£0.548m** (£0.375m pay, £0.173m non-pay) for the Integrated Radiotherapy Solutions Procurement Project against a budget of **£0.548m**.

REVENUE SPEND

Programme Management Office

5.6   The PMO spend for 2020-21 is **£0.214m** against a budget of **£0.240m**, made up of pay costs of £0.208m and non-pay costs of £6k. The underspend of £26k 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.

Projects 1 and 2 Delivery Costs

5.7   There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£25k** for 2020-21 against a budget of **£30k**. The cost is made up of rates and other running costs, with the underspend of £5k due to training and events not taking place due to COVID-19.

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

5.8   Service Change spend for 2020-21 is **£0.353** against a budget of **£0.346m**. This is made up of pay costs of £0.303m and non-pay costs of £0.050m for Healthcare Planner support for the Acute Oncology Services Business Justification Case (AOS BJC). The 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

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

8.   RECOMMENDATION

8.1   The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2020-21 as at 31st March 2021.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme & Project Risk

DATE OF MEETING	19th April 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

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.

1.3   It should be noted that the Risk update for this month is minimal owing to the Easter holiday period, staff annual leave and year-end pressures during this reporting period.

2.   ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1   Note latest TCS Programme Risk Landscape.

3.   IMPACT ASSESSMENT

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

4.   RECOMMENDATION

4.1   The Programme Scrutiny Sub-Committee are asked to:

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

TRANSFORMING CANCER SERVICES PROGRAMME

(South East Wales)
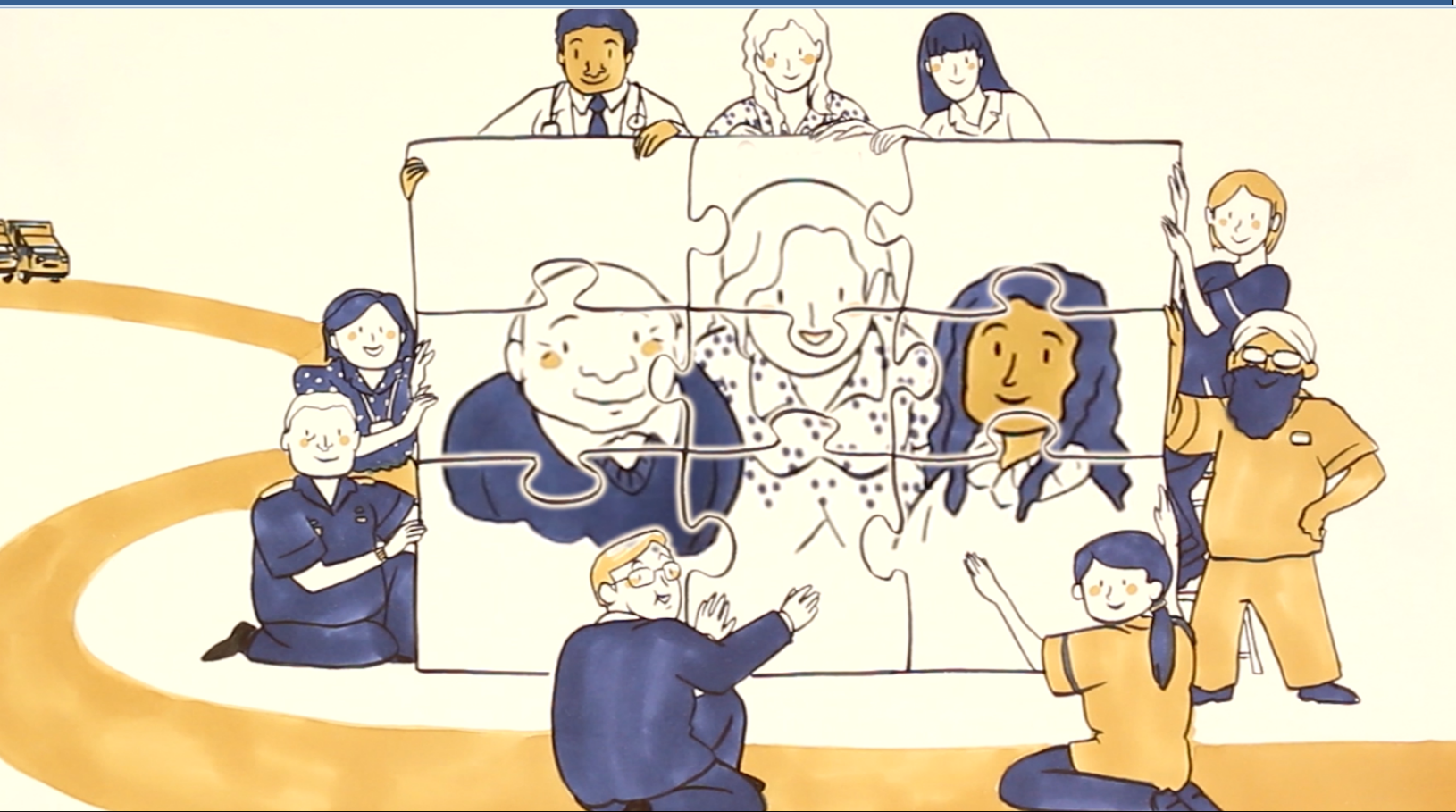
TCS Programme & Project Risk

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	30/03/2021	Bethan Lewis	Commencement of Document
0.2D			

Approvals

This document requires the following approvals:

Title / Group	Date	Version/Option
TCS Programme Delivery Board	15/04/2021	0.1
TCS Programme Scrutiny sub-Committee	19/04/2021	

Distribution

This document has been distributed to:

Name	Title	Date	Version
Carys Jones	Programme Delivery and Assurance Manager	13/04/2021	0.1

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APPENDICES

APPENDIX 1: PMO RISK REGISTER – APRIL 2021

APPENDIX 2: TCS PROGRAMME RISK REGISTER – APRIL 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 each month. There has been minimal change to the Programme & Project Risk Landscape in this reporting period however the total number of risks has reduced slightly from 132 risks to 130.

Figure 1: Breakdown of Risks Emerging from Projects

Risks emerging from…Totals

1. Enabling works for nVCC	31			2. nVCC	29			Totals	130
0	12	29	5	0	12	17	0		

3. Digital and Equipment	28			4. Radiotherapy Satellite Centre	10
3	9	16	0	1	7	2	0

Totals: 12 | 61 | 67 | 5

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	53			2. nVCC	78
3	24	22	4	8	35	34	1

3. Digital and Equipment	25			4. Radiotherapy Satellite Centre	34
5	17	3	0	6	16	12	0

5. SACT and Outreach	15			6. Service Delivery, Transformation and Transition	62
3	10	2	0	10	32	20	0

7. VCC Decommissioning	15			8. Programme	45
4	9	2	0	7	27	9	2
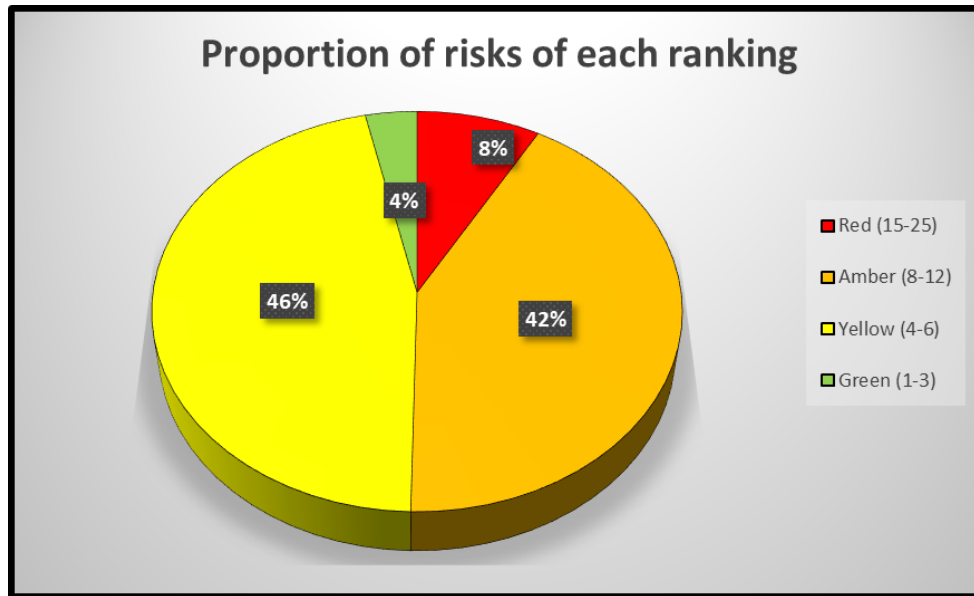
2.0   TCS Projects Risk Update

2.1   **Projects 1 & 2 – Enabling Works for nVCC & nVCC**

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

- Projects 1 & 2 have not had any changes to their Risk & Issues Register during this reporting period.

Project 3 – Digital & Equipment

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	5	0	0	0	5
Issues	0	0	0	0	0

- New risks have been added to the Digital & Equipment Risk Register, none of these risks have a 'current score' which meets the threshold to report to Programme Board. Further work is ongoing to establish action plans against these risks.

Project 3a – Integrated Radiotherapy Solution (IRS)

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

- There have been no changes to the IRS Risk Register in this reporting period. The Project is awaiting submission of the trial tenders which are expected on 12th April (to allow for the Easter holiday period) before moving ahead to the next phase.

Project 4 – Radiotherapy Satellite Centre (RSC)

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	2	1	1	1	5
Issues	0	0	0	0	0

- The Risk Register is now a standing agenda item at the joint Project Team meeting with ABHB where the risks are reviewed and any changes are discussed and agreed. There were a number of updates made during the March team meeting, those which meet the threshold for reporting to Programme Board can be seen below.

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R267	There is a risk that the OBC will be not be supported due to cost effectiveness linked to operational and workforce capacity and transition costs/capacity during implementation leading to potential for re-negotiations, re-drafting of OBC and delays to project completion.	**Closed**	N/A	Risk closed at March Project Team Meeting
R268	There is a risk that as the Equipment Project needs to be phased in parallel with RSC OBC, due to overlapping timeframes and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.	⬆	Likelihood 4 Impact 4 Overall 16 *Previous score Likelihood 4 Impact 3 Overall 12*	**Risk Owner – Andrea Hague** Current Score increased at March Project Team Meeting Mitigating actions: 1) RSC project requires a clear view IRS Project Risk landscape and links between the 2 projects in terms of risk registers and project plans 2) Ensure design is flexible and futureproof to allow for IRS solution 3) Review impact of delays to IRS Project on RSC Timeline

R318	There is a risk that formal consultation with CHCs will be required, which could impact on the current FBC submission timeline and approvals	NEW	Likelihood 3 Impact 3 Overall 9	**Risk Owner – Andrea Hague** New Risk raised at March Project Team Meeting Mitigating Actions: 1) Confirmation of whether consultation is required (this could come following how planned engagement has gone) 2) If required, need to plan into project plans and with comms
R319	There is a risk that the FBC will not be supported by the WG, leading to delays for project	NEW	Likelihood 3 Impact 3 Overall 9	**Risk Owner – Andrea Hague** New Risk raised at March Project Team Meeting Mitigating Actions: 1) Work to prioritise drafting of FBC to ensure timely completion

Project 5 – Outreach

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

- There were no updates to Risk Register following Outreach Project Board held in March.

Project 6 – Service Delivery & Transition

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

- The outcome of decisions regarding the scope and alignment of Velindre Futures and TCS Programme (and as such ownership) are still to be finalised, once this is complete arrangements can be made to action the transfer of risks to appropriate owners.

3.0	TCS Programme Risk Update

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

3.1   There have been no changes to the scores in the PMO Risk Register in this reporting period

3.2   A progress update against one Programme risk has been provided below:

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R302	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS Causes - Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives Consequences - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders	⬌	Likelihood 4 Impact 3 Overall 12	**Risk Owner – Carl James** Mitigating actions update: 1) Good progress made with VF defining key outputs, work programme and delivery arrangements 2) Ongoing communication between both PMO teams and resource in place to provide link between the 2. Good progress made in aligning key responsibilities and delivery mechanisms at CCLG, TCS and VF. Final work being undertaken in March 2021

3.3   The full PMO Risk Register can be seen in Appendix 1 to this report.

3.4   There are 28 risks in the April 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.

3.5   The Programme Scrutiny Sub-Committee are asked to:

- Approve latest Programme & Project Risk position

4.0   Next Steps

4.1   Continue to work with Projects and Risk Owners to facilitate best risk management practices

ID	Date Registered	Risk emerging from	Projects Impacting On								Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	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	Decomm	Prog												
R281	08-Jul-20	8. Programme	X	X	X	X	X	X	X	X	Carl James	There is a risk of changing political support for the Programme on a Local and National level resulting in potential delays to legal/regulatory approvals.	11-Mar-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.	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	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	11-Mar-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) | 4 | 4 | 16 | 2 | 2 | 4 | |
| R283 | 23-Jul-20 | 8. Programme | X | X | X | X | X | X | X | X | Carl James | There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes constituent projects. Risks relating to project procurement, financing and the effectiveness of supply chains may lead to project delays and additional costs. | 11-Mar-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. **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) | 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 | There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependant links are not communicated effectively and the wider networked clinical model not understood. | 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. | 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 | Risk that Clinical Model does not meet required Business needs

Causes - Patient need has changed / Medical & tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand

Consequences - Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services | 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 | 1) Established TCS Programme - **complete**
2) Regional Clinical Ownership advisory groups to develop model - **complete**
3) External Gateway review - **complete**
4) Clinical leadership involvement - **complete**
5) Re-fresh based on clinical & tech advances - **complete**
6) Benchmark against other models - **complete**
7) Established CCLG - **complete**
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 | 3 | 4 | 12 | 2 | 2 | 4 | |
| R296 | 05-Oct-20 | 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

Causes - WG decide not to fund all/part costs / WG does no 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 uncertainly caused by Brexit.

Consequences - Increased costs for Projects / Programme / Reduction in available funds leading to the need to review & realign intended outcomes / deliverables / Delays to programme timescales / Full programme benefits not realised / only partial benefits realised / Early programme closure / full objectives and aims not delivered / Impact across wider organisation of not being able to undertake other high risk capital scheme / Loss of staff and knowledge base | 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 e for programme | 1) Established Programme Governance with agreed forecasted costs for the programme and each project - **complete**

2) Agreed funding sources and streams with WG and Commissioners - **complete**

3) WG have provided funding commitment to funding of key infrastructure projects- **complete**

4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contract - **ongoing**

5) Agreed financial management and cost control arrangements in place - **complete**

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 e for programme | 3 | 4 | 12 | 2 | 2 | 4 | |
| R297 | 05-Oct-20 | 8. Programme | X | X | X | X | X | X | X | | Sarah Morley | Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs.

Causes - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate.

Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients | 05-Mar-21 | 1) Service planning is sufficiently developed to facilitate effective workforce planning techniqies to be applied

2)Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans

2) Clarity of expectations for workforce team involvement

3) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need

4) Workforce team to support service to ensure the right people are available and allocated to support | | 3 | 4 | 12 | 2 | 1 | 2 | |

ID	Date	Category									Owner	Risk Description	Date	Controls	Further Actions						
R298	05-Oct-20	8. Programme	X	X	X	X	X	X	X	Lauren Fear	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians) **Causes -** Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change **Consequences -** WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits	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 beteen exisiting 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 & recruitement 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 - **complete** 4) Clinical workshops held throughout Programme lifetime - **ongoing** 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - **ongoing** 6) Ongoing engagement with local elected members (MS, MP, Councillors)	4	3	**12**	2	2	**4**	
R299	05-Oct-20	8. Programme	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. **Causes -** 5 different organisations as primary commissioners/ Each HB have slightly different cancer strategies to meet local needs / Levels of funding and investment available to support preferred option/improvements for cancer / Reliance on number of external parties to deliver outcomes and key activity / Projects and Programme not adequately aligned / Practicality and logistics of holding a single discussion to agree. **Consequences -** Delays to delivery of Programme and Project key activity / Reputational damage for Velindre Trust / Reduced potential for good patient outcomes and care.	11-Mar-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 - **ongoing** 4) Established Clinical Advisory Board - **complete** 5) Engagement events and workshops with HBs - **complete** 6) Engaged DoPs, DoF's in development of BCs - **complete** 7) Established CCLG - **complete** 8) PBC Singed off OBC for nVCC	4	3	**12**	3	2	**6**	
R302	04-Nov-20	8. Programme	X	X	X	X	X	X	X	Carl James	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS **Causes -** Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives **Consequences -** key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders	11-Mar-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) Good progress made with VF defining key outputs, work programme and delivery arrangements 2) Ongoing communication between both PMO teams and resource in place to provide link between the 2. Good progress made in aligning key responsibilities and delivery mechanisms at CCLG, TCS and VF. Final work being undertaken in March 2021 3) 4) 5)	4	3	**12**	2	2	**4**	

				Projects Impacting On																	
ID	Date Registered	Originator	Risk emerging from	EW	nVCC	D+E	RSC	S+O	Service	Decomm	Prog	Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating
R272	30-Jun-20	Jacqui Couch	5. SACT and Outreach						X		X	Nicola Williams	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.	06-Oct-20	1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work. 2) Clairification required on whether Outreach Project is an Operational or an Infrastructure Project	1) Programme to allocate resource to support project. At appropriate time if required OBC will identify additional resource. 2)	4	5	20	2	3	6
R274	30-Jun-20	Jacqui Couch	5. SACT and Outreach						X			Nicola Williams	There is a risk that potential resurgence of COVID may lead to delays that effect the development & key activity of outreach project	06-Oct-20	1) Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	1)	4	5	20	1	3	3
IRS11	05-Sep-16	IRS Project Board	3. Digital and Equipment		X	X		X				Gavin Bryce	There is a risk that there is limited resources to develop technical specifications. Delays to the project and key milestones are not met.	10-Dec-20	1) Working Group Chair to identify resource, secure funding backfill and manage tasks within the working group; and to highlight possible issues to Project Board through project control mechanisms. 2) To allow for the continued release of staff from medical Physics to support project there is a requirement to fill all vacancies, escalated to CJ & CoB 3) resource paper has been drafted in regards to	1) Project Team in place, MOI and Requirements Document in place, peak demands continue to be potential risk to project progress / meeting milestones / Covid 2) IRS Project are already funding posts in MP & Radiotherapy with regards to supporting this procurements and operational service, further need his has been escalated	4	4	16	2	2	4
R208	31-May-19		6. Service Delivery, Transformation and Transition							X	X	Andrea Hague	There is a risk that there will be a lack of suitable workforce and staff with the right training to deliver the TCS service model	11-Nov-20	1) Staff / service groups will identify where current and future workforce resource has gaps. A workforce plan will be developed, building on previous work developed in 2016-17 (strategic workforce plan) 2)Meeting to be arranged with Assistant Director of workforce and OD, to request initiation of programme of work for workforce and educational requirements	1) 2)	4	4	16			0
R210	31-May-19		6. Service Delivery, Transformation and Transition						X		X	Andrea Hague	There is a risk that the lack of dedicated resources to support and deliver the structured programme of service transformation work will not deliver the desired outcomes	11-Nov-20	The Trust has provided via commissioners temporary funding until March 2020 for 2.0 WTEs. VCC has provided 1WTE Programme Manager. There has been a temporary reduction in oncology time due to clinical workload. Agreed structural requirements to deliver the full programme has	Service Developments and transformation are being taken forward within existing resources where possible but this will adversely impact on the pace of change and ability to meet programme timescales	4	4	16			
R268	17-Jan-20	Jacqui Couch	4. Radiotherapy Satellite Centre		X	X			X			Andrea Hague	There is a risk that as the Equipment Project needs to be phased in parallel with RSC OBC, due to overlapping timeframes and interdependancies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.	09-Mar-21	1) RSC project requires a clear view IRS Project Risk landscape and links between the 2 projects in terms of risk registers and project plans 2) Ensure design is flexible and futureproof to allow for IRS solution 3) Review impact of delays to IRS Project on RSC Timeline	1) There is consistent membership sits on both project boards to provide oversight on progress across both 2) work is ongoing 3) Timelines continue to be regularly reviewed by Prject Team	4	4	16	2	2	4
R273	30-Jun-20	Jacqui Couch	5. SACT and Outreach		X				X			Nicola Williams	There is a risk that the projected growth assumptions for outreach delivery of SACT, ambulatory care and outpatients is less than will be required, leading to undersized locations.	25-Nov-20	1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirments will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirments will be undertaken.	1) Project team continue to chase to receive re-run of projection 2) Commissioning Paper to scope out requirements to re-run activity model for growth assumptions and impact on capacity is to be done	4	4	16	2	3	6
R281	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	There is a risk of changing political support for the Programme on a Local and National level resulting in potential delays to legal/regulatory approvals.	11-Mar-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.	4	4	16	2	4	8
R282	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term distruption resulting in potential misalingment of project activity and as such further impacts to Programme Plans and Deliverables	11-Mar-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)	4	4	16	2	2	4

ID	Date	Owner	Category									Name	Risk Description	Date	Controls	Update	L	I	Score	L	I	Score
R283	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes constituent projects. Risks relating to project procurement, financing and the effectiveness of supply chains may lead to project delays and additional costs.	11-Mar-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. **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)	4	4	**16**	4	2	**8**
R317	26-Feb-21	Gavin Bryce	3a. IRS		X	X	X					Gavin Bryce	There is a risk that insufficient resources (people) being made avilavble to the project will have an adverse impact on the quality of the procurement process	26-Feb-21	1) Detailed project Plan to identify resource requirements 2) Approved Capital Budget for the Legal & Staffing Costs 3) Regularly monitor staff availability (annual leave & sickness)	1) Resource is below what is needed for the Project as identified in the Plan (30% capacity lost) 2) Rescruitment underway to replace staff that have left the Trust 3) Project resource monitored dynamically	4	4	**16**	2	4	**8**
IRS24	05-Sep-16	IRS Project Board	3a. IRS		X		X		X			Gavin Bryce	There is a risk that WG or Trust Commissioners do not commit to the capital & revenue requirements of the project which will mean that the Trust will not be able to enter into a contract with the preferred supplier.	26-Feb-21	1) Seek Ministerial support at the start of the project and with submission of the decoupling paper - 2) Estimated costs outlined in the RT PBC and funding of £1.1 million received from WG to complete the IRS procurement - **complete** 3) Enagagement with commissioners in regards to revenue affordability 4) Final costs (rev & cap) will not be known until final tenders are received 5) Provide feedback to bidders throughout procurement regarding their affordability	1) **approved by WG.** 2) Affordability risk being managed throughout the dialogue, have capability of issuing affordability cap if required. Competitive process should drive value for money **complete** 3) this remains ongoing 4) 5) Commissioners more amenable to funding the IRS following engagement. Affordaibility & financial clairyt of bidder solutions has improved through dialogue	3	4	**12**	2	4	**8**
R203	26-Apr-19	Craig Anderson	2. nVCC					X		X		Operational / Mark Young	**Staff Transport Modal Change** There is a risk that the rate of modal changes to staff transport (i.e. from cars to alternative transportation) may be unsustainable. If so, the restrictions on staff access to the site via car may cause issues with recruitment in the future, leading to problems with service delivery.	04-Mar-21	1. Investigate alternative forms of transport and what investment can be made to promote them - to include Park & Ride and SW Metro. 2. Design access routes into the site to include pedestrian walkways and cycle ways, allowing staff to access the site via green modes of transport.	1. Ongoing discussions with CCC. Initial discussions with Sustrans relating to how the site can be linked to other cycle paths. **Started** 2. Current designs for accessways include pedestrian walkways and cycle paths and have been submitted for planning. Further routes will be developed by MIM contractor. **Started**	4	3	**12**	2	3	**6**
R223	30-Sep-19	Mark Ash	2. nVCC	X	X	X	X	X	X	X	X	David Powell	**Medium term funding** There is a risk that lack of medium term Welsh Government funding - Results in uncertainty that prevents longer term recruitment and funding work packages for advisors, which may put project deliverables and advisors on hold - Leading to delays in the programme	07-Jan-21	1. Make a case to justify the funding of various work packages **Mark Ash** 2. Make a case to justify the funding of core staff for the medium term **Mark Ash / David Powell** 3. Gain approval of OBCs. **Mark Ash**	1. The case has been made to justify the funding of various packages. **Complete** 2.A number of core staff have now been provided permanent contracts at their substantive grades. **Complete** 3. Project team have returned questions and additional documents as part of OBC Scrutiny. IIB have reviewed the OBC and the project is awaiting a decision. **Started**	4	3	**12**	0	0	**0**

ID	Date	Owner	Project									Action Owner	Risk Description	Date	Controls/Mitigating Actions	Update	L	I	Score	L	I	Score
R225	04-Sep-19	Mark Ash, Chris Lines	2. nVCC	X	X				X			David Powell	**Stakeholder decision making** There is a risk that decision-making on key matters (e.g. by the Welsh Government, Asda, Cardiff City Council, Cardiff and Vale Health Board, Transport for Wales etc. making, or not making, decisions) - results in delays to delivery, or even cancellation, of the project - Leading to an extended delivery of the programme and increases costs with potential reputational damage	07-Jan-21	1. Engage Welsh Government to ensure that they understand the implications of any delay on the project, and motivate them to assist with completion of relevant activities David Powell / Chris Lines 2. For Welsh Government, provide simplified and easy to read versions of Project Master Plan and a verbal briefing to ensure that key dependencies are understood by our key stakeholder David Powell / Craig Salisbury 3. Keep Asda engaged through meetings and regular updates to ensure that the DA exchange goes ahead despite delays Mark Young 4. Use planning performance agreement with CCC to maximise the chance of upcoming planning applications being successful Mark Young 5. Engage C&V to secure all necessary easements by the required times (i.e. before Land Swap), including an easement to secure the possibility of an ancillary access road Carl James	1. Fortnightly briefing submitted to WG. Meetings held regularly with key members of staff at different levels within the organisation **Ongoing** 2.The DA has been exchanged, some work has been completed on updating the plan. High level diagrams have been shared with WG where appropriate. **Ongoing** 3. DA has now been exchanged. **Complete** 4. Regular meetings held with Cardiff Council re planning applications. Applications submitted. **Started** 5. CJ has begun engagement with C&V (meetings, emails, etc.), including the CEO, to ensure that our land strategy is clearly understood and the process of finalising the land swap is under way. **Started** 6. Discussion to be held at the earliest opportunity to understand what the current strategy is in relation to a Velindre Metro station. **Not started**	4	3	**12**	3	4	**12**
R242	06-Feb-20	David Powell	2. nVCC	X	X				X			David Powell	**Competition from English schemes** 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.	07-Jan-21	1. Communicate the need to progress at pace to WG and provide them with any necessary information to make decisions quickly. **David Powell / Mark Ash** 2. Undertake Formal Soft Market testing to provide confidence to bidders in relation to the nVCC scheme **David Powell**	1. All queries were answered with regards to the OBC and the scrutiny process is now complete. The project is awaiting a decision from WG **Complete** 2. Bidder sessions were completed in 2020 and showed that there is likely to be sufficient market interest if the Project continues to progress to programme. Further market testing is being undertaken in March 2021 **Ongoing**	4	3	**12**	1	5	**5**
R270	30-Jun-20	Jacqui Couch	5. SACT and Outreach					x				Nicola Williams	There is a risk that CHCs will not support the proposed reduction in the number of or the location of proposed new outreach sites if a clear communications plan and rationale are not developed. This could lead to delays with the development of the outreach sites.	25-Nov-20	1) Clear communications strategy and engagement Plan with CHC, public, patients and stakeholders developed	1) Communications strategy aligned to TCS comms strategy. Implementation Plan developed. Engagement programme developed. CHC membership of Project Board.	3	4	**12**	2	3	**6**
R275	30-Jun-20	Jacqui Couch	5. SACT and Outreach					x				Nicola Williams	There is a risk that clinical trials may not be possible within an Outreach setting, if agreement with Health Boards, resource and training requirements are not met or agreed.	06-Oct-20	1) Clinical Trials activity will be mapped in line with GCP guidance and discussions with HBs will be undertaken. 2) Service specification will itemise the agreed provision	1) Initial list of options developed by VCC. Further meetings with HBs to be undertaken. 2)	3	4	**12**	2	3	**6**
R279	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Lauren Fear	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependant links are not communicated effectively and the wider networked clinical model not understood.	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.	4	3	**12**	3	2	**6**
R291	16-Sep-20	Jacqui Couch / Huw Llywelyn	4. Radiotherapy Satellite Centre									Andrea Hague	There is risk that ABUHB enabling work could be delayed and as such would impact VUNHST commitment to a Summer 2023 delivery of the RSC	09-Mar-21	1) Understanding the need to progress enabling works in order to meet OBC timescales	1) Both VUNHST & ABUHB have emphasised the need for the enabling works to be signed-off and approved by January 2021, further update on progress is required	3	4	**12**	3	2	**6**
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 **Causes -** Patient need has changed / Medical & tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand **Consequences -** Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services	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	1) Established TCS Programme **complete** 2) Regional Clinical Ownership advisory groups to develop model - **complete** 3) External Gateway review - **complete** 4) Clinical leadership involvement - **complete** 5) Re-fresh based on clinical & tech advances - **complete** 6) Benchmark against other models - **complete** 7) Established CCLG - **complete** 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	3	4	**12**	2	2	**4**

ID	Date		Category										Owner	Risk Description	Date	Controls	Further Actions	L	I	Score	L	I	Score
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 **Causes -** WG decide not to fund all/part costs / WG does no 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 uncertainly caused by Brexit. **Consequences -** Increased costs for Projects / Programme / Reduction in available funds leading to the need to review & realign intended outcomes / deliverables / Delays to programme timescales / Full programme benefits not realised / only partial benefits realised / Early programme closure / full objectives and aims not delivered / Impact across wider organisation	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	1) Established Programme Governance with agreed forecasted costs for the programme and each project - **complete** 2) Agreed funding sources and streams with WG and Commissioners - **complete** 3) WG have provided funding commitment to funding of key infrastructure projects- **complete** 4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contract - **ongoing** 5) Agreed financial management and cost control arrangements in place - **complete** 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	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. **Causes -** Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate. **Consequences -** Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients	05-Mar-21	1) Service planning is sufficiently developed to facilitate effective workforce planning techniqies to be applied 2)Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 2) Clarity of expectations for workforce team involvement 3) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 4) Workforce team to support service 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) **Causes -** Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change **Consequences -** WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits	15-Jan-21	1) Communications / stakeholder engagement plan in development 2) Dedicated webpage for TCS Programme 3) Variety of staheholder 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) Dialouge beteen exisiting cancer forums e.g. cancer leads in SE Wales HBs 8) Monthly meeting with WG Head of Capital and Director	1) Further engagement is being planned with specialist stakeholders – broader and more targeted who are not fully supportive. Programme Communications resource in place & recruetiment 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 staheholder events held over a number of years - **complete** 4) Clinical workshops held throughout Programme lifetime - **ongoing** 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - **ongoing** 6) Ongoing engagement with local elected members	4	3	12	2	2	4

ID	Date	Owner	Category										Lead	Risk Description	Review Date	Controls	Update	L	I	Score	L	I	Score
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. **Causes** - 5 different organisations as primary commissioners/ Each HB have slightly different cancer strategies to meet local needs / Levels of funding and investment available to support preferred option/improvements for cancer / Reliance on number of external parties to deliver outcomes and key activity / Projects and Programme not adequately aligned / Practicality and logistics of holding a single discussion to agree. **Consequences** - Delays to delivery of Programme and Project key activity / Reputational damage for Velindre Trust / Reduced potential for good patient outcomes and care.	11-Mar-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 - **ongoing** 4) Established Clinical Advisory Board - **complete** 5) Engagement events and workshops with HBs - **complete** 6) Engaged DoPs, DoF's in development of BCs - **complete** 7) Established CCLG - **complete** 8) PBC Singed off OBC for nVCC	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 **Causes -** Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives **Consequences -** key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF	11-Mar-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) Good progress made with VF defining key outputs, work programme and delivery arrangements 2) Ongoing communication between both PMO teams and resource in place to provide link between the 2. Good progress made in aligning key responsibilities and delivery mechanisms at CCLG, TCS and VF. Final work being undertaken in March 2021 3) 4) 5)	4	3	12	2	2	4
R303	12-Nov-20	Jo Hayward	1. Enabling works for nVCC	X	X						X		Mark Young	**NRW ESP License** 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. **Started** 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. **Started** 3. CCC have agreed to hear Discharge of Conditions in December 2020 **Complete**	3	4	12	1	4	4
WSP PL2	14-May-20	Craig Anderson	1. Enabling works for nVCC	X	X						X		WSP	**Save the Northern Meadows protestors** There is a risk that proterstors 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. **Started** 2. To be undertaken during construction **Not started**	3	4	12	2	3	6

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME MANAGERS REPORT

DATE OF MEETING	19.04.2021

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 Delivery & Assurance Manger
PRESENTED BY	Carys Jones, Senior Programme Delivery & Assurance Manger
EXECUTIVE SPONSOR	Carl James, Director of Strategic Transformation, Planning & 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	15/04/2021	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). A brief update against the elements of each project which impact upon the wider programme and Master Programme Plan are contained at the end of this report.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 The 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)

NB. It should be noted that a significant amount of leave has been taken across the programme and projects during this reporting period owing to the Easter break and COVID restrictions easing allowing staff to book remaining leave.

3. External Programme Arrangements

Collaborative Cancer Leadership Group (CCLG)

3.1 The next Collaborative Cancer Leadership Group (CCLG) will take place on the 23rd April 2021 and will be chaired by Len Richards, CEO Cardiff & Vale University Health Board.

3.2 The agenda for the meeting includes the following:

- **Nuffield Trust Advice** – an update on progress towards implementing the recommendations
- **Developing the SE Wales Cancer System** – a discussion on examples from other areas of effective models to create a collaborative cancer system
- **UHW2 Programme Business Case** – an initial overview of progress towards redeveloping the University Hospital of Wales, Cardiff.
- **Acute Oncology Service** (AOS) – to receive the final Business Case for approval

- **Developing clinical operating models for non-surgical tertiary oncology across SE Wales –** an update on the emerging Velindre@ models in SEW
- **Regional Prehabilitation to Rehabilitation** ('P2R') – to receive the final term of reference for the regional group
- **Regional Research, Development & Innovation (RD&I) –** to receive draft terms of reference for the regional group and an update on the new VCC R&D Strategy 2021-31
- **Digital Enablement for Cancer Services in South East Wales** – an outline of the requirements, work completed to date and the next steps include the draft terms of reference for the regional group to develop this work
- **Transforming Cancer Service** (TCS) update, including the new Velindre Cancer Centre, Radiotherapy Satellite Centre, Integrated Radiotherapy Solution procurement
- **Communications –** agreement of the key messages from the meeting for circulation too stakeholders

Velindre Futures

3.2 The third Velindre Future (VF) Programme Board was held on 1st April 2021 and an update on the key matters within TCS provided for the Programme Board. This update included the TCS Master Programme Plan to highlight the interdependencies between the constituent projects and their key milestones. Alignment between the two programmes continues to be of critical importance. This is particularly so given the necessary input required from a number of the same key staff to both programmes. Both programmes are mindful of the demands on their time for both programme development, procurement and operational responsibilities, particularly within the IRS project.

3.3 There was particular interest in the emerging regional developments within the CCLG and the Regional Operating Model work, in particular the Velindre@ projects. It was agreed that there would be a specific focus on this topic at the next Velindre Future Programme Board to highlight progress and interdependencies.

3.4 The VF Programme Board receive a detailed presentation of progress towards implementing the Digital Health and Care Record in Velindre. There are significant challenges in implementing a digital change programme of this scale and within the expedited timescales dictated by NWIS. Capacity at an operational level to support the user testing and system requirements work remains a challenge, but is being prioritised. The interdependency with the integrated radiotherapy solution procurement and specification of the preferred supplier remains a high risk area being monitored.

3.5   An update was provided from all the Phase 1 Task and Finish Groups (Peer Review, Education, RD&I and Unscheduled Care). The closure reports from each of the groups are being prepared or finalised and will be made available to the TCS programme in due course to ensure alignment and consideration of the main issues, in particular with the unscheduled care and RD&I groups.

3.6   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.

'Deep Dives'

3.7   The series of 'Deep Dives' into each service area in VCC have continued, supported by the VF PMO and attended by the Senior Programme Delivery & Assurance Manager from TCS. Eleven service areas have now been covered. Only the Quality and Safety deep dive remains outstanding.

3.8   'Mop up' sessions are now being scheduled with all departments to discuss their actions and next steps resulting from the deep dive series.

3.9   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.

3.10   This has proved exceptionally helpful in identify links between emerging service area work programmes and the TCS Programme.

3.11   The VF PMO will now use the information gathered to develop a high-level 'roadmap'. The VF PMO will work with Service Leads to prioritise areas of focus within the roadmap and develop a detailed work programmes for service areas, and cross reference this with the IMTP. The TCS Master Programme Plan will also be used to support these discussions and plan the work.

3.12   A further update will be provided to the PDB once all the deep dives have been concluded.

Velindre Futures Research & Development (R&D)

3.13   The TCS PMO continue to 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.

Risk Management

3.14   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.

Notable Updates from the Seven Projects affecting the Programme

3.15   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.

3.16   **nVCC and Enabling Works** – The OBC was **approved** by Welsh Government on the 19th March 2021. 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 27th January 2021. Following the Judicial Review period that ended on 12th March 2021 there was no challenge and the approval is formally granted. On the 25th March 2021 ownership of the site known as the Northern Meadows was transferred by CAVUHB to VUNHST and a formal management plan will be approved by the Trust Board in this Committee cycle.

3.17   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 will conclude on the 12th April to allow for the Easter holiday period. **Project 3 sub-groups** continue to focus of the wider equipment and digital agenda. 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. Project planning has now fully commenced and Project plans will be fully developed with the assistance of the Programme Planner.

3.18   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. The nVCC Design Team will be engaged during the stage four design process.

3.19 **Outreach** has once again begun to progress and a Project Board was held successfully on the 22nd March 2021. Changes to the scope have been requested and these are on the Programme Board agenda as substantive items for approval. These include the co-location of haematology services with SACT, the inclusion of research and clinical trials in outreach settings and the changes to widen the definition of care closer to home. Consideration is still needed as to which elements will move to the Velindre Futures scope and which remain within TCS.

3.20 **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

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

4 **IMPACT ASSESSMENT**

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

FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

5   RECOMMENDATION

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