

- 1.0.0 Standard Business
- 1.1.0 Welcome and Introductions
  - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
- 1.2.0 Apologies for Absence
  - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
- 1.3.0 Declarations of Interest
  - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
- 1.4.0 Minutes of the Committee Meeting held on 22nd November 2021
  - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
  - To approve*
    - PUBLIC - Scrutiny Committee Minutes Public
- 1.5.0 Action Log of the Committee Meeting held on 22nd November 2021
  - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
  - To approve*
    - PUBLIC - Scrutiny Committee Action Log
- 2.0.0 Programme Governance
- 2.1.0 TCS Finance Report
  - To be led by Mark Ash, Assistant Director of Finance, TCS*
  - To Note*
  - 11.00 - 11.05*
    - 2.1 TCS Finance Report.docx
- 2.2.0 TCS Programme Risk Register
  - To be led by Carl James, Director of Strategic Transformation, Planning & Digital*
  - To Note*
  - 11.05 - 11.10*
    - 2.2 TCS Programme Risk Register.docx
    - 2.2 TCS Programme Risk Register Appendix 1.pdf
    - 2.2 TCS Programme Risk Register Appendix 2.pdf
- 3.0.0 Programme Delivery
- 3.1.0 TCS Programme Managers Update
  - To be led by Carys Jones, Senior Programme Delivery and Assurance Manager*
  - To Note*
  - 11.10 - 11.15*
    - 3.1 TCS Programme Managers Update.docx
- 3.2.0 Nuffield Trust Report – Progress Update
  - To be led by Carl James, Director of Strategic Transformation, Planning & Digital*
  - To Note*
  - 11.15 - 11.20*
    - 3.2 Nuffield Trust Report – Progress Update.docx
- 3.3.0 Velindre @ UHW – Progress Update
  - To be led by Carl James, Director of Strategic Transformation, Planning & Digital*
  - To Note*
  - 11.20 - 11.25*
    - 3.3 Velindre @ UHW - Progress Update.pptx
- 4.0.0 Project Delivery
- 4.1.0 Project 4: RSC Progress Update and Full Business Case (FBC) Timelines
  - To be led by Andrea Hague, Director of Service Transformation, Velindre Cancer Centre*
  - To Note*
  - 11.25 - 11.35*
    - 4.1 RSC Progress Update and Full Business Case (FBC) Timelines.docx
    - 4.1 RSC Progress Update and Full Business Case (FBC) Timelines Appendix 1.pdf
- 5.0.0 Engagement & Collaboration

- 5.1.0 Communications & Engagement  
*To be led by Non Gwilym, Director of Communications and Engagement*  
*To note*  
*11.35 - 11.45*  
5.1 Communications & Engagement
- 6.0.0 Any Other Business  
*Prior Agreement by the Chair Required*
- 7.0.0 Review of the Meeting  
*Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
- 8.0.0 Date & Time of Next Meeting  
*19th January 2022 at 2pm*  
*via Microsoft Teams*
- 9.0.0 Close

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

**MINUTES OF THE MEETING HELD**  
**22<sup>nd</sup> November 2021**  
**10:30 – 11:30 Trust Headquarters, Nantgarw**  
**(via Teams)**

**Members Present:**

Stephen Harries (SHarries)  
 Gareth Jones (GJ)  
 Hilary Jones HJ)

Independent Member (Chair)  
 Independent Member  
 Independent Member

**In attendance:**

Professor Donna Mead (DM)  
 Steve Ham (SHam)  
 Carl James (CJ)  
 Lauren Fear (LF)  
 Bethan Lewis (BL)  
 Matthew Bunce (MB)  
 Andrea Hague (AH)  
 Nicola Williams (NW)  
 Cath O'Brien (COB)  
 Non Gwilym (NG)  
 Mark Ash (MA)  
 Jessica Corrigan (JC)

Trust Chairperson  
 Trust Chief Executive  
 Director of Strategic Transformation, Planning & Digital  
 Director of Corporate Governance and Chief of Staff  
 TCS Programme Planner and Risk Advisor  
 Executive Director of Finance  
 Director of Service Transformation, Velindre Cancer Centre  
 Executive Director of Nursing, AHP's & Medical Scientists  
 Chief Operating Officer  
 Director of Communications and Engagement  
 TCS Assistant Director of Finance  
 Secretariat

**Apologies:**

Carys Jones (CJones)  
 David Powell (DP)

Senior Programme Delivery and Assurance Manager  
 nVCC Project Director

1.0	STANDARD BUSINESS	ACTION
1.1	<b>Welcome &amp; Introductions</b> SHarries welcomed attendees to the meeting.	
1.2	<b>Apologies for Absence</b> Apologies were noted as above.	
1.3	<b>Declarations of Interest</b> No declarations of interest were received.	
1.4	<b>Previous Minutes</b> The papers were taken as read. The minutes were confirmed to be an accurate record of the meeting on 25 <sup>th</sup> October 2021 and were <b>approved</b> .	

1.5	<p><b>Action Log</b></p> <p>SHarries noted that action 108 has been marked as closed.</p> <p>An update was given re action109: the service specification for Cardiff Cancer Research Hub at UHW will be going through the formal governance routes with the aim of it being approved at Trust Board in January 2022.</p> <p>All closed actions were <b>approved</b>.</p>	
	<b>PROGRAMME GOVERNANCE</b>	
2.1	<p><b>TCS Finance Report</b></p> <p>A summary was provided for the TCS Finance report as at October 2021.          Capital: £1.5M year to date spend, with a year-end forecast spend of £4.3M            Revenue: £400K year to date spend, with a year-end forecast spend forecast of £600K. Projected year-end out-turn currently is £113k overspend on Capital and £17k overspend on Revenue.</p> <p>Within this, it was highlighted there are two financial risks which needed to be brought to the attention of the TCS Programme Scrutiny Sub-Committees attention which are:</p> <ol style="list-style-type: none"> <li>1. Project 3a - Integrated Radiotherapy Solution (IRS) Project: due to the delay in procurement this has resulted in a deficit of £116K (Capital).</li> <li>2. Project 6 - Service Change Project: a £17k Revenue overspend against this Project delivery is the main risk to the outturn position for the programme.</li> </ol> <p>It was confirmed the funding has been requested for Project 5: SACT and Outreach however this is still to be confirmed. COB and CJ are due to meet to complete a mapping exercise to show where resources are required and what the need will be going forward.</p> <p>The Sub-Committee <b>Noted</b> the Paper.</p>	
2.2	<p><b>TCS Programme Risk Register</b></p> <p>The TCS Programme Risk Register report was presented to the Sub-Committee. The paper outlines the monthly reviews of each project and programme risk.</p> <p>There have been two new risks raised and one escalated risk for Project 1: Enabling Works.</p> <p>One new risk raised and two closed risks for Project 2: nVCC.</p> <p>Project 4: Radiotherapy Satellite Centre (RSC) have closed one risk relating to Programme delay / impact of SMART hospital.</p>	

	<p>It was highlighted by GJ the supporting information and appendices are difficult to read and follow. It was highlighted the dates aren't always updated as some are historical and not all risks have an update since the previous meeting. It was confirmed the team will work on the supporting information and appendices to ensure it is more user-friendly with all the relevant information updated prior to the next meeting.</p> <p>It was highlighted shortly Datix will be introduced to monitor and track the risks instead of being tracked and updated manually an excel spreadsheet.</p> <p>The Sub-Committee <b>Noted</b> the Paper.</p>	
<b>2.3</b>	<p><b>Programme Resource Update</b></p> <p>The Programme Resource paper was presented to the Sub-Committee. Previously the TCS Programme Scrutiny Sub-Committee members have raised the issue of programme resourcing on a number of occasions as there are a number of risks which have remained with a high-risk rating for an extended period. Each of these risks have subsequently been re-assessed:</p> <ul style="list-style-type: none"> <li>• Risk 272: Lack of project support relating to Project 5: SACT and Outreach:</li> </ul> <p>It was confirmed aim is to recruit 1 x project manager and 1 x administrative support in the new year.</p> <ul style="list-style-type: none"> <li>• Risk 317: Insufficient availability of people will lead to delays in the solutions (IRS):</li> </ul> <p>It was confirmed 1 x administrative support post has been filled on a temporary basis. The Commercial Director has returned from sabbatical leave. And the clinical time will be set out in resource requirements in a full business case sometime in March.</p> <ul style="list-style-type: none"> <li>• Risk 210: Lack of dedicated resources to support service transformation:</li> </ul> <p>It was confirmed significant progress has already been made. Further work is required to determine any additional capacity required in Velindre Futures as it takes responsibility for Clinical Transformation.</p> <p>It was confirmed as part of the financial resources there will be workforce plan that sits alongside.</p> <p>The Sub-Committee <b>Noted</b> the Paper.</p>	
<b>PROGRAMME DELIVERY</b>		

3.1	<b>TCS Programme Managers Update</b>  The Sub-Committee <b>Noted</b> the Paper.	
4.0	<b>PROJECT DELIVERY</b>	
	<b>Project 4: Radiotherapy Satellite Centre</b>	
4.1	<b>Progress Timeline Update</b>  A verbal update was provided to the Sub-Committee.  It was highlighted there is a slight delay with Project 4: Radiotherapy Satellite Centre due to additional works wanting to be undertaken as part of Project 4 Radiotherapy Satellite Centre to ensure it is a SMART facility but also future proofing for the LINACS. By requesting additional works this has impacted on the timeline by about six months. As a project team they are reviewing each of the steps in the programme.  The Sub-Committee <b>Noted</b> the verbal update.	
4.2	<b>FBC Update</b>  The intention is to bring the Radiotherapy Satellite Centre full business case for board approval early in the new year.  The Sub-Committee <b>Noted</b> the verbal update.	
5.0	<b>ENGAGEMENT &amp; COLLABORATION</b>	
5.1	<b>Communications &amp; Engagements</b>  A discussion took place regarding the Nuffield report. It was confirmed a narrative is being developed to summarise progress over the year since the report was issued.  It was noted that due to the nature of some communications being received, wellbeing support is being provided to individuals affected and the Trust is responding appropriately.  The Sub-Committee <b>Noted</b> the Paper.	
8.0	<b>DATE AND TIME OF NEXT MEETING</b>	
	21 <sup>st</sup> December 2021 at 11:00 via Microsoft Teams.	

Acronyms:

CCLG – Cancer Collaborate Leadership Group

nVCC – New Velindre Cancer Centre

AOS – Acute Oncology Service

DRAFT

## TCS Programme Scrutiny Sub-Committee

December 2021

### Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
108	A paper will be provided on the resource risk and issues during the November TCS Programme Scrutiny Sub-Committee (25/10/2021 – 2.2)	<b>Carl James</b>	25/10/2021	22/11/2021	Paper to be presented during November TCS Programme Scrutiny Sub-Committee	<b>CLOSED</b>
109	The Cardiff Cancer Research Hub at UHW are drafting the first proposal. A full update will be provided at the TCS Programme Scrutiny Sub-Committee. (25/10/2021 – 3.1)	<b>Carl James</b>	25/10/2021	February 2022	Governance route is currently being confirmed in parallel with Cardiff and Vale UHB and Cardiff University with the aim to bring the service specification to January Trust Board having gone through appropriate process.	<b>OPEN</b>



## TCS PROGRAMME SCRUTINY SUB-COMMITTEE

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

**DATE OF MEETING**21<sup>st</sup> December 2021**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE INDICATE  
REASON**

Not Applicable - Public Report

**PREPARED BY**

Mark Ash, Assistant Project Director

**PRESENTED BY**

Mark Ash, Assistant Project Director

**EXECUTIVE SPONSOR APPROVED**

Matthew Bunce, Executive Director of Finance

**REPORT PURPOSE**

FOR NOTING

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

TCS Programme Delivery Board

15/12/2021

NOTED

**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 08.

## **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 In August 2021, the Trust Board approved that the nVCC Project provide interim funding of **c£0.350m** to the EW Project. The funding is to support the work packages associated with tree and vegetation clearance (c£0.250m) and site management and security (c£100k). The EW Project will secure this funding from the approval of its FBC in January 2022. The Project(s) financial plans will be updated in November 2021.
- 3.3 To date no revenue funding has been provided by WG. The Trust has provided revenue funding of **£0.084m**.

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  Allocation from WG 2021-22 revenue pay award funding	£ nil	£0.246m  £0.240m  £0.006m
<b>Project 1 – Enabling Works for nVCC</b> Capital funding from WG was provided on 24 March 2021	£0.250m £0.250m	£ 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 Project Delivery  The Trust has provided revenue funding for the Judicial Review	£3.460m £3.460m	£0.096m  £0.026m  £0.070m
<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  Additional funding provided by the Trust for the Project's increased legal and staff costs	£0.602m £0.312m  £0.290m	£ 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

Description	Funding	
	Capital	Revenue
<b>Project 6 – Service Delivery, Transformation and Transition</b>  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 and the Project Manager post  Allocation from WG 2021-22 revenue pay award funding	£ nil	£0.313m  £0.180m  £0.124m  £0.009m
<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>£4.312m</b>	<b>£0.655m</b>
	<b>£4.967m</b>	

#### 4. FINANCIAL SUMMARY AS AT 30<sup>TH</sup> NOVEMBER 2021

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

- **CAPITAL** spend is **£1.880m** with a forecast outturn of **£4.304m**; and
- **REVENUE** spend is **£0.448m** with a forecast outturn of **£0.654m**

TCS Programme Budget & Spend 2021-22						
CAPITAL	Cumulative to Date			Financial Year		
	Budget to Nov-21	Spend to Nov-21	Variance to Nov-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
<b>PAY</b>						
Project Leadership	126,088	122,737	3,351	193,000	191,031	1,969
Project 1 - Enabling Works	100,000	141,977	-41,977	100,000	215,979	-115,979
Project 2 - New Velindre Cancer Centre	435,662	445,966	-10,304	1,008,500	819,895	188,605
Project 3a - Radiotherapy Procurement Solution	272,212	242,520	29,692	346,113	347,049	-936
<b>Capital Pay Total</b>	<b>933,962</b>	<b>953,200</b>	<b>-19,238</b>	<b>1,647,613</b>	<b>1,573,954</b>	<b>73,659</b>
<b>NON-PAY</b>						
nVCC Project Delivery	30,820	27,437	3,383	78,500	78,500	0
Project 1 - Enabling Works	117,000	165,983	-48,983	150,000	707,925	-557,925
Project 2 - New Velindre Cancer Centre	676,977	577,523	99,453	2,180,000	1,689,599	490,401
Project 3a - Radiotherapy Procurement Solution	157,168	155,829	1,338	255,728	254,478	1,249
<b>Capital Non-Pay Total</b>	<b>981,964</b>	<b>926,773</b>	<b>55,191</b>	<b>2,664,228</b>	<b>2,730,503</b>	<b>-66,275</b>
<b>CAPITAL TOTAL</b>	<b>1,915,926</b>	<b>1,879,973</b>	<b>35,953</b>	<b>4,311,840</b>	<b>4,304,457</b>	<b>7,383</b>

REVENUE	Cumulative to Date			Financial Year		
	Budget to Nov-21	Spend to Nov-21	Variance to Nov-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
<b>PAY</b>						
Programme Management Office	137,790	138,409	-619	224,833	217,879	6,954
Project 6 - Service Change Team	208,422	215,545	-7,123	312,633	320,906	-8,273
<b>Revenue Pay total</b>	<b>346,212</b>	<b>353,954</b>	<b>-7,742</b>	<b>537,466</b>	<b>538,785</b>	<b>-1,319</b>
<b>NON-PAY</b>						
nVCC Project Delivery	19,117	16,167	2,950	26,000	26,000	0
nVCC Judicial Review	70,000	69,600	400	70,000	69,600	400
Programme Management Office	2,141	8,263	-6,122	21,534	19,263	2,271
Project 6 - Service Change Team	0	178	-178	0	266	-266
<b>Revenue Non-Pay Total</b>	<b>91,258</b>	<b>94,207</b>	<b>-2,950</b>	<b>117,534</b>	<b>115,130</b>	<b>2,404</b>
<b>REVENUE TOTAL</b>	<b>437,470</b>	<b>448,161</b>	<b>-10,691</b>	<b>655,000</b>	<b>653,915</b>	<b>1,085</b>

## 5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 30<sup>TH</sup> NOVEMBER 2021

### CAPITAL SPEND

- 5.1 **Project 1 Enabling Works** - There is a cumulative capital spend to date of **£0.308m** against a budget of **£0.217m**, with a forecast spend for the year of **£0.924m** against a budget of **£0.250m**.

Work package	Spend to 30 <sup>th</sup> November 2021 £m	Forecast Annual Spend £m
<b>Pay</b>	<b>£0.142</b>	<b>£0.216</b>
Third Party Undertakings	£nil	£nil
Technical Advisers	£0.117	£0.147
Works	£0.012	£0.524
Legal Advice	£0.037	£0.037
Enabling Works Reserves	£nil	£nil
<b>Non-pay</b>	<b>£0.166</b>	<b>£0.708</b>
<b>Total</b>	<b>£0.308</b>	<b>£0.924</b>

- 5.2 **Project 2 - nVCC** - There is a cumulative capital spend to date of **£1.174m**, against a budget of **£1.270m**. The forecast spend for the years is **£2.779m** against a budget of **£3.460m**.

Work package	Spend to 30 <sup>th</sup> November 2021 £m	Forecast Annual Spend £m
<b>Pay</b>	<b>£0.569</b>	<b>£1.011</b>
Project Delivery costs	£0.027	£0.079
Competitive Dialogue – PQQ & Dialogue	£0.574	£1.452
Legal Advice	£0.012	£0.053
nVCC Reserves	-£0.009	£0.184
<b>Non-pay</b>	<b>£0.605</b>	<b>£1.768</b>
<b>Total</b>	<b>£1.174</b>	<b>£2.779</b>

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

- 5.3 There is a cumulative capital spend to date of **£0.398m** (£0.243m pay, £0.156m non-pay) for the IRS Project against a budget of **£0.429m**. The Project is currently forecasting a spend of **£0.602m** (£0.347m pay, £0.255m non-pay) against a budget of **£0.602m**.

### ***REVENUE SPEND***

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

- 5.4 The PMO spend to date is **£0.147m** (£0.138m pay, £0.008m non-pay) against a budget of **£0.140m**. The Project is forecasting a spend of **£0.237m** (£0.218m pay, £0.019m non-pay) in the financial year 2021-22 against a budget of **£0.246m**.

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

- 5.5 There is a revenue project delivery cost to date for the nVCC and Enabling Works Projects of **£0.016m** against a budget of **£0.019m**, with a budget and expected spend for the year of **£0.026m**. This spend relates to costs associated with office costs and project support, such as audit, training and Competitive Dialogue support.

#### ***nVCC Judicial Review***

- 5.6 There is a revenue spend to date of **£0.070m** against a budget of the same for the legal advice to deliver the requirements of the judicial review process as the Trust is an interested party. The current budget and forecast spend for the year is **£0.070m**.

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

- 5.7 Service Change spend to date is **£0.216m** against a budget of **£0.208m**, made up of pay costs. The Project is currently forecasting a spend of **£0.321m** for the year against an increased budget of **£0.313m**. The adjusted overspend of £9k remains a financial risk to the outturn position for the Project, which the Project Team are working to mitigate.

## 6. Financial Risks & Issues

- 6.1 The forecast overspend £9k (revenue) for the Service Change Project remains a risk to the outturn position for the Programme, however it is anticipated that this be funded through other TCS Programme underspends.

## 7. CONSIDERATIONS FOR BOARD

- 7.1 This report is included as an appendix to the Trust Board 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 30<sup>th</sup> November 2021.

# TCS PROGRAMME SCRUTINY SUB-COMMITTEE

## TCS Programme & Project Risk

**DATE OF MEETING**

21<sup>st</sup> December 2021

**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE INDICATE REASON**

Not Applicable - Public Report

**PREPARED BY**

BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR

**PRESENTED BY**

BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR

**EXECUTIVE SPONSOR APPROVED**

CARL JAMES - DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING AND DIGITAL

**REPORT PURPOSE**

For Noting

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

TCS Programme Delivery Board

15/12/2021

Approved

**ACRONYMS**

TCS

Transforming Cancer Services

### 1. BACKGROUND

- 1.1 Monthly reviews of the Project and Programme Risk Registers are 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 Approval of latest TCS Programme Risk Landscape.

## 3. IMPACT ASSESSMENT

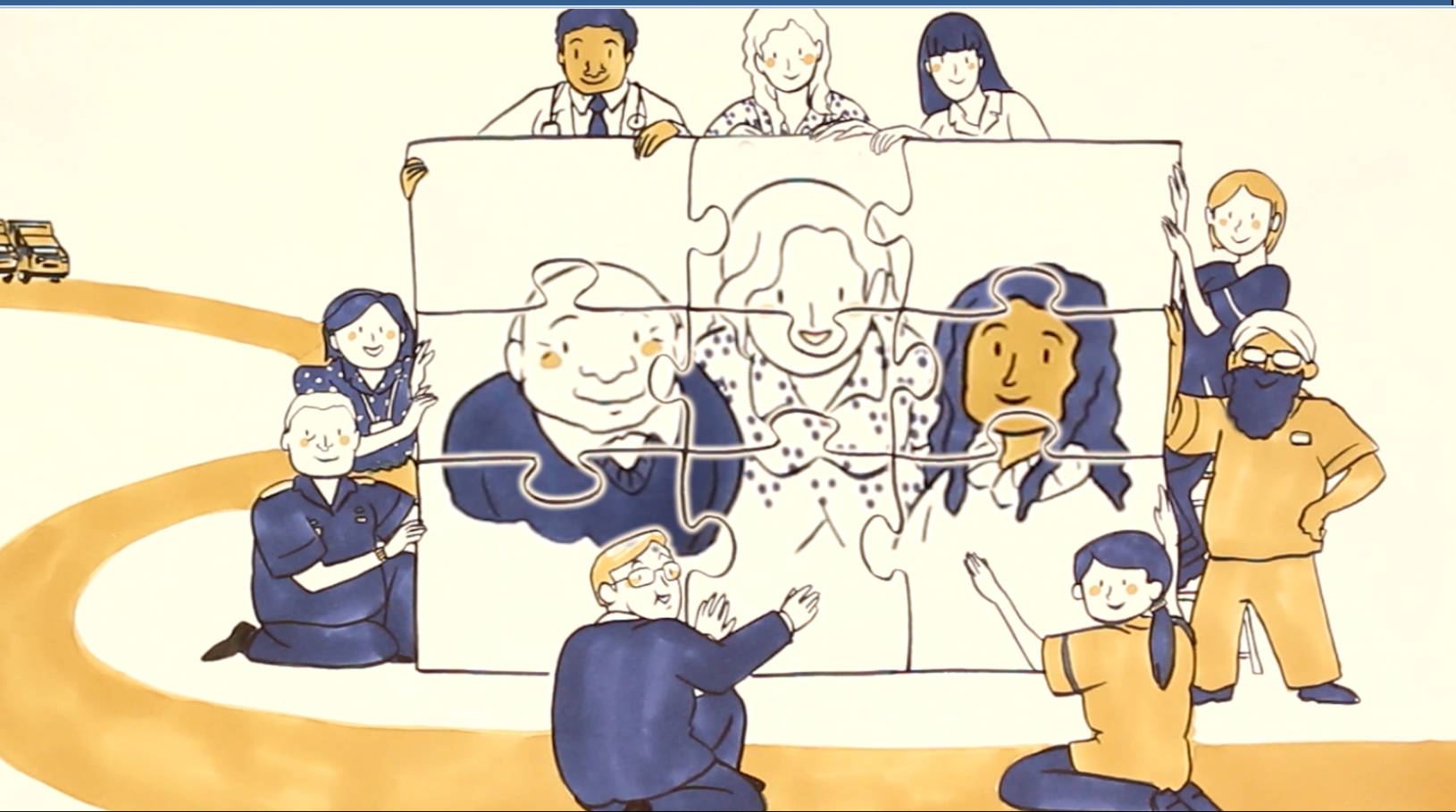
<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY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

- Approve the latest risk position for the TCS Programme and Projects
- Note changes and updates 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
0.1	06/12/2021	Bethan Lewis	Commencement of Document
0.2	10/12/2021	Bethan Lewis	Reviewed and minor amendments

#### **Approvals**

This document requires the following approvals:

Title / Group	Date	Version/Option
TCS Programme Delivery Board	6/12/2021	0.1

#### **Distribution**

This document has been distributed to:

Name	Title	Date	Version

## **CONTENTS**

1.0	PROGRAMME & PROJECT RISK UPDATE – DECEMBER 2021	6
2.0	TCS PROJECTS RISK REVIEW	8
3.0	TCS PROGRAMME RISK REVIEW	10
4.0	NEXT STEPS	12

## **INDEX OF FIGURES**

FIGURE 1: BREAKDOWN OF RISK RATINGS EMERGING FROM PROJECTS	6
FIGURE 2: PROPORTION OF RISKS BY RATING SCORE	7
FIGURE 3: BREAKDOWN OF RISKS IMPACTING ON PROJECTS	7

## **APPENDICES**

APPENDIX 1: PMO RISK REGISTER – DECEMBER 2021
APPENDIX 2: TCS PROGRAMME RISK REGISTER – DECEMBER 2021

## 1.0 PROGRAMME & PROJECT RISK UPDATE – DECEMBER 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 122 risks in the Programme Risk Register; Figure 1 below provides a view of the number of risks broken down by project and current risk rating. Figure 2 demonstrates the proportion of risks by rating, with the majority 49% currently rated as 'Amber' and 35% rated as 'Yellow'.
- 1.2 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 reliance's 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	33	2. nVCC	20	
3	10	14	6	
0	3	0	0	
3. Digital and Equipment	3	4. Radiotherapy Satellite Centre	7	
0	3	0	0	
3a. IRS	26			
3	7	12	4	
5. SACT and Outreach	9	6. Service Delivery, Transformation and Transition	13	
2	6	1	0	
7. VCC Decommissioning	1	8. Programme	10	
0	0	1	0	
		0	10	0

Totals	
122	
10	60
42	10

Figure 2: Proportion of Risks by Rating Score

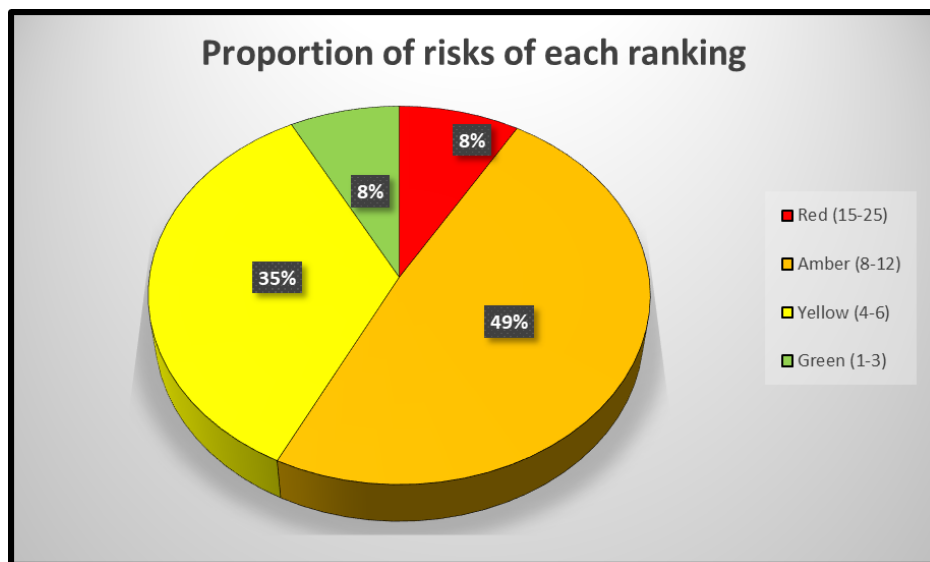
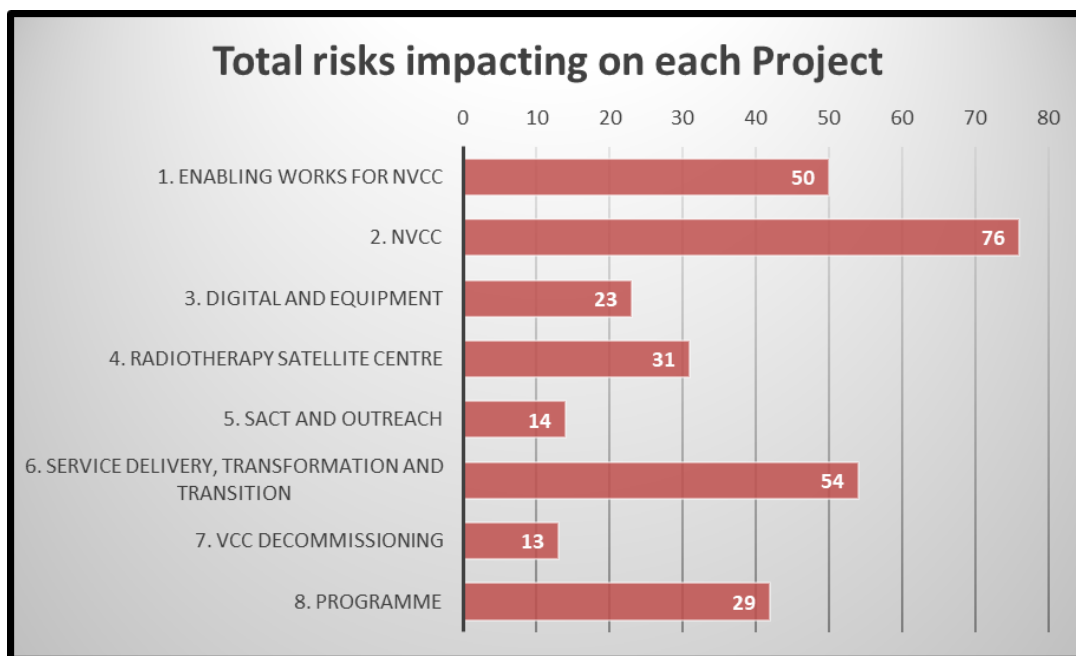


Figure 3: Breakdown of Risks Impacting upon Projects




## 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>	1	7	1	2	11
<b>Issues</b>	0	0	0	0	0

- There has been 6 risks closed for Project 1 (Enabling Works) in this reporting period.
- There have been 1 new risk raised, 1 escalated, 2 de-escalated and 1 closed risk for Project 2 (nVCC) in this reporting period.
- Detail of the risks which meet the threshold for reporting to Programme Delivery Board can be seen in the below table:

ID	Description of Risk	Direction of Travel	Current Rating	Comment
<b>R304</b>	<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.	<b>Closed</b>  <i>Previous risk score</i> <i>Likelihood 4</i> <i>Impact 3</i> <i>Overall 12</i>		This risk is closed because the Railway cutting PROW is approved and in effect.
<b>R340</b>	<b>IRS/nVCC Procurement</b> There is a risk that the IRS procurement may be delayed or experience legal challenge, meaning that the date at which the specific equipment to be procured is definitely known is delayed, leading to delays or other issues during the nVCC procurement process		Likelihood 4 Impact 3 Overall 12  <i>Previous risk rating</i> <i>Likelihood 3</i> <i>Impact 3</i> <i>Overall 9</i>	<b>Risk Owner - David Powell</b>  Mitigations: 1. Ongoing monitoring of buffer period between the key dependency dates of both projects. 2. If issue occurs work with bidders to design around potential solutions so that work can continue.  Note: IRS procurement is delayed but has not yet impacted on nVCC project timeline.

## Project 4 – Radiotherapy Satellite Centre (RSC)

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

- There have been no changes to the Project Risk Register in this reporting period.

#### Project 5 – Outreach

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

- There have been no review or changes to the Outreach Project Risk Register in this reporting period due to the Project remaining 'On Hold'.

#### Project 6 – Service Delivery & Transition


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

- 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
<b>Risks</b>	0	3	0	1	3
<b>Issues</b>	0	0	0	0	0

- 3.1 Having undertaken a review of the Programme risks there are 3 risks recommended for closure and 1 risk which has been de-escalated in the PMO Risk Register in this reporting period.

ID	Description of Risk	Direction of Travel	Current Rating	Comment
<b>R295</b>	Risk that Clinical Model does not meet required Business needs		<p>Likelihood 2 Impact 2 Overall 4</p> <p><i>Previous risk score Likelihood 3 Impact 4</i></p>	CJames 9.12.21 - Risk Rating reduced, actions to establish Regional approach to Clinical Model following Nuffield recommendations have been established and are being implemented.



			Overall 12	
<b>R302</b>	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS	<b>Recommend for Closure</b>  <i>Previous risk score Likelihood 4 Impact 3 Overall 12</i>		CJames 9.12.21 - Structuring of Velindre Futures has been completed and actions associated with this risk are completed. As such recommended this risk is closed and new risk explored as we move towards new ways of working with Strategic Infrastructure Board/ Transformation Office.
<b>R299</b>	Risk that due to the regional nature of the programme involving numerous organisational interfaces leads to increased difficulties of consensus and obtaining approvals.	<b>Recommend for Closure</b>  <i>Previous risk rating Likelihood 3 Impact 3 Overall 9</i>		CJames 9.12.21 - Regional structure has been approved and implemented following Nuffield recommendations with Partnership Boards and Velindre@Programme established. As such recommended this risk is closed and new risk explored as we move towards new ways of working with Strategic Infrastructure Board / Transformation Office.
<b>R283</b>	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.	<b>Recommend for Closure</b>  <i>Previous risk rating Likelihood 3 Impact 3 Overall 9</i>		CJames 9.12.21 - Projects managing any potential Brexit risks related to supply chain / affordability through competitive dialogue and procurement processes and any issues escalated through Project and Programme governance. Recommendation to close this risk as no current risk to Programme.

3.2 There has been no new issues raised; updates have been provided in relation to the 2 current Programme issues, detail of which can be seen in the below table:-

Issue No.	Issue Raised	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
<b>I061</b>	<b>Sept 21</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 own 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>Medium</b>	Initial investment has been identified for Project Manager and Clinical time and awaiting approval in December, subject to approval recruitment will take place.	Steve Ham	4/1/22
<b>I054</b>	<b>June 21</b>	<b>Programme Resource</b> 1.0 WTE Band 4 Co-ordinator vacancy within PMO as a result of the internal promotion of the previous post holder	Lack of general administration support within the Programme Team, particularly in relation to providing secretariat support to the Programme Delivery Board.	<b>Medium</b>	Recruitment to post currently underway. Recruitment documentation submitted to proceed to external advert via Trac in Nov.	Carys Jones	31/1/22

					Remaining PMO staff currently absorbing additional workload.		
--	--	--	--	--	--	--	--

- 3.4

The latest PMO Risk Register can be found in Appendix 1 to this report.
- 3.5

There are 19 risks in the December 2021 TCS Programme Risk Register with a current rating score of
- 12

and above, the detail of these can be seen in the Risk Register which is included as Appendix 2 to this report.
- 3.6

The Programme Delivery Board are asked to:
- Note changes to Project Risks & Issues
  - Approve recommended changes to the Programme 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 continuing to attend the Weekly Risk Meeting with VCC and Trust colleagues to work on the implementation of the Risk Datix Module.

ID	Opened	Handler	Division	Service	Manager	Risk Title	Risk Description	Risk Cost	Current Controls	Likelihood (current)	Impact (current)	Rating (current)	Risk level (current)	Direction of Travel	Next Review Date	Likelihood (Target)	Impact (Target)	Rating (Target)	Risk level (Target)	Private & Confidential	Progress notes
2401	26/02/2021	Bethan Lewis	Transforming Cancer Services	Integrated Radiotherapy Solution	Gavin Bryce	Risk of insufficient resources being made available to the Project	There is a risk that insufficient resources (people) being made available to the project will have an adverse impact on the quality of the procurement process		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)	5 - Expected	4 - Major	20	High Risk	Stable/No Movement	04/02/2022	2 - Unlikely	4 - Major	8	Moderate Risk	No	[Lewis, Bethan 07/12/21 14:33:11] 06/12/21 - Risk reviewed by Project Manager and Risk Owner - no change to current rating and controls / actions
2400	30/06/2020	Bethan Lewis	Transforming Cancer Services	Transforming Cancer Services	Nicola Williams	Risk that there is lack of project support	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.		1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work - Ongoing 2) Clarification required on whether Outreach Project is an Operational or an Infrastruture Project - Ongoing TBC	4 - Probable	5 - Critical	20	High Risk	Stable/No Movement	31/01/2022	2 - Unlikely	3 - Moderate	6	Moderate Risk	No	[Lewis, Bethan 07/12/21 14:22:46] 7/12/21 - No review or change to risk - Project remains On Hold.
2403	08/06/2020	Francesca Pinocci	Transforming Cancer Services	Enabling Works	Mark Young	Risk that enabling works construction exceeds timescale	There is a risk that enabling works construction, including bridges, exceeds 15 months, leading to delays to nVCC construction and incurring financial loss claims from the MIM contractor.	£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.	4 - Probable	4 - Major	16	High Risk	Stable/No Movement	07/01/2022	3 - Possible	3 - Moderate	9	Significant	No	[Lewis, Bethan, 07/12/2021 15:08:37] 26/11/21 - Risk reviewed by Project Officer and Risk Owner - no changes
2402	10/05/2021	Bethan Lewis	Transforming Cancer Services	Transforming Cancer Services	Nicola Williams	Risk of time-consuming infrastructure work	There is a risk that time-consuming infrastructure work i.e. the refurbishment of a current site or identification of a new build is required to deliver the agreed outreach model of care. This could lead to delays in outreach services not being established or operational ahead of the new VCC as agreed within Programme objectives		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	4 - Probable	4 - Major	16	High Risk	Stable/No Movement	31/01/2022	3 - Possible	3 - Moderate	9	Significant	No	[Lewis, Bethan 07/12/21 14:22:46] 7/12/21 - No review or change to risk - Project remains On Hold.
2486	07/12/2021	Francesca Pinocci	Transforming Cancer Services	Enabling Works	Mark Young	There is a risk that the Section 278 application takes longer than expected to be approved,	S278 Application There is a risk that the Section 278 application takes longer than expected to be approved, meaning that works traffic accessing the 'straight' TCAR are delayed, leading to a delay to		This application process has started.	3 - Possible	4 - Major	12	Significant	Risk Increasing	07/01/2022	2 - Unlikely	3 - Moderate	6	Moderate Risk	No	[Lewis, Bethan 07/12/21 15:44:08] 26/11/21 - Impact increased due to TCAR1 not being available
2423	08/09/2021	Bethan Lewis	Transforming Cancer Services	Integrated Radiotherapy Solution	Gavin Bryce	Risk that IRS evaluation process is delayed due to resource pressures	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		1) Works has started to understand which staff and resource are impacted to explore availability and potential impact of this to the Project	4 - Probable	3 - Moderate	12	Significant		04/02/2022	2 - Unlikely	3 - Moderate	6	Moderate Risk	No	[Lewis, Bethan 07/12/21 14:25:15] 6/12/21 - Risk reviewed by Project Manager and Risk Owner - no change to current score or controls / actions
2408	22/04/2021	Bethan Lewis	Transforming Cancer Services	Integrated Radiotherapy Solution	Gavin Bryce	Risk that IRS Project FBC is delayed or not approved	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		1) Engagement with Capital & Treasury teams - ongoing 2) Previous presentations to IIB - complete 3)OBC shared with WG Officers for comment - complete 4)WG notified of timescales for FBC so they can align resources - complete 5)Specialist advisors used to support delivery of Business Case - ongoing	3 - Possible	4 - Major	12	Significant	Stable/No Movement	04/02/2022	2 - Unlikely	4 - Major	8	Moderate Risk	No	[Lewis, Bethan 07/12/21 14:25:15] 6/12/21 - Risk reviewed by Project Manager and Risk Owner - no change to current score or controls / actions
2410	05/10/2020	Bethan Lewis	Transforming Cancer Services	Programme	Sarah Morley	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet needs of the TCS Programme	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet needs of the TCS Programme  Causes - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate.  Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients		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	3 - Possible	4 - Major	12	Significant	Stable/No Movement	18/03/2022	2 - Unlikely	1- Negligible	2	Low Risk	No	[Lewis, Bethan 07/12/21 14:57:39] 02/12/21 - Risk reviewed by Risk Owner - no change to current ratings
2411	04/11/2020	Bethan Lewis	Transforming Cancer Services	Programme	James, Carl	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS  Causes - Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives  Consequences - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders		1) Agree clear scope and role of VF and its programme board. Complete 2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result. Complete 3) Communicate the scope of both and any implications for TCS. Complete 4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making. New ways of working with EMB Shape, Transformation Board & Strategic Infrastructure Board and Velindre Futures in place with clear governance structures in place. Complete 5) Understanding and agreement of key stakeholders within and outside the organisation. Stakeholder mapping reviewed, no significant changes within and outside of organisation. Complete	4 - Probable	3 - Moderate	12	Significant	Risk Decreasing	31/01/2022	3 - Possible	2 - Minor	6	Moderate Risk	No	[Lewis, Bethan 09/12/21 16:43:57] CJames 9.12.21 - Structuring of Velindre Futures has been completed and actions associated with this risk are completed. As such recommended this risk is closed and new risk explored as we move towards new ways of working with Strategic Infrastructure Board/ Transformation Office.

2431	23/07/2021	Bethan Lewis	Transforming Cancer Services	Programme	Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption	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		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. Complete  2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity. Complete  3) Review and reporting on Master Plan to PDB and Scrutiny committee. Ongoing	3 - Possible	4 - Major	12	Significant	Stable/No Movement	31/01/2022	2 - Unlikely	2 - Minor	4	Low Risk	No	[Lewis, Bethan 09/12/21 16:37:30] Clames 9.12.21 - Whilst initial risk to Project and Programme activity from Covid disruption has reduced; there remains uncertainty around transmission of the newest emerging variant and the impact this could have on clinical workforce managing their priorities between ongoing clinical work and Project & Programme. As such risk rating remains the same.
2417	08/07/2020	Bethan Lewis	Transforming Cancer Services	Programme	Lauren Fear	Risk that there is lack of TCS Programme Comms Plan	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.		1) Revise TCS website - complete  2) Improve internal TCS teams Comms - complete  3) Improvements to intranet - started  4) Improvements to the link between Programme Governance and Comms - tbc	4 - Probable	3 - Moderate	12	Significant	Stable/No Movement	14/01/2022	2 - Unlikely	2 - Minor	4	Low Risk	No	[Lewis, Bethan 10/11/21 14:18:08] 10/11/21 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
2418	05/10/2020	Bethan Lewis	Transforming Cancer Services	Programme	Lauren Fear	Risk that TCS Programme does not have support from Stakeholders	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians)  Causes - Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change  Consequences - WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits		1) Further engagement is being planned with specialist stakeholders – broader and more targeted who are not fully supportive. Programme Communications resource in place & recruitment of additional comms resource to support comms/engagement activities  2) Better use of technology being reviewed and rolled out to share key messages  3) Variety of stakeholder events held over a number of years - complete  4) Clinical workshops held throughout Programme lifetime - ongoing  5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - ongoing  6) Ongoing engagement with local elected members (MS, MP, Councillors)  7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - ongoing through CCLG  8) Monthly meeting with WG Head of Capital and Director General - ongoing	4 - Probable	3 - Moderate	12	Significant	Stable/No Movement	14/01/2022	2 - Unlikely	2 - Minor	4	Low Risk	No	[Lewis, Bethan 10/11/21 14:24:29] 10/11/21  9) Engagement with local community - Ongoing with further meetings planned for September
2413	29/06/2020	Bethan Lewis	Transforming Cancer Services	Radiotherapy Satellite Centre	Andrea Hague	Risk that Radiotherapy Satellite Centre will not have required skilled staff in place to run facility	There is a risk that the Radiotherapy Satellite Centre will not have required skilled staff in place to run the facility once ready to be operational. This would impact on radiotherapy capacity and resilience for the Trust.		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.	4 - Probable	3 - Moderate	12	Significant	Stable/No Movement	05/01/2022	3 - Possible	2 - Minor	6	Moderate Risk	No	[Lewis, Bethan 18/10/21 11:19:50] 18/10/21 -  1) Workforce plan subgroup in progress  2) Workforce model approved for OBC to be included in FBC. Recruitment of additional posts in progress  Risk reviewed by Risk Owner, no change to risk rating
2415	17/12/2019	Bethan Lewis	Transforming Cancer Services	Radiotherapy Satellite Centre	Andrea Hague	Risk that key resource involved in a number of projects leading to not enough capacity to fulfill commitments	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.		1) A matrix to consider commitments of colleagues to consider priorities and timings to be developed. - ongoing  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	4 - Probable	3 - Moderate	12	Significant	Stable/No Movement	05/01/2022	3 - Possible	2 - Minor	6	Moderate Risk	No	[Lewis, Bethan 18/10/21 11:23:36] 18/10/21 -  Risk reviewed by Risk Owner, no change to risk rating
2407	17/01/2020	Bethan Lewis	Transforming Cancer Services	Radiotherapy Satellite Centre	Andrea Hague	Risk of overlapping timeframes and interdependencies between RSC & IRS Projects	There is a risk that as the IRS Project needs to be phased in parallel with RSC Project, due to overlapping timeframes and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.		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	4 - Probable	3 - Moderate	12	Significant	Stable/No Movement	05/01/2022	2 - Unlikely	2 - Minor	4	Low Risk	No	[Lewis, Bethan 18/10/21 11:27:53] 18/10/21 -  1) There is consistent membership sits on both project boards to provide oversight on progress across both.  2) Paper outlining additional costs for future proofing of the building and bunker design submitted by NWSSP-SES to WG has been approved.  3) Agreement with Kier & ABUHB design to the more significant strategy to manage any risk to the project delay as a result of IRS delays and any refinement of design required once preferred bidder known will be managed through formal change control.  Risk reviewed by Risk Owner, no change to risk rating
2487	07/12/2021	Tracy Hinton	Transforming Cancer Services	New Velindre Cancer Centre	David Powell	IRS Delays Impact on nVCC Procurement	There is a risk that the IRS procurement may be delayed or experience legal challenge, meaning that the date at which the specific equipment to be procured is definitely known is delayed, leading to delays or other issues during the nVCC procurement process		1. Ongoing monitoring of buffer period between the key dependency dates of both projects.  2. If issue occurs work with bidders to design around potential solutions so that work can continue.	4 - Probable	3 - Moderate	12	Significant	Risk Increasing	04/01/2022	3 - Possible	4 - Major	12	Significant	No	[Lewis, Bethan 07/12/21 16:05:19] 7/12/21 - 01/12/21- Current Ratings - Likelihood 4 Impact 3 Overall 12  Previous risk rating Likelihood 3 Impact 3 Overall 9

2405	30/06/2020	Bethan Lewis	Transforming Cancer Services	Transforming Cancer Services	Nicola Williams	Risk that projected growth assumptions for Outreach will be less than required	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.	1) Re-run projections around growth assumptions.  2) Activity model will be re-run with outputs presented to project Board. Any additional requirments will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirments will be undertaken.	3 - Possible	4 - Major	12	Significant	Risk Decreasing	31/01/2022	2 - Unlikely	3 - Moderate	6	Moderate Risk	No	[Lewis, Bethan 07/12/21 14:29:04] 7/12/21 - No review or changes to risk - Project remains On Hold
2416	30/06/2020	Bethan Lewis	Transforming Cancer Services	Transforming Cancer Services	Nicola Williams	Risk that COVID may lead to delays on Project progress	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of the outreach project	Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	3 - Possible	4 - Major	12	Significant	Risk Decreasing	31/01/2022	2 - Unlikely	3 - Moderate	6	Moderate Risk	No	[Lewis, Bethan 07/12/21 14:22:46] 7/12/21 - No review or change to risk - Project remains On Hold.
2409	05/10/2020	Bethan Lewis	Transforming Cancer Services	Programme	Tom Crosby	Risk that Clinical Model does not meet required Business needs	<p>Risk that Clinical Model does not meet required Business needs</p> <p>Causes - Patient need has changed / Medical &amp; tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand</p> <p>Consequences - Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services</p>	<p>9a) Regional acute oncology service model agreed by CCLG &amp; HB partners, final proposal going to to Board in July for approval and 3 year implementation. BC approved by Velindre, Cardiff &amp; Vale &amp; ABUHB between Sept - Nov 21, implementation commencing. Cwm Taf seeking approval from Board in Jan/Feb 22. Complete</p> <p>9b) Unscheduled care workstream established within Velindre Futures and working through action plan. Velindre @UHW Project established with UC workshops planned for 8th Sept &amp; 15th Sept. Final clinical service spec to be completed be end of October 21. Ongoing</p> <p>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 - Complete</p> <p>11) Seek external expertise in design of remaining areas. Trust &amp; HB partners have onboarded external expertise Complete</p> <p>12) Seek seats on local health board cancer services - Partnership Boards est with Velindre and C&amp;V and CT and plan in place to est with AB. C&amp;V have offered Velindre to have representation on their cancer board</p> <p>13) Benefits Realisation Plan to be reviewed by PMO team - Closed and transferred to Programme activitiv</p>	4 - Probable	3 - Moderate	12	Significant	Risk Decreasing	31/01/2022	2 - Unlikely	2 - Minor	4	Low Risk	No	[Lewis, Bethan 09/12/21 16:47:09] CJames 9.12.21 - Recommend to reduce Risk Rating to (Likelihood 2 & Impact 2) actions to establish Regional approach to Clinical Model following Nuffield recommendations have been etsablished and are being implemented

ID	Opened	Handler	Division	Service	Manager	Risk Title	Risk Description	Risk Cost	Current Controls	Likelihood (current)	Impact (current)	Rating (current)	Risk level (current)	Direction of Travel	Next Review Date	Likelihood (Target)	Impact (Target)	Rating (Target)	Risk level (Target)	Private & Confidential	Progress notes
2409	05/10/2020	Bethan Lewis	Transforming Cancer Services	Programme	Crosby, Tom	Risk that Clinical Model does not meet required Business needs	<p>Risk that Clinical Model does not meet required Business needs</p> <p>Causes - Patient need has changed / Medical &amp; tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand</p> <p>Consequences - Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services</p>		<p>9a) Regional acute oncology service model agreed by CCLG &amp; HB partners, final proposal going to to Board in July for approval and 3 year implementation. BC approved by Velindre, Cardiff &amp; Vale &amp; ABUHB between Sept - Nov 21, implementation commencing. Cwm Taf seeking approval from Board in Jan/Feb 22. Complete</p> <p>9b) Unscheduled care workstream established within Velindre Futures and working through action plan. Velindre @UHW Project established with UC workshops planned for 8th Sept &amp; 15th Sept. Final clinical service spec to be completed be end of October 21. Ongoing</p> <p>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 - Complete</p> <p>11) Seek external expertise in design of remaining areas. Trust &amp; HB partners have onboarded external expertise Complete</p> <p>12) Seek seats on local health board cancer services - Partnership Boards est with Velindre and C&amp;V and CT and plan in place to est with AB. C&amp;V have offered Velindre to have representation on their cancer board</p> <p>13) Benefits Realisation Plan to be reviewed by PMO team - Closed and transferred to Programme activity</p> <p>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. - links with above Closed and transferred to Programme activity</p>	4 - Probable	3 - Moderate	12	Significant	Risk Decreasing	31/01/2022	2 - Unlikely	2 - Minor	4	Low Risk	No	[Lewis, Bethan 09/12/21 16:47:09] CJames 9.12.21 - Recommend to reduce Risk Rating to (Likelihood 2 & Impact 2) actions to establish Regional approach to Clinical Model following Nuffield recommendations have been etsablished and are being implemented
2410	05/10/2020	Bethan Lewis	Transforming Cancer Services	Programme	Morley, Sarah	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet needs of the TCS Programme	<p>Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs.</p> <p>Causes - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate.</p> <p>Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients</p>		<p>1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied</p> <p>2 )Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans</p> <p>3) Clarity of expectations for workforce team involvement</p> <p>4) Clarity of Role &amp; Responsibility for Workforce planning input team in relation to Project &amp; Programme need</p> <p>5) Workforce team to support service to ensure the right people are available and allocated to support</p>	3 - Possible	4 - Major	12	Significant	Stable/No Movement	18/03/2022	2 - Unlikely	1- Negligible	2	Low Risk	No	[Lewis, Bethan 07/12/21 14:57:39] 02/12/21 - Risk reviewed by Risk Owner - no change to current ratings
2411	04/11/2020	Bethan Lewis	Transforming Cancer Services	Programme	James, Carl	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS	<p>Risk that there is potential misalignment of scope and timeliness of decisions between VF &amp; TCS</p> <p>Causes - Poor communications between VF &amp; TCS teams</p> <p>Delays in agreement of VF scope &amp; governance arrangements</p> <p>Lack of clarity of scope for VF</p> <p>Lack of understanding of the interdependent timescales and activity</p> <p>Lack of knowledge and understanding of both programme objectives</p> <p>Consequences - key deliverables get missed as not picked up by either TCS or VF</p> <p>Delaying progress of current live projects</p> <p>Change of priorities</p> <p>Adjustment of plans</p> <p>Agreements / decisions have been made already (i.e. could be contractual agreements in place)</p> <p>TCS may not be delivering the agreed VF scope &amp; clinical outputs</p> <p>Disengagement of stakeholders</p>		<p>1) Agree clear scope and role of VF and its programme board. Complete</p> <p>2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result. Complete</p> <p>3) Communicate the scope of both and any implications for TCS. Complete</p> <p>4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making. Complete - new ways of working with EMB Shape, Transformation Board &amp; Strategic Infrastructure Board and Velindre Futures in place with clear governance structures in place</p> <p>5) Understanding and agreement of key stakeholders within and outside the organisation. Stakeholder mapping reviewed, no significant changes within and outside of organisation. Complete</p>	4 - Probable	3 - Moderate	12	Significant	Risk Decreasing	31/01/2022	3 - Possible	2 - Minor	6	Moderate Risk	No	[Lewis, Bethan 09/12/21 16:43:57] CJames 9.12.21 - Structuring of Velindre Futures has been completed and actions associated with this risk are completed. As such recommended this risk is closed and new risk explored as we move towards new ways of working with Strategic Infrastructure Board/ Transformation Office.
2417	08/07/2020	Bethan Lewis	Transforming Cancer Services	Programme	Fear, Lauren	Risk that there is lack of TCS Programme Comms Plan	<p>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.</p>		<p>1) Revise TCS website - complete</p> <p>2) Improve internal TCS teams Comms - complete</p> <p>3) Improvements to intranet - started</p> <p>4) Improvements to the link between Programme Governance and Comms - tbc</p>	4 - Probable	3 - Moderate	12	Significant	Stable/No Movement	14/01/2022	2 - Unlikely	2 - Minor	4	Low Risk	No	<p>[Lewis, Bethan 10/11/21 14:18:08] 10/11/21</p> <p>1) Completed - TCS website moved onto MURA platform</p> <p>2) Completed - Comms team have recruited to support TCS Programme</p> <p>3) work has started to scope this out</p> <p>4) TBC depending on messages that need to be shared both internally &amp; externally</p>
2418	05/10/2020	Bethan Lewis	Transforming Cancer Services	Programme	Fear, Lauren	Risk that TCS Programme does not have support from Stakeholders	<p>Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians)</p> <p>Causes - Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources</p> <p>/ Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change</p> <p>Consequences - WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions &amp; opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits</p>		<p>1) Further engagement is being planned with specialist stakeholders – broader and more targeted who are not fully supportive. Programme Communications resource in place &amp; recruitment of additional comms resource to support comms/engagement activities</p> <p>2) Better use of technology being reviewed and rolled out to share key messages</p> <p>3) Variety of stakeholder events held over a number of years - complete</p> <p>4) Clinical workshops held throughout Programme lifetime - ongoing</p> <p>5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - ongoing</p> <p>6) Ongoing engagement with local elected members (MS, MP, Councillors)</p> <p>7) Dialouge beteen exisiting cancer forums e.g. cancer leads in SE Wales HBs - ongoing through CCLG</p> <p>8) Monthly meeting with WG Head of Capital and Director General - ongoing</p>	4 - Probable	3 - Moderate	12	Significant	Stable/No Movement	14/01/2022	2 - Unlikely	2 - Minor	4	Low Risk	No	<p>[Lewis, Bethan 10/11/21 14:24:29] 10/11/21</p> <p>9) Engagement with local community - Ongoing with further meetings planned for September</p>



2431	23/07/2021	Bethan Lewis	Transforming Cancer Services	Programme	James, Carl	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption	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	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. Complete 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity. Complete 3) Review and reporting on Master Plan to PDB and Scrutiny committee. Ongoing	3 - Possible	4 - Major	12	Significant	Stable/No Movement	31/01/2022	2 - Unlikely	2 - Minor	4	Low Risk	No	[Lewis, Bethan 09/12/21 16:37:30] CJames 9.12.21 - Whilst initial risk to Project and Programme activity from Covid disruption has reduced; there remains uncertainty around transmission of the newest emerging variant and the impact this could have on clinical workforce managing their priorities between ongoing clinical work and Project & Programme. As such risk rating remains the same.
2489	10/12/2021	Bethan Lewis	Transforming Cancer Services	Programme	James, Carl	Risk that Regional nature of Programme leads to increased difficulties of consensus and obtaining approvals	Risk that due to the regional nature of the programme involving numerous organisational interfaces leads to increased difficulties of consensus and obtaining approvals.  Causes - 5 different organisations as primary commissioners/ Each HB have slightly different cancer strategies to meet local needs / Levels of funding and investment available to support preferred option/improvements for cancer / Reliance on number of external parties to deliver outcomes and key activity / Projects and Programme not adequately aligned / Practicality and logistics of holding a single discussion to agree.  Consequences - Delays to delivery of Programme and Project key activity / Reputational damage for Velindre Trust / Reduced potential for good patient outcomes and care.	1) Attended various committees, project and programme boards to update on programme progress and objectives. Completed 2) Effective procurement and contractual processes in place. Completed 3) Programme established with engagement of LHBs & CHCs. Completed 4) Established Clinical Advisory Board. Complete 5) Engagement events and workshops with HBs. Complete 6) Engaged DoPs, DoF's in development of BCs. Complete 7) Establishment of regional forum CCLG. Complete 8) PBC sign off OBC for nVCC. Complete	3 - Possible	3 - Moderate	9	Significant	Risk Decreasing	31/01/2022	3 - Possible	2 - Minor	6	Moderate Risk	No	[Lewis, Bethan 10/12/21 12:26:18] CJames 9.12.21 - Regional structure has been approved and implemented following Nuffield recommendations with Partnership Boards and Velindre@Programme established. As such recommended this risk is closed and new risk explored as we move towards new ways of working with Strategic Infrastructure Board / Transformation Office.
2490	10/12/2021	Bethan Lewis	Transforming Cancer Services	Programme	James, Carl	There is a risk of changing political support for the Programme on a Local and National level resulting in potential delays to l	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.	1) Projects 1 & 2 continue to monitor risks and to engage with Local MPs & AM's as part of their Comms plans.  Labour Government majority in the Senedd and no change in direction indicated in MIM policy or support for Programme / Project	2 - Unlikely	4 - Major	8	Moderate Risk	Stable/No Movement	31/01/2022	2 - Unlikely	4 - Major	8	Moderate Risk	No	[Lewis, Bethan 10/12/21 12:30:06] CJames 9.12.21 - Actions are more ongoing monitoring and engagement as part of Project Plans. Recommended that risk is accepted as it stands (with current rating) with agreement that we review every quarter unless activity triggers review
2491	10/12/2021	Bethan Lewis	Transforming Cancer Services	Programme	James, Carl	There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes const	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.	1) Ongoing - Programme level risk is unlikely at this stage but could be subject to change if Projects are coming across issues relating to cost/availability which would impact Critical Path & Master Plan. 2) Ongoing - The 3 Projects which could be sensitive to Brexit impacts continue to monitor and review as they progress along their individual procurement processes. 3) Ongoing - programme team reviewing project plans with project teams ensuring accurate reflection of timescales and dependencies in Master Programme Plan. 4) Will be done at appropriate time during tender processes	2 - Unlikely	4 - Major	8	Moderate Risk	Risk Decreasing	31/01/2022	4 - Probable	2 - Minor	8	Moderate Risk	No	[Lewis, Bethan 10/12/21 12:35:20] CJames 9.12.21 - Projects managing any potential Brexit risks related to supply chain / affordability through competitive dialogue and procurement processes and any issues escalated through Project and Programme governance. Recommendation to close this risk as no current risk to Programme.
2492	10/12/2021	Bethan Lewis	Transforming Cancer Services	Programme	James, Carl	Risk that there is a lack of funding in place / allocated to deliver the projects and programme	Risk that there is a lack of funding in place / allocated to deliver the projects and programme  Causes - WG decide not to fund all/part costs / WG does no have sufficient funding to meet the needs of the programme/projects / Commissioners unable to support revenue requests partially or fully. / Political / Government priority changes re capital funding of key infrastructure projects / Uncertainty from Brexit in regards to key aspects of programme activity (procurement, supply chain , MIM) / Increase in costs stemming from uncertainly caused by Brexit.  Consequences - Increased costs for Projects / Programme / Reduction in available funds leading to the need to review & realign intended outcomes / deliverables / Delays to programme timescales / Full programme benefits not realised / only partial benefits realised / Early programme closure / full objectives and aims not delivered / Impact across wider organisation of not being able to undertake other high risk capital scheme / Loss of staff and knowledge base	1) Established Programme Governance with agreed forecasted costs for the programme and each project. Complete 2) Agreed funding sources and streams with WG and Commissioners. Complete 3) WG have provided funding commitment to funding of key infrastructure projects. Complete 4) Robust procurement process in place (NWSPP and other expert advice) to ensure best value from any awarded contracts. Complete 5) Agreed financial management and cost control arrangements in place. Complete 6) Issuing up to date forecast costs to WG to enable medium term. capital planning at WG level. Ongoing 7) Briefing WG Director General and Programme Sponsor well in advance Complete 8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements s for programme Complete	2 - Unlikely	4 - Major	8	Moderate Risk	Stable/No Movement	31/01/2022	2 - Unlikely	2 - Minor	4	Low Risk	No	[Lewis, Bethan 10/12/21 12:41:11] CJames 9.12.21 - No current changes to risk rating. The Capital funding element of this rating is reducing, however revenue funding implications to be considered by CJames, SH & BL.

## TCS PROGRAMME SCRUTINY SUB-COMMITTEE

### TCS PROGRAMME MANAGERS REPORT

**DATE OF MEETING**

21/12/2021

**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE INDICATE REASON****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**

n/a

n/a

n/a

**ACRONYMS**

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



## **1. SITUATION / BACKGROUND**

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

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

- 2.1 The report is set out in the following way:
  - a) External updates
  - b) Internal Programme updates
    - i. Wider Programme updates
    - ii. Notable Updates from the Seven Projects affecting the Programme

## **3. EXTERNAL PROGRAMME ARRANGEMENTS**

### ***Update letter to Simon Dean, Deputy NHS CEO***

- 3.1 On the 10<sup>th</sup> December, the Trust, in collaboration with its south east Wales partners, jointly responded to a letter from the Deputy Chief Executive, NHS Wales, with an update on the development of the regional network model for Velindre Cancer Centre.
- 3.2 The model shared an update the revised admission criteria for VCC, progress with the business case for acute oncology across the region, the planning assumptions for Velindre outreach hubs and the development of a research Hub at the University Hospital of Wales (UHW).
- 3.3 Progress was noted in all areas, in particular with the AOS business case which has now been approved by three of the four Boards in SE Wales for implementation of at least phase 1, with a plan to review the later phases in due course. The fourth Board will consider the business case in the New Year.
- 3.4 The next joint CAVUHB and VUNHST Partnership Board will also focus on progress with implementing the Nuffield Trust recommendations twelve months on from its original publication in Dec 2020.

### ***Workshop on Developing the SE Wales Cancer System***

- 3.5 The regional cancer system workshop (previously reported to the Programme Delivery Board) which is intended to explore potential opportunities to strengthen the cancer system governance across SE Wales, will now take place in February 2022.
- 3.6 The workshop will provisionally organised for 21<sup>st</sup> January 2022, but will now be postponed due to the unavailability of key personnel across the region.
- 3.7 The workshop is pivotal in setting the future direction for the CCLG and specifically responds to recommendation 1 of the Nuffield Trust advice regarding reviewing the planning and coordination process for all South East Wales cancer services.

### ***Velindre @ UHW Progress Update***

- 3.8 The Velindre @ UHW work programme is progressing well with notable progress in the Research & Development and Acute and Unscheduled Care projects.
- 3.9 A separate highlight report is included on the agenda, however key points of note are the workshop to agree pathway for deteriorating patient planned for 15<sup>th</sup> December, and endorsement of the Clinical Output Specification for the Cardiff Cancer Research Hub at UHW by the CCLG and at the VUT Strategic Capital Board.

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

- 3.10 The December Velindre Futures Programme Board was stood down due to the unavailability of key attendees.
- 3.11 However, the usual Transforming Cancer Services highlight presentation was provided by the Senior Programme Delivery and Assurance Manager and circulated to the VF Programme Board members.

## **4. INTERNAL PROGRAMME ARRANGEMENTS**

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

#### ***Risk Management***

- 4.1 The TCS Programme Risk Advisor continues to work alongside the Corporate Risk team in preparation for the transition of all risk management and reporting processes to the corporate Datix system (version 14).
- 4.2 TCS risks records are gradually being transferred across to the new system with all risks with a score of 12 and above currently available in Datix.

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

#### ***PMO Training***

- 4.4 Members of the Programme Team will be undertaking various training courses as part of their continued personal and professional development before the end of the year to ensure skills are developed and/or maintained in key areas of project, programme and risk management.
- 4.5 The Programme Planner and Risk Advisor successfully gained both her foundation and practitioner level qualifications in Managing Successful Programmes (MSP) during this reporting period.

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

- 4.6 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.
- 4.7 **nVCC Enabling Works** – following the preparatory works undertaken in October (limited vegetation clearance between 25-29<sup>th</sup> October), the ground investigation (GI) surveys commenced on site on 6<sup>th</sup> December. The GI works involve taking soil samples via boreholes to help inform the design and will last approx. 2 weeks. For public safety, part of the area was fenced off and Public Rights of Way diverted in accordance with permissions granted by Cardiff City Council. All areas will be reinstated once works are completed. Meetings have been held with local representatives and resident associations to discuss the plans so that they are informed of and understand the scope of work.
- 4.8 **nVCC** – Competitive Dialogue (CD) commenced w/c 6<sup>th</sup> September and is now well underway with two consortia and will run until Spring 2022 when final designs will be requested. Department meetings are underway to look at the proposed design, adjacencies and floor plans and will continue into Jan 2022. The Legal, Commercial and Community Benefits workstreams have also met as part of the CD, including with Julie Morgan MS to understand her priorities for the local community. The Digital Subgroup continue to discuss the smart hospital design and the user experience (patients and staff). With respect to the Judicial Review application, on 17<sup>th</sup> November 2021, the Mr Justice Eyre dismissed an application for permission to review the WG's approval of the OBC, upholding the original decision made in September.
- 4.9 **Integrated Radiotherapy Solution** – only one compliant bid was received in response to the tender, which was evaluated, but subsequently excluded.

The tender will now be re-run and both bidders have confirmed their company's intent to fully engage with this rerun.

- 4.10 **Radiotherapy Satellite Centre** – the Stage 4 (detailed) design presentation is scheduled for 27<sup>th</sup> January 2022 to include SMART hospital requirements and 1:50 layouts). FBC completion is now anticipated for April/May 2022 with an anticipated 'Beam On' date of July 2024 representing an overall delay of circa. 6 months.
- 4.11 **Outreach** – Project on hold until resourcing constraints resolved. Project Management resource agreed in principle at Exec level. Awaiting confirmation.
- 4.12 **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. Under the change control process and revised governance arrangements in train, it is anticipated that this project will transfer to the Velindre Futures programme.

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

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

## **4 IMPACT ASSESSMENT**

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

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

## **5 RECOMMENDATION**

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



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

## TCS PROGRAMME SCRUTINY SUB-COMMITTEE

### NUFFIELD TRUST INDEPENDENT ADVICE – A PROGRESS UPDATE

DATE OF MEETING	21/12/2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Carys Jones, Senior Programme Delivery & Assurance Manager Carl James, Director of Strategic Transformation, Planning and Digital	
PRESENTED BY	Carl James, Director of Strategic Transformation, Planning and Digital	
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning & Digital	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
Strategic Development Committee	09/12/2021	<i>Noted</i>

#### ACRONYMS

CCLG	South East Wales Cancer Collaborative Leadership Group
FBC	Full Business Case
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 has been provided to the Programme Delivery Board since this point. This paper provides an update against the action plan as at November 2021.
- 1.3 A number of the Nuffield Trust recommendations also relate to the business of the Strategic Development Committee, which, in turn, is responsible for overseeing that the VUNHST accountabilities within these particular recommendations are fulfilled.
- 1.4 The final column in the table at Annex A notes which VUNHST committee is responsible for overseeing the VUNHST accountabilities within each recommendation.

## 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.
- 2.3 The current position against each of the recommendations is set out in the 'Progress' column in Annex 1.

## 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

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



**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>	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 progress update.



## Annex A: Nuffield Trust Recommendations: Progress Update (October 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 workshop</p> <p>Apr 2022 (this date is subject to system decisions at workshop in January</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>• Workshop date originally identified in Nov 2021. This will now occur in January 2022 due to system Covid pressures.</li> <li>• Proposal for the session discussed at</li> </ul>	Strategic Development Committee

				2022 and is likely to be later due to Covid pressures (Tbc)	<p>Oct CCLG, and agenda revised based on feedback.</p> <ul style="list-style-type: none"> <li>• Agreement in principle of benefits of SE Wales Cancer Strategy.</li> <li>• Initial resource request made/ supported in principle by PHW. Appropriate resources provided for this stage of development</li> </ul>	
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 (CAP) 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> </ul>	<p>VUT</p> <p>VUT</p> <p>VUT</p> <p>VUT</p> <p>VUT</p> <p>VUT</p>	<p>Feb 2021</p> <p>Mar 2021</p> <p>Aug 2021</p> <p>Jul 2021</p> <p>Sep 2021</p> <p>Dec 2024</p>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> <li>• On track. Competitive dialogue underway (commenced w/c 6th Sept).</li> <li>• On track</li> </ul>	TCS Programme Scrutiny Sub-Committee

		<ul style="list-style-type: none"> <li>Secure approval for OBC/FBC for Integrated Radiotherapy Solution for SE Wales</li> </ul>	VUT	April/May 2022	<ul style="list-style-type: none"> <li>FBC completion is now anticipated for April/May 2022.</li> <li>Anticipated 'beam on' date of July 2024 representing an overall delay on c.6months due to revised build requirements (decarbonisation measures, SMART hospital design),</li> </ul>	
3	<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> </ul>	<p>HBs required to develop plan:</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>HBs/ VUT</p> <p>HBs/VUT</p>		<ul style="list-style-type: none"> <li>HBs have a range of benchmarking in place for clinical services. Further work required for key system markers.</li> <li>AOS business case complete</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>- 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>	<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> <li>- Develop Programme Brief and establish governance</li> <li>- Establish project work streams and run clinical design workshops:</li> </ul> <p><b>i. RD&amp;I</b></p>	<p>CAV and VUT</p> <p>CAV and VUT</p>	<p>Feb 2021</p> <p>May 2021</p> <p>Jun; Sep; Oct 2021</p> <p>Oct 2021</p>	<ul style="list-style-type: none"> <li>• Work well advanced on target operating model across the region:-</li> <li>• Complete</li> <li>• Complete</li> <li>• RD&amp;I – Final Cardiff Cancer Research Hub Clinical Output Specification (COS) complete.</li> <li>• Endorsed at CCLG (Oct 2021) for detailed business case development work to commence.</li> <li>• Final approvals currently being sought from respective governance routes.</li> <li>• Project Board established.</li> </ul>	
--	---	--	---------------------------------------	---	---	--

ii. **unscheduled care;**

Dec 2021

- Acute / Unscheduled Care Data analysis complete
- Acute / Unscheduled Clinical Design Workshop (Sep) and follow up meeting held (Oct).
- Agreement to develop Acute Deteriorating Patient Pathway and drafting commenced
- Scope and ToR agreed

### iii. haematology and oncology

- Redesign pathways
- Develop business proposals/implementation plans

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.					
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> <li>Changes in operational flows of small number of acutely unwell patients to DGH</li> </ul> <p>Phase 1: V@UHW Phase 2: V@AB and V@CTM</p>	HBs/VUT	May 2021	<ul style="list-style-type: none"> <li>Complete: Internal VCC operational changes completed, delivered via Velindre Futures. Audit against revised admissions criteria completed (Oct) and final results pending QA &amp; sign off.</li> </ul>	Strategic Development Committee – for design and development
			CAV/VUT	Oct 2021	<ul style="list-style-type: none"> <li>Agreement to develop Acute Deteriorating Patient Pathway between VCC &amp; UHW. Drafting commenced</li> </ul>	Quality, Safety & Performance Committee – for delivery
			CTM/AB/VUT	Mar 2022 (initial model) – up to 2024 for new infrastructure	<ul style="list-style-type: none"> <li>Work incorporated with existing outreach and clinical V@ projects</li> </ul>	
				Oct 2021		

		<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> </ul>			<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> <li>• Approved by VUT and CAV Boards in Sept 2021.</li> <li>• ABUHB Board to receive in Nov. Expected to Phase 1 will be approved with later phases considered when required.</li> <li>• CTM Board to receive in Nov/Dec for consideration of the preferred option in light of funding constraints.</li> <li>• Regional Project Manager appointed to support implementation.</li> <li>• On track. Preparatory activities for implementation</li> </ul>	
		<ul style="list-style-type: none"> <li>- Implementation</li> </ul>				

					underway in parallel with BC approvals (e.g. recruitment prep).	
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, endoscopy, surgical opinion, critical care and so on – albeit without the convenience of complete proximity.	<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> <li>• Exploration of strategic solution for long-term V@ facility in UHW2 and alignment of strategic capital business cases</li> </ul>	CAV/VUT  CAV/VUT	Apr 2021  Jun 2021  Oct 2021  Oct 2021   Tbc – awaiting confirmation of UHW2 timelines	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> <li>• On Track – see above Rec 3</li> <li>• On Track – see above.</li> <li>• On track. Project Board in place to oversee implementation plan if/when governance approvals received.</li> </ul>	Strategic Development Committee – for design and development  Quality, Safety & Performance Committee for delivery
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	<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> </ul>	See Rec 3 & 4	See Recs 3 & 4		Strategic Development Committee – for design and development  Quality, Safety & Performance



	<p>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.</p>	<ul style="list-style-type: none"> <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>			<ul style="list-style-type: none"> <li>See Rec 3</li> <li>SACT Outreach discussions underway with provision at NHH</li> <li>Work included in outreach and clinical projects. See also AOS business case (complete)</li> </ul>	Committee for delivery
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 regional operating model developed for non-surgical tertiary cancer services which finalises V@ requirements for at home/outreach care</li> <li>See Recs 3 &amp; 4</li> </ul>		See recs 3 & 4	See recs 3 & 4	<p>TCS Programme Scrutiny Sub-Committee (as 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</p>

						Committee for delivery
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> <li>(i) UHW acute/research hub</li> <li>(ii) Velindre@ AB</li> <li>(iii) Velindre@ CTM</li> </ul>	<p>VUT</p> <p>HB/ VUT</p> <p>C&amp;V/VUT</p> <p>AB/VUT</p> <p>CTM/VUT</p>	<p>Apr 2021</p> <p>May 2021</p> <p>Oct 2021</p>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete – regional ToR agreed to by CCLG</li> <li>Complete (phase 2 – implementation plan developed)</li> </ul>	Research, Development and Innovation Sub-Committee
9	Organisational development and other work to create a successful cancer network is going to be required but has not featured much in our conversations for this report.	<ul style="list-style-type: none"> <li>Development of regional workforce plans</li> </ul>	HBs / VUT		<ul style="list-style-type: none"> <li>National cancer workforce discussions with HEIW and partners – national work in place</li> <li>Further approach determined following CCLG workshop in January 2022</li> </ul>	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> <li>Initial high level scoping discussions undertaken</li> <li>Further scoping to be undertaken regionally</li> <li>Awaiting confirmation of UHW2 timelines</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 these development opportunities in light of future service needs.	<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 Trust and Cardiff City Council on master planning activities in North Cardiff</li> </ul>	HBs / VUT	tbc	<ul style="list-style-type: none"> <li>CCLG workshop (see Rec 1) will also enable a discussion on the strategic planning capability</li> <li>Awaiting confirmation of UHW2 timelines</li> </ul>	Strategic Development Committee

# 'Velindre @ UHW' Monthly Highlight Report

Overall Project Status: **Amber**

Date: 08 Dec 2021

## 1a. Overview – Background

### Background

The 'Velindre @ UHW' Project is Phase One of a wider 'Velindre @' work programme to:

- To develop and agree a regional SE Wales Clinical Service Specification
- To agree the regional operational model (ROM) and associated patient pathways
- To inform any future investment requirements (e.g. capital infrastructure, workforce, digital etc) to deliver the ROM.

The 'Velindre @ UHW' Project focuses specifically on the oncology services and pathways pertaining to CAVUHB and VCC and responds to a number of the recommendations made by the Nuffield Trust (Dec 2020). Velindre @ UHW Programme Board agreed. A tentative date agreed for inaugural meeting on 20/1/22.

The separate regional **Acute Oncology Service (AOS)** project also supports a number of the acute and unscheduled care workstream aims, therefore an overview is also captured here.

## 1b. Overview – Progress

### Workstreams

The Velindre@ UHW Project contains three interrelated workstreams. An update is provided for each below:

#### 1. Cardiff Cancer Research Hub @ UHW

- Draft proposal for the tripartite Cardiff Cancer Research Hub model completed 19/10. Endorsed by CCLG on 22/10 for further work to continue on the operational detail. CCLG support received to progress elements of the model that can be implemented in the short term with no/low cost.
- **Workforce** – pharmacy workforce numbers now included in COS. Ongoing discussions with Joint Research Office (JRO) (meeting on 12/1 ) to finalise their workforce requirements. Linked in with Advanced Therapies Wales regarding their role in ATMP.
- Project Implementation Team appointed. Strategic Lead appointed and in post. PSO starts in Jan '22, plus admin support identified. Posts are short-term funding through charitable funds.
- Final Tripartite (CAV/CU/VUT) governance and sign off route to be agreed
- Project Board in development. Membership agreed and first meeting date being sought.

## 1b. Overview – Progress (continued)

- **Next steps** – finalise operating model, incl. clinical/research governance arrangements and alignment with acute care model/AOS and develop integrated workforce plan.
- Exploring feasibility of staggered implementation of Phase 1 and opportunities for 'quick wins'.
- Business Cases (BC) for subsequent phases, which will identify capital and revenue implications, to be developed jointly with planning & finance input.

#### 2. Acute & Unscheduled Care (USC)

- Workshop 1 held (14/9) and follow up session (7/10).
- Workshop to agree pathway for deteriorating patient planned (15/12).
- Further 'sub-projects' identified at drafting session re clinical info handover and SOPs for accessing specialist opinion and OOH radiology.
- Linked with VF USC workstream e.g. Treatment Helpline Review, Transfer Audit and Admission Criteria.

#### 3. Haemato-oncology

- Workstream currently delayed whilst internal clinical capacity to support is reviewed. Haem leads involved in other 2 workstreams.
- CAV haem colleagues in contact and initial project documentation shared. Offer of follow up briefing meeting to discuss the project progress to date/requirements.

#### 4. Regional Acute Oncology Service (AOS)\*

- Regional AOS Business Case finalised
- VUNHST & CAVUHB – Business Case approved at both Board meetings on 30/09.
- ABUHB – Business Case approved at Board meeting on 24/11 (Phase 1 investment agreed; phases 2 & 3 to agreed (same approach adopted by CAV).
- CTMUHB – revised (local) Business Case going to Board (dates still to be confirmed – Jan / Feb '22)
- Initial meeting with Nicola Prygodczic, Senior Responsible Owner (SRO) 13/12.
- First AOS Programme Board planned (24/01/22)

*\*separate project to V@UHW, but related aims*

# 'Velindre @ UHW' Monthly Highlight Report

Overall Project Status: **Amber**

Date: 08 Dec 2021

## 2. Key Decisions this Month

Decision required	Approving body / Accountable Lead
Agreement to governance and sign off route for Cardiff Cancer Research Hub	LF to propose route

## 3. Top Project Issues

ID	Description	Rating
N/A	N/A	N/A

ISSUES	TOTAL
<div><div></div><div></div><div></div></div>	0

## 4. Top Risks and Summary

ID	Description	Rating
VUHW1	Misalignment with other work programmes and governance arrangements across VCC	9
VUHW2	Clinical and Project Management to support and progress the project.	12
VUHW3	Engagement from CAVUHB – no project management capacity and limited clinical lead time to engage	12
VUHW4	BI capacity to support information requirements. Data availability/quality also a concern (e.g. transfer data)	9
VUHW5	Potential changes to CTMUHB business case will put regional focus of AOS at risk	12

EMERGING RISKS	TOTAL	IMPACTING RISKS	TOTAL
<div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div></div>	

## 5. Project Governance Assessment

	This Period	Last Period	Notes
<b>Plan Performance</b>	<b>A</b>	-	Limited clinical and PM capacity to support project meaning some actions delayed e.g. inadequate comms/stakeholder engagement
<b>Budget</b>	<b>A</b>	-	No budget allocated to the Project.
<b>Quality</b>	<b>G</b>	-	Project quality not compromised to date. Timeliness of delivering actions due to project capacity (see plan perf above)
<b>Project Resource</b>	<b>A</b>	-	Limited clinical and PM capacity to support project.
<b>Scope</b>	<b>A</b>	-	Under review alongside other Velindre Future workstreams (USC) and Outreach Project.

## 6. Change Control and Exception Reporting

	This Period	Last Period	Notes including Document reference
<b>* Change Control</b>	<b>0</b>	<b>0</b>	N/A
<b>* Exception Reporting</b>	<b>0</b>	<b>0</b>	N/A

## 9. Financial Performance

Approved	£000,000	Actual Spend to Date	£000,000	Committed	£000,000	F/Cast Outturn	£000,000	Variance -/+	
----------	----------	----------------------	----------	-----------	----------	----------------	----------	--------------	--

\* Exception Reports must be completed if it is forecast that the project will breach a tolerance of time, cost or quality

\*\* Change controls must be completed when there is a shift from a baseline position / agreed approach

## 7. Key Milestones in Reporting Period

Milestone (ref)	Date	RAG
<b>R&amp;D</b> – Workforce elements of Cardiff Cancer Research Hub completed, incl. pharmacy.		<b>G</b>
<b>AOS</b> – Business Case approved at ABUHB Board meeting on 24/11 (Phase 1 investment agreed; phases 2 & 3 to agreed (same approach adopted by CAV).	24/11	<b>G</b>

## 8. Missed Milestones in Reporting Period

Milestone (ref)	Date	Exp Report
N/A		

## TCS Programme Scrutiny Sub-Committee

### (RADIOTHERAPY SATELLITE CENTRE)

<b>DATE OF MEETING</b>	21/12/2021
------------------------	------------

<b>PUBLIC OR PRIVATE REPORT</b>	Public
---------------------------------	--------

<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
--	--------------------------------

<b>PREPARED BY</b>	(Jacqui Couch, Clinical Transformation Manager, TCS Programme)
--------------------	--

<b>PRESENTED BY</b>	(Andrea Hague, Director of Transformation, TCS Programme)
---------------------	---

<b>EXECUTIVE SPONSOR APPROVED</b>	Steve Ham, Chief Executive
-----------------------------------	----------------------------

<b>REPORT PURPOSE</b>	FOR NOTING
-----------------------	------------

#### COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	15/12/2021	NOTED

#### ACRONYMS

FBC	Full Business Case
RSC	Radiotherapy Satellite Centre
NHH	Nevill Hall Hospital

## **1. SITUATION/BACKGROUND**

- 1.1 The Radiotherapy Satellite Centre will be delivered through a joint working project between Velindre University NHS and Aneurin Bevan University Health Board.
- 1.2 The Project has progressed and is currently approaching the end of Stage 4 of the design process, with 1 in 50 room layouts and Interior Design finishes being in final stages of approval with the service.
- 1.3 This stage of the Project has taken longer than anticipated due to several additional requirements, including the future proofing of the linac bunker structure and enabling future capability for SMART technology, where possible in the building.
- 1.4 The costs associated with additional requirements were submitted to Welsh Government for approval in early October with verbal approval received 8<sup>th</sup> November 2021, however the project was instructed to proceed with the project recommendation of do minimum option for linac future proofing to avoid further delays.
- 1.5 The 1 in 200 plans have been updated to reflect the agreed approach for the linac bunker future proofing and suggested amendments, these have been signed off subject to a few caveats relating to interior design solutions.
- 1.6 An updated programme has been circulated with the stage 4 design process commencing 4<sup>th</sup> of October, the expected completion date for the scheme is now July 2024. See attached for full programme.
- 1.7 The Project Board has recommended several mitigations to reduce the impact of delays.
- 1.8 These include bringing forward the demolition of the antenatal clinic at Nevill Hall Hospital which is in part of the enabling works and could potentially save 2 months on the timeline. This has been approved to proceed and the works started on site in October 2021 with a planned completion date of the first week in April 2022
- 1.9 The FBC is currently due to go to boards in May 2022 with Welsh Government FBC approval anticipated for end of June 2022. However, the project is considering whether it is possible to bring the business case to boards in April 2022.
- 1.10 The risk register is currently being updated to reflect the potential impact of delays to the opening of the RSC and a mitigation plan is being developed within the service which will be reported at the January Meeting. Similarly, the risk about workforce for the centre is being reviewed and will form focus of the next project Board.
- 1.11 Other enabling works are planned for early 2022 including tree removal and moving the existing memorial garden at the NHH to a new location. The Trust is working with ABUHB communications team to inform the public and all relevant bodies of these events, with the first communication on the memorial garden issued during November 2021. The planned move will be undertaken in January 2022 with an official opening of the new memorial garden planned for April 16<sup>th</sup>, 2022.

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



2.1 The committee is asked to note the following:

- Current progress with Radiotherapy Satellite Centre Project
- Current anticipated submission date for FBC to Boards (May 2022) and Welsh Government, with WG approval anticipated end of June 2022.
- Current Programme timelines (Appendix 1)

### 3. IMPACT ASSESSMENT

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	Yes (Please see detail below)
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability  If more than one Healthcare Standard applies please list below: Effective care Timely care
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Yes
<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)  Bringing forward the demolition of the ante natal clinic ahead of FBC funding will require either additional resource from WG or ABUHB funding through discretionary capital.

### 4. RECOMMENDATION

The TCS Programme Scrutiny Sub-Committee is asked to note the current progress with Radiotherapy Satellite Centre Project and the anticipated submission date the FBC to the Board in May 2022 before submission to WG, subject to board approval.

[illegible]

## NVCC AND ENABLING WORKS SCRUTINY COMMITTEE

### Communications and Engagement Update

<b>DATE OF MEETING</b>	21 December 2021	
<b>PUBLIC OR PRIVATE REPORT</b>	Public	
<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report	
<b>PREPARED BY</b>	FRANCESCA CARPANINI, SENIOR COMMUNICATIONS AND ENGAGEMENT MANAGER	
<b>PRESENTED BY</b>	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
<b>EXECUTIVE SPONSOR APPROVED</b>	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE	
<b>REPORT PURPOSE</b>	FOR NOTING	
<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>		
nVCC	New Velindre Cancer Centre	

## 1. SITUATION.

## 2. BACKGROUND

This paper provides the Board(s) with an update on Programme communications and engagement during the course of mid October to end November 2021.

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.

## 3. ASSESSMENT

Over the reporting period we focused our efforts on:

- **Strategic counsel and operational communications and engagement support for the ground investigation works on site**
  1. Producing communications plan and related content
  2. Coordinating and attending briefing meetings with identified stakeholders ahead of works beginning (w/c 22 November); this included ward councilors, Hollybush Estate Residents Association and liaison with other key community groups.
  3. Attendance at a flooding residents meeting 26 November
  4. Direct mail bilingual letters produced and posted week commencing 29 November to local residents.
  5. Stakeholder emails issued week commencing 29 November ahead of works beginning
  6. Sharing content across Velindre Matters channels and monitoring social media, including responding to questions and messages
  7. Responding to correspondence via Velindre Matters and the Contact Velindre mailbox
  8. Liaison with Walters and Nexus in advance of works

9. Liaison with South Wales Police, Welsh Government and Cardiff Council communications to provide appropriate updates

Communications and engagement lessons learned will be captured as part of a wider project lessons learned.

- **Responding to correspondence from a wide range of stakeholders.**

There continues to be a significant amount of incoming correspondence over the past month in response to the preparatory works that took place on site.

The key themes are:

- the ground investigation works and the required permissions
  - challenges in relation to the clinical model
  - 60/40 land use split
- **Political stakeholder meetings** – in addition to the regular meetings with the local constituency MS and MP, we continue to build relationships with the existing ward councilors and liaison with other candidates standing for election in May 2022
- **Development of ‘myth busters’** to mitigate the ongoing misinformation regarding key aspects of the project, which will include ecological, clinical and management information
- **Managing media enquiries relating to legal challenge** and providing media responses to outlets including The National, Wales Online, The Cardiffian and The Canary.
- **Media queries regarding masterplanning in the Whitchurch area**
- **Finalising engagement hub space with VCC** are in process, with designs being produced by Genesis – two hubs will be installed – that will cover overarching project engagement opportunities and one that will focus on green ambitions, as well as community benefits
- **Supporting the stakeholder engagement with competitive dialogue** – a new protocol guiding engagement between our stakeholders and the bidders has been developed in the spirit of open engagement while safeguarding the procurement process;
- **Implementing a plan to promote clinical messaging**, which will support the ‘myth busters’ but also provide a wider context for media and additional digital content for the project and Trust as a whole
- **Supported the delivery of the internal Green Ambitions Showcase** for VCC staff to understand plans for new cancer centre and implement follow up survey / feedback process to gain further insight; this information will be

shared with participants as part of competitive dialogue, as well as an infographic shared with staff and across social media

- **Supporting the development of a wider value added package –** suggested name Velindre Together – for socialising with staff and stakeholders in early 2022.

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

- Developing communications and engagement plan for site clearance work to ensure that activity is approved and in place to begin in early January 2022;
- Implementing the feedback plan through the engagement hubs at VCC that allows us to track and score staff and patient sentiment, understanding and ideas;
- Update and publish new FAQs onto Trust website;
- Recruitment of project Engagement Manager;
- Review and update direct action workflow following preparation works disruption to provide additional information and cover potential risks for future work being undertaken;
- Continue to socialise the value add engagement programme under the new brand Velindre Together to garner support and develop appropriate plans for each aspect of the programme to deliver in 2022;
- Finalise phased approach to 'I'm Involved with Velindre' campaign and begin socialising with staff and stakeholders;
- Publish next issue of Velindre Matters digital newsletter;
- Plan out topics and articles for next edition of Velindre Matters community newsletter (for January 2022) to begin drafting and approvals process;
- Support two meetings with MS and MP
- Continue to maintain media briefings and information sharing with key outlets;
- Promote new content on the Velindre Matters social channels;
- Continue to monitor opposition social media channels and advise accordingly;
- Supporting the nVCC research and development working group, alongside its Trust counterpart;
- Arranging dates for Fundraising Ambassador briefings on nVCC in new year
- Media visits to site in early 2022 (interest from Wales online and BBC Wales)

#### 4. IMPACT ASSESSMENT

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

#### 5. RECOMMENDATION

**5.1** The Sub-Committee are recommended to **NOTE** the paper.