

- 1.0 STANDARD BUSINESS
 - 1.0 Public TCS Programme Scrutiny Sub-Committee-lf.docx
- 1.1 Welcome
 - Stephen Harries, Verbal, To Note*
- 1.2 Apologies
 - Stephen Harries, Verbal, To Note*
- 1.3 Declaration of Interest
 - Stephen Harries, Verbal, To Note*
- 1.4 Previous Minutes
 - Stephen Harries, Paper, To Approve*
 - 1.4 Draft Scrutiny Committee Minutes - Public 19.04.2021 v1-lf.docx
- 1.5 Action Log
 - Stephen Harries, Paper, To Approve*
 - 1.5 Action Log May 2021- PUBLIC.docx
- 2.0 PROGRAMME GOVERNANCE
- 2.1 TCS Finance Plan
 - Mark Ash, Paper, To Note*
 - 2.1 Scrutiny Cttee Finance Plan for 2021-22.docx
- 2.2 TCS Programme Risk Register
 - Bethan Lewis, Paper, To Note*
 - 2.3 TCS Programme & Project Risk_Scrutiny_May 21_Public.docx
 - 2.3a Risk Appendices_May 21_Scrutiny_Public.pdf
 - 2.3b Risk Appendices_May 21_Scrutiny_Public.pdf
- 3.0 PROGRAMME DELIVERY
- 3.1 TCS Programme Managers Update
 - Carys Jones, Paper, To Note*
 - 3.1 Programme Managers Update - MAY 21 v2.docx
- 4.0 PROJECT DELIVERY
- 4.1.1 Projects 1&2: Internal Audit 2020-21
 - David Powell, Paper, To Endorse*
 - 4.1.1 Programme Board - Internal Audit Plan 2020-21 Final.docx
 - 4.1.1a Appendix One - Velindre IAAP 2020.21.pdf
 - 4.1.1b nVCC IAP_202021_Advisers_Final Report_Issued.pdf
 - 4.1.1c nVCC IAP_202021_Contract Management_Final Report_Issued .pdf
 - 4.1.1d nVCC IAP_202021_Governance and Financial_Final Report_Issued.pdf
 - 4.1.1e nVCC IAP_202021_Planning_Final Report_Issued.pdf
- 4.1.2 Internal Audit Plan 2021-22
 - David Powell, Paper, To Endorse*
 - 4.1.2 Programme Board - Internal Audit Plan 2021-22.docx
 - 4.1.2a Appendix 1 - Velindre IAAP 2021.22 (draft).pdf
 - 4.1.2b Appendix 1a - Enabling works plan.pdf
- 4.2 Project 3A: Verbal Update
 - Gavin Bryce, Verbal, To Note*
- 4.3.1 Project 4: Public Engagement
 - Andrea Hague, Paper, To Note*
 - 4.3.1 May 2021 Service Change Engagement Programme RSC PB.docx
- 4.3.2 RSC Stage Three Design Sign Off

Andrea Hague, Paper, To Endorse

4.3.2 Scrutiny c'ttee cover paper May 2021-LF.docx

4.3.2a Scrutiny C'ttee - Radiotherapy Satellite Centre- End of Stage 3 report May 2021pptx.pdf

5.0

ENGAGEMENT AND COLLABORATION

5.1

Communications and Engagement

Non Gwilym, Paper, To Note

5.1 Comms May 2021 TCS Programme Board v3.docx

5.1a Draft Dig Consul May 21.pdf

6.0

RESEARCH AND INNOVATION

6.1

Minecraft Presentation

Cardiff University Representative, Presentation, To Note

7.0

ANY OTHER BUSINESS

8.0

Review of the Meeting

Stephen Harries, Verbal, To Note

9.0

Date and Time of Next Meeting: 24th June 2021, 1pm

Stephen Harries, Verbal, To Note

Transforming Cancer Services Public TCS Programme Scrutiny Sub-Committee

Agenda

Date Thursday 20th May 2021
Time 2:30pm – 3:30pm
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 19th April 2021	Chair	
1.5.0	Action Log	Chair	Action
2.0.0	Programme Governance		
2.1.0	TCS Finance Plan	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	Projects 1 & 2 nVCC & Enabling Works i) Internal Audit 2020-21 ii) Internal Audit Plan 2021-22	David Powell David Powell	Note Note
4.2.0	Project 3a IRS i) IRS Verbal Update	Gavin Bryce	Note
4.3.0	Project 4 RSC** i) Public Engagement ii) RSC Stage 3 Design Sign Off	Andrea Hague Andrea Hague	Note Endorse
5.0.0	Engagement & Collaboration		

5.1.0	Communications & Engagement	Non Gwilym	Note
6.0.0	Research & Innovation		
6.1.0	Minecraft Presentation	Cardiff University Representative	Note
7.0.0	Any Other Business		
7.1.0	Prior Agreement by the Chair Required	Chair	
8.0.0	Review of the Meeting	Chair	
9.0.0	Date & Time of Next Meeting 24th June 2021, 1pm	Chair	

***To follow*

TCS Programme Scrutiny Committee Public Session

MINUTES OF THE MEETING HELD

19th April 2021

**14:00 – 14.20 Trust Headquarters, Nantgarw (via
Teams)**

Members Present:

Stephen Harries (SHarries)
Hilary Jones (HJ)

Independent Member (Chair)
Independent Member

In attendance:

Professor Donna Mead (DM)
Steve Ham (SHam)
Cath O'Brien (COB)
Lauren Fear (LF)
Huw Llewelyn (HL)
Mark Osland (MO)
Non Gwilym (NG)
Nicola Williams (NW)
Stuart Morris (SM)
Carys Jones (CJones)
Andrew Davies (AD)
Mark Ash (MA)
Katie Foward (KF)
Bethan Lewis (BL)
Paul Wilkins (PW)
Christine Thorne (CT)

Trust Chairperson
Trust Chief Executive
Trust Chief Operating Officer
Director of Corporate Governance
Director of Strategic Partnerships
Director of Finance
Director of Communications and Engagement
Director of Nursing, AHP's and Medical Scientists
Deputy Chief Digital Officer
Senior Programme Delivery and Assurance
Manager
Principal Project Manager
Assistant Director of Finance, TCS
Programme Coordinator (Minute Taker)
TCS Programme Planner and Risk Advisor
Director of Cancer Services, VUNHST
Procurement Lead, NWSSP

Apologies:

Gareth Jones (GJ)
Martin Veale (MV)
Donald Fraser (DF)
Carl James (CJames)
Jacinta Abraham (JA)
Gavin Bryce (GB)
David Powell (DP)

Independent Member
Independent Member
Independent Member
Director of Strategic Transformation, Planning and
Digital
Medical Director, Velindre Cancer Centre
Associate Director of Programmes, TCS
nVCC Project Director

1.0	STANDARD BUSINESS	ACTION
<p>1.1</p> <p>1.2</p> <p>1.3</p> <p>1.4</p>	<p>Welcome / Apologies SHarries welcomed the Group and apologies were noted as above.</p> <p>Declarations of Interest No declarations of interest were received.</p> <p>Previous Minutes The minutes were found to be an accurate record of the meeting on 18th March 2021 and were Approved.</p> <p>Action Log Action 95 – work is ongoing.</p>	
	PROGRAMME GOVERNANCE	
2.1	<p>Communications and Engagement NG introduced the paper to the meeting. It was noted that due to the pre-election period a number of activities are now being planned for May including public and staff engagement work. Some engagement is still taking place on social media via the Velindre Matters Facebook page.</p> <p>The Sub-Committee Noted the Paper.</p>	
2.2	<p>TCS Finance Report MA introduced the paper to the meeting. It was noted that the report reflects the outturn of the financial year 2020/21. There is a small underspend across the Programme on both capital and revenue funds. Each Project spend is provided in detail within the report as is the spend for the Programme Management Office. SHarries thanked the team for their work and congratulated them on the financial position. MO reflected this also, recognising the good outcome of remaining within budget on such a complex set of Projects. The spend will now be reviewed and reported as part of the overall Trust position and the final figures will be provided to the Audit Committee for review.</p> <p>The Sub-Committee Noted the Paper.</p>	
2.3	<p>TCS Programme Risk Register BL introduced the paper to the meeting. The paper was taken as read. It was noted that there were very few changes during the period due to staff annual leave over Easter and at the end of the financial year and updates have been included where provided by the Project teams. The Radiotherapy Satellite Centre register has been updated with significant changes, one risk was closed with two new risks opened, and a number of risk scores were also amended.</p>	

	<p>HJ noted that the action status column for some risks still remains empty, in particular R297 and R208. BL advised that R297 is being worked through with workforce staff to fully understand the impact and a plan has now been set so actions should be visible in the next update. R208 relates to Project 6. Plans are in place to transfer risks to Velindre Futures once the scope has been finalised. HJ queried the timescale for the scope being finalised. DM advised that Velindre Futures is being considered at the next Board development session and so progress is expected there.</p> <p>CJones noted that as the development of scope progresses, changes will be expected to the TCS scope, as such a formal change control will need to be received.</p> <p>SHarries noted that whilst the detail is contained within the body of the report, for the assistance of cross referencing with the appendices it would assist for an action status update to be provided across all risks.</p> <p>The Sub-Committee Noted the Paper.</p>	
PROGRAMME DELIVERY		
3.1	<p>TCS Programme Managers Update</p> <p>CJones introduced the paper to the meeting.</p> <p>The report was taken as read. It was noted that the next Collaborative Cancer Leadership Group (CCLG) will take place on the 23rd April 2021. The Acute Oncology Service (AOS) Business Case will be presented in its final form for approval at a regional level, however, it was noted that as the CCLG operates as a strategic group the Business Case will need to go through the governance process for approvals at each Health Board and the Velindre University NHS Trust Board. A presentation is expected from Cardiff and Vale University Health Board on the outline plans for a Programme around UHW2 and how they plan to manage the timeline for an Outline Business Case (OBC) to Welsh Government. There will be an update on the TCS Programme, noting the approval of the nVCC OBC and there will be a further update on the work completed to date and the plans in place against the recommendations from the Nuffield Trust Report.</p> <p>DM noted that Independent Members need to be able to scrutinise the AOS Business Case as soon as is practicable in order for a smooth transition through the approval process.</p> <p>The Sub-Committee Noted the Paper.</p>	
3.2	<p>Nuffield Trust Report – Progress Update</p> <p>Standing Agenda Item. No update was provided.</p>	
4.0	ANY OTHER BUSINESS	
4.1	<p>Any Other Business</p> <p>No other business was received.</p>	



TCS Programme Scrutiny Sub-Committee

20th May 2021

Action Summary - PUBLIC

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Financial Plan for 2021-22

DATE OF MEETING	20 th May 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report
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PREPARED BY	Mark Ash Assistant Director of Finance, TCS
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PRESENTED BY	Mark Ash Assistant Director of Finance, TCS
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EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance & Informatics
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	17/05/2021	Approved

ACRONYMS

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1. PURPOSE

- 1.1 The purpose of this report is to outline the financial plan for 2021-22 for TCS Programme based on the funding received from WG.
- 1.2 The TCS Programme financial position will be continually monitored and reported, and an update will be provided to the TCS Programme and Trust Board on a monthly basis.

2. FINANCIAL PLAN FOR 2021-22

- 2.1 In March 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 2015, approval was received from the Minister to proceed to the next stage of the Programme.
- 2.2 The Minister for Health and Social Services has approved the OBCs for the Radiotherapy Procurement Solution, EW and nVCC Project(s).

Financial Plan for the TCS Programme for 2021-22

- 2.3 The TCS Programme capital financial plan for 2021-22 of **£4.148m** is as follows:

TCS Programme Budget & Spend 2021-22	
CAPITAL	Annual Budget
	£
PAY	
Project Leadership	236,000
Project 1 - Enabling Works	216,000
Project 2 - New Velindre Cancer Centre	1,061,000
Project 3a - Radiotherapy Procurement Solution	312,000
Capital Pay Total	1,825,000
NON-PAY	
nVCC Project Delivery	42,500
Project 1 - Enabling Works	150,000
Project 2 - New Velindre Cancer Centre	2,130,000
Project 3a - Radiotherapy Procurement Solution	0
Capital Non-Pay Total	2,322,500
CAPITAL TOTAL	4,147,500

2.4 The TCS Programme revenue financial plan for 2021-22 of **£0.536m** is as follows:

TCS Programme Budget & Spend 2021-22	
REVENUE	Annual Budget
	£
PAY	
Programme Management Office	203,048
Project 6 - Service Change Team	296,000
Revenue Pay total	499,048
NON-PAY	
nVCC Project Delivery	0
Programme Management Office	36,952
Project 6 - Service Change Team	0
Revenue Non-Pay Total	36,952
REVENUE TOTAL	536,000

2.5 It should be noted that the financial plan(s) are based on the latest estimates but these may be revised in accordance with the revised needs of the various Project(s). Virements will be undertaken in line with the Trust's SFIs and SOs.

2.6 The Project will produce monthly finance reports to monitor and report to outline the financial position in respect of pay and non-pay work packages.

Budget Delegation

2.7 The TCS Programme will delegate budgets to key budget holders. Delegating budgets will confirm the budget responsibility to those who are best placed to control costs.

2.8 The delegated budget holders are outlined below:

- | | |
|-------------------------------------|--------------|
| • EW & nVCC Project | David Powell |
| • Radiotherapy Procurement Solution | Carl James |
| • PMO | Carl James |
| • Service Change Team | Andrea Hague |

2.9 The Project will issue budget delegation letters, in accordance with the Trusts SFIs and SOs, which will outline the areas of budget responsibility.

2.10 Budget holders will receive monthly budget reports to assist in the financial management of areas.

3. Financial Risks & Issues

- 3.1 There are **NO** financial risks associated with the financial plan at this stage but these will be reviewed, monitored and reported on a monthly basis.

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

- 5.1 The Scrutiny Committee are asked to **NOTE** the contents of this report.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme & Project Risk

DATE OF MEETING	20 th May 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report	
PREPARED BY	BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR	
PRESENTED BY	BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR	
EXECUTIVE SPONSOR APPROVED	CARL JAMES - DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING AND DIGITAL	
REPORT PURPOSE	For Noting	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Programme Delivery Board	17 th May 21	Approved
ACRONYMS		
TCS	Transforming Cancer Services	

1. BACKGROUND

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

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Note latest TCS Programme Risk Landscape.

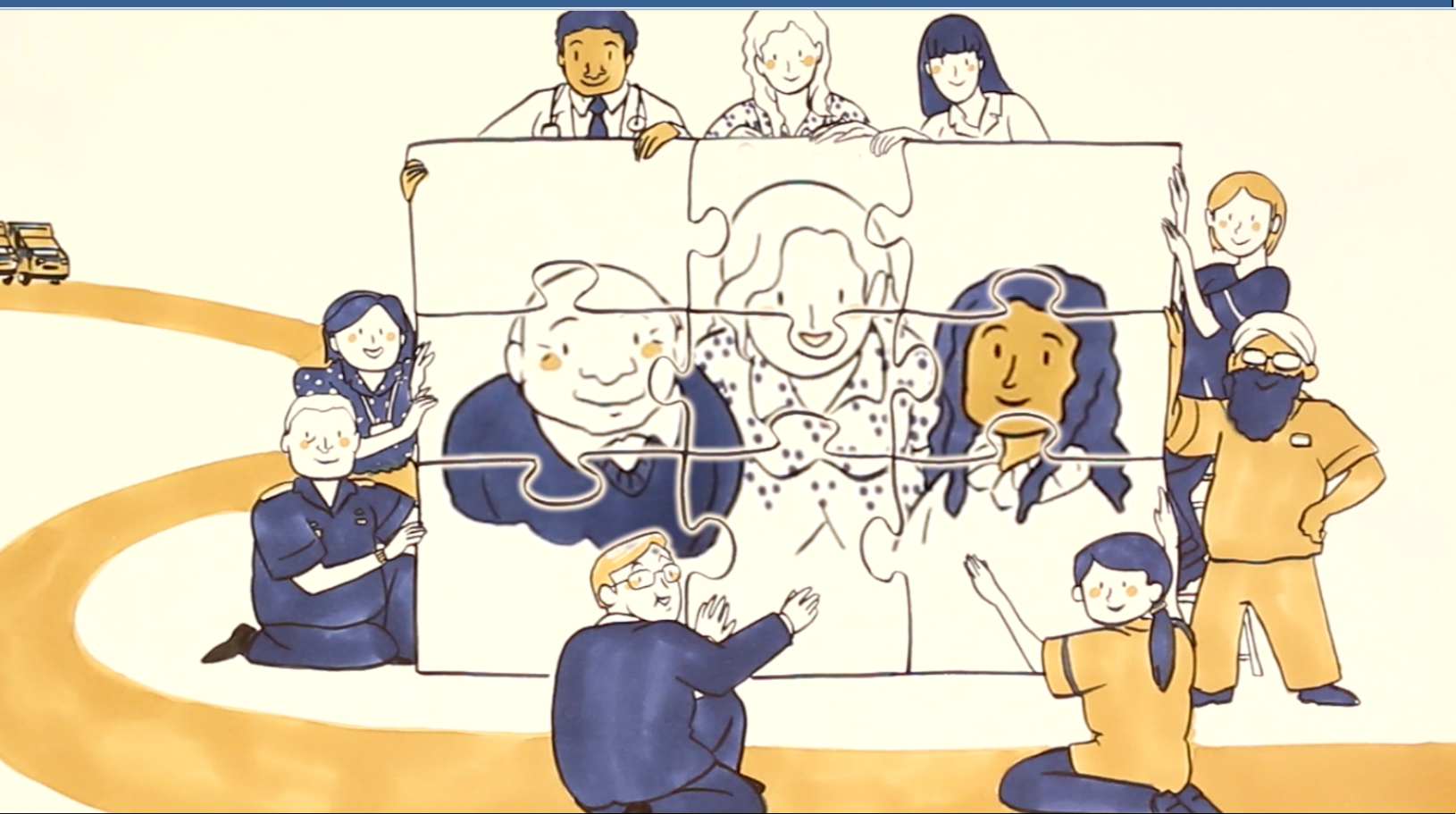
3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

- 4.1 The Programme Scrutiny Sub-Committee are asked to:
- Note the latest risk position for the TCS Programme and Projects
 - Note changes to Programme Risk Ratings

TRANSFORMING CANCER SERVICES PROGRAMME (South East Wales)



TCS Programme & Project Risk

Version 0.2

TCS Programme & Project Risk

DOCUMENTATION CONTROL SHEET

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

Document Version History:

Version Number	Date	Author	Summary of changes
0.1D	05/05/2021	Bethan Lewis	Commencement of Document
0.2D	11/05/2021	Bethan Lewis	Minor Amendments following updates from projects

Approvals

This document requires the following approvals:

Title / Group	Date	Version/Option
TCS Programme Delivery Board	17/05/2021	0.1
TCS Programme Scrutiny sub-Committee	20/05/2021	

Distribution

This document has been distributed to:

Name	Title	Date	Version
Carys Jones	Senior Programme Delivery and Assurance Manager	07/05/2021	0.1
Carys Jones	Senior Programme Delivery and Assurance Manager	11/05/2021	0.2

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FIGURE 3: PROPORTION OF RISKS BY RATING SCORE	7

APPENDICES

APPENDIX 1: PMO RISK REGISTER – MAY 2021

APPENDIX 2: TCS PROGRAMME RISK REGISTER – MAY 2021

1.0 PROGRAMME & PROJECT RISK UPDATE – MAY 2021

1.1 The below tables provide the most up to date data in regards to risk across the TCS Programme and its Projects which continue to be monitored and updates provided to the Programme Delivery Board each month. The total number of risks has reduced this month from 132 to 127 and there has also been a further reduction in the proportion of 'Red' & 'Amber' rated risks in this reporting period which is reflected in the marginal increase of 'Yellow' rated risks demonstrating that Projects are prioritising the management of their highest rated risks are being actioned and mitigated to more moderate levels.

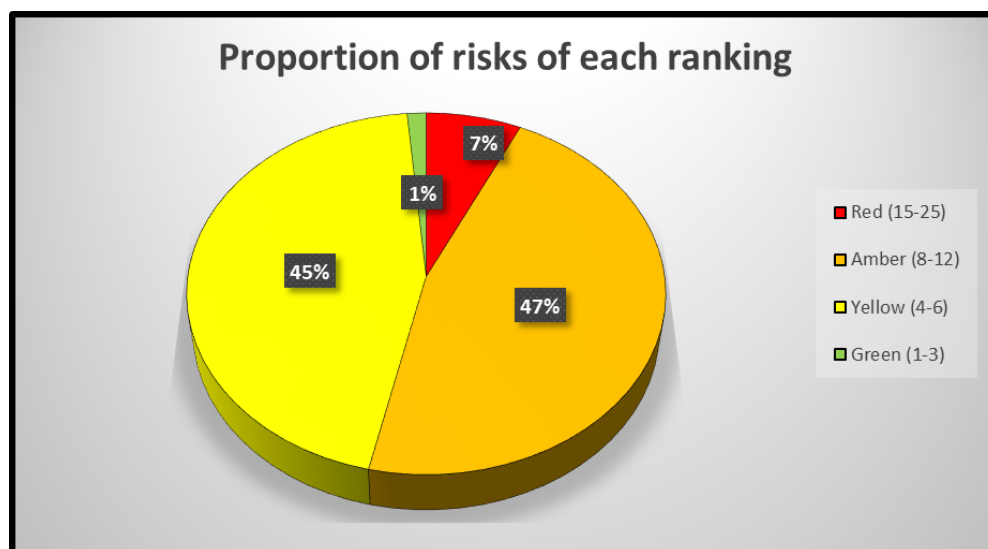
Figure 1: Breakdown of Risks Emerging from Projects

Risks emerging from...Totals				
1. Enabling works for nVCC	28			
0	12	29	2	
3. Digital and Equipment	27			
4	10	13	0	
5. SACT and Outreach	8			
3	4	1	0	
7. VCC Decommissioning	1			
0	0	1	0	
2. nVCC	30			
0	13	17	0	
4. Radiotherapy Satellite Centre	10			
1	7	2	0	
6. Service Delivery, Transformation and Transition	13			
2	10	1	0	
8. Programme	10			
0	10	0	0	
Totals				
127				
10	66			
64	2			

Figure 2: Breakdown of Risks Impacting upon Projects

Risks impacting on... Totals				
1. Enabling works for nVCC	51			
0	27	22	2	
3. Digital and Equipment	25			
2	20	3	0	
5. SACT and Outreach	15			
0	13	2	0	
7. VCC Decommissioning	15			
1	12	2	0	
2. nVCC	77			
6	39	32	0	
4. Radiotherapy Satellite Centre	33			
4	19	10	0	
6. Service Delivery, Transformation and Transition	59			
7	35	17	0	
8. Programme	45			
5	30	9	1	

Figure 3: Proportion of Risks by Rating Score



2.0 TCS Projects Risk Update

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

Projects 1 & 2 – Enabling Works for nVCC & nVCC

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	1	1	0	2	4
Issues	0	0	0	0	0



- There has been one new risk added to the nVCC risk register in this reporting period with clear action plan in place and the situation being monitored on an ongoing basis. Should this risk escalate further from it's current position further information will be reported to Programme Board.

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R328	There is a risk that the decision could be made to pursue with a Judicial Review into the WG approval of the OBC where VUNHST would be classed as an 'interested party' which could lead to disruption and delay to the procurement process and consequently the overall scheme	New	Likelihood 2 Impact 4 Overall 8	Risk Owner – Andrew Davies Increased based on discussion at January nVCC Project Board. Mitigating actions: 1. Legal advice to be sought from Mills & Reeve in regards to whether procurement process can continue 2. Close working with WG Officers to understand how likely JR is to take place and the implications to project progress 3. Ongoing monitoring of situation

- One risk has been closed from the Enabling Works risk register

ID	Description of Risk	Direction of Travel	Comment
R146	Planning Application - Judicial Review There is a risk that the judicial review period that the Enabling Works project will be subject to, following submission of a new planning application for the Asda route and TCAR, will provide opportunity for challenges to Cardiff City Council's planning decisions, with the potential to severely impact the project timeline.	Closed	

- Two risks have had their current scores de-escalated

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R303	NRW ESP License There is a risk that the Discharge of Conditions of the OPP (2018) is delayed, meaning that NRW will not accept an ESP License application, leading to a delay to habitat clearance and the enabling works programme. There is a subsequent risk that additional information inserted to the existing information might constitute the need to re-consult the public.		Likelihood 2 Impact 4 Overall 8 <i>Previous score</i> Likelihood 3 Impact 4 Overall 12	Risk Owner – Jo Hayward Increased based on discussion at January nVCC Project Board. Mitigating actions: 1. Meeting held on 5th November 2020, following which risk likelihood reduced. Information in response to NRW queries is now ready to send back. Will be submitted on 5.3.21. Started 2. Following answers to queries license being submitted on 5.3.21. There are further amendments to the license required for TCAR2 and the MIM scheme (as developed). Dialogue is being maintained with NRW species team to mitigate approval timescales. Started 3. CCC have agreed to hear Discharge of Conditions in December 2020 Complete
DLA10	Breaches of the CCPO There is a risk that the Trust's sub-contractor or the MIM contractor may breach the CCPO for which the Trust would be held responsible. This may lead to increased costs or delays to the construction timeline		Likelihood 2 Impact 3 Overall 6 <i>Previous score</i> Likelihood 3 Impact 3 Overall 9	1. CCC approved the TCAR planning application in November 2020 however the judicial review period must expire before the consent is unchallenged. Started 2. CCPO and DA have been agreed, signed and exchanged. Relevant elements will be included when the contracts are drawn up for the D+B contractor (during procurement). Started 3. To be undertaken during construction. Not started 4. To be enforced during construction Not started 5. Complete

Project 3a – Integrated Radiotherapy Solution (IRS)

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	1	3	0	0	4
Issues	0	0	0	0	0




- There have been a number of updates to the Risk Register in this reporting period, details of these risks can be seen in the below table for your information

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R327	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	New	Likelihood 3 Impact 4 Overall 12	Risk Owner – Gavin Bryce 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
IRS02	There is a risk that Trust Board do not approve proposed tender documentation and approach i.e. Prime Contractor and Competitive Dialogue approach. Project is delayed and key milestones are not met.	Closed		Closed as project passed this point - no longer relevant
IRS22	There is a risk that no project budget identified. Costs to be outlined in de coupling paper and a proportion taken out of the OBC	Closed		Closed as project passed this point - no longer relevant
IRS14	There is a risk that Insufficient legal and procurement input to the project.The procurement process is not robust and the contract is not fit for purpose	Closed		Closed as project passed this point - no longer relevant

Project 4 – Radiotherapy Satellite Centre (RSC)

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	0	1	2	1	4
Issues	0	0	0	0	0

- Project Team meeting being held on Tuesday 11th May where the Risk Register was reviewed resulting in the closure of 1 risk, the escalation of 2 ratings and de-escalation of 1 rating. The details of these can be seen in the below table:-

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R262	There is a risk that the ABUHB site would be inaccessible for construction should there be further disruption due to COVID-19 or any other force majeure.	Closed		Closed – duplicate risk. Site access etc is included on capital build register held by Kier
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.		<p>Likelihood 3 Impact 3 Overall 9</p> <p><i>Previous score</i> Likelihood 2 Impact 3 Overall 6</p>	<p>Risk Owner – Andrea Hague</p> <p>Mitigating actions:</p> <p>1) Clear design brief documentation provided by VCC. Multiple discussions with ABUHB team undertaken.</p> <p>Drawing signed off by operational staff from both VUNHST & ABUHB</p> <p>ongoing detailed discussion on internal aspects of design brief</p>
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		<p>Likelihood 4 Impact 4 Overall 16</p> <p><i>Previous score</i> Likelihood 3 Impact 4 Overall 12</p>	<p>Risk Owner – Andrea Hague</p> <p>Mitigating actions:</p> <p>1) Both VUNHST & ABUHB have emphasised the need for the enabling works to be signed-off and approved by January 2021.</p> <p>Joint letter to be sent to Andrew Goodall to reinforce need for enabling works to stay on track with programme timelines.</p>
R318	There is a risk that formal consultation with CHCs will be required, which could impact on the current FBC submission timeline and approvals		<p>Likelihood 2 Impact 3 Overall 6</p> <p><i>Previous score</i> Likelihood 3 Impact 3 Overall 9</p>	<p>Risk Owner – Andrea Hague</p> <p>Mitigating actions:</p> <p>1) Public engagement with CHCs is being planned which will clearly demonstrate service improvements the project will lead to. It is anticipated that engagement strategy will mean that additional formal consultation will not be required. Engagement period expected to be complete end of July/early August</p>

Project 5 – Outreach

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

- The Project Risk Register has been reviewed on the 10th May, a further meeting is to be held with the Risk Owner and Project Lead on 20th May to review and verify recommendations for any updates and/or changes; once agreed updates will be provided at the next Programme Delivery Board.

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 this reporting period 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	5	5
Issues	1	0	0	0	1

- 3.1 A new issue has been raised by the Programme team, detail of which can be seen below.

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)
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	Programme resources to be reviewed in line with wider programme & project requirements, consideration of both short term and longer-term options available to ensure continuity of TCS Programme cycle of business.

3.2 There have been a number of changes and updates to the PMO Risk Register in this reporting period; the approvals required from the Programme Board this month can be seen in the below table.

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R281	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.		Likelihood 3 Impact 4 Overall 12 <i>Previous score</i> <i>Likelihood 4</i> <i>Impact 4</i> <i>Overall 16</i>	Approve de-escalation of current risk score
R282	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		Likelihood 2 Impact 4 Overall 8 <i>Previous score</i> <i>Likelihood 4</i> <i>Impact 4</i> <i>Overall 16</i>	Approve de-escalation of current risk score
R283	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.		Likelihood 2 Impact 4 Overall 8 <i>Previous score</i> <i>Likelihood 4</i> <i>Impact 4</i> <i>Overall 16</i>	Approve de-escalation of current risk score
R296	Risk that there is a lack of funding in place / allocated to deliver the projects and programme		Likelihood 2 Impact 4 Overall 8 <i>Previous score</i> <i>Likelihood 3</i> <i>Impact 4</i> <i>Overall 12</i>	Approve de-escalation of current risk score
R299	Risk that due to the regional nature of the programme involving numerous organisational interfaces leads to increased difficulties of consensus and obtaining approvals.		Likelihood 3 Impact 3 Overall 9 <i>Previous score</i> <i>Likelihood 4</i> <i>Impact 3</i> <i>Overall 12</i>	Approve de-escalation of current risk score

3.2 The full PMO Risk Register can be found in Appendix 1 to this report.

- 3.3 There are 23 risks in the May 2021 TCS Programme Risk Register with a current rating score of 12 and above, the detail of these can be seen in the Risk Register which is included as Appendix 2 to this report.
- 3.4 The Programme Delivery Board are asked to:
- Note changes to Project Risks & Issues
 - Approve updates to the PMO Risk Register
 - 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
- 4.2 Ongoing engagement with Velindre Futures PMO Team

ID	Date Registered	Originator	Risk emerging from	Projects Impacting On									Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating
				EW	nVCC	D+E	RSC	S+O	Service Deliv	Decomm	Prog												
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) Enagement with Trust Comms team is ongoing and plans in place to improve Programme Comms position. Comms team are currently recruiting to support.	4	3	12	3	2	6	
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.	29-Apr-21	1) PMO team continue to monitor and engage as part of development of programme wide comms	1) Projects 1 & 2 continue to monitor risks associated with May 2021 elections and continue to engage with Local MPs & AM's as part of their Comms plans. OBC approval from WG on the 19th March Tender issued on Sell2Wales Ongoing political support from Labour & Plaid Cymru Further actions may need to be identified and planned depending on outcome of May election	3	4	12	2	4	8	
R282	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term distrupction 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 dependencies across projects and programme activity 3) Ongoing	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	15-Jan-21	1) Established TCS Programme 2) Regional Clinical Ownership advisory groups to develop model 3) External Gateway review 4) Clinical leadership involvement 5) Re-fresh based on clinical & tech advances 6) Benchmark against other models 7) Established CCLG 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (actue oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health Boards and 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 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.	3	4	12	2	2	4	
R297	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Sarah Morley	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs. Causes - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate. Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients	05-Mar-21	1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied 2)Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 2) Clarity of expectations for workforce team involvement 3) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 4) Workforce team to support service to ensure the right people are available and allocated to support	1) tbc 2) Ongoing 3) Ongoing 4) Ongoing	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 staeholder 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 staeholder 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	4	3	12	2	2	4	

R302	04-Nov-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	<p>Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS</p> <p>Causes - Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives</p> <p>Consequences - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders</p>	29-Apr-21	<p>1) Agree clear scope and role of VF and its programme board.</p> <p>2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result.</p> <p>3) Communicate the scope of both and any implications for TCS</p> <p>4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making</p> <p>5) Understanding and agreement of key stakeholders within and outside the organisation.</p>	<p>1) 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</p> <p>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.</p> <p>3) TBC</p> <p>4) TBC</p> <p>5) TBC</p>	4	3	12	2	2	4
R299	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	<p>Risk that due to the regional nature of the programme involving numerous organisational interfaces leads to increased difficulties of consensus and obtaining approvals.</p> <p>Causes - 5 different organisations as primary commissioners/ Each HB have slightly different cancer strategies to meet local needs / Levels of funding and investment available to support preferred option/improvements for cancer / Reliance on number of external parties to deliver outcomes and key activity / Projects and Programme not adequately aligned / Practicality and logistics of holding a single discussion to agree.</p> <p>Consequences - Delays to delivery of Programme and Project key activity / Reputational damage for Velindre Trust / Reduced potential for good patient outcomes and care.</p>	29-Apr-21	<p>1) Attended various committees, project and programme boards to update on programme progress and objectives</p> <p>2) Effective procurement and contractual processes in place</p> <p>3) Programme established with engagement of LHBs & CHCs</p> <p>4) Established Clinical Advisory Board</p> <p>5) Engagement events and workshops with HBs</p> <p>6) Engaged DoPs, DoF's in development of BCs.</p> <p>7) Establishment of regional forum CCLG</p> <p>8) PBC sign off OBC for nVCC</p>	<p>1) complete / ongoing</p> <p>2) complete</p> <p>3) ongoing</p> <p>4) complete</p> <p>5) complete</p> <p>6) complete</p> <p>7) complete - In addition to CCLG the Partnership Boards with C&V and Cwm Taf HBs have been established and the establishment of Partnership Board with ABUHB is underway</p> <p>8) complete</p>	3	3	9	3	2	6
R283	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	<p>There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes constituent projects. Risks relating to project procurement, financing and the effectiveness of supply chains may lead to project delays and additional costs.</p>	29-Apr-21	<p>1) Regular review of risk and Brexit implications from a Programme risk perspective.</p> <p>2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda.</p> <p>3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan.</p> <p>4) Close engagement with prospective bidders or suppliers to identify risks in advance.</p>	<p>1) Ongoing - Programme level risk is unlikely at this stage but could be subject to change if Projects are coming across issues relating to cost/availability which would impact Critical Path & Master Plan.</p> <p>2) Ongoing - The 3 Projects which could be sensitive to Brexit impacts continue to monitor and review as they progress along their individual procurement processes.</p> <p>3) Ongoing - programme team reviewing project plans with project teams ensuring accurate reflection of timescales and dependancies in Master Programme Plan.</p> <p>4) Will be done at appropriate time during tender processes</p>	2	4	8	4	2	8
R296	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Steve Ham	<p>Risk that there is a lack of funding in place / allocated to deliver the projects and programme</p> <p>Causes - WG decide not to fund all/part costs / WG does no have sufficient funding to meet the needs of the programme/projects / Commissioners unable to support revenue requests partially or fully. / Political / Government priority changes re capital funding of key infrastructure projects / Uncertainty from Brexit in regards to key aspects of programme activity (procurement, supply chain , MiM) / Increase in costs stemming from uncertainly caused by Brexit.</p> <p>Consequences - Increased costs for Projects / Programme / Reduction in available funds leading to the need to review & realign intended outcomes / deliverables / Delays to programme timescales / Full programme benefits not realised / only partial benefits realised / Early programme closure / full objectives and aims not delivered / Impact across wider organisation of not being able to undertake other high risk capital scheme / Loss of staff and knowledge base</p>	29-Apr-21	<p>1) Established Programme Governance with agreed forecasted costs for the programme and each project</p> <p>2) Agreed funding sources and streams with WG and Commissioners</p> <p>3) WG have provided funding commitment to funding of key infrastructure projects</p> <p>4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contracts</p> <p>5) Agreed financial management and cost control arrangements in place</p> <p>6) Issuing up to date forecast costs to WG to enable medium term capital planning at WG level</p> <p>7) Briefing WG Director General and Programme Sponsor well in advance</p> <p>8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements for programme</p>	<p>1) complete</p> <p>2) complete</p> <p>3) complete</p> <p>4) ongoing</p> <p>5) complete</p> <p>6) ongoing</p> <p>7) TBC</p> <p>8) complete - Commissioner support for revenue funding.</p> <p>In addition OBCs for Projects 1,2 & 4 have been approved.</p>	2	4	8	2	2	4

ID	Date Registered	Originator	Risk emerging from	Projects Impacting On								Owner	Description of Risk	Last Reviewed	Risk Cost	Proposed Mitigation Actions / Action Plan	Actions Status	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating
				EW	nVCC	D+E	RSC	S+O	Service Deliv	Decomm	Prog												
R272	30-Jun-20	Jacqui Couch	5. SACT and Outreach						X		X	Nicola Williams	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.	06-Oct-20		1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work. 2) Clairification required on whether Outreach Project is an Operational or an Infrastruture Project	1) Programme to allocate resource to support project. At appropriate time if required OBC will identify additional resource. 2)	4	5	20	2	3	6
R274	30-Jun-20	Jacqui Couch	5. SACT and Outreach						X			Nicola Williams	There is a risk that potential resurgence of COVID may lead to delays that effect the development & key activity of outreach project	06-Oct-20		1) Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	1)	4	5	20	1	3	3
IRS11	05-Sep-16	IRS Project Board	3. Digital and Equipment		X		X		X			Gavin Bryce	There is a risk that there is limited resources to develop technical specifications. Delays to the project and key milestones are not met.	22-Apr-21		1) Specifications / Solution should be flexible enough to meet changes in service requirements over the life of the contract. 2) Ensure specialised and technical expertise co-opted on to working group. 3) Ensure that the evaluation criteria for the procurement is robust and that the procured system can be seen working	1) Requirements developed for the solution 2) 3) dialogue progressing well Covid restrictions may lead to issues around quality if not able to conduct site visits to view equipment	4	4	16	2	2	4
R208	31-May-19		6. Service Delivery, Transformation and Transition							X	X	Andrea Hague	There is a risk that there will be a lack of suitable workforce and staff with the right training to deliver the TCS service model	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)	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		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	Service Developments and transformation are being taken forward within existing resources where possible but this will adversely impact on the pace of change and ability to meet programme timescales.	4	4	16			
R268	17-Jan-20	Jacqui Couch	4. Radiotherapy Satellite Centre		X	X			X			Andrea Hague	There is a risk that as the Equipment Project needs to be phased in parallel with RSC OBC, due to overlapping timeframes and 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	4	4	16	2	2	4
R273	30-Jun-20	Jacqui Couch	5. SACT and Outreach		X				X			Nicola Williams	There is a risk that the projected growth assumptions for outreach delivery of SACT, ambulatory care and outpatients is less than will be required, leading to undersized locations.	25-Nov-20		1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirments will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirments will be undertaken.	1) Project team continue to chase to receive re-run of projection 2) Commissioning Paper to scope out requirements to re-run activity model for growth assumptions and impact on capacity is to be done	4	4	16	2	3	6
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	22-Apr-21		1) Detailed project Plan to identify resource requirements 2) Approved Capital Budget for the Legal & Staffing Costs 3) Regularly monitor staff availability (annual leave & sickness)	1) Resource is below what is needed for the Project as identified in the Plan (30% capacity lost) 2) Rescruitment underway to replace staff that have left the Trust 3) Project resource monitored dynamically	4	4	16	2	4	8
R291	16-Sep-20	Jacqui Couch / Huw Llywelyn	4. Radiotherapy Satellite Centre									Andrea Hague	There is risk that ABUHB enabling work could be delayed and as such would impact VUNHST commitment to the delivery of the RSC	11-May-21		1) Understanding the need to progress enabling works in order to meet OBC timescales	1) Both VUNHST & ABUHB have emphasised the need for the enabling works to be signed-off and approved by January 2021. Joint letter to be sent to Andrew Goodall to reinforce need for enabling works to stay on track with programme timelines.	4	4	16	3	2	6
R203	26-Apr-19	Craig Anderson	2. nVCC						X		X	Operational / Mark Young	Staff Transport Modal Change There is a risk that the rate of modal changes to staff transport (i.e. from cars to alternative transportation) may be unsustainable. If so, the restrictions on staff access to the site via car may cause issues with recruitment in the future, leading to problems with service delivery.	04-Mar-21	Not quantified	1. Investigate alternative forms of transport and what investment can be made to promote them - to include Park & Ride and SW Metro. 2. Design access routes into the site to include pedestrian walkways and cycle ways, allowing staff to access the site via green modes of transport.	1. Ongoing discussions with CCC. Initial discussions with Sustrans relating to how the site can be linked to other cycle paths. Started 2. Current designs for accessways include pedestrian walkways and cycle paths and have been submitted for planning. Further routes will be developed by MIM contractor. Started	4	3	12	2	3	6
R223	30-Sep-19	Mark Ash	2. nVCC	X	X	X	X	X	X	X	X	David Powell	Medium term funding There is a risk that lack of medium term Welsh Government funding - Results in uncertainty that prevents longer term recruitment and funding work packages for advisors, which may put project deliverables and advisors on hold -Leading to delays in the programme	07-Jan-21	1.1m	1. Make a case to justify the funding of various work packages Mark Ash 2. Make a case to justify the funding of core staff for the medium term Mark Ash / David Powell 3. Gain approval of OBCs. Mark Ash	1. The case has been made to justify the funding of various packages. Complete 2.A number of core staff have now been provided permanent contracts at their substantive grades. Complete 3. Project team have returned questions and additional documents as part of OBC Scrutiny. IIB have reviewed the OBC and the project is awaiting a decision. Started	4	3	12	0	0	0

R225	04-Sep-19	Mark Ash, Chris Lines	2. nVCC	X	X							X	David Powell	Stakeholder decision making There is a risk that decision-making on key matters (e.g. by the Welsh Government, Asda, Cardiff City Council, Cardiff and Vale Health Board, Transport for Wales etc. making, or not making, decisions) - results in delays to delivery, or even cancellation, of the project - Leading to an extended delivery of the programme and increases costs with potential reputational damage	07-Jan-21	£1.2m per year of delay	1. Engage Welsh Government to ensure that they understand the implications of any delay on the project, and motivate them to assist with completion of relevant activities David Powell / Chris Lines 2. For Welsh Government, provide simplified and easy to read versions of Project Master Plan and a verbal briefing to ensure that key dependencies are understood by our key stakeholder David Powell / Craig Salisbury 3. Keep Asda engaged through meetings and regular updates to ensure that the DA exchange goes ahead despite delays Mark Young 4. Use planning performance agreement with CCC to maximise the chance of upcoming planning applications being successful Mark Young 5. Engage C&V to secure all necessary easements by the required times (i.e. before Land Swap), including an easement to secure the possibility of an ancillary access road Carl James 6. Maintain relations with TFW to ensure that any changes to their strategy are understood, so that a robust communication plan can be developed to explain any effect on the nVCC where necessary Mark Ash / Mark Young	1. Fortnightly briefing submitted to WG. Meetings held regularly with key members of staff at different levels within the organisation Ongoing 2.The DA has been exchanged, some work has been completed on updating the plan. High level diagrams have been shared with WG where appropriate. Ongoing 3. DA has now been exchanged. Complete 4. Regular meetings held with Cardiff Council re planning applications. Applications submitted. Started 5. CJ has begun engagement with C&V (meetings, emails, etc.), including the CEO, to ensure that our land strategy is clearly understood and the process of finalising the land swap is under way. Started 6. Discussion to be held at the earliest opportunity to understand what the current strategy is in relation to a Velindre Metro station. Not started	4	3	12	3	4	12
R242	06-Feb-20	David Powell	2. nVCC	X	X							X	David Powell	Competition from English schemes There is a risk that hospital schemes in England advance more quickly than the nVCC, meaning that potential bidders are engaged on other schemes and there is reduced market interest, leading to delays or reduced quality.	07-Jan-21	£600k	1. Communicate the need to progress at pace to WG and provide them with any necessary information to make decisions quickly. David Powell / Mark Ash 2. Undertake Formal Soft Market testing to provide confidence to bidders in relation to the nVCC scheme David Powell	1. All queries were answered with regards to the OBC and the scrutiny process is now complete. The project is awaiting a decision from WG Complete 2. Bidder sessions were completed in 2020 and showed that there is likely to be sufficient market interest if the Project continues to progress to programme. Further market testing is being undertaken in March 2021 Ongoing	4	3	12	1	5	5
R270	30-Jun-20	Jacqui Couch	5. SACT and Outreach							X			Nicola Williams	There is a risk that CHCs will not support the proposed reduction in the number of or the location of proposed new outreach sites if a clear communications plan and rationale are not developed. This could lead to delays with the development of the outreach sites.	25-Nov-20		1) Clear communications strategy and engagement Plan with CHC, public, patients and stakeholders developed	1) Communications strategy aligned to TCS comms strategy. Implementation Plan developed. Engagement programme developed. CHC membership of Project Board.	3	4	12	2	3	6
R275	30-Jun-20	Jacqui Couch	5. SACT and Outreach							X			Nicola Williams	There is a risk that clinical trials may not be possible within an Outreach setting, if agreement with Health Boards, resource and training requirements are not met or agreed.	06-Oct-20		1) Clinical Trials activity will be mapped in line with GCP guidance and discussions with HBs will be undertaken. 2) Service specification will itemise the agreed provision	1) Initial list of options developed by VCC. Further meetings with HBs to be undertaken. 2)	3	4	12	2	3	6
R279	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	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) Enagement with Trust Comms team is ongoing and plans in place to improve Programme Comms position. Comms team are currently recruiting to support.	4	3	12	3	2	6
R281	08-Jul-20	Bethan Lewis	8. Programme	X	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.	29-Apr-21		1) PMO team continue to monitor and engage as part of development of programme wide comms	1) Projects 1 & 2 continue to monitor risks associated with May 2021 elections and continue to engage with Local MPs & AM's as part of their Comms plans. OBC approval from WG on the 19th March Tender issued on Sell2Wales Ongoing political support from Labour & Plaid Cymru Further actions may need to be identified and planned depending on outcome of May election	3	4	12	2	4	8
R282	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	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	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	3	4	12	2	2	4
R295	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	Tom Crosby	Risk that Clinical Model does not meet required Business needs Causes - Patient need has changed / Medical & tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand Consequences - Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services	15-Jan-21		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 communication strategy plan	1) Established TCS Programme complete 2) Regional Clinical Ownership advisory groups to develop model - complete 3) External Gateway review - complete 4) Clinical leadership involvement - complete 5) Re-fresh based on clinical & tech advances - complete 6) Benchmark against other models - complete 7) Established CCLG - complete 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (actue oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team	3	4	12	2	2	4

R297	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	Sarah Morley	<p>Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs.</p> <p>Causes - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate.</p> <p>Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients</p>	05-Mar-21		<p>1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied</p> <p>2)Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans</p> <p>2) Clarity of expectations for workforce team involvement</p> <p>3) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need</p> <p>4) Workforce team to support service to ensure the right people are available and allocated to support</p>	<p>1) tbc</p> <p>2) Ongoing</p> <p>3) Ongoing</p> <p>4) Ongoing</p>	3	4	12	2	1	2
R298	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	Lauren Fear	<p>Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians)</p> <p>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</p> <p>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</p>	15-Jan-21		<p>1) Communications / stakeholder engagement plan in development</p> <p>2) Dedicated webpage for TCS Programme</p> <p>3) Variety of stakeholder events held over a number of years</p> <p>4) Clinical workshops held throughout Programme lifetime</p> <p>5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc</p> <p>6) Ongoing engagement with local elected members (MS, MP, Councillors)</p> <p>7) Dialouge beteen exisiting cancer forums e.g. cancer leads in SE Wales HBs</p> <p>8) Monthly meeting with WG Head of Capital and Director General.</p>	<p>1) Further engagement is being planned with specialist stakeholders – broader and more targeted who are not fully supportive. Programme Communications resource in place & recruitment of additional comms resource to support comms/engagement activities</p> <p>2) Better use of technology being reviewed and rolled out to share key messages</p> <p>3) Variety of stakeholder events held over a number of years - complete</p> <p>4) Clinical workshops held throughout Programme lifetime - ongoing</p> <p>5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - ongoing</p> <p>6) Ongoing engagement with local elected members (MS, MP, Councillors)</p>	4	3	12	2	2	4
R302	04-Nov-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	Carl James	<p>Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS</p> <p>Causes - Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives</p> <p>Consequences - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs <u>Disengagement of stakeholders</u></p>	29-Apr-21		<p>1) Agree clear scope and role of VF and its programme board.</p> <p>2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result.</p> <p>3) Communicate the scope of both and any implications for TCS</p> <p>4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making</p> <p>5) Understanding and agreement of key stakeholders within and outside the organisation.</p>	<p>1) 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</p> <p>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.</p> <p>3) TBC</p> <p>4) TBC</p> <p>5) TBC</p>	4	3	12	2	2	4
R327	22-Apr-21	Gavin Bryce	3a. IRS										Gavin Bryce	<p>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</p>	22-Apr-21		<p>1) Engagement with Capital & Treasury teams</p> <p>2) Previous presentations to IIB</p> <p>3)OBC shared with WG Officers for comment</p> <p>4)WG notified of timescales for FBC so they can align resources</p> <p>5)Specialist advisors used to support delivery of Business Case</p>	<p>1) Ongoing activity</p> <p>2) Complete</p> <p>3) Complete</p> <p>4) Complete</p> <p>5) Ongoing</p>	3	4	12	2	4	4

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME MANAGERS REPORT

DATE OF MEETING

20.05.2021

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Not Applicable – Public Report

PREPARED BY

Katie Foward, TCS Programme Coordinator
Carys Jones, Senior Programme Delivery & Assurance Manger

PRESENTED BY

Carys Jones, Senior Programme Delivery & Assurance Manger

EXECUTIVE SPONSOR

Carl James, Director of Strategic Transformation, Planning & Digital

REPORT PURPOSE

FOR NOTING

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

TCS Programme Delivery Board

17/05/21

Noted

ACRONYMS

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

1. SITUATION / BACKGROUND

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

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

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

3. EXTERNAL PROGRAMME ARRANGEMENTS

Collaborative Cancer Leadership Group (CCLG)

- 3.1 The Collaborative Cancer Leadership Group (CCLG) took place on the 23rd April 2021 and was chaired by Steve Ham, CEO Velindre University NHS Trust. Discussions were productive and the forum is gaining traction and the regional work programme emerging.
- 3.2 Velindre Trust's Director of Strategic Transformation, Planning and Digital led discussion and a presentation on options to **evolve the current regional cancer system**. This reflected on other models such as the Cancer Vanguard or Cancer Alliances. A workshop to further explore the topics was agreed for the Autumn.
- 3.3 The **Acute Oncology Service (AOS)** Business case was also discussed and endorsed in principle, subject to the approvals via the respective governance and approvals process of each of the individual health boards. Further details in respect of the *local (HB level)* population benefits for each health board were requested; together with a recognition that a phased approach may be required reflecting each organisation's starting position.
- 3.4 A presentation was received on the proposed next phases to develop the University Hospital of Wales (**UHW2**). It was acknowledged that this presented

a significant opportunity, not only for CAVUHB, but also to the region as a whole.

- 3.5 The terms of reference for the **Regional RD&I Group** and the **Prehab2Rehab Groups** were also approved, subject to some amendments. The Velindre 10 Year R&D Strategy presented by Dr Mererid Evans was also exceptionally well received and commended as a potential blueprint for a regional strategy.
- 3.6 The CCLG received an update on the wider TCS Programme, which included the nVCC, Radiotherapy Satellite Centre, and IRS procurement.
- 3.7 The next CCLG meeting will be held on 30th July 2021.

Regional Developments – Velindre @ UHW

- 3.8 Programme personnel are engaging in supporting the wider regional work programme emerging from the Nuffield Trust recommendations and the priorities of the bi-lateral Partnership Boards with each of Velindre NHS Trusts commissioning health boards.
- 3.9 A Project Brief for the work to develop clinical cancer services in the Cardiff, and specifically at UHW ('Velindre@UHW'), is near final sign off. This will provide the agreed mandate, scope and outputs for the project as agreed by both organisations via the bi-lateral Partnership Board.
- 3.10 A series of workshops are currently proposed to design and agree the clinical specification for these services. The detailed workshop outlines are currently being developed between the organisation with the first workshop planned to be delivered in mid-June.
- 3.11 The joint priorities for cancer service developments between Cwm Taf Morgannwg UHB and Aneurin Bevan UHB (respectively) with Velindre will also be discussed via the bi-lateral Partnership Board arrangements currently being established with both organisations.

4. INTERNAL PROGRAMME ARRANGEMENTS

Wider Programme Updates

Velindre Futures

- 4.1 The third Velindre Future (VF) Programme Board was held on 29th April 2021 and a TCS update presentation provided by the Senior programme Delivery & Assurance Manager on the key matters within the Programme. Alignment with the TCS Master Programme Plan continue to be a priority and will be reviewed regularly once the VF 'roadmap' and detailed VF work programmes have been developed.

- 4.2** The governance arrangements within the VF Programme are continuing to emerge with the establishment of five Development & Delivery (D&D) Groups agreed at the Programme Board and the Terms of Reference agreed. The addition of a TCS representative at the D&D Groups was agreed. This will support integration between the two programmes and ensure any demands on operational staff for both programmes are visible and managed accordingly. It is also envisaged that any future change controls be submitted via this forum.
- 4.3** The five Design & Delivery Groups will be:
- Integrated Care
 - Operational Services & Delivery
 - SACT & Medicines Management
 - Radiation Services
 - Medicine
- 4.4** The work programmes for each of these areas is currently under development building on the outputs from the recent Deep Diver sessions.
- 4.5** The VF Programme Management Office (PMO) has recently completed a round of recruitment and was successful in appointing to its full PMO team structure. A member of the TCS PMO has been successful in securing a promotion within the VF structure and therefore the TCS PMO arrangements are now being reviewed. A risk has been added to the risk register accordingly.
- 4.6** The fortnightly progress meetings continue between the TCS PMO and Velindre Futures PMO to ensure alignment as work programmes emerge and the Nuffield recommendations are taken forward. This also supports joint risk reviews and risk information sharing between programmes.

Risk Management

- 4.7** 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

- 4.8** 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.

- 4.9 nVCC and Enabling Works** – The OBC was **approved** by Welsh Government on the 19th March 2021. A plan has now been developed to progress to FBC stage. The Project further welcomed a new Project Manager to the team to support the enabling work aspect. On the 25th March 2021 ownership of the site known as the Northern Meadows was transferred by CAVUHB to VUNHST and a formal management plan was approved by the Trust Board in the last Committee cycle. Stage two GI works are expected to commence on site in May 2021. The Tree Felling Tender will remain on hold until the Autumn period.
- 4.10 The Integrated Radiotherapy Solution** have now completed their trial tender process and have noted any issues that need to be addressed in a substantive item on the agenda. **Project 3 sub-groups** continue to focus of the wider equipment and digital agenda. Medical and non-medical sub-groups are working to ensure equipment is agreed in-line with required specifications and the MiM interface sub-group is working to consider any clinical changes that may affect the costings under the MiM model, including those that may come from the publication of the Nuffield Trust advice. Project planning has now fully commenced and Project plans will be fully developed with the assistance of the Programme Planner.
- 4.11 The Radiotherapy Satellite Centre** continues to progress. The enabling works are expected to be able to commence in early 2021 with ABUHB bearing the initial cost prior to FBC approval, at risk. The stage three designs have now been completed and are included on the agenda for approval for the Project to commence to stage four. A patient survey has recently been published and the results will be utilised in designing the common areas. The nVCC Design Team will be engaged during the stage four design process.
- 4.12 Outreach** has once again begun to progress and the next Project Board is due to take place on the 25th May 2021. Recently scope changes have been agreed to include haematology and late phase research trials at outreach locations. It has also been agreed for the Project to commission a re-run of the growth assumptions to assist with future planning. Consideration is still needed as to which elements will move to the Velindre Futures scope and which remain within TCS.
- 4.13 Service Delivery and Transition** has not progressed however consideration is now being given to the most appropriate mechanism to progress this work in light of the scope of the Velindre Futures Programme. The recommendations contained in the Nuffield Advice will also have an impact on how this project is progressed. A meeting has been held with colleagues in TCS and Velindre Futures to determine how the risks from this Project will transfer to Velindre Futures and how they will be managed going forward.

Master Programme Plan

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

6. RECOMMENDATION

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

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

INTEGRATED AUDIT PLAN 2020-21

DATE OF MEETING	20 th May 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report
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PREPARED BY	Mark Ash, Assistant Project Director (Finance & Commercials)
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PRESENTED BY	David Powell, Project Director
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EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance & Informatics
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	17/05/21	NOTED

ACRONYMS

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1. SITUATION/BACKGROUND

- 1.1 The purpose of the report is to outline the Integrated Audit Plan (IAP) for 2020-21 in relation to the nVCC and EW Project(s).

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The IAP has been developed to build on the previous integrated audit plans and sets out the risk based audit plan for 2020/21 – which has been updated to consider current risk and Programme changes. Any subsequent year's requirements will be risk assessed and agreed with management.
- 2.2 The proposal has been drafted in compliance with the Public Sector Internal Audit Standards.
- 2.3 The NHS Wales Shared Services Partnership - Audit and Assurance Services have applied their standard governance based audit assessment methodology, and the new Velindre Cancer Centre (nVCC) Development is identified as a high priority due to its significant cost, innovative procurement route, corporate importance and political materiality. As such, the audit plan has been developed to reflect this assessment.
- 2.4 The plan is intended to provide a combination of project-level, functional and advisory assurance that, when combined, provide a balanced programme for the client to achieve the desired level of assurance. However, at the request of management, where possible, we have sought to contain the 2020/21 update within the allocations made at the previous Integrated Audit Plans.
- 2.5 The proposed scope is limited to those areas that cover general project level assurance and functional assurance. Areas covered will be prioritised and based on current delivery expectations.
- 2.6 The audit will be undertaken during September 2020 and January 2021, with final report being agreed by March 2021. **The audit review has been completed.**
- 2.7 The IAP is attached in **Appendix One**.

Internal Audit Review Findings

- 2.8 The Project Team has received the **final** reports that have the following findings:
- **Advisers** – the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the appointment and performance management of advisers is **Reasonable Assurance**. The review has highlighted **4 recommendations** (3 medium and 1 low).
 - **Planning** – the level of assurance given as to the effectiveness of the system of internal control in place to manage the planning arrangements is **Substantial Assurance**. The review has highlighted **NO** recommendations.
 - **Governance & Financial Management** – the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the governance and financial management arrangements, being cognisant of the current stage of the project, is **Substantial Assurance**. The review has highlighted **2 low** recommendations.
 - **MIM Contract Arrangements / Project Agreement** – the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the contractual arrangements in place, being cognizant of the current stage of the Project, is **Substantial Assurance**. The review has highlighted **1 low** recommendations.
- 2.9 The final reports are attached to the report, which include the management actions.
- 2.10 The action plan for the IA report recommendations is attached in **Appendix Two**. It should be noted that out of the 7 recommendations, 6 have been closed. The outstanding action relates to the nVCC PID and the nVCC PID will be submitted to the Project Board in due course for endorsement.
- 2.11 The management action plan and reports will be submitted to the Audit Committee.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The cost of the audit review is £26,034.

4. RECOMMENDATION

- 4.1 The TCS Programme Scrutiny Sub-Committee is requested to **NOTE** the Internal Audit Plan and reports for 2020-21.

Appendix Two - Internal Audit reports 2020-21 – ACTION PLAN

IA Report - Advisers

Recommendation 1:	Priority level
<p><i>Future appointments</i></p> <p>Sufficient time should be afforded to following a competitive procurement exercise to ensure value for money can be demonstrated to the Trust (O)</p>	<p>Medium</p>
Management Response	Responsible Officer/ Deadline
<p>The Project notes that sufficient time will be provided to ensure, where appropriate, a competitive or appropriate procurement exercise is undertaken so that value for money can be demonstrated by the Trust.</p>	<p>Mark Ash, Assistant Project Director</p> <p>Immediate effect - CLOSED</p>

Recommendation 2	Priority level
<p><i>Future appointments</i></p> <p>Letters of intent should only be utilised on an exception basis at future appointments to the nVCC (O)</p>	<p>Low</p>
Management Response	Responsible Officer/ Deadline

<p>The Project will only ever utilise a letter of intent in exceptional circumstances and ensures that robust governance is undertaken regarding the use of such a letter.</p>	<p>Mark Ash, Assistant Project Director Immediate effect - CLOSED</p>
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Recommendations 3 & 4	Priority level
<p>Future appointments</p> <p>3. Contract documentation should be finalised and signed in a timely manner by both parties (O).</p>	<p>Medium</p>
<p>4. The contract for the Design: nVCC adviser should be finalised and retained centrally (O).</p>	<p>Medium</p>
Management Response	Responsible Officer/ Deadline
<p>3. All contract documentation will be finalised and signed within 30 days by both parties.</p> <p>4. The contract for the Design: nVCC Adviser will be finalised and retained centrally. COMPLETED.</p>	<p>Mark Ash, Assistant Project Director Immediate effect - CLOSED</p>

IA Report – Contract Management

Recommendation 1	Priority level
The documents should be reviewed to ensure consistency of description throughout.	Low
Management Response	Responsible Officer/ Deadline
The final documents will be reviewed for consistency before publication.	Mark Ash Assistant Project Director Completed - CLOSED

IA Report – Governance & Financial Management

Recommendation 1	Priority level
The review and update of the nVCC Project Initiation Document should be finalised for endorsement by the Project Board (O).	Low
Management Response	Responsible Officer/ Deadline
The nVCC PID will be submitted to the Project Board for endorsement.	Andrew Davies, Principal Project Manager To be completed - May 21 - OPEN
Recommendation 2	Priority level
Succession planning for vacant posts should be considered in readiness for the next stage of the project (O).	Low
Management Response	Responsible Officer/ Deadline
The Project reviews organisational structures for each phase of the EW and nVCC Project(s). If any post becomes vacant, the Project(s) will review the requirements of the Project(s) and a decision on recruitment is made. In addition, the Project Director will consider internal staff development opportunities as part of the review.	David Powell Project Director Ongoing - CLOSED

IA Report – Planning

There are no recommendations.

Velindre NHS Trust

New Velindre Cancer Centre Development Integrated Audit Plan 2020/21

NHS Wales Shared Services Partnership Audit and Assurance Services

1. Background

In its approval of the strategic outline case in 2015, Welsh Government recognised the need for a new cancer centre to replace the existing facilities at Velindre, as part of a wider Transforming Cancer Services (TCS) programme. Ministers announced that a new cancer centre would be built in Whitchurch, funded under the new Mutual Investment Model (MIM). The new Velindre Cancer Centre aims to be one of the top cancer centres in Western Europe, with facilities enabling the development of new treatments and technologies, collaborative education and a patient environment that allows for the highest standard of care. The project also aims to link into a Radiotherapy Satellite Centre and Outreach venues as part of its wider programme. The project is currently in its planning stage, prior to moving into the procurement stage and then construction.

The development is a key commitment within the Welsh Government's 'Programme for Government' and is one of three pathfinder projects for the Welsh Government's innovative Mutual Investment Model ("MIM") programme to support investment in capital infrastructure in Wales.

At the time of this audit planning update, the new Velindre Cancer Centre project had achieved:

- Outline planning permission for a 32,393m² building from Cardiff City Council;
- A development agreement with Asda providing access for construction (and thereafter);
- Detailed planning permission for enabling works – building bridges from Asda and the nearby Hollybush estate; and
- Outline Business Cases submitted for the new cancer centre, enabling works and integrated radiotherapy solution.

NHS Wales Infrastructure Investment Guidance (updated guidance issued by **Welsh Government** in October 2018) requires an Integrated Assurance and Approval Plan (IAAP) that sets out assurance and approval points for each stage of the Business Case process. Accordingly, the organisation is required to outline the various formalised assurance mechanisms proposed (e.g. internal audit, Gateway reviews, functional reviews etc.) and the timing of each.

The updated IAAP seeks to address a common misconception that Gateway reviews and Internal Audit Reviews provide the same level of assurance; it requires that Health Boards separately identify both.

By outlining the various assurance mechanisms proposed at the Business Case and reflecting the proposed costs within the Cost Forms, the Health Board has been able to capitalise the costs of assurance providers (including audit) – securing Welsh Government funding for the same.

Noting the impact of Covid 19, the delivery of this assignment will include an increased element of remote working. To accommodate the same, single points of contact between the audit and client teams will be established and information request schedules utilised.

2. Methodology

This paper builds on the previous integrated audit plans and sets out the risk based audit plan for 2020/21 – which has been updated to consider current risk and programme changes. Any subsequent year's requirements will be risk assessed and agreed with management. The proposal has been drafted in compliance with the Public Sector Internal Audit Standards.

For the purposes of this plan, key source information has been utilised as provided during the 2018/19 and 2019/20 audits, together with an update by the Assistant Director of Finance-TCS Programme. Inevitably, Covid 19 has impacted the delivery programme and whilst the Outline Business Cases have been submitted for Welsh Government scrutiny and consideration, formal approval to proceed had not been provided at the time of this update. The plan has therefore been developed in this context.

The requirement has been developed based on our audit resourcing model and our experience of major project audits.

Applying our standard governance based audit assessment methodology, the new Velindre Cancer Centre (nVCC) Development is identified as a high priority due to its significant cost, innovative procurement route, corporate importance and political materiality. As such, the audit plan has been developed to reflect this assessment.

The plan is intended to provide a combination of project-level, functional and advisory assurance that, when combined, provide a balanced programme for the client to achieve the desired level of assurance.

However, at the request of management, where possible, we have sought to contain the 2020/21 update within the allocations made at the previous Integrated Audit Plans. Accordingly, the proposed scope is limited to those areas highlighted at **Appendix A**, with areas to be covered prioritised and based on current delivery expectations.

3. Outputs

The plan at **Appendix A** outlines that a mix of audit reports and non opinion assurance elements will be targeted in the year. These will be shared with management for consideration/ implementation and reported to the Lead Executive (SRO) and Audit Committee as appropriate.

As indicated previously, noting the impact of Covid-19, the delivery of the integrated audit plan for 2020/21 will include an increased element of remote working.

Any limitations to the audit fieldwork as a consequence of the Covid-19 restrictions will be clearly outlined at the respective reports.

4. Recommendation

This paper has been developed after consultation with management and is supported by the Lead Executive (SRO). Accordingly, the Audit Committee is asked to approve this updated integrated plan for 2020/21 (noting that funding for the same should be provided within the OBC/FBC funding approval).

Appendix A: Audit Plan 2020/21

This is in line with the overall audit plan and associated annual budget previously agreed with management (and included within the approved FBC funding provisions).

The financial implications of the above has been adjusted to account for inflation.

Assurance/Approval	Outline Scope	2020/21 Financial Year (show expected start date)											
		A	M	J	J	A	S	O	N	D	J	F	M
Programme/Project Milestones													
Approvals	MIM (OBC Submitted)									WG Approval			
	Access Enabling Works (OBC Submitted)									WG Approval			
General Project Level Assurance													
Validation of Management Action	Assurance of Management Actions												
Governance	Defined Arrangements												
	Effectiveness of Operation												
	Approvals												
	Readiness to proceed to Procurement												
Functional Assurance													
Financial	e.g. Approvals Budget setting Cost Control Ongoing Cost Monitoring												
Enabling Works	Design development and sign off Contractual arrangements Programme Management Cost control/Monitoring Change Management	No provision to contain audit days – focus from April 2021											

Assurance/Approval	Outline Scope	2020/21 Financial Year (show expected start date)											
		A	M	J	J	A	S	O	N	D	J	F	M
Advisers (MIM and EW)	e.g. Appointments Contractual arrangements Fees Monitoring/Reporting Performance												
Integrated Radiotherapy Solution	e.g. Identification of need Approvals Cost Control Procurement Management	No Provision to Contain Audit Days											
MIM													
Design	e.g. Design Brief Affordability Sign Off/Approvals Change Management	No Provision to Contain Audit Days											
Planning	e.g. Planning Approvals Planning Conditions Land Transfer Communications/Management Objections addressed												
Contractual Arrangements/Project Agreements	e.g. Development of Project Agreements/Schedules Application of Standardised Documentation Expert Opinion/Advice Sign Off/Approvals Quality control												

Assurance/Approval	Outline Scope	2020/21 Financial Year (show expected start date)											
		A	M	J	J	A	S	O	N	D	J	F	M
Procurement Process	e.g. Strategy Expressions of Interest Prequalification Evaluation Criteria Eligibility Identifiable Audit Trail	No Provision to Contain Audit Days											
Change Control	e.g. Change Management Arrangements Delegated Authority Case for Change Approvals Cost control	No Provision to Contain Audit Days											
Quality	e.g. Performance Management Application of Contract Requirements Client Quality control arrangements/internal scrutiny	No Provision to Contain Audit Days											
Information	e.g. Document management and control	No Provision to Contain Audit Days											
Stakeholder Engagement	e.g. Stakeholder engagement	No Provision to Contain Audit Days											
Other Areas	To be determined at annual updates												
Non- Opinion Assurance													
Annual Planning Update													
Attendance of Key Project Meetings													
SRO/PD Support													
General Advisory Support													
Audit Committee Prep & Attendance													

Appendix B: Independent Assurance (TBD)

Assurance/Approval	Lead	2020/21 Financial Year (show expected start date)											
		A	M	J	J	A	S	O	N	D	J	F	M
Independent Assurance													
Project Validation Review	Senior Policy Lead												
PAR	IPA/SRO												
OGC Gateway™	IPA/SRO												
GMPP Reporting	IPA												

Appendix C: Fee Summary: 2020/21

	£
General Programme-Level Assurance	5,737
Functional Assurance	15,884
Non- Opinion Assurance	4,413
	26,034

New Velindre Cancer Centre Development Advisers

Final Internal Audit Report

2020/21

Velindre University NHS Trust

NHS Wales Shared Services Partnership

Audit and Assurance Services



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Appendix A	Management Action Plan
Appendix B	Audit assurance ratings

Review reference:	SSU_VEL_2021_04.1
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Fieldwork completion:	19 February 2021
Draft report issued:	1 March 2021
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Management response received:	26 April 2021
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Auditor/s:	NWSSP: Audit & Assurance Specialist Services Unit

Executive sign off: Steve Ham, Chief Executive Officer

Distribution:

- Mark Osland, Executive Director of Finance
- Carl James, Director of Strategic Transformation, Planning & Digital
- Huw Llewellyn, Director of Commercial & Strategic Partnerships
- David Powell, Project Director TCS
- Mark Ash, Assistant Project Director (Commercials & Finance)

Committee: Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Internal Auditors.

ACKNOWLEDGEMENT

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Velindre University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

This audit was commissioned in accordance with the agreed New Velindre Cancer Centre Development (hereafter referred to as nVCC) integrated audit plan for 2020/21.

This report considers the adequacy of the arrangements to appoint and performance manage advisers at the nVCC project.

2. Scope and Objectives

The review was undertaken to determine the adequacy of, and operational compliance with, the systems and procedures of the Trust, taking account of relevant NHS and other supporting regulatory and procedural requirements, as appropriate.

The objective of the audit was to evaluate the systems and controls operating within the Trust, with a view to delivering reasonable assurance to the Audit Committee that risks material to the objectives of the areas of coverage were appropriately managed.

Accordingly, the scope and remit of the audit considered:

- Appointment of the advisers was in accordance with local and national guidance / regulations;
- Corresponding contractual documentation had been completed in a timely manner for the various stages to date (to protect the interests of the Trust);
- Corresponding fees had been determined and approved in advance of work progressing;
- Adequate monitoring / reporting of outputs against plans and agreed fee schedules was demonstrated; and
- Key performance indicators had been defined and were routinely reviewed, with corrective action applied as appropriate.

3. Associated Risks

The potential risks considered in the review included:

- The appointment of advisers does not conform with procurement requirements and/or does not demonstrate value for money;
- The contract and fees are not set out; and
- Inadequate arrangements are put in place to monitor the advisers in respect of performance, outputs and fees.

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.


For the adviser appointments selected for review, the Trust had appropriate procedures in place to monitor and report performance.

Whilst Trust Board approval had been sought for contract fees, a number of weaknesses were identified at the associated contract award processes applied, including:

- The issue of letters of intent; and
- The timeliness of signing of contract documentation.

Whilst appropriate procurement routes were applied at the majority of the appointments reviewed. In one instance (contract value £48k) single tender action was sought. However the case presented i.e. timescale, did not justify the approach applied; and therefore may not have achieved best value for money.





Accordingly, against this context, the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the appointment and performance management of advisers is **reasonable assurance**.

RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Trust can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the ability of addressing the findings as applied against the specific review objectives and should therefore be considered in that context.

5. Summary of Audit Findings

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Appointment of advisers			✓	
2	Contract documentation			✓	
3	Contract fees				✓
4	Monitoring / Reporting				✓
5	Key Performance Indicators				✓

Design of Systems/Controls

The findings from the review have highlighted **no** issues that are classified as weaknesses in the system control/ design at the project.

Operation of Systems/Controls

The findings from the review have highlighted **four** issues that are classified as weaknesses in the operation of the designed system/control at the project.

6. Summary of Audit Findings

A listing of advisers, appointed from January 2019 to date of fieldwork, was obtained and the following sample was selected to confirm compliance with the objectives of this review:

Adviser Role	Value	Procurement routes
Architect	£105K	Tender
Engineering Consultant: Enabling Works	£30k	Tender
Cost consultancy: OBC revision	£13k	Single Tender Action
Technical Adviser: Competitive dialogue	£126k	Tender
Design: nVCC	£48k	Single Tender Action
Design: Enabling Works	£790k	Framework (competition)

The key findings are reported in the Management Action Plan (**Appendix A**) together with the implementation timetable.

Appointment of advisers



That the appointment of the advisers was in accordance with local and national guidance / regulations.

The procurement routes taken for the appointment of the selected advisers are detailed in the table above.

The tender exercises were advertised through an appropriate platform; with evaluation of return through a scoring matrix (including attendance at interview).

The appointment from the Lot 5 CCS Project Management & Full Design Team Services Framework was reviewed and supported by legal advice for appropriateness of use; further endorsed with a paper presented to the Chief Executive Officer.

Appropriate justification was evidenced for the application of the single tender action for the OBC cost consultancy adviser appointment, noting a previous appointment made by the Trust to review costs applied to the revised OBC submitted to the Welsh Government.

The case presented for the design adviser did not justify the approach applied (**recommendation 1**). The explanation on the STA form for its use rather than a competitive tender, is time. However, the time between completion of the STA form and initial work undertaken by the adviser, would have permitted a more formal competitive procurement route to be undertaken by the Project team.

Recognising the possibility that an alternative procurement route could have been afforded for the appointment of the design adviser, **reasonable assurance** has been determined.

Contract Documentation



That contractual documentation has been completed in a timely manner for various stages to date (to protect the interests of the Trust).

For all selected advisers, reference was made to the contract documentation in place:

- A letter of intent had been used for two appointments (**recommendation 2**), acknowledging that one was shortly replaced with a formal contract;
- Three appointments were supported by formal contracts (including the one referenced above). However, two of these contracts had not been signed in a timely manner (**recommendation 3**); and

- Contract documentation was not available for one adviser (**recommendation 4**); and
- One adviser was appointed as an extension to an existing contract in place.

Noting the above, yet recognising the extent of monitoring that is undertaken by the Project Board on the adviser appointments in place, **reasonable assurance** has been determined.

Contract Fees



That fees have been determined and approved in advance of work progressing.

The value of the contract award was approved by the Trust Board for all of the advisers appointments examined.

As defined within the 'Monitoring / Reporting' section, the cumulative expenditure against approvals is monitored regularly by the Project Board. Any potential deviation from approval will be reviewed with appropriate action taken i.e. extension of any caps applied or contracts placed 'on hold' to not exceed agreed costs.

Recognising the approval process, and subsequent scrutiny of fees applied by the project team to date, together with the associated reporting to the Project Board, **substantial assurance** has been determined.

Monitoring / Reporting



That adequate monitoring / reporting of outputs against plans and agreed schedules was demonstrated.

Contract Management status is a standing agenda item at the monthly Project Board meetings. From June 2020, it was determined that a full contract management report be brought to the Project Board on a quarterly basis detailing expenditure to date [against the original budget allocations agreed by Trust Board] and contractual issues for consideration.

Highlight reports are presented at interim meetings; primarily focusing on contractual risks and issues that the Project Board need to be aware of.

Noting the regularity of monitoring and content of reporting to Project Board, **substantial assurance** has been determined.

Key Performance Indicators



That key performance indicators (KPIs) were defined and routinely reviewed, with correct action applied as appropriate.

The Contract Management procedure requires each contract to measure and report on performance. Balanced scorecards were developed for the

current contracts from January 2020 and measure contractor performance in the following areas:

- Financial
- Governance
- Project Management
- Technical Appraisal.

The latest report stated 100% compliance for each adviser appointment sampled.

A formal KPI measurement was in place for one of the longer standing adviser appointments [appointed prior to the date used to select the sample for testing – responsible for the technical advice and responsibility for suppliers]. For every order placed, performance is assessed in terms of time, cost and quality. At the latest report to Project Board, the quarterly KPI reported:

- 94% compliance in delivering on time; and
- 94% compliance in delivering on acceptable quality.

Whilst both are marginally below the 95% target, a progressive movement towards the target has been reported between quarters.

Noting the regularity, and positive outcome, to date, of performance monitoring of the advisers, **substantial assurance** has been determined.

7. Summary of Recommendations

The audit findings and recommendations are detailed in **Appendix A** together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	-	3	1	4

Findings 1: Procurement route: Single Tender Actions	Risk
<p>Of the six adviser appointments reviewed, three had been appropriately let through a formal tender process and one called off a Framework.</p> <p>The remaining two appointments were made through Single Tender Actions (STA). The basis / background to one is deemed reasonable (Cost Consultancy: OBC Revision).</p> <p>The second (Design: nVCC) uses time as the basis for use of the procurement route noting that the appointed individual was to leave their role as a Trust Independent Board Member at the end of March 2020. However, the STA form was completed in January 2020 for a role that was to commence with effect from 1 April 2020 (and noting that a formal kick-off meeting was not held with the appointed adviser until June 2020).</p> <p>In acknowledging the timeline above, sufficient time was available to have undertaken a competitive procurement exercise to demonstrate value for money. STA's should only be used on an exception basis.</p>	<p>The appointment of the advisers does not conform with procurement requirements / demonstrate value for money.</p>
Recommendation 1:	Priority level
<p>Future appointments</p> <p>Sufficient time should be afforded to following a competitive procurement exercise to ensure value for money can be demonstrated to the Trust (O)</p>	<p>Medium</p>

Management Response	Responsible Officer/ Deadline
Agreed. The Project notes that sufficient time will be provided to ensure, where appropriate, a competitive or appropriate procurement exercise is undertaken so that value for money can be demonstrated by the Trust.	Mark Ash, Assistant Project Director Immediate effect

Finding 2: Letters of intent	Risk
<p>On appointment by the Trust, two of the sampled advisers were issued with letters of intent ahead of the formalisation of the main contract i.e.:</p> <ul style="list-style-type: none">• Engineering Consultant: Enabling Works; and• Design: Enabling Works. <p>Whilst noting the same, letters of intent do not afford the Trust with the same legal protection as a contract, and in the event of a dispute, are unlikely to provide sufficient detail to enable satisfactory resolution of issues [for example, they do not specify key deliverables, performance requirements, rectification arrangements in the event of poor performance etc.].</p> <p>Management sought to minimise the risk by capping the value of the works, detailing the terms of the proposed contract and obtaining executive approval to the approach.</p> <p>It is acknowledged that a formal contract for the Engineering Consultant was subsequently issued, however the date of signing was six months after the cited commencement date of the commission (see finding 3).</p> <p>The letter of intent for the Design: Enabling Works adviser was issued in July 2020. The review of the contract management report to Project Board noted the statement that the letter of intent was to be agreed and signed by both parties prior to payment, however, a payment had been made to the adviser in April 2020. Noting the same, the timeliness of the finalisation of 'contract' documentation should be addressed (see finding 3).</p>	<p>Letters of intent do not afford the same legal / financial protection as an executed contract.</p>

Recommendation 2	Priority level
<p><i>Future appointments</i></p> <p>Letters of intent should only be utilised on an exception basis at future appointments to the nVCC (O)</p>	<p>Low</p>
Management Response	Responsible Officer/ Deadline
<p>Agreed. The Project will only ever utilise a letter of intent in exceptional circumstances and ensures that robust governance is undertaken regarding the use of such a letter.</p>	<p>Mark Ash, Assistant Project Director Immediate effect</p>

Finding 3: Contract Documentation	Risk
<p>Of the three adviser appointments reviewed, the finalisation of contract documentation was only completed (signed by both parties), in a timely manner at one of the three adviser appointments reviewed (Technical Adviser: Competitive dialogue).</p> <p>The remaining two (Architect and Engineering Consultant: Enabling Works) were signed circa. five months after the appointment commencement date.</p> <p>Additionally, formal contract documentation for the Design: nVCC adviser had not been completed at the time of the current review.</p>	<p>The Trust may not be afforded the full protection intended by a contractual document.</p>
Recommendations 3 & 4	Priority level
<p>Future appointments</p> <p>3. Contract documentation should be finalised and signed in a timely manner by both parties (O).</p>	<p>Medium</p>
<p>4. The contract for the Design: nVCC adviser should be finalised and retained centrally (O).</p>	<p>Medium</p>
Management Response	Responsible Officer/ Deadline
<p>3. Agreed. All contract documentation will be finalised and signed within 30 days by both parties.</p> <p>4. Agreed. The contract for the Design: nVCC Adviser will be finalised and retained centrally.</p>	<p>Mark Ash, Assistant Project Director</p> <p>3. Immediate effect 4. 30 April 2021</p>

Appendix B - Assurance Opinion and Action Plan Risk Rating



Substantial assurance - The Trust can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable assurance - The Trust can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited assurance - The Trust can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No Assurance - The Trust has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

New Velindre Cancer Centre Development Contract Arrangements / Project Agreement

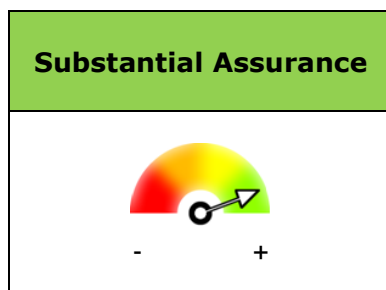
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Review reference:	SSU_VEL_2021_04.4
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Fieldwork completion:	11 March 2021
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Auditor/s:	NWSSP: Audit & Assurance Specialist Services Unit

Executive sign off: Steve Ham, Chief Executive Officer

Distribution:

- Mark Osland, Executive Director of Finance
- Carl James, Director of Strategic Transformation, Planning & Digital
- Huw Llewellyn, Director of Commercial & Strategic Partnerships
- David Powell, Project Director TCS
- Mark Ash, Assistant Project Director (Commercials & Finance))

Committee: Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Internal Auditors.

ACKNOWLEDGEMENT

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

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Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Velindre University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

This audit was commissioned in accordance with the agreed New Velindre Cancer Centre Development (hereafter referred to as nVCC) integrated audit plan for 2020/21.

This report considers whether appropriate contractual arrangements are in place at the nVCC project.

2. Scope and Objectives

The review was undertaken to determine the adequacy of, and operational compliance with, the Trust's systems and procedures, taking account of relevant NHS and other supporting regulatory and procedural requirements, as appropriate.

The objective of the audit was to evaluate the systems and controls in place operating within the Trust, with a view to delivering reasonable assurance to the Audit Committee that risks material to the objectives of the areas of coverage were appropriately managed.

Accordingly, the scope and remit of the audit considered:

- An appropriate Project Agreement and associated schedules had been adopted based on standardised documentation.
- The Shareholders Agreement had been suitably completed.
- Legal advice / opinion had been sought throughout, including any derivations to the standard documentation.
- Appropriate quality control arrangements were observed in the preparation of the document.
- Approvals /sign off was demonstrated at key junctures in the preparation of the documentation, including final sign-off.

3. Associated Risks

The potential risks considered in the review were that the contractual documentation does not protect the interests of the Trust and/or inhibits the achievement of the key objectives of the project.

OPINION AND KEY FINDINGS


4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The Mutual Investment Model standard documentation has been applied at the nVCC tailored to be both project and sector specific. All has been undertaken in consultation with appointed legal advisers and key stakeholders for endorsement prior to issue to the market.

Review of the documentation prepared identified a small number of areas for minor amendment / clarification to allow consistency of reporting (see **Appendix A**).





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the contractual arrangements in place, being cognisant of the current stage of the project, is **Substantial Assurance**.

RATING	INDICATOR	DEFINITION
Substantial Assurance		The Trust can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.

The overall level of assurance that can be assigned to a review is dependent on the ability of addressing the findings as applied against the specific review objectives and should therefore be considered in that context.

5. Summary of Audit Findings

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Project Agreement				✓
2	Shareholders Agreement				✓
3	Legal advice / opinion				✓
4	Quality control				✓
5	Approvals				✓

Design of Systems/Controls

The findings from the review have highlighted **no** issues that are classified as weaknesses in the system control/ design at the project.

Operation of Systems/Controls

The findings from the review have highlighted **one** issue that is classified as weaknesses in the operation of the designed system/control at the project.

6. Summary of Audit Findings

The key findings are reported in the Management Action Plan (**Appendix A**) together with the implementation timetable.

Project Agreement



That an appropriate Project Agreement and associated schedules have been adopted based on standardised documentation.

The Mutual Investment Model (MIM) Standard Form Project Agreement is mandated by Welsh Government for use on MIM accommodation projects; and has been tailored in accordance with health sector guidance and the nvCC project.

Welsh Government approval is required for project specific amendments to the documentation. The Trust, in consultation with its legal advisers, submitted the amended Project Agreement, supported by a derogations table setting out the changes / departure from the standard terms and justification for the same in May 2020.

The derogations table [a substantial document, circa 240 pages] was submitted to the MIM Transactor for comments in December 2020; and a further return in February 2021.

It is acknowledged that the Welsh Government accept the drafting changes; but note further dialogue is required on nine areas to finalise, before the Trust can issue the Contract Notice [scheduled 23 March 2021].

Noting that the standard documentation has been applied with changes submitted for Welsh Government endorsement, **substantial assurance** has been determined.

Shareholders Agreement



That the Shareholders Agreement has been suitably completed.

As with the Project Agreement, the MIM Standard Form Shareholder's Agreement has been applied to the nVCC project; with amendments proposed to make project and sector specific.

The detail of the Shareholder's Agreement was agreed with the Welsh Government in January 2021.

Noting that the standard documentation has been applied and changes endorsed by the Welsh Government, **substantial assurance** has been determined.

Legal Advice / Opinion



That legal advice / opinion has been sought throughout, including any derivations to the standard documentation.

As has already been reported, the Trust has worked closely with its legal advisers to ensure the proposed changes to the MIM standard documentation (Project Agreement and Shareholders Agreement) are appropriate.

In addition to the above, reference was also made to the following which have been subject to scrutiny by the legal advisers:

- Descriptive document in respect of the nVCC MIM Project;
- Prequalification questionnaire (PQQ) in respect of the nVCC MIM Project;
- ITPD document in respect of the nVCC MIM Project; and
- Draft contract notice.

As with the other MIM standard documents, amendments have been applied to make both project and sector specific. Review of the documents did

identify a couple of areas for minor amendment / clarifications to ensure consistency of reporting (**recommendation 1**).

In the context of the above, noting the minor nature of the recommendation raised, **substantial assurance** has been determined for the legal advice / opinion sought regarding the standing documentation.

Quality Control



That appropriate quality control arrangements were observed in the preparation of the documentation.

As reported in the other objective areas of this review, all key documents have been reviewed prior to submission for consideration by the key parties i.e. legal advisers, Welsh Government, Project Board, MIM transactor.

Acknowledging that the Trust will undertake a final quality assurance check of all documents before final submission, **substantial assurance** has been determined.

Approvals



That approvals / sign off was demonstrated at key junctures in the preparation of the documentation, including the final sign off.

The nVCC Project Board has received regular updates in respect of the MIM documentation that has been developed for the project. At the date of reporting, Trust Board sign-off on documentation had not been determined.

Recognising the current status of documentation, and approvals obtained to date, **substantial assurance** has been determined.

7. Summary of Recommendations

The audit findings and recommendations are detailed in **Appendix A** together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	-	-	1	1
Actioned since fieldwork	-	-	1	1

Finding 1: Clarifications to documents	Risk
<p>Review of the amendments that have been made to the standard contractual documentation noted a couple of areas of inconsistency:</p> <ul style="list-style-type: none"> • Descriptive document: governance references. Within this document, it is stated that the project has moved away from the traditional governance structures to a lightweight structure where the Project Board reports directly to the Trust Board. However this does not reflect currently practice or the subsequent narrative references provided to the reporting route of Executive Management Board, Programme Delivery Board, TCS Programme Scrutiny Committee and Trust Board; and • Footprint of the nVCC (m²). Four different documents (draft contract notice, descriptive document, Outline Business Case and ITPD) cite a different footprint ranging from 32,100m² to 38,732m². Whilst the appointed contractor will be advised of the approved footprint it would be more appropriate to provide a 'circa' figure to provide consistency. <p>It is acknowledged that in the wider context of the contractual documentation that has been reviewed and endorsed for application, these are only minor points for consideration.</p>	<p>Derivations to standard documentation are not applied consistently.</p>
Recommendation 1	Priority level
<p>The documents should be reviewed to ensure consistency of description throughout.</p>	<p>Low</p>

Management Response	Responsible Officer/ Deadline
Agreed. The final documents will be reviewed for consistency before publication.	Mark Ash Assistant Project Director Actioned since fieldwork

Appendix B - Assurance Opinion and Action Plan Risk Rating



Substantial assurance - The Trust can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable assurance - The Trust can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited assurance - The Trust can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No Assurance - The Trust has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

New Velindre Cancer Centre Development Governance and Financial Management

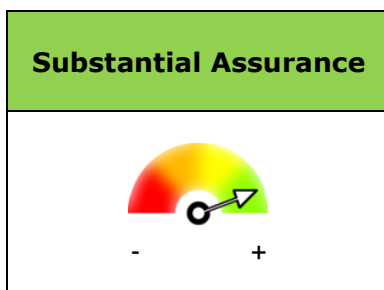
Final Internal Audit Report

2020/21

Velindre University NHS Trust

NHS Wales Shared Services Partnership

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Executive sign off: Steve Ham, Chief Executive Officer

Distribution:

- Mark Osland, Executive Director of Finance
- Carl James, Director of Strategic Transformation, Planning & Digital
- Huw Llewellyn, Director of Commercial & Strategic Partnerships
- David Powell, Project Director TCS
- Mark Ash, Assistant Project Director (Commercials & Finance))

Committee: Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Internal Auditors.

ACKNOWLEDGEMENT

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Velindre University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

This audit was commissioned in accordance with the agreed New Velindre Cancer Centre Development (hereafter referred to as nVCC) integrated audit plan for 2020/21.

This report considers the adequacy of the governance and financial management arrangements at the nVCC project

2. Scope and Objectives

The review was undertaken to determine the adequacy of, and operational compliance with, the Trust's systems and procedures, taking account of relevant NHS and other supporting regulatory and procedural requirements, as appropriate.

The objective of the audit was to evaluate the systems and controls in place operating within the Trust, with a view to delivering reasonable assurance to the Audit Committee that risks material to the objectives of the areas of coverage were appropriately managed.

Accordingly, the scope and remit of the audit considered:

Governance

- **Governance arrangements / structure** - including:
 - Assurance that project/programme governance arrangements were adequately defined;
 - The appropriateness of organisational and governance arrangements, ensuring the Board had been adequately informed of changes to project/programme progress, key risks and issues (via existing committee structures);
 - That the project was afforded appropriate executive ownership and leadership;
 - The effectiveness of key forums (e.g Project Board, Programme Delivery Board);
 - Regularity of key meetings and attendances;
 - Assurance that key supporting structures (e.g. additional work-streams) operated effectively;
 - Evidence of timely and appropriate scrutiny and approval of key products / inputs; and
 - Appropriate performance criteria had been determined and applied to the programme.
- **Roles and Responsibilities** - including:
 - The resource requirement for the successful delivery of the scheme was appropriately determined, costed and applied; and

- Key roles and responsibilities were appropriately assigned and discharged effectively.

Financial Management

- **Budgets** – including:
 - The programme/project budget had been adequately defined;
 - An adequate contingency provision had been determined; and
 - Approved budgets were adequately supported by formal funding approvals from the Trust / Welsh Government. Unapproved budgets were clearly defined / reported;
- **Financial Risks** – including:
 - Programme risks had been adequately defined and costed from the outset;
- **Cost & Cashflow Reporting** – including:
 - Regular cost and cashflow reporting requirements were adequately defined e.g. to include all programme costs;
 - Reporting was sufficiently robust and timely to support effective scrutiny;
 - Cost reports clearly outlined assumptions and/or limitations;
 - An appropriate forum had responsibility for receiving and scrutinising cost / cashflow reporting – as defined within the terms of reference; and
 - Appropriate checkpoint reviews were undertaken at key junctures to ensure cost assumptions were validated and escalated as required.

3. Associated Risks

The potential risks considered in the review included:

- Governance arrangements don't support effective decision making, contributing to poor management and the failure to achieve project objectives; and
- Project costs are not adequately controlled leading to failure to achieve project objectives.

OPINION AND KEY FINDINGS


4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

Established governance arrangements/structures were in place and operating effectively; with a small number of recommendations raised for management attention (see **Appendix A**).

Defined financial management arrangements were in place with routine and robust cost reports prepared for Project Board scrutiny. The risk of proceeding with the project to the detriment of the Trust's discretionary capital resource limit has continually been reported; noting that the risk was reduced in October 2020 following receipt of an additional Welsh Government funding approval (£3.030m).





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the governance and financial management arrangements, being cognisant of the current stage of the project, is **Substantial Assurance**.

RATING	INDICATOR	DEFINITION
Substantial Assurance		The Trust can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure

The overall level of assurance that can be assigned to a review is dependent on the ability of addressing the findings as applied against the specific review objectives and should therefore be considered in that context.

5. Summary of Audit Findings

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Governance				✓
	<i>Governance arrangements / structure</i>			✓	
	<i>Roles & Responsibilities</i>			✓	
	<i>Performance</i>				✓
2	Financial Management				✓
	<i>Budgets</i>				✓
	<i>Financial risks</i>				✓
	<i>Cost and cashflow reporting</i>				✓

Design of Systems/Controls

The findings from the review have highlighted **no** issues that are classified as weaknesses in the system control/ design at the project.

Operation of Systems/Controls

The findings from the review have highlighted **two** issues that are classified as weaknesses in the operation of the designed system/control at the project.

6. Summary of Audit Findings

The key findings are reported in the Management Action Plan (**Appendix A**) together with the implementation timetable.

Governance



Governance arrangements/structure

That project/programme governance arrangements/structure are adequately defined; that key forums operate effectively; and that the project is afforded appropriate executive ownership and leadership.

The Enabling Works and nVCC are two of the seven projects that form part of the overarching Transforming Cancer Services (TCS) Programme. The Senior Responsible Officer for both is the Trust's Chief Executive Officer.

Project Initiation Documents (PIDs) are in place for each project [noting that at the date of the review, the nVCC PID was being updated for the addition of SMART outcome measures (**recommendation 1**)] and defined the expected governance structures and line of reporting:

- Project Board;
- Programme Delivery Board;
- TCS Programme Scrutiny Committee; and
- Trust Board.

Terms of reference are in place for each of the above Boards / Committees. It was confirmed that all met with appropriate frequency and representation from the agreed group membership during the period reviewed (January 2020 to January 2021). Comprehensive documents were presented to each forum to facilitate the decision making process. Attendance at Project Board has observed that all outputs presented are appropriately scrutinised to assist the decision making process.

To further support the two projects, as defined in the PID, there are "*distinct workstreams in place during the planning phase which will evolve into defined areas of responsibility during the procurement phase*" including:

- Commercial workstream;
- Design workstream [noting this had taken the format of Design Group workshops]; and
- Working groups [Planning Technical, Asda Technical and Technical Advisor].

At the current stage of the project, the workstreams do not make decisions, rather provide advice and recommendations, which feed into the Project Board.

Roles and Responsibilities

That the resource requirement for the successful delivery of the scheme was appropriately determined, costed and applied. That key roles and responsibilities were appropriately assigned and effectively discharged.

The PID documents outline the governance structures and the specific roles and responsibilities of nVCC appointed personnel. A review of the personnel listing maintained confirmed there is appropriate allocation of staff afforded to the project. However, it was noted that two of the members of staff left their post in December 2020 and succession planning had not been defined (**recommendation 2**).

Noting the otherwise robust governance arrangements in place, to date, with issues relating to finalisation of existing documentation and future resource requirements **substantial assurance** has been determined.

Financial Management



Budgets

That the programme /project budget was adequately defined; that approved budgets were adequately supported by formal funding approvals; and that unapproved budgets were clearly defined / reported.

At December 2020, the total programme capital spend to date (from initial approval) was £17.378m and revenue spend of £2.621m.

In the absence of approved Welsh Government funding, the project has proceeded at risk, being supported by the Trust's discretionary capital resource limited. An annual budget for the programme was approved by Trust Board (2020/21: £1.87m); noting that funding requirements were routinely monitored as project related costs continued to be incurred.

Two funding requests were submitted (June and August 2020) to the Welsh Government to no avail, given the financial pressures being encountered due to the impact of Covid.

A further request was submitted in October 2020 (£3.261m) for which approval was given. Of this, £0.257m was retained subject to approval of the Enabling Works OBC.; for which a decision was anticipated in the Spring (2021).

Financial risks

That programme risks have been adequately defined and costed from the outset.

The financial risks facing the programme are routinely reported at the monthly Project Board and Programme Delivery Board. Until receipt of the aforementioned Welsh Government approval, the most significant risk being reliance on the Trust's discretionary capital to the detriment of progress of other projects.

Since this approval, the latest reported financial risk [reported to the January Project Board for the period to end December 2020] was that circa half of the projected outturn (£3.243m) was in quarter 4 therefore increasing the risk of significant underspends at year-end. Ongoing monitoring will be undertaken to manage this risk.

Cost and cashflow reporting

That regular cost and cashflow reporting requirements were adequately defined; that reporting was sufficiently robust and timely to support effective scrutiny; and that costs reports clearly outlined assumptions and/or limitations.

Cost reporting is routinely undertaken, prepared by the Assistant Project Director (Commercials & Finance); and supports the monthly Welsh Government dashboard submission.

The Project Board receive cost reporting specific to the Enabling Works and the nVCC; with the Programme Delivery Board receiving a report consolidating all associated projects for the TCS Programme. Analysis is provided against the financial variances reported for works packages, with required actions identified where appropriate.

Monitoring and reporting of payments to external consultants (and any requirements for changes to committed spend) was managed through the detailed Contract Management Report, submitted on a quarterly basis to the Project Board [refer to the 'Advisers' report].

Noting the robust financial management arrangements in place, to date, **substantial assurance** has been determined.

7. Summary of Recommendations

The audit findings and recommendations are detailed in **Appendix A** together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	-	-	2	2

Finding 1: Governance – nVCC Project Initiation Document	Risk
<p>There is a Project Initiation Document (PID) in place for both the Enabling Works and nVCC projects.</p> <p>At the date of the review, it was noted that the nVCC PID required updating for the inclusion of SMART outcome measures and that discussions were ongoing to confirm these.</p> <p>It is acknowledged that a further update to both documents will be required upon Welsh Government approval of the Outline Business Case.</p>	<p>Requirements for the effective delivery of the project are not appropriately defined.</p>
Recommendation 1	Priority level
<p>The review and update of the nVCC Project Initiation Document should be finalised for endorsement by the Project Board (O).</p>	<p>Low</p>
Management Response	Responsible Officer/ Deadline
<p>Agreed. The nVCC PID will be submitted to the Project Board for endorsement.</p>	<p>Andrew Davies, Principal Project Manager May 2021</p>

Finding 2: Governance: Succession Planning	Risk
<p>Two of the nVCC allocated personnel left their posts in December 2020:</p> <ul style="list-style-type: none"> ○ Interim Project Director, nVCC; and ○ Assistant Project Director (Infrastructure) <p>It was noted that the Interim Project Director was a part-time post; primarily responsible for addressing the planning considerations. Management advised that, at the current stage of the project, there was no requirement to fill this post.</p> <p>The Assistant Project Director was a full-time post; and review of the personnel listing does not identify an equivalent officer to manage the vacancy as the project progresses. Management advised that, noting the current stage of the project, no decision has been taken regarding appointment to this vacant post. Management acknowledge that appropriate financial assessment will need to be given to the decision: nVCC appointment or external contractor appointment.</p>	<p>Allocated personnel is not sufficient for the effective management of the project.</p>
Recommendation 2	Priority level
<p>Succession planning for vacant posts should be considered in readiness for the next stage of the project (O).</p>	<p>Low</p>
Management Response	Responsible Officer/ Deadline
<p>Agreed. The Project reviews organisational structures for each phase of the EW and nVCC Project(s). If any post becomes vacant, the Project(s) will review the requirements of the Project(s) and a decision on recruitment is made. In addition,</p>	<p>David Powell Project Director Ongoing</p>

the Project Director will consider internal staff development opportunities as part of the review.	
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Appendix B - Assurance Opinion and Action Plan Risk Rating



Substantial assurance - The Trust can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable assurance - The Trust can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited assurance - The Trust can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No Assurance - The Trust has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

New Velindre Cancer Centre Development Planning

Final Internal Audit Report

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Audit and Assurance Services

Substantial Assurance



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Appendix A Audit assurance ratings

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Final report issued:	28 April 2021
Auditor/s:	NWSSP: Audit & Assurance Specialist Services Unit

Executive sign off: Steve Ham, Chief Executive Officer

Distribution:

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- Huw Llewellyn, Director of Commercial & Strategic Partnerships
- David Powell, Project Director TCS
- Mark Ash, Assistant Project Director (Commercials & Finance)

Committee: Audit Committee



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ACKNOWLEDGEMENT

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Please note:

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1. Introduction and Background

This audit was commissioned in accordance with the agreed New Velindre Cancer Centre Development (hereafter referred to as nVCC) integrated audit plan for 2020/21.

This report considers the adequacy of planning arrangements at the nVCC project.

2. Scope and Objectives

The review was undertaken to determine the adequacy of, and operational compliance with, the Trust's systems and procedures, taking account of relevant NHS and other supporting regulatory and procedural requirements, as appropriate.

The objective of the audit was to evaluate the systems and controls in place within the Trust, with a view to delivering reasonable assurance to the Audit Committee that risks material to the objectives of the areas of coverage were appropriately managed.

Accordingly, the scope and remit of the audit considered:

- Appropriate planning approvals had been sought reflective of the current stage of the project;
- A strategy was in place to monitor and progress any known planning conditions.
- An appropriate transfer strategy had been developed in relation to the Land Transfer. Professional advice (including legal advice) has been obtained to support the negotiation process; and
- There was an appropriate communications and stakeholder engagement strategy that had been appropriately applied at the project. Management had fully consulted stakeholders and obtained full details of any objections – determining appropriate action to address concerns.

3. Associated Risks

The potential risks considered in the review related to the preparedness of the site related issues to allow the timely commencement of the build – avoiding any impact on time, cost and other objectives.


OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The planning and land transfer arrangements, to date, have been managed effectively by the Trust supported by legal advice where required. Approvals are reliant on the outcome of the decision by the City & County of Cardiff Planning Committee. Submissions made have been supported by the required documentation and the Trust has ensured appropriate engagement with stakeholders.





Accordingly, against this context, the level of assurance given as to the effectiveness of the system of internal control in place to manage the planning arrangements is **Substantial Assurance**.

RATING	INDICATOR	DEFINITION
Substantial Assurance		The Trust can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure

The overall level of assurance that can be assigned to a review is dependent on the ability of addressing the findings as applied against the specific review objectives and should therefore be considered in that context.

5. Summary of Audit Findings

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Planning approvals				✓
2	Planning Strategy				✓
3	Land Transfer				✓
4	Communications & Stakeholder Engagement				✓

Design of Systems/Controls

The findings from the review have highlighted **no** issues that are classified as weaknesses in the system control/ design at the project.

Operation of Systems/Controls

The findings from the review have highlighted **no** issues that are classified as weaknesses in the operation of the designed system/control at the project.

6. Summary of Audit Findings

The key findings are reported in the Management Action Plan (**Appendix A**) together with the implementation timetable.

Planning approvals



That appropriate planning approvals had been sought reflective of the current stage of the project.

Outline Planning Permission for the nVCC was approved in March 2018 with certain conditions attached; for which a number of additional planning applications were required. All applications have complied with the expected submission of documentation to the City & County of Cardiff Planning Committee including:

- Asda Access Road and Car Park Application: full planning permission was granted in November 2020 for the proposed engineering works enabling access to the proposed nVCC. Supporting the decision was notification from the Welsh Government that the proposal does not conflict with national or local policies relevant to the application

therefore did not need to be called in for determination by the Welsh Government.

- Whitchurch Hospital Extended TCAR Application: the timing for application was delayed due to additional documentation required on natural habitat impacts and associated mitigations. Permission was granted in February 2021 for the temporary construction access route for a period of no more than 48 months following the completion of the related highway improvement works, or until 30 November 2024, whichever is first. The decision notice issued noted that no development can take place until certain conditions / report submissions have been met.
- Planning Pre-Start Condition Discharge Application – as above, timing for application delayed.
- Submission of Reserved Matters (on the 2018 outline planning permission): the submission was due by end of March 2021 but, noting the delays encountered in the project to date (e.g. OBC approval and Covid), an application was made to extend the time limit by 18 months to September 2022. Permission was granted in January 2021.

In view of the above status of planning applications, and in the context of the current stage of the project at the point of our review, **substantial assurance** has been determined. Progress against planning conditions will be followed up in future audit plans.

Planning Strategy



That a strategy was in place to monitor and progress any known planning conditions.

The Enabling Works project for the nVCC sets out the requirements to make the preferred site 'project-ready' for construction.

A Town and County Planning Report [issued May 2019] sets out the formal planning strategy for the Enabling Works; as advised by an appointed technical adviser. The outlined planning requirements [addressing the primary and ancillary access routes] are to assist in making the preferred site 'project-ready' for construction.

This is further endorsed within the Enabling Works Outline Business Case (OBC) which was submitted to Welsh Government in July 2019 setting out the conditions that were applied to the Outline Planning Permission approval.

All planning considerations, and status updates, have been reported on a monthly basis to both Project Board and Programme Delivery Board.

Management of the overall planning strategy is subject to permissions being granted by the City & County of Cardiff. Noting that the Trust has taken all

the appropriate steps to submit applications to date, and address conditions, and in the context of the stage of the project at the point of our review, **substantial assurance** has been determined.

Land Transfer



That an appropriate strategy had been developed in relation to the Land Transfer; and that professional advice (including legal advice) had been obtained to support the negotiation process.

The preferred site for the nVCC is the Northern Meadows, land which is owned by Cardiff & Vale University Health Board (the UHB). It has been confirmed that the land transfer will be a 'land swap' at net book valuation.

The transferred sites are:

- Site 1: to the Trust – total of 7.83 hectares (19.35 acres); and
- Site 2: to the UHB – total of 3.29 hectares (8.13 acres)
- Site 3: to the UHB – total of 3.69 hectares (9.12 acres); and
- Site 4: to the UHB – total of 0.3 hectares (0.741 acres).

A programme for completion of transfer for each site has been developed in consultation with the UHB and the Welsh Government; and endorsed by both the Project Board and Programme Delivery Board. The Heads of Terms document, drafted by the nVCC's appointed legal adviser, sets out the terms of the transaction; these have been agreed in principle but are subject to a number of conditions including the approval of the OBC.

The initial timeframe for completion of the transfer was December 2020; but as the Trust is awaiting approval of the OBC (at the date of reporting) this cannot be achieved.

Noting that the Trust has taken all appropriate steps to address the requirements for the land transfer, and in the context of the stage of the project at the point of our review, **substantial assurance** has been determined.

Communications and Stakeholder Engagement



That an appropriate communications and stakeholder engagement strategy had been appropriately applied at the project; and that management had fully consulted stakeholders and obtained full details of any objections.

A Communications and Stakeholder Engagement Strategy, supporting the planning applications by the Trust for access to the nVCC, was approved by Trust Board in December 2019.

The strategy was developed in recognition of the opposition received from residents regarding the proposed site, and the need to increase direct engagement with the stakeholders – "maximising communications and

engagement opportunities by being proactive and 'going the extra mile' where possible".

It sets out the proposed coverage of communication including internet sites, press releases, newsletters and social media.

A Communication Coordination Group has been established with one of its objectives, as per the agreed terms of reference, to manage the content of the communication strategy (including methods and frequency of communication). Highlight reports, presented to the both the Project Board and Programme Delivery Board, monitor output of the group as well as providing updates on both support and objections received.

In view of the above, and in the context of the stage of the project at the point of our review, **substantial assurance** has been determined.

7. Summary of Recommendations

There are no recommendations raised at this report.

Appendix A – Assurance Risk Ratings



Substantial assurance - The Trust can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable assurance - The Trust can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited assurance - The Trust can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No Assurance - The Trust has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

INTEGRATED AUDIT PLAN FOR 2021-22

DATE OF MEETING	20 th May 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report
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PREPARED BY	Mark Ash, Assistant Project Director (Finance & Commercials)
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PRESENTED BY	David Powell, Project Director
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EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance & Informatics
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REPORT PURPOSE	ENDORSE FOR BOARD APPROVAL
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	17/05/21	ENDORSED FOR APPROVAL

ACRONYMS

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1. SITUATION/BACKGROUND

- 1.1 The purpose of the report is to outline the Integrated Audit Plan (IAP) for 2021-22 in relation to the nVCC and EW Project(s).

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The IAP has been developed to build on the previous integrated audit plans and sets out the risk based audit plan for 2021-22 – which has been updated to consider current risk and Programme changes. Any subsequent year's requirements will be risk assessed and agreed with management.
- 2.2 The proposal has been drafted in compliance with the Public Sector Internal Audit Standards.
- 2.3 The NHS Wales Shared Services Partnership - Audit and Assurance Services have applied their standard governance based audit assessment methodology, and the new Velindre Cancer Centre (nVCC) Development is identified as a high priority due to its significant cost, innovative procurement route, corporate importance and political materiality. As such, the audit plan has been developed to reflect this assessment.
- 2.4 The plan is intended to provide a combination of project-level, functional and advisory assurance that, when combined, provide a balanced programme for the client to achieve the desired level of assurance. However, at the request of management, where possible, we have sought to contain the 2020/21 update within the allocations made at the previous Integrated Audit Plans.
- 2.5 The proposed scope is limited to those areas that cover both the nVCC and EW Project(s) general project level assurance and functional assurance. Areas covered will be prioritised and based on current delivery expectations.
- 2.6 The IA fees are as follows:
- nVCC £26,555
 - EW £13,238
- 2.7 The audit will be undertaken during July 2021 and December 2021, with final report being agreed by March 2021.
- 2.8 The IAP is attached in **Appendix One**.

Next Steps

- 2.9 The Project Team will develop an action plan to deliver the requirements of the audit review and will ensure that resources are allocated to ensure that it is completed within the agreed timescale.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The cost of the audit reviews will be £39,793.

4. RECOMMENDATION

- 4.1 The TCS Programme Scrutiny Sub-Committee is requested to **ENDORSE** the Internal Audit Plan for 2021-22.

Velindre NHS Trust

New Velindre Cancer Centre Development Draft Integrated Audit Plan 2021/22

NHS Wales Shared Services Partnership Audit and Assurance Services

1. Background

In its approval of the strategic outline case in 2015, Welsh Government recognised the need for a new cancer centre to replace the existing facilities at Velindre, as part of a wider Transforming Cancer Services (TCS) programme. Ministers announced that a new cancer centre would be built in Whitchurch, funded under the new Mutual Investment Model (MIM). The new Velindre Cancer Centre aims to be one of the top cancer centres in Western Europe, with facilities enabling the development of new treatments and technologies, collaborative education and a patient environment that allows for the highest standard of care. The project also aims to link into a Radiotherapy Satellite Centre and Outreach venues as part of its wider programme. The project is currently in its planning stage, prior to moving into the procurement stage and then construction.

The development is a key commitment within the Welsh Government's 'Programme for Government' and is one of three pathfinder projects for the Welsh Government's innovative Mutual Investment Model ("MIM") programme to support investment in capital infrastructure in Wales.

At the time of this audit planning update, the Trust were awaiting Welsh Government approval to the revised Outline Business Cases submitted for the new cancer centre.

NHS Wales Infrastructure Investment Guidance (updated guidance issued by **Welsh Government** in October 2018) requires an Integrated Assurance and Approval Plan (IAAP) that sets out assurance and approval points for each stage of the Business Case process. Accordingly, the organisation is required to outline the various formalised assurance mechanisms proposed (e.g. internal audit, Gateway reviews, functional reviews etc.) and the timing of each.

The updated IAAP seeks to address a common misconception that Gateway reviews and Internal Audit Reviews provide the same level of assurance; it requires that Health Boards separately identify both.

By outlining the various assurance mechanisms proposed at the Business Case and reflecting the proposed costs within the Cost Forms, the Health Board has been able to capitalise the costs of assurance providers (including audit) – securing Welsh Government funding for the same.

Noting the impact of Covid 19, the delivery of this assignment will include an increased element of remote working while restrictions continue to be applied. To accommodate the same, single points of contact between the audit and client teams will be established and information request schedules utilised.

2. Methodology

This paper builds on the previous integrated audit plans and sets out the risk based audit plan for 2021/22 – which has been updated to consider current risk and programme changes. Any subsequent year's requirements will be risk assessed and agreed with management. The proposal has been drafted in compliance with the Public Sector Internal Audit Standards.

For the purposes of this plan, key source information has been utilised as provided during the 2020/21 audits, together with an update by the Assistant Director of Finance-TCS Programme. Inevitably, Covid 19 has impacted the delivery programme and whilst the Outline Business Cases have been submitted for Welsh Government scrutiny and consideration, formal approval to proceed had not been provided at the time of this update. The plan has therefore been developed in this context.

The requirement has been developed based on our audit resourcing model and our experience of major project audits.

Applying our standard governance based audit assessment methodology, the new Velindre Cancer Centre (nVCC) Development is identified as a high priority due to its significant cost, innovative procurement route, corporate importance and political materiality. As such, the audit plan has been developed to reflect this assessment.

The plan is intended to provide a combination of project-level, functional and advisory assurance that, when combined, provide a balanced programme for the client to achieve the desired level of assurance.

However, at the request of management, where possible, we have sought to contain the 2021/22 update within the allocations made at the previous Integrated Audit Plans. Accordingly, the proposed scope is limited to those areas highlighted at **Appendix A**, with areas to be covered prioritised and based on current delivery expectations. In the event of additional time requirements to deliver specific areas of coverage, either client approval to increase allocations time will be sought or elements of the plan deferred to later years (subject to risk assessment).

3. Outputs

The plan at **Appendix A** outlines that a mix of audit reports and non opinion assurance elements will be targeted in the year. These will be shared with management for consideration/ implementation and reported to the Lead Executive (SRO) and Audit Committee as appropriate.

As indicated previously, noting the impact of Covid-19, the delivery of the integrated audit plan for 2021/22 will include an increased element of remote working.

Any limitations to the audit fieldwork as a consequence of the Covid-19 restrictions will be clearly outlined at the respective reports.

4. Recommendation

This paper has been developed after consultation with management and is supported by the Lead Executive (SRO). Accordingly, the Audit Committee is asked to approve this updated integrated plan for 2021/22 (noting that funding for the same should be provided within the OBC/FBC funding approval).

Appendix A: Audit Plan 2021/22

This is in line with the overall audit plan and associated annual budget previously agreed with management (and included within the OBC funding provisions).

The financial implications of the plan has been adjusted to account for inflation.

Assurance/Approval	Outline Scope	2021/22 Financial Year (show expected start date)												
		A	M	J	J	A	S	O	N	D	J	F	M	
Programme/Project Milestones														
Approvals	MIM (OBC Submitted)	WG Approval	Competitive Dialogue Process											
	Access Enabling Works (OBC Submitted)	WG Approval												
General Project Level Assurance														
Validation of Management Action	Assurance of Management Actions													
Governance	e.g. Defined Arrangements Effectiveness of Operation Adequacy of Management and Control Arrangements Approvals Readiness to Proceed Adequacy and effectiveness of work streams													
	Functional Assurance													
	Financial	e.g. Approvals Budget setting Monitoring/Management of CapEX Cost Control Ongoing Cost Monitoring												

Enabling Works	Design development and sign off Design development and sign off Contractual arrangements Programme Management Cost control/Monitoring Change Management	Addressed at separate Enabling Works plan											
Integrated Radiotherapy Solution	e.g. Identification of need Approvals Cost Control Procurement Management	No Provision to Contain Audit Days											
MIM													
Advisers	e.g. Appointments (MIM and EW) Contractual arrangements Fee Management Monitoring/Reporting Performance												
Design	e.g. Design Brief Affordability Management of Derogations Sign Off/Approvals Change Management												
Planning	e.g. Planning Approvals Planning Conditions Communications/Management Objections addressed												
Contractual Arrangements/ Project Agreements	e.g. Development of Project Agreements/ Schedules Application of Standardised Documentation Expert Opinion/Advice Sign Off/Approvals Quality control												

Procurement Process	e.g. Strategy Expressions of Interest Prequalification Evaluation Criteria Bidder Engagement Eligibility Identifiable Audit Trail												
Change Control	e.g. Change Management Arrangements Delegated Authority Case for Change Approvals Cost control												
Quality	e.g. Performance Management Application of Contract Requirements Client Quality control arrangements/internal scrutiny												
Information	e.g. Document management and control												
Stakeholder Engagement	e.g. Staff engagement Public Engagement Welsh Government Local Authority												
Other Areas	To be determined at annual updates												
Non- Opinion Assurance													
Annual Planning Update													
Attendance of Key Project Meetings													
SRO/PD Support													
General Advisory Support													
Audit Committee Prep & Attendance													

Appendix B: Independent Assurance (TBD)

Assurance/Approval	Lead	2021/22 Financial Year (show expected start date)											
		A	M	J	J	A	S	O	N	D	J	F	M
Independent Assurance													
Project Validation Review	Senior Policy Lead												
PAR	IPA/SRO												
OGC Gateway™	IPA/SRO												
GMPP Reporting	IPA												

Appendix C: Fee Summary: 2021/22

	£
General Programme-Level Assurance	5,851
Functional Assurance	18,004
Non- Opinion Assurance	2,700
	26,555

Assurance/ Approval		Outline Scope	Financial Years																					
			Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25				
Programme/Project Milestones																								
Approvals	Estimated Cost - £29.948m		OBC Submission					RBC Submission/Approval		Construction														
	OBC Submission: July 2020																							
	Targets:																							
	OBC Approval - TBA																							
	RBC Submission - Q1 FY 2021/22																							
	RBC Approval - Q2 FY 2021/22																							
	Start on Site - Q2 FY 2021/22																							
	Completion and Occupation - Q4 FY 2023/24																							
General Programme-Level Assurance																								
Validation of Management Action																								
Governance																								
Functional Assurance																								
Financial	e.g.																							
	Budget Setting																							
	Cost Control																							
	Project Bank Account																							
	ESCROW Agreement																							
	Risk Management (and associated costs)																							
	Land Easements																							
	Fee Management																							
Technical	Ongoing Cost Monitoring																							
	e.g.																							
	Programme Management																							
	Contractual Appointments (advisers and supply chain partners)																							
	Determination of Target Cost																							
	Validation of Costs to Date																							
	Calculation of Pain/Gain																							
	Adequacy of site surveys incl. Construction																							
Quality	Environmental Management Plan, Green Information Management System, EPS Licence arrangements etc.																							
	Compliance with Framework Conditions																							
	Utilities Management																							
	Compliance with third party agreements																							
	Agreement of the Final Account																							
	e.g.																							
	Clarity of Client Brief/ Design																							
	Adequacy of the Case for Change Scrutiny is adequately addressed																							
Information	Compliance with Design Warranties																							
	Compliance with Community Benefits Policy																							
	Impact of Value Engineering / Affordability Analysis																							
	Delivery of planning requirements																							
	Performance Management																							
	Change Management																							
	Achievement/delivery of critical success factors																							
	Commissioning/Handover																							
Stakeholder(s)	e.g.																							
	Information Management Systems																							
	e.g.																							
	Welsh Government																							
	Cardiff and Vale (and other) UHBs																							
	Local Authority engagement																							
	Stakeholder engagement																							
Non- Opinion Assurance																								
Attendance at Key Meetings																								
SRO/Deputy SRO Support																								
General Advisory Support																								
Audit Committee Prep & Attendance																								

2020/21 £0

2021/22 £13,238

2022/23 £13,238

2023/24 £13,238

Note: The above is based on 2021/22 prices and will be adjusted annually to account for NHS inflationary increases.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Communications and Engagement Update

DATE OF MEETING	20 May 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report
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PREPARED BY	FRANCESCA CARPANINI, SENIOR COMMUNICATIONS AND ENGAGEMENT MANAGER
PRESENTED BY	FRANCESCA CARPANINI, SENIOR COMMUNICATIONS AND ENGAGEMENT MANAGER
EXECUTIVE SPONSOR APPROVED	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT

REPORT PURPOSE	For Noting
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	17/05/21	Noted

ACRONYMS	
RSC	Radiotherapy Satellite Centre
NHH	Nevill Hall Hospital
FAQs	Frequently Asked Questions

1. BACKGROUND

1. This paper provides the Board with the collaborative communications and engagement plan for the Radiotherapy Satellite Centre service change public

engagement campaign, to provide assurance on the process being undertaken across an eight week programme.

2. This engagement programme is a Community Health Council requirement as part of the ongoing collaboration between Velindre University NHS Trust, Aneurin Bevan University Health Board, Cwm Taf Morgannwg University Health Board and Powys Teaching Health Board on the project.
3. As part of discussions with the Community Health Council, the communications and engagement plan encompasses the requirement to reach the 'seldom heard' stakeholder groups through considering additional channels and partnership work with representative organisations.
4. The paper includes annexes relating to the service change survey and frequently asked questions (FAQs) that will play an integral part in the engagement process.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

The communications and engagement plan is outlined below as a matter for consideration:

Introduction

With the Radiotherapy Satellite Centre (RSC) outline business case being approved by Welsh Government, this demonstrates the importance of being able to broaden the reach of Velindre University NHS Trust within its communities. The RSC approval means that the project to develop a satellite radiotherapy unit (SRU) at Nevill Hall Hospital in Abergavenny can now progress.

Following a successful patient engagement campaign in February 2021, relating to the design development for the unit, it is necessary to undertake a further engagement process regarding the service change that the RSC will instigate at Nevill Hall Hospital.

The service change engagement period will be across eight weeks using digital and traditional patient group channels. It will be paramount to work with the three University Health Boards – Aneurin Bevan, Powys and Cwm Taf – who are the primary referrals into the RSC, this will ensure that the voices of patients and their care network have the opportunity to share their views during the consultation period.

The RSC outline business case approval will be incorporated into the engagement narrative so that it provides reassurance to staff, patients and their families as to Velindre University NHS Trust's ambitions to transform its cancer services in south east Wales so that they are fit for the future.

Objectives

- To demonstrate the patient journey and experience of the new RSC

- To highlight how the RSC plays its part in the wider strategy to transform cancer services in south east Wales, the OBC approval and how this links to the Nuffield Trust report
- To encourage patients from across the Health Boards and cancer partners through their dedicated networks to contribute to the service change engagement process
- To reassure patients, their families and Velindre staff that their voices can influence and that they matter
- To utilise networks of diversity partners to ensure that the 'seldom heard voices' stakeholder groups are being engaged with during the engagement process and ensure that their views are included within the survey responses

Audiences

Primary stakeholders

- Existing cancer patients receiving radiotherapy treatment through Velindre University NHS Trust
- Patients' families and/or carers who support individuals through their treatment pathway
- Velindre University NHS Trust staff
- Aneurin Bevan UHB staff
- Patient Liaison Group(s)
- Patients receiving care and/or support through partner organisations
 - Maggie's
 - Macmillan

Secondary stakeholders

- GPs across the three University Health Boards
- Local political networks e.g. Abergavenny Town Council
- Powys NHS Teaching Trust staff
- Cwm Taf University Health Board staff
- Community Health Councils (CHCs)

Messaging

- The outline business case approval for the Radiotherapy Satellite Centre is welcomed as it enables Velindre University NHS Trust to work with its partners, including Aneurin Bevan University Health Board, to finalise the plans for a satellite unit at Nevill Hall Hospital in Abergavenny

- The new Radiotherapy Satellite Centre will save patients more than 3,000 hours a year travelling to their appointments
- The OBC approval is a new chapter in the ongoing commitment from Velindre University NHS Trust to transform cancer services in south east Wales and ensure that its patients receive 21st century care at its hospital, and now through developing a satellite radiotherapy unit that will reduce patient travel time
- We want to ensure that everyone who would benefit from radiotherapy will have access to the treatment types and regimes that will benefit them the most
- The satellite radiotherapy unit means that cancer patients are able to receive their treatment closer to home, as we understand that our patients prefer to remain under the care of the team they know and trust
- It is so important that patients feel that they are comfortable and know the environment as well as the people was fundamental during a difficult time
- The patient journey and experience is paramount, as it is about making sure that while under our care, patients and their families receive the highest standard of treatment and care
- This site might be away from the main Velindre hospital, but you will still be treated by our staff so that your treatment is consistent
- Patients are at the heart of everything that we do and this survey is about making sure you are a part of improving our services in the long term
- We are working with GPs across the region to ensure that these relationships are robust and ensure that patients receive all-round care throughout their cancer journey
- We want to transform cancer services in south east Wales and your views help play a part in how we ensure that our services are fit for the future

Implementation

Date	Channel	Lead (Person / Org)	Deadline
w/c 4 May			
Agree survey questions between partners	Teams meeting	FC / VUNHST	7 May 2021
Confirm narrative – internal and external	Comms plan	FC / VUNHST	7 May 2021
Produce survey and related context	Survey Monkey	FC / VUNHST	5 May 2021

Agree engagement event dates – digital / traditional options	Teams meeting	FC / VUNHST	4 May 2021
Agree telephone number for survey	Project team	FC / VUNHST	7 May 2021
w/c 10 May			
Agree video filming date / script	<ul style="list-style-type: none"> • YouTube • BSL 	FC / VUNSHT	10 May 2021
Provide key stakeholders with advanced knowledge of launch	<ul style="list-style-type: none"> • Abergavenny Town Councillors • Powys NHS Trust comms team • Cwm Taf UHB comms team • MP 	FC / ABUHB	12 May 2021
Brief internal colleagues	<ul style="list-style-type: none"> • VUNHST • Aneurin Bevan UHB • Kier 	FC / ABUHB / Kier	10 May 2021
Produce content plan for social media	<ul style="list-style-type: none"> • Velindre Matters • Cross-promotion through partners 	FC / VUNHST	10 May 2021
Draft press release for RSC approval / launch of survey	<ul style="list-style-type: none"> • Local media outlets 	FC	13 May 2021
w/c 17 May			
Survey launch – internally	<ul style="list-style-type: none"> • Intranet • All Staff email 	FC / ABUHB / Kier	17 May 2021

	<ul style="list-style-type: none"> • Internal newsletter • Team meetings 		
Survey launch – externally	<ul style="list-style-type: none"> • Velindre Matters • Website • Media relations • Engagement events begin 	FC / VUNHST	17 May 2021
Issue press release	<ul style="list-style-type: none"> • South Wales Argus • Sunshine Radio • Monmouthshire Free Press 	FC	17 May 2021
w/c 24 May			
Survey reminder – internally	<ul style="list-style-type: none"> • All staff • Intranet • Team meetings 	All	24 May
Survey / events reminder – externally	<ul style="list-style-type: none"> • Social media • Stakeholder networks • Partner health boards 	All	24 / 27 / 31 May
w/c 14 June			
Survey reminder – internally	<ul style="list-style-type: none"> • All staff • Intranet • Team meetings 	All	14 June
Survey / events reminder – externally	<ul style="list-style-type: none"> • Social media • Stakeholder networks 	All	14 / 16 / 19 June

	<ul style="list-style-type: none"> • Partner health boards 		
w/c 28 June			
Close survey	Survey Monkey	FC / VUNHST	28 June
Thank you / next steps narrative – internal	<ul style="list-style-type: none"> • All staff • Intranet • Team meetings 	All	29 June
Thank you / next steps narrative – external	<ul style="list-style-type: none"> • Social media 	FC / ABUHB / Kier	29 June
Initial highlights report on survey	Social media insights (engagement) Survey Monkey (no. of responses)	FC / VUNHST	2 July
w/c 4 July			
Analysis of survey results			
Liaison with project team to discuss results			
Agree follow up narrative – internal and external			
w/c 11 July			
Follow up with key stakeholders on results	<ul style="list-style-type: none"> • CHC • ABUHB Executive Team • Abergavenny councillors • MS / MP 		

Produce overview report	<ul style="list-style-type: none"> • VUNHST Executive Team • CHC • Project Board • Programme Board 		
w/c 25 July			
Share follow from survey report	<ul style="list-style-type: none"> • Social media • Media 		

Appendix A: Service Change Survey

The service change survey will be delivered through digital channels, as well as being delivered through paper copies and telephony options. Collaborative working with health board partners, as well as diversity organisations will be a core channel for sharing the survey in its different formats to ensure a broad spectrum of responses.

Survey Overview

This survey is about bringing a new radiotherapy service through developing a satellite centre at Nevill Hall Hospital. This service is part of a collaboration between Velindre University NHS Trust and Cardiff and Vale University Health, Board, Aneurin Bevan University Health Board, Cwm Taf Morgannwg University Health Board and Powys Teaching Health Board to improve patient outcomes by bringing treatment closer to home and reducing travel time.

You must read the *Service Change Overview document* before answering these questions.

The survey will take less than 10 minutes to complete and your views will play a key part in Velindre University NHS Trust's ongoing plans for the Radiotherapy Satellite Centre.

Questions

1. From reading the overview document, do you have a good understanding of what radiotherapy services are?

Yes / No / Maybe

2. From reading the overview document, do you understand how the radiotherapy services are currently organised?

Yes / No / Maybe

3. From reading the overview document, do you have an understanding of the challenges that this change to radiotherapy services is looking to overcome?

Yes / No / Maybe

4. Is there any other information you think we should consider when looking at the service change for radiotherapy?

[OPEN TEXT BOX – 50 words]

5. Do you agree that a hub and spoke model would improve the radiotherapy service and patient outcomes in south east Wales?

Agree / Disagree / Not Sure

6. Subject to your view above, would you agree with the suggested spoke arrangements for this new service?

Agree / Disagree / Not Sure

7. Do you have a view on the options that have been considered as part of this, are there others we should consider?

[OPEN TEXT BOX – 50 words]

8. Do you have any comments on the process that is being carried out to consider the best configuration of radiotherapy services in south east Wales?

[OPEN TEXT BOX – 50 words]

9. Have you attended or are you planning to attend one of the engagement events?

Yes / No / Maybe

Appendix B: Frequently Asked Questions (FAQs)

The FAQs for the service change engagement process are currently in development, with responses being confirmed with related team(s).

1. What is the Transforming Cancer Services (TCS) Programme?
2. Why are you building a Radiotherapy Satellite Centre (RSC)?
3. Why has Nevill Hall Hospital (NHH) been chosen as the site for the RSC?
4. What will be offered at the Radiotherapy Satellite Centre?
5. How many patients will the satellite centre benefit?
6. How does the Radiotherapy Satellite Centre link with VCC?
7. How will it decided which patients go there?
8. Will I be able to have all my cancer treatment at Nevill Hall Hospital including chemotherapy?
9. Will the Radiotherapy Satellite Centre just be for Aneurin Bevan UHB patients?

10. Will I be able to see my consultant at Nevill Hall Hospital if I have my radiotherapy treatment there?
11. Will there be dedicated parking at the Radiotherapy Satellite Centre?
12. Will I still be under the care of VCC if I have my treatment at Nevill Hall Hospital?
13. What if I prefer to go to VCC for my treatment?
14. Are all Health Boards supportive of the RSC?
15. What happens next?
16. How can I get involved?

3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

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

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Radiotherapy Satellite Centre Stage Three Design Sign Off

DATE OF MEETING	20 th May 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	ANDREA HAGUE, DIRECTOR OF SERVICE TRANSFORMATION	
PRESENTED BY	ANDREA HAGUE, DIRECTOR OF SERVICE TRANSFORMATION	
EXECUTIVE SPONSOR APPROVED	CARL JAMES, DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING, AND DIGITAL	
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	17/05/2021	Endorsed
ACRONYMS		
ABUHB RSC NHH VUNHST	Aneurin Bevan University Health Board Radiotherapy Satellite Centre Nevill hall Hospital Velindre University NHS Trust	

1. BACKGROUND

This attached presentation provides an update on the design aspects of the Radiotherapy Satellite Centre and an evaluation of the stage 3 design.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

The stage 3 design report has been reviewed by the Trust's project team, including external advisers. It has also been assessed against the design principle for the nVCC, as the Trust is keen to ensure a similar patient and staff experience in the RSC as that which will be available in nVCC.

Progress has been made between stage 2 and 3 designs and has been assessed as satisfactory against the nVCC design principles. There is further work planned in stage 4 which aims to improve the design further.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes (Please see detail below)
	The design will impact on the quality of the environment in which the Radiotherapy service will be delivered.
RELATED HEALTHCARE STANDARD	Effective Care
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Yes
	EIAC completed for the service change
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)
	There are capital and revenue resource implications and these are included in the business case

4. RECOMMENDATION

- 4.1 The TCS Programme Scrutiny Sub-Committee are asked to **Endorse to** Trust Board for Approval the proposed approach for Stage 4 of the design, which is scheduled to start in May in order to deliver the overall project timelines of opening 2023/4 to meet patient demand.
- 4.2 Subject to the endorsement at TCS Scrutiny Sub-Committee, due to the project timescales, the Trust Board will be asked to approve via an out of Board action.

Radiotherapy Satellite Centre (RSC) Nevill Hall Hospital (NHH)



Purpose

- To provide an update on the design process of the Radiotherapy Satellite Centre
- Note the progress and support the proposed approach for Stage 4 of the design

Radiotherapy Satellite Centre project arrangements

- ABUHB: Responsible for the building
- VUHNST: responsible for delivering the clinical services

KEY MILESTONES

Public engagement commence	May 2021
Submission of FBC to Welsh Government	Autumn 2021
Welsh Government Approval	January/February 2022
Start on Site	March 2022
Completion / Occupation	December 2023

Site at NHH



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Site at NHH



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Design work to date

- The following Velindre staff/depts. have been actively involved in developing and reviewing the design:
 - Radiographers
 - Medical physics
 - Estates
 - Digital and IT
 - TCS
- Patient Survey on aspects of design for RSC
- The Trusts external advisors for nVCC have also reviewed the design from architecture, engineering, sustainability and decarbonisation.

Site Plan – Main Building

Courtyard garden accessible from SRU

Path gradients set to less than 1:20 with rest locations for ease of use.



Substation reduced footprint and rotated to avoid impact on adjacent store shed and garden wall



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Site Plan – Patient Access

Highways levels adjusted to reduce gradients.

20 car park spaces assigned to SRU behind an automatic barrier linked to control point in reception.



8 general use spaces remain outside of the barrier – accessible parking provision deemed elsewhere on site.

2 EV charging points likely required under planning consent.



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1:200 General arrangement plans – Ground Floor





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1:200 General arrangement plans – Level 1



Stage 3 Design review



Stage 3 Design Report

- Very detailed document outlining the changes since stage 2 design under headings:
 - Architecture
 - Civil and structural
 - Building services
 - Super structure
 - Passivhaus principles and decarbonisation
- Plans for stage 4 technical design
- There has been progress between stage 2 and 3 but remain some areas for further discussion and development

Main Points for noting

- From a clinical service point of view, the design works for patients and staff.
 - Work is underway on detailed room layouts (c-Sheets)
 - Minor proposals for improving the interior design will be considered in stage 4
- SMART hospital – does not currently meet all our ambitions for the nVCC:
 - digital aspects are covered
 - Until recently more limited consideration of Building Information Management Services but process now established to identify whether any changes to the design should be considered
- Decarbonisation - does not currently meet all our ambitions for the nVCC:
 - At stage 2 the project team agreed list of decarbonisation measures, which WG have agreed to fund
 - Ongoing discussions and assessment to align where possible RSC with nVCC green ambition, taking account of any impact on costs and timescales.
- Materiality
 - In stage 4 work will continue on seeking low carbon products

RSC alignment to VCC Design Principles

- DELIGHT – design a building that makes people feel good including:
 - Patients
 - Staff
 - Public
- FIRMNESS – design a building that is strong and long lasting, being:
 - Resilient
 - Green
 - Practical
- COMMODITY – design a building that functions well as a cancer centre, being:
 - Efficient
 - Flexible
 - Digital
 - The Velindre Way

Scoring of Design Principles

- Unacceptable
- Poor
- Satisfactory
- Good
- Excellent

RSC alignment to VCC Design Principles

Design Evaluation	Points to note	Initial score
Patient	Dedicated car park, canopied drop off. Courtyard garden. Views	Satisfactory
Staff	Staff rest room and outside balcony area	Satisfactory
Public	Gardens, benches, some light open spaces	Satisfactory
Resilient	Construction very robust	Good
Green	Has improved but could be more green	Satisfactory
Practical	Split areas for patients and staff	Satisfactory
Efficient	Further work required on room function. Workshop planned	Satisfactory
Digital	SMART- workshop May 18 th 2021	Not scored
Flexible	Expansion zone, spare capacity for electrical systems	Satisfactory
Velindre way	Good interaction between staff groups through design	Satisfactory

Next Steps

- Continue work/discussion on :
 - SMART, especially BIS
 - Decarbonisation
- Seek Trust Board approval to proceed to Stage 4 design
- Ongoing staff involvement in design
- Patient involvement and feedback as design is finalised
- FBC to Board in November

In conclusion

Scrutiny committee are asked to :

Note the progress and

Endorse Trust Board support for the proposed approach for Stage 4 of the design



TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Communications and Engagement Update

DATE OF MEETING	20 th May 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	17/05/21	Noted
ACRONYMS		
	None	

1. BACKGROUND

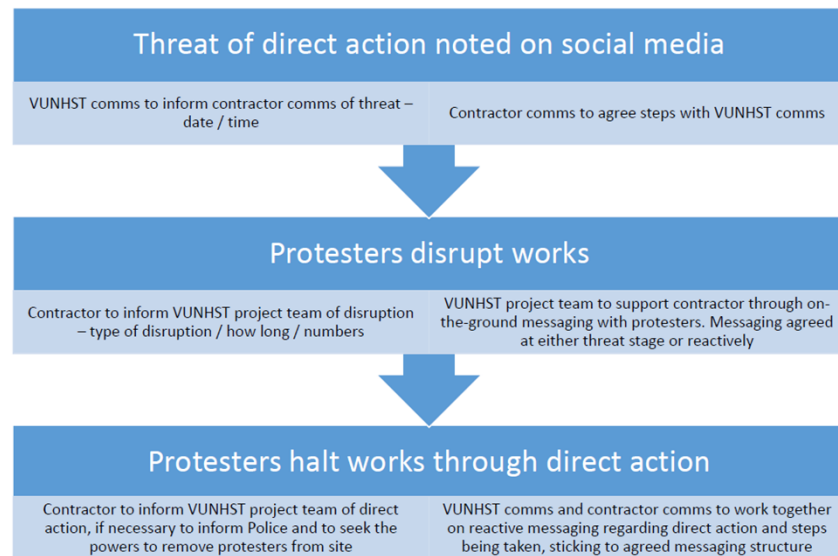
1. This paper provides the Committee with an update on Programme communications and engagement since April 2021.
2. The Programme Board approved the Transforming Cancer Services (TCS) Programme Communications and Engagement strategy in December 2019. The strategy emphasises the importance of good one-to-one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

- Responding to correspondence from a wide range of stakeholders;
- Responding to press and media queries regarding the MIM contract issued
 - BBC Wales: www.bbc.co.uk/news/uk-wales-56908899
 - Wales Online: www.walesonline.co.uk/news/expected-cost-new-velindre-cancer-20480614
 - Nation Cymru: <https://nation.cymru/news/price-tag-for-new-hospital-triples-to-more-than-half-a-billion-pounds/>
- Provided communications support for the team managing the response for Save the Northern Meadows events on the site for the new cancer centre over the May bank holiday. Work is underway to refine and detail a protocol to govern communications to support similar activity in the future. The draft is as follows:



- Launch the Minecraft education competition launched 10 May 2021 (press release available as Annex A)
 - <https://www.wales247.co.uk/minecraft-set-to-influence-future-design-of-new-cancer-centre>
 - <https://www.gtfm.co.uk/minecraft-set-to-influence-future-design-of-new-cancer-centre/>

- Planned for the Radiotherapy Satellite Centre engagement activity launching Thursday 20 May. The Service Change Communications and Engagement Plan is available as Annex B.
- Planning for staff design development engagement events which commenced w/c 10 May and culminated in the strategy and plan which was approved the new Velindre Cancer Centre project board on 13 May 2021 which is available as Annex C.
- Down to Earth design development survey plan, scheduled for w/c 7 June 2021; the communications timeline is available as Annex D, with the draft survey provided as a separate PDF document.
- Continued working on the new patient engagement strategy.

The service change engagement campaign will include collaboration with Diverse Cymru to be able to reach the 'seldom heard' stakeholder groups across the south east Wales region with focused activity that will include postal and telephone engagement with identified individuals. This engagement will ensure that we are able to incorporate the voices of these 'seldom heard' groups within the survey results.

The engagement campaign will also be utilising British Sign Language (BSL) within video content which will be used across the Velindre Matters social media platforms to further engage with a broader range of audiences and ensure that inclusivity is at the heart of all the engagement activity.

Over the reporting period, the Support Velindre Facebook group concluded their fantastic fundraising efforts and decided to change the name of the page to the Rainbow Cancer Network Group.

Next Steps

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

- Launching the new Velindre Matters newsletter scheduled for w/c 17 May 2021;
- Launching the RSC service change engagement plan on 20 May 2021
- Reinstating the fortnightly MS / MP meetings to include a discussion about the UK Government's Levelling Up Fund on 21 May;
- Finalise a series of local public engagement events including the Down to Earth programme on community benefits over 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: Minecraft Press Release

Minecraft set to influence future design of new cancer centre

An exciting partnership between Velindre University NHS Trust and the Cardiff University Technocamp hub is adopting gamification to engage the children and young people of south east Wales in the design of the Trust's new cancer centre.

An amazing bespoke Minecraft world encompassing the site for the new Velindre Cancer Centre has been built by Cardiff University's Technocamp Science, Technology, Engineering and Maths (STEM) ambassadors.

Those entering the competition will be able to explore the site and construct a Minecraft cancer centre including entrance hall on the grounds allocated to the new build. They can also propose ideas for the community space on the site which will provide enhanced outdoor space available for public use once the development is complete.

The competition is open to children and young people aged 8 to 18 and runs until 11 June. It provides those getting involved with the opportunity to explore the site and not only construct the outside of the new cancer centre and its entrance hall, but also to showcase their ideas for what can be included in the enhanced community space.

The bespoke world will include non-playing-characters and blackboards that will provide students with key information about the site and design requirements, including keeping the cancer centre within 40% of the site. The blackboards will also share statistics around cancer such as by 2030, there will be 230,000 people living with cancer in Wales to help educate young people on how cancer can impact on lives of others.

The Trust will be offering the shortlisted students the opportunity to become youth design ambassadors within the new cancer centre project so that they are able to add their voice to the design process over the course of the next year.

Carl James, Director of Strategic Transformation, Planning and Digital for Velindre University NHS Trust said, "We are excited to be launching this Minecraft for Education competition and seeing the ideas of children and young people across the region. Their input will be play an influential role in designing the new Velindre Cancer Centre.

"As a Trust, bringing in the voices of young people is important in helping us to better understand how we can work with people to improve health, well-being and health services. The Minecraft project is exciting as it will assist us in designing a cancer

centre will compare favourably with others around the world and also help us provide learning and education about healthy living’.

“The Minecraft worlds we receive will be reviewed and shortlisted before feeding into the competitive dialogue process that will take place over the next year. Pupils and students who submit outstanding ideas will be offered the opportunity to join the team as youth design ambassadors and will be invited to share their further ideas and views for the new Velindre Cancer Centre, and the communities use of the facilities with the Trust, architects and a range of other people involved in the work.”

Dr Catherine Teehan, the academic lead for Technocamps Cardiff commented, “We were interested in being a part of the project as we recognised that Minecraft for Education could be used to educate and engage the community with cancer care services in Wales.

“Minecraft for Education is a powerful tool to encourage children and young people to engage with technology in an inspiring way and share their ideas.”

As part of the competition, the primary and secondary schools involved will also receive an interactive and educational workbook for students that sits alongside the Minecraft world. Within the workbook, students will cover biodiversity, community and eco-buildings as key topics.

The bespoke world was developed by Technocamp STEM ambassadors, including Laura Choy, who added, “Minecraft was a game I spent lots of time playing when I was a teenager, and I am very familiar with what it can do. When our organisation was approached by Velindre to use Minecraft as an educational package, I was selected to be the project's manager and oversee the production of the bespoke Velindre world.

“We were given a topological diagram of the area and I formatted it so that we could turn it into a 3D model in Minecraft. We then organised five teams of ambassadors to help construct the world from the ground up. The original world was a flat surface so everything in the world was generated or placed by someone working on the project. Overall, it took around two months with student ambassadors working to complete the world.”

Students will be able to register for the competition independently, but the competition will also be open for classroom teams to also enter their world(s).

To register for the competition, teachers and students and for more information, visit <https://velindre.nhs.wales/transformingcancerservices/velindre-cancer-centre-minecraft-competition/>

Annex B: Radiotherapy Satellite Centre Service Change Communications and Engagement Plan

Introduction

With the Radiotherapy Satellite Centre (RSC) outline business case being approved by Welsh Government, this demonstrates the importance of being able to broaden the reach of Velindre University NHS Trust within its communities. The RSC approval means that the project to develop a satellite radiotherapy unit (SRU) at Nevill Hall Hospital in Abergavenny can now progress.

Following a successful patient engagement campaign in February 2021, relating to the design development for the unit, it is necessary to undertake a further engagement process regarding the service change that the RSC will instigate at Nevill Hall Hospital.

The service change engagement period will be across eight weeks using digital and traditional patient group channels. It will be paramount to work with the three University Health Boards – Aneurin Bevan, Powys and Cwm Taf – who are the primary referrals into the RSC, this will ensure that the voices of patients and their care network have the opportunity to share their views during the consultation period.

The RSC outline business case approval will be incorporated into the engagement narrative so that it provides reassurance to staff, patients and their families as to Velindre University NHS Trust's ambitions to transform its cancer services in south east Wales so that they are fit for the future.

Objectives

- To demonstrate the patient journey and experience of the new RSC
- To highlight how the RSC plays its part in the wider strategy to transform cancer services in south east Wales, the OBC approval and how this links to the Nuffield Trust report
- To encourage patients from across the Health Boards and cancer partners through their dedicated networks to contribute to the service change engagement process
- To reassure patients, their families and Velindre staff that their voices can influence and that they matter

Audiences

Primary stakeholders

- Existing cancer patients receiving radiotherapy treatment through Velindre University NHS Trust
- Patients' families and/or carers who support individuals through their treatment pathway
- Velindre University NHS Trust staff
- Aneurin Bevan UHB staff
- Patient Liaison Group(s)
- Patients receiving care and/or support through partner organisations
 - Maggie's
 - Macmillan

Secondary stakeholders

- GPs across the three University Health Boards
- Local political networks e.g. Abergavenny Town Council
- Powys NHS Teaching Trust staff
- Cwm Taf University Health Board staff
- Community Health Councils (CHCs)

Messaging

- The outline business case approval for the Radiotherapy Satellite Centre is welcomed as it enables Velindre University NHS Trust to work with its partners, including Aneurin Bevan University Health Board, to finalise the plans for a satellite unit at Nevill Hall Hospital in Abergavenny
- The new Radiotherapy Satellite Centre will save patients more than 3,000 hours a year travelling to their appointments
- The OBC approval is a new chapter in the ongoing commitment from Velindre University NHS Trust to transform cancer services in south east Wales and ensure that its patients receive 21st century care at its hospital, and now through developing a satellite radiotherapy unit that will reduce patient travel time
- We want to ensure that everyone who would benefit from radiotherapy will have access to the treatment types and regimes that will benefit them the most
- The satellite radiotherapy unit means that cancer patients are able to receive their treatment closer to home, as we understand that our patients prefer to remain under the care of the team they know and trust
- It is so important that patients feel that they are comfortable and know the environment as well as the people was fundamental during a difficult time
- The patient journey and experience is paramount, as it is about making sure that while under our care, patients and their families receive the highest standard of treatment and care
- This site might be away from the main Velindre hospital, but you will still be treated by our staff so that your treatment is consistent

- Patients are at the heart of everything that we do and this survey is about making sure you are a part of improving our services in the long term
- We are working with GPs across the region to ensure that these relationships are robust and ensure that patients receive all-round care throughout their cancer journey
- We want to transform cancer services in south east Wales and your views help play a part in how we ensure that our services are fit for the future

Implementation

Date	Channel	Lead (Person / Org)	Deadline
<i>w/c 4 May</i>			
<i>Agree survey questions between partners</i>	<i>Teams meeting</i>	<i>FC / VUNHST</i>	<i>7 May 2021</i>
<i>Confirm narrative – internal and external</i>	<i>Comms plan</i>	<i>FC / VUNHST</i>	<i>7 May 2021</i>
<i>Produce survey and related context</i>	<i>Survey Monkey</i>	<i>FC / VUNHST</i>	<i>5 May 2021</i>
<i>Agree engagement event dates – digital / traditional options</i>	<i>Teams meeting</i>	<i>FC / VUNHST</i>	<i>4 May 2021</i>
<i>Agree telephone number for survey</i>	<i>Project team</i>	<i>FC / VUNHST</i>	<i>7 May 2021</i>
<i>w/c 10 May</i>			
<i>Agree video filming date / script</i>	<ul style="list-style-type: none"> • YouTube • BSL 	<i>FC / VUNSHT</i>	<i>10 May 2021</i>
<i>Provide key stakeholders with advanced knowledge of launch</i>	<ul style="list-style-type: none"> • Abergavenny Town Councillors • Powys NHS Trust comms team • Cwm Taf UHB comms team • MP 	<i>FC / ABUHB</i>	<i>12 May 2021</i>

<i>Brief internal colleagues</i>	<ul style="list-style-type: none"> • VUNHST • Aneurin Bevan UHB • Kier 	<i>FC / ABUHB / Kier</i>	<i>10 May 2021</i>
<i>Produce content plan for social media</i>	<ul style="list-style-type: none"> • Velindre Matters • Cross-promotion through partners 	<i>FC / VUNHST</i>	<i>10 May 2021</i>
<i>Draft press release for RSC approval / launch of survey</i>	<ul style="list-style-type: none"> • Local media outlets 	<i>FC</i>	<i>13 May 2021</i>
w/c 17 May			
<i>Survey launch – internally</i>	<ul style="list-style-type: none"> • Intranet • All Staff email • Internal newsletter • Team meetings 	<i>FC / ABUHB / Kier</i>	<i>20 May 2021</i>
<i>Survey launch – externally</i>	<ul style="list-style-type: none"> • Velindre Matters • Website • Media relations • Engagement events begin 	<i>FC / VUNHST</i>	<i>20 May 2021</i>
<i>Issue press release</i>	<ul style="list-style-type: none"> • South Wales Argus • Sunshine Radio • Monmouthshire Free Press 	<i>FC</i>	<i>20 May 2021</i>
w/c 24 May			
<i>Survey reminder – internally</i>	<ul style="list-style-type: none"> • All staff • Intranet • Team meetings 	<i>All</i>	<i>24 May</i>
<i>Survey / events reminder – externally</i>	<ul style="list-style-type: none"> • Social media • Stakeholder networks 	<i>All</i>	<i>24 / 27 / 31 May</i>

	<ul style="list-style-type: none"> • Partner health boards 		
w/c 14 June			
Survey reminder – internally	<ul style="list-style-type: none"> • All staff • Intranet • Team meetings 	All	14 June
Survey / events reminder – externally	<ul style="list-style-type: none"> • Social media • Stakeholder networks • Partner health boards 	All	14 / 16 / 19 June
w/c 28 June			
Close survey	Survey Monkey	FC / VUNHST	28 June
Thank you / next steps narrative – internal	<ul style="list-style-type: none"> • All staff • Intranet • Team meetings 	All	29 June
Thank you / next steps narrative – external	<ul style="list-style-type: none"> • Social media 	FC / ABUHB / Kier	29 June
Initial highlights report on survey	Social media insights (engagement) Survey Monkey (no. of responses)	FC / VUNHST	2 July
w/c 4 July			
Analysis of survey results			
Liaison with project team to discuss results			
Agree follow up narrative – internal and external			
w/c 11 July			
Follow up with key stakeholders on results	<ul style="list-style-type: none"> • CHC • ABUHB Executive Team • Abergavenny councillors • MS / MP 		

<i>Produce overview report</i>	<ul style="list-style-type: none"> • <i>VUNHST Executive Team</i> • <i>CHC</i> • <i>Project Board</i> • <i>Programme Board</i> 		
<i>w/c 25 July</i>			
<i>Share follow from survey report</i>	<ul style="list-style-type: none"> • <i>Social media</i> • <i>Media</i> 		

Annex C Internal Communications and Engagement strategy for design development

NVCC PROJECT BOARD

DESIGN DEVELOPMENT – INTERNAL COMMUNICATIONS and ENGAGEMENT STRATEGY

DATE OF MEETING	13 th May 2021	
PUBLIC OR PRIVATE REPORT	Private	
IF PRIVATE PLEASE INDICATE REASON	Commercially Sensitive	
PREPARED BY	Non Gwilym, Assistant Director Communications and Engagement	
PRESENTED BY	Non Gwilym, Assistant Director Communications and Engagement	
EXECUTIVE SPONSOR APPROVED	Steve Ham, Chief Executive	
REPORT PURPOSE	ENDORSE FOR BOARD APPROVAL	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Not applicable		Choose an item.
ACRONYMS		
nVCC	New Velindre Cancer Center	
PQQ	Pre-Qualification Questionnaire	
WG	Welsh Government	

3. INTRODUCTION

- This Internal communications and engagement strategy supports the new Velindre Cancer Centre project with development of the projects Design Brief
- The output delivered will inform the competitive dialogue process.
- It aligns with all the communications and engagement strategies associated with the wider Transforming Cancer Services Programme and specifically the new Velindre Cancer Centre project and Enabling Works project. It complements the external engagement work being undertaken in parallel led by Down to Earth and the Minecraft educational project.

4. SUMMARY OF MATTERS FOR CONSIDERATION

Purpose

The purpose of this strategy is to outline an approach to enabling staff engagement with the next phase of design development for the new Velindre Cancer Centre. The output will be shared with the bidders as part of the competitive dialogue process. The activity will take place between April-June 2021 and the implementation plan will be reviewed regularly by the project team.

Aim

The aim of this strategy is to ensure that staff are informed, assured and engaged in ongoing, trusted dialogue with the project and specifically the design process.

Our two strategic objectives are:

- to explain the purpose of the work, provide opportunities for all staff in the design development process, refresh their wider engagement with the project and demonstrate to them how they are influencing the project's development;
- to provide bidders with consolidated, comprehensive staff feedback on the design as part of the competitive dialogue process and as a demon

The work has been developed in the context of the designated 10 design principles for the new Velindre Cancer Centre:

- Delight – a building that makes people feel good
 1. Patient Delight
 2. Staff Delight
 3. Public Delight
- Firmness – a building which is strong and long-lasting
 4. Resilient
 5. Green
 6. Practical
- Commodity – a building which functions well as a cancer centre
 7. Efficient
 8. Flexible
 9. Digital

10. The Velindre Way

Overarching Objectives:

- Explain the purpose of the design development process and its location in the wider project programme;
- Ensure multidisciplinary input by staff who work across Velindre Cancer Centre to the second phase of the new Velindre Cancer Centre (nVCC) design development;
- Provide an update for staff on how the project is progressing and opportunities for questions;
- Mindful of the variation in working hours and routines, provide multiple opportunities for staff to provide feedback using different platforms;
- Capture all feedback effectively to inform understanding of staff sentiment and to inform the competitive dialogue process.
- Share feedback with staff to demonstrate how they are influencing the design process and project

Actions phase 1 – specific feedback on individual staff areas

- Share updated reference design for whole hospital with staff and ask for staff feedback (what they like, what they don't like and what they think we can improve on further)
- Share updated reference design for each dept (listed above) and ask for staff feedback (what they like, what they don't like and what they think we can improve on further)
- Develop “design principles” for each dept.
- Encourage staff to sign—up as advocates/champions within their department for the new hospital to facilitate ongoing two-way engagement.

Actions - Phase 2 – feedback on communal spaces

- Seek feedback on general/public areas within building such as restaurant, changing facilities, open plan offices , Health and well-being facilities, SMART hospital
- Include COVID19 learning in discussion
- Develop “design principles” for each area
- Mop-up feedback on phase one
- Encourage staff to sign—up as advocates/champions within their department for the new hospital to facilitate ongoing two-way engagement.

Team

Andrea Hague

Jacqui Couch

Mark David

Francesca Carpanini

Susan Poole

Capturing and analysing feedback

Design feedback will be captured and analysed to inform future staff meetings to inform the project's development.

A feedback survey will be sent to all staff following the departmental meetings to capture feedback and track staff sentiment towards the project.

Key tools and platforms

- Staff departmental meetings.
- All VCC staff meetings
- Drop-in staff sessions
- Pop-up staff surgeries
- Communications in all-staff meetings
- Briefing for SLT
- Manager cascade

Strategic Timetable

Minecraft education project	May – June
Internal engagement – departmental meetings	May – June
Down to Earth – public engagement, landscape survey	June-July
Down to Earth – engagement events (community benefits)	
- Citizen landscape survey work 1	June
- Citizen landscape survey work 2	July
- Citizen landscape survey work 3	August

Detailed actions – staff engagement programme

Activity	Channel	Who	Deadline
w/e 16 April 2021			
Agree engagement event timeline	Teams	FC / MD / AH	16 April 2021

Action plan

Activity	Channel	Who	Deadline
w/e 16 April 2021			
Agree outputs / outcomes for engagement activity	Teams	FC / MD / AH	16 April 2021
Agree engagement event timeline	Teams	FC / MD / AH	16 April 2021
Reference design to be shared ahead of presentation development	Email	MD	16 April 2021
Design principles to be shared ahead of presentation development	Email	AH	16 April 2021
Agree presentation panel – all staff	Email	MD / AH	16 April 2021
Agree presentation panel – departmental	Email	MD / AH	16 April 2021
w/e 23 April 2021			
Set up engagement events – all staff	Teams	FC / JM	21 April 2021
Set up engagement events – departmental	Teams	SP	23 April 2021
w/e 30 April 2021			
Identify design images for presentation(s)	N/A	FC	29 April 2021
Internal promotion of upcoming sessions – drop in / Teams	VCC newsletter	FC / RK	30 April 2021
Engagement questions to be agreed	Email	FC / MD / AH	29 April 2021
Agree drop in space / display options + dates	VCC	SB / FC / SP	29 April 2021
Agree post-event 'thank you' message	Email	FC	30 April 2021
w/e 7 May 2021			
Mentimeter presentation sign off	Email	FC / AH / MD	7 May 2021
Set up intranet page for reference design and principles to be shared	Intranet	FC / MH	7 May 2021
Draft presentation – all staff	Mentimeter	FC / JM	7 May 2021
Draft presentation – departmental	Mentimeter	FC / JM	7 May 2021
Agree drop in session displays	Email	FC / AH / MD	7 May 2021

Follow up internal promotion for departments to choose dates / times for their update	Email	FC / SP / RK / JM	7 May 2021
w/e 14 May 2021 - first week of drop in / departmental sessions			
Issue reminder of drop in sessions at VCC	All staff email	FC / JM	10 May 2021
Prepare design log for event capture	N/A	TBC	10 May 2021
Departmental events x 3	Teams	AH / MD / FC	TBC – with selected dates
All staff event – Velindre Futures Forum	Teams Mentimeter	JE / FC + Panel	12 May 2021
Issue follow-up survey to attendees (from VF event)	Email Survey Monkey	FC / JM	13 May 2021
Issue follow-up survey to attendees (from departmental)	Email Survey Monkey	FC / SP	TBA – day later
Collation of all staff responses / questions	N/A	FC	14 May 2021
Initial feedback to project team	Email	FC	15 May 2021
Thank you message issued for VF Forum / Departmental / Drop In	VCC newsletter All staff email	RK / JM	15 May 2021
w/e 22 May 2021			
Departmental events x 3	Teams	AH / MD / FC	TBC – with selected dates
Issue follow-up survey to attendees	Email Survey Monkey	FC / SP	
Collation of staff responses / questions	N/A	FC	
Initial feedback to project team	Email	FC	
Thank you message issued	Email	SP	
w/e 28 May 2021			
Departmental events x 3	Teams	AH / MD / FC	TBC – with selected dates

Issue follow-up survey to attendees	Email Survey Monkey	FC / SP	
Collation of staff responses / questions	N/A	FC	
Initial feedback to project team	Email	FC	
Thank you message issued	Email	SP	
w/e 4 June 2021 – No activity due to DTE activity week			
Issue reminder of drop in sessions at VCC	Email	SP	3 June 2021
w/e 11 June 2021			
Departmental events x 3	Teams	AH / MD / FC	TBC – with selected dates
Issue follow-up survey to attendees	Email Survey Monkey	FC / SP	
Collation of staff responses / questions	N/A	FC	
Initial feedback to project team	Email	FC	
Thank you message issued	Email	SP	
w/e 18 June 2021			
Final responses / feedback collated	Survey Monkey / Mentimeter	FC	15 June 2021
Findings report to be shared with project team	Email	FC	18 June 2021
Follow up 'thank you' and next steps	All staff email VCC newsletter Intranet	FC / JM / RK / MH / SP	18 June 2021

5. IMPACT ASSESSMENT

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

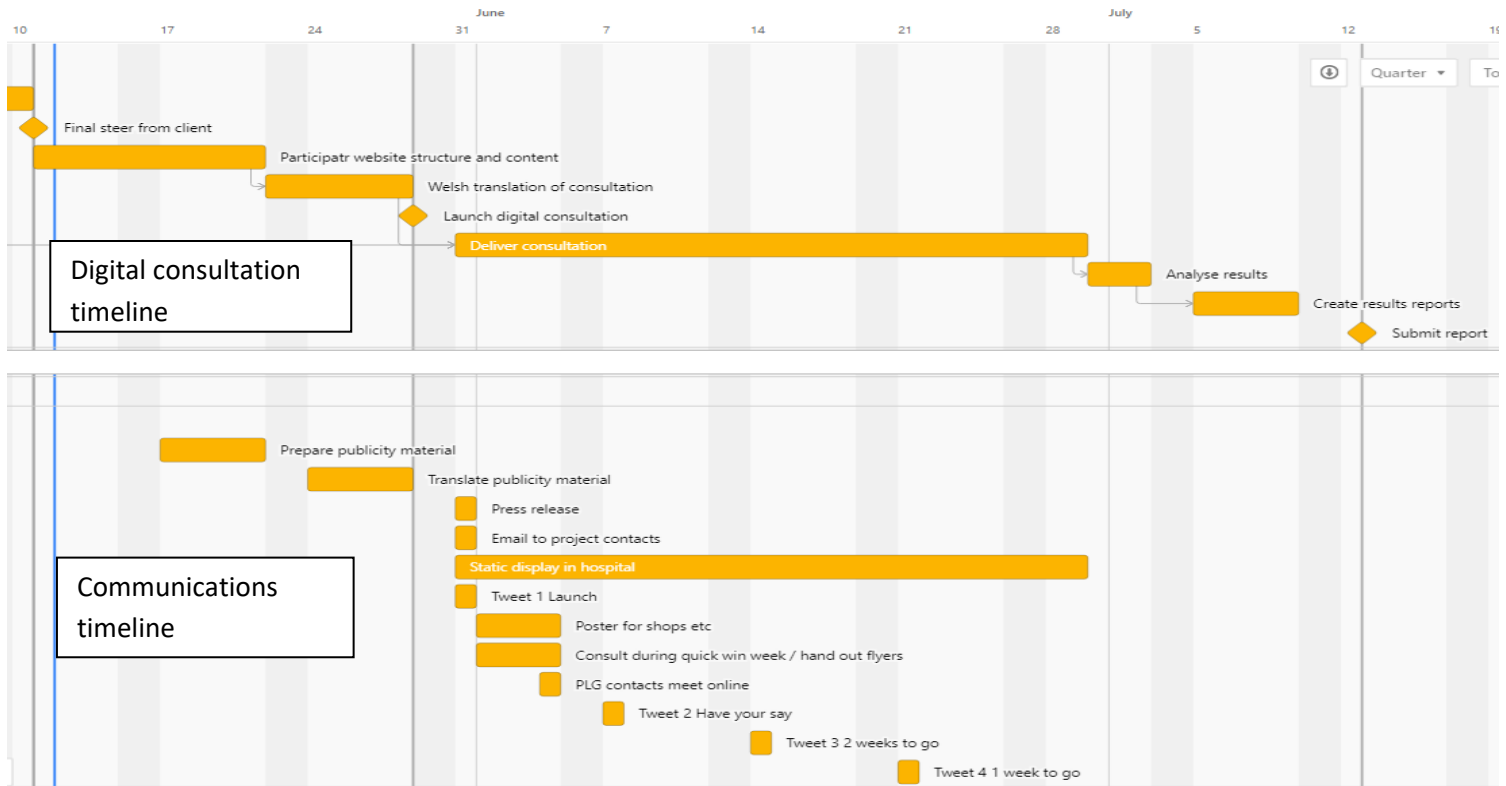
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources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

6. RECOMMENDATION

- The nVCC Project Board is requested to **ENDORSE** the contents of the report.

Annex D: Down To Earth Digital Consultation

Communications Timeline



3. IMPACT ASSESSMENT

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

WELCOME TO OUR CONSULTATION ON THE NEW VELINDRE CANCER CENTRE



We all want this new Cancer Centre to be the greenest in the UK.

This is an opportunity for you to influence the way it is delivered and we want to know how you think this can be achieved.

Your opinion will count and will feed into the design conversation we will have with the developers.

So your opinion counts.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Canolfan Ganser Felindre
Velindre Cancer Centre









How your feedback will feed in!

From Phil R:

How this consultation fits into the grander scheme of things!

MOST OF THE SITE WILL BE LEFT FOR NATURE TO THRIVE (hyperlink to the 60/40 split)

Select the 3 you feel are the most important for improving biodiversity across the site.

Wetland areas	Tree planting	Habitat creation
		
Wildflower planting	Space for nature without people	Organic food growing
		

THERE WILL BE PATHS THROUGHOUT THE SITE.

Which materials do you think we should use for the paths?

Select the ones you like.


Crushed stone	Tarmac	Concrete
	Image with selection box	Image with selection box
Non-toxic natural materials	Resin	Recycled Car Tyres
Cockle shells	Image with selection box	Image with selection box



WE WANT THIS TO BE THE GREENEST HOSPITAL IN THE U.K.

How can we do this?

Select the 3 which are most important to you.

Zero carbon targets  What this means hyperlink	Natural materials	Enhancing biodiversity
Image with selection box	Image with selection box	Image with selection box
Community involvement	Local job creation	Renewable energy
Image with selection box	Image with selection box	Image with selection box

On the outside of the new cancer centre, we want to use sustainable materials.

Do you think we should use these materials?

Wooden cladding	Renewable energy	Green walls
Image with Yes/No	Image with Yes/No	Image with Yes/No
Natural materials ⓘ (info stating such as clay bricks/lime render etc)		
Image with Yes/No		



We want the inside of the cancer centre to be the most sustainable.

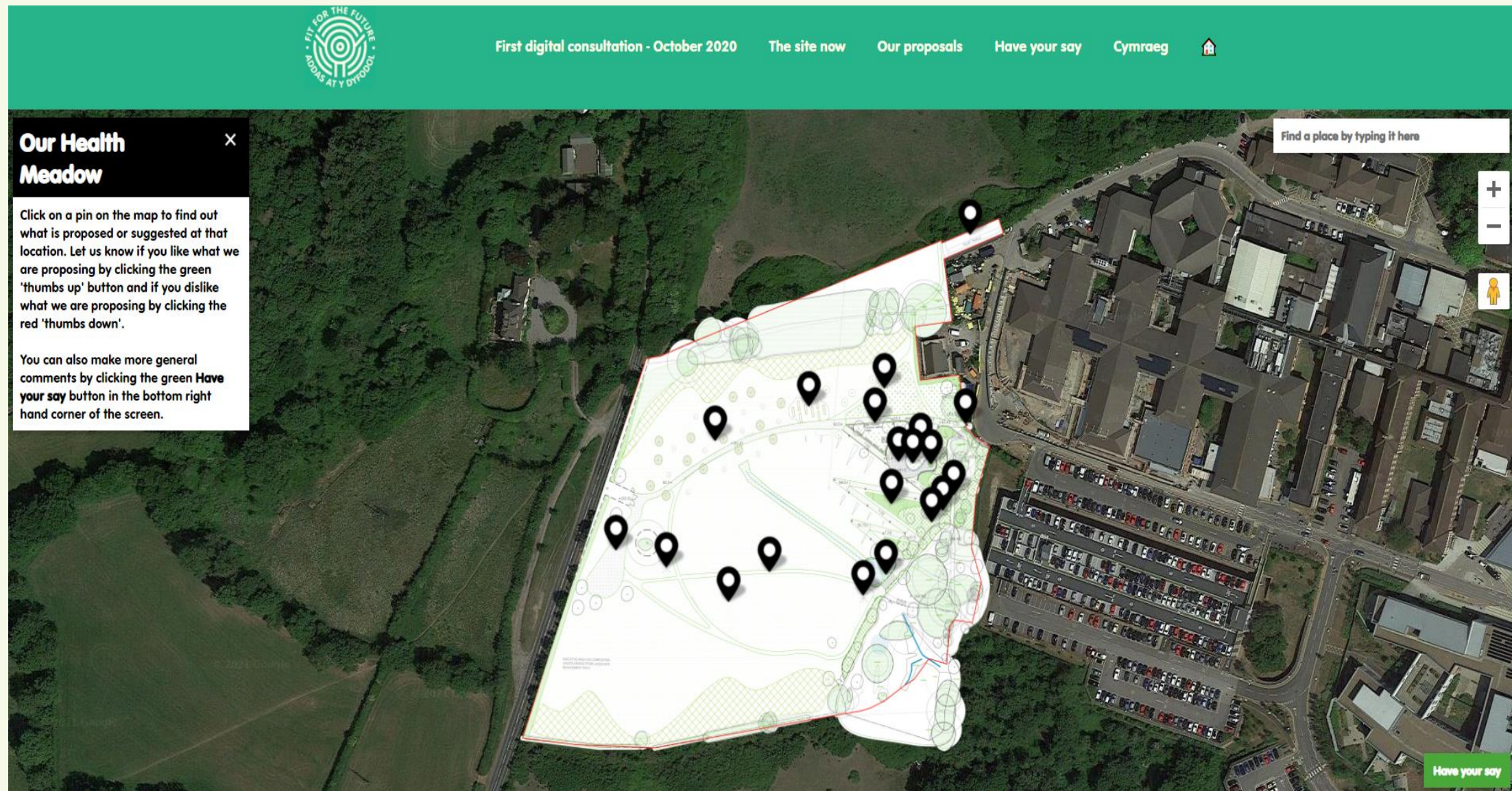
Do you think these are good ideas?

Natural light	Fresh air (or opening windows?) (not air conditioning)	Natural materials
Image with Yes/No	Image with Yes/No	Image with Yes/No
Indoor plants	Local art	Views to outdoors
Image with Yes/No	Image with Yes/No	Image with /No



INTERACTIVE FEEDBACK ON DRAFT LANDSCAPE PLAN

<https://uhl.fitforthefuture.uk/index.php?contentid=54>



COMMUNITY BENEFITS – HAVE YOUR SAY!



Velindre University NHS Trust working in partnership with the chosen development partner are committed to bringing community benefits to the local area.

What should these benefits be?

Your opinion will count and will feed into the design conversation we will have with the developers.

So your opinion counts.

COMMUNITY BENEFITS

**Do you see community benefits as being short term
(1 to 4 years) or long term (5 to 20 years)?**

Choose one or both:

Short term ☐

Long term ☐

COMMUNITY BENEFITS

Should community benefits just be for the local community or also for the benefit of staff and patients of the new cancer centre?

Choose one or both:

Local Community ☐

Staff and patients of new cancer centre ☐

COMMUNITY BENEFITS

How would you share the community benefits between the following categories:?

% slider allocation on

- **Jobs and employment**
- **Community facilities**
- **Environment and nature**
- **Sport and recreation**
- **Education**
- **Arts**

COMMUNITY BENEFITS

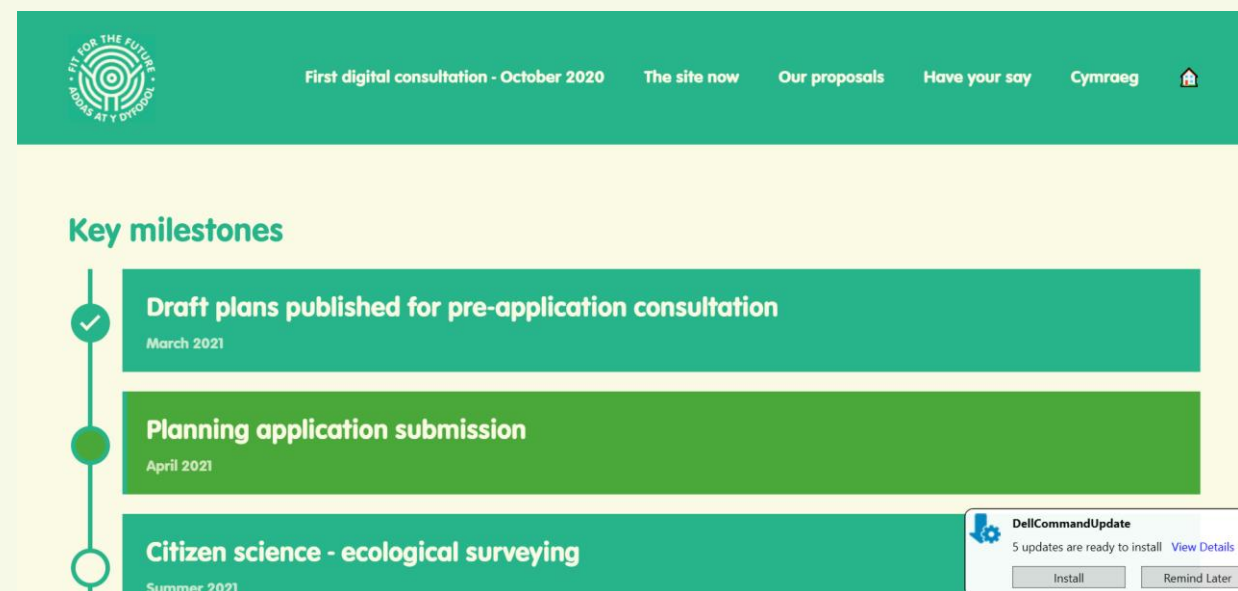
What other ideas do you have for community benefits?

(Open question format – complete box)

WHAT'S NEXT?

Time line

Example:



THANKS FOR TAKING THE TIME TO SHARE YOUR OPINION

Do you want to keep in touch?

Sign up info here