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  - Chair*
- 1.4 Minutes of Last Meeting
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- 1.5 Action Log
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- 2.0 Programme Governance
- 2.1 TCS Finance Report
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- 3.0 Programme Delivery
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  - Carys Jones Note*
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- 4.0 Project Delivery
- 4.1 Projects 1 & 2 - Minecraft for Education Competition Update
  - Carl James Note*
  - 4.1 Minecraft Report for TCS PDB\_Sept 2021.docx
- 4.2 Projects 1 & 2 - Integrated Assurance & Approvals Plan (IAAP)
  - David Powell Note*
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- 5.0 Engagement & Collaboration
- 5.1 Nuffield Trust Recommendations: Progress
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  - 5.1\_TCS Nuffield Update - Sept 21.docx
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- 5.2 Communications & Engagement
  - Non Gwilym Note*
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- 6.0 AOB
- 6.1 Prior Agreement by Chair Required
  - Chair*
- 7.0 Review of the Meeting
  - Chair*

8.0

Date & Time of Next Meeting

Chair

Wednesday 20th October 2pm

## Transforming Cancer Services Public TCS Programme Scrutiny Sub-Committee

### Agenda

**Date** Tuesday 21st September 2021  
**Time** 11:30pm – 1:30pm  
**Location** Microsoft Teams  
**Chair** Stephen Harries

			Action
<b>1.0</b>	<b>Standard Business</b>		
1.1	Welcome & Introductions	Chair	
1.2	Apologies for Absence	Chair	
1.3	Declarations of Interest	Chair	
1.4	Minutes of the Committee Meeting held on 20th July 2021	Chair	Approve
1.5	Action Log	Chair	Approve
<b>2.0</b>	<b>Programme Governance</b>		
2.1	TCS Finance Report	Mark Ash	Note
2.2	TCS Programme Risk Register	Bethan Lewis	Note
<b>3.0</b>	<b>Programme Delivery</b>		
3.1	TCS Programme Managers Update	Carys Jones	Note
<b>4.0</b>	<b>Project Delivery</b>		
4.1	<b>Projects 1 &amp; 2</b> Minecraft for Education Competition Update	Carl James	Note
4.2	Integrated Assurance & Approvals Plan (IAAP)	David Powell	Note
<b>5.0</b>	<b>Engagement &amp; Collaboration</b>		
5.1	Nuffield Trust Recommendations: Progress	Carl James	Note
5.2	Communications & Engagement	Non Gwilym	Note
<b>6.0</b>	<b>Any Other Business</b>		
6.1	Prior Agreement by the Chair Required	Chair	
7.0	Review of the Meeting	Chair	
8.0	<b>Date &amp; Time of Next Meeting</b> 20th October 2021, 2.00pm	Chair	

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## TCS Programme Scrutiny Committee Public Session

### MINUTES OF THE MEETING HELD

20<sup>th</sup> July 2021

13:00 – 13.00 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)  
Lauren Fear (LF)  
Mark Osland (MO)  
Non Gwilym (NG)  
Bethan Lewis (BL)  
David Powell (DP)  
Phil Roberts (PR)  
Cath O'Brien (COB)  
Jacinta Abraham (JA)  
Nicola Williams (NW)  
Lisa Miller (LM)  
Geraint Lewis (GL)  
Stuart Morris (SM)  
Paul Wilkins (PW)  
Mark Ash (MA)  
Leanne Suminski (LS)  
Jackie Couch (JC)

Trust Chairperson  
Trust Chief Executive  
Director of Corporate Governance and Chief of Staff  
Director of Finance  
Director of Communications and Engagement  
TCS Programme Planner and Risk Advisor  
nVCC Project Director  
nVCC Design Advisor  
Trust Chief Operating Officer  
Medical Director, Velindre Cancer Centre  
Director of Nursing, AHP's and Medical Scientists  
Operational Manager, Velindre Cancer Centre  
Head of IRS Assurance  
Deputy Chief Digital Officer  
Director, Velindre Cancer Centre  
Assistant Director of Finance, TCS  
Business Support Officer  
On behalf of Andrea Hague

#### Apologies:

Gareth Jones (GJ)  
Carl James (CJ)  
Carys Jones (CJones)  
Andrea Hague (AH)  
Martin Veale (MV)  
Donald Fraser (DF)

Independent Member  
Director of Strategic Transformation, Planning & Digital  
Senior Programme Delivery and Assurance Manager  
Director of Service Transformation, Velindre Cancer Centre  
Independent Member  
Independent Member

1.0	STANDARD BUSINESS	ACTION
1.1	<b>Welcome</b> SHarries welcomed attendees to the meeting and noted that he didn't recall receiving the minutes of the previous meeting before coming to Committee, however he was happy with the content and thanked LF and team for the new layout of the action log - 1.5.	

1.2	<b>Apologies</b> Apologies were noted as above.	MO
1.3	<b>Declarations of Interest</b> No declarations of interest were received.	
1.4	<b>Previous Minutes</b> The minutes were confirmed to be an accurate record of the meeting on 24 <sup>th</sup> June 2021 and were <b>approved</b> .  The papers taken as read.	
1.5	<b>Action Log</b> SH confirmed that actions 96, 97 were all closed. The only action open is 98 - Internal Audit.  <i>Action 98</i> – MO noted that the target date was incorrect and he would contact Shared Services to establish how they determine the cost of the internal audit by end of July. Target date by next meeting.  SHarries provided feedback on cross referencing minutes and action logs, requested that actions are highlighted in bold.	
PROGRAMME GOVERNANCE		
2.1	<b>TCS Finance Report – June 2021</b> MA introduced the paper to the meeting. Highlights: As at June 2021 - Capital of £4.1m   Revenue £0.5m   Capital Spend £0.5m   Forecast £4.2m Revenue of £147k spend for the year, forecast £587k - slight overspend due to IRS project and additional legal costs.  The Sub-Committee <b>Noted</b> the Paper.	
2.2	<b>TCS Programme Risk Register</b>  Stayed fairly stable with risks in yellow.  Projects – Judicial Review has been lodged so raised as a new risk against nVCC project.  IRS Project Manager has de-escalated a number of risks and closed another risk.  Risk Scores – 1 up to level 12 and 1 down from 16 to level 8 Project issue around potential delays due to on-going discussions in regards to approach of smart hospital design elements. AH advised that meetings have been scheduled to agree way forward.	

	<p>Outreach – Action completed.</p> <p>Only 1 risk which requires due date, action plan and actionee assigned. Programme Risk papers available in appendix 2.</p> <p>HJ asked about IO55 which is reported as a high and urgent but the risk hadn't been reviewed since Oct 2020. Therefore the rationale and audit trail needs be updated.</p> <p>BL – Explained that IO55 was escalated from a risk to an issue last month and in the report as an issue as well. All Outreach project risks were reviewed towards end of May with NW, may have needed the date updating in the appendix. IO55 was escalated from Risk 272, which was a high rated risk, escalated by the project as an issue last month and unfortunately with the status it's still an action which needs to be completed and agree a way forward.</p> <p>HJ – Explained the same for IO54. Feels that the urgent actions should be addressed.</p> <p><b>Action: BL to work with risk owners to update.</b></p> <p>SHam – Explained that there are plans for the Board to discuss a 5 Year Plan of resource through September governance cycle.</p> <p>HJ – Feels that the resource shouldn't wait until September due to the risk being labelled as urgent.</p> <p>SHam – Noted that there are two separate issues – IO54 – no identified resource for Outreach, worked through it but need sustainable resource position for the project as there hasn't been one. Also need to ensure there is a resource plan for the whole programme.</p> <p>HJ – Feels that when a report has such a high priority and no answer or proposal for a response, wants to know if the timeline is comfortable.</p> <p>PR – Noted the JR Risk was due today and asked if it could be signed off? Also asked if there was an idea of when a decision will be made and if it should be noted in the risk?</p> <p>SHams – Explained the lead-time for a decision will be a number of weeks from last Thursday therefore we met the deadline and it was noted the Government submitted their papers the previous week.</p>	<p>BL</p> <p>BL</p>
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## PROGRAMME DELIVERY

- 3.1 TCS Programme Managers Update - July 2121**  
 BL introduced the paper to the meeting provided by CJones.
- BL advised the report provides some updates on the external programmes in process - CCLG and Velindre@.
- No questions or comments.
- The Sub-Committee **Noted** the Paper.

## 4.0 PROJECT DELIVERY

- 4.1 Projects 1 & 2 Delegation Framework – No presentation attached**
- DP noted that the Procurement Strategy had been attached to the Private papers in error.
- DP stated that the plan is to start the process next week and provides a refresh of the strategy. It was noted that within the Procurement Strategy paper is a delegation piece around authority.
- DP talked through presentation - nVCC Key Approval Points, Tolerances and examples which had been discussed previously.
- LF noted that there is nothing to approve – not asking board to delegate anything.
- The Sub-Committee **Noted** the verbal update.

## 5.0 ENGAGEMENT & COLLABORATION

- 5.1 Communications and Engagement**  
 NG introduced the paper to the meeting.  
 The paper was taken as read.
- NG noted the paper summarises some of the key activities taken place since previous meeting.
- Notes a change of tone and approach – including a community group meeting hosted by Anna McMorris MP and Julie Morgan which was a useful and a productive exercise due to actions that have arisen since the meeting which has enabled us to meet more people within the community.
- Work carried out with “Down to Earth”, had over 500 responses. A showcase was also held in Whitchurch.
- SHarries raised observation on Annex A – Digital Communication Press release in relation to 230k people living with cancer by 2030 – SHarries noted that he carried out some research to find that the facts were from McMillan Cancer and

	recommended that going forward references or links should be inserted, which NG noted.  The Sub-Committee <b>noted</b> the Paper.	
<b>6.0</b>	<b>ANY OTHER BUSINESS</b>	
	Date of the next meeting: 5 <sup>th</sup> August at 10:45am.  LF and DM gave apologies as will be on leave.	

Acronyms:

CCLG – Cancer Collaborate Leadership Group  
 nVCC – New Velindre Cancer Centre

## TCS Programme Scrutiny Sub-Committee

September 2021

### Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
98	<p><b>Internal Audit Plan 2021-22</b> (<i>Minute Ref: 4.1.2</i>)</p> <p>MO to consult with NWSSP audit services to obtain further information on how the internal audit costs are determined and whether independent benchmarking information is required.</p>	<b>Mark Osland</b>	20 <sup>th</sup> May 2021	23 <sup>rd</sup> Aug 2021	<p><b>Updated 15.09.21</b></p> <p>A request has been sent to the NWSSP Finance Director seeking further information on how the costs are arrived at. Specifically the question has been asked about how the Internal Audit budget is set and allocated between organisations and then down to the individual projects such as the TCS programme. Furthermore, NWSSP have been asked if they could provide any supporting benchmarking information. An acknowledgement has been received and has been passed to the Director of Audit and Assurance Services.</p>	OPEN
100	<p><b>TCS Programme Risk Register</b> (<i>Minute Ref: 2.2</i>)</p> <p>BL to work with risk owner to update actions to address issue IO55.</p> <p><i>(IO55 – There is lack of appropriate Outreach project support to provide the structure and governance</i></p>	<b>Bethan Lewis</b>	20 <sup>th</sup> July 2021	23 <sup>rd</sup> Aug 2021	<p><b>Updated 15.09.21</b> – Action complete. Update in Risk Report for September</p>	CLOSED



No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
	<i>required to progress with development of key project objectives. (escalated from Risk R272)</i>					
101	<p><b>TCS Programme Risk Register</b> (<i>Minute Ref: 2.2</i>)</p> <p>BL to work with risk owner to update actions to address issue IO54 (<i>IO54: Programme Resource: Member of Programme team has been successful in securing another role within the Trust</i>).</p>	<b>Bethan Lewis</b>	20 <sup>th</sup> July 2021	23 <sup>rd</sup> Aug 2021	<b>Updated 15.09.21</b> – Action Complete. Update in Risk Report for September	CLOSED

## TCS PROGRAMME SCRUTINY SUB-COMMITTEE

### TCS PROGRAMME FINANCIAL REPORT FOR 2021-22 AUGUST 2021

DATE OF MEETING	21 <sup>st</sup> September 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Mark Ash, Assistant Director of Finance - TCS Programme
PRESENTED BY	Mark Ash, Assistant Director of Finance - TCS Programme
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance

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

COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.

#### ACRONYMS

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

## **1. PURPOSE**

- 1.1 The purpose of this report is to provide a financial update to the TCS Programme Scrutiny Sub-Committee for the financial year 2021-22, outlining spend to date against budget as at Month 05.

## **2. BACKGROUND**

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

## **3. FUNDING**

- 3.1 Funding provision for the financial year 2021-22 is outlined below.
- 3.2 WG have awarded the Enabling Works Project £0.376m of funding in 2021-22. £0.250m has been provided to date, with the remaining £0.126m to be provided on approval of the Enabling Full Business Case.

Description	Funding	
	Capital	Revenue
<b>Programme Management Office</b> There is no capital funding requirement for the PMO at present  Allocation from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management	£ nil	£0.240m  £0.240m
<b>Project 1 – Enabling Works for nVCC</b> Capital funding from WG was provided on 24 March 2021  There is currently no revenue funding for Projects 1	£0.376m £0.376m	£ nil
<b>Project 2 – New Velindre Cancer Centre</b> Capital funding from WG was provided on 24 March 2021  The Trust has provided revenue funding for Projects 2	£3.460m £3.460m	£0.056  £0.056m
<b>Project 3a – Radiotherapy Procurement Solution</b> Final 9 months of a 28 month project, running from 1 <sup>st</sup> AUGUST 2019 to 31 <sup>st</sup> December 2021, with a funding allocation of £0.312m for 2021-22 from an overall funding allocation of £1.110m	£0.312m £0.312m	£ nil
<b>Project 4 – Radiotherapy Satellite Centre</b> The project is led and funded by the hosting organisation, Aneurin Bevan University Health Board; no funding requirement is expected from the Trust for 2021-22	£ nil	£ nil
<b>Project 5 – SACT and Outreach</b> Funding has been requested for this project however none has been provided to date	£ nil	£ nil
<b>Project 6 – Service Delivery, Transformation and Transition</b> No capital funding requirement at present  Allocation from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management  Funding provided from the Trust's core revenue budget towards the costs of the Project Director post  Funding transferred from Velindre Cancer Centre toward the costs for the Project Manager post	£ nil	£0.296m £0.180m  £0.061m  £0.055m

Description	Funding	
	Capital	Revenue
<b>Project 7 – VCC Decommissioning</b> No funding requested or provided for this project to date	£ nil	£ nil
<b>Total funding provided to date</b>	<b>£4.148m</b>	<b>£0.592m</b>
	<b>£4.740m</b>	

#### 4. FINANCIAL SUMMARY AS AT 31<sup>ST</sup> AUGUST 2021

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

- **CAPITAL** spend is **c£1.008m** with a forecast outturn of **c£4.140m**; and
- **REVENUE** spend is **c£0.277m** with a forecast outturn of **c£0.621m**

TCS Programme Budget & Spend 2021-22						
CAPITAL	Current Month			Financial Year		
	Budget to Aug-21 £	Spend to Aug-21 £	Variance to Aug-21 £	Annual Budget £	Annual Forecast £	Annual Variance £
<b>PAY</b>						
Project Leadership	82,917	74,757	8,159	193,000	193,975	-975
Project 1 - Enabling Works	86,855	86,855	0	208,000	216,547	-8,547
Project 2 - New Velindre Cancer Centre	250,142	249,609	533	1,008,500	996,867	11,633
Project 3a - Radiotherapy Procurement Solution	154,800	156,397	-1,597	204,113	205,993	-1,880
<b>Capital Pay Total</b>	<b>574,713</b>	<b>567,618</b>	<b>7,095</b>	<b>1,613,613</b>	<b>1,613,381</b>	<b>231</b>
<b>NON-PAY</b>						
nVCC Project Delivery	12,080	12,173	-93	78,500	78,500	0
Project 1 - Enabling Works	91,000	90,666	334	263,000	263,000	0
Project 2 - New Velindre Cancer Centre	233,730	237,894	-4,164	2,084,500	2,077,809	6,691
Project 3a - Radiotherapy Procurement Solution	100,428	99,717	711	107,888	108,016	-129
<b>Capital Non-Pay Total</b>	<b>437,237</b>	<b>440,449</b>	<b>-3,212</b>	<b>2,533,888</b>	<b>2,527,325</b>	<b>6,562</b>
<b>CAPITAL TOTAL</b>	<b>1,011,950</b>	<b>1,008,067</b>	<b>3,883</b>	<b>4,147,500</b>	<b>4,140,706</b>	<b>6,794</b>
REVENUE	Current Month			Financial Year		
	Budget to Aug-21 £	Spend to Aug-21 £	Variance to Aug-21 £	Annual Budget £	Annual Forecast £	Annual Variance £
<b>PAY</b>						
Programme Management Office	97,271	95,336	1,935	240,000	231,517	8,483
Project 6 - Service Change Team	123,333	138,470	-15,137	296,000	325,781	-29,781
<b>Revenue Pay total</b>	<b>220,605</b>	<b>233,806</b>	<b>-13,201</b>	<b>536,000</b>	<b>557,299</b>	<b>-21,299</b>
<b>NON-PAY</b>						
nVCC Project Delivery	11,808	9,504	2,304	26,000	26,000	0
nVCC Judicial Review	26,000	25,797	203	30,000	30,000	0
Programme Management Office	0	8,100	-8,100	0	8,100	-8,100
Project 6 - Service Change Team	0	111	-111	0	266	-266
<b>Revenue Non-Pay Total</b>	<b>37,808</b>	<b>43,512</b>	<b>-5,704</b>	<b>56,000</b>	<b>64,366</b>	<b>-8,366</b>
<b>REVENUE TOTAL</b>	<b>258,413</b>	<b>277,318</b>	<b>-18,905</b>	<b>592,000</b>	<b>621,665</b>	<b>-29,665</b>

## 5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 31<sup>ST</sup> AUGUST 2021

### **CAPITAL SPEND**

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

- 5.1 **WG Funded Staffing** - An in-year spend of **£0.567m** for posts funded by WG reflects the current posts against a budget of **£0.575m**. A recruitment drive has now taken place and new staff have taken up post during July and August 2021. There is a forecast spend of **£1.613m** for the year against a budget of **£1.613m**. The pay costs have been analysed by each element of the Project(s).

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

- 5.2 **nVCC Project Delivery** - There is an in year capital budget and spend of **£0.012m** for project support and running costs for Projects 1 and 2. This is made up of office costs and document portal fees. There is a forecast spend this financial year of **£0.078m** against a revised budget of **£0.078m**.
- 5.3 **Enabling Works** - There is an in-year spend of **£0.091m** against a budget of **£0.091m**. There is a forecast spend for the year of **£0.263m** against a budget of **£0.263m**.

Work package	Spend to 31 <sup>st</sup> August 2021
Third Party Undertakings	£nil
Technical Advisers	£0.076m
Works	£0.007m
Legal Advice	£0.008m
Enabling Works Reserves	£nil

- 5.4 **nVCC** - There is an in-year capital spend of **£0.238m**, against a budget of **£0.234m**. The forecast spend for the years is **£2.078m** against a budget of **£2.085m**.

Work package	Spend to 31 <sup>st</sup> August 2021
Competitive Dialogue – PQQ & Dialogue	£0.232m
Legal Advice	£0.012m
nVCC Reserves	-£0.006m

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

- 5.5 There is a total in-year spend of **£0.256m** (£0.156m pay, £0.100m non-pay) for the IRS Project against a budget of **£0.255m**. The Project is currently forecasting a spend of **£0.314m** against a budget of **£0.312m**. The Project Team has reviewed its financial position and as a result there are no significant financial issues in respect of the Project.

## REVENUE SPEND

### **Programme Management Office**

- 5.6 The PMO spend to date is **£0.103m** against a budget of **£0.097m**, made up of pay costs. The budget and current forecast outturn for the financial year 2021-22 is **£0.240m**.

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

- 5.7 There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£0.035m** with an expected spend for the year of **£56k**. This spend relates to costs associated with nVCC office and the legal advice to deliver the requirements of the judicial review process as the Trust is an interested party.

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

- 5.8 Service Change spend to date is **£0.138m** against a budget of **£0.124m**. This spend is made up of pay costs. The Project is currently forecasting a spend of **£0.326m** for the year against a budget of **£0.296m**. The forecast overspend of £0.030m is due to increased pay costs and remains a financial risk to the outturn position for the Project.

## 6. Financial Risks & Issues

- 6.1 The forecast overspend of **c£0.030m** for the Service Change Project remains a risk to the outturn position for the Programme.

## 7. CONSIDERATIONS FOR BOARD

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

## 8. IMPACT ASSESSMENT

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

## **9. RECOMMENDATION**

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

# TCS PROGRAMME SCRUTINY SUB-COMMITTEE

## TCS Programme & Project Risk

DATE OF MEETING	21 <sup>st</sup> September 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON		
PREPARED BY	BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR	
PRESENTED BY	BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR	
EXECUTIVE SPONSOR APPROVED	CARL JAMES - DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING AND DIGITAL	
REPORT PURPOSE	For Noting	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	16/09/21	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 the latest TCS Programme Risk Landscape.

## 3. IMPACT ASSESSMENT

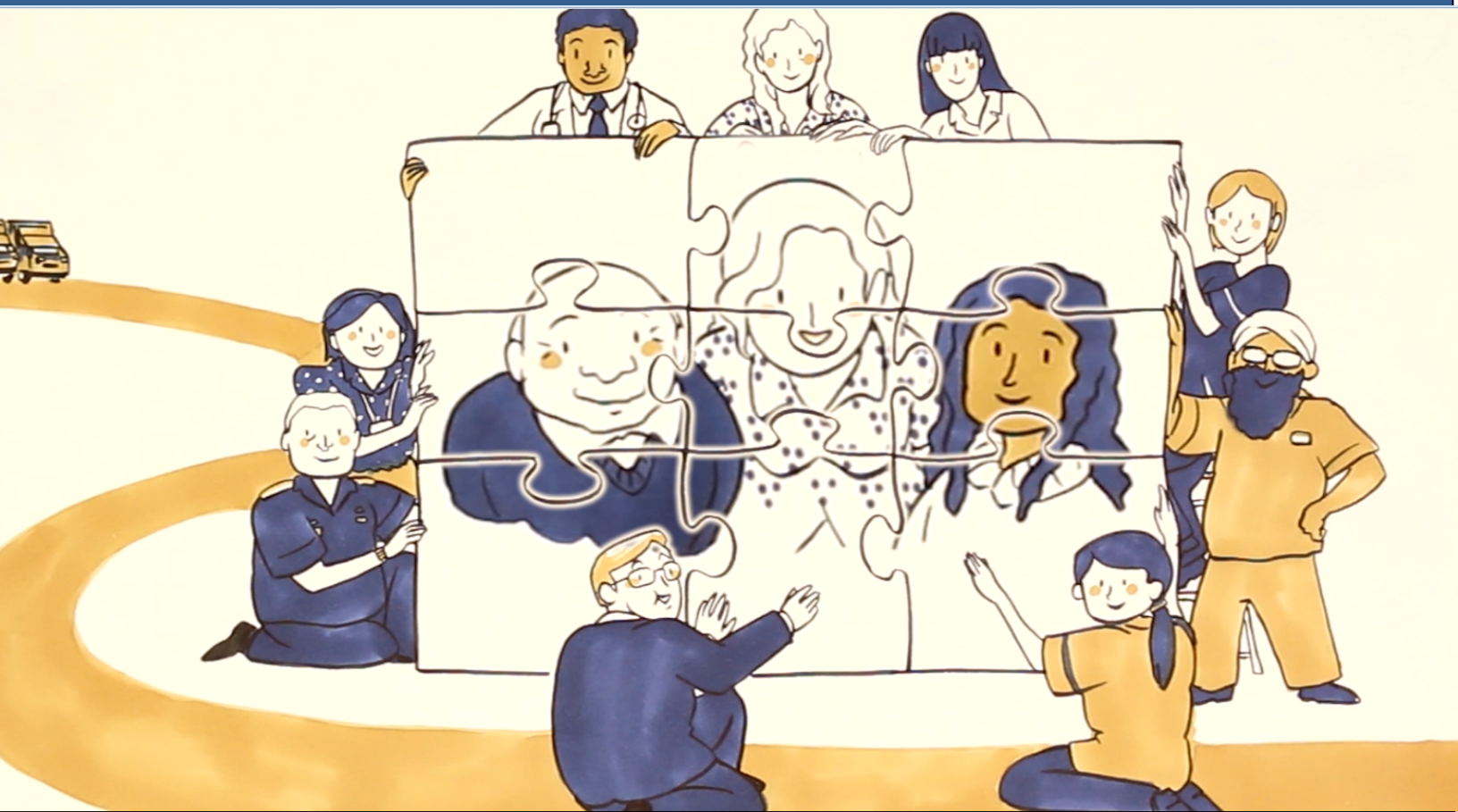
<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY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

## 4. RECOMMENDATION

4.1 The Programme Scrutiny Sub-Committee are asked to:

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

# TRANSFORMING CANCER SERVICES PROGRAMME (South East Wales)



## TCS Programme & Project Risk

Version 0.1

## **TCS Programme & Project Risk**

### *DOCUMENTATION CONTROL SHEET*

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

#### **Document Version History:**

Version Number	Date	Author	Summary of changes
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#### **Approvals**

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Title / Group	Date	Version/Option
TCS Programme Delivery Board	16/07/2021	0.1

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Name	Title	Date	Version

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## APPENDICES

APPENDIX 1: PMO RISK REGISTER – SEPTEMBER 2021

APPENDIX 2: TCS PROGRAMME RISK REGISTER – SEPTEMBER 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. There are currently 132 risks in the Programme Risk Register; figure 1 below provides a view of the number of risks broken down by project and risk rating. The majority of risks (47%) have a current 'Amber' rating (as seen in Figure 2 below), indicating that the Programme Risk Landscape is currently in a more moderate level owing to the fact the two of the Projects (Enabling Works & IRS) are at particularly crucial stages and as such would expect the number and ratings of risks to be increased. Both of these Projects have clear Action Plans in place to manage and mitigate their risks and the highest rated risks across all Projects continue to be prioritised and managed. Figure 3 provides the breakdown of the number of risks from across the Projects and Programme which would have an impact on any of the other Projects; as expected the nVCC Project has the highest number of risks which could impact that project owing to the various dependencies and reliances across the Programme to ensure its Critical Path is maintained.

Figure 1: Breakdown of Risks Emerging from Project

Risks emerging from...Totals				
1. Enabling works for nVCC		37		
3	11	16	6	
2. nVCC		23		
0	9	14	0	
3. Digital and Equipment		3		
0	3	0	0	
3a. IRS		27		
4	6	13	4	
4. Radiotherapy Satellite Centre		9		
0	7	2	0	
5. SACT and Outreach		9		
2	6	1	0	
6. Service Delivery, Transformation and Transition		13		
2	10	1	0	
7. VCC Decommissioning		1		
0	0	1	0	
8. Programme		10		
0	10	0	0	
Totals				132
11	62			
48	10			

Figure 2: Proportion of Risks by Rating Score

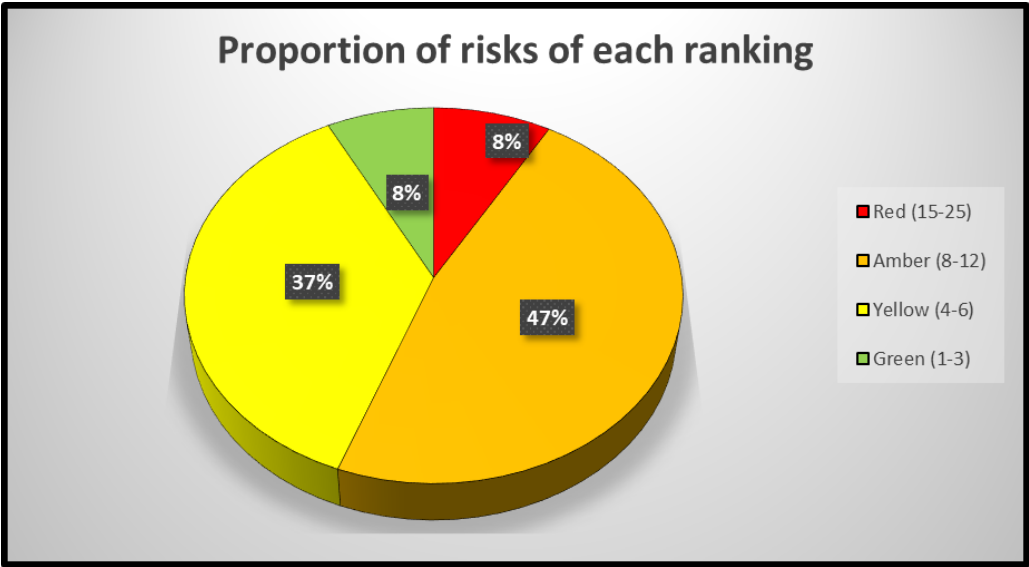
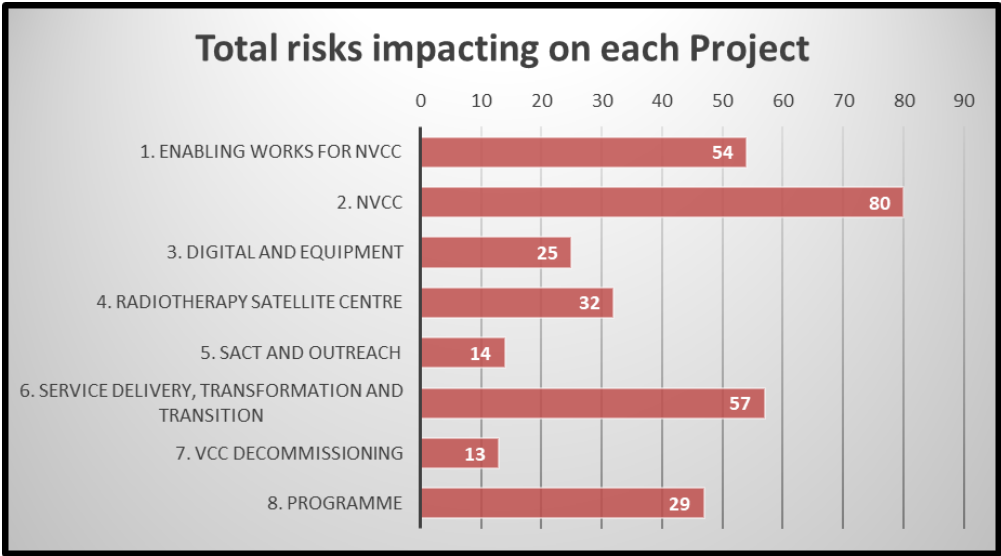


Figure 3: Breakdown of Risks Impacting upon Projects



## 2.0 TCS Projects Risk Update

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

### Projects 1 & 2 – Enabling Works for nVCC & nVCC

	New	Closed	Escalated	De-escalated	Total changed risks / issues
<b>Risks</b>	6	0	0	0	6
<b>Issues</b>	0	0	0	0	0

- There have been 3 new risks raised for Project 2 (nVCC) and 3 new risks raised for Project 1 (Enabling Works) in this reporting period.
- Of the new risks raised, none meet the threshold (current rating of 12) to report to the Programme Delivery Board.

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

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

- There have been 1 new risk and 1 new issue raised for the IRS Project during this reporting period. The detail of these can be seen in the below tables.

ID	Description of Risk	Direction of Travel	Current Rating	Action Status
<b>R342</b>	There is a risk that as the nVCC Competitive Dialogue clashes with the IRS Final Tender evaluation, there is pressure on resource availability leading to delays in finalising the evaluation process	<b>New</b>	Likelihood 4 Impact 3 Overall 12	<b>Risk Owner – Gavin Bryce</b>  Understanding of which staff and resource are impacted to explore availability and potential impact of this to the Project



Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
<b>I060</b>	Project Resource for final evaluation stage	<ul style="list-style-type: none"> <li>2 key members of the Project Team are not available as the final evaluation process begins. (Project Support Officer has notified they will be leaving on the 27th Sept and the Head of Capital</li> </ul>	<b>High</b>	<ul style="list-style-type: none"> <li>Associate Director of Programmes and Project Manager exploring replacement options for Project Support Officer and considering options available in regards to the time Head of Capital</li> </ul>	Gavin Bryce	30/09/21

		Procurement will be on Jury Service during evaluation period)		Procurement will be unavailable.		
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#### Project 4 – Radiotherapy Satellite Centre (RSC)

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

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

ID	Description of Risk	Direction of Travel	Current Rating	Action Status
<b>R263</b>	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 4 Impact 3 Overall 12</p>	<p><b>Risk Owner – Andrea Hague</b></p> <ul style="list-style-type: none"> <li>Clear design brief documentation provided by VCC. Multiple discussions with ABUHB team undertaken.</li> <li>ABUHB have been provided with SMART design &amp; Linac bunker requirements which they are now looking at costs of implementing, paper to follow to Project Board with cost/benefit analysis of options available to Velindre and potential impact to timelines.</li> <li>Interior design meetings to be arranged to agree confirmation of both internal &amp; external materials.</li> </ul>
<b>R266</b>	There is a risk that as key resource are involved in both the RSC, IRS & nVCC Projects which are being managed in parallel could mean there is not enough capacity to fully commit to both projects. This could impact on the quality of the work or the ability to complete the requirements to agreed schedules.		<p>Likelihood 4 Impact 3 Overall 12</p> <p><i>Previous score</i> Likelihood 3 Impact 3 Overall 9</p>	<p><b>Risk Owner – Andrea Hague</b></p> <ul style="list-style-type: none"> <li>Additional resource has been made available to address, operational issues for the IRS project and recruitment is ongoing for Med Phys. RT resource already in place.</li> <li>Non-clinical project support is still being discussed and raised with EMB.</li> <li>RSC meetings have been rescheduled to accommodate where possible.</li> </ul>



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

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
AB – 2	Programme Delay / Impact of SMART Hospital	<ul style="list-style-type: none"> <li>Stage 4 design process is estimated to be 3 weeks behind programme due primarily to changes to C sheets and the 1:200 layout.</li> <li>Compliance with the SMART Hospital Brief, if and when confirmed, could add a further 12 weeks to the design programme. Additional fee costs awaited.</li> <li>The changes and impact of SMART Hospital brief could exceed the FBC fees agreed by WG.</li> </ul>	High	<ul style="list-style-type: none"> <li>Paper developed for WG outlining additional fees for the FBC is to be submitted w/c 6/9 for agreement; following which an updated programme timeline will be provided by Kier &amp; ABUHB.</li> <li>SMART requirements confirmed that will not delay Programme timeline, however Linac bunker design will impact the construction timeline - tbc when revised programme plan received.</li> </ul>	Andrea Hague / Andrew Walker	30/09/21

### Project 5 – Outreach

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

- The below table provides the detail of the 2 risks which have been de-escalated in this reporting period.

ID	Description of Risk	Direction of Travel	Current Rating	Action Status
R273	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.		Likelihood 3 Impact 4 Overall 12  <i>Previous score</i> Likelihood 5 Impact 4 Overall 20	<b>Risk Owner – Nicola Williams</b> <ul style="list-style-type: none"> <li>Re-run of projections has been completed and growth assumptions understood, the outputs will then be used to feed into each of the different Outreach locations ensuring they are suitably sized.</li> <li>Paper will be taken to Project Board and Programme Delivery Board</li> </ul>
R274	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of the Outreach Project		Likelihood 3 Impact 4 Overall 12  <i>Previous score</i> Likelihood 3 Impact 5 Overall 15	<ul style="list-style-type: none"> <li>Ongoing as and when required</li> </ul>

- An update has been provided against the issue which was escalated to Programme Delivery Board in June, the detail of this can be seen in the below table for your information.

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I055	There is lack of appropriate project support to provide the structure and governance required to progress with development of key project objectives. (escalated from Risk R272)	The lack of project structure to support and help develop outreach plans with Health Boards has meant that the Project has now reached a position where it is 'on hold' and cannot progress.	High	An urgent request was made to the Programme Director to provide additional project management support. An allocation request for a PM was subsequently included in the wider trust resource strategy being considered at Trust Board on 30 <sup>th</sup> Sept. Awaiting outcome at Trust Board.	Carys Jones	TBC

### Project 6 – Service Delivery & Transition

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

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

## 3.0 TCS Programme Risk Update

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

- 3.1 Having undertaken a review of the Programme risks there have been no changes to the risk ratings in the PMO Risk Register in this reporting period.
- 3.2 There has been 1 new issue raised, detail of which can be seen in the below table:-

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
<b>1061</b>	<b>Programme Objectives &amp; Key Dependency not met</b>  The Outreach Project has been placed 'on hold' and is not able to progress with its objectives and as such has wider implications across the TCS Programme.	The objectives of the TCS Programme as outlined in the Programme Business Case will not be met, along with they key dependency on Outreach facilities being operational prior to the nVCC opening in order to meet the need and ability to provide SACT across SE Wales	<b>High</b>	TBC – action plan required to manage / resolve this issue	TBC	TBC

3.3 The below table below provides the latest status for the Programme issue which was raised in June 2021:-

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
<b>1054</b>	<b>Programme Resource</b>  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.	<b>Medium</b>	Recruitment to post currently underway for a Band 4 Co-ordinator.  PMO staff currently absorbing additional workload.	Carys Jones	19/07/21

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

3.5 There are 19 risks in the June 2021 TCS Programme Risk Register with a current rating score of 12 and above, the detail of these can be seen in the Risk Register which is included as Appendix 2 to this report. Of these risks, all have Action Plans against them and have been reviewed and updated in the last quarter.

3.6 The Programme Delivery Board are asked to:

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

## 4.0 Next Steps

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

				Projects Impacting On																							
ID	Date Registered	Originator	Risk emerging from	EW	nVCC	D+E	RSC	S+O	Service	Decomm	Prog	Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	Actionee	Next Action Due	Next Action Due Date	Impact Stage	Primary Impact Type	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating
R279	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Lauren Fear	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependant links are not communicated effectively and the wider networked clinical model not understood.	06-Sep-21	1) Revise TCS website 2) Improve internal TCS teams Comms 3) Improvements to intranet 4) Improvements to the link between Programme Governance and Comms	1) Completed - TCS website moved onto MURA platform 2) Completed - Comms team have recruited to support TCS Programme 3) work has started to scope this out 4) TBC depending on messages that need to be shared both internally & externally	Non Gwilym	3	tbc	Multiple Stages	Reputation / Political	4	3	12	2	2	4
R282	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	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	08-Sep-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	Bethan Lewis	1	29-Sep-21	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	2	4
R295	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Tom Crosby	Risk that Clinical Model does not meet required Business needs  <b>Causes</b> - Patient need has changed / Medical & tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand  <b>Consequences</b> - Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services	08-Sep-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 <b>complete</b> 2) Regional Clinical Ownership advisory groups to develop model - <b>complete</b> 3) External Gateway review - <b>complete</b> 4) Clinical leadership involvement - <b>complete</b> 5) Re-fresh based on clinical & tech advances - <b>complete</b> 6) Benchmark against other models - <b>complete</b> 7) Established CCLG - <b>complete</b> 8) Established Velindre Futures clinical plan to refresh clinical service model  9a) Regional acute oncology service model agreed by CCLG & HB partners, final proposal going to to Board in July for approval and 3 year implementation. 9b) Unscheduled care workstream established within Velindre Futures and working through action plan. Velindre @UHW Project established with UC workshops planned for 8th Sept & 15th Sept. Final clinical service spec to be completed be ned of October 21.  10) Leadership of 4 medical directors at regional level to address key outstanding areas - agreement of clinical model and acceptance of recommendation of Nuffield Report - <b>Compete &amp; work ongoing</b> 11) Seek external expertise in design of remaining areas complete - Trust & HB partners have onboarded external expertise	Carl James	9a)	8) Ongoing 9a) 30/07/21 9b) 29/10/21	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	2	4
R297	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Sarah Morley	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs.  <b>Causes</b> - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate.  <b>Consequences</b> - Inadequate staffing of Velindre facilities across the SE	02-Jul-21	1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied 2) Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 3) Clarity of expectations for workforce team involvement	1) Service plans are being developed through VCC Projects and under Velindre Futures workstreams. 2) Workforce planning capability being recruited in WOD to support development of plans. Workforce planning toolkit and methodology in place and signed off by Trust 3) Role clarity to be defined following completion of service plan	1) Service Leads 2) Head of Workforce 3) Service Leads	2	1) Ongoing 2) Aug 2021 3) Ongoing 4) Sep 2021	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	1	2
R298	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Lauren Fear	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians)  <b>Causes</b> - Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change  <b>Consequences</b> - WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits	06-Sep-21	1) Communications / stakeholder engagement plan in development 2) Dedicated webpage for TCS Programme 3) Variety of staheholder events held over a number of years 4) Clinical workshops held throughout Programme lifetime 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialouge beteen existiting cancer forums e.g. cancer leads in SE Wales HBs 8) Monthly meeting with WG Head of Capital and Director General. 9) Engagement with local community	1) completed - Plans are in place and being implemented working with both nVCC & RSC Project teams and Project Boards 2) Better use of technology being reviewed and rolled out to share key messages 3) Variety of staheholder events held over a number of years - <b>complete</b> 4) Clinical workshops held throughout Programme lifetime - <b>ongoing</b> 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - <b>ongoing</b> 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialouge beteen existing cancer forums e.g. cancer leads in SE Wales HBs - <b>ongoing through CCLG</b> 8) Monthly meeting with WG Head of Capital and Director General - <b>ongoing</b> 9) Onaoina with further meetings planned for September	Non Gwilym	n/a	n/a	Multiple Stages	Reputation / Political	4	3	12	2	2	4
R302	04-Nov-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS  <b>Causes</b> - Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives  <b>Consequences</b> - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders	08-Sep-21	1) Agree clear scope and role of VF and its programme board. 2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result. 3) Communicate the scope of both and any implications for TCS 4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making 5) Understanding and agreement of key stakeholders within and outside the organisation.	1) Good progress made with VF defining key outputs, work programme and delivery arrangements. Programme Board is established and meetings of the Board are taking place. Strategic Capital Board has been established to support new ways of working 2) Ongoing communication between both PMO teams and resource in place to provide link between the 2. Good progress made in aligning key responsibilities and delivery mechanisms at CCLG, TCS and VF. 3) TBC 4) TBC 5) TBC	Carys Jones	3	29-Sep-21	Multiple Stages	Quality / Performance / Service Delivery	4	3	12	2	2	4
R299	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	Risk that due to the regional nature of the programme involving numerous organisational interfaces leads to increased difficulties of consensus and obtaining approvals.  <b>Causes</b> - 5 different organisations as primary commissioners/ Each HB have slightly different cancer strategies to meet local needs / Levels of funding and investment available to support preferred option/improvements for cancer / Reliance on number of external parties to deliver outcomes and key activity / Projects and Programme not adequately aligned / Practicality and logistics of holding a single discussion to agree.  <b>Consequences</b> - Delays to delivery of Programme and Project key activity / Reputational damage for Velindre Trust / Reduced potential for good patient outcomes and care.	08-Sep-21	1) Attended various committees, project and programme boards to update on programme progress and objectives 2) Effective procurement and contractual processes in place 3) Programme established with engagement of LHBs & CHCs 4) Established Clinical Advisory Board 5) Engagement events and workshops with HBs 6) Engaged DoPs, DoF's in development of BCs. 7) Establishment of regional forum CCLG 8) PBC sign off OBC for nVCC	1) <b>complete / ongoing</b> 2) <b>complete</b> 3) <b>ongoing</b> 4) <b>complete</b> 5) <b>complete</b> 6) <b>complete</b> 7) <b>complete</b> - In addition to CCLG the Partnership Boards with C&V and Cwm Taf HBs have been established and the establishment of Partnership Board with ABUHB is underway 8) <b>complete</b>	TBC			Multiple Stages	Timescale	3	3	9	3	2	6

R281	08-Jul-20	Bethan Lewis	8. Programme	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.	08-Sep-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	Bethan Lewis			Multiple Stages	Reputation / Political	2	4	8	2	4	8
R283	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Carl James	There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes constituent projects. Risks relating to project procurement, financing and the effectiveness of supply chains may lead to project delays and additional costs.	08-Sep-21	1) Regular review of risk and Brexit implications from a Programme risk perspective.  2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda.  3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan.  4) Close engagement with prospective bidders or suppliers to identify risks in advance.	1) <b>Ongoing</b> - Programme level risk is unlikely at this stage but could be subject to change if Projects are coming across issues relating to cost/availability which would impact Critical Path & Master Plan.  2) <b>Ongoing</b> - The 3 Projects which could be sensitive to Brexit impacts continue to monitor and review as they progress along their individual procurement processes.  3) <b>Ongoing</b> - programme team reviewing project plans with project teams ensuring accurate reflection of timescales and dependencies in Master Programme Plan.  4) Will be done at appropriate time during tender processes	Bethan Lewis			Multiple Stages	Quality / Performance / Service Delivery	2	4	8	4	2	8
R296	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Steve Ham	<p>Risk that there is a lack of funding in place / allocated to deliver the projects and programme</p> <p><b>Causes</b> - WG decide not to fund all/part costs / WG does not have sufficient funding to meet the needs of the programme/projects / Commissioners unable to support revenue requests partially or fully. / Political / Government priority changes re capital funding of key infrastructure projects / Uncertainty from Brexit in regards to key aspects of programme activity (procurement, supply chain , MIM) / Increase in costs stemming from uncertainty caused by Brexit.</p> <p><b>Consequences</b> - Increased costs for Projects / Programme / Reduction in available funds leading to the need to review &amp; 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>	08-Sep-21	1) Established Programme Governance with agreed forecasted costs for the programme and each project  2) Agreed funding sources and streams with WG and Commissioners  3) WG have provided funding commitment to funding of key infrastructure projects  4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contracts  5) Agreed financial management and cost control arrangements in place  6) Issuing up to date forecast costs to WG to enable medium term capital planning at WG level  7) Briefing WG Director General and Programme Sponsor well in advance  8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements s for programme	1) <b>complete</b> 2) <b>complete</b> 3) <b>complete</b> 4) <b>ongoing</b> 5) <b>complete</b> 6) <b>ongoing</b> 7) TBC 8) <b>complete</b> - Commissioner support for revenue funding.  In addition OBCs for Projects 1,2 & 4 have been approved.	Carys Jones	6) 7)	Multiple Stages	Cost	2	4	8	2	2	4	

ID	Date Registered	Originator	Risk emerging from	Projects Impacting						Owner	Description of Risk	Last Reviewed	Risk Cost	Proposed Mitigation Actions / Action Plan	Actions Status	Actionee	Next Action Due	Next Action Due Date	Impact Stage	Primary Impact Type	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating	Additional Notes
				EW	nVCC	D+E	RSC	S+O	Service	Decomm	Proj																
R272	30-Jun-20	Jacqui Couch	5. SACT and Outreach						X		X	31-Aug-21		1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work. 2) Clarification required on whether Outreach Project is an Operational or an Infrastructure Project	1) Programme to allocate resource to support project. Project and Programme have met in April 2021 to discuss resourcing for project support with no further movement forward in resolving this. 2) Ongoing - tbc	1) Programme Delivery Board 2) ...	1) 2)	1) 30/7/21 2) 01/09/21	Multiple Stages	Quality / Performance / Service Delivery	4	5	20	2	3	6	31.8.21 - This risk has been escalated to an issue (I055)
R317	26-Feb-21	Gavin Bryce	3a. IRS	X	X	X						08-Sep-21		1) Detailed project Plan to identify resource requirements 2) Approved Capital Budget for the Legal & Staffing Costs 3) Regularly monitor staff availability (annual leave & sickness)	1) Resource is below what is needed for the Project as identified in the Plan (30% capacity lost). Need for operational impact on staffing to commit to project tender process 2) Recruitment underway to replace staff that have left the Trust - remains ongoing. Initial internal recruitment unsuccessful awaiting resource from Digital team when their recruitment is completed. 3) Director of Strategic & Commercial Partnerships due to return end of September 21, however Project Support Officer has notified they will be leaving on the 27th Sept and the Head of Capital Procurement will be on Jury Service during evaluation period.	Gavin Bryce	2	30-Sep-21	Procurement	Quality / Performance / Service Delivery	5	4	20	2	4	8	Risk has been escalated to an Issue (I060 in Issue Register)
R257	08-Jun-20	Craig Anderson	1. Enabling works for nVCC	X	X					X		08-Sep-21	£5-6m	1. Regular review of possible areas which may cause delay: 2. Partial mitigation through normal contract condition re liquidated and ascertained damage – where events in the contractors control can result in compensation for costs incurred by the client resulting from time or cost overruns. Need to be within expected reasonable limits. Care required in setting that limit to steer away from punitive damages as few contractor would price the works, pushing up tender prices. 3. Focus to be applied to detailed construction programme following return of EW D&B bids.	1. Most recent review of the plan shows only minimal slack between the end of the enabling works construction and beginning of MIM construction <b>Ongoing</b> 2. Scaling delay damages clause added to tender documentation to ensure contractor is incentivised to completework on time. <b>Complete</b> 3. To be undertaken after 18th June. <b>Complete</b>	Mark Young	1	16-Sep-21	Construction	Cost	4	4	16	3	3	9	Risk cost based on the possible delay of 5-6 months and estimates charges received from the MIM contractor due to loss of profit and costs incurred by delayed start to MIM works.
R329	10-May-21	Jacqui Couch	5. SACT and Outreach	X			X	X			X	31-Aug-21		1) Identify location 2) Identify refurb / new build required 3) Establish level of local engagement with CHCs/public required 4) Identify appropriate resources from all HBs & VUNHST (inc Project Leads. Planning etc) to ensure project is supported and managed to align with project & programme timelines 5) Establishment of ownership and governance of Project within TCS/VF environment	1) Ongoing - ABUHB have confirmed 1 location at Nevill Hall. C&V and CT still ongoing for the Vale & Bridgend populations. North Cwm Taf have confirmed 1 location at Prince Charles 2) Ongoing 3) TBC 4) TBC 5) TBC	Project Board			Multiple Stages	Timescale	4	4	16	3	3	9	31.8.21-No updates and no change to score
R264	29-Jun-20	Jacqui Couch	4. Radiotherapy Satellite Centre	X	X			X				22-Jul-21		1) An integrated Radiotherapy and Physics workforce plan is required to consider the service as a whole taking account of a full operating model that includes current activity, projected activity, IRS and RSU. 2) Provisions from across the whole service will be reconfigured to meet the requirements of the satellite unit.	1) Workforce plan subgroup in progress 2) Workforce model approved for OBC to be included in FBC. Recruitment of additional posts in progress	Amanda Jenkins	1	1) Sept '21 2) Dec '21	Service Delivery	Quality / Performance / Service Delivery	4	3	12	3	2	6	
R266	17-Dec-19	Jacqui Couch	4. Radiotherapy Satellite Centre	X		X	X					19-Aug-21		1) A matrix to consider commitments of colleagues to consider priorities and timings to be developed. 2) Resource review to understand if additional resource may be required to support project teams. 3) Alignment of meetings and agenda's for 'pressured' colleagues to be looked at to manage this. E.g. when there are items in meetings that are not relevant they can be released from the meeting	1) Ongoing 2a) Additional resource has been made available to address, operational issues for the IRS project and recruitment is ongoing for Med Phys. RT resource already in place. 2b) Non-clinical project support is still being discussed and raised with EMB. 3) RSC meetings have been rescheduled to accomodate where possible.	Andrea Hague	2b)	30/09/2021			4	3	12	3	2	6	
R268	17-Jan-20	Jacqui Couch	4. Radiotherapy Satellite Centre	X	X			X				19-Aug-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 to finalise the bunker design which will need to be approved by WG as there will be additional costs from what was agreed in the OBC. Kier/AB are leading this work with input of requirements from VUNHST. 3) Timelines continue to be regularly reviewed by Project Team	2) Kier / ABUHB	2	30-Sep-21			4	3	12	2	2	4	BL - this risk will remain likely until such time that IRS design & procurement is certain, if the timing of the IRS design & procurement extends then impact of this risk increases
R273	30-Jun-20	Jacqui Couch	5. SACT and Outreach	X				X				18-Aug-21		1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirements will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirements will be undertaken.	1) Re-run of projections has been completed and growth assumptions understood, the outputs will then be used to feed into each of the different Outreach locations ensuring they are suitably sized. 2) Paper will be taken to Project Board and Programme Delivery Board	Jacqui Couch / Carys Jones	2	16-Sep-21	Service Delivery	Quality / Performance / Service Delivery	3	4	12	2	3	6	31.8.21 - Likelihood rating of risk has come down from a 5 to a 3. Projections have been re-run and understood
R274	30-Jun-20	Jacqui Couch	5. SACT and Outreach					X				31-Aug-21		1) Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	1) Ongoing as and when required	Project Board	N/A	N/A	Service Delivery	Quality / Performance / Service Delivery	3	4	12	1	3	3	31.8.21 - Impact rating lowered from a '5' to a '4' to reflect current impact on effects to timescales/slippage
R279	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X		06-Sep-21		1) Revise TCS website 2) Improve internal TCS teams Comms 3) Improvements to intranet 4) Improvements to the link between Programme Governance and Comms	1) Completed - TCS website moved onto MURA platform 2) Completed - Comms team have recruited to support TCS Programme 3) work has started to scope this out 4) TBC depending on messages that need to be shared both internally & externally	Non Gwilym	3	tbc	Multiple Stages	Reputation / Political	4	3	12	2	2	4	
R282	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X		08-Sep-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	Bethan Lewis	1	29-Sep-21	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	2	4	
R295	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X		08-Sep-21		1) Established TCS Programme 2) Regional Clinical Ownership advisory groups to develop model - <b>complete</b> 3) External Gateway review - <b>complete</b> 4) Clinical leadership involvement - <b>complete</b> 5) Re-fresh based on clinical & tech advances - <b>complete</b> 6) Benchmark against other models - <b>complete</b> 7) Established CCLG - <b>complete</b> 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (acute oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health Boards and subsequently to WG with a comprehensive strategic plan for the realisation of the programme investment objectives and benefits	1) Established TCS Programme - <b>complete</b> 2) Regional Clinical Ownership advisory groups to develop model - <b>complete</b> 3) External Gateway review - <b>complete</b> 4) Clinical leadership involvement - <b>complete</b> 5) Re-fresh based on clinical & tech advances - <b>complete</b> 6) Benchmark against other models - <b>complete</b> 7) Established CCLG - <b>complete</b> 8) Established Velindre Futures clinical plan to refresh clinical service model 9a) Regional acute oncology service model agreed by CCLG & HB partners, final proposal going to to Board in July for approval and 3 year implementation. 9b) Unscheduled care workstream established within Velindre Futures and working through action plan. Velindre @UHW Project established with UC workshops planned for 8th Sept & 15th Sept. Final clinical service spec to be completed by end of October 21. 10) Leadership of 4 medical directors at regional level to address key outstanding areas - agreement of clinical model and acceptance of recommendation of Nuffield Report - <b>Complete &amp; work ongoing</b> 11) Seek external expertise in design of remaining areas complete - Trust & HB partners have onboarded external expertise 12) Seek seats on local health board cancer services - <b>Complete</b> 13) Benefits Realisation Plan to be reviewed by PMO team - <b>Complete</b> 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	Carl James	9a) 9b)	8) Ongoing 30/07/21 29/10/21	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	2	4	

R297	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Sarah Morley	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs.  <b>Causes</b> - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate.  <b>Consequences</b> - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients	02-Jul-21		1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied 2) Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 3) Clarity of expectations for workforce team involvement 4) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 5) Workforce team to support service to ensure the right people are available and allocated to support	1) Service plans are being developed through VCC Projects and under Velindre Futures workstreams. 2) Workforce planning capability being recruited in WOD to support development of plans. Workforce planning toolkit and methodology in place and signed off by Trust 3) Role clarity to be defined following completion of service plan 4) WOD Team route of engagement with changing programme delivery landscape and VF is being established 5) Currently WOD team supporting in the completion of baselining current workforce to support further planning and supporting initial recruitment in IRS	1) Service Leads 2) Head of Workforce 3) Service Leads 4) Head of Workforce 5) Service Leads/Senior Business Partner VCC	2	1) Ongoing 2) Aug 2021 3) Ongoing 4) Sep 2021 5) Sep 2021	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	1	2	
R298	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Lauren Fear	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians)  <b>Causes</b> - Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change  <b>Consequences</b> - WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits	06-Sep-21		1) Communications / stakeholder engagement plan in development 2) Dedicated webpage for TCS Programme 3) Variety of stakeholder events held over a number of years 4) Clinical workshops held throughout Programme lifetime 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs 8) Monthly meeting with WG Head of Capital and Director General. 9) Engagement with local community	1) completed - Plans are in place and being implemented working with both nVCC & RSC Project teams and Project Boards 2) Better use of technology being reviewed and rolled out to share key messages 3) Variety of stakeholder events held over a number of years - <b>complete</b> 4) Clinical workshops held throughout Programme lifetime - <b>ongoing</b> 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - <b>ongoing</b> 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - <b>ongoing through CCLG</b> 8) Monthly meeting with WG Head of Capital and Director General - <b>ongoing</b> 9) Ongoing with further meetings planned for September	Non Gwilym	n/a	n/a	Multiple Stages	Reputation / Political	4	3	12	2	2	4	
R302	04-Nov-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS  <b>Causes</b> - Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives  <b>Consequences</b> - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders	08-Sep-21		1) Agree clear scope and role of VF and its programme board. 2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result. 3) Communicate the scope of both and any implications for TCS 4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making 5) Understanding and agreement of key stakeholders within and outside the organisation.	1) Good progress made with VF defining key outputs, work programme and delivery arrangements. Programme Board is established and meetings of the Board are taking place. Strategic Capital Board has been established to support new ways of working 2) Ongoing communication between both PMO teams and resource in place to provide link between the 2. Good progress made in aligning key responsibilities and delivery mechanisms at CCLG, TCS and VF. 3) TBC 4) TBC 5) TBC	Carys Jones	3	29-Sep-21	Multiple Stages	Quality / Performance / Service Delivery	4	3	12	2	2	4	
R304	10-Dec-20	Craig Salisbury	1. Enabling works for nVCC	X	X						X	Mark Young	<b>Railway cutting PROW</b>  There is a risk that an application to create a public right of way in the railway cutting might affect the project's ability to use it for a TCAR, leading to delays to enabling works construction	08-Sep-21	£600k	1. Divert PROW.	1. Allowance has been made for handling correctly the newly established public right of way through the railway cutting, that affects the proposed enabling works. We will ensure that we will comply with all necessary timelines for planning, advertisement and enactment of the public right of way diversion to allow the enabling works to proceed uninhibited by this. Timely application to Cardiff CCC will be undertaken. This has been documented on the project plan for the enabling works which is being discussed regularly by PLT. Liability issues and timing to be looked at closely.	Mark Young	1	16-Sep-21	Construction	Timescale	4	3	12	2	2	4	Risk cost based on 6 month delay
R327	22-Apr-21	Gavin Bryce	3a. IRS									Gavin Bryce	There is a risk that the approval for the FBC for the IRS Project is delayed or not approved, due to changes in approval timescales which would lead to delays to project delay, project abandonment impacting on other TCS Projects (nVCC & RSC) deliverables	08-Sep-21		1) Engagement with Capital & Treasury teams 2) Previous presentations to IIB 3) OBC shared with WG Officers for comment 4) WG notified of timescales for FBC so they can align resources 5) Specialist advisors used to support delivery of Business Case	1) Ongoing activity 2) Complete 3) Complete 4) Complete 5) Ongoing	Gavin Bryce	1) 5)	1) 05/11/2021 5) 05/11/2021	Procurement		3	4	12	2	4	4	
R333	05-Jul-21	Craig Salisbury	2. nVCC	X	X						X	David Powell	<b>nVCC OBC Judicial Review</b>  There is a risk that the judicial review request lodged by a member of the public against Welsh Government's decision to approve the nVCC OBC is approved for further consideration, which may lead to delays to or stoppage of the competitive dialogue procurement process.	09-Aug-21	<b>Not quantified</b>	Note: Mitigating actions are primarily led by Welsh Government. Actions that can be taken by Velindre as an Interested Party are:  1. Provide any available evidence to assist WG in refuting points made within the Judicial Review request (e.g. lack of stakeholder consultation, etc.). 2. Remain in regular contact with WG and provide any assistance required.	1. Evidence was provided to the courts in July. Further evidence may be provided if required.  <b>Complete</b> <b>2. Ongoing</b>	Andrew Davies	2	01-Sep-21	Procurement	Timescale	3	4	12	2	4	8	
R342	08-Sep-21	Gavin Bryce	3a. IRS									Gavin Bryce	There is a risk that as the nVCC Competitive Dialogue clashes with the IRS Final Tender evaluation, there is pressure on resource availability leading to delays in finalising the evaluation process	08-Sep-21		1) Understanding of which staff and resource are impacted to explore availability and potential impact of this to the Project	1) Work has started	Gavin Bryce	1	30-Sep-21	Procurement	Timescale	4	3	12	2	3	6	08.09.21 - New Risk

## TCS PROGRAMME SCRUTINY SUB-COMMITTEE

### TCS PROGRAMME MANAGERS REPORT

**DATE OF MEETING**

16.09.2021

**PUBLIC OR PRIVATE REPORT**

Private

**IF PRIVATE PLEASE INDICATE REASON**

Meeting Held in Private

**PREPARED BY**

Carys Jones, Senior Programme Delivery &amp; Assurance Manger

**PRESENTED BY**

Carys Jones, Senior Programme Delivery &amp; Assurance Manger

**EXECUTIVE SPONSOR**

Carl James, Director of Strategic Transformation, Planning &amp; 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

19/09/2021

Noted

**ACRONYMS**

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

## 1. SITUATION / BACKGROUND

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

## 2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

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

## 3. EXTERNAL PROGRAMME ARRANGEMENTS

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

- 3.1 The quarterly Collaborative Cancer Leadership Group (CCLG) meeting took place on the 30<sup>th</sup> July 2021 via MS Teams and was well attended by members from across SE Wales. A summary of the key points discussed at the meeting are as follows:
  - **Nuffield Trust Report Progress Update** – an update against the eleven recommendations contained in the report was provided. It was agreed that the workforce implications should be listed for a separate discussion at the next meeting recognising the importance of progressing the workforce elements to support the future model.
  - **SE Wales Regional Response to the Simon Dean (Deputy CEO NHS Wales) Letter** – the final response issued on 30<sup>th</sup> June 2021 to Simon Dean was received and noted by the Group. The letter outlined progress in each of the areas required to make a regional networked cancer model a success in light of the nVCC OBC approval. No response had been received from WG at the time of the meeting.
  - **Workshop on Developing the SE Wales Cancer System** – the group agreed that a workshop to progress Recommendation 1 of the Nuffield Trust Report should be arranged in the autumn. The workshop purpose is

to consider the recommendation in detail and how the SE Wales cancer health economy could evolve its governance and planning mechanisms to function as a whole system; learning from models such as the Cancer Vanguards, or Cancer Alliances. It was agreed that it should be externally facilitated.

- **Velindre @ UHW Progress Update** – an update was provided against the three workstreams within this joint programme of work: acute/unscheduled care, the Research Hub @ UHW and haemato-oncology services. Significant progress had been made in the Research & Development (R&D) agenda. Clinical design workshops had been arranged to begin the detailed discussion on the acute/unscheduled care pathways for cancer patients in Cardiff and the Vale. There was least progress in the haemato-oncology workstream, although this work was hugely interdependent with the other two workstreams. The regional significance of this work was recognised.
- **Acute Oncology Service (AOS) Regional Business case** – the latest progress with the AOS business case was presented, noting that the final business case was being received by the respective Boards in September for approval. The need for a Senior Responsible Owner (SRO) and a deputy SRO was discussed, it was agreed that these posts should be undertaken by a senior executive and a clinician, with the requisite planning and finance expertise to support them.
- **Prehabilitation2Rehabilitation programme of work** – a brief update was provided sharing the draft terms of reference for a regional programme board with its inaugural meeting in the autumn.
- **Membership of UKSPA** – the Group approved a recommendation that the CCLG join the UK Science Park Association (UKSPA) as a collaborative for 1 year, with the possibility of renewing on an annual basis. UKSPA is an association that looks to support and grow science parks, innovation centres and other innovation locations globally. This is achieved by members meeting (currently virtually) to share good practice, network and develop this sector.
- **Value Based Lung Work** – Dr Craig Dyer, Consultant Respiratory Physician, presented an outline of a number of key developments in the lung cancer field which could be ‘worked up’ further to form a focused programme of lung cancer improvement work under the auspices of the CCLG. The Director of Strategy and Transformation, CTM UHB, with her team agreed to work with the lung clinicians to develop this further and return to the next CCLG with a proposal.
- **Transforming Cancer Services (TCS) in SE Wales Programme** – an update on the TCS programme (including nVCC, the Integrated Radiotherapy Solution (IRS) procurement, and the Radiotherapy Satellite Centre) was provided noting the key progress in each of the respective areas.

- 3.2 The group recorded their thanks to the outgoing chair, Len Richards, CEO, Cardiff and Vale UHB, who vacates his CEO post in the early autumn. Mr Richards' leadership as CCLG Chair in the regional cancer agenda had been invaluable.
- 3.3 The next meeting of the CCLG will be held on the 22<sup>nd</sup> October 2021.

#### ***Velindre @ UHW***

- 3.4 The 'Velindre @ UHW Project' which begins to address elements of the wider regional operating model, and in particular addresses a number of the Nuffield Trust recommendations, is progressing well.
- 3.5 A brief update is provided on each of the 3 workstreams below:
- i. **Research & Development** – a proposal for a 'Research Hub' at UHW is now in its final draft. This was based on the outputs from a clinical design workshop which took place on the **8<sup>th</sup> June** and further engagement/input from clinical leads. It describes the proposed future research hub operational model and infrastructure requirements, and will support the development of any future business cases for investment.
  - ii. **Unscheduled Care** – the first of two three-hour clinical design sessions took place on 14<sup>th</sup> September and was well received by attendees. An extensive data pack was circulated ahead of the session providing insight into regional cancer activity and patient flows. This formed the basis of the discussion together with five key questions drawn from the Nuffield Report insights. As a result of the workshop a number of smaller task and finish groups will be formed to develop the detailed patient pathways for review at a further second workshop to be held in the w/c 8<sup>th</sup> November.
  - iii. **Haemato-oncology** – the agenda for the haemato-oncology clinical design meeting has been drafted and is awaiting further input from haematology colleagues at CAVUHB.

## **4. INTERNAL PROGRAMME ARRANGEMENTS**

### ***Wider Programme Updates***

#### ***Velindre Futures***

- 4.1 Velindre Future (VF) Programme Boards were held on 22<sup>nd</sup> July and 18<sup>th</sup> August. The usual monthly highlight presentation was provided by the Senior Programme Delivery and Assurance Manager to update on TCS programme progress and highlight any issues, interdependencies or co-ordination points to be addressed.

4.2 A summary report from each of the VF Programme Development & Delivery Groups is provided at the Board, each outlining progress within their respective workstreams. These include:

- SACT Services & Medicines Management
- Radiation Services
- Medicine
- Operational Services & Delivery
- Integrated Care

4.3 The breadth of development work being undertaken within VCC is evident. There are wide ranging interdependencies with the TCS programme and wider regional work which are being monitored via the Master Programme Plan, but require continued close scrutiny to ensure alignment.

### ***Risk Management***

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

### ***Future Governance Arrangements and Transition***

4.5 The governance, accountability and reporting arrangements within the Trust's programme and committee structure are currently being reviewed. This is likely to result in the transition of the current TCS Programme Delivery Board into a new Strategic Capital Board, with further considerations for the TCS Scrutiny Sub-Committee. The detail of the revised structure is currently being developed by the Executive Team and is yet to be finalised. However, it is likely that a transition to new governance arrangements will result in a significant programme of work to move from the existing programme structure to the new arrangement.

4.6 This is likely to result in a significant additional workload for the Programme Team to prepare the necessary programme and transition documentation to comply with good project and programme governance principles.

4.7 Consideration will need to be given to the following aspects in support of any future transition:

- **Change Controls** to manage changes to project/programme scope and their associated impacts

- **Closure / Transition Reports** for the existing projects/programme
  - Transfer of existing **risks and actions** from current logs, and confirmation of acceptance by successor arrangements / alternative programmes such as Velindre Futures
  - Review of the **Benefits Register** and confirmation of acceptance by successor arrangements / alternative programmes
  - Review of the **Project Briefs** and confirmation of acceptance by successor arrangements / alternative programmes
  - Review of the **Programme Assumptions**
  - Review of **Lessons Learned**
  - Review and **transition of current roles** into successor arrangements
  - Review and transfer of the existing **programme documentation**, digital files and intellectual property
  - **Communication of the new arrangements** to staff and 'messaging' to external stakeholders (TCS 'brand' legacy)
- 4.8 Whilst there are significant opportunities associated with evolving the current governance arrangements, there is a risk inherent in transitioning between the two mid-programme whilst the new arrangements mature and embed.
- 4.9 It is proposed that once the new governance arrangements are agreed, the Programme Team develop a Transition Plan to describe and manage the tasks required for a successful transition. It should be recognised that this is a considerable undertaking and PMO team priorities may need to be reviewed.

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

- 4.10 This section *does not* provide a full update against each project; only matters which have a potential impact on the delivery or coherence of the overall programme (such as scope or timescales), are highlighted below. Details pertaining to the specifics of the constituent Projects are captured in their respective Highlight Reports.
- 4.11 **nVCC and Enabling Works** – The Project has successfully recruited to a number of new posts to support the competitive dialogue process and is now well prepared for Competitive Dialogue (CD). CD commenced w/c 6<sup>th</sup> September representing a major milestone in the project. Two consortia are participating following a pre-qualification process – Future Health and Acorn. CD will run until Spring 2022 when final designs will be requested. Bids have been received for the Enabling Works tender and an evaluation of tenders has been undertaken. This is being worked through the internal governance and approvals process to be received at Trust Board on 30<sup>th</sup> September.
- 4.12 The **Integrated Radiotherapy Solution** – the Stage 2 Dialogue phase is now complete with the Final IRS Tender being issued to bidders on 13<sup>th</sup> August with 6 weeks for bidders to respond by 24<sup>th</sup> September 2021. Training is

underway with the IRS Team to support tender evaluation ahead of tenders being returned.

- 4.13 The **Radiotherapy Satellite Centre** – WG have approved the funding for the antenatal enabling works, however, the Stage 4 sign off process is behind programme due primarily to changes in the LINAC Bunker Size and SMART Hospital Design. The C-sheets and the 1:200 layout issues are in the process of being resolved with a meeting in the diary 20<sup>th</sup> September to agree. The SMART Hospital brief changes as likely to increase costs which will exceed the FBC fees and programme timescales (potentially as much as £3m and 29 weeks) and this will require WG approval.
- 4.14 **Outreach** The project is currently on hold until project resourcing constraints can be resolved. A resourcing solution is being discussed at the Trust Board on 30<sup>th</sup> September as part of a wider resource discussion. Consideration is still needed as to which elements will move to the Velindre Futures scope and which remain within TCS.
- 4.15 **Service Delivery and Transition** has not progressed within the TCS programme however the Velindre @ and VF programme address many of the areas of the original project scope. A decision is still required on the most appropriate mechanism to progress this work in light of the scope of the Velindre Futures Programme.

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

- 4.16 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**

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:

<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.

## 6. RECOMMENDATION

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



**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

## TCS PROGRAMME SCRUTINY SUB-COMMITTEE

### MINECRAFT FOR EDUCATION – COMPETITION UPDATE

<b>DATE OF MEETING</b>	21 <sup>st</sup> September 2021
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Hannah Moscrop, Project Manager, TCS
<b>PRESENTED BY</b>	Carl James, Director of Strategic Transformation, Planning, and Digital
<b>EXECUTIVE SPONSOR APPROVED</b>	Carl James, Director of Strategic Transformation, Planning, and Digital

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

COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	16/09/21	NOTED

#### ACRONYMS

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## **1. SITUATION**

- 1.1 On 21<sup>st</sup> May 2021, the Executive Management Board received an update on the Minecraft for Education Competition being run by Velindre University NHS Trust and Cardiff University Technocamps.
- 1.2 The competition sought designs from children and young people, aged 8-18, for the nVCC and site – asking for design ideas to incorporate biodiversity, community assets, sustainability, and the Well-being of Future Generations Goals.
- 1.3 The competition closed for registrations on 28<sup>th</sup> June, and for entries on 12<sup>th</sup> July. In total, 120 registrations were made, including individual, class and whole-school registrations. Further to this, 34 entries were received, including individual and team entries. This met both our Communications targets for engagement and interaction.

## **2. KEY MATTERS FOR CONSIDERATION**

- 2.1 Based on the competition requirements, Technocamps shortlisted entries down to a ‘top 10’ of those who had completed all elements of the competition and design criteria.
- 2.2 An evaluation panel was held on 22<sup>nd</sup> July, comprised of Velindre Fundraising Young Ambassadors, a local resident and VCC staff representative, a patient representative, Technocamps representatives, the nVCC Project Director David Powell and the nVCC Design Adviser Phil Roberts.
- 2.3 The panel considered the shortlist, and agreed on winners and runners up for both individual and team entries.
- 2.4 Winners and runners up will be notified when the schools return in early September, alongside a Comms campaign. Additionally, all participants will receive a STEM goody bag from Technocamps and thank you letter from Velindre.
- 2.5 The winners will receive a framed print of their design, and a copy will also be displayed within VCC. They will also receive family passes to a local farm park, and we will work with their schools to arrange a formal presentation ceremony.
- 2.6 Winners, runners up, and the Young Ambassadors involved in judging the entries will be invited to a dedicated Design workshop event to be held during Competitive Dialogue – to feed into bidders design process.

- 2.7 The winners, runners up, and top 10 entries, along with a full analysis of all entries received will be provided to nVCC bidders as feedback, ahead of them commencing their designs.
- 2.8 A meeting will be held in September with the Future Generations Commissioner's team to discuss its success, impact, reach and future workability.
- 2.9 A video of the two winning worlds can be viewed here: [\[Video\]](#)  
And of the shortlisted top 10 worlds here: [\[Video\]](#)

### 3. IMPACT ASSESSMENT

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

### 4. RECOMMENDATION

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

# TCS PROGRAMME SCRUTINY SUB-COMMITTEE

## INTEGRATED ASSURANCE & APPROVALS PLAN

<b>DATE OF MEETING</b>	21 <sup>st</sup> September 2021
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<b>PUBLIC OR PRIVATE REPORT</b>	Private
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Commercially Sensitive
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<b>PREPARED BY</b>	Andrew Davies, Principal Project Manager
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<b>PRESENTED BY</b>	David Powell, Project Director
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<b>EXECUTIVE SPONSOR APPROVED</b>	Steve Ham, Chief Executive
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<b>REPORT PURPOSE</b>	FOR NOTING
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### COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Project Board	14/9/2021	NOTED
TCS Programme Delivery Board	16/09/2021	NOTED

### ACRONYMS

IAAP	Integrated Assurance and Approvals Plan
MPP	Master Programme Plan
nVCC	New Velindre Cancer Centre

## 1. BACKGROUND

- 1.1 The Integrated Assurance and Approvals Plan (IAAP) was established following a gateway review of the TCS Programme in 2017 to allow for the planning and coordination of key deliverables and their required levels of governance.
- 1.2 The IAAP promotes good governance and ensures the VUNHST Board is sighted on and given the opportunity to scrutinise in a meaningful way key Programme and Project deliverables.
- 1.3 The IAAP provides Welsh Government with governance assurance of each key deliverable for the Enabling Works and new Velindre Cancer Centre (nVCC) projects, to include a timeline aligned to the Master Programme Plan (MPP). The latest version (v1.0) was submitted as evidence to support CAP2 responses in August 2021.

## 2. SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The IAAP and its features are explained in **Appendix 1**. The table at point 4 presents the Boards & Committee's that are deemed appropriate to approve each deliverable for Enabling Works and nVCC Projects, including current status.
- 2.2 The project team have been working to complete all key deliverables to ensure alignment to the MPP. Further work, including advisor support, is required on the following items and the IAAP (v1.0) has been updated to reflect the revised board approval dates:-
  - **Asda Works Escrow / Project Bank Account** - approval is now expected in Q4 2021
  - **Enabling Works Contract Award** – approval is now expected in Q4 2021
- 2.3 The project team don't envisage a detrimental impact on overall timelines at this stage.

## 3. IMPACT ASSESSMENT

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



**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

	If more than one Healthcare Standard applies please list below:
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	The IAAP allows efficient discharge of the Trust's governance requirements.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	There is no direct impact on resources as a result of the activity outlined in this report.

#### 4. RECOMMENDATION

- 4.1 The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the contents of the report.

# Enabling Works & New Velindre Cancer Centre (nVCC)

Integrated Assurance and Approvals Plan

Version 2.0

## DOCUMENTATION CONTROL SHEET

### Document Version History:

Version Number	Date	Author	Summary of changes
1.0d	28/02/2020	Peter Sowerby	IAAP included in the 2019 nVCC OBC reworked to clarify scheme specific actions and timelines
0.2d	15/04/2020	Andrew Davies	Revised to reflect Principal Project Manager comments, validation of information and the impact of COVID 19 pandemic on the programme timeline
0.3/4d	20/05/2020	Andrew Davies	Revised to reflect feedback from Project Director and alignment to Procurement Strategy and forward look.
1.0	19/04//2021	Andrew Davies	Revised to reflect additional key documents, changes in timelines and programme milestones in light Contract Notice being issued. The addition of an approval confirmation column for ease of reference.
2.0	07/09/2021	Andrew Davies	Revised board submission (now Q4) for the Asda works Escrow / Project Bank account and. Enabling Works Contract Award

### Approvals

This document requires the following approvals:

Title / Group	Date	Version/Option

### Distribution

This document has been distributed to:

Name	Title	Date	Version
N/A	nVCC Project leadership team	29 January 2020	0.1
N/A	nVCC Project leadership team	23 <sup>rd</sup> March 2020	0.2
N/A	nVCC Project Board	22 <sup>nd</sup> April 2020	0.3
N/A	nVCC Project Leadership Team	May 2021	0.4

## 1. Background / Introduction

One of the principles of good governance is to ensure the right level of the organisation is sighted on and given the opportunity to scrutinise in a meaningful way key Project and Programme deliverables which affect the organisation.

The level of scrutiny needs to be proportionate to the scale of the impact of the decision sought. Similarly, the governance framework will need to be flexible and respond to the needs of the complex, fast moving and transformative nature of the Transforming Cancer Services Programme (TCS).

The IAAP was established following the Gateway Review of the TCS Programme in January of 2017. Its purpose is to allow for the planning and co-ordination of Programme deliverables' governance. The IAAP is based on the most current Project Master Plan for the Enabling Works and new Velindre Cancer Centre (nVCC) and Governance Structure. It is a dynamic document that will be updated to reflect the evolving programme.

In order for Groups, Committees and Boards to be able to provide meaningful scrutiny and assurance, this IAAP highlights:

- all key products outlined in the latest Project Master Plan which relate to the delivery of the Enabling Works and new Velindre Cancer Centre (nVCC);
- the governance route for each of the products;
- planned **approval** dates;

## 2. Scope

The nVCC IAAP covers all major approvals and governance requirements within the Enabling Works and nVCC Projects from January 2020 to financial close, July 2023 based on current planning assumptions which have been impacted by the COVID 19 pandemic, further revisions may apply. This IAAP will feed into an overarching TCS Programme IAAP which is currently being developed to cover all Projects that constitute the TCS Programme.

## 3. Governance Framework and Criteria

Products are developed by officers in consultation with advisors, colleagues and through project workstreams and sub-groups before being submitted for approval. The core principles over-riding governance and decision making for the nVCC and Enabling Works projects are:

- Day to day decision making: **Project Teams**
- In-project decision making within Velindre scheme of delegation: **Project Boards**;
- Agreement to material changes in scope/financing/programme plus material impact on other projects: **TCS Programme Delivery Board**;
- Assurance on projects approach/decision making: **TCS Programme Scrutiny Sub Committee**;
- Approval of material changes in scope/key project documents/selection of bidders/Financial and Commercial documents/Contracts: **VUNHST Board**;
- Approval of Business Cases; commercial documents and derogations; Close of Dialogue; contracts and Financial Close: **Welsh Government** (including Velindre MIM Health Strategic Board)

There will be occasions when approvals outside of the internal governance route (detailed above), are required:-

- **VUNHST Executive Team meeting** will be asked to approve items during Competitive Dialogue to ensure immediate project continuity.
- **Operational and Clinical** approval via Velindre Cancer Centre (VCC) Planning and Performance Committee
- **nVCC Competitive Dialogue Governance**- The CD process for procuring the nVCC will be managed by Evaluation Panel's established for the purpose and subject to scrutiny via the Welsh Government's Commercial Approval Points (CAP) and as detailed in the Project Agreement (PA) and the Mutual Investment Model (MIM) Procurement Documents that have been approved by the VUNHST Board. There will be clear audit trails to support the Evaluation Panel's recommendations and provide evidence of fair process and compliance with Procurement Regulation. The Evaluation Panel's will have input from technical advisors, staff and users of Velindre Cancer Centre (VCC). As mentioned above, there may be occasions when the VUNHST Executive Team will approve items.

## 4. Project Deliverables and Governance Path

The table below presents the project deliverables from issuing of the Prior Information Notice (PIN) in January 2020 to Financial Close in **July 2023**. The approval of the Enabling Works and new Velindre Cancer Centre Outline Business Cases on **19<sup>th</sup> March 2021** and the issue of the **Contract Notice** on **21<sup>st</sup> April 2021** has enabled this document revision to present timeline certainty.

Deliverables	Description	nVCC / Enabling Works Project Board(s)	Programme Delivery Board	Other Committee	TCS Programme Scrutiny Sub Committee meeting	VUNHST Trust Board - Meeting	WG (including Velindre MIM Health Strategic Board)	Planned Approval Revised Dates based Approval of OBC's	Approval Confirmation
<b>Key Documents</b>									
<b>Project Agreement</b>	Full legal contract proposed for the design, build and maintenance of the nVCC	Endorse	Endorse		Assure	Approve	Approve	Q3 2020	✓
<b>Procurement Strategy</b>	Description of the key processes employed to procure the nVCC	Endorse	Endorse		Assure	Approve		Q3 2020	✓
<b>Contract Notice (OJEU)</b>	Notice to the market that announces the formal procurement is now active	Endorse	Endorse		Assure	Approve	Approve	Q3 2020	✓
<b>Pre-Qualification Questionnaire (PQQ)</b>	Used to help public sector buyers / purchasers shortlist suppliers to invite to tender where a certain level of technical ability and prior company performance is required	Endorse	Endorse		Assure	Approve	Approve	Q3 2020	✓
<b>Descriptive Document (DD)</b>	Provides prospective bidders with sufficient information relating to the Projects and outlines potential requirements / needs	Endorse	Endorse		Assure	Approve	Approve	March 2021	✓
<b>Invitation to Participate in Dialogue (ITPD)</b>	The ITPD invites bidders who have passed the PQQ stage to commence the dialogue stage. This document will restate VUNHST needs in a more formal specification document and sets out how it will conduct the dialogue.	Endorse	Endorse		Assure	Approve	Approve	March 2021	✓
<b>[Key Process Points] to reflect Welsh Government amendments</b>	Describes the key commercial decisions within the PA and PD	Endorse	Endorse		Assure	Approve	For Information	Q3 2020	✓
<b>PQQ Evaluation Report</b>	Reports outcomes of PQQ and recommends bidders to be invited to participate in dialogue.	Approve	Endorse		Assure	Approve	For Information	Q3 2021	✓
<b>nVCC Design Brief</b>	Description of design requirements for the nVCC	Endorse	Endorse		Assure	Approve	For Information	March 2021	✓
<b>nVCC Outline Business Case (OBC) Grid</b>	Makes the case for the nVCC – Responses to Welsh Government comments	Endorse	Endorse		Assure	Approve	Approve	Q4 2020	✓
<b>Enabling Works Outline Business Case (OBC) Grid</b>	Makes the case for the enabling works needed for the nVCC – Responses to Welsh Government comments	Endorse	Endorse		Assure	Approve	Approve	Q4 2020	✓
<b>Enabling Works Full Business Case (FBC) – ASDA / Design &amp; Build Works</b>	Makes the detailed costed case for the specific proposal made by the preferred bidder.	Endorse	Endorse		Assure	Approve	Approve	Q3 2021	✓
<b>nVCC Full Business Case (FBC)</b>	Makes the detailed costed case for the specific nVCC proposal made by the preferred bidder.	Endorse	Endorse		Assure	Approve	Approve	Q4 2022	✓
<b>Land Strategy Document</b>	Land transfer arrangements with Cardiff & Vale University Health Board (CVUHB)	Endorse	Endorse		Assure	Approve		March 2021	✓

Deliverables	Description	nVCC / Enabling Works Project Board(s)	Programme Delivery Board	Other Committee	TCS Programme Scrutiny Sub Committee meeting	VUNHST Trust Board - Meeting	WG (including Velindre MIM Health Strategic Board)	Planned Approval Revised Dates based Approval of OBC's	Approval Confirmation
<b>Other Documents</b>									
<b>Soft Market Testing Report</b>	Feedback on issues raised by market engagement and any responses made.	Approve	Approve		For Information	For Information	For Information	Q2 2020	N/A
<b>Site Management</b>	Option appraisal for Board consideration in light of land exchange with CVUHB	Endorse	Endorse		Assure	Approve	For Information	May 2021	✓
<b>Resources - Internal</b>	Confirmation of revised team structure to deliver the procurement phases of the nVCC & Enabling Works project	Endorse	Endorse		Assure	Approve	For Information	April 2021	✓
<b>Resources - External</b>	Procurement of Tier 2 Advisors to support the next phase of the nVCC Project	Endorse	Endorse		Assure	Approve	For Information	May 2021	✓
<b>Enabling Works Contract – Design &amp; Build Works</b>	Contract to undertake Velindre elements of enabling works	Endorse	Endorse		Assure	Approve		Q4 2021	
<b>ASDA Works - Escrow Account / Project Bank Account</b>	Final Asda works specification and operational arrangements for the escrow account / project bank account.	Endorse	Endorse		Assure	Approve		Q4 2021	
<b>Invitation to Submit Final Tenders (ITSFT)</b>	Bidders are invited to submit their final tenders	Endorse	Endorse		Assure	Approve		Q1 2022	
<b>Selection of Preferred Bidder</b>	Preferred bidder selected and notified	Endorse	Endorse		Assure	Approve		Q2 2022	
<b>Authority to Close Dialogue</b>	The CD team will request that CD stops, being confident that it has met its objectives and that there is likely to be a compliant bid that can progress to final tender	Endorse	Endorse		Assure	Approve		Q1 2023	
<b>Contract Acceptance Report &amp; Financial Close</b>	This report concludes the dialogue and the proposed deal that has been achieved	Endorse	Endorse		Assure	Approve		Q1 2023	
<b>Commercial Approval Points and Project Assurance</b>									
<b>Critical Friend Review</b>	Independent Review of Project Status	Note and Respond			For Information	For Information	For Information	Q2 2020	N/A
<b>CAP 1 (pre OJEU)</b>	Welsh Government report to confirm that all pre-procurement requirements have been completed and that there are sufficient resources in place.	Note and Respond	For Information	Audit Committee to note	For Information	For Information	Publish	Q1 2021	N/A

Deliverables	Description	nVCC / Enabling Works Project Board(s)	Programme Delivery Board	Other Committee	TCS Programme Scrutiny Sub Committee meeting	VUNHST Trust Board - Meeting	WG (including Velindre MIM Health Strategic Board)	Planned Approval Revised Dates based Approval of OBC's	Approval Confirmation
	This CAP must be satisfactorily completed before proceeding to procurement.								
<b>CAP 2 (pre Competitive Dialogue)</b>	Welsh Government review for assurance that PQQ is compliant. Approval needed before ITPD can be issued.	Note and Respond	For Information	Audit Committee to note	For Information	For Information	Publish	Q3 2021	✓
<b>CAP 3 (Mid-Dialogue)</b>	Welsh Government review at mid-point of dialogue to assure that dialogue is on track	Note and Respond	For Information	Audit Committee to note	For Information	For Information	Publish	Q4 2021	
<b>CAP 4 (End Dialogue)</b>	Welsh Government review to assure that project is ready to close dialogue and identify a preferred bidder	Note and Respond	For Information	Audit Committee to note	For Information	For Information	Publish	Q1 2022	
<b>CAP 5 (pre Financial Close)</b>	Pre-financial close review by Welsh Government	Note and Respond	For Information	Audit Committee to note	For Information	For Information	Publish and Cabinet Minister approval	Q4 2022	

## TCS PROGRAMME DELIVERY BOARD

### NUFFIELD TRUST INDEPENDENT ADVICE – A PROGRESS UPDATE

<b>DATE OF MEETING</b>	16 <sup>th</sup> September 2021
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<b>PUBLIC OR PRIVATE REPORT</b>	Private
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Meeting Held in Private
------------------------------------------	-------------------------

<b>PREPARED BY</b>	Carys Jones, Senior Programme Delivery & Assurance Manager Carl James, Director of Strategic Transformation, Planning and Digital
<b>PRESENTED BY</b>	Carl James, Director of Strategic Transformation, Planning and Digital
<b>EXECUTIVE SPONSOR APPROVED</b>	Carl James, Director of Strategic Transformation, Planning & Digital

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

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

## 1. PURPOSE

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

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Nuffield Trust were commissioned by Velindre University NHS Trust in September 2020 to provide independent advice on the regionally integrated model for non-surgical tertiary cancer services across South East Wales.
- 2.2 The report sets out 11 recommendations for Velindre University NHS Trust and Health Board (HB) partners to consider in securing planned and sustained improvements in cancer services in the immediate, medium and long term.
- 2.2 The current position against each of the recommendations is set out in the 'Progress' column in Annex 1. Updates for September 2021 are illustrated in green text.

## 3. IMPACT ASSESSMENT

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

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



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

#### **4. RECOMMENDATION**

4.1 The Programme Board is asked to:

- **NOTE** the progress update

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

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

	Recommendation	Key actions* <i>*To be finalised following discussions with partners</i>	Lead	Senior Responsible Officer	Timescale	Progress	Board Committee responsible for oversight of fulfilling the VUNHST accountabilities within each recommendation
1	<p>The planning process for all South East Wales cancer services needs to be reviewed and its coordination improved, with the development of a common dataset and planning approach put in place.</p> <p>Steps have been taken to support this and it is going to be very important that the CCLG is effective – this will help to fill the strategic gap in the planning of cancer services that has existed across South East Wales. There are some</p>	<p><b>Developing CCLG</b></p> <ul style="list-style-type: none"> <li>Agree strategic approach for SE Wales e.g. Alliance or Vanguard model</li> <li>Develop approach/plan to evolve CCLG e.g. programme/ governance/ resources</li> </ul> <p><b>Developing strategy for South East Wales</b></p> <ul style="list-style-type: none"> <li>Initial discussions across region/scoping</li> <li>Establish arrangements for strategy development</li> </ul>	<p>LHBs/ VUT</p> <p>LHB/VUT</p> <p>LHB/ VUT</p>	Carl James	To be agreed	<ul style="list-style-type: none"> <li>CEOs/CCLG all agree on principle of approach</li> <li><b>Regional workshop took place 26<sup>th</sup> March</b></li> <li>Initial resource request made/ supported in principle by PHW</li> </ul>	Strategic Development Committee



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

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



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



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



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



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7	<p>The Velindre@ model needs further work to describe how it will operate, its interface with acute services and its relationship to the wider pattern of ambulatory care. This should include the integration and development of other ambulatory therapeutic services such as dietetics, occupational therapy, physiotherapy, psychological therapy and speech therapy.</p>	<ul style="list-style-type: none"> <li>Development of Target Operating Model developed for non-surgical tertiary cancer services which finalizes V@ requirements for at home/outreach care</li> </ul>	LHB/ VUT	Eve Gallop-Evans/Jaz Abrahams/Nicola Williams (tbc)	To be agreed	<p><b>Regional Operating Model:</b></p> <ul style="list-style-type: none"> <li>- Workshop now planned for April with LHBs to scope</li> <li>- <b>Phase 1:</b> V@UHW: scoping meeting held on 26<sup>th</sup> Feb 2021</li> <li>- Archus consulting commenced to support</li> <li>- Acute oncology service business case on track to be finalized for 31<sup>st</sup> March 2021</li> <li>- Initial implementation resource has been identified by VT and HBs</li> </ul>	TCS Programme Scrutiny Sub-Committee (as already part of PBC)
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						to commence in April.	
8	The development of a refreshed research strategy is a priority and further work is required to fully take advantage of the networked model.	<ul style="list-style-type: none"> <li>Final VCC strategy</li> <li>Alignment of research, development and innovation strategies across South East Wales</li> <li>across regional RD&amp;I strategies</li> <li>alignment with development of service/infrastructure :               <ul style="list-style-type: none"> <li>(i) UHW acute/research hub</li> <li>(ii) Velindre@ locations</li> <li>(iii) Centre for Learning</li> </ul> </li> </ul>	VUT  VUT  C&V/VUT	Mererid Evans	February 2021	<ul style="list-style-type: none"> <li>Velindre Futures RD&amp;I strategy completed</li> <li><b>Phase 1:</b> V@UHW: scoping meeting held on 26<sup>th</sup> Feb 2021</li> <li>Archus consulting commenced to support</li> </ul>	RD&I Sub-Committee
9	Organisational development and other work to create a successful cancer network is going to	<ul style="list-style-type: none"> <li>Development of regional workforce plans</li> </ul>	LHBs / VUT	Sarah Morley / regional partners (TBC)	To be agreed	To be agreed	Strategic Development Committee



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	be required but has not featured much in our conversations for this report.						
10	Flexibility in design is going to be important both for the new VCC and for whatever is developed at the new UHW due to the rapid change in the nature of treatment and research.	<ul style="list-style-type: none"> <li>Flexibility built into new Velindre Cancer Centre specification</li> <li>Strategic review of future opportunities across the region in advance of proposed developments e.g. community diagnostics strategy; local cancer plans; split acute/elective sites; proposed UHW2 development etc.</li> </ul>	VUT  LHBs / VUT	David Powell	31 <sup>st</sup> March 2021	Completed	TCS Scrutiny Sub-Committee
11	There are future strategic development opportunities provided by the development of a new VCC and a proposed UHW2. Working together over the	<ul style="list-style-type: none"> <li>Establishment of strategic planning capability under the leadership of the CCLG to identify service/infrastructure</li> </ul>	LHBs / VUT	To be agreed	To be agreed	<p>CAV: PBC for UHW2 has been developed.</p> <p>CAV &amp; VUHT to engage on future strategic opportunities</p>	Strategic Development Committee

	15- to 20-year window, the health system should look to exploit these development opportunities in light of future service needs.	requirements in planned infrastructure <ul style="list-style-type: none"> <li>Partnership between Cardiff LHB, Velindre University NHS Trust and Cardiff City Council on master planning activities in North Cardiff</li> </ul>				regarding service and infrastructure	
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## Nuffield Trust Recommendations: Progress Update (September 2021)

	Recommendation	Key actions	Lead	Target date	Progress	Committee responsible for oversight of fulfilling the VUNHST accountabilities within each recommendation
1	The planning process for all South East Wales cancer services needs to be reviewed and its coordination improved, with the development of a common dataset and planning approach put in place. Steps have been taken to support this and it is going to be very important that the CCLG is effective – this will help to fill the strategic gap in the planning of cancer services that has existed across South East Wales. There are some lessons from the development of the more successful cancer alliance models in England that could be followed. These take responsibility not only for the planning of cancer services but also for leadership and performance management.	<p><b><u>Developing the cancer system (alliance approach)</u></b></p> <ul style="list-style-type: none"> <li>• Agree strategic approach for SE Wales e.g. Alliance or Vanguard model</li> <li>• Develop approach/plan to evolve CCLG e.g. programme/ governance/resources</li> </ul> <p><b><u>Developing strategy for South East Wales</u></b></p> <ul style="list-style-type: none"> <li>• Initial discussions across region/scoping</li> <li>• Establish arrangements for strategy development</li> <li>• Develop plan/ identify resources/ arrangements etc</li> </ul>	<p>HBs/VUT</p> <p>HBs/VUT</p> <p>HBs/ VUT</p>	<p>Tbc following Oct workshop</p> <p>Apr 2022 (Tbc)</p>	<ul style="list-style-type: none"> <li>• CEOs/CCLG all agree on principle of approach</li> <li>• Regional workshop and approach agreed with CCLG Chair.</li> <li>• Supplier for the external facilitation identified and initial scoping discussion held.</li> <li>• Date being sought for Oct/Nov 2021.</li> <li>• Agreement in principle of benefits of SE Wales Cancer Strategy</li> <li>• Initial resource request made/</li> </ul>	Strategic Development Committee

					supported in principle by PHW	
2	Full co-location would have advantages but is not practical for a significant period of time. However, action is required soon to deal with the issues with the estate and linear accelerators at the VCC.	<ul style="list-style-type: none"> <li>Secure approval of Commercial Approval Point (CAP) 1</li> <li>Secure approval for OBC for new Velindre Cancer Centre</li> <li>Secure approval of Commercial Approval Point 2</li> <li>Procurement and Pre-Qualification Questionnaire (PQQ) of bidders</li> <li>Run Competitive Dialogue and award contract</li> <li>Construction of nVCC</li> <li>Secure approval for OBC/FBC for new linacs for SE Wales</li> </ul>	VUT  VUT  VUT  VUT  VUT  VUT	Feb 2021  Mar 2021  Aug 2021  Jul 2021  Tbc  Dec 2024  Tbc	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Competitive dialogue commenced w/c 6<sup>th</sup> Sept representing a major project milestone</li> <li>On track</li> <li>On track</li> </ul>	TCS Programme Scrutiny Sub-Committee

<p>In the near future, each HB needs to:</p> <p>a) Develop and implement a coordinated plan for:</p> <ul style="list-style-type: none"> <li>- analysing and benchmarking cancer activity against their areas</li> <li>- advice and decision support from oncology for unscheduled cancer inpatient admissions via A&amp;E</li> <li>- acute oncology assessment of known cancer patients presenting with symptoms/toxicities, with inpatient admission an option on a district general hospital site if needed, complemented by the Velindre@ ambulatory model, bringing models for haemato-oncology and solid tumour work together</li> </ul>	HBs required to develop plan	HBs/ VUT	Tbc		Strategic Development Committee – for design and development
	<ul style="list-style-type: none"> <li>• Benchmarking plan etc</li> </ul>				
	<ul style="list-style-type: none"> <li>• develop a revised target operating model for non-surgical tertiary oncology services including alignment of the AOS/ambulatory care models</li> </ul>	HBs/VUT			Quality, Safety & Performance Committee – for delivery.
	<p><b>Phase 1:</b> V@UHW: scoping commenced Feb 2021</p> <ul style="list-style-type: none"> <li>- Archus consulting commenced to support</li> </ul>	CAV and VUT	Feb 2021	<ul style="list-style-type: none"> <li>• Complete</li> </ul>	
	<ul style="list-style-type: none"> <li>- Develop Programme Brief and establish governance</li> <li>- Establish project work streams and run clinical design workshops</li> <li>- i. RD&amp;I</li> <li>ii. unscheduled care;</li> <li>iii. haematology and oncology</li> <li>- Redesign pathways</li> </ul>	CAV and VUT	May 2021	<ul style="list-style-type: none"> <li>• Complete</li> <li>• R&amp;D Workshop held and first draft Research Hub Model and Service Specification complete</li> <li>• Acute / Unscheduled Care Data analysis complete</li> <li>• First Acute / Unscheduled Clinical</li> </ul>	
			8 <sup>th</sup> Jun; 14 <sup>th</sup> Sep; tbc		
			Oct 2021		

	b) Consider the lessons of Covid-19 in terms of remote access for patients and the remote provision of advice, multidisciplinary team meetings and other methods for improving access to specialist opinion.	- Develop business proposals/implementation plans		Oct 2021	Design Workshop on 14 <sup>th</sup> Sept.  • On track	
4	The new model should not admit those who are at risk of major escalation to inpatient beds on the VCC. These patients should be sent to district general hospital sites if admission is required, to avoid a later transfer. The admission criteria for inpatient admission to the VCC therefore need to be revised to reduce the risks associated with acutely ill patients. Regular review of admissions and transfers should be used to keep this and the operation of the escalation procedures under review	<ul style="list-style-type: none"> <li>Agree changes to current admission criteria and other required internal VCC changes</li> </ul>	HBs/VUT	May 2021	<ul style="list-style-type: none"> <li>Internal VCC operation changes completed, delivered via Velindre Futures</li> <li>Revised Admission Criteria complete and being piloted</li> <li>ANP 24/7 wide</li> <li>Treatment Escalation Plan</li> <li>Ambulance Transport for MSCC patients</li> <li>Resus Standards (UKRC) Review</li> <li>Blood product access</li> </ul>	<p>Strategic Development Committee – for design and development</p> <p>Quality, Safety &amp; Performance Committee – for delivery.</p>
		<ul style="list-style-type: none"> <li>Changes in operational flows of small number of acutely unwell patients to DGH Phase 1: V@UHW</li> </ul>	CAV/VUT	Oct 2021		

		<p>Phase 2: V@AB and V@CTM</p> <ul style="list-style-type: none"> <li>• Development of regional Acute Oncology Service: <ul style="list-style-type: none"> <li>- Development of project brief/governance</li> <li>- Development of clinical model</li> <li>- Development of proposal / business case</li> <li>- Approval of business case</li> </ul> </li> <li>- Implementation</li> </ul>	CTM/AB/VUT	<p>Tbc, aligned to PBC refresh agreed timings</p> <p>Sep 2021</p> <p>2021-24</p>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> <li>• On Track –to be received at SEW Boards for approvals Sept 2021</li> <li>• On track</li> </ul>	
5	To support recommendations 4 and 5, and the research strategy, a focus on cancer including haemato-oncology and a hub for research needs to be established at UHW. There would be advantages to this being under the management of the VCC, but in any case, the pathways between specialists need work in order to streamline cross-referral	<ul style="list-style-type: none"> <li>• Develop Velindre Research strategy</li> <li>• Identification of options/solutions to develop a hub at existing UHW</li> <li>• Development of clinical model for research V@UHW</li> <li>• Develop business proposals/implementation plans</li> <li>• Implementation</li> </ul>	<p>CAV/VUT</p> <p>CAV/VUT</p>	<p>Apr 2021</p> <p>Jun 2021</p> <p>Oct 2021</p> <p>Oct 2021</p> <p>Tbc</p>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> <li>• On Track – see above Rec 3</li> <li>• On Track</li> </ul>	<p>Strategic Development Committee – for design and development</p> <p>Quality, Safety &amp; Performance Committee for delivery.</p>

	processes. Such a service would provide many of the benefits of co-location – access to interventional radiology, endoscopy, surgical opinion, critical care and so on – albeit without the convenience of complete proximity.	<ul style="list-style-type: none"> <li>• Exploration of strategic solution for long-term V@ facility in UHW2 and alignment of strategic capital business cases</li> </ul>		Tbc		
6	The ambulatory care offer at the VCC should be expanded to include SACT and other ambulatory services for haemato-oncology patients and more multidisciplinary joint clinics. Consideration should be given to expanding a range of other diagnostics, including endoscopy, to create a major diagnostic resource for South East Wales that will be able to operate without the risk of services being disrupted by emergencies and which would also protect these services in the case of further pandemics.	<ul style="list-style-type: none"> <li>• Review of current arrangements to determine what further opportunities exist for change in patient flows for (i) SACT (ii) diagnostics.</li> <li>• Development of regional operating model (as per recommendation 3) for: <ul style="list-style-type: none"> <li>(i) V@UHW</li> <li>(ii) V@AB</li> <li>(iii) V@CTM</li> </ul> </li> </ul>	See Rec 3 & 4	See Recs 3 & 4	<p>(i) See Rec 3</p> <p>(ii) SACT Outreach discussions underway with provision at NHH</p> <p>(iii) Not yet started</p>	<p>Strategic Development Committee – for design and development</p> <p>Quality, Safety &amp; Performance Committee for delivery.</p>
7	The Velindre@ model needs further work to describe how it will operate, its interface with acute services and its relationship	<ul style="list-style-type: none"> <li>• Development of regional operating model developed for non-surgical tertiary cancer services which finalises V@</li> </ul>		See recs 3 & 4	See recs 3 & 4	TCS Programme Scrutiny Sub-Committee (as

	to the wider pattern of ambulatory care. This should include the integration and development of other ambulatory therapeutic services such as dietetics, occupational therapy, physiotherapy, psychological therapy and speech therapy.	<p>requirements for at home/outreach care</p> <ul style="list-style-type: none"> <li>• See Recs 3 &amp; 4</li> </ul>				<p>already part of PBC)</p> <p>Also – linked to 4-6 above, therefore as part of linked updates to:</p> <p>Strategic Development Committee – for design and development</p> <p>Quality, Safety &amp; Performance Committee for delivery.</p>
8	The development of a refreshed research strategy is a priority and further work is required to fully take advantage of the networked model.	<ul style="list-style-type: none"> <li>• Development of Velindre Research strategy</li> <li>• Alignment of Research, Development &amp; Innovation strategies across South East Wales</li> <li>• alignment with development of service/infrastructure:</li> </ul> <p>(i) UHW acute/research hub (ii) Velindre@ AB (iii) Velindre@ CTM</p>	<p>VUT</p> <p>HB/ VUT</p> <p>C&amp;V/VUT AB/VUT CTM/VUT</p>	<p>Apr 2021</p> <p>May 2021</p> <p>Oct 2021 Tbc Tbc</p>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete – regional ToR agreed to by CCLG</li> <li>• On track</li> </ul>	<p>Research, Development and Innovation Sub-Committee</p>

9	Organisational development and other work to create a successful cancer network is going to be required but has not featured much in our conversations for this report.	<ul style="list-style-type: none"> <li>Development of regional workforce plans</li> </ul>	HBs / VUT		Tbc	Strategic Development Committee
10	Flexibility in design is going to be important both for the new VCC and for whatever is developed at the new UHW due to the rapid change in the nature of treatment and research.	<ul style="list-style-type: none"> <li>Flexibility built into new Velindre Cancer Centre specification</li> <li>Strategic review of future opportunities across the region in advance of proposed developments e.g. community diagnostics strategy; local cancer plans; split acute/elective sites; proposed UHW2 development etc</li> </ul>	VUT  HBs / VUT	31 <sup>st</sup> Mar 2021	<ul style="list-style-type: none"> <li>Complete</li> </ul>	Transforming Cancer Services Sub-Committee  Strategic Development Committee
11	There are future strategic development opportunities provided by the development of a new VCC and a proposed UHW2. Working together over the 15- to 20-year window, the health system should look to exploit	<ul style="list-style-type: none"> <li>Establishment of strategic planning capability under the leadership of the CCLG to identify service/infrastructure requirements in planned infrastructure</li> <li>Partnership between Cardiff ULHB, Velindre University NHS</li> </ul>	HBs / VUT	Tbc	<ul style="list-style-type: none"> <li>CCLG workshop (see Rec 1) in Ocy/Nov will also enable a discussion on the strategic planning capability</li> </ul>	Strategic Development Committee

	these development opportunities in light of future service needs.	Trust and Cardiff City Council on master planning activities in North Cardiff				
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# TCS PROGRAMME SCRUTINY SUB-COMMITTEE

## Communications and Engagement Update

DATE OF MEETING	21 <sup>st</sup> September 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report	
PREPARED BY	FRANCESCA CARPANINI, SENIOR COMMUNICATIONS AND ENGAGEMENT MANAGER	
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE	
REPORT PURPOSE	For Noting	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	17/08/21	Noted
ACRONYMS		
	None	

### 1. BACKGROUND

1. This paper provides the Committee with an update on Programme communications and engagement since August 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 including via the FOI process;
- Preparing communications to support the start of competitive dialogue.
  - A comprehensive communications pack was developed for a wide range of stakeholders
  - Liaison with key stakeholders including Welsh Government, local representatives and those participating in competitive dialogue.
  - Media stories available as annex A.
- Planning communications and engagement activity for potential work on site;
- Planning communications and engagement activity to support the publication of the results of the Digital Conversation working with Down to Earth;
- Planning meetings to consider the role Fundraising could play in supporting key aspects of the project;
- Preparing for publicising the winners of the Velindre Minecraft Competition by the end of September;
- Managing media liaison regarding the publication of a letter by the Wales Cancer Research Centre External Advisory Board;
- Taking forward the recruitment of a project Engagement Manager;
- Preparing the third Velindre Matters e-newsletter;
- Preparing the first Velindre Matters printed e-newsletter;
- Preparing for future meetings with local residents affected by flooding.

### **Next Steps**

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

- Reviewing the timelines and communications and engagement requirements in support of competitive dialogue.
- Implementing any communications and engagement needs in support of potential works on site;
- Establish communication channel with Enabling Works contractor to map and coordinate communications and engagement requirements;
- Ongoing information sharing with MS / MP, as well as wider political stakeholders e.g. local councillors;
- Supporting MS visits to Velindre Cancer Centre;

- Provide appropriate ongoing communications and engagement counsel regarding communications and security protocols for new cancer centre site;
- Continue to maintain media briefings and information sharing with key outlets;
- Deliver three weekly content plan on Velindre Matters social media channels;
- Plan for first Velindre Matters podcast (November);
- Supporting the patient engagement framework and related activities linking with the project needs.
- Deliver second round of local residents meetings.

### 3. IMPACT ASSESSMENT

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

### 4. RECOMMENDATION

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