

- 1.0 STANDARD BUSINESS
 - 0.1 Public Programme Scrutiny Sub-Committee Agenda 24 02 21 v2.docx
- 1.1 Welcome
 - Stephen Harries, Verbal, To Note*
- 1.2 Declarations of Interest
 - Stephen Harries, Verbal, To Note*
- 1.3 Previous Minutes
 - Stephen Harries, Paper, To Approve*
 - 1.3 Final Draft Scrutiny Committee Minutes - Public 27.01.2021 v1.docx
- 1.4 Action Log
 - Stephen Harries, Paper, To Approve*
 - 1.4 Action Log February 2021- PUBLIC.docx
- 2.0 PROGRAMME GOVERNANCE
- 2.1 Communications and Engagement
 - Non Gwilym, Paper, To Note*
 - 2.1 Comms Update February 2021 TCS PB.docx
 - 3.2a BMA Cymru Wales letter re Petition P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre 12 February 2021.pdf
- 2.2 TCS Finance Report
 - Mark Ash, Paper, To Note*
 - 2.2 Programme Finance Report (January 2021).docx
- 3.0 PROGRAMME DELIVERY
- 3.1 TCS Programme Managers Update
 - Carys Jones, Paper, To Note*
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- 3.2 TCS Master Programme Plan
 - Carys Jones, Presentation, To Note*
 - 3.2 PDB_Programme Master Plan Cover Paper_Feb 21.docx
 - 3.2b Programme Master Plan_Feb 21_PDB.pptx
 - 3.2c Master Plan_Appendix_Feb 21.pdf
- 3.3 Nuffield Trust Report - Progress Update
 - Carl James, Paper, To Note*
 - 3.3 TCS PDB Nuffield action plan progress 18 feb 2021 cj.docx final.docx
- 4.0 ANY OTHER BUSINESS

**TRANSFORMING CANCER SERVICES
TCS Programme Scrutiny Sub-Committee
Public Session**

**24th February 2021, 10:30-11:30hrs
Trust Headquarters, Nantgarw (via Teams)**

AGENDA

REF.	ITEM	Owner	Form	Action
STANDARD BUSINESS				
1.1	Welcome	Stephen Harries	Verbal	Note
1.2	Declarations of Interest	Stephen Harries	Verbal	Note
1.3	Previous Minutes	Stephen Harries	Paper	Approve
1.4	Action Log	Stephen Harries	Paper	Approve
PROGRAMME GOVERNANCE				
2.1	Communications and Engagement	Non Gwilym	Paper	Note
2.2	TCS Finance Report	Mark Ash	Paper	Note
PROGRAMME DELIVERY				
3.1	TCS Programme Managers Update	Carys Jones	Paper	Note
3.2	TCS Master Programme Plan	Carys Jones	Presentation	Note
3.3	Nuffield Trust Report – Progress Update	Carl James	Paper	Note
ANY OTHER BUSINESS				

TCS Programme Scrutiny Committee Public Session

MINUTES OF THE MEETING HELD

27th January 2021

**14.30 – 15.30 Trust Headquarters, Nantgarw (via
Teams)**

Members Present:

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

In attendance:

Professor Donna Mead (DM)	Trust Chairperson
Steve Ham (SHam)	Trust Chief Executive
Mark Osland (MO)	Director of Finance
Lauren Fear (LF)	Director of Corporate Governance
Non Gwilym (NG)	Director of Communications and Engagement
Huw Llewelyn (HL)	Director of Strategic Partnerships
Carys Jones (CJones)	Senior Programme Delivery and Assurance Manager
David Powell (DP)	nVCC Project Director
Gavin Bryce (GB)	Associate Director of Programmes, TCS
Mark Ash (MA)	Assistant Director of Finance, TCS
Phil Roberts (PR)	nVCC Design Advisor
Katie Foward (KF)	Programme Coordinator (Minute Taker)
Bethan Lewis (BL)	TCS Programme Planner and Risk Advisor
Matthew Bunce (MB)	Deputy Director of Finance
Geraint Lewis (GL)	Head of Medical Physics
Nic Cowley (NC)	Head of Sourcing Capital and Project, NWSSP
Andrew Ward (AW)	Senior Diagnostic Imaging Advisor, NWSSP
Penri Desscan (PD)	Procurement Lawyer, Blake Morgan

Apologies:

Martin Veale (MV)	Independent Member
Donald Fraser (DF)	Independent Member
Carl James (CJames)	Director of Strategic Transformation, Planning and Digital
Nicola Williams (NW)	Director of Nursing, AHP's and Medical Scientists
Stuart Morris (SM)	Associate Director of Informatics

1.0	STANDARD BUSINESS	ACTION
1.1	<p>Welcome / Apologies SHarries welcomed the Group and apologies were noted as above.</p>	
1.2	<p>Declarations of Interest No declarations of interest were received.</p>	
1.3	<p>Previous Minutes The minutes were found to be an accurate record of the meeting on 14th December 2020 and were Approved.</p>	
1.4	<p>Action Log Action 92 is now complete. There are no open actions</p>	
	PROGRAMME GOVERNANCE	
2.1	<p>TCS Programme Risk Register BL introduced the paper to the meeting. There have been limited changes to the register over the reporting period. The paper provides an update on the risk position for all Projects and the Programme. The number of red and amber rated risks have reduced in this reporting period showing how risks are being prioritised and correctly managed. There has been progress across Projects 1 and 2 with a risk workshop taking place in December with new risks identified. Project 3A has been able to close some risks and establish a new risk. Project 4 have worked with Aneurin Bevan University Health Board to align the risk processes and a meeting will be held in February to finalise this process. There have been no changes to Project 5 as due to COVID-19 pressures on services across Health Boards the decision was taken to postpone the January Project Board. The Programme Delivery Board have approved the closure of one risk on the Programme register and agreed to accept the position and mitigating actions in place for three others. R281 and R283 contain only monitoring actions to date and there has been a slight increase to the scoring for the COVID-19 risk recognising the current risks to some Project work. A trend line has now been added to the report to show attendees how the risks have moved within the reporting period.</p> <p>GJ queried why a number of the risks were showing zero in the trend column. BL advised that a zero mark in the column denotes no change in the period, this is the case for a number of Projects currently however, and this will change in the next reporting period.</p> <p>The Committee Noted the Paper.</p>	
2.2	<p>Communications and Engagement LF introduced the paper to the meeting.</p>	

	<p>LF advised that the paper contains the communications work undertaken within the reporting period and the plan for the next steps of the works including detailed engagement with key stakeholders.</p> <p>GJ queried the approval date of December 2019. LF advised that this was the original approval date for the communications plan and following recent engagement work there is a need to bring an updated plan for approval.</p> <p>SHarries noted the reference to the cancer outcome rates in Wales. DM advised that this is a tertiary service and cannot solve the outcome rates for Wales alone and there is a need for a change in the whole cancer pathway.</p> <p>SHarries queried the quantification for reference to 'one of the lowest survival rates' CJones advised that data could be provided to contextualise this statement and that against respected data from the International Cancer Benchmarking Service we are one of the lowest in our cohort of comparable countries.</p> <p>SHarries noted that there is a need to not imply that our work can 'fix' this.</p> <p>PR noted that for patients and those in remission, it is a bad message to display as it can affect hope. It may be better to state that we are working to improve rates without being negative.</p> <p>LF advised that the wording had been reviewed previously and the statement regarding one in two of the population getting cancer was removed as it was not a helpful statement.</p> <p>DM advised that the strategy should be refreshed as the change in outcomes across Wales will be seen as a deliverable which cannot be changed by tertiary services alone.</p> <p>DM noted the level of communication with Cardiff and Vale University Health Board and whether this was being developed to the same level of detail with other Health Boards. LF advised that these plans are being drawn up to ensure at the right level and SHam is also regularly meeting with other CEOs.</p> <p>The Committee Noted the Paper.</p>	
2.3	<p>TCS Finance Report</p> <p>MO introduced the paper to the meeting.</p> <p>The November report is provided for completeness however, the December report shows the most up to date position for the Programme.</p> <p>MO advised that section three shows the funding granted for the year with a reduction from previous reports of circa. £230,000 due to works previously requested not now requiring funding within this financial year, as such Welsh Government were notified and the monies returned.</p> <p>The current spend position is shown in section four, there is currently a minor underspend forecast against the £3,500,000 capital provided however, minor variants are expected and not a concern.</p> <p>SHarries noted that table 4.1 lists a date of December 2021 and this should read December 2020.</p> <p>The Committee Noted the Paper.</p>	

PROGRAMME DELIVERY

3.1	<p>TCS Programme Managers Update</p> <p>CJones introduced the paper to the meeting.</p> <p>The paper was written during the period when the Collaborative Cancer Leadership Group (CCLG) was being planned and this has now taken place. The CCLG covers the work of the entire cancer pathway and Velindre's tertiary service is only part of this pathway.</p> <p>The Nuffield Trust report was fully supported and endorsed by those in attendance, it was agreed that an action plan will be drawn up to take all recommendations forward, with a number of initial actions already underway within the current service. The Acute Oncology Service Business Case was also received and the work done to date endorsed. A full case will be developed and taken through the approvals structure in each Health Board in March.</p> <p>It was agreed that the prehabilitation to rehabilitation work should be extended into a regional model following successful pilots in Cardiff and Vale University Health Board and Cwm Taff Morgannwg University Health Board. The attendance at the meeting shows the clear commitment of the region to improving services in South East Wales and beyond.</p> <p>The Committee Noted the Paper.</p> <p><i>SHam joined the meeting.</i></p>	
3.2	<p>TCS Master Programme Plan</p> <p>BL introduced the paper to the meeting.</p> <p>There are no major changes to the plan in this reporting period. Key dates are in the process of being set for major milestones by Project as approvals become clearer. Communications between Projects are increasing to ensure that the interdependencies are recognised across the Programme.</p> <p>GJ queried whether it would be possible to have granularity on dates in appendix two. BL advised that the plan is currently high level however, short term dates can be added to assist with the reading.</p> <p>DM noted that the image used for the PowerPoint is now out of date. NG will ensure that this message is understood Trust wide and will consider an appropriate image for Programme works.</p> <p>The Committee Noted the Paper.</p>	
3.3	<p>Nuffield Trust Advice Project</p> <p>An update on the current position was provided as part of the Programme Managers report in item 3.1 above.</p> <p>The Committee Noted the Update.</p>	
4.0	ANY OTHER BUSINESS	
4.1	<p>Any Other Business</p> <p>No other business was received.</p>	



TCS Programme Scrutiny Sub-Committee

24th February 2021

Action Summary - PUBLIC

No.	Action	Owner	Date Raised	Target	Status
94	No Open Actions				

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Communications and Engagement Update

DATE OF MEETING	24 TH February 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable – Public Report	
PREPARED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE	
REPORT PURPOSE	For noting	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS PROGRAMME BOARD	22/02/21	Not known
ACRONYMS		
	None	

1. BACKGROUND

1. This paper provides the Sub-Committee with an update on programme communications and engagement since January 2021.
2. The Programme Board approved the Transforming Cancer Services (TCS) Programme Communications and Engagement strategy in December 2019.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Over the reporting period we have:

- supported the communications needs of the CCLG;
- supported the development of the Velindre Futures programme particularly the development of a statement of intent, associated design needs and a communications and engagement menu for the Senior Management Team's consideration;
- responding to correspondence from a wide range of stakeholders;
- engagement with the local MS and MP;
- reviewing the communications and engagement strategy for the nVCC project aligned to the CAP process;
- managed content and engagement on the Velindre Matters Facebook page;
- managed multiple media requests;
- launched the post OBC Radiotherapy Satellite Centre engagement activity;
- developed plans for supporting the outcome of the Welsh Government's consideration of the new Velindre Cancer Centre OBC;
- developed a three month plan support and programme milestones;
- supported planning process needs.

Velindre Matters

The Velindre Matters page is not active and was actively launched on 4 February with World Cancer Day related content:

- i. Patient story on importance of clinical trials
- ii. Cemented Trust research ambitions for next 10 years

Follower guidance has been produced and shared outlining expected behaviours.

Insight up to 15 February suggests:

- 643 engagements;
- Over 9k impressions;
- 32 post clicks;
- 82% of followers are women;
- more than a third of followers are aged 45-54

A series of metrics to measure impact and improvement is being finalised.

A three week content plan is prepared for Executive consideration in advance of publishing. A video plan and frequently asked question content are being finalized for implementing from w/c 22 February.

Media Engagement

During the reporting period:

- The Cardiffian issued an article on the January 2021 clinician letter;
- Wales Online and the South Wales Echo issued an article on the January 2021 clinician letter.

A joint statement between VUNHST, Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB was produced in response to the media stories and shared on the Velindre Matters facebook page. It reads as follows:

"We fully support the Nuffield Trust's comprehensive and expert report on the future of non-surgical oncology in south east Wales. We are working together to ensure that all the recommendations are taken forward. The Nuffield Trust's process allowed for a broad range of views to be heard by interviewing a range of clinicians from Velindre and surrounding health services, patients and their representatives including hosting open access sessions for Velindre staff, reviewing papers from working groups, individual testimonies and letters from patients and staff. We are fully committed to working together to deliver excellent cancer treatment and care for patients across south east Wales in partnership with our staff, patients and healthcare colleagues."

Arrangements for media briefings for Wales Online and the BBC are being finalised.

Internal Communications and Engagement

A new round of staff meetings has been undertaken by the Project Director. During the reporting period meetings with the following departments took place:

- Estates
- Medical Records
- Therapies
- Fundraising
- Radiotherapy
- Finance

A post-meeting questionnaire has been provided to the staff groups to allow us to measure the value of the meetings and to glean learning for future events. Outputs will be shared with the project board in due course and played back to staff.

An informal all-staff engagement was held on 12 February to provide an update on the implementation of the Nuffield Trust recommendations, taking in Velindre Futures and the evolving regional response including the development of new partnership boards

with regional UHB. A new structure for all developments relevant to the TCS programme and Nuffield Trust report has been created to improve visibility and access to the relevant documents on the intranet. This includes Velindre Futures and CCLG activity.

Radiotherapy Satellite Centre

Work is underway to produce a communications and engagement strategy for the project supported by a comprehensive implementation plan. This strategic document incorporates the objectives that were previously noted in the January paper:

- to highlight and promote how the SRU plays its part in the wider strategy to transform cancer services in south east Wales and how this links to the Nuffield Trust report;
- to pilot different ways of including the patient voice in the development of our cancer services for the benefit of our future patient engagement strategy;
- to build and work with local networks from across the Health Boards to encourage patients to contribute to the final design;
- to demonstrate to patients, their families and Velindre staff that their voices can influence and that they matter.

A patient experience survey was launched on 15 February for two weeks and its findings will inform the development of the full business case. We have engaged with the three patient referral health boards to develop and promote the survey. As of 18 February, we have received 200 responses and it continues to be promoted internally, externally on our social media channels and by partner health boards.

Political Engagement

The Petitions committee considered next steps regarding both Velindre petitions on 11 February. The committee agreed to write to the Senedd Business Committee requesting that a plenary debate on both petitions should be considered for tabling before the end of the parliamentary term (24 March). The Business Committee is expected to consider the request over the coming weeks.

During the Petitions committee discussion a Member of the Senedd referred to a letter from the BMA raising concerns about staff engagement on the clinical model underpinning the TCS programme. Following the meeting, a visual of part of the letter was shared on social media. In response, the BMA wrote to the Petitions Committee to clarify that the letter had been sent to VUNHST in August 2020. The letter, available as Annex 1 was shared with the Trust and concludes that the issues raised were resolved quickly and effectively.

We continue to meet with the constituency MS and MP regularly and we are actively seeking meeting with the prospective parliamentary candidates for Cardiff North.

Engagement planning

Down to Earth have been commissioned to support the development of engagement activity relating to the competitive dialogue, design and community benefits processes. This will support the existing operational plans for communications and engagement for the new Velindre Cancer Centre, through delivering effective engagement research and analysis.

The Down to Earth team will be considered an extension of the communications and engagement function within Transforming Cancer Services for the duration of their contract. This will provide the appropriate level of support and delivery opportunities for agreed activities.

Planning for the Minecraft for Education campaign with Cardiff City Council and Cardiff University is underway and we are considering the opportunity to extend this activity beyond the reach of the schools local to Whitchurch via the hwb Cymru Welsh Government learning portal.

Next Steps

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

- Ongoing management of the Velindre Matters page;
- Planning community engagement activity for site between May and September;
- Ongoing management of the Down to Earth engagement plans;
- Producing patient consultation evaluation analysis report for project team;
- Establishing communications plan for Minecraft for Education campaign;
- Supporting ongoing media and public affairs activity;
- Supporting CCLG communications;
- Supporting the Velindre Futures communications and engagement needs;
- Developing a set of KPIs to measure impact of nVCC/Enabling Works projects' comms activity;
- Establishing a new regular external stakeholder bulletin;
- Supporting the ongoing staff engagement sessions.

Recommendation

The Sub-Committee is asked to note the update.

3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

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

Y Gymdeithas Feddygol Brydeinig
Pumed Llawr
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Caerdydd
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British Medical Association
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BMA

Cymru Wales

Janet Finch Saunders MS
Chair of the Petitions Committee
Welsh Parliament
Cardiff Bay, Cardiff

12 February 2021

Petition P-05-1001: Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre

Dear Janet

During the meeting of the Senedd's Petitions Committee on Tuesday 9 February 2021, which you chaired, members considered the above petition about the proposed site for the new Velindre Cancer Centre.

During this meeting Members of the Senedd discussed part of a letter which they had been given sight of. This was jointly from the Chair of the BMA's Local Negotiating Committee for the Velindre University NHS Trust and BMA Cymru Wales Assistant Secretary and was sent to the Trust's Interim CEO. This letter was sent almost six months ago and was dated 25 August 2020.

The purpose of this letter was to ensure that an appropriate consultation would take place with staff members about the proposed new site, to ensure all staff felt able to fully give their views.

I am pleased to confirm, as a result of our letter, Velindre University NHS Trust confirmed that a proper and meaningful consultation with staff would take place so that all staff would feel able to freely express their views and opinions.

We remain fully satisfied that a proper and meaningful consultation with staff took place and that staff felt they were able to freely express their views and opinions.

I hope this assists you in any queries you may have had regarding this.

Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):
Rachel Podolak

Cofrestrwyd yn Gwmni Cyfyngedig trwy Warant. Rhif Cofrestredig: 8848 Lloegr
Swyddfa gofrestredig: BMA House, Tavistock Square, Llundain, WC1H 9JP.
Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur 1974.
Registered as a Company limited by Guarantee. Registered No. 8848 England.
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



Y Gymdeithas Feddygol Brydeinig
British Medical Association

For clarity, I attach a full copy of our letter of 25 August 2020 which members have seen part of to date. I can once again confirm that all points raised in the attached letter have since been fully and satisfactorily responded to by Velindre University NHS Trust.

Yours sincerely

A handwritten signature in black ink, appearing to be 'DB' followed by a large, sweeping loop.

Dr David Bailey
Chair, BMA Welsh Council

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2020-21 JANUARY 2021

DATE OF MEETING	24 th February 2021
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Mark Ash, Assistant Director of Finance - TCS Programme
PRESENTED BY	Mark Ash, Assistant Director of Finance - TCS Programme
EXECUTIVE SPONSOR APPROVED	Mark Osland, Executive Director of Finance

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

COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	22.02.2021	NOTED

ACRONYMS

TCS	Transforming Cancer Services
Trust	Velindre University NHS Trust
nVCC	New Velindre Cancer Centre
WG	Welsh Government
PMO	Programme Management Office

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 2020-21, outlining spend to date against budget as at Month 10 and current forecast.

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 It should be noted that as at March 2020, the Cabinet Secretary for Health, Well-being and Sport, has approved capital and revenue funding for the TCS Programme and its associated Projects. The total cumulative expenditure as at the end of March 2020 was £17.375 Capital and £2.621m for Revenue.
- 2.3 In addition to WG funding, NHS Commissioners agreed in December 2018 to provide annual revenue funding towards the TCS Programme, £0.400m of which was provided in 2018/19, £0.420m in 2019-20, and £0.420m in 2020-21.
- 2.4 In the financial year 2019-20, the Trust provided the nVCC and Enabling Works projects with £0.060m of revenue funding from its own baseline revenue budget. Previously direct revenue support for these projects had been provided by WG. .
- 2.5 The Radiotherapy Procurement Solution PBC (Project 3 – Equipment and Digital) was endorsed by WG in 2019-20. Capital funding of £1.110m was approved from July 2019 to December 2022, with £0.347m provided in 2019-20. Re-profiling of the funding resulted in a revised funding allocation of £0.250m for the 2019-20 financial year. The slippage of £0.097m has been reprovided in the next financial year, increasing the allocation for the financial year 2020-21 from £0.451m to £0.548m.

3. FUNDING

Funding provision for the financial year 2020-21 is outlined below. The following should be noted:

- 3.1 In October 2020, Welsh Government provided capital funding for the nVCC and EW Projects of £3.261m. However, it should be noted that £0.257m was subject to Ministerial agreement of the Enabling Works OBC. WG have released £0.027m of this funding for GI works. Therefore, the approved capital funding released was £3.031m.
- 3.2 A review has been undertaken by the Enabling Works Project and the assumption is that the funding provided for the Reserved Matters Application fee of c£0.200m is not required. The capital funding will be allocated to the Trusts Discretionary Capital Programme. The revised approved capital funding is c£2.8m.
- 3.3 A revenue budget of £30k was also provided in October 2020 from the Trust's core revenue budget to cover project delivery costs for 2020-21 for the Enabling Works and nVCC Projects.

Description	Funding	
	Capital	Revenue
Programme Management Office There is no capital funding requirement for the PMO at present Allocation from funding provided from Commissioners for 2020-21 to cover direct clinical/management support and PMO	£nil	£0.240m
Project 1 – Enabling Works for nVCC Project 2 – nVCC <i>WG Capital Funding</i> Capital funding from WG was provided in October 2020 Funding for Reserved Matters Application Fee released to the Trust's Discretionary Capital Programme <i>Revenue Funding</i> Revenue funding to cover project delivery costs was provided by the Trust in October 2020	£3.031m -£0.199m	£0.030m
Project 3a – Radiotherapy Procurement Solution £0.451m capital funding provided in 2020-21 plus £0.097m capital funding reprovided from 2019-20	£0.548m	£nil
Project 4 – Radiotherapy Satellite Centre Project is led and funded by the hosting organisation, Aneurin Bevan University Health Board, and no funding requirement is expected from the Trust for 2020-21	£nil	£ nil
Project 5 – SACT and Outreach Funding has been requested for this project however none has been provided to date	£nil	£nil
Project 6 – Service Delivery, Transformation and Transition No capital funding requirement at present Allocation from funding provided from Commissioners for 2020-21 to cover direct clinical/management support and PMO Funding provided from the Trust's core revenue budget towards the costs of the Project Director post Funding transferred from Velindre Cancer Centre toward the costs for the Project Manager post Funding provided from the Trust's core revenue budget for the Acute Oncology Service Business Justification Case	£nil	£0.180m £0.067m £0.049m £0.050m

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: £3.996m	£3.380m	£0.616m

4. FINANCIAL SUMMARY AS AT 31ST JANUARY 2021

4.1 The summary financial position for the TCS Programme for the year 2020-21 is outlined below:

TCS Programme Budget & Spend 2020/21						
CAPITAL	Current Month			Financial Year		
	Budget to Jan-21	Spend to Jan-21	Variance to Jan-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership	141,102	132,043	9,058	176,073	161,150	14,922
Project 1 - Enabling Works	66,510	64,550	1,960	85,687	85,593	94
Project 2 - New Velindre Cancer Centre	560,160	551,358	8,802	728,409	670,422	57,986
Project 3a - Radiotherapy Procurement Solution	346,667	325,325	21,341	416,000	391,570	24,430
Capital Pay Total	1,114,439	1,073,277	41,162	1,406,169	1,308,736	97,433
NON-PAY						
nVCC Project Delivery	40,754	39,900	855	76,850	61,343	15,507
Project 1 - Enabling Works	538,777	538,428	348	879,315	956,621	-77,307
Project 2 - New Velindre Cancer Centre	572,498	567,786	4,712	885,697	846,014	39,683
Project 3a - Radiotherapy Procurement Solution	29,167	100,332	-71,166	132,000	156,430	-24,430
Capital Non-Pay Total	1,181,196	1,246,446	-65,250	1,973,861	2,020,408	-46,547
CAPITAL TOTAL	2,295,634	2,319,723	-24,088	3,380,030	3,329,144	50,886
REVENUE	Current Month			Financial Year		
	Budget to Jan-21	Spend to Jan-21	Variance to Jan-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Programme Management Office	175,000	168,363	6,637	210,000	208,665	1,335
Project 6 - Service Change Team	246,326	248,837	-2,511	295,591	298,273	-2,682
Revenue Pay total	421,326	417,200	4,126	505,591	506,938	-1,347
NON-PAY						
nVCC Project Delivery	20,979	21,575	-596	30,000	30,000	0
Programme Management Office	25,000	1,220	23,780	30,000	23,880	6,120
Project 6 - Service Change Team	50,000	50,223	-223	50,000	50,267	-267
Revenue Non-Pay Total	95,979	73,018	22,961	110,000	104,147	5,853
REVENUE TOTAL	517,305	490,218	27,087	615,591	611,085	4,506

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

CAPITAL SPEND

Projects 1 and 2 Pay Costs

- 5.1 **WG Funded Staffing** - An in-year spend of **£0.748m** for posts funded by WG reflects the current 'interim' posts against a budget of **£0.768m**. The underspend of £0.020m is due to a delay in staff recruitment and loss of staff. There is a forecast spend of **£0.917m** for the year against a budget of **£0.990m**. 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 cost of **£0.040m** for the year to date for project support and running costs for Projects 1 and 2 against a budget of **£0.041m**. This is made internal audit fees, IT purchases, travel and subsistence, and general office costs. The forecast spend for the financial year 2020-21 is **£0.061m** against a budget of **£0.077m**. The forecast underspend of £16k is due to a delay in the procurement of additional document portal services.
- 5.3 **Enabling Works** - There is an in-year capital spend of **£0.603m**, with a forecast spend for the year of **£1.042m**, against budgets of **£0.605m** and **£0.965m** respectively.

Work package	Spend to 31 st January 2021
Pay	£0.065m
Planning (inc TCAR & Asda)	£0.093m
Master Planning & Feasibility Study	£nil
Third Party Undertakings	£0.077m
Enabling Works - Design & Employers Requirements	£0.371m
Enabling Works – Works	£0.001m
Miscellaneous Works – Fol Legal Advice	-£0.004m

- 5.4 **nVCC** - There is an in-year capital spend of **£0.1.251m**, with a forecast spend for the year of **£1.678m**, against budgets of **£1.274m** and **£1.790m** respectively.

Work package	Spend to 31 st January 2021
Pay (including Project Leadership)	£0.683m
Project Agreement (PA)	£0.083m
Procurement Documents (PD)	£0.130m
Land Transfer	£0.021m
nVCC Technical Support	£0.333m
Competitive Dialogue Preparedness	£nil
Miscellaneous Works – Fol Legal Advice	£nil

Project 3a – Radiotherapy Procurement Solution

- 5.5 There is an in-year spend of **£0.426m** (£0.325m pay, £0.100m non-pay) for the Integrated Radiotherapy Solutions Procurement Project against a budget of **£0.376m**. An underspend in staff costs due to movements in pay costs and a delay in recruitment, and an overspend in non-pay costs due to increased advisory services, has resulted in an overall overspend to date of £0.050m. The Project is currently forecasting a break even position against a budget for the year of **£0.548m**.

REVENUE SPEND

Programme Management Office

- 5.6 The PMO spend to date is **£0.170m** against a budget of **£0.200m**, made up of pay costs of £0.168m and non-pay costs of £1.2k. The underspend of £0.030m is due to the reduced costs for the Associate Director of Programmes and a delay in recruitment. The resulting forecast outturn for the financial year 2020-21 of **£0.233m** against a budget of **£0.240m**, an overall underspend of £7k.

Projects 1 and 2 Delivery Costs

- 5.7 There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£22k** to date against a budget of **£21k**, with an expected spend for the year of **£30k**, against a budget of the same. The cost is made up of rates and other running costs.

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

- 5.8 Service Change spend to date is **£0.299m** against a budget of **c£0.276m**. This is made up of pay costs of £0.249m and non-pay costs of £0.050m for Healthcare Planner support for the Acute Oncology Services Business Justification Case (AOS BJC). The Project is forecasting a spend of **£0.349m** against an adjusted budget of **£0.346m**.

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 2020-21 as at 31st January 2021.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME MANAGERS REPORT

DATE OF MEETING

24.02.2021

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Not Applicable – Public Report

PREPARED BYKatie Foward, TCS Programme Coordinator &
Carys Jones, Senior Programme Assurance &
Delivery Manger**PRESENTED BY**Carys Jones, Senior Programme Assurance &
Delivery Manger**EXECUTIVE SPONSOR APPROVED**Carl James, Director of Strategic Transformation,
Planning, Performance & Estates**REPORT PURPOSE**

FOR NOTING

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

TCS Programme Delivery Board

22.02.2021

Noted

ACRONYMS

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

1. SITUATION / BACKGROUND

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

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

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

3. External Programme Arrangements

Collaborative Cancer Leadership Group (CCLG)

- 3.1 The Collaborative Cancer Leadership Group (CCLG) took place on the 21st January 2021, chaired by Len Richards, CEO Cardiff & Vale University Health Board. A summary of the main messages from the meeting are below:

3.1.1 Strengthening Commitment to regional collaboration

The CCLG Terms of Reference were reviewed and support was reaffirmed for a regional approach to deliver change now and over the coming years. The CCLG supported the need for clinically led discussions, which followed patient needs across the pathway of care. Future membership was discussed and it was agreed that senior clinical/professional leaders would attend the Board together with executive colleagues to ensure the clinical voice was central in the future direction of travel and that was supported with the authority to act. The need for developing a regional cancer strategy for South East Wales was discussed and it was agreed to discuss how we best take this forward with a wide variety of people.

3.1.2. Nuffield Trust advice

The Nuffield Trust's [independent advice on the proposed model for non-surgical tertiary oncology services in South East Wales](#) (December 2020) was formally received by the CCLG and the recommendations fully supported by all member organisations. The Group discussed how the report had stimulated reflections on the status of cancer services across the region – not only on the services delivered by individual organisations but also, the importance of and the urgent need for improving/developing a systemic, regional approach to deliver services now and in the future. The CCLG welcomed the challenge posed by the report to address some of the long-standing issues, such as investing in acute oncology services, and it was agreed to accelerate the pace of delivery to address these issues.

3.2.3 Enhancing Acute Oncology Services (AOS)

A compelling presentation was received from the clinical leads from all organisations outlining the model for AOS in SEW, together with the draft business case for investment. The level of regional collaboration in delivering the work to date was commended with the CCLG endorsing the move to develop the next stage of the business case, including a full cost analysis and refining the implementation options. Support was confirmed for the business case which will be taken forward through the appropriate governance and approval processes of each individual organisation to secure future investment and agreed to support the inclusion of this provision in all our Integrated Medium Term Plans. The business case will be finalised by the end of March, with implementation following early in 2021 phased over a 3-year period recognising the particular challenges of recruitment and staff deployment.

3.2.4. Prehabilitation to Rehabilitation ('P2R')

A presentation on Prehabilitation to Rehabilitation by Dr Rachael Barlow, supported by clinical colleagues from across the region, emphasised the importance of considering the end-to-end cancer pathway approach embedded in the CCLG's Terms of Reference. Further work was endorsed to develop a consistent regional P2R model centred on maintaining patients' fitness for treatment and recovery throughout their full cancer journey. There was full support for this approach recognising the wider health benefits to the population beyond cancer services. Optimising patients' health by focusing on 'fitness for treatment' was an opportunity lost at present and supported the population health agenda and a 'fitness for life'. It was agreed that a regional P2R Group would be established to further develop the clinical model based on the existing pilot in one Cardiff cluster. The TCS PMO is supporting Dr Barlow with the next steps, including support to establish the regional P2R group.

3.2.5. Transforming Cancer Services (TCS) Programme

An update on progress within the TCS programme was also provided, highlighting receipt of the recent **Nuffield Trust advice** (see above). Following unanimous support for the recommendations by all organisations, an approach to take these forward collectively will be discussed at a meeting with key Cancer Leads and Executive Directors in February. The outcome of two outline business cases (OBCs) for the construction of a **Radiotherapy Satellite**

Centre at Nevill Hall Hospital and a **new Velindre Cancer Centre**, was still awaited at the time of the meeting (albeit the RSC OBC has since received approval). The IRS procurement of the new **integrated radiotherapy solution** for South East Wales, including 10 new linear accelerators ('Linacs'), was reported as progressing well, with the award of the contract to the successful bidder expected in July 2021.

3.2.6. Digital Cancer Services

The Chief Clinical Information Officer for C&VUHB and the Deputy Chief Digital Officer for VUNHST provided an overview on the partnership and digital collaboration that has been developing between digital leads across Health Boards and Trusts in South East Wales. Whilst there is recognition of the significant digital transformation work already underway in South East Wales, the group endorsed the further development of a Digital Vision Group (DVG), to ensure alignment of strategies for data, information flows, enabling technologies and associated resources under the remit of the CCLG. The DVG has since considered the CCLG's endorsement and work has begun on expanding the membership across the region and developing a proposed. It was agreed that a proposal outlining the requirements with an outline of the work done to date and the next steps, would be brought to the next CCLG meeting.

3.2.7. Research, development and innovation

The CCLG supported a regional approach to research, development and innovation to consider how the opportunities afforded by approaching RD&I in a coordinated way across the multiplicity of organisations in South East Wales could be maximised. The broader value in contributing to a prosperous regional economy was highlighted. The TCS Programme team are now providing support to progress this agenda.

Nuffield Review

- 3.3** The Nuffield Trust advice was published on the 1st December 2020 and has been formally received by the Programme Delivery Board, TCS Scrutiny Sub-Committee, and Trust Board. All recommendations are being considered by Projects and the wider Trust and a plan is being developed to ensure recommendations can be implemented in the short, medium, and long term.
- 3.4** The recommendations will be taken forward in two ways: at system level, primarily via the Collaborative Cancer Leadership Group (CCLG), and through the Velindre Futures initiative building on the Phase 1 work of the four Task and Finish Group.
- 3.5** A separate update is provided as a substantive item on the PDB agenda describing next steps following the publication of the report including the governance process and ownership for each of the actions under the

recommendations. The TCS PMO will support the tracking and progress of the actions.

Velindre Futures

- 3.6** The scope and governance arrangements surrounding the Velindre Futures (VF) initiative continue to be developed, with members of the Programme Office contributing to these discussions led by the COO. A fortnightly progress meeting has been established between the PMO and Sarah Richards to support ongoing alignment whilst the scope is refined. An additional fortnightly review meeting on risk processes has also been established for the Programme Risk Advisor to assist with the risk planning to ensure alignment between all work streams.
- 3.7** The first Velindre Future (VF) Programme Board was also held on 7th January 2021 and was attended by the Senior Programme Delivery & Assurance Manager. The Terms of Reference and governance arrangement were considered, recognising that further work was required to clarify the scope and relationship with TCS, including timing of the Velindre Futures Programme outputs. The next VF Programme Board will take place on 4th March 2021.
- 3.8** The absence of clarity on the scope and interdependencies with TCS poses a challenge to the coherence of the Programme and progression of some its projects, particularly Project 5 (Outreach) and Project 6 (Service Delivery and Transition). This is largely due to these projects having significant overlap with the clinical elements of the VF Programme and certainly over ownership and responsibility for delivery and timescales.
- 3.9** The PMO are providing support the **Velindre Futures Research & Development (R&D)** Task & Finish Group to scope the implementation phase as a result of their Phase 1 work. This will include understanding the aims and objectives of their work, the relationship with other internals and externals R&D Group, establishing the governance arrangements and scoping the resources required. The first exploratory meeting took place on the 11th Feb, with fortnightly 'scoping team' meetings to follow thereafter.

VCC Programme Management Office (PMO)

- 3.10** A Programme Management Office (PMO) has been established within the Velindre Cancer Centre (VCC) and a Programme Manager appointed to lead the work initially. The Velindre Futures programme will form a key part of the PMO's activity. Five new posts has been agreed to support the VCC PMO and the recruitment process has commenced.
- 3.11** The TCS Programme Team have established regular touch point meetings with the VCC PMO to ensure alignment as its work programmes emerge and the next steps following the Nuffield Trust advice are clarified.

Risk Management

- 3.12 Due to the priority approvals for the IRS Project and the limited time between the scheduled February and March Programme Delivery Board meetings there is no formal Programme Risk Report on the agenda for this meeting.
- 3.13 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. An up to date risk report will be prepared and submitted to the March Programme Delivery Board.

Programme-wide Communications

- 3.14 An informal, monthly TCS Programme and Project-wide meeting has been established by the PMO and was held for the first time on 12th February. The aim of the meeting is to informally share information and updates, in addition to the formal highlight reports already submitted to the monthly PDB, across all project and programme personnel, particularly whilst the teams are working remotely at present as a result of the pandemic.
- 3.15 Initial feedback was positive and the recording of the meeting circulated afterwards for those unable to attend.
- 3.16 Feedback is now being sought on the style (e.g. formality), frequency, timing and content of the meeting to ensure it meets the team's requirements. A representative from Velindre Future and the VCC PMO have each been invited to exchange pertinent updates and knowledge of the wider organisation.

Programme Business Case (PBC) Refresh

- 3.17 The Programme Business Case (PBC) requires review and will need to be refreshed taking account of the Nuffield Trust recommendations and the certainty afforded by the planning approach being known, the nVCC design having matured, the IRS contract having been awarded and the RSC timelines confirmed. The timing of the PBC refresh is therefore likely to be in July/August 2021.

Notable Updates from the Seven Projects affecting the Programme

- 3.18 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.

- 3.19 nVCC and Enabling Works** – The OBC has been presented to the IIB and an outcome is awaited. An application made to the Cardiff Council Planning Committee to extend the submission period for the reserve matters by 18 months was approved at a meeting on the 27th January 2021. This will allow time for Competitive Dialogue to progress and for the preferred bidder to submit a number of the matters as final documents. Work is progressing to discharge the planning conditions relating to the Asda works application and the TCAR. Following approval at Trust Board in January, the Project are seeking approval with WG to delay the Asda works and Velindre works on site and complete phase 2 of the Velindre GI works. The outcome is awaited.
- 3.20 The Integrated Radiotherapy Solution** continues to progress in competitive dialogue and the process is almost ready to conclude. The Project are seeking to commence a trial tender period in February 2021 prior to selection of a preferred bidder. This process is currently on track and all documents are presented to the February Programme Delivery Board for approval as substantive items. Trust approval has been granted to begin recruitment of implementation roles to ensure there are no delays and no implications to the nVCC and RSC. **Project 3 sub-groups** have once again begun to progress following COVID-19 secondments of staff. 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.
- 3.21 The Radiotherapy Satellite Centre** continues to progress. The OBC was presented to the IIB in December and has now been approved. The enabling works are expected to be able to commence in early 2021 with ABUHB bearing the initial cost prior to FBC approval, at risk. Work has now commenced with the supply chain partner on detailed designs and the Community Health Council are being consulted. Patients will be engaged during the detailed design process to allow them to influence areas falling outside of technical specifications.
- 3.22 Outreach** had once again began to progress, however, due to the service pressures from COVID and Health Board personnel being engaged in the COVID-19 Vaccination Programme efforts the January Project Board was cancelled and works relating to change and analysis for re-modelling is now delayed. There is also consideration needed as to which elements will move to the Velindre Futures scope and which remain within TCS. Until the scope of Velindre Futures is fully agreed, there is the potential to cause further delays to the Outreach Project.
- 3.23 Service Delivery and Transition** has not progressed. The Project cannot develop a scope and progress some of the clinical work needed for the Programme until the scope of Velindre Futures has been developed and consideration is made as to where the Project is best managed. The recommendations contained in the Nuffield Advice are also likely to have an impact on how this project is progressed.

Master Programme Plan

- 3.24** 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 every month. There are no notable updates in this month to the MPM as projects are still in the process of reviewing and updating project plans following recent approvals.
- 3.25** A more comprehensive update is anticipated for March PDB.

4 IMPACT ASSESSMENT

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

5 RECOMMENDATION

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

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme Master Plan

DATE OF MEETING	24 th February 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	BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR
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PRESENTED BY	BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR
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EXECUTIVE SPONSOR APPROVED	CARL JAMES - DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING AND DIGITAL
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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	22.02.2021	Noted

ACRONYMS

TCS	Transforming Cancer Services
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1. BACKGROUND

- 1.1 The following slides provide the latest view of the Programme Master Plan showing the key activities from across the projects and provides an understanding of the interdependencies which could lead to risks and/or issues which could have an impact on the various projects and the programme plan.

- 1.2 The appendix to this report provides a further in-depth view of the Programme Master Plan.
- 1.3 There have been no updates to the Master Plan in this reporting period as projects are still in the process of reviewing and updating project plans following recent approvals. As project plans are updated the Programme Risk Advisor will work with each of the projects to understand plans, update the Master Plan and as such assess any impact to the Programme Master Plan, highlighting any potential risks or issues that may arise.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 Note the latest version of the TCS Programme Master Plan

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 TCS Programme Master Plan



Canolfan Ganser Felindre
Velindre Cancer Centre

TCS Programme Master Plan

22nd February 2021

TCS Programme Master Plan

- The TCS Programme Master Plan demonstrates the key activity and deliverables across each of the Projects and how they ultimately lead to the delivery of the Programme as a whole.
- The Master Plan will provide a greater understanding of the main deliverables, enablers, dependencies and where across the Programme / Projects they are owned.
- Having a clear understanding of the deliverables and dependencies will allow for greater monitoring of any risks and issues that could impact on the Programme Master Plan and Critical Path and provide assurance to the Programme Delivery Board & Programme Scrutiny Committee that risks or issues raised are being managed and mitigated in a timely and efficient way without a detrimental impact to the Master Plan.
- The view of the Master Plan in the next slide is taken from this point in time up to the proposed completion of the nVCC. Other key activity which has been undertaken and completed can be seen in the more detailed document which is provided as an appendix to this presentation.
- The key activity for the Outreach Project has been identified and timescales for these are being reviewed and confirmed with the Health Board's in preparation for the January PDB.

TCS Programme Master Plan

IRS / Linac
Procurement



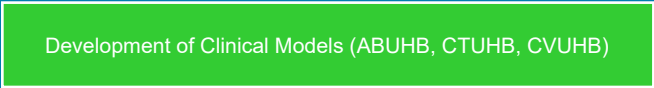
Access /
Enabling Works



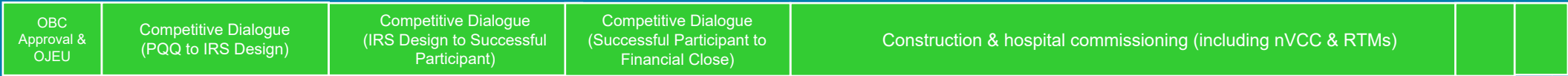
RSC



Outreach



nVCC
Construction



First Patient
Fully Open

VCC
Decommissioning



- The nVCC Project forms the critical path for the TCS Programme (it is the sequence of events that must happen in that order for a project or programme to complete, and in this case it is the nVCC procurement, construction & decommissioning which drives the length and completion of the TCS programme).
- The critical path is dependant on the progress and outcomes of other projects including:-
 - IRS Procurement project – the contract award and design is crucial information required during the competitive dialogue process for the nVCC.
 - Completion of Enabling Works on site to ensure that the nVCC construction can commence and progress as planned with the chosen contractor.
 - Outreach project needs to be completed and services in place across the South East Wales Health Boards prior to the completion and opening of the nVCC.
 - The Radiotherapy Satellite Centre must be completed and operational prior to nVCC opening
- Other key project activity and interdependencies within the Master Plan to highlight are:-
 - nVCC OBC approval is required to progress to OJEU and commencement of Competitive Dialogue
 - IRS Procurement contract award and design links to the RSC FBC, procurement and construction
 - OBC approvals for the Enabling Works, nVCC & RSC are anticipated late 2020/early 2021

[illegible]

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

PROGRESS AGAINST ACTION ON NUFFIELD TRUST INDEPENDENT ADVICE TO THE TRUST

DATE OF MEETING	22 ND February 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	Carl James, Director of Strategic Transformation, Planning and Digital
PRESENTED BY	Carl James, Director of Strategic Transformation, Planning and Digital
EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning & Digital

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

COMMITTEE OR GROUP	DATE	OUTCOME
Quality, Safety and Performance Committee	18 th January 2021	Noted
Trust Board	28 th January 2021	Noted
TCS Programme Delivery Board	22 nd February 2021	Noted

ACRONYMS

CCLG	South East Wales Cancer Collaborative Leadership Group
LHBs	Local Health Boards
VUT	Velindre University NHS Trust

1. PURPOSE

- 1.1 The purpose of this paper is to provide a progress update on the Nuffield Trust Independent Advice received by the Trust on 1st December 2020.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Nuffield Trust report covers a significant amount of ground across the South East Wales cancer system outside of non-surgical tertiary cancer services. It sets out 11 recommendations for Velindre University NHS Trust and Health Board (HB) partners to consider in securing planned and sustained improvement in cancer services in the immediate, medium and long term.
- 2.2 The recommendations are broadly structured across the themes set out in Fig.1.

Fig.1

Theme	Area of work	Nuffield Trust Report Recommendation
1	Strategic Leadership: further development of CCLG towards an 'alliance' type body; enhance programmed arrangements (public health to end of life); scoping of a cancer strategy for South East Wales	1
2	Service change and transformation: Development of a target operating model for non-surgical oncology services and its interface with LHBs; broader service requirements.	3, 4, 5, 6, 7, 8, 9
3	Infrastructure and Investment: development of infrastructure plans, business cases and investment proposals	New infrastructure from recommendations 3 – 9; 10, 11

- 2.4 A high level action plan has been developed which sets out a broad framework for progressing the recommendations. The recommendations which relate to work that the Trust can deliver i.e. within its direct control are being taken forward through the Service Model Co-Ordination Group, Unscheduled Care Task Force and Velindre Futures Velindre Futures programme. The final outputs from the Service Model Co-ordination Group are expected on 25th February 2021 and these will be picked up within the most appropriate place for their delivery i.e. internal actions will be incorporated within the Velindre Futures Programme and partnership actions within CCLG/Partnership Boards programme(s) of work.
- 2.5 The recommendations which require partnership at a regional level or inter-organisational level have been discussed with LHB partners at Chief Executive, Medical Director and Director of Planning level; with all colleagues aligned on the direction of travel set out within the draft action plan.
- 2.4 The Nuffield Report was considered by the Cancer Collaborative Leadership Group on 21st January 2021 and it accepted all recommendations and responsibility for supporting the delivery of regional recommendations. They will operate at a Velindre/specific LHB level (where the recommendation is specific to those organisations) and at a regional level (where the recommendation requires a regional solution).
- 2.5 The regional arrangements at CCLG are being augmented with the development of organisational partnership boards between Velindre University NHS Trust and HB partners. The Velindre University NHS Trust/Cardiff and Vale UHB Partnership Board is established and held its inaugural meeting on the 4th January 2021.
- 2.5 Further discussions are planned with LHB's during February/March to finalise arrangements and develop detailed delivery plans and timelines. Delivery against these will be tracked by the TCS Programme Office.
- 2.6 The current position against each of the recommendations is set out in Annex 1.

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 is asked to:

- (i). note the update.
- (ii). receive a further report which sets out a final action plan to deliver the recommendations set out within the Nuffield Trust report.

Annex 1 Draft action plan: requires further update following discussions with regional partners

	Recommendation	Key actions (<i>to be finalized following discussions with partners</i>)	Lead	Senior Responsible Officer	Timescale	Progress
1	The planning process for all South East Wales cancer services needs to be reviewed and its coordination improved, with the development of a common dataset and planning approach put in place. Steps have been taken to support this and it is going to be very important that the CCLG is effective – this will help to fill the strategic gap in the planning of cancer services that has existed across South East Wales. There are some lessons from the development of the more successful cancer alliance models in England that could be followed. These take responsibility not only for the planning of cancer services but also for leadership and performance management.	<p><u>Developing CCLG</u></p> <ul style="list-style-type: none"> • Agree strategic approach for SE Wales e.g. alliance or vanguard model • Develop approach/plan to evolve CCLG e.g. programme/governance/resources <p><u>Developing strategy for South East Wales</u></p> <ul style="list-style-type: none"> • Initial discussions across region/scoping • Establish arrangements for strategy development • Develop plan/Identify resources/arrangements etc. 	<ul style="list-style-type: none"> • LHBs/VUT • LHB/VUT • LHB/ VUT 	Carl James	tbc	<ul style="list-style-type: none"> • CEOs/CCLG all agree on principle of approach • Regional workshop being planned for 25th March • Initial resource request made/supported in principle by PHW

2	<p>Full co-location would have advantages but is not practical for a significant period of time. However, action is required soon to deal with the issues with the estate and linear accelerators at the VCC.</p>	<ul style="list-style-type: none"> Secure approval for OBC for new Velindre Cancer Centre Secure approval for OBC/FBC for new Linacs for SE Wales 	<ul style="list-style-type: none"> VUT VUT 	<p>David Powell</p> <p>Carl James</p>	<p>March 2021</p> <p>July 2021</p>	<ul style="list-style-type: none"> OBC submitted and IIB scrutiny complete Commercial Approval Point Review 22nd Feb 2021 Final draft tender planned to issue March 3rd 2021 Draft OBC/FBC submitted
3	<p>In the near future, each LHB needs to: develop and implement a coordinated plan for: analysing and benchmarking cancer activity against other areas</p> <p>advice and decision support from oncology for unscheduled cancer inpatient admissions via A&E</p>	<p>LHB input</p> <ul style="list-style-type: none"> Benchmarking plan etc. etc..... develop a revised target operating model for non-surgical tertiary oncology services including alignment of the AOS/ambulatory care models 	<ul style="list-style-type: none"> LHBs / VUT LHB/VUT 	tbc	tbc	<p>Regional Operating Model:</p> <ul style="list-style-type: none"> Workshop planned for 26th March with LHBs to scope

	<p>acute oncology assessment of known cancer patients presenting with symptoms/toxicities, with inpatient admission an option on a district general hospital site if needed, complemented by the Velindre@ ambulatory model, bringing models for Haemato-oncology and solid tumor work together</p> <p>Consider the lessons of Covid-19 in terms of remote access for patients and the remote provision of advice, multidisciplinary team meetings and other methods for improving access to specialist opinion.</p>					<ul style="list-style-type: none"> - Phase 1: V@UHW: scoping meeting on 26th Feb 2021 - Archus consulting commenced to support
4	<p>The new model should not admit who are at risk of major escalation to inpatient beds on the VCC. These patients should be sent to district general hospital sites if admission is required, to avoid a later</p>	<ul style="list-style-type: none"> • Agree changes to current admission criteria • Changes in operational flows of small number of acutely unwell patients to DGH 	<ul style="list-style-type: none"> • LHBs /VUT • LHBs /VUT 	<p>Eve Gallop-Evans/Jaz Abrahams/Nicola Williams (tbc)</p>	tbc	<ul style="list-style-type: none"> - Unscheduled Care Group piloting revised VCC admissions criteria

[illegible]

	without the convenience of complete proximity.					
6	The ambulatory care offer at the VCC should be expanded to include SACT and other ambulatory services for Haemato-oncology patients and more multidisciplinary joint clinics. Consideration should be given to expanding a range of other diagnostics, including endoscopy, to create a major diagnostic resource for South East Wales that will be able to operate without the risk of services being disrupted by emergencies and which would also protect these services in the case of further pandemics.	<ul style="list-style-type: none"> Review of current arrangements to determine what further opportunities exist for change in patient flows for (i). SACT (ii). Diagnostics. Development of Target Operating Model (as per recommendation 3) 	<ul style="list-style-type: none"> LHBs / VUT 	Eve Gallop-Evans/Jaz Abrahams (tbc)	tbc	Regional Operating Model: <ul style="list-style-type: none"> Workshop planned for 26th March with LHBs to scope Phase 1: V@UHW: scoping meeting on 26th Feb 2021 Archus consulting commenced to support
7	The Velindre@ model needs further work to describe how it will operate, its interface with acute services and its relationship to the wider pattern of ambulatory care. This should include the integration and	<ul style="list-style-type: none"> Development of Target Operating developed for non-surgical tertiary cancer services which finalizes V@ requirements for at home/outreach care 	<ul style="list-style-type: none"> LHB/ VUT 	Eve Gallop-Evans/Jaz Abrahams/ Nicola Williams (tbc)	tbc	Regional Operating Model: <ul style="list-style-type: none"> Workshop planned for 26th March with LHBs to scope

	development of other ambulatory therapeutic services such as dietetics, occupational therapy, physiotherapy, psychological therapy and speech therapy.					<ul style="list-style-type: none"> - Phase 1: V@UHW: scoping meeting on 26th Feb 2021 - Archus consulting commenced to support - Acute oncology service business case being finalized for 31st March 2021
8	The development of a refreshed research strategy is a priority and further work is required to fully take advantage of the networked model.	<ul style="list-style-type: none"> - Final VCC strategy - Alignment of research, development and innovation strategies across South East Wales - across regional RD&I strategies - alignment with development of service/infrastructure: 	<ul style="list-style-type: none"> - VUT - VUT 	Mererid Evans	February 2021	<ul style="list-style-type: none"> - Velindre Futures RD&I strategy completed - Phase 1: V@UHW: scoping

		(i). UHW acute/research hub (ii). Velindre@ locations (iii). Centre for Learning	- C&V/ VUT			meeting on 26 th Feb 2021 - Archus consulting commenced to support
9	Organisational development and other work to create a successful cancer network is going to be required but has not featured much in our conversations for this report.	- Development of regional workforce plans	- LHBs / VUT	Sarah Morley / regional partners (tbc)		tbc
10	Flexibility in design is going to be important both for the new VCC and for whatever is developed at the new UHW due to the rapid change in the nature of treatment and research.	- Flexibility built into new Velindre Cancer Centre specification - Strategic review of future opportunities across the region in advance of proposed developments e.g. community diagnostics strategy; local cancer plans; split acute/elective sites; proposed UHW2 development etc.	- VUT - LHBs / VUT	David Powell	31 st March 2021	Completed

11	<p>There are future strategic development opportunities provided by the development of a new VCC and a proposed UHW2. Working together over the 15- to 20-year window, the health system should look to exploit these development opportunities in light of future service needs.</p>	<ul style="list-style-type: none"> - Establishment of strategic planning capability under the leadership of the CCLG to identify service/infrastructure requirements in planned infrastructure - Partnership between Cardiff LHB, Velindre University NHS Trust and Cardiff City Council on master planning activities in North Cardiff 	<p>- LHBs / VUT</p>	tbc	tbc	
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