

- 1.0 STANDARD BUSINESS
 - 1.0 Public TCS Programme Scrutiny Sub-Committee.docx
- 1.1 Welcome & Introductions
 - Stephen Harries, Verbal, To Note*
- 1.2 Apologies
 - Stephen Harries, Verbal, To Note*
- 1.3 Declarations of Interest
 - Stephen Harries, Verbal, To Note*
- 1.4 Minutes of the Committee Meeting Held on 20th May 2021
 - Stephen Harries, Paper, To Approve*
 - 1.4 Draft Scrutiny Committee Minutes - Public 20.05.2021 v1-lf.docx
- 1.5 Action Log
 - Stephen Harries, Paper, To Approve*
 - 1.5 Action Log June 2021- PUBLIC.docx
- 2.0 PROGRAMME GOVERNANCE
- 2.1 TCS Finance Report
 - Mark Ash, Paper, To Note*
 - 2.1 Programme Finance Report (May 2021).docx
- 2.2 TCS Programme Risk Register
 - Bethan Lewis, Paper, To Note*
 - 2.2 TCS Programme & Project Risk_Scrutiny_June 21_Public.docx
 - 2.2a Risk Appendices_June 21_Scrutiny_Public.pdf
- 3.0 PROGRAMME DELIVERY
- 3.1 TCS Programme Managers Update
 - Carys Jones, Paper, To Note*
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- 3.2 Velindre@UHW
 - Carl James, Presentation, To Note*
 - 3.2 Progress update V@UHW 14 June 2021.pptx
- 4.0 PROJECT DELIVERY
- 4.1 Project 3A: Integrated Radiotherapy Solution Update on Issuing Final Tender
 - Gavin Bryce, Verbal, To Note*
- 4.2 Project 4 Radiotherapy Satellite Centre Update on SMART Ambition
 - Andrea Hague, Paper, To Note*
 - 4.2 RSC SMART Update.docx
- 5.0 ENGAGEMENT & COLLABORATION
- 5.1 Communications and Engagement
 - Non Gwilym, Paper, To Note*
 - 5.1 Comms June 2021 Board v1.docx
- 6.0 ANY OTHER BUSINESS
- 6.1 Prior Agreement by Chair Required
 - Stephen Harries, Verbal, To Note*
- 7.0 REVIEW OF THE MEETING
 - Stephen Harries, Verbal, To Note*
- 8.0 DATE & TIME OF THE NEXT MEETING
- 8.1 20th July 2021, 1pm
 - Stephen Harries, Verbal, To Note*

Transforming Cancer Services Public TCS Programme Scrutiny Sub-Committee

Agenda

Date Thursday 24th June 2021
Time 1:00pm – 2:00pm
Location Microsoft Teams
Chair Stephen Harries

			Action
1.0.0	Standard Business		
1.1.0	Welcome & Introductions	Chair	
1.2.0	Apologies for Absence	Chair	
1.3.0	Declarations of Interest	Chair	
1.4.0	Minutes of the Committee Meeting held on 20th May 2021	Chair	Approve
1.5.0	Action Log	Chair	Approve
2.0.0	Programme Governance		
2.1.0	TCS Finance Report	Mark Ash	Note
2.2.0	TCS Programme Risk Register	Bethan Lewis	Note
3.0.0	Programme Delivery		
3.1.0	TCS Programme Managers Update	Carys Jones	Note
3.2.0	Velindre@UHW	Carl James	Note
4.0.0	Project Delivery		
4.1.0	Project 3a IRS i) IRS Verbal Update on Issuing Final Tender	Gavin Bryce	Note
4.2.0	Project 4 RSC i) RSC Update on SAMRT Ambition	Andrea Hague	Note
5.0.0	Engagement & Collaboration		
5.1.0	Communications & Engagement	Non Gwilym	Note
6.0.0	Any Other Business		
6.1.0	Prior Agreement by the Chair Required	Chair	

7.0.0	Review of the Meeting	Chair	
8.0.0	Date & Time of Next Meeting 20th July 2021, 1pm	Chair	

TCS Programme Scrutiny Committee Public Session

MINUTES OF THE MEETING HELD

20th May 2021

14:30 – 15.30 Trust Headquarters, Nantgarw (via
Teams)

Members Present:

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

In attendance:

Professor Donna Mead (DM)	Trust Chairperson
Steve Ham (SHam)	Trust Chief Executive
Cath O'Brien (COB)	Trust Chief Operating Officer
Carl James (CJames)	Director of Strategic Transformation, Planning and Digital
Lauren Fear (LF)	Director of Corporate Governance
Mark Osland (MO)	Director of Finance
Nicola Williams (NW)	Director of Nursing, AHP's and Medical Scientists
Stuart Morris (SM)	Deputy Chief Digital Officer
Gavin Bryce (GB)	Associate Director of Programmes, TCS
Andrea Hague (AH)	Director of Service Transformation, Velindre Cancer Centre
Mark Ash (MA)	Assistant Director of Finance, TCS
Katie Foward (KF)	Programme Coordinator (Minute Taker)
Bethan Lewis (BL)	TCS Programme Planner and Risk Advisor
Susan Monkton (SMonkton)	Cardiff University Technocamps Representative
Lisa Miller (LM)	Operational Manager, Velindre Cancer Centre
Geraint Lewis (GL)	Head of Medical Physics
Phil Roberts (PR)	nVCC Design Advisor

Apologies:

Martin Veale (MV)	Independent Member
Donald Fraser (DF)	Independent Member
Huw Llewelyn (HL)	Director of Strategic Partnerships
Jacinta Abraham (JA)	Medical Director, Velindre Cancer Centre
Non Gwilym (NG)	Director of Communications and Engagement
Carys Jones (CJones)	Senior Programme Delivery and Assurance Manager
David Powell (DP)	nVCC Project Director
Paul Wilkins (PW)	Director, Velindre Cancer Centre

1.0	STANDARD BUSINESS	ACTION
<p>1.1</p> <p>1.2</p> <p>1.3</p> <p>1.4</p> <p>1.5</p>	<p>Welcome SHarries welcomed attendees to the Meeting.</p> <p>Apologies Apologies were noted as above.</p> <p>Declarations of Interest No declarations of interest were received.</p> <p>Previous Minutes The minutes were found to be an accurate record of the meeting on 19th April 2021 and were Approved.</p> <p>Action Log Action 95 - CJames will speak with COB and determine whether the action can be closed. It was noted that the action target date for completion is next month.</p> <p>A new action is to be added to monitor the Acute Oncology Service Business Case. The case was presented to the Collaborative Cancer Leadership Group on the 23rd April 2021 and further work is needed to complete the case and bring it to Health Boards for approval. It was noted that the model would also need to be adapted to allow some Health Boards to implement the works at a different pace to others. The works is expected to be completed in June and the process of approvals with Health Boards will commence in July.</p>	
	PROGRAMME GOVERNANCE	
<p>2.1</p>	<p>TCS Finance Plan MA introduced the paper to the meeting. The paper outlines the plans for the Programme based on current known funding. Outline Business Case funding has now been agreed for Projects 1&2. Full Business Case funding approval is expected in Quarter 3 or 4 and would provide funding additional to that set out in the current plan. The revenue funding is being provided from both core Trust funds and from Commissioners. The plan reflects the latest estimates for budgets and amendments will be made where required during the ongoing management of the plan. Arrangements are in place for robust reporting including to this Committee for assurance. There are no financial risks associated with the plan at this time and any risks will be reported as they arise.</p> <p>The Sub-Committee Noted the Paper.</p>	
<p>2.2</p>	<p>TCS Programme Risk Register BL introduced the paper to the meeting. The Committee were asked to note the latest position and, any changes made and approved by the Programme Delivery Board. The total number of risks has</p>	



reduced this month and the proportion of red and amber risks has also reduced with risks being prioritised and managed effectively.
Projects 1&2 have one new risk and one risk has been closed. A number of risks have been de-escalated. Project 3A has one new risk and three risks have been closed. Project 4 has closed one risk and de-escalated a number of risks. Project 5 held a risk management meeting this morning and as such these updates will be provided at the next Committee. All Project 6 risks have now been reviewed with Velindre Futures staff for actions and appropriate management. Once the Velindre Futures scope has been confirmed appropriate risks will be moved between registers.

The Programme have raised one issue, a member of the team has been recruited to Velindre Futures and as such there is now a resource issue. Plans are in place to resource and recruit appropriately. The Programme register has been reviewed and a number of risks have been de-escalated.

NW noted that R272 is now an issue not a risk as Outreach work cannot move forward without resource, CJames advised a paper would be provided to the Executive Management Board requesting resource to manage this. The risk relating to the re-run of the SACT growth assumptions is now also an issue.

GJ queried the point at which a risk becomes an issue. GB advised that a risk is something that may happen and an issue is something which has happened. The vulnerability to staff leaving was noted. CJames advised that in this instance it is an issue of scale in that the member of staff in one of three as opposed to one of a large team.

HJ noted the risk in relation to the enabling works of the Radiotherapy Satellite Centre. SHam advised that a letter will be sent to Andrew Goodall, to advise of the detriment of not carrying out the works to the overall Programme.

DM noted that R295 has a number of actions with no update against them. BL advised that ownership of the risk still requires confirmation and once this is complete an update can be sought from the appropriate owner. SHam noted that work had been carried out against these actions and an update would be needed at the next Committee.

DM queried whether R279 had any outstanding actions. LF advised that work is underway and an update will be provided.

PR queried whether any potential Judicial Review would be time barred. LF advised that any Judicial Review would have a deadline of three months from the date of decision.

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

PROGRAMME DELIVERY

3.1 TCS Programme Managers Update
CJames introduced the paper to the meeting.
The paper taken as read.

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



4.0	PROJECT DELIVERY	
4.1.1	<p>Projects 1&2: Internal Audit 2020-21 MA introduced the paper to the meeting. It was noted that the reports were excellent. The recommendations outlined are now mostly complete with only one remaining outstanding. HJ queried whether the reports go to Audit Committee. MA advised that they do. GJ noted that one recommendation relating to the sign off of contract documentation had a completion date of 30th April. MA advised that since the publication of the paper this action had been completed. SHarries thanked those involved for their work.</p> <p>The Sub-Committee Noted the Paper.</p>	
4.1.2	<p>Internal Audit Plan 2021-22 MA introduced the paper to the meeting. The plan has been brought to the Committee for noting and is based on a thorough financial risk assessment. Audit work will commence from July 2021 to December 2021 which will be a challenging time for the Project as dialogue with bidders will have commenced. GJ queried the cost of internal audit fees. MA advised that as this service is provided by Shared Services there is no provision within the payment mechanism to procure from private providers and the cost is set within the Shared Services budget across Wales. MO advised that a benchmark cost could be sought to allow for challenge and negotiation and the team will consider whether this is required. SHarries noted the implications of VAT costs on contracting external advisors. MO advised this additional cost would need to be a consideration.</p> <p>The Sub-Committee Noted the Paper.</p>	
4.2	<p>Project 3A: IRS Verbal Update GB advised that the Project continues on budget and trial tenders have now been received. The amber/red status remains due to ongoing resource issues and the operational leads' time being stretched. There are currently cost pressures on legal fees and this is based on the original low estimate which did not account for the complex issues that have been encountered during dialogue. A paper is to be presented to the Trust Board on these costs. An intense period of dialogue is now underway to close out technical and contractual matters. The trial tender process has been recognised as extremely useful to the competitive dialogue process.</p>	
4.3.1	<p>Project 4: Public Engagement AH introduced the paper to the meeting. The paper outlines the communications and engagement activity for the Project completed in partnership with Aneurin Bevan, other Health Boards and the Community Health Council (CHC). The survey questions have been amended following engagement with the CHC mainly to remove specific terminology which may not be familiar to the public. The CHC have approved the document, survey, and equality impact assessment. These will be shared with colleagues.</p>	



	<p>Public engagement will be launched this week including a video with British Sign Language translation and the team are working with Diversity Cymru to widen the reach of the engagement. The findings from the engagement will be presented to the CHC in August to determine whether full public engagement is required, current engagement suggests this will not be the case as it is a service improvement with no negative impact to any group of patients.</p> <p>The Sub-Committee Noted the Paper.</p>	
<p>4.3.2</p>	<p>RSC Stage Three Design Sign Off AH introduced the presentation to the meeting. The presentation provides an update on the progress to date and seeks endorsement to move to the next stage of the design process. The Radiotherapy Satellite Centre (RSC) is a joint Project with Aneurin Bevan University Health Board (ABUHB) with ABUHB providing the building and maintenance and Velindre University NHS Trust providing the clinical staffing and equipment. The Full Business Case is expected to be submitted in Autumn 2021. The site is identified at Nevill Hall Hospital and will involve the relocation of the antenatal unit which has been fully planned. The site is well located with an excellent environment for patients surrounded by views. To date staff and patients have been fully engaged in the design process. External advisors for the nVCC have also reviewed the building for potential decarbonisation measures and a number of these have now been included and Welsh Government funding approved for their inclusion. The site will have a dedicated car park with drop off area immediately outside the entrance. The ground floor will include patient areas for treatment, waiting, and consultation, with the first floor providing dedicated staff areas and plant rooms for machinery. Direct access from the main hospital is included so that patients receiving treatment on site do not have to travel externally.</p> <p>Further detailed work on the design will be completed during stage four. Digital teams are now fully engaged and work to develop a SMART hospital premises is underway. The materiality of the building and landscaping will be considered during stage four with the assistance of external design advisors. The design is now being aligned with the nVCC design principles of Delight, Firmness, and Commodity. The assessment concludes that the design currently meets all principles at a minimum requirement of satisfactory and plans are in place to work collaboratively to increase these ratings during the stage four process.</p> <p>Discussions are continuing to align the RSC to the nVCC as far as is practical to ensure that patient experience remains consistent and the environmental principles are pursued for both sites. SHarries queried how the drop off would be canopied to ensure adequate weather coverage. AH advised that the canopy extends beyond the entrance and allows for weather coverage for patients and carers. LF noted that the approval would need to be managed by the out of Committee process for Trust Board as the approval is required prior to the next scheduled Board.</p>	



	<p>DM queried the patients that would require access from wards. AH advised that this would include a number of acute oncology patients but would be predominantly palliative radiotherapy patients. HJ advised that it would assist the Board to include an analysis of how this work fits within the Trust requirements under the Wellbeing of Future Generations Act 2015.</p> <p>The Sub-Committee Endorsed the Presentation.</p>	AH
5.0	ENGAGEMENT & COLLABORATION	
5.1	<p>Communications and Engagement LF introduced the paper to the meeting. The paper was taken as read. A newsletter is now being produced and communications are being well received.</p> <p>The Sub-Committee Noted the Paper.</p>	
6.0	RESEARCH & INNOVATION	
	<p>Minecraft Presentation CJames introduced the presentation to the meeting. The work takes forward the principles under the Wellbeing of Future Generations Act and the focus on how the site can be designed as a community asset. Engagement commenced on the 10th May with over 1,000 schools contacted to take part. Commitment has also been received from Project partners to engage children in ongoing works. SMonkton advised that Minecraft has been used to design a site that directly reflects the land and required over 700 hours to build. The site is produced to scale with different areas for the children to review. There are paths that must be followed within the competition area that outline the requirements for biodiversity and enhancement of the environment. The Project is open to entrants until the 11th June. Similar works with land behind the Cardiff Museum produced a wide range of design ideas from children across the area.</p> <p>SHam queried how the information from the responses would be extracted to provide meaningful design ideas to the team. SMonkton advised that entries will be reviewed to ensure they meet the Trust criteria set out and an analysis will then be completed to understand what areas of design the children have focused on. A panel will then review the competition entries and a design will be chosen. The panel will include ambassadors, the WBFGA Officers, the Minecraft designer (if available), and groups from the community. It was noted that the final design will reflect the winning design and include elements from it but will not be an exact replica. To manage expectations children are only being asked to design select areas of the site include the main entrance way and surrounding areas.</p> <p>All participants will receive a goody bag for taking part. It is the idea and consideration of important aspects that will win not necessarily the specific design. For example, a design for the land behind Cardiff Museum won because</p>	

	<p>of its consideration of rough sleepers and how areas for their wellbeing could be incorporated.</p> <p>DM queried how the opportunity had been advertised. SMonkton advised that the brief had been provided to primary and secondary schools with a focused age range of children aged 10-18. This will include all schools within South East Wales Local Authorities.</p> <p>LF advised that 400 children had already registered to take part within 10 days of release and further local media engagement will take place next week.</p> <p>The Sub-Committee Noted the Presentation.</p>	
7.0	ANY OTHER BUSINESS	
7.1	No Other Business was received.	



TCS Programme Scrutiny Sub-Committee

24th June 2021

Action Summary - PUBLIC

No.	Action	Owner	Date Raised	Target	Status
96	Monitor the progress of the Acute Oncology Service Business Case. Work is due to be completed on the model and workforce requirements and the Health Board approval process will commence in July 2021.	CJames	20 th May 2021	July 2021	Ongoing
97	Further detailed work on the design will be completed during stage four. A paper is to be provided to assist the Trust Board in understanding how this work fits within the Trust requirements under the Wellbeing of Future Generations Act 2015. <i>Further detailed work on the design will be completed during stage four. A paper is to be provided to assist the Trust Board in understanding how this work fits within the Trust requirements under the Wellbeing of Future Generations Act 2015.</i>	Andrea Hague	20 th May 2021	July 2021	Ongoing

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2021-22 MAY 2021

DATE OF MEETING	24 th June 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report
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PREPARED BY	Mark Ash, Assistant Director of Finance - TCS Programme
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PRESENTED BY	Mark Ash, Assistant Director of Finance - TCS Programme
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EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	16/6/21	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 02.

2. BACKGROUND

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

3. FUNDING

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

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

Description	Funding	
	Capital	Revenue
Project 7 – VCC Decommissioning No funding requested or provided for this project to date	£ nil	£ nil
Total funding provided to date	£4.148m	£0.536m
	£4.684m	

4. FINANCIAL SUMMARY AS AT 31ST MAY 2021

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

TCS Programme Budget & Spend 2021-22						
CAPITAL	Current Month			Financial Year		
	Budget to May-21	Spend to May-21	Variance to May-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership	39,333	31,466	7,867	236,000	219,401	16,599
Project 1 - Enabling Works	23,167	27,866	-4,699	208,000	192,230	15,770
Project 2 - New Velindre Cancer Centre	93,383	93,548	-165	1,061,000	1,093,335	-32,335
Project 3a - Radiotherapy Procurement Solution	69,333	53,940	15,393	312,000	152,136	159,864
Capital Pay Total	225,216	206,820	18,396	1,817,000	1,657,102	159,898
NON-PAY						
nVCC Project Delivery	4,290	4,290	0	50,500	50,160	340
Project 1 - Enabling Works	15,000	15,000	0	150,000	150,000	0
Project 2 - New Velindre Cancer Centre	33,500	32,188	1,312	2,130,000	2,130,000	0
Project 3a - Radiotherapy Procurement Solution	0	28,386	-28,386	0	159,864	-159,864
Capital Non-Pay Total	52,790	79,864	-27,074	2,330,500	2,490,024	-159,524
CAPITAL TOTAL	278,006	286,684	-8,678	4,147,500	4,147,126	374
REVENUE						
PAY						
Programme Management Office	33,841	47,413	-13,572	203,048	203,048	0
Project 6 - Service Change Team	49,333	55,757	-6,424	296,000	296,000	0
Revenue Pay total	83,175	103,170	-19,996	499,048	499,048	0
NON-PAY						
nVCC Project Delivery	0	4,947	-4,947	0	24,318	-24,318
Programme Management Office	6,159	0	6,159	36,952	36,952	0
Project 6 - Service Change Team	0	44	-44	0	0	0
Revenue Non-Pay Total	6,159	4,991	1,168	36,952	61,269	-24,318
REVENUE TOTAL	89,333	108,161	-18,828	536,000	560,318	-24,318

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

CAPITAL SPEND

Projects 1 and 2 Pay Costs

- 5.1 **WG Funded Staffing** - An in-year spend of **£0.153m** for posts funded by WG reflects the current 'interim' posts against a budget of **£0.156m**. There is a budget and forecast spend of **£1.505m** for the year. The pay costs have been analysed by each element of the Project(s).

Projects 1 and 2 Non-Pay Costs

- 5.2 **nVCC Project Delivery** - There is a capital budget and spend of **£4k** for the year to date for project support and running costs for Projects 1 and 2. This is made internal audit document portal fees. The forecast spend for the financial year 2020-21 is **£50k** against a budget of **£51k**.
- 5.3 **Enabling Works** - There is an in-year capital spend of **£0.043m**, with a forecast spend for the year of **£0.342m**, against budgets of **£0.038m** and **£0.358m** respectively.

Work package	Spend to 31 st May 2021
Pay	£0.028m
Third Party Undertakings	£nil
Enabling Works – Technical Advisers	£0.015m
Enabling Works – Works	£nil
Enabling Works Reserves	£nil

- 5.4 **nVCC** - There is an in-year capital spend of **£0.157m**, with a forecast spend for the year of **£3.443m**, against budgets of **£0.166m** and **£3.427m** respectively.

Work package	Spend to 31 st May 2021
Pay (including Project Leadership)	£0.125m
Competitive Dialogue – PQQ & Dialogue	£0.034m
Legal Advice	£nil
nVCC Reserves	-£0.001m

Project 3a – Integrated Radiotherapy Procurement Solution

- 5.5 There is an in-year spend of **£0.082m** (£0.054m pay, £0.028m non-pay) for the IRS Project against a budget of **£0.069m**. The overspend is due to increased legal costs. The Project is currently forecasting a break even position against a budget of **£0.312m**.

REVENUE SPEND

Programme Management Office

- 5.6 The PMO spend to date is **£0.047m** against a budget of **£0.040m**, made up of pay costs. This overspend of £7k is due to the full costs for the Associate Director of Programmes being borne by the PMO from April 2021. The budget and current forecast outturn for the financial year 2021-22 is **£0.240m**.

Projects 1 and 2 Delivery Costs

- 5.7 There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£5k** with an expected spend for the year of **£24k**. This spend is made up of rates and other running costs. There is currently no revenue budget for these costs.

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

- 5.8 Service Change spend to date is **£0.056m** against a budget of **c£0.049m**. This spend is made up of pay costs. The Project is currently forecasting a break even position for the year against a budget of **£0.296m**. The current and forecast overspend is due to increased pay costs.

6. CONSIDERATIONS FOR BOARD

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

7. IMPACT ASSESSMENT

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

8. RECOMMENDATION

- 8.1 The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2021-22 as at 31st May 2021.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme & Project Risk

DATE OF MEETING	24 th June 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report
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REPORT PURPOSE	For Noting
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Programme Delivery Board	16/06/2021	Approved

ACRONYMS	
TCS	Transforming Cancer Services

1. BACKGROUND

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

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Note latest TCS Programme Risk Landscape.

3. IMPACT ASSESSMENT

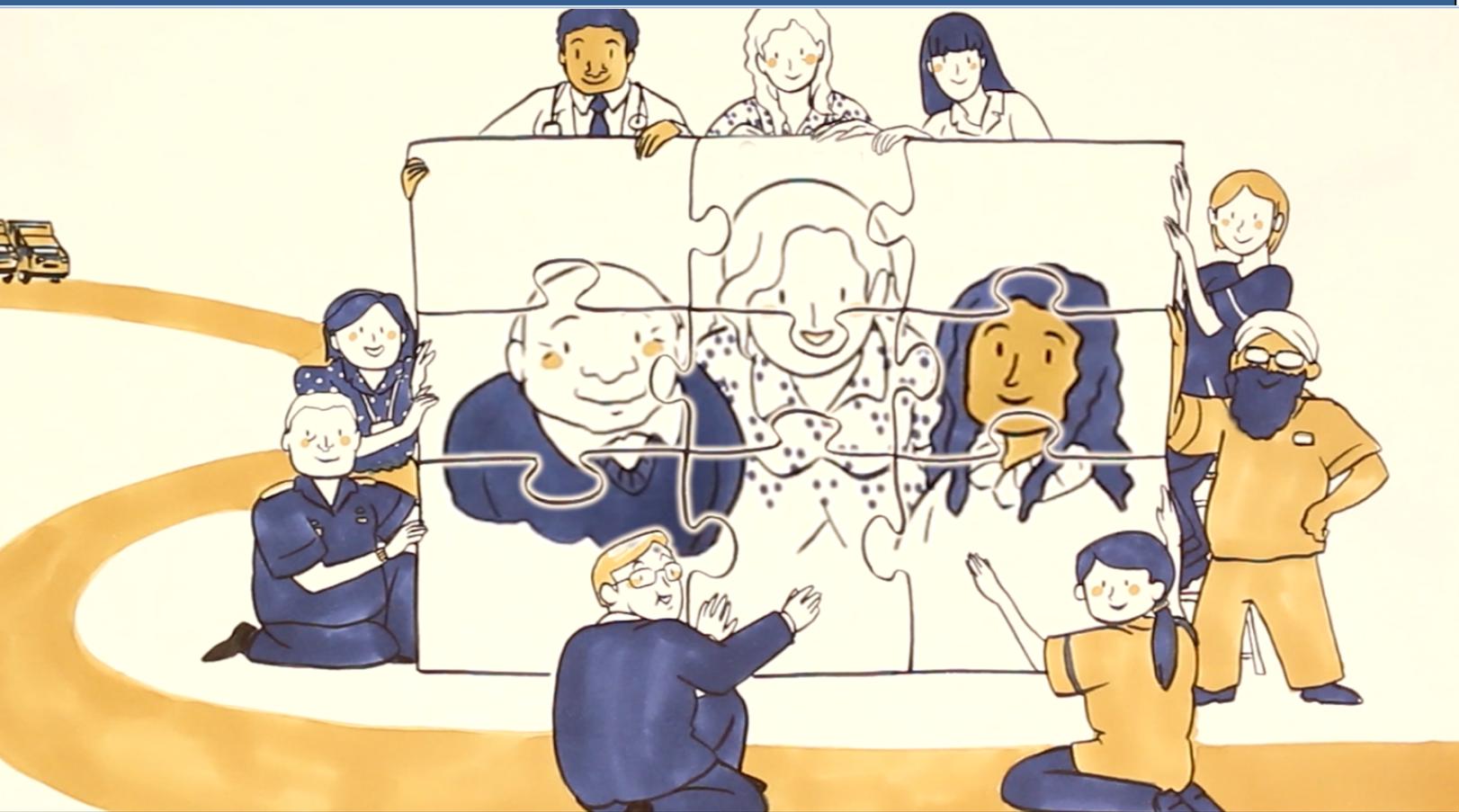
QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT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

4. RECOMMENDATION

4.1 The Programme Scrutiny Sub-Committee are asked to:

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

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	08/06/2021	Bethan Lewis	Commencement of Document

Approvals

This document requires the following approvals:

Title / Group	Date	Version/Option
TCS Programme Delivery Board	16/06/2021	0.1

Distribution

This document has been distributed to:

Name	Title	Date	Version
Carys Jones	Senior Programme Delivery and Assurance Manager	09/06/2021	0.1

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APPENDICES

APPENDIX 1: PMO RISK REGISTER – JUNE 2021

APPENDIX 2: TCS PROGRAMME RISK REGISTER – JUNE 2021

1.1 The below tables provide the most up to date data in regards to risk across the TCS Programme and its Projects which continue to be monitored and updates provided to the Programme Delivery Board each month. The total number of risks across the Programme has reduced further this month from 127 to 118, Figure 1 below provides a view of the number of risks broken down by project and rating. The majority of risks (47%) have a current ‘Yellow’ rating (as seen in Figure 2 below), demonstrating that our Project and Programme Risks are being prioritised, managed and mitigated to moderate levels. Figure 3 provides detail of the number and ratings of risks from across the Projects and Programme which would have an impact on any of the other Projects; as expected the nVCC Project has the highest number of risks which could impact that project owing to the various dependencies and reliances across the Programme.

Figure 1: Breakdown of Risks Emerging from Projects

Risks emerging from...Totals					
1. Enabling works for nVCC	24	2	8	29	0
2. nVCC	25	0	9	16	0
3. Digital and Equipment	27	4	10	13	0
4. Radiotherapy Satellite Centre	9	1	6	2	0
5. SACT and Outreach	9	4	4	1	0
6. Service Delivery, Transformation and Transition	13	2	10	1	0
7. VCC Decommissioning	1	0	0	1	0
8. Programme	10	0	10	0	0
Totals		118			
		13	57		
		63	0		

Figure 2: Proportion of Risks by Rating Score

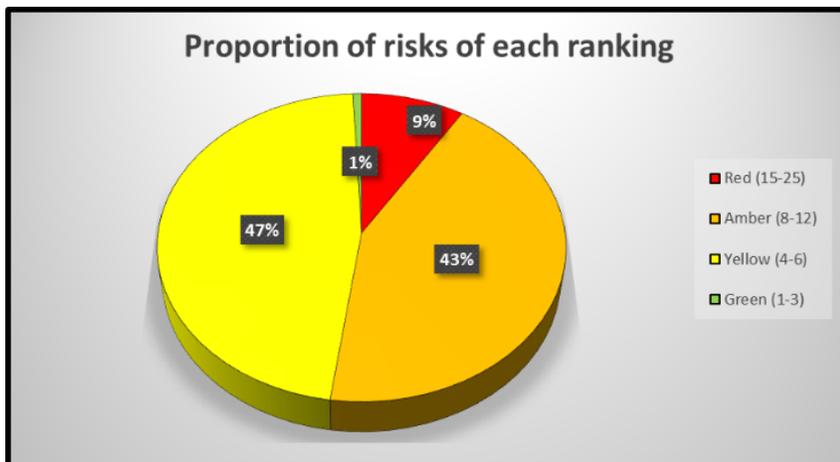


Figure 3: Breakdown of Risks Impacting upon Projects

		Risks impacting on... Totals			
1. Enabling works for nVCC	43	2	21	20	0
		7	35	28	0
2. nVCC	70	1	20	3	0
		4	16	11	0
3. Digital and Equipment	24	0	12	2	0
		6	35	17	0
4. Radiotherapy Satellite Centre	31	2	10	2	0
		6	24	9	0
5. SACT and Outreach	14	2	10	2	0
		6	24	9	0
6. Service Delivery, Transformation and Transition	58	6	35	17	0
		6	24	9	0
7. VCC Decommissioning	14	2	10	2	0
		6	24	9	0
8. Programme	39	6	24	9	0
		6	24	9	0

2.0 TCS Projects Risk Update

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

Projects 1 & 2 – Enabling Works for nVCC & nVCC

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	0	5	0	4	9
Issues	0	3	0	0	3

- There have been five risks closed and four risks de-escalated across the two projects in this reporting period.
- One closed risk and one de-escalated risk from the nVCC risk register both had previous current ratings of '12' and therefore have been removed from the risk register for reporting to this Board. Detail of these two risks can be seen below for your information.

ID	Description of Risk	Direction of Travel	Comment
R223	Medium term funding There is a risk that lack of medium term Welsh Government funding - Results in uncertainty that prevents longer term recruitment and funding work packages for advisors, which may put project deliverables and advisors on hold -Leading to delays in the programme.	Closed <i>Previous score Likelihood 3 Impact 4 Overall 12</i>	Risk closed as medium term funding secured following approval of OBCs.

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R303	NRW ESP License There is a risk that the Discharge of Conditions of the OPP (2018) is delayed, meaning that NRW will not accept an ESP License application, leading to a delay to habitat clearance and the enabling works programme. There is a subsequent risk that additional information inserted to the existing information might constitute the need to re-consult the public.		 Likelihood 3 Impact 3 Overall 9 <i>Previous score Likelihood 4 Impact 3 Overall 12</i>	Risk Owner - David Powell Risk reduced due to completion of Land Exchange with Cardiff and Vale UHB as well as other mitigating actions, reducing opportunity for third party decision making to negatively impact project timelines.

- There has also been three issues closed which were previously rated as 'High' and 'Medium'; detail of these issues and reason for closure can be seen below for your information.

Issue No.	Description (Cause)	Description (Effect)	Direction	Closure comments
1038	CCPO The CCPO adds 10 months onto the construction timeline	This is extending the critical path of the project by 10 months and may reduce market interest, although based on initial soft market testing it does not appear to be deterring bidders	CLOSED	Closed as the TCAR2 application is approved and unchallenged. Consideration required of any risk that may emerge from TCAR2 end date of November 2024.
1053	D&B Contract Only two bidders have submitted applications for the enabling works Design and Build Contract	The Trust may cease the procurement if it is felt that the number of bidders will not lead to a robust outcome. This may delay the beginning of works	CLOSED	Procurement process has continued and is now due to conclude in June 2021.
1020	EW Disruption compensation Asda wish to be compensated for any traffic disruptions during hospital and enabling works construction which cause a loss of profit to the Coryton superstore.	Increased costs for the programme	CLOSED	Closed as the TCAR2 application is approved and unchallenged, dramatically reducing the likelihood of disruption compensation occurring. See note on 1038 regarding November 2024 end date.

Project 3a – Integrated Radiotherapy Solution (IRS)

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

- There have been no changes to the risk register for this Project during this reporting period, time has been scheduled on the 16th June to review the register with the Project Manager.

Project 4 – Radiotherapy Satellite Centre (RSC)

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

- The monthly Project Team meeting was held on Tuesday 8th June where the Risk Register was reviewed resulting in the de-escalation of one risk rating. The details of this risk can be seen in the below table:-

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R268	There is a risk that as the Equipment Project needs to be phased in parallel with RSC OBC, due to overlapping timeframes and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.		<p>Likelihood 4 Impact 3 Overall 12</p> <p><i>Previous score</i> <i>Likelihood 4</i> <i>Impact 4</i> <i>Overall 16</i></p>	<p>Risk Owner – Andrea Hague</p> <p>Risk reduced as way forward between both projects has been agreed reducing the impact of this risk.</p>

- An issue has been raised by the Project which has been formally raised at their June Project Board, this issue sits within the ownership of ABUHB as part of the Capital Programme, detail can be seen below for your information.

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)
AB – 2	<p>Programme Delay / Impact of SMART Hospital</p> <p>Advised in Project Team meeting that delays to project timeline are expected.</p>	<ul style="list-style-type: none"> Stage 4 design process is estimated to be 3 weeks behind programme due primarily to changes to C sheets and the 1:200 layout. Compliance with the SMART Hospital Brief, if and when confirmed, could add a further 12 weeks to the design programme. Additional fee costs awaited. The changes and impact of SMART Hospital brief could exceed the FBC fees agreed by WG. 	High	<ul style="list-style-type: none"> Exercise to be undertaken to see if initial delay (stage 4 design) can be worked back later in the Programme. Initial assessment of any impact on cost and programme within the next 2 weeks. Following this recommendation to Project Board.

Project 5 – Outreach

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	1	0	1	3	5
Issues	2	0	0	0	2

- During the last reporting period there have been a number of changes to the Outreach Project Risk Register.
- At the May project Board there were two risks which escalated to becoming issues, the detail of these can be seen in the below table for your information.

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

- There was also a new risk raised and approved at the Project Board, as this risk has a current rating of '16' the detail of this can be seen in the below table for your information.

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R329	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	NEW	Likelihood 4 Impact 4 Overall 16	Risk Owner – TBC Mitigating Actions 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

- Three risks were also de-escalated; two of these had previous current ratings of '12' and therefore have been removed from the risk register for reporting to this Board. Detail of these risks and reasons for reducing the current ratings can be seen below for your information.

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R270	There is a risk that we do not adequately engage and consult with our population and CHCs in respect of proposed changes (particularly location and number of sites) therefore not meeting our responsibility as a public body.		Likelihood 2 Impact 4 Overall 8 <i>Previous Score</i> <i>Likelihood 3</i> <i>Impact 4</i> <i>Overall 12</i>	Risk reduced due to developed of communications strategy and including meeting with CHC representatives to establish and agree ongoing ways of working.
R274	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of outreach project		Likelihood 3 Impact 5 Overall 15 <i>Previous Score</i> <i>Likelihood 4</i> <i>Impact 5</i> <i>Overall 20</i>	Risk reduced due to status of Covid across Wales.
R275	There is a risk that clinical trials may not be possible within an Outreach setting, if agreement with Health Boards, resource and training requirements are not met or agreed.		Likelihood 2 Impact 4 Overall 8 <i>Previous Score</i> <i>Likelihood 3</i> <i>Impact 4</i> <i>Overall 12</i>	Risk reduced due to progress being made and inclusion of regional RD&I strategy within CCLG.

Project 6 – Service Delivery & Transition

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

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

3.0 TCS Programme Risk Update

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

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

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

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)
I054	Programme Resource Member of Programme team has been successful in securing another role within the Trust	Considerable gap in terms of running of Programme business cycle including Programme Delivery Board & Scrutiny Committee arrangements, as well as additional support to Outreach & RSC Projects.	High	Agreement in principle to reappoint to the Programme Co-ordinator (or equivalent) post for 24 months. Post is currently funded via Commissioner funding which ceases in March 2022. Shortfall for 15 months funding not yet identified. Paper to EMB to address as part of wider resource request for Project 5 & 6. Current post-holder vacates post 21st June.

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

3.3 There are 19 risks in the June 2021 TCS Programme Risk Register with a current rating score of 12 and above, the detail of these can be seen in the Risk Register which is included as Appendix 2 to this report.

3.4 The Programme Delivery Board are asked to:

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

4.0 Next Steps

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

4.2 Ongoing engagement with Velindre Futures PMO Team

ID	Date Registered	Originator	Risk emerging from	Projects Impacting On								Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	Impact Stage	Primary Impact Type	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating	Additional Notes
				EW	nVCC	D+E	RSC	S+O	Service Deliv	Decomm	Prog														
R279	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Lauren Fear	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependent links are not communicated effectively and the wider networked clinical model not understood.	17-Jun-21	1. Comprehensive package of communication and engagement - tracked through governance in Project Boards, Programme Delivery Board, Scrutiny Sub-Committee and Trust Boards 2. Further work on development of articulating strategic intent and tracking of critical success factors that build towards this across the various work packages	1. On-going 2. In development and through project level governance in June into Exec and Board level governance July-August	Multiple Stages	Reputation / Political	4	3	12	3	2	6	27/05/2021 - Check with Non
R282	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	27-May-21	1) Regular review and update of Project Plans 2) Update Programme Master Plan to reflect any project changes 3) Review and reporting on Master Plan to PDB and Scrutiny committee	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. Impact of covid delays are being managed and projects continue to deliver to appropriate timescales. 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity 3) Ongoing	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	2	4	27/05/2021 - No changes	
R295	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Tom Crosby	Risk that Clinical Model does not meet required Business needs Causes - Patient need has changed / Medical & tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand Consequences - Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services	27-May-21	1) Established TCS Programme 2) Regional Clinical Ownership advisory groups to develop model 3) External Gateway review 4) Clinical leadership involvement 5) Re-fresh based on clinical & tech advances 6) Benchmark against other models 7) Established CCLG 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (actue oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health Boards and subsequently to WG with a comprehensive strategic plan for the realisation of the programme investment objectives and benefits.	1) Established TCS Programme complete 2) Regional Clinical Ownership advisory groups to develop model - complete 3) External Gateway review - complete 4) Clinical leadership involvement - complete 5) Re-fresh based on clinical & tech advances - complete 6) Benchmark against other models - complete 7) Established CCLG - complete 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (actue oncology & unscheduled care) review / refresh of model - regional acute oncology service model agreed by CCLG & HB partners, final proposal going to to Board in July for approval and 3 year implementation. 10) Leadership of 4 medical directors at regional level to address key outstanding areas - complete agreement of clinical model and acceptance of recommendation of Nuffield Report 11) Seek external expertise in design of remaining areas complete - Trust & HB partners have onboarded external expertise	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	2	4	27/05/2021 - Action Status updated	
R297	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Sarah Morley	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs. Causes - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate. Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients	05-Mar-21	1) Service planning is sufficiently developed to facilitate effective workforce planning 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) Workforce team to support service to ensure the right people are available and allocated to support	1) tbc 2) Ongoing 3) Ongoing 4) Ongoing	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	1	2		
R298	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Lauren Fear	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians) Causes - Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change Consequences - WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits	27-May-21	1) Communications / stakeholder engagement plan in development 2) Dedicated webpage for TCS Programme 3) Variety of stakeholder events held over a number of years 4) Clinical workshops held throughout Programme lifetime 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs 8) Monthly meeting with WG Head of Capital and Director General.	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	Multiple Stages	Reputation / Political	4	3	12	2	2	4	27/05/2021 - Check with Non	
R302	04-Nov-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Carl James	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS Causes - Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives Consequences - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders	27-May-21	1) Agree clear scope and role of VF and its programme board. 2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result. 3) Communicate the scope of both and any implications for TCS 4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making 5) Understanding and agreement of key stakeholders within and outside the organisation.	1) Good progress made with VF defining key outputs, work programme and delivery arrangements. Programme Board is established and meetings of the Board are taking place. Strategic Capital Board has been established to support new ways of working 2) Ongoing communication between both PMO teams and resource in place to provide link between the 2. Good progress made in aligning key responsibilities and delivery mechanisms at CCLG, TCS and VF. 3) TBC 4) TBC 5) TBC	Multiple Stages	Quality / Performance / Service Delivery	4	3	12	2	2	4	27/05/2021 - No changes	

R299	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	<p>Risk that due to the regional nature of the programme involving numerous organisational interfaces leads to increased difficulties of consensus and obtaining approvals.</p> <p>Causes - 5 different organisations as primary commissioners/ Each HB have slightly different cancer strategies to meet local needs / Levels of funding and investment available to support preferred option/improvements for cancer / Reliance on number of external parties to deliver outcomes and key activity / Projects and Programme not adequately aligned / Practicality and logistics of holding a single discussion to agree.</p> <p>Consequences - Delays to delivery of Programme and Project key activity / Reputational damage for Velindre Trust / Reduced potential for good patient outcomes and care.</p>	27-May-21	<p>1) Attended various committees, project and programme boards to update on programme progress and objectives</p> <p>2) Effective procurement and contractual processes in place</p> <p>3) Programme established with engagement of LHBs & CHCs</p> <p>4) Established Clinical Advisory Board</p> <p>5) Engagement events and workshops with HBs</p> <p>6) Engaged DoPs, DoF's in development of BCs.</p> <p>7) Establishment of regional forum CCLG</p> <p>8) PBC sign off OBC for nVCC</p>	<p>1) complete / ongoing</p> <p>2) complete</p> <p>3) ongoing</p> <p>4) complete</p> <p>5) complete</p> <p>6) complete</p> <p>7) complete - In addition to CCLG the Partnership Boards with C&V and Cwm Taf HBs have been established and the establishment of Partnership Board with ABUHB is underway</p> <p>8) complete</p>	Multiple Stages	Timescale	3	3	9	3	2	6	27/05/2021 - No changes
R281	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Carl James	<p>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.</p>	27-May-21	<p>1) PMO team continue to monitor and engage as part of development of programme wide comms</p>	<p>1) OBC approval from WG on the 19th March Tender issued on Sell2Wales Ongoing political support from Labour & Plaid Cymru</p> <p>Labour Government majority in the Senedd and no change in direction indicated in MIM policy or support for Programme / Project</p>	Multiple Stages	Reputation / Political	2	4	8	2	4	8	27/05/2021 - Action Status updated	
R283	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Carl James	<p>There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes constituent projects. Risks relating to project procurement, financing and the effectiveness of supply chains may lead to project delays and additional costs.</p>	27-May-21	<p>1) Regular review of risk and Brexit implications from a Programme risk perspective.</p> <p>2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda.</p> <p>3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan.</p> <p>4) Close engagement with prospective bidders or suppliers to identify risks in advance.</p>	<p>1) Ongoing - Programme level risk is unlikely at this stage but could be subject to change if Projects are coming across issues relating to cost/availability which would impact Critical Path & Master Plan.</p> <p>2) Ongoing - The 3 Projects which could be sensitive to Brexit impacts continue to monitor and review as they progress along their individual procurement processes.</p> <p>3) Ongoing - programme team reviewing project plans with project teams ensuring accurate reflection of timescales and dependencies in Master Programme Plan.</p> <p>4) Will be done at appropriate time during tender processes</p>	Multiple Stages	Quality / Performance / Service Delivery	2	4	8	4	2	8	27/05/2021 - No changes	
R296	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Steve Ham	<p>Risk that there is a lack of funding in place / allocated to deliver the projects and programme</p> <p>Causes - WG decide not to fund all/part costs / WG does not have sufficient funding to meet the needs of the programme/projects / Commissioners unable to support revenue requests partially or fully. / Political / Government priority changes re capital funding of key infrastructure projects / Uncertainty from Brexit in regards to key aspects of programme activity (procurement, supply chain, MIM) / Increase in costs stemming from uncertainty caused by Brexit.</p> <p>Consequences - Increased costs for Projects / Programme / Reduction in available funds leading to the need to review & realign intended outcomes / deliverables / Delays to programme timescales / Full programme benefits not realised / only partial benefits realised / Early programme closure / full objectives and aims not delivered / Impact across wider organisation of not being able to undertake other high risk capital scheme / Loss of staff and knowledge base</p>	27-May-21	<p>1) Established Programme Governance with agreed forecasted costs for the programme and each project</p> <p>2) Agreed funding sources and streams with WG and Commissioners</p> <p>3) WG have provided funding commitment to funding of key infrastructure projects</p> <p>4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contracts</p> <p>5) Agreed financial management and cost control arrangements in place</p> <p>6) Issuing up to date forecast costs to WG to enable medium term capital planning at WG level</p> <p>7) Briefing WG Director General and Programme Sponsor well in advance</p> <p>8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements for programme</p>	<p>1) complete</p> <p>2) complete</p> <p>3) complete</p> <p>4) ongoing</p> <p>5) complete</p> <p>6) ongoing</p> <p>7) TBC</p> <p>8) complete - Commissioner support for revenue funding.</p> <p>In addition OBCs for Projects 1,2 & 4 have been approved.</p>	Multiple Stages	Cost	2	4	8	2	2	4	27/05/2021 - No changes	

ID	Date Registered	Originator	Risk emerging from	Projects Impacting On										Owner	Description of Risk	Last Reviewed	Risk Cost	Proposed Mitigation Actions / Action Plan	Actions Status	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating	
				EW	nVCC	D+E	RSC	S+O	Service Deliv	Decomm	Prog															
R272	30-Jun-20	Jacqui Couch	5. SACT and Outreach								X		X	Nicola Williams	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.	06-Oct-20		1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work. 2) Clarification required on whether Outreach Project is an Operational or an Infrastructure Project	1) Programme to allocate resource to support project. At appropriate time if required OBC will identify additional resource. 2)	4	5	20	2	3	6	
R274	30-Jun-20	Jacqui Couch	5. SACT and Outreach								X			Nicola Williams	There is a risk that potential resurgence of COVID may lead to delays that effect the development & key activity of outreach project	06-Oct-20		1) Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	1)	4	5	20	1	3	3	
IRS11	05-Sep-16	IRS Project Board	3. Digital and Equipment		X		X					X			Gavin Bryce	There is a risk that there is limited resources to develop technical specifications. Delays to the project and key milestones are not met.	22-Apr-21		1) Specifications / Solution should be flexible enough to meet changes in service requirements over the life of the contract. 2) Ensure specialised and technical expertise co-opted on to working group. 3) Ensure that the evaluation criteria for the procurement is robust and that the procured system can be seen working	1) Requirements developed for the solution 2) 3) dialogue progressing well Covid restrictions may lead to issues around quality if not able to conduct site visits to view equipment	4	4	16	2	2	4
R208	31-May-19		6. Service Delivery, Transformation and Transition									X	X	Andrea Hague	There is a risk that there will be a lack of suitable workforce and staff with the right training to deliver the TCS service model	28-Apr-21		1) Staff / service groups will identify where current and future workforce resource has gaps. A workforce plan will be developed, building on previous work developed in 2016-17 (strategic workforce plan) 2) Meeting to be arranged with Assistant Director of workforce and OD, to request initiation of programme of work for workforce and educational requirements	1) This work is being picked up as part of initial 'deep dives' being undertaken by Velindre Futures. Outcomes of these are being shared. 2)	4	4	16			0	
R210	31-May-19		6. Service Delivery, Transformation and Transition								X		X	Andrea Hague	There is a risk that the lack of dedicated resources to support and deliver the structured programme of service transformation work will not deliver the desired outcomes	28-Apr-21		The Trust has provided via commissioners temporary funding until March 2020 for 2.0 WTEs. VCC has provided 1WTE Programme Manager. There has been a temporary reduction in oncology time due to clinical workload. Agreed structural requirements to deliver the full programme has been submitted to the Trust, the Programme Board and to commissioners	Service Developments and transformation are being taken forward within existing resources where possible but this will adversely impact on the pace of change and ability to meet programme timescales.	4	4	16				
R268	17-Jan-20	Jacqui Couch	4. Radiotherapy Satellite Centre		X	X						X			Andrea Hague	There is a risk that as the Equipment Project needs to be phased in parallel with RSC OBC, due to overlapping timeframes and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.	11-May-21		1) RSC project requires a clear view IRS Project Risk landscape and links between the 2 projects in terms of risk registers and project plans 2) Ensure design is flexible and futureproof to allow for IRS solution 3) Review impact of delays to IRS Project on RSC Timeline	1) There is consistent membership sits on both project boards to provide oversight on progress across both 2) work is ongoing 3) Timelines continue to be regularly reviewed by Project Team	4	4	16	2	2	4
R273	30-Jun-20	Jacqui Couch	5. SACT and Outreach		X							X			Nicola Williams	There is a risk that the projected growth assumptions for outreach delivery of SACT, ambulatory care and outpatients is less than will be required, leading to undersized locations.	25-Nov-20		1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirements will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirements will be undertaken.	1) Project team continue to chase to receive re-run of projection 2) Commissioning Paper to scope out requirements to re-run activity model for growth assumptions and impact on capacity is to be done	4	4	16	2	3	6
R317	26-Feb-21	Gavin Bryce	3a. IRS		X	X	X								Gavin Bryce	There is a risk that insufficient resources (people) being made available to the project will have an adverse impact on the quality of the procurement process	22-Apr-21		1) Detailed project Plan to identify resource requirements 2) Approved Capital Budget for the Legal & Staffing Costs 3) Regularly monitor staff availability (annual leave & sickness)	1) Resource is below what is needed for the Project as identified in the Plan (30% capacity lost) 2) Recruitment underway to replace staff that have left the Trust 3) Project resource monitored dynamically	4	4	16	2	4	8
R291	16-Sep-20	Jacqui Couch / Huw Llywelyn	4. Radiotherapy Satellite Centre												Andrea Hague	There is risk that ABUHB enabling work could be delayed and as such would impact VUNHST commitment to the delivery of the RSC	11-May-21		1) Understanding the need to progress enabling works in order to meet OBC timescales	1) Both VUNHST & ABUHB have emphasised the need for the enabling works to be signed-off and approved by January 2021. Joint letter to be sent to Andrew Goodall to reinforce need for enabling works to stay on track with programme timelines.	4	4	16	3	2	6
R203	26-Apr-19	Craig Anderson	2. nVCC								X		X	Operational / Mark Young	Staff Transport Modal Change There is a risk that the rate of modal changes to staff transport (i.e. from cars to alternative transportation) may be unsustainable. If so, the restrictions on staff access to the site via car may cause issues with recruitment in the future, leading to problems with service delivery.	04-Mar-21	Not quantified	1. Investigate alternative forms of transport and what investment can be made to promote them - to include Park & Ride and SW Metro. 2. Design access routes into the site to include pedestrian walkways and cycle ways, allowing staff to access the site via green modes of transport.	1. Ongoing discussions with CCC. Initial discussions with Sustrans relating to how the site can be linked to other cycle paths. Started 2. Current designs for accessways include pedestrian walkways and cycle paths and have been submitted for planning. Further routes will be developed by MIM contractor. Started	4	3	12	2	3	6	
R223	30-Sep-19	Mark Ash	2. nVCC	X	X	X	X	X	X	X	X	X	X	David Powell	Medium term funding There is a risk that lack of medium term Welsh Government funding - Results in uncertainty that prevents longer term recruitment and funding work packages for advisors, which may put project deliverables and advisors on hold -Leading to delays in the programme	07-Jan-21	1.1m	1. Make a case to justify the funding of various work packages Mark Ash 2. Make a case to justify the funding of core staff for the medium term Mark Ash / David Powell 3. Gain approval of OBCs. Mark Ash	1. The case has been made to justify the funding of various packages. Complete 2. A number of core staff have now been provided permanent contracts at their substantive grades. Complete 3. Project team have returned questions and additional documents as part of OBC Scrutiny. IIB have reviewed the OBC and the project is awaiting a decision. Started	4	3	12	0	0	0	

R225	04-Sep-19	Mark Ash, Chris Lines	2. nVCC	X	X									X	David Powell	Stakeholder decision making There is a risk that decision-making on key matters (e.g. by the Welsh Government, Asda, Cardiff City Council, Cardiff and Vale Health Board, Transport for Wales etc. making, or not making, decisions) - results in delays to delivery, or even cancellation, of the project - Leading to an extended delivery of the programme and increases costs with potential reputational damage	07-Jan-21	£1.2m per year of delay	1. Engage Welsh Government to ensure that they understand the implications of any delay on the project, and motivate them to assist with completion of relevant activities David Powell / Chris Lines 2. For Welsh Government, provide simplified and easy to read versions of Project Master Plan and a verbal briefing to ensure that key dependencies are understood by our key stakeholder David Powell / Craig Salisbury 3. Keep Asda engaged through meetings and regular updates to ensure that the DA exchange goes ahead despite delays Mark Young 4. Use planning performance agreement with CCC to maximise the chance of upcoming planning applications being successful Mark Young 5. Engage C&V to secure all necessary easements by the required times (i.e. before Land Swap), including an easement to secure the possibility of an ancillary access road Carl James 6. Maintain relations with TFW to ensure that any changes to their strategy are understood, so that a robust communication plan can be developed to explain any effect on the nVCC where necessary Mark Ash / Mark Young	1. Fortnightly briefing submitted to WG. Meetings held regularly with key members of staff at different levels within the organisation Ongoing 2. The DA has been exchanged, some work has been completed on updating the plan. High level diagrams have been shared with WG where appropriate. Ongoing 3. DA has now been exchanged. Complete 4. Regular meetings held with Cardiff Council re planning applications. Applications submitted. Started 5. CJ has begun engagement with C&V (meetings, emails, etc.), including the CEO, to ensure that our land strategy is clearly understood and the process of finalising the land swap is under way. Started 6. Discussion to be held at the earliest opportunity to understand what the current strategy is in relation to a Velindre Metro station. Not started	4	3	12	3	4	12
R242	06-Feb-20	David Powell	2. nVCC	X	X									X	David Powell	Competition from English schemes There is a risk that hospital schemes in England advance more quickly than the nVCC, meaning that potential bidders are engaged on other schemes and there is reduced market interest, leading to delays or reduced quality.	07-Jan-21	£600k	1. Communicate the need to progress at pace to WG and provide them with any necessary information to make decisions quickly. David Powell / Mark Ash 2. Undertake Formal Soft Market testing to provide confidence to bidders in relation to the nVCC scheme David Powell	1. All queries were answered with regards to the OBC and the scrutiny process is now complete. The project is awaiting a decision from WG Complete 2. Bidder sessions were completed in 2020 and showed that there is likely to be sufficient market interest if the Project continues to progress to programme. Further market testing is being undertaken in March 2021 Ongoing	4	3	12	1	5	5
R270	30-Jun-20	Jacqui Couch	5. SACT and Outreach										X		Nicola Williams	There is a risk that CHCs will not support the proposed reduction in the number of or the location of proposed new outreach sites if a clear communications plan and rationale are not developed. This could lead to delays with the development of the outreach sites.	25-Nov-20		1) Clear communications strategy and engagement Plan with CHC, public, patients and stakeholders developed	1) Communications strategy aligned to TCS comms strategy. Implementation Plan developed. Engagement programme developed. CHC membership of Project Board.	3	4	12	2	3	6
R275	30-Jun-20	Jacqui Couch	5. SACT and Outreach										X		Nicola Williams	There is a risk that clinical trials may not be possible within an Outreach setting, if agreement with Health Boards, resource and training requirements are not met or agreed.	06-Oct-20		1) Clinical Trials activity will be mapped in line with GCP guidance and discussions with HBs will be undertaken. 2) Service specification will itemise the agreed provision	1) Initial list of options developed by VCC. Further meetings with HBs to be undertaken. 2)	3	4	12	2	3	6
R279	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	X		Lauren Fear	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependent links are not communicated effectively and the wider networked clinical model not understood.	15-Jan-21		1) Revise TCS website 2) Improve internal TCS teams Comms	1) Work is underway 2) Engagement with Trust Comms team is ongoing and plans in place to improve Programme Comms position. Comms team are currently recruiting to support.	4	3	12	3	2	6
R281	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	X		Carl James	There is a risk of changing political support for the Programme on a Local and National level resulting in potential delays to legal/regulatory approvals.	29-Apr-21		1) PMO team continue to monitor and engage as part of development of programme wide comms	1) Projects 1 & 2 continue to monitor risks associated with May 2021 elections and continue to engage with Local MPs & AM's as part of their Comms plans. OBC approval from WG on the 19th March Tender issued on Sell2Wales Ongoing political support from Labour & Plaid Cymru Further actions may need to be identified and planned depending on outcome of May election	3	4	12	2	4	8
R282	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	X		Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	29-Apr-21		1) Regular review and update of Project Plans 2) Update Programme Master Plan to reflect any project changes 3) Review and reporting on Master Plan to PDB and Scrutiny	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. Impact of covid delays are being managed and projects	3	4	12	2	2	4
R295	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	X	X		Tom Crosby	Risk that Clinical Model does not meet required Business needs Causes - Patient need has changed / Medical & tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand Consequences - Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services	15-Jan-21		2) Regional Clinical Ownership advisory groups to develop model 3) External Gateway review 4) Clinical leadership involvement 5) Re-fresh based on clinical & tech advances 6) Benchmark against other models 7) Established CCLG 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (acute oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health	1) Established TCS Programme complete 2) Regional Clinical Ownership advisory groups to develop model - complete 3) External Gateway review - complete 4) Clinical leadership involvement - complete 5) Re-fresh based on clinical & tech advances - complete 6) Benchmark against other models - complete 7) Established CCLG - complete 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (acute oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team	3	4	12	2	2	4

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

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME MANAGERS REPORT

DATE OF MEETING	24.06.2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report
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PREPARED BY	Katie Foward, TCS Programme Coordinator Carys Jones, Senior Programme Delivery & Assurance Manger
PRESENTED BY	Carys Jones, Senior Programme Delivery & Assurance Manger
EXECUTIVE SPONSOR	Carl James, Director of Strategic Transformation, Planning & Digital

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

COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	16/6/21	NOTED

ACRONYMS

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

1. SITUATION / BACKGROUND

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

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

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

3. EXTERNAL PROGRAMME ARRANGEMENTS

Collaborative Cancer Leadership Group (CCLG)

- 3.1 The next Collaborative Cancer Leadership Group (CCLG) will take place on the 30th July 2021. Updates are anticipated on the key items of regional significance reporting into the CCLG. These include:
- Progress against the Nuffield Trust recommendations,
 - Acute Oncology Service (AOS) Business case,
 - 'Velindre@ Project', including progress with the *Velindre@UHW* and Research Hub model
 - Regional Research, Develop & Innovation opportunities and progress
 - Establishing a regional Prehabilitation2Rehabilitation programme of work
 - Transforming Cancer Services (TCS) in SE Wales Programme update (including nVCC, the Integrated Radiotherapy Solution (IRS) procurement, the Radiotherapy Satellite Centre and Outreach)
 - UHW2 progress update
 - Regional Digital Vision Group
- 3.2 Discussions will now take place with regional partners to further develop the agenda ahead of the 30th July meeting.

Velindre @ UHW

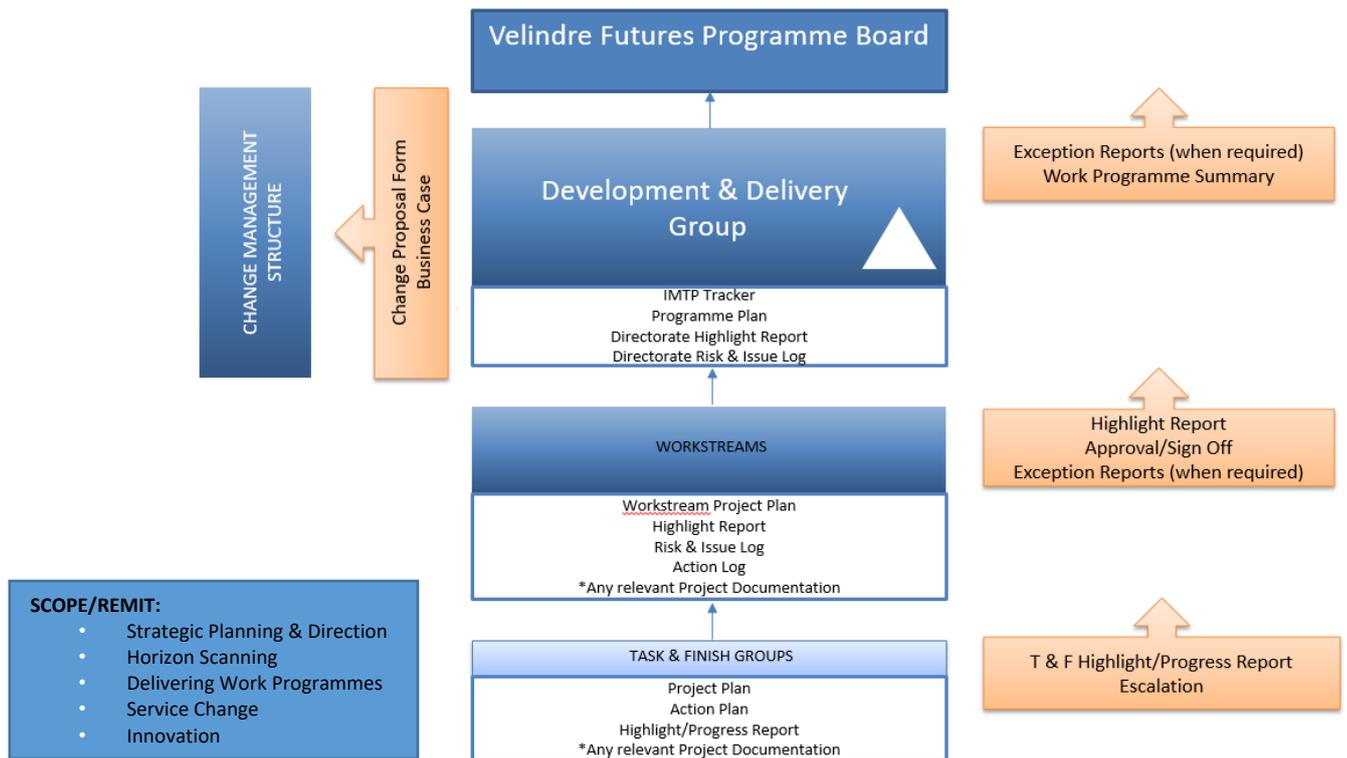
- 3.3 The 'Velindre @ UHW Project' which begins to address elements of the wider regional operating model development, in particular, some of the Nuffield Trust recommendations, is moving ahead at pace and project arrangements in place.
- 3.4 A series of clinical design meetings/workshops are being arranged with the first focusing on an R&D Hub development at UHW taking place on 8th June. A further update will be provided in July once arrangements are finalised and workshop outputs agreed.

4. INTERNAL PROGRAMME ARRANGEMENTS

Wider Programme Updates

Velindre Futures

- 4.1 The third Velindre Future (VF) Programme Board was held on 27th May. The usual monthly presentation was provided by the Senior Programme Delivery and Assurance Manager to update on key TCS programme progress and to highlight any issues, interdependencies or co-ordination to be addressed.
- 4.2 The governance arrangements surrounding the VF programme have been further developed and a reporting structure was presented to the Programme Board. These arrangements include the establishment of a Development & Delivery Group for each service areas (as described in previous updates). A representative from the TCS programme will be a member of each group to ensure alignment and share key information.
- 4.3 The Velindre Futures Board Reporting Structure was approved by the VF Programme Board as illustrated below:



4.4 Each of the Development and Delivery Groups will have a work programme underpinning it. Discussions have now been arrangement between the VF PMO and TCS PMO to map the interdependences between the two work programmes and the TCS master programme plan.

4.5 The VF Programme Management Office (PMO) has recently completed a round of recruitment and was successful in appointing to its full PMO team structure. A member of the TCS PMO has been successful in securing a promotion within the VF structure and therefore the TCS PMO arrangements are now being reviewed.

Risk Management

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

Notable Updates from the Seven Projects affecting the Programme

4.7 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.

- 4.8 **nVCC and Enabling Works** – The Project have commenced recruitment prior to the competitive dialogue process. The Project are engaging with Welsh Government to establish management of scenarios for different numbers of bidder responses. Some Ground Investigation (GI) survey works have commenced however, some works have been delayed by disruption on site caused by objectors to the development. Work is ongoing to establish how the site will be managed to ensure as few delays and obstructions as possible to these initial works. Planning for the advanced site works is fully underway and a paper is provided on the agenda as a substantive item.
- 4.9 The **Integrated Radiotherapy Solution** have now completed their trial tender process and are engaging with bidders in dialogue to manage any issues raised prior to final tender. **Project 3 sub-groups** continue to focus of the wider equipment and digital agenda. Medical and non-medical sub-groups are working to ensure equipment is agreed in-line with required specifications and the MiM interface sub-group is working to consider any clinical changes that may affect the costings under the MiM model, including those that may come from the publication of the Nuffield Trust advice.
- 4.10 The **Radiotherapy Satellite Centre** continues to progress. The enabling works are expected to be able to commence in early 2021. Patient engagement has commenced and will take place over the next eight weeks including three live sessions with members of the public through Teams. A patient survey has recently been published and the results will be utilised in designing the common areas. The nVCC Design Team will be engaged during the stage four design process.
- 4.11 **Outreach** has once again begun to progress and the last Project Board is took place on the 25th May 2021. Recently scope changes have been agreed to include haematology and late phase research trials at outreach locations. It has also been agreed for the Project to commission a re-run of the growth assumptions to assist with future planning. Consideration is still needed as to which elements will move to the Velindre Futures scope and which remain within TCS.
- 4.12 **Service Delivery and Transition** has not progressed however consideration is now being given to the most appropriate mechanism to progress this work in light of the scope of the Velindre Futures Programme. The recommendations contained in the Nuffield Advice will also have an impact on how this project is progressed. A meeting has been held with colleagues in TCS and Velindre Futures to determine how the risks from this Project will transfer to Velindre Futures and how they will be managed going forward.

Master Programme Plan

- 4.13 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.

5. IMPACT ASSESSMENT

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

6. RECOMMENDATION

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

TCS Programme Scrutiny Sub-Committee

24 June 2021

V@UHW Progress Update

1. Governance

- Velindre and CVUHB Partnership Board providing oversight
- Project Brief agreed
- Project Plan in place with part time Programme Management support
- Weekly Project Co-ordinating Group agreed and being established w/c 14 June 2021

2. Workstreams

- 3 workstreams established:
 - Research, development and innovation
 - Unscheduled care
 - Haematology and oncology
- Clear outputs agreed for each workstream
- Leads/team identified for Velindre

3. Progress

R,D&I Workstream

- 1st workshop held on 8 June 2021
- Successful and consensus on service model agreed by key partners (Velindre, Cardiff&Vale UHB and Cardiff University)
- Outputs being written up for agreement between partners
- Sub-group will be established to support write up of model/service and capital requirements by Archus

Unscheduled Care Workstream

- Agendas for initial 2 workshops signed off by Velindre and Cardiff
- 2 internal workshops held by Velindre in May to explore future service model
- Data:
 - Initial data identified and provided to Archus for analysis
 - Initial pre-clinical review of data analysis on 11 June. Further analysis required and provision of additional Velindre data e.g. assessment unit; WAST transfer data
 - Workshop dates: agreed as 3rd / 4th week of July but proving problematic as key speakers/attendees unavailable. Further work required.

3. Progress

Haematology and oncology work stream

- Initial agendas developed
- Further work required from Cardiff i.e. confirmation of clinical/medical leads to develop this work
- Agreement required on workshop dates

4. Communication and Engagement

- Regular weekly reports back to Velindre 'Co-ordination Group'
- Require agreement internally/with Cardiff on who/how/what we communicate: vital this work is very visible to all staff

5. Risks

- Lack of resource to support work (medical/clinical/project management)
- Availability of key people / inability to get dates for remaining workshops in July/August
- Data: lack of data/analysis in some key service areas



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

RADIO SATELLITE CENTRE SMART AMBITIONS

DATE OF MEETING	24/06/2021
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Jason Hoskins, Assistant Director Estates, Environment and capital Stuart Morris Chief Digital Officer
PRESENTED BY	Andrea Hague
SMT SPONSOR APPROVED	Andrea Hague
REPORT PURPOSE	FOR NOTING

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

COMMITTEE OR GROUP	DATE	OUTCOME

ACRONYMS

VCC	Velindre Cancer Centre
ABUHB	Aneurin Bevan University Health Board
RSC	Radiotherapy Satellite Centre
SMART	Intelligent Building - Interaction with people, systems and external elements
NWSSP	NHS Wales Shared Services Partnership

1. **SITUATION**

The purpose of this paper is to provide an update on discussions being held with colleagues at ABUHB and designers commissioned to build the Radiotherapy Satellite Centre on The Nevill Hall Campus Abergavenny. The specific focus being integrating digital systems to create a SMART building.

2. **BACKGROUND**

ABUHB have commissioned Kier to design and build a Radiotherapy Satellite Centre on the existing Nevil Hall Campus procured via the South East Wales Construction Framework managed by NWSSP. Ongoing management and operation of the building on completion of construction will be through a partnered approach where ABUHB conduct the maintenance and upkeep of the building with VCC staff occupying and delivering services at the site.

Velindre Trust have been identified as a key stakeholder in the project and have been involved in discussions relating to the design of the building from an end users perspective. Progression of the design process has involved a traditional approach, with little to no consideration on SMART technologies, although the VCC Digital Team have worked with ABUHB to create a robust digital infrastructure capable of enabling such systems.

The basis for discussions surrounding SMART were initially set out with a paper written by Stuart Morris titled Cognitive by Design, which outlined the way forward for digitally enabled infrastructure aligning to VCC's ambitions to embrace technology to create a digitally enabled setting to benefit patient outcomes. This ethos has been at the heart of discussions surrounding SMART with a built environment focus introduced to the digital strategy.

Progression of discussion has led to VCC providing a series of supporting documents included in appendix 1, in support of delivery of the SMART Vision. In summary the documentation provided outlines requirements to achieve system interconnectivity providing a data pool that may be used to inform operation of the building and primarily enhance the patient experience. The focus from VCC has been to reach a stage where we are in possession a costed solution that may be used to inform decisions.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

The VCC team have been consistent and clear on expectations and have set two objectives;

- 1. Pursue a costed Digitally SMART enabled scheme*
- 2. If point 1 cannot be achieved, cost time prohibitive, to reach a stage where systems are SMART enabled for future consideration. This requires the various discrete systems deployed as part of the building solution to be compatible from a communication technology perspective.*

Having evaluated the requirements the design team has suggested that estimated costings will be provided within the next two weeks, and that a 12 week consultation period is required to perform a detailed review of our design brief. It is likely that the impact of this consultation period will introduce risk on the ability of the programme to deliver within the current timescales. As such, further dialogue is required within the project to determine the next steps.

3. RECOMMENDATION

The Sub-Committee are asked to:

Note the content of the paper specifically risks to cost and Programme and acknowledge that further debate will be necessary.

Delivering Cancer Services for South East Wales

Velindre Cancer Centre

Radiotherapy Satellite Centre Digital Design Brief

(Appendix to SMART Hospital Design Brief)

Document Author(s):

Name	Position
Stuart Morris Jason Hoskins	Deputy Chief Digital Officer Assistant Director of Estates

Document History:

Version	Date	Detail
0.1	19/05/2021	Document created to append to the SMART Hospital Digital Design Brief – addressing key areas to be included in the Radiotherapy Satellite Centre

Introduction:

In 2018 Velindre University NHS Trust develop a Digital Vision, “Cognitive by Design” and outline programme of work with the concept of **“automation, integration, flexibility & connectivity”** at the heart of the way digital will enable our services. The programme aims to identify, evaluate and implement scalable new ways of working (i.e. mobile, inclusive, agile & integrated) at pace.

The programme has been developed as an evidence based and collaborative approach to delivering transformation for all stakeholders and a direct response to the development of a new digitally enabled Velindre Cancer Centre.

The programme will introduce new digital capabilities that will enable transformative ways of delivering cancer and blood services to all stakeholders. It will integrate and complement existing and planned digital programmes across Wales.

“Adopting a ‘digital first’ philosophy in the design and delivery of new services, to promote mobile, flexible, patient and donor centred services & workforce models”

In adopting a digital first approach to the design and delivery of services the Trust will:

- Enhance productivity
- Remove paper based processes - capture data once and use many times
- Enable services to capture and retrieve information at the point of service delivery
- Remove duplication and improve the quality of processes
- Utilise intelligent systems to manage, respond and develop their facilities
- Utilise data to create a comfortable, connected and collaborative work space
- Enhance patient safety by integrating cutting-edge technologies such as:
 - Connected Medical devices
 - Integrated Clinical systems
 - Intelligent information systems
 - Automated facility control systems

- Location-based services & sensors
- Digital communication tools

With the above as core principles, the Trust plans to provide an equity across its services and its estate. Therefore the development of any new buildings and services should be designed with these principles and concepts at the forefront.

The building, and its surrounding area, is to be exemplary and stand out as a futureproof healthcare setting that raises standards in Cancer Services across NHS Wales

To support the design and development of the new Radiotherapy Satellite Centre, the Trust has a requirement to:

Embed digital flexibility into the fabric of the Building Design

As such:

- Ensuring the latest available industry standard cabling and infrastructure to future proof and digitally enable a flexible workspace. For example CAT6 may be the standard today but it could be CAT7...8 or 9 tomorrow ... and therefore we require the facility to be built with the latest level of cabling available
- Cabling and infrastructure must be accessible to enable future upgrades. The building must be designed and built so that infrastructure is accessible in the future, removing the need for retro fitting / removing walls etc ...
- Latest available standard of Wireless, Bluetooth and Radio Frequency Identification technology to enable the use and integration
- Enabling a seamless patient, carer and professional connectivity across the entire site (inside and outside of the building(s))
- Seamless connectivity to the NHS Wales Network and the outside world
- Enables a hybrid of cloud and on-Premise services

A Building that Manages and Regulates Itself

- Implementation of an Intelligent Building Management System

- A resilient platform that enables remote operation
- Automated Temperature & Comfort Control
- Maintenance & Energy Analytics
- Power & Energy Management – critical electricity network and infrastructure monitoring
- Power System Analytics
- Automation & Analytics of Energy Systems
- Automated Access & Security Control
- Sensor technology for tracking assets and equipment
- Work Place Analytics

Enables integration and connectivity of systems & services

- Open Platform Approach
- Supporting Staff, Patients & Carers
 - Patient Controlled Access from across the Site
 - Patient Wayfinding – via physical digital/interactive signage or on personal devices
 - Automated Self Check-in
 - Digital Notifications – remote or onsite
 - Digital displays and integrated information services (e.g. public travel information)
 - Integrated systems to allow Patients to view data for personal use or share data with a multitude of health and social care providers
 - Enable patient entertainment
 - Enable integration with mainstream technologies in the home
 - Integrate patient support applications
 - Sensor technology for inpatients
 - Digital privacy
- Supporting Professionals
 - Integrated systems that ensure data is available at the right place and the right time
 - Data capture and retrieval at the point of service delivery

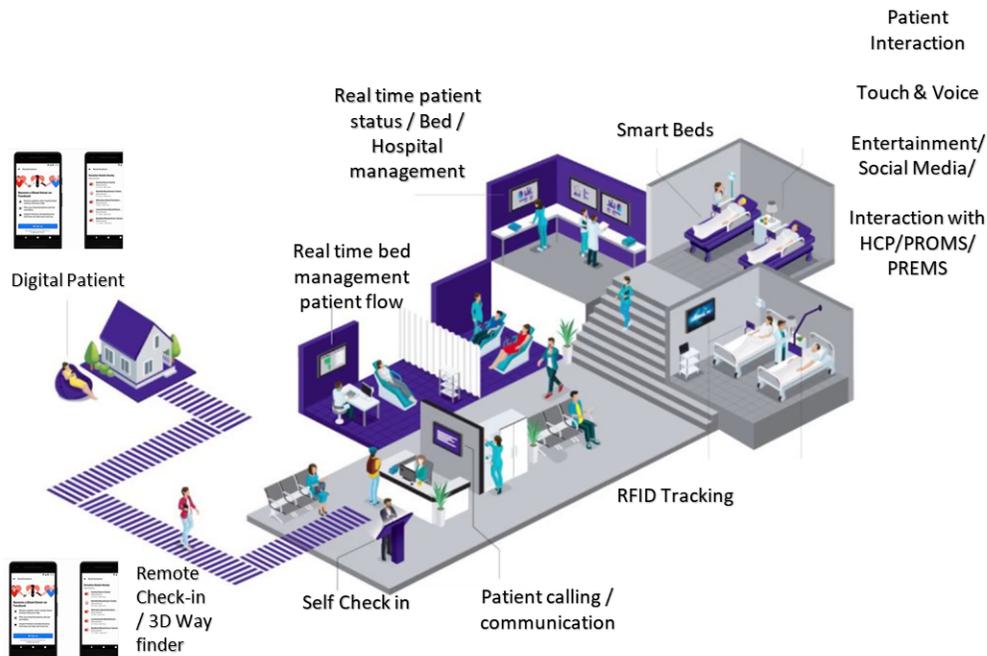
- Clinical reports and patients images are available irrespective of the health care setting
- Medical and treatment devices are fully integrated into the infrastructure of the building and the NHS Wales Network
- Utilising Artificial Intelligence and automation in variety of service areas (where appropriate), for example:
 - Clinically - during treatment planning, trials matching, diagnostics and communication and collaboration services.
 - Facilities management – predicting room occupancy to adjust heating lighting. Security looking at patterns of behaviour and alerting when a person/object is not
 - Administration – automatically notifying staff about patient location, notifying patients about wait time, car park availability
- Systems are available via a variety of digital devices and location settings, i.e. mobile, remote, flexible and fixed workstations
- Automated systems for creating and booking work spaces, clinic rooms etc...
- Automated stock management for consumables
- Digital Pharmacy - automated dispensing, vending machine drug cabinets
- Voice controlled technology for staff communication
- Vital signs monitoring and eObservations
- Digital “Whiteboards” for patient management

Scope

Digital Technology and infrastructure are key components to helping hospitals manage the mounting pressures of reinventing delivery of care, regulatory scrutiny, competition, attracting the best staff, and improving patient outcomes and experience. It is much more cost effective to design the infrastructure around interoperability, than it is to employ interoperability to an infrastructure that has already been designed.



High Level Design Outline



Clarity on Specific Requirements

The design team has requested some specific clarity on the following four elements:

- Wayfinding
- Access Control
- Asset Tracking
- Patient Environmental Control

Patient Wayfinding

We know from our patients, carers and other service users, that navigation around a building does cause additional and potentially avoidable anxiousness. The Trust requires a digital solution that allows for better user experience and more efficient building usage. This digital solution will sit on a mobile device that can support the patient's navigation around the facility.

While our future will require a fully integrated solution with our self-checking and patient administration system, there is an acknowledgement that this does not to be fully integrated from Day 1.

We require the design and build of the facility to support a digital wayfinding solution, factoring the future requirement to be integrated to other service systems to allow a seamless patient experience.

Key Benefits:

- Easy to use, interactive digital maps presented to patients upon arrival
- Standalone Wayfinding kiosks available for directing patients
- Supporting efficient handling of multiple appointments as patients find their way efficiently
- Reduces time spent by staff relaying verbal directions to patients
- Supports lowering patient anxiety and increasing patient satisfaction
- Supporting patients navigate their way to the correct clinic / waiting room on-time

An examples of such technology is:

Schneider Electric via CRS/WPA/Planon

MazeMap [Indoor Maps and Wayfinding MazeMap](#)

Intouch with health [Hospital Wayfinding - Digital Map from Intouch with Health](#)

Access Control / Intruder

The access and intruder system application is key to ensuring end user safety and building security as well as having the potential to inform the building managers on operation of the facility through logging of access control and intruder data. The system should be a networked security alarm, building automation and access control system. The system should allow for easy expansion or modification of inputs, outputs, and remote-control stations, and should support third-party integration to alternative locking systems and elevator management systems as required. Finally the system should enable integrated Access Control, Intrusion and IP intercom functions natively.

We require the design and build of the facility to support an integrated solution, factoring the future requirement to be integrated to other service systems to allow a seamless patient experience.

Key Benefits:

- Alarm Monitoring
- Video Imagining / photo identification / paging / guard tour /
- Cyber Security Compliant standards for consideration NIST RSA1024/AE256 bit certified
- Networked systems
- Door Access should support VCC requirements
- Support integration into third party DVR/NVR
- Database integration

Examples of such technology;

Access Control – Third party

- Pelco-VideoXpert,Endura,DigitalSentry
- Exacq Vision
- ADT
- Panasonic
- Axxon
- Arkiv
- HikVision
- Mirasys
- Avigilon
- Onvision
- Milestone
- DVTel Latitude
- Geutebruck GCore & Geviscope

Door locking third party

- Salto SHIP & Sallis
- Aperio
- Cencom ATM & Vault locks
- Allegion
- VingCard

Asset Tracking

The ability to track various assets within the healthcare environment supports effective and efficient patient care through provision of controlled use and positioning of equipment required to deliver care, such systems may also double up as a security system alerting staff if an asset moves out of a defined area. Specialty companies have developed outstanding software packages with graphical displays with the ability to track an active asset to within 1 metre.

We require the design and build of the facility to support a digital asset tracking solution, factoring the future requirement to be integrated to other service systems to allow a seamless patient experience.

Key Benefits

- Efficient Use of Equipment
- Right time right place
- Enhanced patient experience
- Added security measures

Examples of such Technology:

EcoStruxure™ for Healthcare platform utilising application provided by Thoughtwire

End User Environmental Control

The ability to control the environmental surroundings is key in ensuring staff and patient comfort. It is felt that automation of control in this area will provide benefit and value as

optimised comfort levels are proven to increase the user experience. This includes lighting and temperature and may be interfaced in such a way that there are added benefits, integration of smarter lighting solutions could offer cause and effect benefits in terms of patient experience , energy saving, occupancy data. While deploying a control system such as BMS for temperature control will provide flexibility in this area.

An integrated solution may be achieved in a number of ways. The end goal would be to realise localised control located within the space thus providing the ability to adjust environmental conditions, maximising comfort levels for end users.

It is acknowledged as within previous headings that the solution may not be fully integrated on day one, but we require the design and build of the facility to support a digital solution for environmental control, factoring the future requirement to be integrated to other systems to allow a seamless patient experience.

Key benefits:

- Localised solution to meet requirements of staff and patient
- Increased comfort levels
- Proven to have improved staff efficiency
- Provides integration options and functionality

Examples of such technology are:

BMSI - EcoStruxure Building Operation3.0 – Building operating system, Honeywell BMS Solution

Lighting and room control –KNX-based control and monitoring, DALi controllers, room management systems and interfaces. Integration room control system.

Prologik/Symtronic

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Communications and Engagement Update

DATE OF MEETING	24 th June 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report
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PREPARED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT
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PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT
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EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE
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REPORT PURPOSE	For noting
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	16/6/21	Noted

ACRONYMS	
	None

1. BACKGROUND

1. This paper provides the Board with an update on Programme communications and engagement since the last paper presented on 17 May 2021.
2. The Programme Board approved the Transforming Cancer Services (TCS) Programme Communications and Engagement strategy in December 2019. The strategy emphasises the importance of good one-to-one stakeholder engagement,

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

3. New engagement and communications activities to support the project are now underway. A significant part of the public campaign will be delivered in collaboration with [Down To Earth](#), a Gower based social enterprise specialising in the delivery of life changing healthcare and education programmes through nature-based solutions. Their emphasis is on creating an urban and rural built environment infrastructure which is fit for the future
4. Down to Earth are contracted to support the Trust with two phases of the engagement plan - delivering a digital engagement exercise supplemented with events/meetings on the design and community benefits work streams and delivering citizen science activities as part of their Welsh Government funded work.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Down To Earth

The digital engagement will deliver:

- A digital survey through a bespoke microsite, which has been developed by Down To Earth as part of their 'Fit for the Future' project and correlates with their work with University Hospital Llandough. The activity is planned for launch mid-June and will run for four weeks.
- The digital survey will gather feedback for the updated reference design for the new Velindre Cancer Centre alongside instigating a conversation about community benefits prioritisation. The feedback will be included within the information provided to bidders as part of the competitive dialogue process
- The survey will be available for staff, patients and their families, the local community and the wider public to complete.
- It will be promoted through the Velindre Matters social media channels, alongside media relations and ongoing community relations. The content will also be shared through the Down To Earth social channels.

Velindre Minecraft Competition

- Further to feedback received from our Technocamp partners relating to assessment and exam dates, the competition deadline has been extended to Monday 28 June.
- Velindre Matters will continue to promote the competition across Facebook and Twitter; it was also incorporated as a piece within the external newsletter.
- As of 3 June, the competition has 88 registrations for the competition.

Radiotherapy Satellite Centre

The Radiotherapy Satellite Centre service change engagement has launched – Thursday 20 May – with the dedicated Trust website pages established.

- <https://velindre.nhs.wales/transformingcancerservices/satellite-radiotherapy-centre-development/>
- As of Thursday 3 June, there were 126 responses to the survey.
- There are two further external online engagement events planned – Wednesday 9 June and Wednesday 30 June, which are being publicised through Velindre Matters, as well as UHB partners.
- The engagement video has been recorded and is the process of being edited ahead of receiving British Sign Language input. The videos will be used to promote the service change, as well as the survey.
- Diverse Cymru are working to deliver the telephone and postal engagements over the engagement period.
- The engagement completes on 11 July 2021 before a findings report being delivered at the Community Health Council meeting on 13 August 2021

Further communications and engagement

- Internal staff group meetings and pop-up surgery on reference design;
- Responding to correspondence from a wide range of stakeholders;
- Continued working on the new patient engagement strategy;
- First meeting post-election with the constituency MS-MP;
- Discussion about possible contribution to the levelling up fund bid;
- Velindre Matters newsletter has launched – 28 May; the English version (<http://createsend.com/t/t-91EBA61983FF6D592540EF23F30FEDED>) as of 3 June had seen a 57% open rate and more than 20% have clicked on links. The Welsh version (<http://createsend.com/t/t-AB4B4F68EABAF76E2540EF23F30FEDED>) has 28% open rate

Next Steps

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

- Delivering the second Velindre Matters newsletter;
- Launch Down to Earth programme;
- Promoting engagement events for local community;
- Continue to manage the Velindre Matters social media channels;
- Supporting the Velindre Futures communications and engagement needs;
- Supporting the ongoing staff engagement sessions.

5. IMPACT ASSESSMENT

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

6. RECOMMENDATION

- The Programme Scrutiny Sub-Committee is requested to **NOTE** the contents of the report.