Bundle Public - Transforming Cancer Services Scrutiny Committee Meeting 20 July 2021

Transforming Cancer Services
Public TCS Programme Scrutiny Sub-Committee

Agenda

Date　　　　Tuesday 20th July 2021
Time　　　　1:00pm – 3:00pm
Location　　Microsoft Teams
Chair　　　　Stephen Harries

			Action
1.0.0	**Standard Business**		
1.1.0	Welcome & Introductions	Chair	
1.2.0	Apologies for Absence	Chair	
1.3.0	Declarations of Interest	Chair	
1.4.0	Minutes of the Committee Meeting held on 24th June 2021	Chair	Approve
1.5.0	Action Log	Chair	Approve
2.0.0	**Programme Governance**		
2.1.0	TCS Finance Report	Mark Ash	Note
2.2.0	TCS Programme Risk Register	Bethan Lewis	Note
3.0.0	**Programme Delivery**		
3.1.0	TCS Programme Managers Update	Carys Jones	Note
4.0.0	**Project Delivery**		
4.1.0	**Project 1 & 2** Project 1 & 2 Delegations Framework *(Presentation) (to follow)*	David Powell	Note
5.0.0	**Engagement & Collaboration**		
5.1.0	Communications & Engagement	Non Gwilym	Note
6.0.0	**Any Other Business**		
6.1.0	Prior Agreement by the Chair Required	Chair	

7.0.0	**Review of the Meeting**	Chair	
8.0.0	**Date & Time of Next Meeting** 23rd August 2021, 1.30pm	Chair	

TCS Programme Scrutiny Committee
Public Session

MINUTES OF THE MEETING HELD
24th June 2021
13:00 – 14.00 Trust Headquarters, Nantgarw (via Teams)

Members Present:

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

In attendance:

Professor Donna Mead (DM)	Trust Chairperson
Steve Ham (SHam)	Trust Chief Executive
Carl James (CJ)	Director of Strategic Transformation, Planning and Digital
Lauren Fear (LF)	Director of Corporate Governance
Mark Osland (MO)	Director of Finance
Andrea Hague (AH)	Director of Service Transformation, Velindre Cancer Centre
Non Gwilym (NG)	Director of Communications and Engagement
Bethan Lewis (BL)	TCS Programme Planner and Risk Advisor
Carys Jones (CJones)	Senior Programme Delivery and Assurance Manager
David Powell (DP)	nVCC Project Director
Phil Roberts (PR)	nVCC Design Advisor

Apologies:

Martin Veale (MV)	Independent Member
Donald Fraser (DF)	Independent Member
Cath O'Brien (COB)	Trust Chief Operating Officer
Jacinta Abraham (JA)	Medical Director, Velindre Cancer Centre
Nicola Williams (NW)	Director of Nursing, AHP's and Medical Scientists
Lisa Miller (LM)	Operational Manager, Velindre Cancer Centre
Geraint Lewis (GL)	Head of IRS Assurance
Stuart Morris (SM)	Deputy Chief Digital Officer
Paul Wilkins (PW)	Director, Velindre Cancer Centre
Mark Ash (MA)	Assistant Director of Finance, TCS

1.0	**STANDARD BUSINESS**	**ACTION**
1.1	**Welcome** SHarries welcomed attendees to the meeting.	
1.2	**Apologies** Apologies were noted as above.	
1.3	**Declarations of Interest** No declarations of interest were received.	
1.4	**Previous Minutes** The minutes were confirmed to be an accurate record of the meeting on 20ᵗʰ May 2021 and were **approved**.	
1.5	**Action Log** SH noted that the format of the action log could be improved to include the current status as it does not provide sufficient information on updates against the actions, particularly for a public meeting. GJ noted that items discussed in the minutes of the previous meeting had not been reflected in action log for this meeting. Item 4.1.2 of the previous minutes referred to benchmarking internal audit fees and that the team will consider whether required. Should be in Action Log. LF confirmed that work is being undertaken in order to have a consistent process across all Committees and this will include templates with regard to Action Logs, Minutes etc. *Action 96* – CJames provided an update, confirming that good progress had been made in the last 6 weeks towards finalising the Regional Acute Oncology Service Business Case. A series of meetings have been undertaken in this last week and he was confident that the Business Case will be completed by end of this month along with the Year 1, 2 & 3 investment requirements with the three Health Board partners. *Action 97* – AH provided an update, advising that the understanding was that the Trust's Wellbeing of Future Generations Act obligations and how these would be met in the Stage 4 design would be part of the full business case (FBC) which would be brought back to the Committee in October 2021. PR raised whether previous work undertaken to share the mapping of the Programme against the 7 Goals & 5 Ways of Working of the Wellbeing of Future Generations Act 2015 had been shared with the Committee. CJ advised that the broader programme work could be shared if helpful, however this action is specific to the RSC where further work is being done to ensure design aligns with Trust requirements.	**LF**

		PROGRAMME GOVERNANCE	
2.1	**TCS Finance Plan** MO introduced the paper to the meeting. This was the first Financial Report of this financial year to the Committee with no significant issues to report. One of the positives is that the Trust have managed to secure formal approval from Welsh Government of Forecast Capital Expenditure requirements allowing the release of discretionary capital to the Divisions earlier than in previous years. DM queried why there was no revenue spend in Outreach. MO would expect to see some budget through the year as the exercise to review how revenue is allocated between the Projects is completed. SH & MO clarified that this relates to support resources around the Project not ongoing operational costs. The Sub-Committee **Noted** the Paper.	
2.2	**TCS Programme Risk Register** CJames confirmed that in conjunction with comments regarding the action log, there is also work ongoing to strengthen actions and dates associated with risks & issues register. LF confirmed that TCS risks will be migrated into v.14 of Datix over the next few months, and was expected to be fully migrated by September 2021. BL introduced the paper to the meeting, highlighting that in the period between submitting this paper to the Programme Delivery Board and today's Scrutiny Committee there have been updates to the IRS Risk Register which will be reflected in next months' reporting. It was confirmed that the 'last reviewed' column dates in the Risk Register needed updating. BL confirmed that the risks have been reviewed and updated it was just the date of update that had been omitted. CJames also noted that a Risk Quantification approach was also being developed and Monte Carlo assessment would be re-introduced across the Programme. HJ asked for further clarification with regard to R329. It was confirmed that this risk relates to the Outreach Project where a number of outreach locations had been identified, however finalisation of these locations and the infrastructure work required at each, is yet to be done. The dependency with the nVCC project was noted, in that the size of new hospital was predicated on Outreach facilities being operational. PR raised a possible new risk with regards to structural insurances and the impact on our ability to do things within the contract for the nVCC. It was agreed	

that this, and any new potential risks, should be raised through the normal process outside of this committee.

The Sub-Committee **Noted** the Paper.

	PROGRAMME DELIVERY	
3.1	**TCS Programme Managers Update** CJones introduced the paper to the meeting. The paper taken as read. The main points of the paper were highlighted, including an update on planning the next Collaborative Cancer Leadership Group (CCLG) meeting on 30th July, and the Velindre Futures (VF) Governance Structure was shared for information. The Sub-Committee **Noted** the Paper.	
3.2	**Velindre@UHW** CJames introduced the presentation to the meeting noting the points of progress. A Research Hub workshop had been held on the 8th June and the outputs had been written up. This would be followed by a proposal for the Research Hub at the University Hospital Wales (UHW) within next 6 weeks. Thanks to colleagues in the Health Boards were noted, including our own leads within the Trust, for being part of a successful workshop and the preparation work that went alongside this. In relation to the Unscheduled Care work, capacity & availability remained the key challenges at present. DM requested reassurance that the Unscheduled Care work would be progressed in a more timely manner. CJ confirmed that this relates to the medium-long term position rather than short-term work which is being managed and taken forward by Velindre Cancer Centre (VCC) under the Chief Operating Officer & VCC Director. DM sought clarity that the work Velindre Futures were currently progressing would dovetail with the regional TCS work. LF agreed and confirmed there were governance and reporting mechanisms to support effective join up. This will also be communicated to staff in a three part update on 30th June, covering internal unscheduled care work, the regional Acute Oncology business case and the Velindre@UHW clinical pathway design work.	
4.0	PROJECT DELIVERY	
4.1	**Project 3A: Integrated Radiotherapy Solution Update on Issuing Final Tender**	

	CJames shared a verbal update of current status for the IRS Project.	
	A small number of outstanding matters were left to work through – these were 'Technical & Clinical' and 'Financial & Commercial' which has been the focus for the last 2 weeks and had been very positive. Continued discussion with both vendors has led us to be hopeful of progression with compliant bids.	
	It is anticipated that competitive dialogue would close this week, with the intention of issuing the final tender the following week.	
	CJames highlighted a delay in relation to the 2nd July tender date: a 4-week delay had been incurred and therefore it would likely be the end of July when this tender is now issued. This period then encroaches on the summer holiday window resulting in an overall 6-week delay, however overall procurement progress remained on track.	
	AH raised that both her and GB were assessing the potential impact of the delay on other projects, such as the RSC & nVCC. CJames advised that a delay in identifying the successful IRS supplier should not impact upon the RSC and nVCC as both facilities needed to be 'futureproofed' for 40-60 years during which time technology and solutions will move on.	
	The Sub-Committee **Noted** the verbal update.	
4.2	**Project 4 Radiotherapy Satellite Centre Update on SMART Ambition**	
	AH introduced the paper.	
	The SMART ambition and associated technical requirements paper had been shared with ABUHB and the contractor Kier for consideration. It was confirmed that there was a meeting scheduled next week to assess what could be achieved within the project timescale and costs.	
	GJ queried whether there was a formal agreement in place between Velindre & ABUHB in terms of their respective accountability & responsibility for various aspects of the service.	
	AH confirmed that this was being developed in line with the FBC, and that high-level principles had been agreed, but that the operational details were being worked through currently.	
	The Sub-Committee **noted** the Paper.	
5.0	**ENGAGEMENT & COLLABORATION**	
5.1	**Communications and Engagement** NG introduced the paper to the meeting. The paper was taken as read.	

	NG advised that the *Down to Earth* digital engagement for nVCC had now launched and that the Minecraft competition deadline had been extended to Monday 28th June. The RSC engagement was currently being evaluated and feedback could be shared with the Committee prior to the Community Health Councils (CHCs), although this may need to be done outside of a formal committee meeting due time constraints. The Sub-Committee **noted** the Paper.	
6.0	**ANY OTHER BUSINESS**	
	Date of the next meeting: 20th July at 1pm.	

Transforming Cancer Services in South East Wales

GIG CYMRU NHS WALES | Ymddiriedolaeth GIG Prifysgol Felindre Velindre University NHS Trust

TCS Programme Scrutiny Sub-Committee

20th July 2021

Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
96	**Acute Oncology Service (AOS) Business Case** *(Minute ref: 1.5)* Monitor the progress of the AOS Business Case and update the Committee as appropriate. Work is due to be completed on the model and workforce requirements with Health Board approval processes commencing in July 2021.	**Carl James**	20th May 2021	July 2021	**Update 15.07.21** The South East Wales AOS business case was completed at the end of June and is now going through the Health Board approval process. Committee to receive updates via Programme Manager Report to track progress.	Closed
97	**RSC Stage Three Design Sign Off** *(Minute Ref. 4.3.2)* Further detailed work on the design will be completed during Stage Four of the design process. A paper is to be provided to assist the Trust Board in understanding how this work fits within the Trust requirements under the Wellbeing of Future Generations Act 2015.	**Andrea Hague**	20th May 2021	July 2021	**Updated 15.07.21** An update on how the Trust is meeting the Wellbeing of Future Generations Act 2015 requirements in respect of the RSC scheme will form part of the paper accompanying the FBC to the Board in the autumn – as it will be incorporated within the business case.	Closed
98	**Internal Audit Plan 2021-22** *(Minute Ref: 4.1.2)* MO to consult with NWSSP audit services to obtain further information on how the internal audit costs are determined and whether independent benchmarking information is required.	**Mark Osland**	20th May 2021	July 2021	**Updated 15.07.21** Contact will be made with NWSSP audit team before end of July.	Open

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
99	**Action Log** *(Minute ref: 1.5)* Review format of the Committee Action Log to include the current status and more detailed updates.	**Lauren Fear**	24th June 2021	July 2021	**Updated 15.07.21** Work underway across all Trust Committees to ensure consistent governance templates. Scrutiny Committee action log format improved in the interim whilst approved revised version awaited.	Closed

TCS PROGRAMME SCRUITINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2021-22 JUNE 2021

DATE OF MEETING	20th July 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	ENDORSE FOR BOARD APPROVAL

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	15/07/21	ENDORSED FOR APPROVAL

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

1. PURPOSE

1.1   The purpose of this report is to provide a financial update to the TCS Programme Scrutiny Sub-Committee for the financial year 2021-22, outlining spend to date against budget as at Month 03.

2. BACKGROUND

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

2.2   As at March 2021, the Cabinet Secretary for Health, Well-being and Sport, had approved capital and revenue funding for the TCS Programme and associated Projects of £20.710m and £1.678m respectively.

2.3   Included in this approval was funding for the IRS Project (Project 3a). The PBC for this project was endorsed by WG in 2019-20, providing capital funding of £1.110m from July 2019 to December 2022. The provision was £0.250m in 2019-20, £0.548m in 2021-22, and £0.312m in 2021-22.

2.4   In addition to WG funding, NHS Commissioners agreed in December 2018 to provide annual revenue funding towards the TCS Programme. £0.400m was provided in the initial year of 2018-19, with £0.420m annually thereafter.

2.5   Further revenue funding was provided by Trust in 2019-20 and 2020-21 from its own baseline revenue budget. Funding of £0.060m and £0.030m respectively was provided for nVCC Project Delivery (previously provided by WG until March 2019). Another £0.039m (2019-20) and £0.166m (2020-21) was provided to cover the costs of staff secondment from Velindre Cancer Centre.

2.6   The total funding and expenditure for the TCS Programme and associated Projects by the end of March 2021 was £23.923m: £20.710m Capital, £3.213m Revenue.

3. FUNDING

Funding provision for the financial year 2021-22 is outlined below, with a breakdown of funding provided in Appendix 1.

Description	Funding	
	Capital	**Revenue**
Programme Management Office There is no capital funding requirement for the PMO at present	**£ nil**	**£0.240m**
Allocation from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management		£0.240m
Project 1 – Enabling Works for nVCC Capital funding from WG was provided on 24 March 2021	**£0.358m** £0.358m	**£ nil**
There is currently no revenue funding for Projects 1		
Project 2 – New Velindre Cancer Centre Capital funding from WG was provided on 24 March 2021	**£3.478m** £3.478m	**£ nil**
There is currently no revenue funding for Projects 2		
Project 3a – Radiotherapy Procurement Solution Final 9 months of a 28 month project, running from 1st July 2019 to 31st December 2021, with a funding allocation of £0.312m for 2021-22 from an overall funding allocation of £1.110m	**£0.312m** £0.312m	**£ nil**
Project 4 – Radiotherapy Satellite Centre The project is led and funded by the hosting organisation, Aneurin Bevan University Health Board; no funding requirement is expected from the Trust for 2021-22	**£ nil**	**£ nil**
Project 5 – SACT and Outreach Funding has been requested for this project however none has been provided to date	**£ nil**	**£ nil**
Project 6 – Service Delivery, Transformation and Transition No capital funding requirement at present	**£ nil**	**£0.296m** £0.180m
Allocation from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management		£0.061m
Funding provided from the Trust's core revenue budget towards the costs of the Project Director post		£0.055m
Funding transferred from Velindre Cancer Centre toward the costs for the Project Manager post		

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	**£4.148m**	**£0.536m**
	£4.684m	

4. FINANCIAL SUMMARY AS AT 30TH JUNE 2021

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

TCS Programme Budget & Spend 2021-22

CAPITAL	Current Month			Financial Year		
	Budget to Jun-21	Spend to Jun-21	Variance to Jun-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership	59,000	39,674	19,326	236,000	215,547	20,453
Project 1 - Enabling Works	34,750	45,065	-10,315	208,000	208,710	-710
Project 2 - New Velindre Cancer Centre	139,450	141,071	-1,621	1,061,000	1,079,364	-18,364
Project 3a - Radiotherapy Procurement Solution	93,024	93,082	-58	178,398	178,155	243
Capital Pay Total	**326,224**	**318,891**	**7,332**	**1,683,398**	**1,681,776**	**1,622**
NON-PAY						
nVCC Project Delivery	6,240	6,085	155	78,500	78,005	495
Project 1 - Enabling Works	35,000	35,000	0	167,500	167,500	0
Project 2 - New Velindre Cancer Centre	148,648	146,236	2,412	2,084,500	2,086,284	-1,784
Project 3a - Radiotherapy Procurement Solution	44,948	51,925	-6,977	133,602	169,685	-36,083
Capital Non-Pay Total	**234,835**	**239,246**	**-4,411**	**2,464,102**	**2,501,474**	**-37,372**
CAPITAL TOTAL	**561,059**	**558,137**	**2,922**	**4,147,500**	**4,183,251**	**-35,751**

REVENUE	Current Month			Financial Year		
	Budget to Jun-21	Spend to Jun-21	Variance to Jun-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Programme Management Office	60,224	57,418	2,807	240,000	240,000	0
Project 6 - Service Change Team	74,000	83,129	-9,129	296,000	321,522	-25,522
Revenue Pay total	**134,224**	**140,547**	**-6,322**	**536,000**	**561,522**	**-25,522**
NON-PAY						
nVCC Project Delivery	0	6,555	-6,555	0	26,011	-26,011
Programme Management Office	0	0	0	0	0	0
Project 6 - Service Change Team	0	67	-67	0	266	-266
Revenue Non-Pay Total	**0**	**6,621**	**-6,621**	**0**	**26,277**	**-26,277**
REVENUE TOTAL	**134,224**	**147,168**	**-12,944**	**536,000**	**587,800**	**-51,800**

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

CAPITAL SPEND

Projects 1 and 2 Pay Costs

5.1 **WG Funded Staffing -** An in-year spend of **£0.226m** for posts funded by WG reflects the current 'interim' posts against a budget of **£0.233m**. The underspend is due to a delay in recruitment of staff into the two Projects. A recruitment drive has now taken place and new staff will take up post during July and August 2021. There is a forecast spend of **£1.504m** for the year against a budget of **£1,505m**. 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 budget and spend of **£6k** for the year to date for project support and running costs for Projects 1 and 2. This is made up of office costs and document portal fees. There is a forecast spend this financial year of **£78k** against a revised budget of **£78.5k**.

5.3 **Enabling Works -** There is an in-year spend of £0.080m against a budget of **£0.070m.** The overspend of £0.010m is due to a temporary increase in staff costs. There is a forecast spend for the year of **£0.376m** against a budget of the same.

Work package	Spend to 30th June 2021
Pay	£0.045m
Third Party Undertakings	£nil
Enabling Works – Technical Advisers	£0.035m
Enabling Works – Works	£nil
Enabling Works Reserves	£nil

5.4 **nVCC -** There is an in-year capital spend of **£0.327m**, with a forecast spend for the year of **£3.381m**. These are against budgets of **£0.347m** and **£3.382m** respectively. The in-year underspend is due to temporary reduced staff costs and a delay in staff recruitment.

Work package	Spend to 30th June 2021
Pay (including Project Leadership)	£0.181m
Competitive Dialogue – PQQ & Dialogue	£0.149m
Legal Advice	£nil
nVCC Reserves	-£0.002m

Project 3a – Integrated Radiotherapy Procurement Solution

5.5 There is a total in-year spend of **£0.145m** (£0.093m pay, £0.052m non-pay) for the IRS Project against a budget of **£0.138m**. The overspend of £7k is due to increased legal costs. The Project is currently forecasting a spend of **£0.348m** against a budget of

£0.312m. The overspend of £0.036m is due an increase in legal costs and is a financial risk to the outturn position for the Project. A briefing note will be issued to the Project Lead outlining the risk and requesting risk mitigation.

REVENUE SPEND

Programme Management Office

5.6 The PMO spend to date is **£0.057m** against a budget of **£0.060m**, made up of pay costs. The budget and current forecast outturn for the financial year 2021-22 is **£0.240m**.

Projects 1 and 2 Delivery Costs

5.7 There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£7k** with an expected spend for the year of **£26k**. This spend is made up of rates and other running costs. There is currently no revenue budget for these costs.

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

5.8 Service Change spend to date is **£0.083m** against a budget of **c£0.074m**. This spend is made up of pay costs. The Project is currently forecasting a spend of **£0.322m** for the year against a budget of **£0.296m**. The forecast overspend is due to increased pay costs and is a financial risk to the outturn position for the Project. A briefing note will be issued to the Project Lead outlining the risk and requesting risk mitigation.

6. Financial Risks & Issues

6.1 The overspend currently forecast for the IRS Project and the Service Change Project is a financial risks to the outturn position for the Programme. A briefing note will be issued to each Project Lead outlining the risk and requesting risk mitigation.

6.2

6.3 There is currently no revenue budget allocated to nVCC Project Delivery. This is a financial risk to the outturn position for the Programme and will be address by the TCS Finance Team.

7. CONSIDERATIONS FOR BOARD

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

8. 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.

9.   RECOMMENDATION

9.1   The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2021-22 as at 30th June 2021.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme & Project Risk

DATE OF MEETING	20th July 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	

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 Approval

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.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1   Note the 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 Committee are asked to:

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

TRANSFORMING CANCER SERVICES PROGRAMME

(South East Wales)
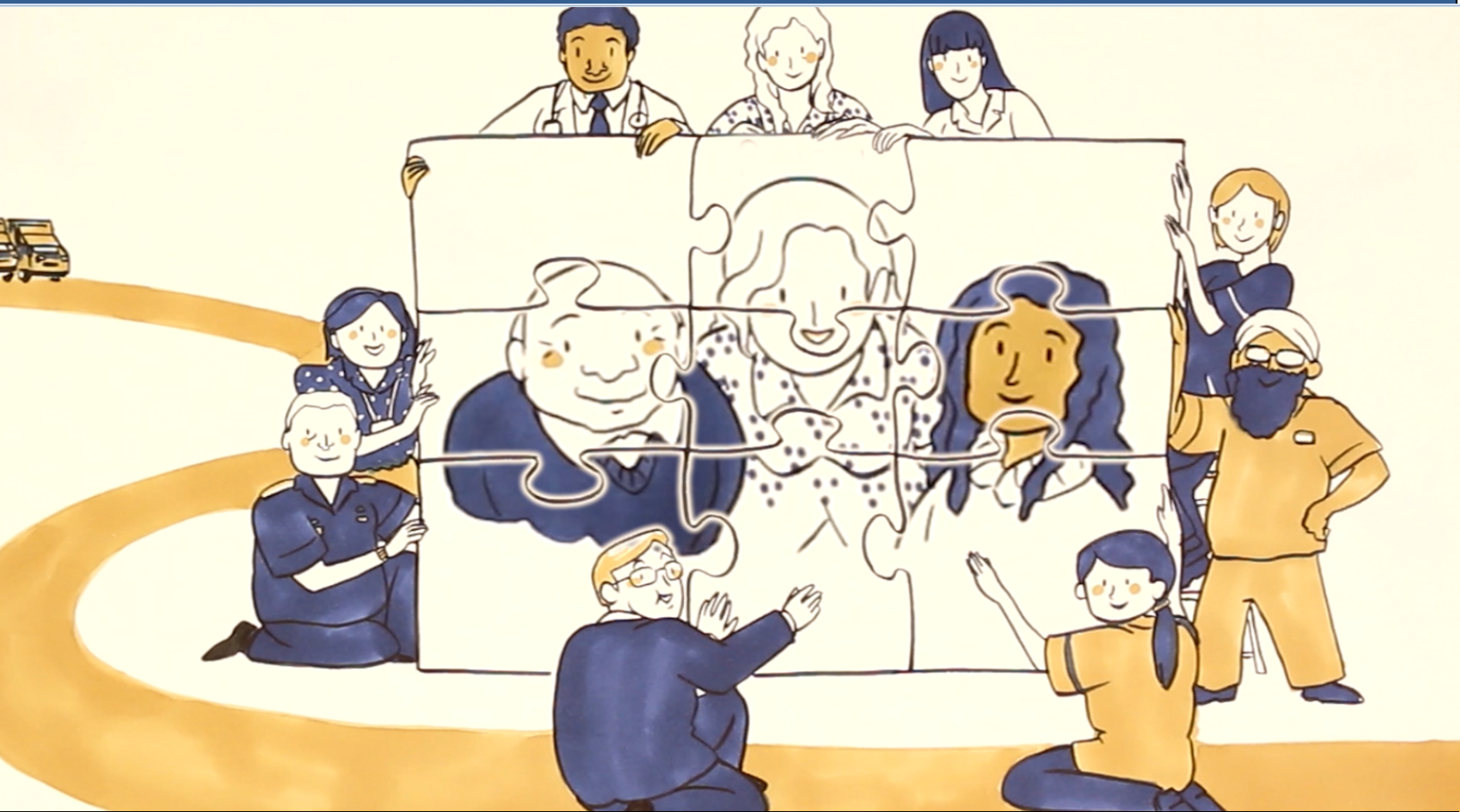
TCS Programme & Project Risk

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	06/07/2021	Bethan Lewis	Commencement of Document

Approvals

This document requires the following approvals:

Title / Group	Date	Version/Option
TCS Programme Delivery Board	15/07/2021	0.1

Distribution

This document has been distributed to:

Name	Title	Date	Version

CONTENTS

INDEX OF FIGURES

APPENDICES

1.1 The below tables provide the most up to date data in regards to risk across the TCS Programme and its Projects which continue to be monitored and updates provided to the Programme Delivery Board each month. The Risk landscape across the Programme has remained stable in this reporting period, with the overall number of risks moving from 118 to 116. Figure 1 below provides a view of the number of risks broken down by project and risk rating. The majority of risks (47%) have a current 'Yellow' rating (as seen in Figure 2 below), demonstrating that our Project and Programme Risks are being prioritised, managed and mitigated to moderate levels. Figure 3 provides detail of the number and ratings of risks from across the Projects and Programme which would have an impact on any of the other Projects; as expected the nVCC Project has the highest number of risks which could impact that project owing to the various dependencies and reliances across the Programme.

Figure 1: Breakdown of Risks Emerging from Projects

Risks emerging from…Totals							
1. Enabling works for nVCC	**26**			**2. nVCC**	**23**		**Totals**
2	9	30	0	0	10	13	0	**116**
3. Digital and Equipment	**25**			**4. Radiotherapy Satellite Centre**	**9**		
3	6	13	3	0	7	2	0	11 / 56
5. SACT and Outreach	**9**			**6. Service Delivery, Transformation and Transition**	**13**		61 / 3
4	4	1	0	2	10	1	0	
7. VCC Decommissioning	**1**			**8. Programme**	**10**		
0	0	1	0	0	10	0	0	

Figure 2: Proportion of Risks by Rating Score

Proportion of risks of each ranking

- Red (15-25): 8%
- Amber (8-12): 43%
- Yellow (4-6): 47%
- Green (1-3): 2%
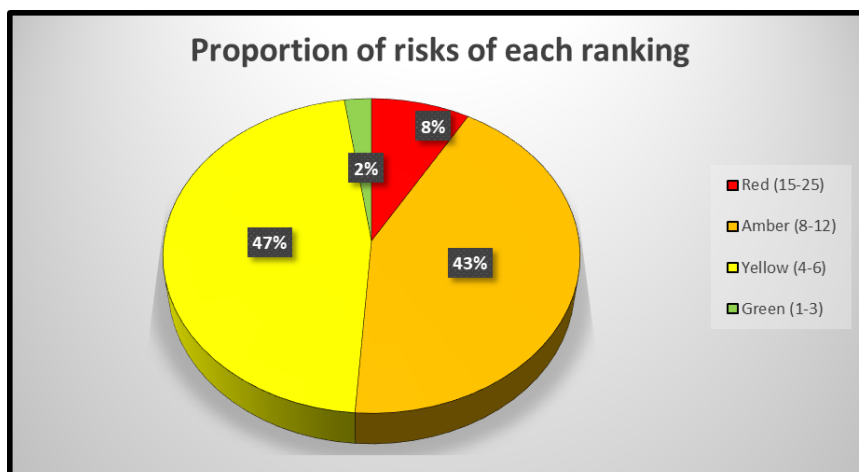
Figure 3: Breakdown of Risks Impacting upon Projects

Risks impacting on… Totals

1. Enabling works for nVCC	45

2	23	20	0

2. nVCC	70

6	38	24	2

3. Digital and Equipment	23

1	18	4	0

4. Radiotherapy Satellite Centre	29

3	16	8	2

5. SACT and Outreach	13

0	12	1	0

6. Service Delivery, Transformation and Transition	54

5	33	13	3

7. VCC Decommissioning	13

2	10	1	0

8. Programme	40

6	23	11	0

2.0 TCS Projects Risk Update

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

Projects 1 & 2 – Enabling Works for nVCC & nVCC

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	3	4	0	0	7
Issues	0	0	0	0	0

- There have been 3 new risks raised and 4 closed risks for Project 2 in this reporting period. There have been no changes to the Risk Register for Project 1 in this reporting period.
- One new risk has a current rating of '12' and the detail of this can be seen below:

ID	Description of Risk	Direction of Travel	Current Rating	Comment	Due Date
R333	**nVCC OBC Judicial Review** There is a risk that the judicial review request lodged by a member of the public against Welsh Government's decision to approve the nVCC OBC is approved for further consideration, which may lead to delays to or stoppage of the competitive dialogue procurement process.	**NEW**	Likelihood 3 Impact 4 Overall 12	**Risk Owner - David Powell** Note: Mitigating actions are primarily led by Welsh Government. Actions that can be taken by Velindre as an Interested Party are: 1. Provide any available evidence to assist WG in refuting points made within the Judicial Review request (e.g. lack of stakeholder consultation, etc.). 2. Remain in regular contact with WG and provide any assistance required.	1. 20/07/2021 2. Ongoing

Project 3a – Integrated Radiotherapy Solution (IRS)

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	0	1	0	9	10
Issues	0	0	0	0	0

- There have been a number of changes to the risk register during this reporting period, the majority of changes have been to historical and low rated risks. One risk rating has been reduced from a high score rating to a more moderate score rating and therefore moves out of the reporting threshold to this Board; the detail of this risk can be seen in the below table.
- There are 21 risks open in the IRS Project Risk Register, the majority of these risks have low scoring ratings but remain open and 'accepted' with their current scores at this stage. It is expected that as

the project moves towards the closing stages of the procurement process these risks will move to being closed.

ID	Description of Risk	Direction of Travel	Current Rating	Comment
IRS11	There is a risk that there is limited resources to develop technical specifications. Delays to the project and key milestones are not met.	⬇	Likelihood 2 Impact 4 Overall 8 *Previous score* *Likelihood 4* *Impact 4* *Overall 16*	**Risk Owner – Gavin Bryce** Risk reduced as technical specifications and requirements have been developed and project moving to final tender stage

Project 4 – Radiotherapy Satellite Centre (RSC)

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

- The changes made in this reporting period to the RSC project risk register can be seen in the below table:-

ID	Description of Risk	Direction of Travel	Current Rating	Action Status
R263	There is a risk that as the RSC Project requires a collaborative working approach with ABUHB there will be differing and / or contrasting priorities which could lead to the design brief not capturing all requirements, insufficient Velindre design standards in place and delays to project completion and becoming operational.	⬆	Likelihood 4 Impact 3 Overall 12 *Previous score* *Likelihood 3* *Impact 3* *Overall 9*	**Risk Owner – Andrea Hague** ABUHB have been provided with SMART design requirements which they are now looking at costs of implementing, paper to follow to Project Board with cost/benefit analysis of options available to Velindre and potential impact to timelines.
R291	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	⬇	Likelihood 2 Impact 4 Overall 8 *Previous score* *Likelihood 4* *Impact 4* *Overall 16*	**Risk Owner – Andrea Hague** Communication has been received back from WG that Enabling Works will be approved to commence, formal written confirmation is awaited.

- An update on the issue has been raised at the last Programme Board is provided in the table below, this issue sits within the ownership of ABUHB as part of the Capital Programme.

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
AB – 2	Programme Delay / Impact of SMART Hospital	• Stage 4 design process is estimated to be 3 weeks behind programme due primarily to changes to C sheets and the 1:200 layout. • Compliance with the SMART Hospital Brief, if and when confirmed, could add a further 12 weeks to the design programme. Additional fee costs awaited. • The changes and impact of SMART Hospital brief could exceed the FBC fees agreed by WG.	High	• Meetings scheduled to agree way forward which provides balance of Velindre SMART requirements without detrimental impact on project timeline. Following this recommendation to Project Board and Programme Delivery Board.	Andrea Hague / Andrew Walker	13/08/21

Project 5 – Outreach

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

- There have been no changes to risk ratings during the last reporting period.
- Updates have been provided against the two issues which were escalated to Programme Delivery Board in June, the detail of these can be seen in the below table for your information.

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I055	There is lack of appropriate project support to provide the structure and governance required to progress with development of key project objectives. (escalated from Risk R272)	The lack of project structure to support and help develop outreach plans with Health Board is slow, and is effecting the timeline for the identification and delivery of the outreach solution	High	Urgent request to Programme Director to provide additional support including, Project Administrator and Project Manager	Carys Jones	TBC
I056	The activity to re-run growth assumptions, which has been identified as key work by the Programme Board, has still not been undertaken with no date currently given for this work to be completed. (escalated from Risk 273)	Key growth assumptions are critical if we are to ensure that outreach sites provide sufficient capacity for anticipated demand. Our ability to commission this piece of work requires urgent action.	High	Head of BI has committed to undertaking the work internally by mid-July. **Completed**	Emma Powell	July 2021

Project 6 – Service Delivery & Transition

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

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

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 risk ratings in the PMO Risk Register in this reporting period

3.2   In last months' report there was a new issue raised by the Programme team, the status of this issue has been updated and can be seen below.

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I054	**Programme Resource** Member of Programme team has been successful in securing another role within the Trust	Considerable gap in terms of running of Programme business cycle including Programme Delivery Board & Scrutiny Committee arrangements, as well as additional support to Outreach & RSC Projects.	High	Agreement in principle to reappoint to the Programme Co-ordinator (or equivalent) post for 24 months. Post is currently funded via Commissioner funding which ceases in March 2022. Post to be recruited as a cost pressure.	Carys Jones	19/07/21

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

3.4   There are 19 risks in the June 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. Of these risks all have Action Plans against them and all but 2 have been reviewed and

updated in the last quarter. There are 14 Risks which require updates against actionees and due dates; work has started on this and will be completed with the Risk Owners in the next reporting period.

3.5   One of the risk related actions on the PDB Action Log is in relation to the quantification of risks. Where the impact of a risk can be categorised (i.e. by cost, time) then an estimated cost of that risk can be calculated, this along with the risk rating will strengthen the measure of the risk and as such how that risk is to be managed. Work is underway with Projects to complete this activity.

3.4   The Programme Delivery Board are asked to:

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

4.0 Next Steps

4.1   Continue to work with Projects and Risk Owners to facilitate best risk management practices including completion of action due dates and quantification of risk cost where relevant.

ID	Date Registered	Originator	Risk emerging from	EW	nVCC	D+E	RSC	S+O	Service Deliv	Decomm	Prog	Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	Actionee	Next Action Due	Next Action Due Date	Primary Impact Type	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating
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) Engagement with Trust Comms team is ongoing and plans in place to improve Programme Comms position. Comms team are currently recruiting to support.	Non Gwilym	1) 2)		Reputation / Political	4	3	12	3	2	6
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 misalignment of project activity and as such further impacts to Programme Plans and Deliverables	29-Apr-21	1) Regular review and update of Project Plans 2) Update Programme Master Plan to reflect any project changes 3) Review and reporting on Master Plan to PDB and Scrutiny committee	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. Impact of covid delays are being managed and projects continue to deliver to appropriate timescales. 2) Master Programme Plan updated to reflect update to projects and to show dependancies across projects and programme activity 3) Ongoing	Bethan Lewis	1	27-Jul-20	Quality / Performance / Service Delivery	3	4	12	2	2	4
R295	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	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	27-May-21	1) Established TCS Programme 2) Regional Clinical Ownership advisory groups to develop model 3) External Gateway review 4) Clinical leadership involvement 5) Re-fresh based on clinical & tech advances 6) Benchmark against other models 7) Established CCLG 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (actue oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health Boards and subsequently to WG with a comprehensive strategic plan for the realisation of the programme investment objectives and benefits.	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 - regional acute oncology service model agreed by CCLG & HB partners, final proposal going to Board in July for approval and 3 year implementation. unscheduled care workstream established within Vleindre Futures and working through action plan. Velindre @UHW Project established with UC workshops planned for w/c 28th June & 12th July. 10) Leadership of 4 medical directors at regional level to address key outstanding areas - complete agreement of clinical model and acceptance of recommendation of Nuffield Report 11) Seek external expertise in design of remaining areas complete - Trust &	Carl James			Quality / Performance / Service Delivery	3	4	12	2	2	4
R297	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	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	14-Jul-21	1) Service planning is sufficiently developed to facilitate effective workforce planning techniqes to be applied 2)Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 3) Clarity of expectations for workforce team involvement 4) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 5) Workforce team to support service to ensure the right people are available and allocated to support	1) Service plans are being developed through VCC Projects and under Velindre Futures workstreams. 2) Workforce planning capability being recruited in WOD to support development of plans. Workforce planning toolkit and methodology in place and signed off by Trust 3) Role clarity to be defined following completion of service plan 4) WOD Team route of engagement with changing programme delivery landscape and VF is being established 5) Currently WOD team supporting in the completion of baselining current workforce to support further planning and supporting initial recruitment in IRS	1) Service Leads 2) Head of Workforce 3) Service Leads 4) Head of Workforce 5) Service Leads/Senior Business Partner VCC	2	1) Ongoing 2) Aug 2021 3) Ongoing 4) Sep 2021 5) Sep 2021	Quality / Performance / Service Delivery	3	4	12	2	1	2
R298	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	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) Dialouge 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 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 (MS, MP, Councillors) 7) Dialouge beteen exisiting cancer forums e.g. cancer leads in SE Wales HBs - ongoing through CCLG 8) Monthly meeting with WG Head of Capital and Director General - ongoing	Non Gwilym	1	26-Jul-21	Reputation / Political	4	3	12	2	2	4

Risk ID	Date	Owner	Category	X	X	X	X	X	X	X	X	Lead	Risk Description	Review Date	Controls / Actions	Progress Update	Action Owner	L	D	Risk Type	L	I	Score	L	I	Score
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 scope & clinical outputs / Disengagement of stakeholders	29-Apr-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. Programme Board is established and meetings of the Board are taking place. Strategic Capital Board has been established to support new ways of working 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. 3) TBC 4) TBC 5) TBC	Carys Jones	3	01-Sep-21	Quality / Performance / Service Delivery	4	3	12	2	2	4
R299	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	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.	29-Apr-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) **complete / ongoing** 2) **complete** 3) **ongoing** 4) **complete** 5) **complete** 6) **complete** 7) **complete** - In addition to CCLG the Partnership Boards with C&V and Cwm Taf HBs have been established and the establishment of Partnership Board with ABUHB is underway 8) **complete**	Carys Jones	3	3	Timescale	3	3	9	3	2	6
R281	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	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.	27-May-21	1) PMO team continue to monitor and engage as part of development of programme wide comms	1) OBC approval from WG on the 19th March Tender issued on Sell2Wales Ongoing political support from Labour & Plaid Cymru Labour Government majority in the Senedd and no change in direction indicated in MiM policy or support for Programme / Project	Bethan Lewis	N/A	N/A	Reputation / Political	2	4	8	2	4	8
R283	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	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.	29-Apr-21	1) Regular review of risk and Brexit implications from a Programme risk perspective. 2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda. 3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan. 4) Close engagement with prospective bidders or suppliers to identify risks in advance.	1) **Ongoing** - Programme level risk is unlikely at this stage but could be subject to change if Projects are coming across issues relating to cost/availability which would impact Critical Path & Master Plan. 2) **Ongoing** - The 3 Projects which could be sensitive to Brexit impacts continue to monitor and review as they progress along their individual procurement processes. 3) **Ongoing** - programme team reviewing project plans with project teams ensuring accurate reflection of timescales and dependancies in Master Programme Plan. 4) Will be done at appropriate time during tender processes	Bethan Lewis	N/A	N/A	Quality / Performance / Service Delivery	2	4	8	4	2	8
R296	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Steve Ham	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 sufficent 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	29-Apr-21	1) Established Programme Governance with agreed forecasted costs for the programme and each project 2) Agreed funding sources and streams with WG and Commissioners 3) WG have provided funding commitment to funding of key infrastructure projects 4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contracts 5) Agreed financial management and cost control arrangements in place 6) Issuing up to date forecast costs to WG to enable medium term capital planning at WG level 7) Briefing WG Director General and Programme Sponsor well in advance 8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements s for programme	1) **complete** 2) **complete** 3) **complete** 4) **ongoing** 5) **complete** 6) **ongoing** 7) TBC 8) **complete** - Commissioner support for revenue funding. In addition OBCs for Projects 1,2 & 4 have been approved.	Carl James			Cost	2	4	8	2	2	4

Projects Impacting On

ID	Date Registered	Originator	Risk emerging from	EW	nVCC	D-E	RSC	S-O	Service Deliv	Decomm	Prog	Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	Actionee	Next Action Due	Next Action Due Date	Primary Impact Type	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.	20-May-21	1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work. 2) Clarification required on whether Outreach Project is an Operational or an Infrastructure Project	1) Programme to allocate resource to support project. Project and Programme have met in April 2021 to discuss resourcing for project support with no further movement forward in resolving this. 2) Ongoing - tbc	1) Programme Delivery Board 2) …	1) 2)	1) 30/7/21 2) 01/09/21	Quality / Performance / Service Delivery	4	5	20	2	3	6
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.	20-May-21	1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirements will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirements will be undertaken.	1) Project team continue to chase to receive re-run of projection - ongoing 2) Commissioning Paper approved by Programme Board in April 21, tender to onboard resource to do this activity still outstanding.	Jacqui Couch / Carys Jones	2	16-Jul-21	Quality / Performance / Service Delivery	5	4	20	2	3	6
R317	26-Feb-21	Gavin Bryce	3a. IRS		X	X	X					Gavin Bryce	There is a risk that insufficient resources (people) being made available to the project will have an adverse impact on the quality of the procurement process	16-Jun-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). Need for operational impact on staffing to commit to project tender process 2) Recruitment underway to replace staff that have left the Trust - ongoing 3) Project resource monitored dynamically	Gavin Bryce	2	30-Apr-21	Quality / Performance / Service Delivery	4	4	16	2	4	8
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	28-Apr-21	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) This work is being picked up as part of initial 'deep dives' being undertaken by Velindre Futures. Outcomes of these are being shared. 2)	Sue Thomas	2	01-Sep-21	Quality / Performance / Service Delivery	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	28-Apr-21	1) 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 been submitted to the Trust, the Programme Board and to commissioners	1) 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.	Andrea Hague	1	01-Sep-21	Quality / Performance / Service Delivery	4	4	16			
R329	10-May-21	Jacqui Couch	5. SACT and Outreach									Nicola Williams	There is a risk that time-consuming infrastructure work i.e. the refurbishment of a current site or identification of a new build is required to deliver the agreed outreach model of care. This could lead to delays in outreach services not being established or operational ahead of the new VCC as agreed within Programme objectives	20-May-21	1) Identify location 2) Identify refurb / new build required 3) Establish level of local engagement with CHCs/public required 4) Identify appropriate resources from all HBs & VUNHST (inc Project Leads, Planning etc) to ensure project is supported and managed to align with project & programme timelines 5) Establishment of ownership and governance of Project within TCS/VF environment	1) Ongoing - ABUHB have confirmed 1 location at Nevill Hall. C&V and CT still ongoing for the Vale & Bridgend populations. North Cwm Taf have confirmed 1 location at Prince Charles 2) Ongoing 3) TBC 4) TBC 5) TBC	Jacqui Couch / VCC Service Leads	1	01-Sep-21	Timescale	4	4	16	3	3	9
R257	08-Jun-21	Craig Anderson	1. Enabling works for nVCC	X	X			X				Mark Young	**EW Bridge Construction Timeline** There is a risk that enabling works construction, including bridges, exceeds 15 months, leading to delays to nVCC construction and incurring financial loss claims from the MIM contractor.	03-Jun-21	1. Regular review of possible areas which may cause delay: 2. Partial mitigation through normal contract condition re liquidated and ascertained damage – where events in the contractors control can result in compensation for costs incurred by the client resulting from time or cost overruns. Need to be within expected reasonable limits. Care required in setting that limit to steer away from punitive damages as few contractor would price the works, pushing up tender prices. 3. Focus to be applied to detailed construction programme following return of EW D&B bids.	1. Most recent review of the plan shows only minimal slack between the end of the enabling works construction and beginning of MIM construction **Ongoing** 2. Scaling delay damages clause added to tender documentation to ensure contractor is incentivised to complete work on time. **Complete** 3. To be undertaken after 18th June. **Complete**	Mark Young	1	01-Jul-21	Cost	4	4	16	3	3	9
R274	30-Jun-20	Jacqui Couch	5. SACT and Outreach					X				Nicola Williams	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of outreach project	20-May-21	1) Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	1) Ongoing as and when required	Project Board	N/A	N/A	Quality / Performance / Service Delivery	3	5	15	1	3	3
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 run 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.	11-May-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 Project Team	Andrea Hague	N/A	N/A	Timescale	4	3	12	2	2	4
R327	22-Apr-21	Gavin Bryce	3a. IRS									Gavin Bryce	There is a risk that the approval for the FBC for the IRS Project is delayed or not approved, due to changes in approval timescales which would lead to delays to project delay, project abandonment impacting on other TCS Projects (nVCC & RSC) deliverables	22-Apr-21	1) Engagement with Capital & Treasury teams 2) Previous presentations to IIB 3) OBC shared with WG Officers for comment 4) WG notified of timescales for FBC so they can align resources 5) Specialist advisors used to support delivery of Business Case	1) Ongoing activity 2) Complete 3) Complete 4) Complete 5) Ongoing	Gavin Bryce	1)	05/11/2021	Timescale	3	4	12	2	4	4
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.	03-Jun-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. Further market testing undertaken in March 2021 indicates that this is an ongoing risk. **Complete**	David Powell / Mark Ash	N/A	N/A	Timescale	4	3	12	1	5	5
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-Jul-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.	Non Gwilym	1	13-Aug-21	Reputation / Political	4	3	12	3	2	6

Ref	Date	Owner	Category	X X X X X X X X	Lead	Risk Description	Date	Controls	Mitigation / Progress	Action Owner		Review Date	Risk Type	I	L	Score	I	L	Score
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 disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	29-Apr-21	1) Regular review and update of Project Plans 2) Update Programme Master Plan to reflect any project changes 3) Review and reporting on Master Plan to PDB and Scrutiny committee	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. Impact of covid delays are being managed and projects continue to deliver to appropriate timescales. 2) Master Programme Plan updated to reflect update to projects and to show dependancies across projects and programme activity 3) Ongoing	Bethan Lewis	1	27-Jul-21	Quality / Performance / Service Delivery	3	4	12	2	2	4
R295	05-Oct-20	Bethan Lewis	8. Programme	X X X X X X X X	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	27-May-21	1) Established TCS Programme 2) Regional Clinical Ownership advisory groups to develop model 3) External Gateway review 4) Clinical leadership involvement 5) Re-fresh based on clinical & tech advances 6) Benchmark against other models 7) Established CCLG 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (actue oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health Boards and subsequently to WG with a comprehensive strategic plan for the realisation of the programme investment objectives and benefits	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) review / refresh of model - regional acute oncology service model agreed by CCLG & HB partners, final proposal going to to Board in July for approval and 3 year implementation. unscheduled care workstream established wihtin Vleindre Futures and working through action plan. Velindre @UHW Project established with UC workshops planned for w/c 28th June & 12th July. 10) Leadership of 4 medical directors at regional level to	Carl James			Quality / Performance / Service Delivery	3	4	12	2	2	4
R297	05-Oct-20	Bethan Lewis	8. Programme	X X X X X X X X	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	14-Jul-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 3) Clarity of expectations for workforce team involvement 4) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 5) Workforce team to support service to ensure the right people are available and allocated to support	1) Service plans are being developed through VCC Projects and under Velindre Futures workstreams. 2) Workforce planning capability being recruited in WOD to support development of plans. Workforce planning toolkit and methodology in place and signed off by Trust 3) Role clarity to be defined following completion of service plan 4) WOD Team route of engagement with changing programme delivery landscape and VF is being established 5) Currently WOD team supporting in the completion of baselining current workforce to support further planning and supporting initial recruitment in IRS	1) Service Leads 2) Head of Workforce 3) Service Leads 4) Head of Workforce 5) Service Leads/Senior Business Partner VCC	2	1) Ongoing 2) Aug 2021 3) Ongoing 4) Sep 2021 5) Sep 2021	Quality / Performance / Service Delivery	3	4	12	2	1	2
R298	05-Oct-20	Bethan Lewis	8. Programme	X X X X X X X X	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-Jul-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) Dialouge 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 & recruitment of additional comms resource to support comms/engagement activities 2) Better use of technology being reviewed and rolled out to share key messages 3) Variety of 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 (MS, MP, Councillors)	Non Gwilym	1	26-Jul-21	Reputation / Political	4	3	12	2	2	4
R302	04-Nov-20	Bethan Lewis	8. Programme	X X X X X X X X	Carl James	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	29-Apr-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. Programme Board is established and meetings of the Board are taking place. Strategic Capital Board has been established to support new ways of working 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. 3) TBC 4) TBC 5) TBC	Carys Jones	3	01-Sep-21	Quality / Performance / Service Delivery	4	3	12	2	2	4

R263	29-Jun-20	Jacqui Couch	4. Radiotherapy Satellite Centre		X						Andrea Hague	There is a risk that as the RSC Project requires a collaborative working approach with ABUHB there will be differing and / or contrasting priorities which could lead to the design brief not capturing all requirements, insufficient Velindre design standards in place and delays to project completion and becoming operational.	22-Jun-21	1) Design Brief discussions and meetings between VCC & ABUHB will ensure agreement on final design is acceptable to all parties within the timescale available	1) Clear design brief documentation provided by VCC. Multiple discussions with ABUHB team undertaken. Drawing signed off by operational staff from both VUNHST & ABUHB. Ongoing detailed discussion on internal aspects of design brief. ABUHB have been provided with SMART design requirements which they are now looking at costs of implementing, paper to follow to Project Board with cost/benefit analysis of options aviable to Velindre and potential impact to timelines.	Andrea Hague	1	13-Aug-21	Quality / Performance / Service Delivery	4	3	**12**	2	3	**6**
R333	05-Jul-21	Craig Salisbury	2. nVCC	X	X			X	David Powell			**nVCC OBC Judicial Review** There is a risk that the judicial review request lodged by a member of the public against Welsh Government's decision to approve the nVCC OBC is approved for further consideration, which may lead to delays to or stoppage of the competitive dialogue procurement process.	05-Jul-21	Note: Mitigating actions are primarily led by Welsh Government. Actions that can be taken by Velindre as an Interested Party are: 1. Provide any available evidence to assist WG in refuting points made within the Judicial Review request (e.g. lack of stakeholder consultation, etc.). 2. Remain in regular contact with WG and provide any assistance required.	1. An evidence gathering exercise is underway, in order to assist WG. **Ongoing** 2. **Ongoing**	Andrew Davies	1	20-Jul-21	Timescale	3	4	**12**	2	4	**8**

TCS PROGRAMME SCRUITINY SUB-COMMITTEE

TCS PROGRAMME MANAGERS REPORT

DATE OF MEETING	20.07.2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	

PREPARED BY	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
n/a	n/a	n/a

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

1. SITUATION / BACKGROUND

1.1 The TCS Programme will deliver a range of outcomes and benefits for patients across South East Wales. The Programme has been established since 2015 and consists of seven defined projects that are being delivered by the Trust in conjunction with its various partners / stakeholders.

1.2 This report provides a summary update against wider TCS Programme matters only. Details pertaining to the specifics of the constituent Projects within the Programme are captured in their respective Highlight Reports also reported at the same Programme Delivery Board (PDB). A brief update against the elements of each project which impact upon the wider programme and Master Programme Plan are contained at the end of this report.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 The report is set out in the following way:

    a) External updates
    b) Internal Programme updates
        i. Wider Programme updates
        ii. Notable Updates from the Seven Projects affecting the Programme
        iii. Master Programme Plan (see also the separate agenda item)

3. EXTERNAL PROGRAMME ARRANGEMENTS

Collaborative Cancer Leadership Group (CCLG)

3.1 The next Collaborative Cancer Leadership Group (CCLG) will take place on the 30th July 2021. The draft agenda has been agreed with the Chair and papers have been requested. Updates will be provided from all the CCLG standing groups, together with key items of regional significance reporting into the CCLG. These include:

- Progress against the Nuffield Trust recommendations,
- Acute Oncology Service (AOS) Regional Business case,
- *'Velindre@ Project'*, including progress with the *Velindre@UHW* and Research Hub model
- Regional Research, Develop & Innovation
- Prehabilitation2Rehabilitation programme of work
- Transforming Cancer Services (TCS) in SE Wales Programme update (including nVCC, the Integrated Radiotherapy Solution (IRS) procurement, the Radiotherapy Satellite Centre and Outreach)
- Regional Digital Enablement

3.2 A further update will be provided following the meeting.

3.3 It should also be noted that this will be the final meeting of the current Chair, Len Richards, CEO, Cardiff and Vale UHB, who vacates his post in the early Autumn.

Velindre @ UHW

3.4 The 'Velindre @ UHW Project' which begins to address elements of the wider regional operating model development, in particular, some of the Nuffield Trust recommendations, is progressing well. Project arrangements are now in place with the TCS Senior Programme Delivery and Assurance Manager providing the programme management support, working alongside externally commissioned expertise from Hilary Wilderspin, co-author of the Nuffield Trust advice, and Archus, healthcare infrastructure specialists. The clinical co-leads for each of the three workstreams have also been agreed.

3.5 A series of clinical design meetings/workshops have been scheduled to address the three key areas of progress required:

i. **Research & Development** – to develop a proposal for a Research Hub at UHW which took place on the **8th June**. The session was well attended and an output report summarising the areas of agreements and those requiring further exploration has been produced. A draft Research Hub proposal is now being drafted with the support of Archus, which will describe the future operational model, infrastructure and workforce requirements with the intention of informing any future potential business cases and investment proposal.

ii. **Unscheduled Care** – two three-hour clinical design sessions have been arranged for the **8th and 14th September** respectively. The agendas have been developed for the sessions in conjunction with the leads and an extensive data pack has been produced to inform the session. The data analysis is intended to provide insight into how the current unscheduled/acute cancer system is performing in SE Wales and how this might be improved through the future operating model.

iii. **Haemato-oncology** – the agenda for the haemato-oncology clinical design meeting has been drafted and is awaiting further input from haematology colleagues at CAVUHB. The date for the session is yet to be confirmed, although availability has been sought. The availability of key attendees to attend over the summer may prove challenging.

iv. **Final Clinical Design Session** – a final session in currently planned for the 7th October which will bring the three strands together and feedback the proposals from each of the respective areas to ensure alignment. The intention is to ensure the interdependencies and impact of each of the respective proposals have been identified and addressed.

3.6 The final draft clinical service specification is planned for completion late October, depending on the need for further clinical design sessions.

4. INTERNAL PROGRAMME ARRANGEMENTS

Wider Programme Updates

Velindre Futures

4.1 The fifth Velindre Future (VF) Programme Board was held on 25th June. The usual monthly highlight presentation was provided by the Senior Programme Delivery and Assurance Manager to update on TCS programme progress and highlight any issues, interdependencies or co-ordination points to be addressed.

4.2 The VF governance arrangements have now been agreed and a reporting structure in place. These arrangements include the establishment of a Development & Delivery (D&D) Group for each service area with a representative from the TCS programme invited to each group to ensure alignment and share key information. Capacity to attend all the D&D groups may be challenging, but arrangements will be kept under review.

4.3 The respective work programmes beneath each of the Development and Delivery Groups are in development and have been compiled into a single VF 'road map'. Members of the VF PMO and TCS PMO have met to map the interdependenceis between the two work programmes. Further work is required in this respect as the VF programme develops and the TCS Masterplan is confirmed by WG.

Risk Management

4.4 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

4.5 This section *does not* provide a full update against each project; only matters which have a potential impact on the delivery or coherence of the overall programme (such as scope or timescales), are highlighted below. Details pertaining to the specifics of the constituent Projects are captured in their respective Highlight Reports.

4.6 **nVCC and Enabling Works** – The Project have successfully recruited to a number of new posts to support the competitive dialogue process, with several having commenced in post during July. Training and readiness activities for CD are well underway and on track. Work continues to establish how the site will be managed to ensure as few delays and obstructions as possible to works

on site, including to optimal approach to site security. The results of the PQQ are now being considered and the Board has been briefed on the outcome. The team continue to be engaged in preparing responses to the Judicial Review following the recent JP application against the WG, with Velindre noted as an interested party.

4.7 The **Integrated Radiotherapy Solution** have now completed their trial tender process and are finalising the competitive dialogue process with the bidders, ahead of issuing the final tender. The capacity of operational / clinical staff to inform the procurement process remains a significant risk due to operational pressures. **Project 3 sub-groups** continue to focus on 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.

4.8 The **Radiotherapy Satellite Centre** continues to progress, however, the Stage 4 design process is circa 4.5 weeks behind programme primarily due to changes to the 'C sheets' and 1:200 layouts. Compliance with the SMART hospital brief (if/when confirmed) potentially adds a further 29 week delay to the overall programme and potential revenue implications. To be discussed further on the main agenda, particularly in respect of master plan impact.

4.9 **Outreach** The project has re-run of the growth assumptions with the support of the Business Intelligence Team to assist with future planning which will be brought to the next PDB. Potential implication for the wider model in respect of the sizing and capacity of service. Consideration is still needed as to which elements will move to the Velindre Futures scope and which remain within TCS.

4.10 **Service Delivery and Transition** has not progressed within the TCS programme however the Velindre @ and VF programme address many of the areas of the original project scope. A decision is still required on the most appropriate mechanism to progress this work in light of the scope of the Velindre Futures Programme.

Master Programme Plan

4.11 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.

5. 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.

6.   RECOMMENDATION

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

TCS PROGRAMME SCRUITINY SUB-COMMITTEE

Communications and Engagement Update

DATE OF MEETING	20 July 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	15/07/21	Noted

ACRONYMS	
	None

1.   BACKGROUND

1. This paper provides the Committee with an update on Programme communications and engagement since June 2021.

2. The Programme Board approved the Transforming Cancer Services (TCS) Programme Communications and Engagement strategy in December 2019. The strategy emphasises the importance of good one-to-one stakeholder engagement,

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

2.   ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Over the reporting period we focused our efforts on:

Communications

- Responding to correspondence from a wide range of stakeholders;
- Monitoring media relating to Judicial Review challenge made by local resident:
  - https://www.bbc.co.uk/news/uk-wales-57540838
  - https://nation.cymru/news/patient-launches-legal-challenge-against-plans-for-new-cardiff-cancer-centre/
- Launching the Digital Conversation through Velindre Matters social channels and supported by the Down To Earth Project (press release available as Annex A)
  - https://www.southwalesargus.co.uk/news/19387305.new-velindre-cancer-centre-cardiff-look/
  - https://www.buildingbetterhealthcare.com/news/article_page/Velindre_Cancer_Centre_to_be_rebuilt/177531
  - https://www.walesonline.co.uk/news/wales-news/cardiff-velindre-hospital-latest-plans-20863234
  - Western Mail article (Annex B)
  - GB news report (not available)

Delivering the second edition of the Velindre Matters newsletter (June 30)
  - English version has received a 47% open rate - http://createsend.com/t/t-58CA5367CB53864A2540EF23F30FEDED
  - Welsh version has received a 40% open rate - http://createsend.com/t/t-4E28255D84221DAD2540EF23F30FEDED

Engagement

- Undertaking media briefings relating to the launch of the Digital Conversation to share images of the updated reference design and to clarify next steps in the design process for the new Velindre Cancer Centre;
- Delivering public online events to promote the Down to Earth digital conversation
- Ongoing promotion of the Radiotherapy Satellite Centre service change engagement
  - Events concluded on Wednesday 30 June

- o Diverse Cymru have received some responses through postal and telephone engagements
- o The digital survey, as of 6 July 2021, has received 275 responses
- Delivered first meeting of patient engagement framework steering group
- Supporting the Whitchurch Community Group event organised by Julie Morgan MS and Anna McMorrin MP. The event was attended by Steve Ham, David Powell and Phil Roberts to provide information regarding the new Velindre Cancer Centre project and opportunities to
  - o https://velindre.nhs.wales/transformingcancerservices/get-involved/whitchurch-community-group/
- Meeting with the MS MP
- Working on the nVelindre Minecraft Competition closed on Monday 28 June
  - o 120 registrations from teachers and students from across south east Wales
  - o 20 worlds submitted for the competition
  - o Review panel being established to announce shortlisted worlds and students by end of July;

Next Steps

For the next month, our priorities will be as follows:
- Launching bimonthly Velindre Matters newspaper for local community to support monthly digital version;
- Ongoing information sharing with MS / MP;
- Provide appropriate communications and engagement counsel regarding security protocols for new cancer centre site;
- Review and report to Community Health Council on findings of service change engagement for Radiotherapy Satellite Centre and agree next steps;
- Continue to maintain media briefings and information sharing with key outlets;
- Finalise a series of local public engagement events including the Down to Earth programme on community benefits in late summer 2021;
- Continue to manage the Velindre Matters social media channels;
- Supporting the Velindre Futures communications and engagement needs;
- Supporting the ongoing staff engagement sessions.

Annex A: Digital conversation press release

Velindre wants you to get involved in the next stage of designing the greenest hospital in the UK

It is estimated that around 230,000 people in Wales will be living with cancer by 2030 and Velindre Cancer Centre has a proud history of delivering excellent cancer services, treatment and care to the patient population of south east Wales.

However, the current Velindre Cancer Centre is over 65 years old and simply does not have the facilities or space to meet this future challenge. The pandemic and the impact in its aftermath has only consolidated the Trust's view that it needs to act now.

So where are we now?

Over the coming months, Velindre will start the competition to build the new cancer centre. As it prepares for this next stage, we are asking for feedback from the public on the updated reference design and continuing the conversation about the benefits the project could deliver for the local community.

The feedback gathered will be included in the information pack provided to bidders at the very start of the process. As part of the competition, the bidders will be expected to deliver their own version of the new centre's design, drawing on or improving the established reference design. Velindre expects the designs to reflect the ambition of the design principles it aims to achieve – a building that makes people feel good, is strong and long-lasting and functions well as a cancer centre.

We also want the development of the new cancer centre to generate genuine community benefits for Whitchurch, embracing the social, economic and environmental opportunities the project presents.

David Powell, project director for the new Velindre Cancer Centre said, "The design process is a key part of the next stage for the project and gathering the thoughts of our patients, their families, carers, staff and community is a critical part of that process. Without it, we may have an updated reference design, but we would not have the ability to build the heart into the cancer centre. We want to talk to as many partners and interested parties as possible so that the project team can listen and learn from the community.

"The project not only aspires to be the greenest hospital in the UK, but we want to ensure that it is an inspiring workplace for our dedicated, professional staff to thrive, as well as becoming a focal point for international research and be a place that benefits the local community.

"It is the amazing work of Velindre that drives this project and why we are encouraging everyone to add their voice to the design process, so that we can deliver a new cancer centre that we can all be proud of and is a state-of-the-art facility which is able to treat more people and help them to live longer."

What happens next? How people can get involved.

Velindre is encouraging as many people as possible to take part in the digital conversation which is being delivered in collaboration with the team at [Down to Earth Project](#) who have a 16-year track record in providing life changing healthcare and education programmes.

The digital conversation survey can be completed through the Fit for the Future website: https://vcc.fitforthefuture.uk

Mark McKenna, founder of Down to Earth added, "We are delighted to be working with the new Velindre Cancer Centre project team to support their plans. As a social enterprise, we work with organisations designing and developing a new approach to their healthcare delivery through nature-based solutions, so that it creates an urban and rural built environment infrastructure which is fit for the future. For us, it's about creating an infrastructure which is good for people and good for the planet."

Velindre and Down to Earth will be hosting engagement events that will provide further details relating to the updated reference design, as well as how people can get involved:

- Online workshop 1, Monday 28 June at 09:00
- Online workshop 2, Friday 2 July at 12:00
- Online workshop 3, Thursday 8 July at 18:00

The events will be hosted through the Velindre University NHS Trust Zoom channel and it is advised to register in advance of the event, to enable language preference – Welsh or English – to be delivered equally where required. Interested parties can email Velindre.communications@wales.nhs.uk for more information.

To learn about the latest developments, people can also sign up to the Velindre Matters newsletter by emailing contact.velindre@wales.nhs.uk

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WESTERN MAIL SATURDAY, JUNE 19, 2021 · · · InYourArea.co.uk · NEWS · 15

New details of planned cancer unit revealed

ALEX SEABROOK
Local democracy reporter
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NEW images have been revealed for what a proposed cancer hospital in north Cardiff could look like as a public consultation on the design begins.

The new Velindre Cancer Centre will be built on the Northern Meadows in Whitchurch, with construction expected to begin in March 2023.

Building work will take about two years and the hospital is likely to open in summer 2025.

After the Welsh Government signed off the outline business case for the hospital in March, the next stage is a major public consultation to inform the final design of the buildings.

David Powell, project director for Velindre, said: "The design process is a key part of the next stage for the project and gathering the thoughts of our patients, their families, carers, staff and community is a critical part of that process.

"Without it, we may have an updated reference design but we would not have the ability to build the heart into the cancer centre. We want to talk to as many partners and interested parties as possible so that the project team can listen and learn from the community."

Velindre has revealed a new "reference design" giving more details than previously about how the hospital would look. Together with public comments from the consultation, this will go to contractors bidding to work on the final design of the hospital.

The consultation will run for about a month and then the tendering process, which will take about a year, will begin. In the meantime, enabling works to prepare the site will

likely begin this autumn.

Local campaigners Save the Northern Meadows, who want the hospital built elsewhere, said they boycotted the first of this round of consultation events, held on Thursday. Instead they demonstrated outside the consultation venue.

A spokesman for the campaign said: "It is too little, too late. Real, meaningful consultation should have been undertaken years ago.

"The Northern Meadows are a

haven for wildlife, a crucial part of the area's biodiversity, have been used by the community for decades, and have been a lifeline to thousands of local people throughout the pandemic while also offering some protection from the pollution of the M4, A470, and Coryton Interchange and decreasing the risk of flooding.

The consultation held on Thursday was one of the first in-person events to be held since the start of the pandemic.

> **New artist's impression of Velindre Cancer Centre**
John Cooper Architects

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.