

- 1.0 STANDARD BUSINESS
 - 0.1 Public Programme Scrutiny Sub-Committee Agenda 27 01 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 Draft Scrutiny Committee Minutes - Public 14.12.2020 v1.docx
- 1.4 Action Log
 - Stephen Harries, Paper, To Approve*
 - 1.4 Action Log January 2021- PUBLIC.docx
- 2.0 PROGRAMME GOVERNANCE
- 2.1 TCS Programme Risk Register
 - Carys Jones, Paper, To Note*
 - 2.1a TCS Programme Project Risk_Scrutiny_Jan 21_Public_Final.docx
 - 2.1b Risk Appendices_Scrutiny_Jan 21_Public.pdf
- 2.2 Communications and Engagement
 - Non Gwilym, Paper, To Note*
 - 2.2 Comms January 2021 TCS C&E TB.docx
- 2.3 TCS Finance Report
 - Mark Osland, Paper, To Note*
 - 2.3 Programme Finance Report (November 2020).docx
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- 3.0 PROGRAMME DELIVERY
- 3.1 TCS Programme Managers Update
 - Carys Jones, Paper, To Note*
 - 3.1 Programme Managers Update v2.docx
- 3.2 TCS Master Programme Plan
 - Carys Jones, Paper, To Note*
 - 3.2a Scrutiny_Programme Master Plan Cover Paper_Jan 21.docx
 - 3.2b Programme Master Plan_Jan 21_PDB.pptx
 - 3.2c Master Plan_Appendix_Jan 21.pdf
- 3.3 Nuffield Trust Advice Project
 - Carl James, Verbal, To Note*
- 4.0 ANY OTHER BUSINESS

TRANSFORMING CANCER SERVICES

TCS Programme Scrutiny Sub-Committee

Public Session

27th January 2021, 14:30-15:30hrs
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	TCS Programme Risk Register	Carys Jones	Paper	Note
2.2	Communications and Engagement	Non Gwilym	Paper	Note
2.3	TCS Finance Report	Mark Osland	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 Advice Project	Carl James	Verbal	Note
ANY OTHER BUSINESS				

TCS Programme Scrutiny Committee Public Session

MINUTES OF THE MEETING HELD

14th December 2020

**14.00 – 15.00 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:

Steve Ham (SHam)	Trust Chief Executive
Mark Osland (MO)	Director of Finance
Lauren Fear (LF)	Director of Corporate Governance
Nicola Williams (NW)	Director of Nursing, AHP's and Medical Scientists
Mark Ash (MA)	Assistance Director of Finance, TCS
Carys Jones (CJones)	Senior Programme Delivery and Assurance Manager
Phil Roberts (PR)	nVCC Design Advisor
Katie Foward (KF)	Programme Coordinator (Minute Taker)
Bethan Lewis (BL)	TCS Programme Planner and Risk Advisor

Apologies:

Professor Donna Mead (DM)	Trust Chairperson
Martin Veale (MV)	Independent Member
Donald Fraser (DF)	Independent Member
Carl James (CJames)	Director of Strategic Transformation, Planning and Digital
Huw Llewelyn (HL)	Director of Strategic Partnerships
Non Gwilym (NG)	Director of Communications and Engagement
Stuart Morris (SM)	Associate Director of Informatics
David Powell (DP)	nVCC Project Director

1.0	STANDARD BUSINESS	ACTION
<p>1.1</p> <p>Welcome / Apologies SHarries welcomed the Group and apologies were noted as above.</p> <p>1.2</p> <p>Declarations of Interest No declarations of interest were received.</p> <p>1.3</p> <p>Previous Minutes The minutes were found to be an accurate record of the meeting on 12th November 2020 and were Approved.</p> <p>1.4</p> <p>Action Log Action 91 is now complete. Action 92 is in progress and the Programme Manager has requested an update on the timescale for the work from the Chief Operating Officer and the Director of Workforce.</p>		
2.0	CONSENT	
<p>2.1</p> <p>Nuffield Trust Advice Project – Outcome and Next Steps The Committee Received the Paper under consent.</p> <p>The Committee Noted the Paper.</p>		
	PROGRAMME GOVERNANCE	
<p>3.1</p> <p>TCS Programme Risk Register The paper was taken as read.</p> <p>The Committee Noted the Paper.</p>		
<p>3.2</p> <p>Communications and Engagement LF introduced the paper to the meeting. This paper will be presented to the public Trust Board on the 17th December to advise of the ongoing communications work across the TCS Programme. Section two provides a summary of the key pieces of engagement work currently underway in relation to Velindre Futures and staff engagement around the Nuffield Trust review, engagement with key partners and the public is also ongoing. The paper outlines the agreed next steps for engagement across the Programme both internal and external. There is ongoing development in the area of social media to provide a space for the public to engage on the Programme and receive updates on the work, separate from the current Velindre page which provides important patient updates, particularly during the COVID period. A regular external stakeholder bulletin is in development which will allow the Programme to ensure that key partners across Health Boards and the Third Sector are kept informed on the Programme developments relating to their key areas of work.</p> <p>The Committee Noted the Paper.</p>		



PROGRAMME DELIVERY

4.1	<p>TCS Programme Managers Update The paper was taken as read.</p> <p>SHarries noted that during a discussion at the public Strategic Development Committee, he noted paragraph 3.1 in relation to the ongoing regional work and the importance of the Collaborative Cancer Leadership Group (CCLG).</p> <p>The Committee Noted the Paper.</p>	
4.2	<p>TCS Master Programme Plan The paper was taken as read.</p> <p>The Committee Noted the Paper.</p>	
5.0	ANY OTHER BUSINESS	
5.1	<p>Any Other Business No other business was received.</p>	

TCS Programme Scrutiny Sub-Committee

27th January 2021

Action Summary - PUBLIC

No.	Action	Owner	Date Raised	Target	Status
92	Workforce plans will be reviewed by Director of Workforce and Chief Operating Officer	SMorley/ COB	21/10/2020	Ongoing	Complete
94	Workforce plans in relation to service change will be reviewed and developed as part of the ongoing Velindre Futures Programme. This will take place in line with the Trust Workforce Planning Framework and Guidance and will be scheduled appropriately in line with service planning.				

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme & Project Risk

DATE OF MEETING	27 th January 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR	
PRESENTED BY	BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR	
EXECUTIVE SPONSOR APPROVED	CARL JAMES - DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING AND DIGITAL	
REPORT PURPOSE	For Noting	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	25/01/2021	Approved
ACRONYMS		
TCS	Transforming Cancer Services	

1. BACKGROUND

- 1.1 Monthly reviews of the Project and Programme Risk Registers are being undertaken with Projects 1, 2, 3a, 4 & 5 and the PMO team, 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 above by including the Risk Register as an appendix.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 To note the latest TCS Programme Risk Landscape.

3. IMPACT ASSESSMENT

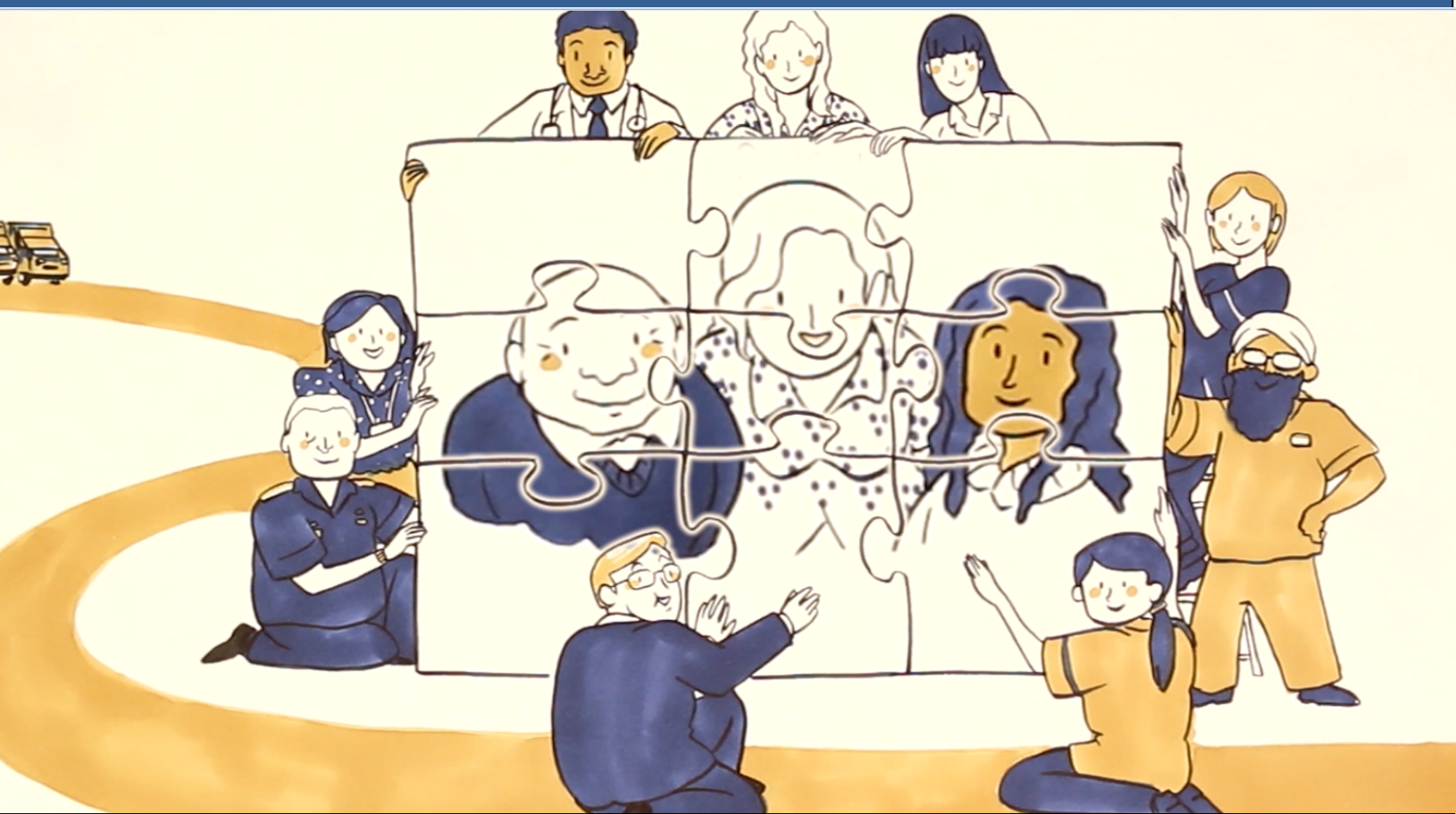
QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT 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 TCS 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 0.2 Draft

TCS Programme & Project Risk

DOCUMENTATION CONTROL SHEET

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

Document Version History:

Version Number	Date	Author	Summary of changes
0.1D	15/01/2021	Bethan Lewis	Commencement of Document
0.2D			
0.3D			

Approvals

This document requires the following approvals:

Title / Group	Date	Version/Option
TCS Programme Delivery Board	25/01/2021	0.1
TCS Programme Scrutiny Committee	27/01/2021	0.1

Distribution

This document has been distributed to:

Name	Title	Date	Version

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APPENDICES

APPENDIX 1: PMO RISK REGISTER – JANUARY 2021

APPENDIX 2: TCS PROGRAMME RISK REGISTER – JANUARY 2021

1.0 PROGRAMME & PROJECT RISK UPDATE – JANUARY 2020

1.1 The below tables provide the most up to date data in regards to risk across the TCS Programme and its Projects which will continue to be monitored and updates provided to the Programme Delivery Board each month. The overall risk position for the Programme has not changed significantly in this reporting period; though the proportion of 'Red' & 'Amber' rated risks has reduced slightly which is reflected in the marginal increase of 'Yellow' rated risks demonstrating that some of the highest rated risks are being prioritised and managed too more moderate levels.

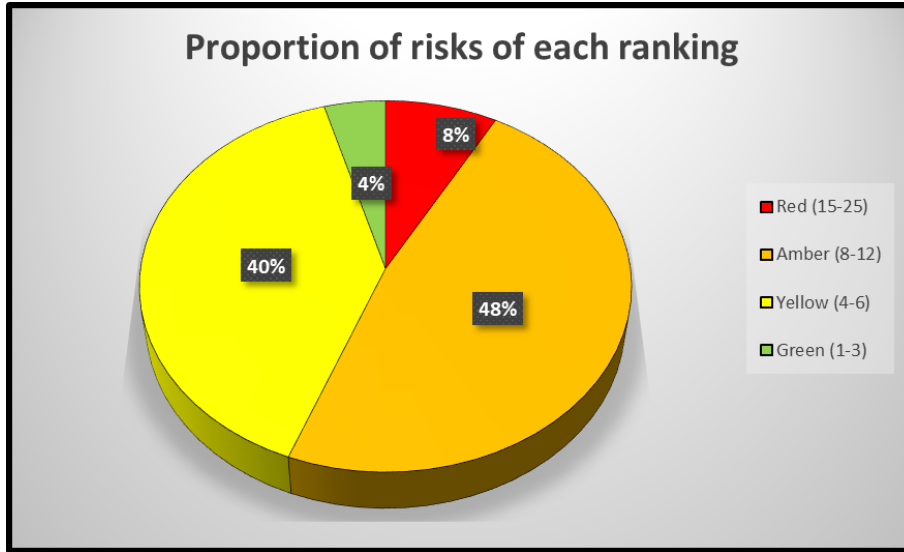
Figure 1: Breakdown of Risks Emerging from Projects

Risks emerging from...Totals				
1. Enabling works for nVCC	38			
	0	17	15	6
2. nVCC	29			
	0	10	19	0
3. Digital and Equipment	27			
	3	8	16	0
4. Radiotherapy Satellite Centre	9			
	0	8	1	0
5. SACT and Outreach	8			
	3	4	1	0
6. Service Delivery, Transformation and Transition	13			
	2	10	1	0
7. VCC Decommissioning	1			
	0	0	1	0
8. Programme	11			
	3	8	0	0
Totals				
136				
	11	65		
	54	6		

Figure 2: Breakdown of Risks Impacting upon Projects

Risks impacting on... Totals				
1. Enabling works for nVCC	61			
	3	28	25	5
2. nVCC	85			
	7	40	37	1
3. Digital and Equipment	25			
	3	19	3	0
4. Radiotherapy Satellite Centre	32			
	6	14	12	0
5. SACT and Outreach	16			
	3	11	2	0
6. Service Delivery, Transformation and Transition	65			
	10	35	20	0
7. VCC Decommissioning	16			
	4	10	2	0
8. Programme	49			
	7	28	12	2

Figure 3: Proportion of Risks by Rating Score



2.0 TCS Projects Risk Update

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

Projects 1 & 2 – Enabling Works for nVCC & nVCC

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	12	0	0	3	15
Issues	1	0	0	0	1

- Projects 1 & 2 have opened 12 new risks and de-escalated 3 risks in this reporting period.
- There has also been one issue new issue raised for the Enabling Works Project, which has a clear plan in place to manage.

Project 3a – Integrated Radiotherapy Solution (IRS)

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

- There has been one new risk added to the IRS risk register this month which has superseded and therefore resulted in the closure of 2 risks.
- Following review of the risk register a further 2 risks have increased their score due to the likelihood of the risks potentially becoming more apparent as the competitive dialogue process progresses further.

Project 4 – Radiotherapy Satellite Centre (RSC)

	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 RSC Risk Register in this reporting period.
- There is a joint meeting with Aneurin Bevan Health Board (ABUHB) scheduled for 9th February to review both Velindre and ABUHB project risks registers and to align processes to ensure a collaborative approach to risk management across the varying parties involved in delivering the project.

Project 5 – Outreach

	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 this month, this is owing to Project Board having been postponed due to the ongoing Covid-19 response being managed across Velindre and the South East Wales Health Boards over the festive period and into the New Year.

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

- The outcome of decisions regarding the scope and alignment of Velindre Futures and TCS Programme (and as such ownership) are still to be finalised and such these risks are not able to be adequately managed in the interim.

3.0 TCS Programme Risk Update

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

- 3.1 There is one risk from the PMO Risk Register which is to be closed this month, this is due to duplication with a newer risk which can now supersede; the detail of this risk can be seen in the below table. There are 2 risks which the Programme Delivery Board are asked to accept this month, the controls for

these risks are ongoing monitoring and at present no further controls can be implemented; the detail of these risks can be seen in the below table.

The PMO Risk Register can be seen in Appendix 1 to this report.

ID	Description of Risk	Risk Response	Current Rating	Comment
R280	There is a risk that service change projects across VCC and the Trust are not fully realised and understood in TCS and could impact on intended programme scope / deliverables.	CLOSE	Likelihood 4 Impact 3 Overall 12	Close – risk is overridden by R302
R281	There is a risk of changing political support for the Programme on a Local and National level resulting in potential delays to legal/regulatory approvals.	ACCEPT	Likelihood 4 Impact 4 Overall 16	Accept – due to ongoing uncertainty of impact of the risk the actions and controls to mitigate are monitoring actions and at present no further controls can be implemented.
R283	There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes constituent projects. Risks relating to project procurement, financing and the effectiveness of supply chains may lead to project delays and additional costs.	ACCEPT	Likelihood 4 Impact 4 Overall 16	Accept – due to ongoing uncertainty of impact of the risk the actions and controls to mitigate are monitoring actions and at present no further controls can be implemented.
R282	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	ACCEPT	Likelihood 4 Impact 4 Overall 16 <i>Previous score</i> Likelihood 3 Impact 4 Overall 12	Accept – current wave of Covid-19 has led to the Outreach Project Board being postponed due to ongoing response being managed across the region. This risk is being managed at Programme Delivery Board level and will continue to be monitored and updated as required.

3.2 There are 23 risks in the January 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.

3.3 The Programme Scrutiny Sub-Committee are asked to:

- Note changes to Project Risks & Issues
- Note acceptance of risks R281 & R283 as they currently stand
- Note closure of risk R280 which has been superseded by R302
- Note change of score for R282 from '12' to '16' in light of ongoing impact of Covid-19

4.0 Next Steps

- 4.1 Refresh of TCS Risk Management Framework
- 4.2 Continue to work with projects to facilitate best risk management practices
- 4.3 Ongoing engagement with Velindre Futures PMO Team
- 4.4 Ensure ongoing alignment with Trust Risk Framework

ID	Risk emerging from	Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	Risk Rating (Current)	Target Risk Rating
R281	8. Programme	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.	15-Jan-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.	16	8
R282	8. Programme	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	15-Jan-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) 2) 3)	16	4
R283	8. Programme	Carl James	There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes constituent projects. Risks relating to project procurement, financing and the effectiveness of supply chains may lead to project delays and additional costs.	15-Jan-21	1) Regular review of risk and Brexit implications from a Programme risk perspective. Ongoing 2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda. Ongoing 3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan. Ongoing 4) Close engagement with prospective bidders or suppliers to identify risks in advance.	1) Regular review of risk and Brexit implications from a Programme risk perspective. Ongoing 2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda. Ongoing 3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan. Ongoing 4)	16	8
R279	8. Programme	Carl James	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependant links are not communicated effectively and the wider networked clinical model not understood.	15-Jan-21	1) Revise TCS website 2) Improve internal TCS teams Comms	1) Work is underway 2) Enagagement with Trust Comms team is ongoing and plans in place to improve Programme Comms position. Comms team are currently recurring to support.	12	6
R280	8. Programme	Paul Wilkins / Cath O'Brien	There is a risk that service change projects across VCC and the Trust are not fully realised and understood in TCS and could impact on intended programme scope / deliverables.	15-Jan-21	1) Ensure that there is VF representation at TCS Programme Delivery Board 2) TCS will need be core member of Velindre Futures 3) Monthly catch-ups with VCC change colleagues in regards to establishment of VF	1) Representation sits on both Programme Boards 2) 3) Regular catch-ups with VF colleagues in place	12	4
R295	8. Programme	Tom Crosby	Risk that Clinical Model does not meet required Business needs Causes - Patient need has changed / Medical & tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand Consequences - Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services	15-Jan-21	1) Established TCS Programme 2) Regional Clinical Ownership advisory groups to develop model 3) External Gateway review 4) Clinical leadership involvement 5) Re-fresh based on clinical & tech advances 6) Benchmark against other models 7) Established CCLG 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (actue oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health Boards and subsequently to WG with a comprehensive strategic plan for the realisation of the programme investment objectives and benefits	1) Established TCS Programme complete 2) Regional Clinical Ownership advisory groups to develop model - complete 3) External Gateway review - complete 4) Clinical leadership involvement - complete 5) Re-fresh based on clinical & tech advances - complete 6) Benchmark against other models - complete 7) Established CCLG - complete 8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (actue oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health Boards	12	4

R296	8. Programme	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>	15-Jan-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) Established Programme Governance with agreed forecasted costs for the programme and each project - complete</p> <p>2) Agreed funding sources and streams with WG and Commissioners - complete</p> <p>3) WG have provided funding commitment to funding of key infrastructure projects- complete</p> <p>4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contract - ongoing</p> <p>5) Agreed financial management and cost control arrangements in place - complete</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>	12	4
R297	8. Programme	Sarah Morley	<p>Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs.</p> <p>Causes - Workforce plans not developed in required timescales / Requirements for workforce capacity and capability no longer accurate.</p> <p>Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients</p>	15-Jan-21	<p>1) Ensuring each project has clear and planned links in with Workforce team</p> <p>2) Clarity of expectations for workforce team involvement</p> <p>3) Clarity of Role & Responsibility for Workforce team in relation to Project & Programme need</p> <p>4) Workforce team to ensure the right people are available and allocated to support</p>		12	2
R298	8. Programme	Lauren Fear	<p>Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians)</p> <p>Causes - Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change</p> <p>Consequences - WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits</p>	15-Jan-21	<p>1) Communications / stakeholder engagement plan in development</p> <p>2) Dedicated webpage for TCS Programme</p> <p>3) Variety of stakeholder events held over a number of years</p> <p>4) Clinical workshops held throughout Programme lifetime</p> <p>5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc</p> <p>6) Ongoing engagement with local elected members (MS, MP, Councillors)</p> <p>7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs</p> <p>8) Monthly meeting with WG Head of Capital and Director General.</p>	<p>1) Further engagement is being planned with specialist stakeholders – broader and more targeted who are not fully supportive. Programme Communications resource in place & recruitment of additional comms resource to support comms/engagement activities</p> <p>2) Better use of technology being reviewed and rolled out to share key messages</p> <p>3) Variety of stakeholder events held over a number of years - complete</p> <p>4) Clinical workshops held throughout Programme lifetime - ongoing</p> <p>5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - ongoing</p> <p>6) Ongoing engagement with local elected members (MS, MP, Councillors)</p> <p>7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - ongoing through CCLG</p> <p>8) Monthly meeting with WG Head of Capital and Director General - ongoing</p>	12	4
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R302	8. Programme	Carl James	<p>Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS</p> <p>Causes - Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives</p> <p>Consequences - key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders</p>	15-Jan-21	<p>1) Agree clear scope and role of VF and its programme board.</p> <p>2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result.</p> <p>3) Communicate the scope of both and any implications for TCS</p> <p>4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making</p> <p>5) Understanding and agreement of key stakeholders within and outside the organisation.</p>	<p>1)</p> <p>2) Ongoing communication between both PMO teams and resource in place to provide link between the 2</p> <p>3)</p> <p>4)</p> <p>5)</p>	12	4
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ID	Date Registered	Risk emerging from	Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	Risk Rating (Current)	<div> <div>Trend</div> <div> <div>↗ Risk Increased</div> <div>→ Stable / No Movement</div> <div>↘ Risk Decreased</div> <div>NEW RISK</div> </div> </div>	Target Risk Rating
R272	30-Jun-20	5. SACT and Outreach	Nicola Williams	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.	06-Oct-20	1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work. 2) Clairification required on whether Outreach Project is an Operational or an Infrastruture Project	1) Programme to allocate resource to support project. At appropriate time if required OBC will identify additional resource. 2)	20	→	6
R274	30-Jun-20	5. SACT and Outreach	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)	20	→	3
IRS11	05-Sep-16	3. Digital and Equipment	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.	10-Dec-20	1) Working Group Chair to identify resource, secure funding backfill and manage tasks within the working group; and to highlight possible issues to Project Board through project control mechanisms. 2) To allow for the continued release of staff from medical Physics to support project there is a requirement to fill all vacancies, escalated to CJ & CoB 3) resource paper has been drafted in regards to commissioning and implementation of IRS Solution (june onwards), to go to Dec EMB	1) Project Team in place, MOI and Requirements Document in place, peak demands continue to be potential risk to project progress / meeting milestones / Covid 2) IRS Project are already funding posts in MP & Radiotherapy with regards to supporting this procurements and operational service, further need his has been escalated 3) Paper excetd to go to Dec EMB	16	→	4
IRS24	05-Sep-16	3a. IRS	Gavin Bryce	There is a risk that WG or Trust Commissioners do not commit to the capital & revenue requirements of the project which will mean that the Trust will not be able to enter into a contract with the preferred supplier.	10-Dec-20	1) Seek Ministerial support at the start of the project and with submission of the decoupling paper - 2) Estimated costs outlined in the RT PBC and funding of £1.1 million received from WG to complete the IRS procurement - complete 3) Enagagement with commissioners in regards to revenue affordability 4) Final costs (rev & cap) will not be known until final tenders are received 5) Provide feedback to bidders throughout procuremnt regarding their affordability	1) approved by WG. 2) Affordability risk being managed throughout the dialogue, have capability of issuing affordability cap if required. Competitive process should drive value for money complete 3) this remains ongoing 4) 5)	16	→	8
R208	31-May-19	6. Service Delivery, Transformation and Transition	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	11-Nov-20	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) 2)	16	→	0
R210	31-May-19	6. Service Delivery, Transformation and Transition	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	11-Nov-20	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.	16	→	
R273	30-Jun-20	5. SACT and Outreach	Nicola Williams	There is a risk that the projected growth assumptions for outreach delivery of SACT, ambulatory care and outpatients is less than will be required, leading to undersized locations.	25-Nov-20	1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirments will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirments will be undertaken.	1) Project team continue to chase to receive re-run of projection 2) Commissioning Paper to scope out requirements to re-run activity model for growth assumptions and impact on capacity is to be done	16	→	6
R281	08-Jul-20	8. Programme	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.	15-Jan-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.	16	→	8
R282	23-Jul-20	8. Programme	Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term distruprtion resulting in potential misalingment of project activity and as such further impacts to Programme Plans and Deliverables	15-Jan-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) 2) 3)	16	↑	4
R283	23-Jul-20	8. Programme	Carl James	There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes constituent projects. Risks relating to project procurement, financing and the effectiveness of supply chains may lead to project delays and additional costs.	15-Jan-21	1) Regular review of risk and Brexit implications from a Programme risk perspective. Ongoing 2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda. Ongoing 3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan. Ongoing 4) Close engagement with prospective bidders or suppliers to identify risks in advance.	1) Regular review of risk and Brexit implications from a Programme risk perspective. Ongoing 2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda. Ongoing 3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan. Ongoing 4)	16	→	8
R203	26-Apr-19	1. Enabling works for nVCC	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.	07-Jan-21	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 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	12	→	6

R225	04-Sep-19	2. nVCC	David Powell	<p>Stakeholder decision making</p> <p>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</p>	07-Jan-21	<p>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</p> <p>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</p> <p>3. Keep Asda engaged through meetings and regular updates to ensure that the DA exchange goes ahead despite delays Mark Young</p> <p>4. Use planning performance agreement with CCC to maximise the chance of upcoming planning applications being successful Mark Young</p> <p>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</p> <p>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</p>	<p>1. Fortnightly briefing submitted to WG. Meetings held regularly with key members of staff at different levels within the organisation Ongoing</p> <p>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</p> <p>3. DA has now been exchanged. Complete</p> <p>4. Regular meetings held with Cardiff Council re planning applications. Applications submitted. Started</p> <p>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 securing easements is underway. Started</p> <p>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</p>	12		12
R268	17-Jan-20	4. Radiotherapy Satellite Centre	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 interdependancies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.	28-Sep-20	<p>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</p>	<p>1) There is consistent membership sits on both project boards to provide oversight on progress across both</p>	12		4
R270	30-Jun-20	5. SACT and Outreach	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	<p>1) Clear communications strategy and engagement Plan with CHC, public, patients and stakeholders developed</p>	<p>1) Communications strategy aligned to TCS comms strategy. Implementation Plan developed. Engagement programme developed. CHC membership of Project Board.</p>	12		6
R275	30-Jun-20	5. SACT and Outreach	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	<p>1) Clinical Trials activity will be mapped in line with GCP guidance and discussions with HBs will be undertaken.</p> <p>2) Service specification will itemise the agreed provision</p>	<p>1) Initial list of options developed by VCC. Further meetings with HBs to be undertaken.</p> <p>2)</p>	12		6
R279	08-Jul-20	8. Programme	Carl James	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependant links are not communicated effectively and the wider networked clinical model not understood.	15-Jan-21	<p>1) Revise TCS website</p> <p>2) Improve internal TCS teams Comms</p>	<p>1) Work is underway</p> <p>2) Enagagement with Trust Comms team is ongoing and plans in place to improve Programme Comms position. Comms team are currently recuriting to support.</p>	12		6
R291	16-Sep-20	4. Radiotherapy Satellite Centre	Andrea Hague	There is risk that ABUHB enabling work could be delayed and as such would impact VUNHST commitment to a Summer 2023 delivery of the RSC	28-Sep-20	<p>1) Understanding the need to progress enabling works in order to meet OBC timescales</p>	<p>1) Both VUNHST & ABUHB have emphasised the need for the enabling works to be signed-off and approved by January 2021, further update on progress is required</p>	12		6
R295	05-Oct-20	8. Programme	Tom Crosby	<p>Risk that Clinical Model does not meet required Business needs</p> <p>Causes - Patient need has changed / Medical & tech advances make model redundant / Lack of consensus at the start of planning the model / Change in demand</p> <p>Consequences - Stops Programme / Doesn't deliver expected levels of quality, safety and experience / Benefits are not fully realised / Value for money cannot be demonstrated / Staff disengagement with aims and objectives of programme / Reputational impact / Not futureproofed for ongoing delivery of services</p>	15-Jan-21	<p>1) Established TCS Programme</p> <p>2) Regional Clinical Ownership advisory groups to develop model</p> <p>3) External Gateway review</p> <p>4) Clinical leadership involvement</p> <p>5) Re-fresh based on clinical & tech advances</p> <p>6) Benchmark against other models</p> <p>7) Established CCLG</p> <p>8) Established Velindre Futures clinical plan to refresh clinical service model</p> <p>9) Need to finalise key aspects of model (actue oncology & unscheduled care) review / refresh of model</p> <p>10) Leadership of 4 medical directors at regional level to address key outstanding areas</p> <p>11) Seek external expertise in design of remaining areas</p> <p>12) Seek seats on local health board cancer services</p> <p>13) Benefits Realisation Plan to be reviewed by PMO team</p> <p>14) Benefits plan will be submitted with the PBC and OBC to Health Boards and subsequently to WG with a comprehensive strategic plan for the realisation of the programme investment</p>	<p>1) Established TCS Programme complete</p> <p>2) Regional Clinical Ownership advisory groups to develop model - complete</p> <p>3) External Gateway review - complete</p> <p>4) Clinical leadership involvement - complete</p> <p>5) Re-fresh based on clinical & tech advances - complete</p> <p>6) Benchmark against other models - complete</p> <p>7) Established CCLG - complete</p> <p>8) Established Velindre Futures clinical plan to refresh clinical service model</p> <p>9) Need to finalise key aspects of model (actue oncology & unscheduled care) review / refresh of model</p> <p>10) Leadership of 4 medical directors at regional level to address key outstanding areas</p> <p>11) Seek external expertise in design of remaining areas</p> <p>12) Seek seats on local health board cancer services</p> <p>13) Benefits Realisation Plan to be reviewed by PMO team</p> <p>14) Benefits plan will be submitted with the PBC and OBC to Health Boards and</p>	12		4
R296	05-Oct-20	8. Programme	Steve Ham	<p>Risk that there is a lack of funding in place / allocated to deliver the projects and programme</p> <p>Causes - WG decide not to fund all/part costs / WG does no have sufficient funding to meet the needs of the programme/projects / Commissioners unable to support revenue requests partially or fully. / Political / Government priority changes re capital funding of key infrastructure projects / Uncertainty from Brexit in regards to key aspects of programme activity (procurement, supply chain , MiM) / Increase in costs stemning from uncertainly caused by Brexit.</p> <p>Consequences - Increased costs for Projects / Programme / Reduction in available funds leading to the need to review & realign intended outcomes / deliverables / Delays to programme timescales / Full programme benefits not realised / only partial benefits realised / Early programme closure / full objectives and aims not delivered / Impact across wider organisation of not being able to undertake other high risk capital scheme / Loss of staff and knowledge base</p>	15-Jan-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 tem 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 s for programme</p>	<p>1) Established Programme Governance with agreed forecasted costs for the programme and each project - complete</p> <p>2) Agreed funding sources and streams with WG and Commissioners - complete</p> <p>3) WG have provided funding commitment to funding of key infrastructure projects- complete</p> <p>4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contract - ongoing</p> <p>5) Agreed financial management and cost control arrangements in place - complete</p> <p>6) Issuing up to date forecast costs to WG to enable medium tem 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 s for programme</p>	12		4

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TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Communications and Engagement Update

DATE OF MEETING	27 January 2021	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE	
REPORT PURPOSE	For noting	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS PROGRAMME DELIVERY BOARD	25/01/21	Noted
ACRONYMS		
	None	

1. BACKGROUND

1. This paper provides the Board with an update on Programme communications and engagement since December 2020.
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. The strategy will be reviewed

3. A high level Programme narrative was adopted to support the strategic alignment of the seven projects built around three messages:
 - Wales has some of the lowest cancer survival rates in the western world
 - In future we will treat more patients and help more people live longer with cancer
 - In future we will treat more patients closer to home

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

Over the reporting period we focused our efforts on:

- the local and regional engagement needs for the publication of the Nuffield Trust advice and recommendations;
- supporting the first meeting of the Velindre Futures Programme in early January 2021;
- supporting responding to correspondence from a wide range of stakeholders;
- engagement with the local MS and MP;
- reviewing the communications and engagement strategy including the development of a three month plan support and Programme milestones;
- supporting planning process needs.

Clinical model engagement – Velindre Futures

During the reporting period we have supported the Velindre Task and Finish groups to manage their communications and a future communications and engagement approach to support the programme was considered at the VF inaugural meeting on 7 January.

Clinical model engagement

We are updating the initial narrative created in August 2020 that outlines the story of Velindre clinical futures. It focused on the relationship between the TCS and VF programmes. A new version will also take into account the impact of the Nuffield Trust report and recommendations including the evolving regional programme being taken forward by the Cancer Collaborative Leadership Group (CCLG). When a narrative is agreed it will be supported by the development of visual assets (videos, infographics) to enable effective communication with staff.

Enabling works and New Velindre Cancer Centre update

Operational Plan

We are developing an agile three month communications plan to support the projects to complement the existing project communications and engagement milestones

document. It will be reviewed weekly by member of the project teams and considered by the respective Project Boards on a monthly basis along with newly developed KPI measures to measure effectiveness of the activity.

Staff engagement - departmental meetings

A new round of staff meetings has been undertaken by the Project Director. A post-meeting questionnaire is being provided to all staff to measure the value of the meetings and to glean learning for future events. Outputs will be shared with the project boards.

Through a series of focus groups with VCC staff, we are also reviewing our means for delivering internal communication that will inform how we improve project and Programme awareness and engagement opportunities in future.

Public Engagement

The new Velindre Matters Facebook page is now live. It will provide an opportunity for the public to learn, engage and contribute to the discussion on the development of Velindre cancer services with an emphasis, for the time being, on the projects included in the TCS Programme.

We are working with the Down to Earth team to maximize local engagement opportunities as part of the community benefit and potential procurement process. The engagement plan also include an additional piece of work being progressed with Cardiff County Council, in the context of FGC, to use Minecraft as a means of enabling children and young people to contribute to the design process.

Satellite Radiotherapy Centre Project

Work is underway to deliver a piece of patient engagement work to support the next phase of the Satellite Radiotherapy Centre design process. An outline presentation was discussed at the Patient Liaison Group on 20 January and will be implemented by means of survey and focus groups over the coming weeks. The objectives are:

- 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.

Next Steps

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

- Finalise three month operational plan;
- Ongoing management of the Velindre Matters page;
- 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 and a second round of engagement sessions.

Recommendation

The Board 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.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2020-21 NOVEMBER 2020

DATE OF MEETING

27th January 2021

PUBLIC OR PRIVATE REPORT

Public

**IF PRIVATE PLEASE INDICATE
REASON**

Not Applicable – Public Report

PREPARED BY

Mark Ash, Assistant Director of Finance - TCS
Programme

PRESENTED BY

Mark Osland, Executive Director of Finance

EXECUTIVE SPONSOR APPROVED

Mark Osland, Executive Director of Finance

REPORT PURPOSE

FOR NOTING

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

COMMITTEE OR GROUP

DATE

OUTCOME

N/A

Choose an item.

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 08 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.
- 3.2 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 <i>Revenue Funding</i> Revenue funding to cover project delivery costs was provided by the Trust in October 2020	£3.261m	£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: £4.425m	£3.809m	£0.616m

4. FINANCIAL SUMMARY AS AT 30TH NOVEMBER 2020

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 Nov-20	Spend to Nov-20	Variance to Nov-20	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership	106,131	104,789	1,343	176,073	172,618	3,455
Project 1 - Enabling Works	47,333	41,108	6,225	85,687	78,981	6,706
Project 2 - New Velindre Cancer Centre	447,736	444,197	3,540	728,409	717,122	11,286
Project 3a - Radiotherapy Procurement Solution	277,333	259,129	18,204	416,000	391,598	24,402
Capital Pay Total	878,534	849,223	29,311	1,406,169	1,360,320	45,849
NON-PAY						
nVCC Project Delivery	21,464	21,060	405	76,850	75,982	868
Project 1 - Enabling Works	486,902	506,403	-19,501	1,307,995	1,311,764	-3,769
Project 2 - New Velindre Cancer Centre	329,982	335,016	-5,034	886,265	886,605	-341
Project 3a - Radiotherapy Procurement Solution	23,333	56,032	-32,698	132,000	156,402	-24,402
Capital Non-Pay Total	861,681	918,510	-56,829	2,403,109	2,430,753	-27,644
CAPITAL TOTAL	1,740,215	1,767,732	-27,518	3,809,277	3,791,073	18,205
REVENUE	Current Month			Financial Year		
	Budget to Nov-20	Spend to Nov-20	Variance to Nov-20	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Programme Management Office	160,000	132,271	27,729	240,000	208,805	31,195
Project 6 - Service Change Team	197,061	198,523	-1,463	295,591	297,395	-1,804
Revenue Pay total	357,061	330,794	26,267	535,591	506,200	29,391
NON-PAY						
nVCC Project Delivery	16,783	17,999	-1,216	30,000	30,276	-276
Programme Management Office	0	1,339	-1,339	0	24,159	-24,159
Project 6 - Service Change Team	35,000	35,178	-178	50,000	50,267	-267
Revenue Non-Pay Total	51,783	54,516	-2,732	80,000	105,055	-25,055
REVENUE TOTAL	408,844	385,309	23,534	615,591	611,256	4,335

5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 30TH NOVEMBER 2020

CAPITAL SPEND

Projects 1 and 2 Pay Costs

- 5.1 **WG Funded Staffing** - An in-year spend of **£0.0.590m** for posts funded by WG reflects the current 'interim' posts against a budget of **£0.601m**. The underspend of £0.011m is due to a delay in staff recruitment. There is a forecast spend of **£0.969m** 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 **£0.021k** for the year to date for project support and running costs for Projects 1 and 2 against a budget of the same. 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 **£0.076m** against a budget of **£0.077m**.
- 5.3 **Enabling Works** - There is an in-year capital spend of **£0.548m**, with a forecast spend for the year of **£1.391m**, against budgets of **£0.534m** and **£1.394m** respectively.

Work package	Spend to 30 th November 2020
Pay	£0.041m
Planning (inc TCAR & Asda)	£0.071m
Master Planning & Feasibility Study	£nil
Third Party Undertakings	£0.077m
Enabling Works - Design & Employers Requirements	£0.342m
Enabling Works – Works	£0.001m
Miscellaneous Works – Fol Legal Advice	£0.016m

- 5.4 **nVCC** - There is an in-year capital spend of **£0.884m**, with a forecast spend for the year of **£1.776m**, against budgets of **£0.884m** and **£1.791m** respectively.

Work package	Spend to 30 th November 2020
Pay (including Project Leadership)	£0.549m
Project Agreement (PA)	£0.059m
Procurement Documents (PD)	£0.083m
Land Transfer	£0.019m
nVCC Technical Support	£0.168m
Competitive Dialogue Preparedness	£nil
Miscellaneous Works – Fol Legal Advice	£0.005m

Project 3a – Radiotherapy Procurement Solution

- 5.5 There is an in-year spend of **£0.315m** (£0.259m pay, £0.056m non-pay) for the Integrated Radiotherapy Solutions Procurement Project against a budget of **£0.301m**. 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 £0.014m. 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 **£0.134m** against a budget of **£0.160m**, made up of pay costs of £0.132m and non-pay costs of £1.3k. The underspend of £26k 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**.

Projects 1 and 2 Delivery Costs

- 5.7 There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£18k** to date against a budget of **£17k**, with an expected spend for the year of **£30k**, against a budget of the same. This 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 **£0.234m** against a budget of **c£0.232m**. This is made up of pay costs of £0.199m and non-pay costs of £0.035m for Healthcare Planner support for the Acute Oncology Services Business Justification Case (AOS BJC). The Project is forecasting a spend of **£0.348m** 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 30th November 2020.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2020-21 DECEMBER 2020

DATE OF MEETING

27th January 2021

PUBLIC OR PRIVATE REPORT

Public

**IF PRIVATE PLEASE INDICATE
REASON**

Not Applicable – Public Report

PREPARED BY

Mark Ash, Assistant Director of Finance - TCS
Programme

PRESENTED BY

Mark Osland, Executive Director of Finance

EXECUTIVE SPONSOR APPROVED

Mark Osland, Executive Director of Finance

REPORT PURPOSE

FOR NOTING

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

COMMITTEE OR GROUP

DATE

OUTCOME

N/A

Choose an item.

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 09 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 is c£3.031m.
- 3.2 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 <i>Revenue Funding</i> Revenue funding to cover project delivery costs was provided by the Trust in October 2020	£3.031m	£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: £4.195m	£3.579m	£0.616m

4. FINANCIAL SUMMARY AS AT 31ST DECEMBER 2020

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 Dec-21	Spend to Dec-21	Variance to Dec-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership	123,617	117,642	5,975	176,073	161,879	14,193
Project 1 - Enabling Works	56,921	50,438	6,484	85,687	78,791	6,897
Project 2 - New Velindre Cancer Centre	512,442	498,591	13,851	728,409	689,546	38,863
Project 3a - Radiotherapy Procurement Solution	312,000	292,462	19,538	416,000	391,963	24,037
Capital Pay Total	1,004,980	959,132	45,848	1,406,169	1,322,178	83,990
NON-PAY						
nVCC Project Delivery	28,964	28,961	4	76,850	73,962	2,888
Project 1 - Enabling Works	553,962	539,750	14,212	1,078,015	1,117,753	-39,738
Project 2 - New Velindre Cancer Centre	409,044	442,978	-33,934	885,697	855,423	30,274
Project 3a - Radiotherapy Procurement Solution	26,250	85,168	-58,918	132,000	156,037	-24,037
Capital Non-Pay Total	1,018,220	1,096,857	-78,637	2,172,561	2,203,175	-30,614
CAPITAL TOTAL	2,023,201	2,055,989	-32,789	3,578,730	3,525,354	53,376
REVENUE	Current Month			Financial Year		
	Budget to Dec-21	Spend to Dec-21	Variance to Dec-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Programme Management Office	157,500	149,321	8,179	210,000	208,802	1,198
Project 6 - Service Change Team	221,693	223,723	-2,030	295,591	297,877	-2,286
Revenue Pay total	379,193	373,045	6,149	505,591	506,680	-1,089
NON-PAY						
nVCC Project Delivery	18,881	19,748	-867	30,000	30,000	0
Programme Management Office	22,500	1,220	21,280	30,000	23,960	6,040
Project 6 - Service Change Team	50,000	50,200	-200	50,000	50,267	-267
Revenue Non-Pay Total	91,381	71,168	20,213	110,000	104,227	5,773
REVENUE TOTAL	470,574	444,213	26,361	615,591	610,907	4,684

5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 31ST DECEMBER 2020

CAPITAL SPEND

Projects 1 and 2 Pay Costs

- 5.1 **WG Funded Staffing** - An in-year spend of **£0.0.667m** for posts funded by WG reflects the current 'interim' posts against a budget of **£0.693m**. The underspend of £0.020m is due to a delay in staff recruitment and loss of staff. There is a forecast spend of **£0.930m** 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 **£0.029k** for the year to date for project support and running costs for Projects 1 and 2 against a budget of the same. 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 **£0.074m** against a budget of **£0.077m**.
- 5.3 **Enabling Works** - There is an in-year capital spend of **£0.590m**, with a forecast spend for the year of **£1.197m**, against budgets of **£0.611m** and **£1.164m** respectively.

Work package	Spend to 31 st December 2020
Pay	£0.050m
Planning (inc TCAR & Asda)	£0.077m
Master Planning & Feasibility Study	£nil
Third Party Undertakings	£0.077m
Enabling Works - Design & Employers Requirements	£0.368m
Enabling Works – Works	£0.001m
Miscellaneous Works – Fol Legal Advice	£0.016m

- 5.4 **nVCC** - There is an in-year capital spend of **£0.1.059m**, with a forecast spend for the year of **£1.707m**, against budgets of **£1.045m** and **£1.790m** respectively.

Work package	Spend to 31 st December 2020
Pay (including Project Leadership)	£0.616m
Project Agreement (PA)	£0.073m
Procurement Documents (PD)	£0.123m
Land Transfer	£0.022m
nVCC Technical Support	£0.220m
Competitive Dialogue Preparedness	£nil
Miscellaneous Works – Fol Legal Advice	£0.004m

Project 3a – Radiotherapy Procurement Solution

- 5.5 There is an in-year spend of **£0.378m** (£0.292m pay, £0.085m non-pay) for the Integrated Radiotherapy Solutions Procurement Project against a budget of **£0.338m**. 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 £0.039m. 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 **£0.151m** against a budget of **£0.180m**, made up of pay costs of £0.150m and non-pay costs of £1.2k. The underspend of £29k 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**.

Projects 1 and 2 Delivery Costs

- 5.7 There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£20k** to date against a budget of **£19k**, with an expected spend for the year of **£30k**, against a budget of the same. This 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 **£0.274m** against a budget of **c£0.272m**. This is made up of pay costs of £0.224m 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 **£0.348m** 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 December 2020.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME MANAGERS REPORT

DATE OF MEETING	27.01.2021
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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 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
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
n/a	n/a	n/a

ACRONYMS

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

WG	Welsh Government
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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 Programme Arrangements
 - b) Internal Programme Arrangements
 - 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 next Collaborative Cancer Leadership Group (CCLG) will take place on the 21st January 2021, chaired by Len Richards, CEO Cardiff & Vale University Health Board.
- 3.2 The CCLG will formally receive the **Nuffield Trust recommendations** and discuss how these will be taken forward regionally via a high-level action plan. Given the emphasis placed by the Nuffield Trust on the importance of a regional networked model for cancer services, this cross-organisational discussion is essential. The CCLG will be asked to:
 - accept the Nuffield Trust Report and its recommendations;
 - accept strategic leadership responsibility for the delivery of the recommendations at a regional level;
 - approve the direction of travel set out within the draft action plan and commission further work to develop these into programmes of work, and;
 - consider what resources might be required.

- 3.3 A number of other key items will be discussed at the January meeting, including:
- the draft Acute Oncology Service (AOS) Business Case,
 - a proposed regional Research, Development & Innovation (RD&I) approach,
 - development of Prehabilitation to Rehabilitation (P2R) services, and
 - a vision for the digital enablement of cancer services across South East Wales
 - an update on the TCS Programme, specifically the nVCC, IRS, RSC and Outreach projects.
- 3.4 The CCLG will also agree the key messages to emerge from the meeting discussions and develop these into a communications that can be shared more widely given the regional interest and importance in the forum.
- 3.5 A further detailed update will be provided at the February Programme Delivery Board advising on the outcome of discussions and the next steps.

Nuffield Review

- 3.6 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.
- 3.7 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.
- 3.8 A more comprehensive update is provided as a substantive item on the agenda on next steps following the publication of the report.

Velindre Futures

- 3.9 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.

- 3.10 A paper outlining the governance arrangements and for the immediate work was received by Executive Management Board (EMB) in December. The scope, resources required and implications for the TCS Programme continue to be worked through.
- 3.11 The first Velindre Future 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. Further work is ongoing to refine this and being discussed at Trust Executive level.
- 3.12 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.
- 3.13 Once the governance arrangements and scope are agreed, the implication of any changes need to be communicated clearly across the wider TCS Programme to ensure Projects can continue to develop.

VCC Programme Management Office (PMO)

- 3.14 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.
- 3.15 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

- 3.16 A full review of Programme Risk and the Risk process has concluded and the TCS Risk Framework has been refreshed as a result. This update also reflects the revised corporate approach to risk management revised at corporate Trust level and approved by the Trust Board at the end of 2020.
- 3.17 Amendments have been made to the risk register to assist with the reading of risks, tracking of the risk actions and review of the risk owners. Further changes will be expected when the Trust make the move to risk reporting through Datix, planning for this transition is ongoing.

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** – following a Cardiff Council Planning Committee on the 18th November, planning was approved for the Temporary Construction Access Route (TCAR) to the site. The Judicial Review period of 12 weeks has commenced and the Projects are working to ensure that staff are in place for the conclusion of this period to commence works. The OBC has been presented to the IIB and an outcome is awaited. An application has been made to the Cardiff Council Planning Committee to extend the submission period for the reserve matters by 18 months. This application will be heard in January and if granted, will allow time for Competitive Dialogue to progress and for the preferred bidder to submit a number of the matters as final documents. In the instance that the application is not approved, the Project have been working to ensure all reserve matters are prepared prior to the original deadline of March 2021.
- 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 in March and contract award in May 2021. This process is currently on track and all documents are presented to the January Programme Delivery Board for approval as substantive items. The OBC/FBC will be submitted following contract award and confirmation of all costs. 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 an outcome is awaited, but expected in line with the decision timescales for the nVCC. The enabling works are expected to be able to commence in January 2021 with ABUHB bearing the initial cost prior to FBC approval, at risk. The Supply Chain Partner (SCP) timeline suggests a delay to the Programme of works leading to an opening date of December 2023. It has been agreed that a delay is not acceptable and the Project team are working to ensure mitigations are put in place prior to commencement which will reduce the timeline back to the expected opening date of Summer 2023. This will ensure that the IRS is able to be brought online

in alignment with the timescales for the nVCC and ensure no overlap in on boarding periods.

- 3.22 **Outreach** continues to progress, although some works have slowed due to the consideration of which elements are needed to move to the Velindre Futures scope and which remain with TCS. Until the scope of Velindre Futures is fully agreed, there is the potential to cause delays to the Outreach Project. The January Project Board was cancelled due to operational service pressures pertaining to the involvement of key Velindre and Health Board personnel being engaged in the COVID-19 Vaccination Programme efforts.
- 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.
- 3.24 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 Spring 2021.

Master Programme Plan

- 3.25 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.

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

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

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme Master Plan

DATE OF MEETING	27 th January 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		
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COMMITTEE OR GROUP	DATE	OUTCOME

ACRONYMS	
TCS	Transforming Cancer Services

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 has been no change to the Master Plan in this reporting period as confirmation of key decisions (EW TCAR, EW & nVCC OBCs, RSC OBC) are awaited. Following these decisions the Programme Risk Advisor will work with each of the projects to understand any updated plans and as such the 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 TCS Programme Scrutiny Sub-Committee are asked to:
 - Note the latest TCS Programme Master Plan

TCS Programme Master Plan

25th January 2021

*artist impression

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



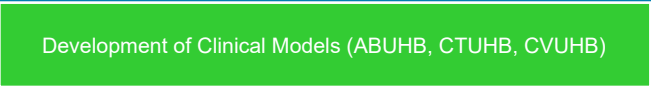
Access /
Enabling Works



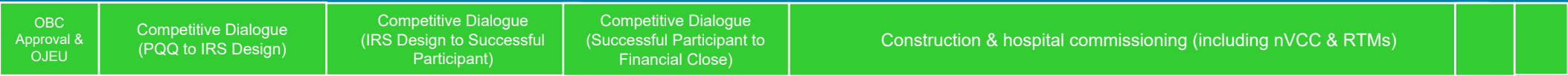
RSC



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]