To be led by David Powell, nVCC Project Director
To note

       4.4_Cover Paper_CCfLI nVCC Close Out_v0.1.docx

       4.4_Appendix_CCfL - VF Paper.docx

4.5.0   Wellbeing & Future Generations Act (WBFGA) – new Velindre Cancer Centre Status report
To be led by David Powell, nVCC Project Director
To note

       4.5_Compliance with the Well-being of Future Generations Act..docx

4.6.0   Project 4 – Radiotherapy Satellite Centre

4.6.1   FBC Timeline Update
To be led by Andrea Hague, Director of Service Transformation, Velindre Cancer Centre
Verbal update*
To note

4.7.0   Nuffield Trust Recommendations: Progress
To be led by Carl James, Director of Strategic Transformation, Planning & Digital
To note

       4.7_TCS PDB Nuffield Update_Oct 21_vScrutiny Com.docx

       4.7_Appendix One_WbFGA-Scrutiny-Framework.pdf

5.0.0   Engagement & Collaboration

5.1.0   Communications & Engagement
To be led by Non Gwilym, Director of Communications and Engagement
To note

       5.1 Comms & Engagement FINAL.docx

6.0.0   Any Other Business
To be led by Stephen Harries, Interim Vice Chair & Committee Chair
Prior Agreement by the Chair Required

7.0.0   Review of the Meeting
To be led by Stephen Harries, Interim Vice Chair & Committee Chair

8.0.0   Date & Time of Next Meeting
22nd November 2021 at 10.30am
via Microsoft Teams

TCS Programme Scrutiny Committee
Public Session

MINUTES OF THE MEETING HELD
21st September 2021
11.30 – 13.00 Trust Headquarters, Nantgarw
(via Teams)

Members Present:

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

In attendance:

Professor Donna Mead (DM)	Trust Chairperson
Carl James (CJ)	Director of Strategic Transformation, Planning & Digital
Lauren Fear (LF)	Director of Corporate Governance and Chief of Staff
Carys Jones (CJones)	Senior Programme Delivery and Assurance Manager
David Powell (DP)	nVCC Project Director
Bethan Lewis (BL)	TCS Programme Planner and Risk Advisor
Mark Ash (MA)	TCS Assistant Director of Finance
Andrea Hague (AH)	Director of Service Transformation, Velindre Cancer Centre
Non Gwilym (NG)	Director of Communications and Engagement
Phil Roberts (PR)	nVCC Design Advisor
Jessica Corrigan (JC)	Secretariat

Apologies:

Steve Ham (SHam)	Trust Chief Executive
Martin Veal (MV)	Independent Member

1.0	STANDARD BUSINESS	ACTION
1.1	**Welcome & Introductions** SHarries welcomed attendees to the meeting.	
1.2	**Apologies for Absence** Apologies were noted as above.	
1.3	**Declarations of Interest** No declarations of interest were received.	
1.4	**Previous Minutes** It was queried that foot of page 2 of the minutes "AH advised that meetings have been scheduled to agree a way forward" but AH apologies were noted above. CJones will clarify and update the minutes accordingly.	**CJones**

	Subsequently, after the corrections are made, these minutes were confirmed to be an accurate record of the meeting on 20th July 2021 and were **approved**.	
1.5	**Action Log** SHarries confirmed that actions 100, and 101 were both closed. The only action open is 98 – internal audit. *Action 98* – an update has been received prior to the meeting from Mark Osland. "A request has been sent to the NWSSP Finance Director seeking further information on how the costs are arrived at. Specifically, the question has been asked about how the Internal Audit budget is set and allocated between organisations and then down to the individual projects such as the TCS programme. Furthermore, NWSSP have been asked if they could provide any supporting benchmarking information. An acknowledgement has been received and has been passed to the Director of Audit and Assurance Services".	
	PROGRAMME GOVERNANCE	
2.1	**TCS Finance Report – August 2021** Mark Ash introduced the paper to the meeting. Highlights: As of August 2021 - Capital £4.1M | Revenue £0.6M | Total funding for all TCS Projects £4.7M. There is a minor overspend in revenue. MA identified the financial risks in respect of revenue overspend and confirmed that conversations are being held to see how we can manage the current financial position. The IRS forecast has been added as a new risk due to the overspend in capital, ongoing meetings have been arranged. Feedback will be given at the next Sub-Committee. SHarries queried if the IRS overspend was capital or revenue, MA confirmed it it's capital. These papers reflect August data but in September IRS position has changed. CJ explained the budged may not be sufficient given level of legal advice we have had to seek from our legal advisors and the length of dialogue has increased from seven months (as initially planned) to 13 months. Ongoing discussions are being held on how the risks are managed. There will be feedback at the Programme Delivery Board and at this Sub-Committee. The Sub-Committee **Noted** the Paper.	

2.2	**TCS Programme Risk Register**	
	The risk register illustrates the risks across the programme and within each project.	
	There have been several changes in terms of risk and risk score updates.	
	Any of the risks which have a current rating of 12 which meet the risk appetite for Trust Board reporting levels have been added to Datix and we are continuing to ensure the risk register and information in Datix remains constant and accurate.	
	GJ highlighted that on page 6 the breakdown of risks emerging from Project 1 Enabling works for nVCC) do not add up to 36 not 37. BL to clarify by checking the dashboard.	**BL**
	HJ highlighted that a few of the red rated risks relate to resource issues. of work	
	GJ highlighted on page 12 of the risk register report IO61 needs updating for action owner and due date as it still says TBC. CJones and BL to update this.	**CJones / BL**
	GJ also highlighted IO54 also needs updating as the due date has expired. It was queried due to the risk date expiring should this be escalated from a medium to high risk but CJones confirmed that IO54 has been deescalated, recruitment is underway. CJones and BL to update to reflect this.	**CJones / BL**
	The Sub-Committee **Noted** the Paper.	
	PROGRAMME DELIVERY	
3.1	**TCS Programme Managers Update**	
	CJones introduced the paper to the meeting. The cover page will be updated to reflect this is for the public meeting (not private). The report covers July and August. The paper covers the Collaborative Cancer Leadership Group (CCLG) meeting which took place on 30th July.	**CJones**
	DM asked about the Value Based lung pathway work, and how the role of CCLG developing this work interplays with the Trust's planning processes. CJones confirmed the paper presented the Value Based Lung Work started off the first area of interest the CCLG as a regional topic, there was a slight delay due to the pandemic but work now re-commencing. The paper received at CCLG had a summary of various actions that this could be worked up into a programme. Conversations are currently being progressed. CJones to feedback after the next meeting.	**CJones**
	GJ highlighted paragraph 4.9 on page 6 states a significant amount of work involved with the transition plan for the new governance arrangements. As	

	discussed in the risk register is the change in governance required, as we don't want to risk the added pressures in resources.	
	CJ confirmed that changes to the programme governance arrangements were intended to support the development of new ways of working in the Trust, were relatively straight forward and manageable with effective planning. LF confirmed that she has been working with SHam and the EMB colleagues to put this into place. CJ explained that the requirement to continue to appropriately resource the TCS programme is being taken forward as part of the overall discussion about the organisation's requirements. This is set within a challenging environment as the Trust seeks to deliver high quality core services; manage the recovery from Covid and deliver a number of other key programmes. GJ and HJ required further confirmation outside of the meeting that the TCS programme would receive the appropriate funding going forward.	
	The Sub-Committee **Noted** the Paper.	
4.0	**PROJECT DELIVERY**	
4.1	**Projects 1 & 2 Minecraft for Education Competition Update**	
	CJ gave an update on Minecraft for education competition. It was a very successful outcome. The winners will have the opportunity to work with the design team. The winner announcements and media opportunities are planned for 1st October.	
	CJ stated that the team was meeting with the Future Generation Commissioners Office to develop a case study so others can learn from the work and experience.	
	The Sub-Committee **Noted** the update.	
4.2	**Integrated Assurance & Approvals Plan (IAAP)**	
	LF explained IAAP is part of the procurement documentation. It is a useful mechanism for ensuring a clear view of key deliverables, timescales and the Sub-Committee and Trust Board role in that. Tracked changes will be noted to the Sub-Committee as they occur.	
	GJ agreed this is a good paper and it gives structure of upcoming items ahead. 1-point GJ wanted to pick up "Executive Team meeting will be asked to approve items during competitive dialogue to ensure immediate project continuity" GJ asked about the delegated authority that the Executive Team have in this respect. DP confirmed that the thresholds are part of the previously agreed delegations' framework.	
	The cover page needs to updated to reflect it's a public paper.	
	The Sub-Committee **Noted** the update.	

5.0	**ENGAGEMENT & COLLABORATION**	
5.1	**Nuffield Trust Recommendations: Progress** CJ highlighted that the responsibility for implementing the recommendations was a shared one across four organisations and a more effective method for managing regional progress monitoring is being developed. The Sub-Committee **noted** the Paper.	
5.2	**Communications & Engagement** NG gave an update. SHarries & DM confirmed we are all very appreciated of all the work going on in the background and thanked NG and her team. It was confirmed that we will be further developing our clinical narrative in collaboration with our Health Board partners. HJ posed a question of whether we have enough resources to manage this effectively, NG confirmed that further discussions are being held with LF on prioritisation of resource. LF provided assurance that SHam, CJ, DP and NG discuss the resources for comms regularly.	
8.0	**DATE AND TIME OF NEXT MEETING**	
	Date of next meeting: 20th October 2021 at 2.00pm via Microsoft Teams.	

Acronyms:

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

GIG CYMRU NHS WALES | Ymddiriedolaeth GIG Prifysgol Felindre | Velindre University NHS Trust

TCS Programme Scrutiny Sub-Committee

October 2021

Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
107	CJones confirmed the paper presented the Value Based Lung Work started off the first area of interest the CCLG as a regional topic, there was a slight delay due to the pandemic but work now re-commencing. CJones to feedback after the next meeting. *(Minute Ref: 3.1)*	**Carys Jones**	21st September 2021	4th October 2021	**Update 15.10.21:** The next meeting of the CCLG is 22nd October, after which an update will be provided.	OPEN
98	**Internal Audit Plan 2021-22** *(Minute Ref: 4.1.2)* MO to consult with NWSSP audit services to obtain further information on how the internal audit costs are determined and whether independent benchmarking information is required.	**Matt Bunce**	20th May 2021	23rd Aug 2021	**Update 14.10.21:** **Response from Internal Audit:** The Integrated Audit Plan for nVCC is funded through the business case by Welsh Government and is not part of a wider Internal Audit budget for large schemes across Wales. As such, the costs are scrutinised through that process. An Integrated Plan is developed specifically for each scheme based upon the level of audit and assurance that is deemed appropriate throughout the life of project and calculated based upon the estimated number of audit days required. It is worth pointing out, particularly for Capital and Estates audit and large	CLOSED

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
					capital schemes, that the Wales specific level of experience and expertise provided is not really comparable to any other provider. We only recover our costs. **Updated 15.09.21** A request has been sent to the NWSSP Finance Director seeking further information on how the costs are arrived at. Specifically the question has been asked about how the Internal Audit budget is set and allocated between organisations and then down to the individual projects such as the TCS programme. Furthermore, NWSSP have been asked if they could provide any supporting benchmarking information. An acknowledgement has been received and has been passed to the Director of Audit and Assurance Services.	
102	CJones to clarify if AH attended the meeting and update minutes from 20th July accordingly. *(Minute Ref: 1.4)*	**Carys Jones**	21st September 2021	4th October 2021	**Completed** Jacqui Couch (JC), Clinical Transformation Manager, attended the meeting on behalf of Andrea Hague (AH). Minutes updated accordingly.	CLOSED

**Transforming
Cancer Services
in South East Wales**

GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre

Velindre University
NHS Trust

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
103	The breakdown of risks emerging from Project 1 (Enabling works for nVCC) do not add up correctly, BL to check the dashboard. *(Minute Ref: 2.2)*	**Bethan Lewis**	21st September 2021	4th October 2021	**Completed** Checked dashboard and amended.	CLOSED
104	Update action owner and due date on risk IO61 *(Minute Ref: 2.2)*	**Carys Jones / Bethan Lewis**	21st September 2021	4th October 2021	**Completed** Steve Ham confirmed he would be action owner.	CLOSED
105	CJones and BL to update risk IO54 to reflect de-escalation and recruitment underway. *(Minute Ref: 2.2)*	**Carys Jones / Bethan Lewis**	21st September 2021	4th October 2021	**Completed** Update against issue provided in October risk report.	CLOSED
106	CJones to update cover page on TCS Programme Managers Update to public meeting not private. *(Minute Ref: 3.1)*	**Carys Jones**	21st September 2021	4th October 2021	**Completed** Cover paper updated.	CLOSED

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2021-22 SEPTEMBER 2021

DATE OF MEETING	25th October 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Mark Ash, Assistant Project Director
PRESENTED BY	Mark Ash, Assistant Project Director
EXECUTIVE SPONSOR APPROVED	Matthew Bunce, Executive Director of Finance

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	**DATE**	**OUTCOME**
N/A		Choose an item.

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

1. PURPOSE

1.1 The purpose of this report is to provide a financial update to the TCS Programme Scrutiny Sub-Committee for the financial year 2021-22, outlining spend to date against budget as at Month 06.

2. BACKGROUND

2.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following the completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.

2.2 As at March 2021, the Cabinet Secretary for Health, Well-being and Sport, had approved capital and revenue funding for the TCS Programme and associated Projects of £20.710m and £1.678m respectively.

2.3 Included in this approval was funding for the IRS Project (Project 3a). The PBC for this project was endorsed by WG in 2019-20, providing capital funding of £1.110m from July 2019 to December 2022. The provision was £0.250m in 2019-20, £0.548m in 2021-22, and £0.312m in 2021-22.

2.4 In addition to WG funding, NHS Commissioners agreed in December 2018 to provide annual revenue funding towards the TCS Programme. £0.400m was provided in the initial year of 2018-19, with £0.420m annually thereafter.

2.5 Further revenue funding was provided by Trust in 2019-20 and 2020-21 from its own baseline revenue budget. Funding of £0.060m and £0.030m respectively was provided for nVCC Project Delivery (previously provided by WG until March 2019). Another £0.039m (2019-20) and £0.166m (2020-21) was provided to cover the costs of staff secondment from Velindre Cancer Centre.

2.6 The total funding and expenditure for the TCS Programme and associated Projects by the end of March 2021 was £23.923m: £20.710m Capital, £3.213m Revenue.

3. FUNDING

3.1 Funding provision for the financial year 2021-22 is outlined below.

3.2 WG have awarded the Enabling Works Project £0.376m of funding in 2021-22. £0.250m has been provided to date, with the remaining £0.126m to be provided on approval of the Enabling Works Full Business Case.

3.3 To date no revenue funding has been provided by WG. The Trust has provided revenue funding of c£0.056m.

Description	Funding	
	Capital	**Revenue**
Programme Management Office There is no capital funding requirement for the PMO at present	**£ nil**	**£0.246m**
Allocation from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management		£0.240m
Allocation from WG 2021-22 revenue pay award funding		£0.006m
Project 1 – Enabling Works for nVCC Capital funding from WG was provided on 24 March 2021	**£0.376m** £0.376m	**£ nil**
Project 2 – New Velindre Cancer Centre Capital funding from WG was provided on 24 March 2021	**£3.460m** £3.460m	**£0.056m**
The Trust has provided revenue funding for Project 2		£0.056m
Project 3a – Radiotherapy Procurement Solution Final 9 months of a 28 month project, running from 1st AUGUST 2019 to 31st December 2021, with a funding allocation of £0.312m for 2021-22 from an overall funding allocation of £1.110m	**£0.460m** £0.312m	**£ nil**
Additional funding provided by the Trust for the Project's increased legal costs	£0.148m	
Project 4 – Radiotherapy Satellite Centre The project is led and funded by the hosting organisation, Aneurin Bevan University Health Board; no funding requirement is expected from the Trust for 2021-22	**£ nil**	**£ nil**
Project 5 – SACT and Outreach Funding has been requested for this project however none has been provided to date	**£ nil**	**£ nil**

Description	Funding	
	Capital	**Revenue**
Project 6 – Service Delivery, Transformation and Transition	**£ nil**	**£0.305m**
Allocation from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management		£0.180m
Funding provided from the Trust's core revenue budget towards the costs of the Project Director post and the Project Manager post		£0.116m
Allocation from WG 2021-22 revenue pay award funding		£0.009m
Project 7 – VCC Decommissioning No funding requested or provided for this project to date	**£ nil**	**£ nil**
Total funding provided to date	**£4.295m**	**£0.607m**
	£4.902m	

4.   FINANCIAL SUMMARY AS AT 30TH SEPTEMBER 2021

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

- **CAPITAL** spend is **£1.196m** with a forecast outturn of **£4.405m;** and
- **REVENUE** spend is **£0.317m** with a forecast outturn of **£0.624m**

TCS Programme Budget & Spend 2021-22

CAPITAL	Current Month			Financial Year		
	Budget to Sep-21	Spend to Sep-21	Variance to Sep-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership	94,474	87,285	7,189	193,000	189,669	3,331
Project 1 - Enabling Works	106,105	106,235	-130	208,000	215,883	-7,883
Project 2 - New Velindre Cancer Centre	319,883	313,192	6,691	1,008,500	996,645	11,855
Project 3a - Radiotherapy Procurement Solution	181,000	176,067	4,933	204,113	328,557	-124,444
Capital Pay Total	**701,462**	**682,779**	**18,682**	**1,613,613**	**1,730,754**	**-117,141**
NON-PAY						
nVCC Project Delivery	16,630	12,943	3,687	78,500	78,500	0
Project 1 - Enabling Works	91,000	91,100	-100	263,000	260,600	2,401
Project 2 - New Velindre Cancer Centre	307,730	304,206	3,523	2,084,500	2,079,510	4,990
Project 3a - Radiotherapy Procurement Solution	107,888	104,830	3,057	255,728	255,233	494
Capital Non-Pay Total	**523,247**	**513,078**	**10,169**	**2,681,728**	**2,673,842**	**7,885**
CAPITAL TOTAL	**1,224,709**	**1,195,857**	**28,851**	**4,295,340**	**4,404,596**	**-109,256**

REVENUE	Current Month			Financial Year		
	Budget to Sep-21	Spend to Sep-21	Variance to Sep-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Programme Management Office	104,799	107,726	-2,927	209,415	230,620	-21,205
Project 6 - Service Change Team	152,317	163,562	-11,245	304,633	321,604	-16,970
Revenue Pay total	**257,115**	**271,288**	**-14,172**	**514,048**	**552,223**	**-38,175**
NON-PAY						
nVCC Project Delivery	14,057	11,667	2,391	26,000	26,000	0
nVCC Judicial Review	26,000	25,797	203	30,000	30,000	0
Programme Management Office	18,476	8,100	10,376	36,952	15,747	21,205
Project 6 - Service Change Team	0	133	-133	0	266	-266
Revenue Non-Pay Total	**58,533**	**45,697**	**12,836**	**92,952**	**72,013**	**20,938**
REVENUE TOTAL	**315,649**	**316,985**	**-1,336**	**607,000**	**624,237**	**-17,237**

5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 30TH SEPTEMER 2021

CAPITAL SPEND

Projects 1 and 2 Pay Costs

5.1 **WG Funded Staffing -** An in-year spend of **£0.507m** for posts funded by WG reflects the current posts against a budget of **£0.520m**. There is a forecast spend of **£1.402m** for the year against a budget of **£1.410m**. The underspend is due to a delay in recruitment to posts within the revised resource structure. The pay costs have been analysed by each element of the Project(s).

Projects 1 and 2 Non-Pay Costs

5.2 **nVCC Project Delivery -** There is an in year capital spend of **£0.013m** against a budget of **£0.017m** for project support and running costs for Projects 1 and 2. This is made up of office costs and document portal fees. There is a budget and forecast spend this financial year of **£0.079m**.

5.3   *Enabling Works -* There is an in-year forecast and spend of **£0.091m**, with a forecast spend for the year of **£0.261m** against a budget of **£0.263m**.

Work package	Spend to 30th September 2021
Third Party Undertakings	£nil
Technical Advisers	£0.076m
Works	£0.007m
Legal Advice	£0.008m
Enabling Works Reserves	£nil

5.4   *nVCC -* There is an in-year capital spend of **£0.304m**, against a budget of **£0.308m**. The forecast spend for the years is **£2.080m** against a budget of **£2.085m**.

Work package	Spend to 30th September 2021
Competitive Dialogue – PQQ & Dialogue	£0.299m
Legal Advice	£0.012m
nVCC Reserves	-£0.007m

Project 3a – Integrated Radiotherapy Procurement Solution

5.5   There is a total in-year spend of **£0.281m** (£0.176m pay, £0.105m non-pay) for the IRS Project against a budget of **£0.289m**. The Project is currently forecasting a spend of **£0.584m** against a budget of **£0.460m**.

5.6   In September 2021, the Trust Board approved an additional spend of £0.148m for increased legal costs due to a delay in the Project to March 2022, and for work to progress to the Final Tender phase of the Project. A subsequent mid-year budget review has realigned the pay and non-pay budgets to £0.204m and £0.256m respectively. The non-pay spend for 2021-22 is forecast to break even against this revised budget. However, the Project delay and the Final Tender phase work have increased the resource requirement for the Project, which is now forecast at £0.329m for 2021-22, resulting in a **forecast overspend of £0.124m**. The Project Team is currently developing plans to deal with the overspend.

REVENUE SPEND

Programme Management Office
5.7   The PMO spend to date is **£0.116m** against a budget of **£0.123m**, made up of pay costs. The budget and current forecast outturn for the financial year 2021-22 is **£0.246m**.

Projects 1 and 2 Delivery Costs
5.8   There is a revenue project delivery cost for the nVCC and Enabling Works Projects of **£0.037m** against a budget of **£0.040m,** with a budget and expected spend for the year of **£0.056m**. This spend relates to costs associated with the nVCC office and the legal advice to deliver the requirements of the judicial review process as the Trust is an interested party.

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

5.9   Service Change spend to date is **£0.164m** against a budget of **£0.153m,** made up of pay costs. The Project is currently forecasting a spend of **£0.322m** for the year against a budget of **£0.305m**. The previous forecast overspend of £0.030m has been reduced to £0.017m following adjustments made due to the 2021-22 pay award budget and spend. The overspen currently remains a financial risk to the outturn position for the Project, which the Project Team are working to mitigate.

6.   Financial Risks & Issues

6.1   The forecast overpend of £0.124m for the IRS Project and £0.017m for the Service Change Project remains a risk to the outturn position for the Programme.

7.   CONSIDERATIONS FOR BOARD

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

8.   IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined 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.

9.   RECOMMENDATION

9.1   The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2021-22 as at 30th September 2021.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme & Project Risk

DATE OF MEETING	25th October 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	20/10/21	Approved

ACRONYMS	
TCS	Transforming Cancer Services

1. BACKGROUND

1.1 Monthly reviews of the Project and Programme Risk Registers are being undertaken with Projects and Risk Owners, where the current risk landscape/s - including new risks, ratings review, emerging risks, emerging / new issues, are discussed and scrutinised.

1.2 This report will provide an update on the latest risk position for the TCS Programme and Projects and will present risks that meet the threshold of a 'current score' of 12 and include the Risk Register as an appendix.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

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

4. RECOMMENDATION

4.1   The Programme Scrutiny Sub-Committee are asked to:

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

TRANSFORMING CANCER SERVICES PROGRAMME

(South East Wales)
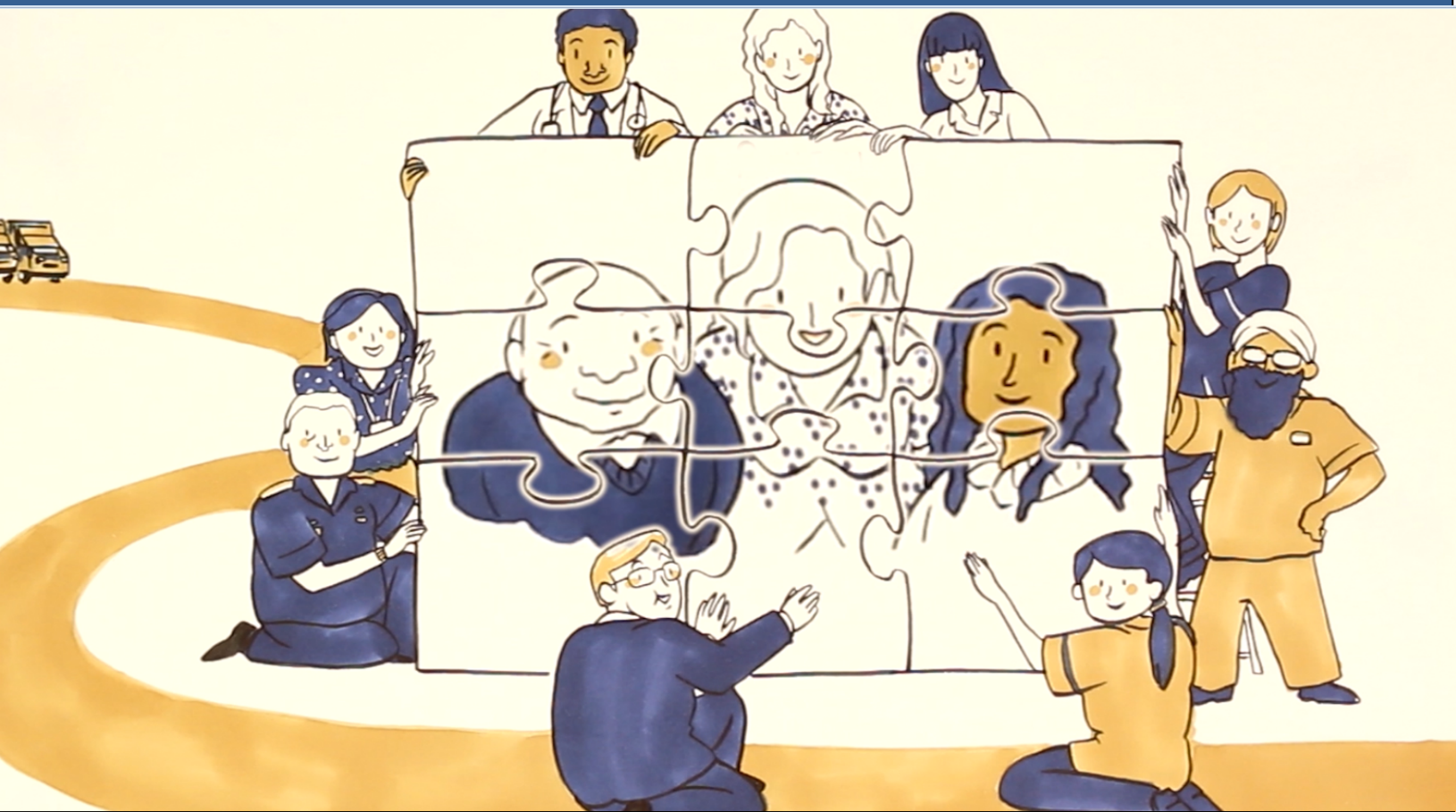
TCS Programme & Project Risk

Version 0.1

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Distribution

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Name	Title	Date	Version

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APPENDIX 1: PMO RISK REGISTER – OCTOBER 2021

APPENDIX 2: TCS PROGRAMME RISK REGISTER – OCTOBER 2021

1.1 The below tables provide the most up to date data in regards to risk across the TCS Programme and its Projects which continue to be monitored and updates provided to the Programme Delivery Board each month. There are currently 128 risks in the Programme Risk Register; figure 1 below provides a view of the number of risks broken down by project and risk rating. The majority of risks (51%) have a current 'Amber' rating (as seen in Figure 2 below), indicating that the Programme Risk Landscape is currently more in a moderate level owing to the fact the two of the Projects (Enabling Works & IRS) are at particularly crucial stages and as such would expect the number and ratings of risks to be increased. Both of these Projects have clear Action Plans in place to manage and mitigate their risks and the highest rated risks across all Projects continue to be prioritised and managed. Figure 3 provides the breakdown of the number of risks from across the Projects and Programme which would have an impact on any of the other Projects; as expected the nVCC Project has the highest number of risks which could impact that project owing to the various dependencies and reliance's across the Programme to ensure its Critical Path is maintained.

Figure 1: Breakdown of Risks Emerging from Project

Risks emerging from…Totals

1. Enabling works for nVCC	37
1 / 13 / 17 / 6	

2. nVCC	21
0 / 10 / 11 / 0	

Totals	128
9 / 65 / 44 / 10	

3. Digital and Equipment	3
0 / 3 / 0 / 0	

4. Radiotherapy Satellite Centre	8
0 / 7 / 1 / 0	

3a. IRS	26
4 / 6 / 12 / 4	

5. SACT and Outreach	9
2 / 6 / 1 / 0	

6. Service Delivery, Transformation and Transition	13
2 / 10 / 1 / 0	

7. VCC Decommissioning	1
0 / 0 / 1 / 0	

8. Programme	10
0 / 10 / 0 / 0	

Figure 2: Proportion of Risks by Rating Score

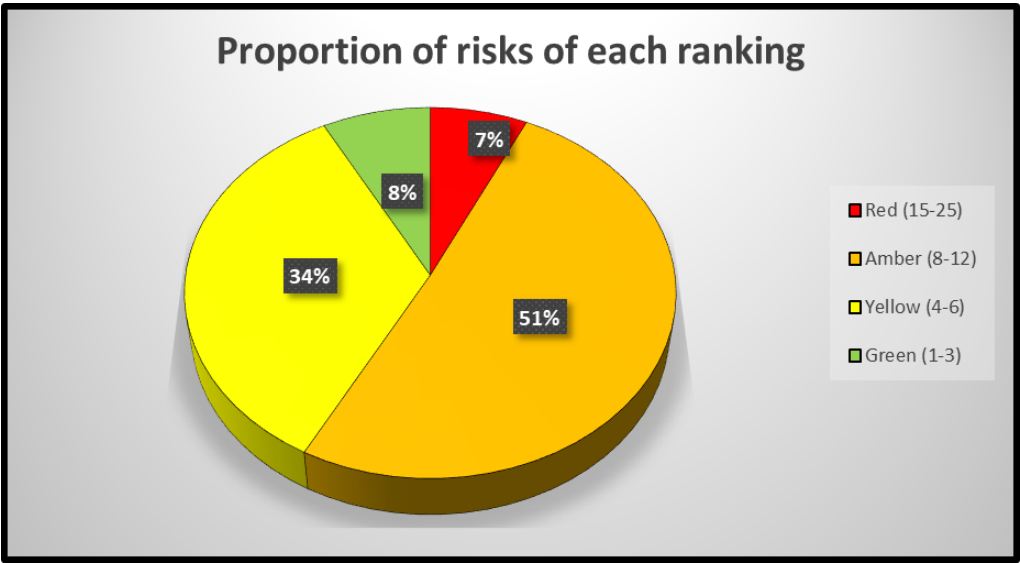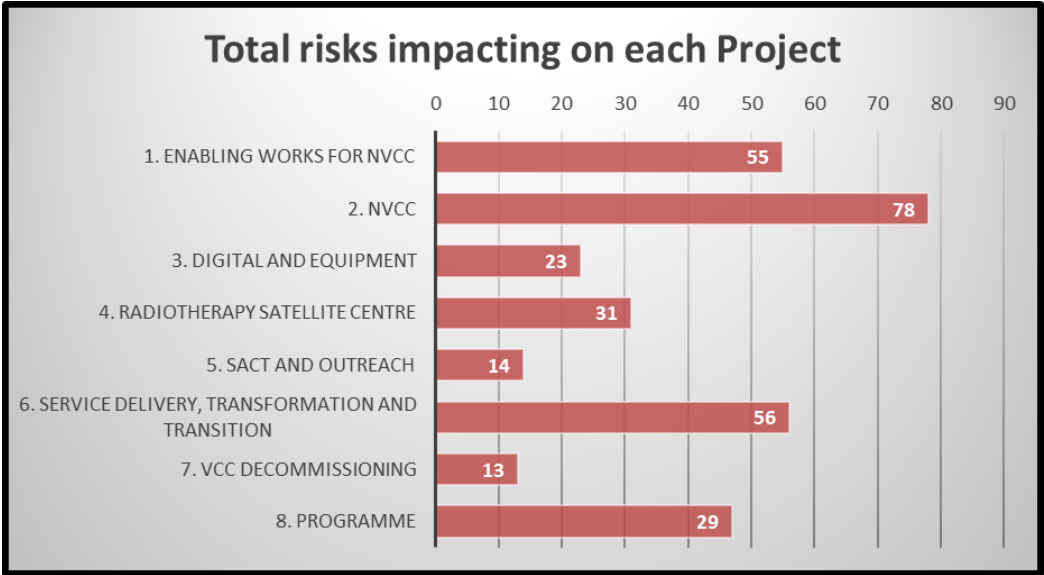*Figure 3: Breakdown of Risks Impacting upon Projects*

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	4	5	0	0	9
Issues	0	0	0	0	0

- There have been 2 new risks raised and 1 closed risk and 2 de-escalated risks for Project 1 (Enabling Works) in this reporting period.
- There have been 2 new risks raised, 4 closed risks and 1 de-escalated risk for Project 2 (nVCC) in this reporting period.
- Of the new risks raised, none meet the threshold (current rating of 12) to report to the Programme Delivery Board & Programme Scrutiny Sub-Committee.

Project 3a – Integrated Radiotherapy Solution (IRS)

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

- There have been no changes to the IRS Project Risk Register in this reporting period, an update has been provided in relation to the Project Issue raised in September, detail of which can be seen below.

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I060	Project Resource for final evaluation stage	• 2 key members of the Project Team are not available as the final evaluation process begins. (Project Support Officer has notified they will be leaving on the 27th Sept and the Head of Capital Procurement will be on Jury Service during evaluation period)	**High**	• Temporary agency support proving difficult to arrange due to shortages in the market, wider number of agencies now being engaged, internal options also being explored by Project Director following escalation. • Some cross cover has been arranged with Procurement Services which is not a replacement for the staff who have retired. Head of Capital Procurement has retired and return	Gavin Bryce	05/11/21

				part time but is currently unavailable to the project as on jury service.		

Project 4 – Radiotherapy Satellite Centre (RSC)

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

- There has been 1 risk has been closed in the Project Risk Register in this reporting period.

- An update on the Project issue is provided in the table below, this issue sits within the ownership of ABUHB as part of the Capital Programme.

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
AB – 2	Programme Delay / Impact of SMART Hospital	• Stage 4 design process is estimated to be 3 weeks behind programme due primarily to changes to C sheets and the 1:200 layout. • Compliance with the SMART Hospital Brief, if and when confirmed, could add a further 12 weeks to the design programme. Additional fee costs awaited. • The changes and impact of SMART Hospital brief could exceed the FBC fees agreed by WG.	**High**	• Paper outlining additional costs for future proofing of the building and bunker design submitted by NWSSP-SES to WG on 30th September recommending that the project proceed on approval of additional funding. Awaiting feedback from WG. • We are still awaiting a revised timeline but have been informed the FBC is likely to go to boards in April 2022.	Andrea Hague / Andrew Walker	29/10/21

Project 5 – Outreach

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

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

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

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I055	There is lack of appropriate project support to provide the structure and governance required to progress with development of key project objectives. (escalated from Risk R272)	The lack of project structure to support and help develop outreach plans with Health Boards has meant that the Project has now reached a position where it is 'on hold' and cannot progress.	CLOSED	This issue has been closed and superseded by the Programme Issue (I061) which has been updated later in this report.	Steve Ham	N/A

Project 6 – Service Delivery & Transition

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

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

3.0   TCS Programme Risk Update

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

3.1   Having undertaken a review of the Programme risks there have been no changes to the risk ratings in the PMO Risk Register in this reporting period.

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

Issue No.	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I061	**Programme Objectives & Key Dependancy not met** The Outreach Project has been placed 'on hold' and is not able to progress with its	The objectives of the TCS Programme as outlined in the Programme Business Case will not be met, along with they key dependancy on Outreach facilities being operational prior to the nVCC opening in order to meet the	High	The CEO along with Director of Finance is developing a medium term financial strategy which will consider the resourcing of additional project support alongside other investment requirements in the Trust	Steve Ham	03/12/21

	own objectives and as such has wider implications across the TCS Programme.	need and ability to provide SACT across SE Wales		which will be considered by the Trust Board over the next two months.		
I054	**Programme Resource** Member of Programme team has been successful in securing another role within the Trust	Considerable gap in terms of running of Programme business cycle including Programme Delivery Board & Scrutiny Committee arrangements, as well as additional support to Outreach & RSC Projects.	Medium	Recruitment to post currently underway for a Band 4 Co-ordinator. Recruitment documentation submitted to proceed to external advert. PMO staff currently absorbing additional workload.	Carys Jones	31/10/21

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

3.5   There are 20 risks in the October 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. All have Action Plans against them and have been reviewed and updated in the last quarter.

3.6   The Programme Delivery Board are asked to:

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

4.0 Next Steps

4.1   Continue to work with Projects and Risk Owners to facilitate best risk management practices including completion of action due dates and quantification of risk cost where relevant.

4.2   Programme Risk Advisor has joined Weekly Risk Meeting with VCC and Trust colleagues to work on the implementation of the Risk Datix Module.

ID	Date Registered	Originator	Risk emerging from	Projects Impacting On (EW, nVCC, D+E, RSC, S+O, Service Deliv, Decomm, Prog)	Owner	Description of Risk	Last Reviewed	Proposed Mitigation Actions / Action Plan	Actions Status	Actionee	Next Action Due	Next Action Due Date	Impact Stage	Primary Impact Type	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating
R279	08-Jul-20	Bethan Lewis	8. Programme	X X X X X X X X	Lauren Fear	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependent links are not communicated effectively and the wider networked clinical model not understood.	06-Sep-21	1) Revise TCS website 2) Improve internal TCS teams Comms 3) Improvements to intranet 4) Improvements to the link between Programme Governance and Comms	1) **Completed** - TCS website moved onto MURA platform 2) **Completed** - Comms team have recruited to support TCS Programme 3) work has started to scope this out 4) TBC depending on messages that need to be shared both internally & externally	Non Gwilym	3	03-Dec-21	Multiple Stages	Reputation / Political	4	3	12	2	2	4
R282	23-Jul-20	Bethan Lewis	8. Programme	X X X X X X X X	Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	12-Oct-21	1) Regular review and update of Project Plans 2) Update Programme Master Plan to reflect any project changes 3) Review and reporting on Master Plan to PDB and Scrutiny committee	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. **Complete** 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity **Complete** 3) Ongoing	Bethan Lewis	n/a	n/a	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	2	4
R295	05-Oct-20	Bethan Lewis	8. Programme	X X X X X X X X	Tom Crosby	Risk that Clinical Model does not meet required Business needs **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	12-Oct-21	8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (acute oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health Boards and subsequently to WG with a comprehensive strategic plan for the realisation of the programme investment objectives and benefits.	8) Established Velindre Futures clinical plan to refresh clinical service model 9a) AOS case approved by Velindre University NHS Trust and Cardiff LHB Board September 2021. Expected to go to Anuerin Bevan and Cwm Taf LHBs in November 2021 for approval. Project manager appointed and detailed project plan being developed 9b) Unscheduled care workstream established within Velindre Futures and working through action plan. Velindre @UHW Project established with UC workshops planned for 8th Sept & 15th Sept. Final clinical service spec to be completed be end of October 21. 10) Leadership of 4 medical directors at regional level to address key outstanding areas - agreement of clinical model and acceptance of recommendation of Nuffield Report - **Compete & work ongoing** 11) Seek external expertise in design of remaining areas **Complete** - Trust & HB partners have onboarded external expertise 12) Seek seats on local health board cancer services - **Complete** Partnership Boards in place with Cardoff and Vale and Cwm Taf. Velindre University NHS Trust offered seat on Aneurin Bevan LHB 13) Benefits Realisation Plan to be reviewed by PMO team - tbc	Carl James	9a)	30/11/21	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	2	4
R297	05-Oct-20	Bethan Lewis	8. Programme	X X X X X X X X	Sarah Morley	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs. **Causes -** Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate. **Consequences -** Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients	18-Oct-21	1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied 2)Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 3) Clarity of expectations for workforce team involvement 4) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 5) Workforce team to support service to ensure the right people are available and allocated to support	1) Service plans are being developed through VCC Projects and under Velindre Futures workstreams. Ongoing 2) Workforce planning capability being recruited in WOD to support development of plans. Workforce planning toolkit and methodology in place and signed off by Trust **Ongoing** 3) Role clarity to be defined following completion of service plan **Ongoing** 4) WOD Team route of engagement with changing programme delivery landscape and VF is being established 5) Currently WOD team supporting in the completion of baselining current workforce to support further planning and supporting initial recruitment in IRS	1) Service Leads 2) Head of Workforce 3) Service Leads 4) Head of Workforce 5) Service Leads/Senior Business Partner VCC	4	Dec 2021	Multiple Stages	Quality / Performance / Service Delivery	3	4	12	2	1	2
R298	05-Oct-20	Bethan Lewis	8. Programme	X X X X X X X X	Lauren Fear	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians) **Causes -** Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change **Consequences -** WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits	06-Sep-21	1) Communications / stakeholder engagement plan in development 2) Dedicated webpage for TCS Programme 3) Variety of stakeholder events held over a number of years 4) Clinical workshops held throughout Programme lifetime 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs 8) Monthly meeting with WG Head of Capital and Director General. 9) Engagement with local community	1) completed - Plans are in place and being implemented working with both nVCC & RSC Project teams and Project Boards 2) Better use of technology being reviewed and rolled out to share key messages 3) Variety of stakeholder events held over a number of years - **complete** 4) Clinical workshops held throughout Programme lifetime - **ongoing** 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - **ongoing** 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - **ongoing through CCLG** 8) Monthly meeting with WG Head of Capital and Director General - **ongoing** 9) Ongoing with further meetings planned for September	Non Gwilym	n/a	n/a	Multiple Stages	Reputation / Political	4	3	12	2	2	4
R302	04-Nov-20	Bethan Lewis	8. Programme	X X X X X X X X	Carl James	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS **Causes -** Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives **Consequences -** key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders	12-Oct-21	1) Agree clear scope and role of VF and its programme board. 2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result. 3) Communicate the scope of both and any implications for TCS 4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making 5) Understanding and agreement of key stakeholders within and outside the organisation.	1) **Complete** - VF scope & Board in place 2) **Complete** - Interface issues mapped and aligned between VF, Strategic Infrastrucrture Board and Executive Management Board: 3) TBC 4) TBC 5) TBC	Carys Jones	3	30-Nov-21	Multiple Stages	Quality / Performance / Service Delivery	4	3	12	2	2	4

Ref	Date		Category										Owner	Risk Description	Review Date	Controls	Update/Assurance	Lead			Stage	Type	L	I	Score	L	I	Score
R299	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	Risk that due to the regional nature of the programme involving numerous organisational interfaces leads to increased difficulties of consensus and obtaining approvals. **Causes** - 5 different organisations as primary commissioners/ Each HB have slightly different cancer strategies to meet local needs / Levels of funding and investment available to support preferred option/improvements for cancer / Reliance on number of external parties to deliver outcomes and key activity / Projects and Programme not adequately aligned / Practicality and logistics of holding a single discussion to agree. **Consequences** - Delays to delivery of Programme and Project key activity / Reputational damage for Velindre Trust / Reduced potential for good patient outcomes and care.	12-Oct-21	1) Attended various committees, project and programme boards to update on programme progress and objectives 2) Effective procurement and contractual processes in place 3) Programme established with engagement of LHBs & CHCs 4) Established Clinical Advisory Board 5) Engagement events and workshops with HBs 6) Engaged DoPs, DoF's in development of BCs. 7) Establishment of regional forum CCLG 8) PBC sign off OBC for nVCC	1) **complete / ongoing** 2) **complete** 3) **complete** 4) **complete** 5) **complete** 6) **complete** 7) **complete** - In addition to CCLG the Partnership Boards with C&V and Cwm Taf HBs have been established and the establishment of Partnership Board with ABUHB is underway 8) **complete**	Carl James	n/a	n/a	Multiple Stages	Timescale	3	3	9	3	2	6
R281	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	There is a risk of changing political support for the Programme on a Local and National level resulting in potential delays to legal/regulatory approvals.	12-Oct-21	1) PMO team continue to monitor and engage as part of development of programme wide comms	1) Projects 1 & 2 continue to engage with Local MPs & AM's as part of their Comms plans. OBC approval from WG on the 19th March Tender issued on Sell2Wales Ongoing political support from Labour & Plaid Cymru	Bethan Lewis	n/a	n/a	Multiple Stages	Reputation / Political	2	4	8	2	4	8
R283	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	There is a risk that the outcome of Brexit may lead to a range of risks materialising that adversely affect the programmes constituent projects. Risks relating to project procurement, financing and the effectiveness of supply chains may lead to project delays and additional costs.	12-Oct-21	1) Regular review of risk and Brexit implications from a Programme risk perspective. 2) Ongoing review of risk and issues register with each of the projects where 'Brexit' risk will form part of monthly agenda. 3) Ongoing review of project plans with each of the projects and escalation of any impact to Master Plan. 4) Close engagement with prospective bidders or suppliers to identify risks in advance.	1) **Ongoing** - Programme level risk is unlikely at this stage but could be subject to change if Projects are coming across issues relating to cost/availability which would impact Critical Path & Master Plan. 2) **Ongoing** - The 3 Projects which could be sensitive to Brexit impacts continue to monitor and review as they progress along their individual procurement processes. 3) **Ongoing** - programme team reviewing project plans with project teams ensuring accurate reflection of timescales and dependencies in Master Programme Plan. 4) Will be done at appropriate time during tender processes	Bethan Lewis	n/a	n/a	Multiple Stages	Quality / Performance / Service Delivery	2	4	8	2	4	8
R296	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Steve Ham	Risk that there is a lack of funding in place / allocated to deliver the projects and programme. **Causes** - WG decide not to fund all/part costs / WG does no have sufficient funding to meet the needs of the programme/projects / Commissioners unable to support revenue requests partially or fully. / Political / Government priority changes re capital funding of key infrastructure projects / Uncertainty from Brexit in regards to key aspects of programme activity (procurement, supply chain , MiM) / Increase in costs stemming from uncertainly caused by Brexit. **Consequences** - Increased costs for Projects / Programme / Reduction in available funds leading to the need to review & realign intended outcomes / deliverables / Delays to programme timescales / Full programme benefits not realised / only partial benefits realised / Early programme closure / full objectives and aims not delivered / Impact across wider organisation of not being able to undertake other high risk capital scheme / Loss of staff and knowledge base	12-Oct-21	1) Established Programme Governance with agreed forecasted costs for the programme and each project 2) Agreed funding sources and streams with WG and Commissioners 3) WG have provided funding commitment to funding of key infrastructure projects 4) Robust procurement process in place (NWSSP and other expert advice) to ensure best value from any awarded contracts 5) Agreed financial management and cost control arrangements in place 6) Issuing up to date forecast costs to WG to enable medium term capital planning at WG level 7) Briefing WG Director General and Programme Sponsor well in advance 8) Engaging commissioners in IMTP planning 21-22 regarding revenue requirements s for programme	1) **complete** 2) **complete** 3) **complete** 4) **ongoing** 5) **complete** 6) **ongoing** 7) TBC 8) **complete** - Commissioner support for revenue funding. In addition OBCs for Projects 1,2 & 4 have been approved.	Carl James	n/a	n/a	Multiple Stages	Cost	2	4	8	2	2	4

ID	Date Registered	Originator	Risk emerging from	EW	nVCC	D+E	RSC	S+O	Service Deliv	Decomm	Prog	Owner	Description of Risk	Last Reviewed	Risk Cost	Proposed Mitigation Actions / Action Plan	Actions Status	Actionee	Next Action Due	Next Action Due Date	Primary Impact Type	Likelihood (Current)	Impact (Current)	Risk Rating (Current)	Target Likelihood	Target Impact	Target Risk Rating	Additional Notes
R272	30-Jun-20	Jacqui Couch	5. SACT and Outreach					X			X	Nicola Williams	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.	31-Aug-21		1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work. 2) Clarification required on whether Outreach Project is an Operational or an Infrastructure Project	1) Programme to allocate resource to support project. Project and Programme have met in April 2021 to discuss resourcing for project support with no further movement forward in resolving this. 2) Ongoing - tbc	1) Steve Ham	1	03-Dec-21	Quality / Performance / Service Delivery	4	5	20	2	3	6	BL - Linked to Issue I061
R317	26-Feb-21	Gavin Bryce	3a. IRS	X	X	X						Gavin Bryce	There is a risk that insufficient resources (people) being made available to the project will have an adverse impact on the quality of the procurement process	15-Oct-21		1) Detailed project Plan to identify resource requirements 2) Approved Capital Budget for the Legal & Staffing Costs 3) Regularly monitor staff availability (annual leave & sickness)	1) Resource is below what is needed for the Project as identified in the Plan (30% capacity lost). Need for operational impact on staffing to commit to project tender process 2) Recruitment underway to replace staff that have left the Trust - remains ongoing. Initial internal recruitment unsuccessful awaiting resource from Digital team when their recruitment is completed. 3) Director of Strategic & Commercial Partnerships due to return end of September 21, however Project Support Officer has notified they will be leaving on the 27th Sept and the Head of Capital Procurement will be on Jury Service during evaluation period.	Gavin Bryce	2	05-Nov-21	Quality / Performance / Service Delivery	5	4	20	2	4	8	Risk has been escalated to an Issue (I060 in Issue Register)
R208	31-May-19		6. Service Delivery, Transformation and Transition							X	X	Andrea Hague	There is a risk that there will be a lack of suitable workforce and staff with the right training to deliver the TCS service model	28-Apr-21		1) Staff / service groups will identify where current and future workforce resource has gaps. A workforce plan will be developed, building on previous work developed in 2016-17 (strategic workforce plan) 2)Meeting to be arranged with Assistant Director of workforce and OD, to request initiation of programme of work for workforce and educational requirements	1) This work is being picked up as part of initial 'deep dives' being undertaken by Velindre Futures. Outcomes of these are being shared. 2)	Sue Thomas	n/a	n/a	Quality / Performance / Service Delivery	4	4	16			0	
R210	31-May-19		6. Service Delivery, Transformation and Transition							X	X	Andrea Hague	There is a risk that the lack of dedicated resources to support and deliver the structured programme of service transformation work will not deliver the desired outcomes	28-Apr-21		1) 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	1) 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.	Andrea Hague	n/a	n/a	Quality / Performance / Service Delivery	4	4	16				
R329	10-May-21	Jacqui Couch	5. SACT and Outreach	X			X	X			X	Nicola Williams	There is a risk that time-consuming infrastructure work i.e. the refurbishment of a current site or identification of a new build is required to deliver the agreed outreach model of care. This could lead to delays in outreach services not being established or operational ahead of the new VCC as agreed within Programme objectives	31-Aug-21		1) Identify location 2) Identify refurb / new build required 3) Establish level of local engagement with CHCs/public required 4) Identify appropriate resources from all HBs & VUNHST (inc Project Leads, Planning etc) to ensure project is supported and managed to align with project & programme timelines 5) Establishment of ownership and governance of Project within TCS/VF environment	1) Ongoing - ABUHB have confirmed 1 location at Nevill Hall. C&V and CT still ongoing for the Vale & Bridgend populations. North Cwm Taf have confirmed 1 location at Prince Charles 2) Ongoing 3) TBC 4) TBC 5) TBC	Project Board			Timescale	4	4	16	3	3	9	31.8.21- No updates and no change to score as Project is not currently progressing
R257	08-Jun-20	Craig Anderson	1. Enabling works for nVCC	X	X						X	Mark Young	**EW Bridge Construction Timeline** There is a risk that enabling works construction, including bridges, exceeds 15 months, leading to delays to nVCC construction and incurring financial loss claims from the MIM contractor.	07-Oct-21	£5-6m	1. Regular review of possible areas which may cause delay: 2. Partial mitigation through normal contract condition re liquidated and ascertained damage – where events in the contractors control can result in compensation for costs incurred by the client resulting from time or cost overruns. Need to be within expected reasonable limits. Care required in setting that limit to steer away from punitive damages as few contractor would price the works, pushing up tender prices. 3. Focus to be applied to detailed construction programme following return of EW D&B bids.	1. Most recent review of the plan shows only minimal slack between the end of the enabling works construction and beginning of MIM construction **Ongoing** 2. Scaling delay damages clause added to tender documentation to ensure contractor is incentivised to complete work on time. **Complete** 3. To be undertaken after 18th June. **Complete**	Mark Young	1	Ongoing	Cost	4	4	16	3	3	9	Risk cost based on the possible delay of 5-6 months and estimates charges received from the MIM contractor due to loss of profit and costs incurred by delayed start to MIM works.
R264	29-Jun-20	Jacqui Couch	4. Radiotherapy Satellite Centre	X	X			X				Andrea Hague	There is a risk that the Radiotherapy Satellite Centre will not have required skilled staff in place to run the facility once ready to be operational. This would impact on radiotherapy capacity and resilience for the Trust.	18-Oct-21		1) An integrated Radiotherapy and Physics workforce plan is required to consider the service as a whole taking account of a full operating model that includes current activity, projected activity, IRS and RSU. 2) Provisions from across the whole service will be reconfigured to meet the requirements of the satellite unit.	1) Workforce plan subgroup in progress 2) Workforce model approved for OBC to be included in FBC. Recruitment of additional posts in progress	Amanda Jenkins	2	Dec '21	Quality / Performance / Service Delivery	4	3	12	3	2	6	
R266	17-Dec-19	Jacqui Couch	4. Radiotherapy Satellite Centre	X		X	X					Andrea Hague	There is a risk that as key resource are involved in both the RSC, IRS & nVCC Projects which are being managed in parallel could mean there is not enough capacity to fully commit to both projects. This could impact on the quality of the work or the ability to complete the requirements to agreed schedules.	18-Oct-21		1) A matrix to consider commitments of colleagues to consider priorities and timings to be developed. 2) Resource review to understand if additional resource may be required to support project teams. 3) Alignment of meetings and agenda's for 'pressured' colleagues to be looked at to manage this. E.g. when there are items in meetings that are not relevant they can be released from the meeting	1) Ongoing 2a) Additional resource has been made available to address, operational issues for the IRS project and recruitment is ongoing for Med Phys. RT resource already in place. 2b) Non-clinical project support is still being discussed and raised with EMB. 3) RSC meetings have been rescheduled to accommodate where possible.	Andrea Hague	2b)	3/12/2021	Quality / Performance / Service Delivery	4	3	12	3	2	6	
R268	17-Jan-20	Jacqui Couch	4. Radiotherapy Satellite Centre	X	X		X					Andrea Hague	There is a risk that as the IRS Project needs to be phased in parallel with RSC Project, due to overlapping timeframes and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.	18-Oct-21		1) RSC project requires a clear view IRS Project Risk landscape and links between the 2 projects in terms of risk registers and project plans 2) Ensure design is flexible and futureproof to allow for IRS solution 3) Review impact of delays to IRS Project on RSC Timeline	1) There is consistent membership sits on both project boards to provide oversight on progress across both 2) work is ongoing to finalise the bunker design which will need to be approved by WG as there will be additional costs from what was agreed in the OBC. Kier/AB are leading this work with input of requirements from VUNHST. 3) Timelines continue to be regularly reviewed by Project Team	2) Kier / ABUHB	2	19-Nov-21	Timescale	4	3	12	2	2	4	BL - this risk will remain likely until such time that IRS design & procurement is certain, if the timing of the IRS design & procurement extends then impact of this risk increases
R273	30-Jun-20	Jacqui Couch	5. SACT and Outreach		X			X				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.	18-Aug-21		1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirements will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirements will be undertaken.	1) Re-run of projections has been completed and growth assumptions understood, the outputs will then be used to feed into each of the different Outreach locations ensuring they are suitably sized. 2) Paper will be taken to Project Board and Programme Delivery Board	Jacqui Couch / Carys Jones	2	16-Sep-21	Quality / Performance / Service Delivery	3	4	12	2	3	6	31.8.21 - Likelihood rating of risk has come down from a 5 to a 3. Projections have been re-run and understood
R274	30-Jun-20	Jacqui Couch	5. SACT and Outreach					X				Nicola Williams	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of the outreach project	31-Aug-21		1) Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	1) Ongoing as and when required	Project Board	n/a	n/a	Quality / Performance / Service Delivery	3	4	12	1	3	3	31.8.21 - Impact rating lowered from a '5' to a '4' to reflect current impact on effects to timescales/slippage

ID	Date	Raised by	Category										Owner	Risk Description	Date	Controls / Actions	Action Progress	Action Owner		Date	Risk Type	L	C	Score	L	C	Score	Comments
R279	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Lauren Fear	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependent links are not communicated effectively and the wider networked clinical model not understood.	06-Sep-21	1) Revise TCS website 2) Improve internal TCS teams Comms 3) Improvements to intranet 4) Improvements to the link between Programme Governance and Comms	1) Completed - TCS website moved onto MURA platform 2) Completed - Comms team have recruited to support TCS Programme 3) work has started to scope this out 4) TBC depending on messages that need to be shared both internally & externally	Non Gwilym	3	03-Dec-21	Reputation / Political	4	3	12	2	2	4	BL - Rating for this risk will reduce as actions progress
R282	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	12-Oct-21	1) Regular review and update of Project Plans 2) Update Programme Master Plan to reflect any project changes 3) Review and reporting on Master Plan to PDB and Scrutiny committee	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. **Complete** 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity **Complete** 3) Ongoing	Bethan Lewis	n/a	n/a	Quality / Performance / Service Delivery	3	4	12	2	2	4	
R295	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Tom Crosby	Risk that Clinical Model does not meet required Business needs **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	12-Oct-21	8) Established Velindre Futures clinical plan to refresh clinical service model 9) Need to finalise key aspects of model (acute oncology & unscheduled care) review / refresh of model 10) Leadership of 4 medical directors at regional level to address key outstanding areas 11) Seek external expertise in design of remaining areas 12) Seek seats on local health board cancer services 13) Benefits Realisation Plan to be reviewed by PMO team 14) Benefits plan will be submitted with the PBC and OBC to Health Boards and subsequently to WG with a comprehensive strategic plan for the realisation of the programme investment objectives and benefits.	8) Established Velindre Futures clinical plan to refresh clinical service model 9a) AOS case approved by Velindre University NHS Trust and Cardiff LHB Board September 2021. Expected to go to Anuerin Bevan and Cwm Taf LHBs in November 2021 for approval. Project manager appointed and detailed project plan being developed 9b) Unscheduled care workstream established within Velindre Futures and working through action plan. Velindre @UHW Project established with UC workshops planned for 8th Sept & 15th Sept. Final clinical service spec to be completed be end of October 21. 10) Leadership of 4 medical directors at regional level to address key outstanding areas - agreement of clinical model and acceptance of recommendation of Nuffield Report - **Compete & work ongoing** 11) Seek external expertise in design of remaining areas **Complete** - Trust & HB partners have onboarded external expertise 12) Seek seats on local health board cancer services - **Complete** Partnership Boards in place with Cardoff and Vale and Cwm Taf. Velindre University NHS Trust offered seat on Aneuriin Bevan LHB	Carl James	9a)	30/11/21	Quality / Performance / Service Delivery	3	4	12	2	2	4	
R297	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Sarah Morley	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs. **Causes -** Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate. **Consequences -** Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients	18-Oct-21	1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied 2) Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 3) Clarity of expectations for workforce team involvement 4) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 5) Workforce team to support service to ensure the right people are available and allocated to support	1) Service plans are being developed through VCC Projects and under Velindre Futures workstreams.- **Ongoing** 2) Workforce planning capability being recruited in WOD to support development of plans. Workforce planning toolkit and methodology in place and signed off by Trust.- **Ongoing** 3) Role clarity to be defined following completion of service plan - **Ongoing** 4) WOD Team route of engagement with changing programme delivery landscape and VF is being established 5) Currently WOD team supporting in the completion of baselining current workforce to support further planning and supporting initial recruitment in IRS	1) Service Leads 2) Head of Workforce 3) Service Leads 4) Head of Workforce 5) Service Leads/Senior Business Partner VCC	4	Dec-21	Quality / Performance / Service Delivery	3	4	12	2	1	2	
R298	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Lauren Fear	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians) **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 / Political leadership change **Consequences -** WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits	06-Sep-21	1) Communications / stakeholder engagement plan in development 2) Dedicated webpage for TCS Programme 3) Variety of stakeholder events held over a number of years 4) Clinical workshops held throughout Programme lifetime 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs 8) Monthly meeting with WG Head of Capital and Director General. 9) Engagement with local community	1) completed - Plans are in place and being implemented working with both nVCC & RSC Project teams and Project Boards 2) Better use of technology being reviewed and rolled out to share key messages 3) Variety of stakeholder events held over a number of years - **complete** 4) Clinical workshops held throughout Programme lifetime - **ongoing** 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - **ongoing** 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - **ongoing through CCLG** 8) Monthly meeting with WG Head of Capital and Director General - **ongoing** 9) Ongoing with further meetings planned for September	Non Gwilym	n/a	n/a	Reputation / Political	4	3	12	2	2	4	
R302	04-Nov-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	X	Carl James	Risk that there is potential misalignment of scope and timeliness of decisions between VF & TCS **Causes -** Poor communications between VF & TCS teams Delays in agreement of VF scope & governance arrangements Lack of clarity of scope for VF Lack of understanding of the interdependent timescales and activity Lack of knowledge and understanding of both programme objectives **Consequences -** key deliverables get missed as not picked up by either TCS or VF Delaying progress of current live projects Change of priorities Adjustment of plans Agreements / decisions have been made already (i.e. could be contractual agreements in place) TCS may not be delivering the agreed VF scope & clinical outputs Disengagement of stakeholders	12-Oct-21	1) Agree clear scope and role of VF and its programme board. 2) Understand the interfaces that VF has on the scope of TCS and its programme board to be clear about the delegations that result. 3) Communicate the scope of both and any implications for TCS 4) Prioritisation of key work items and workshops to agree the appropriate routes for decision making 5) Understanding and agreement of key stakeholders within and outside the organisation.	1) **Complete** - VF scope & Board in place 2) **Complete** - Interface issues mapped and aligned between VF, Strategic Infrastruc, Board and Executive Management Board: 3) TBC 4) TBC 5) TBC	Carys Jones	3	30-Nov-21	Quality / Performance / Service Delivery	4	3	12	2	2	4	

ID	Date	Raised by	Category								Owner	Risk description	Review date	Cost	Mitigation actions	Mitigation status	Owner		Target date	Type	I	L	Score	I	L	Score	Comments
R327	22-Apr-21	Gavin Bryce	3a. IRS								Gavin Bryce	There is a risk that the approval for the FBC for the IRS Project is delayed or not approved, due to changes in approval timescales which would lead to project delay, project abandonment impacting on other TCS Projects (nVCC & RSC) deliverables	15-Oct-21		1) Engagement with Capital & Treasury teams 2) Previous presentations to IIB 3)OBC shared with WG Officers for comment 4)WG notified of timescales for FBC so they can align resources 5)Specialist advisors used to support delivery of Business Case	1) Ongoing activity 2) Complete 3) Complete 4) Complete 5) Ongoing	Gavin Bryce	1) 5)	1) 05/11/2021 5) 05/11/2021	Timescale	3	4	**12**	2	4	**4**	
R342	08-Sep-21	Gavin Bryce	3a. IRS								Gavin Bryce	There is a risk that as the nVCC Competitive Dialogue clashes with the IRS Final Tender evaluation, there is pressure on resource availability leading to delays in finalising the evaluation process	15-Oct-21		1) Understanding of which staff and resource are impacted to explore availability and potential impact of this to the Project	1) Work has started	Gavin Bryce	1	29-Oct-21	Timescale	4	3	**12**	2	3	**6**	
R304	10-Dec-20	Craig Salisbury	1. Enabling works for nVCC	X	X				X		Mark Young	**Railway cutting PROW** There is a risk that an application to create a public right of way in the railway cutting might affect the project's ability to use it for a TCAR, leading to delays to enabling works construction	07-Oct-21	£600k	1. Divert PROW.	1. Allowance has been made for handling correctly the newly established public right of way through the railway cutting, that affects the proposed enabling works. We will ensure that we will comply with all necessary timelines for planning, advertisement and enactment of the public right of way diversion to all of the enabling works to proceed uninhibited by this. Timely application to Cardiff CCC will be undertaken. This has been documented on the project plan for the enabling works which is being discussed regularly by PLT. Liability issues and timing to be looked at closely.	Mark Young	1	01-Nov-21	Timescale	4	3	**12**	2	2	**4**	Risk cost based on 6 month delay

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME MANAGERS REPORT

DATE OF MEETING	25/10/2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Carys Jones, Senior Programme Delivery & Assurance Manger
PRESENTED BY	Carys Jones, Senior Programme Delivery & Assurance Manger
EXECUTIVE SPONSOR	Carl James, Director of Strategic Transformation, Planning & Digital

REPORT PURPOSE	FOR NOTING

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

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

1. SITUATION / BACKGROUND

1.1 The TCS Programme will deliver a range of outcomes and benefits for patients across South East Wales. The Programme has been established since 2015 and consists of seven defined projects that are being delivered by the Trust in conjunction with its various partners / stakeholders.

1.2 This report provides a summary update against wider TCS Programme matters only. Details pertaining to the specifics of the constituent Projects within the Programme are captured in their respective Highlight Reports also reported at the same Programme Delivery Board (PDB). A brief update against the elements of each project which impact upon the wider programme and Master Programme Plan are contained at the end of this report.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 The report is set out in the following way:

a) External updates
b) Internal Programme updates
   i. Wider Programme updates
   ii. Notable Updates from the Seven Projects affecting the Programme
   iii. Master Programme Plan (see also the separate agenda item)

3. EXTERNAL PROGRAMME ARRANGEMENTS

Collaborative Cancer Leadership Group (CCLG)

3.1 The next Collaborative Cancer Leadership Group (CCLG) meeting will be held on 22nd October, with Dr Stuart Walker, Interim CEO, Cardiff and Vale UHB, assuming the Chair following Len Richards' departure.

3.2 The agenda will cover the following items:

- Nuffield Trust Report Progress Update
- Workshop on Developing the SE Wales Cancer System
- Velindre @ UHW Progress Update
- Acute Oncology Service (AOS) Regional Business case
- Prehabilitation2Rehabilitation programme of work
- Transforming Cancer Services (TCS) in SE Wales Programme including nVCC, the Integrated Radiotherapy Solution (IRS) procurement, and the Radiotherapy Satellite Centre.
- Regional Cancer Demand Recovery Modelling

3.3 Recommendation one from the Nuffield Trust advice relates, specifically, to the need for improvements in the regional planning and coordination functions for cancer services.

3.4   In response to this recommendation, a workshop focusing on developing the SE Wales Cancer System entitled *'Strengthening our approach: exploring a whole systems approach cancer in South East Wales'* is currently being planned for November 2021.

3.5   The purpose of the session is to explore the potential opportunities to strengthen the cancer system across South East Wales and understand how the learning from other comparable system might be applied in our context.

Velindre @ UHW

3.6   The 'Velindre @ UHW Project' which begins to address elements of the wider regional operating model, and in particular addresses a number of the Nuffield Trust recommendations, is progressing well. A highlight report has been submitted to this PDB under a separate agenda item, however, the key developments within each of the 3 workstreams are noted below.

3.7   **Research & Development** – a final draft proposal for a 'Cardiff Cancer Research Hub' at UHW will be completed by 15th October. All sections are complete, with the exception of the workforce requirements, which will be added imminently. The document describes the proposed future research hub operational model and infrastructure requirements and will be discussed at the October CCLG meeting. Once the operational model and proposed phasing of the implementation is agreed, the necessary business cases for any capital and revenue implications can be developed with additional planning & finance input.

3.8   **Unscheduled Care** – following the first clinical design session on 14th September, a further meeting was held on 7th October where there was agreement to developing an Acute Deteriorating Patient (ACP) Pathway for wider agreement and discussion at a workshop in November. Work on drafting the pathway has now commenced.

3.9   **Haemato-oncology** – due to capacity constraints, this workstream has been paused to reflect service pressures and allow a focus on the acute/unscheduled care workstream in the interim. This will be kept under review and this workstream will resume once capacity permits.

4.   INTERNAL PROGRAMME ARRANGEMENTS

Wider Programme Updates

Risk Management

4.1   The TCS Programme Risk Advisor has been working alongside the Corporate Risk team in preparation for the transition of all risk management and reporting processes to the corporate Datix system (version 14).

4.2   The Risk Advisor is working to ensure that the new Datix arrangements reflect the mandatory risk reporting fields currently in use by TCS, together with

developing a training and transition plan for TCS staff to be able to use the new system appropriately.

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

Future Governance Arrangements and Transition

4.4   The governance, accountability and reporting arrangements within the Trust's programme and committee structure have been reviewed by EMB. The outcome will be the transition of the current TCS Programme Delivery Board into a new Strategic Capital Board provisionally from December 2021.

4.5   The Senior Programme Delivery and Assurance Manager for TCS is currently drafting a series of change controls to enact this transition in the first instance. These will be received by the November PDB for discussion and approval.

4.6   The wider impact of the transition is currently being assessed and will be reviewed with the Associate Director of Programmes to ensure all programme governance activities are completed in accordance with good practice standards.

Notable Updates from the Seven Projects affecting the Programme

4.7   This section *does not* provide a full update against each project; only matters which have a potential impact on the delivery or coherence of the overall programme (such as scope or timescales), are highlighted below. Details pertaining to the specifics of the constituent Projects are captured in their respective Highlight Reports.

4.8   **nVCC and Enabling Works** – Competitive Dialogue (CD) is now well underway and progressing well. The start of CD represents a major milestone in the project. CD with the two consortia will run until Spring 2022 when final designs will be requested. A decision to refuse a Judicial Review against the WGs decision to approve the OBC is being contested and is scheduled to be heard in the High Court on 17th November 2021. The Enabling works FBC was submitted to Welsh Government on 27th September and is now undergoing scrutiny.

4.9   The **Integrated Radiotherapy Solution** – final IRS tenders have been received. The IRS Evaluation Methodology (version 1.2) which is the management plan that sets out the arrangements for the evaluation of IRS tender(s) is being submitted to the October PDB for approval.

4.10 The **Radiotherapy Satellite Centre** – the Stage 4 design process has recommenced from 4th October following sign off of the 1:200 layouts including the MRI Bunker 'future proofing'. A revised programme based on the sign off of the 1:200 layouts was received from the Design Team on 7th October. FBC completion is now April 2022 with an anticipated 'Beam On' date of July 2024 representing an overall delay of circa. 6 months.

4.11 **Outreach** – the project is currently on hold until project resourcing constraints can be resolved. A resourcing solution is being discussed at Executive level. Under the change control process and revised governance arrangements described above, it is anticipated that this project will transfer to the Velindre Futures programme from December 2021.

4.12 **Service Delivery and Transition** has not progressed within the TCS programme however the Velindre @ and VF programme address many of the areas of the original project scope. Under the change control process and revised governance arrangements described above, it is anticipated that this project will transfer to the Velindre Futures programme from December 2021.

Master Programme Plan

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

5. IMPACT ASSESSMENT

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

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

6. RECOMMENDATION

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

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

NVCC – RD&I GROUP UPDATE

DATE OF MEETING	25th October 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Hannah Moscrop, Project Manager, TCS
PRESENTED BY	Hannah Moscrop, Project Manager, TCS
EXECUTIVE SPONSOR APPROVED	STEVE HAM, CHIEF EXECUTIVE

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
nVCC	New Velindre Cancer Centre
RD&I	Research, Development and Innovation
ToR	Terms of Reference

1.   SITUATION

1.1   In January 2021, the nVCC project began the process of establishing an nVCC RD&I Group to produce a programme of RD&I project work to inform and learn from the nVCC Project – a Dynamic Project Evaluation process.

1.2   The Group took a draft ToR to the Programme Delivery Board, and was asked to review in light of the development of the Trust RD&I Sub Committee, which is due to meet for the first time in October 2021. The Group will update their ToR following this and bring it back through internal governance.

1.3   Work has been ongoing during this time, and the appended report provides the overall context of the work and an overview of the ongoing projects and identified opportunities.

2.   KEY MATTERS FOR CONSIDERATION

2.1   To ensure visibility of this work and effective alignment across Trust and Project priorities, the Group will provide quarterly updates to the nVCC Project Board, Programme Delivery Board and Trust RD&I Sub-Committee.

2.2   The attached update paper (Appendix A) outlines the scope of this work, key activities, deliverables and dependencies, plus a high level timeline plan and maps the work against the Well-being of Future Generations (Wales) Act.

2.3   Additionally, the paper includes a log of completed and ongoing projects, and identified opportunities.

3.   IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined 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 content of this report and Appendix A: nVCC – RD&I Group Update Report – October 2021.

nVCC – RD&I Group

Update Report
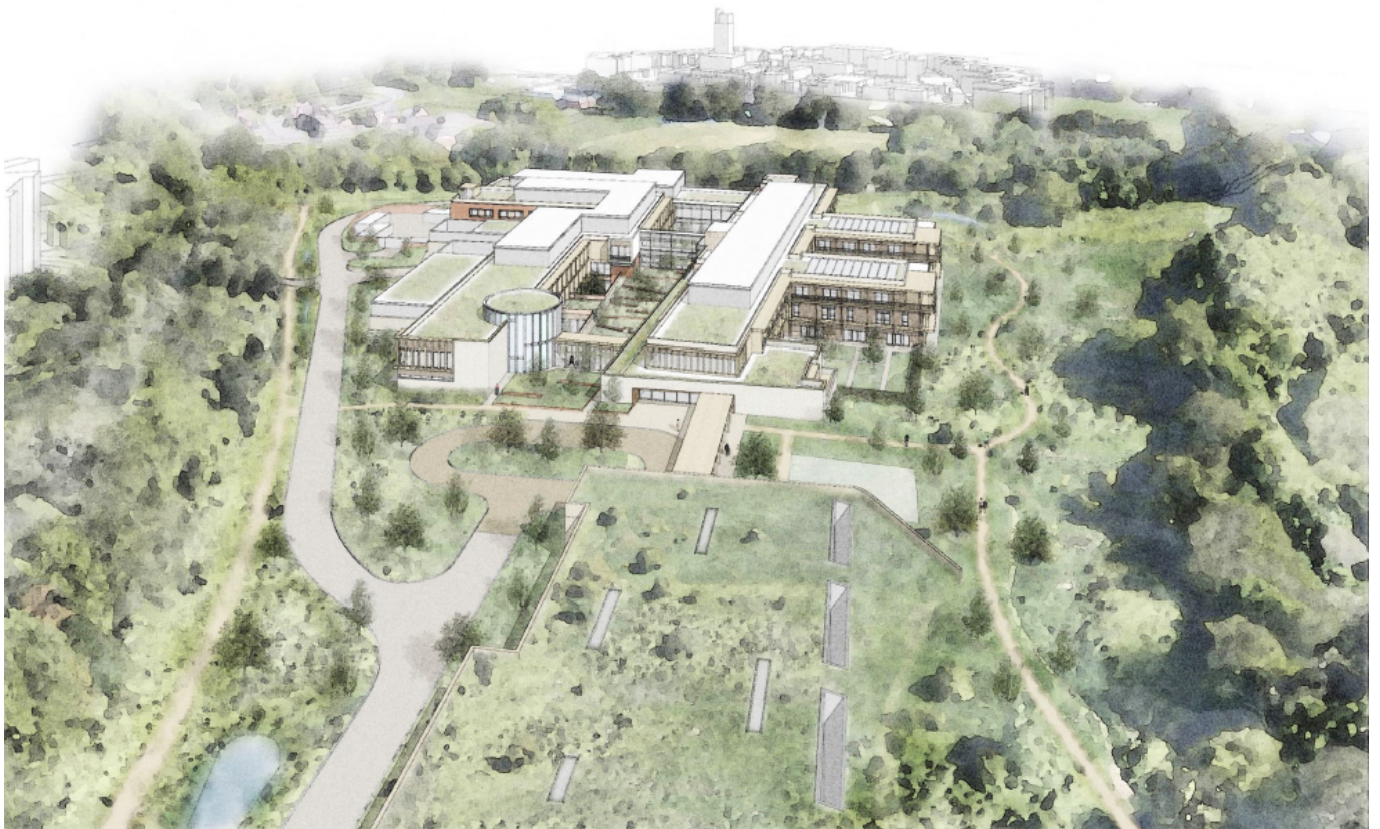
October 2021

Document Control and Contents

The source of the document will be found in the following location: X:\Project 2 - nVCC\nVCC RD&I\Board Papers

Document Version History:

Version Number	Date	Author	Summary of changes
0.1	12.10.2021	Hannah Moscrop	Initial draft

Approvals:

This document will be shared with the following:

Title / Group	Date	Version / Option
nVCC Project Board	18th Oct 2021	
TCS Programme Delivery Board	20th Oct 2021	
Trust RD&I Sub Committee	20th Oct 2021	

Contents:

1. Overview

1.1. A key, but often overlooked, element of any project is evaluation and consideration of lessons learned. This is often undertaken as post-project evaluation – after the project has delivered its objectives and key team members may have left. Post-project evaluation is, therefore, too frequently treated as an afterthought and a short tick-box exercise – as team members are keen to move onto the next thing.

1.2. The nVCC Project aims to avoid this pitfall by undertaking a process of **Dynamic Project Evaluation** – that is, ongoing evaluation of the project, producing reports and outcomes by which to measure success and learn lessons throughout the life of the project. This can then feed into a comprehensive post-project evaluation.

1.3. It is hoped that this approach will identify and develop valued lessons for ongoing and future projects, as well as delivering opportunities for innovative approaches to evaluation.

1.4. In addition, this approach offers opportunities to inform the Project as it progresses – for example, undertaking research and comparative analysis to improve the nVCC Project ways of working, design ambitions and community benefits impacts.

1.5. This approach is facilitated and overseen through the nVCC RD&I Group, which meets regularly to receive updates and discuss work being undertaken and future ambitions.

2. Scope of Work

2.1 The Project and Velindre Fundraising have identified an opportunity for unique fundraising projects to be undertaken for the nVCC, in addition to the ongoing fundraising activities undertaken ('business as usual').

2.2 The scope of this work is limited to those opportunities presented by the Trust procuring a new cancer centre – for example, opportunities related to the MIM procurement approach, the nVCC site, green building ambitions.

2.3 To guide priorities, the Group has divided the key areas of focus into 'Outcomes' and 'Method'.

Outcomes	Method
Design Principles – Delight - Patient - Staff - Community	Application of Well-being of Future Generations Act - General - Engagement
Design Principles – Firmness - Resilient	Project Management (time, budget, etc.)

- Green - Practical	

Design Principles – Commodity
   - Efficient
   - Flexible
   - Digital
   - The Velindre Way
	Commercial Management
	   - Risk transfer
	   - Value for money
	   - Funding package
	   - Commercial movement from Competitive Dialogue to Financial Close, and Financial Close to completion

Community Benefits
   - Jobs / apprenticeships
   - Other benefits
	Quality Checks
	   - Snagging
	   - Paymech deductions (Yr 1 and 2)

Facilities Management (FM)
   - Ongoing Paymech deductions
	RD&I
	   - Number of papers / grants
	   - Quality (i.e. published / impact)

	Collaborative partnerships
Evaluated dynamically by:	**Evaluated dynamically by:**

- Where are we now
   - Where do we want to be
   - [In X years' time] Where are we now, did we get to where we wanted to be
	- How we must do it (should)
	   - What is best practice (could)
	   - How did we do, versus how it should and could have been done
	   - What would we change in hindsight (would)

3. List of Key Activities

3.1 The work outlined here will be undertaken by members of the nVCC RD&I Group, supported by the nVCC PMO. Additionally, some work is undertaken by external partners with the sponsorship of nVCC RD&I Group members – for example, University students undertaking research projects.

3.2 Using the key priority areas noted in 2.3, the Group has developed a list of projects and opportunities. A number of these have commenced already, and others remain TBC as noted in **Appendix A**.

3.3 Opportunites / future projects are to be mapped out against the nVCC Project timeline, to identify when they can be undertaken in order to provide the best value for the nVCC Project.

3.4 The Group aims to promote the opportunities available for RD&I to VCC staff, and wider – amongst University partners and other organisations – and will be working

with the Comms team to establish a presence on the VUNHST website and to include opportunities in internal and external Comms mailouts.

3.5 Within the nVCC RD&I space are a lot of activities relating to indivudal research projects and opportunity development. However, as a whole, the overall high level key activities of the evaluation work are identified as:

- Ongoing development of opportunities – *nVCC RD&I Group*
- Mapping of identified opportunities against nVCC Project timeline – *nVCC Project Team*
- Promotion to key stakeholders via website presence, newsletter content, engagement – *nVCC RD&I Group, nVCC Project Team, [incl. via Comms Team]*
- Outputs interface with nVCC Competitive Dialogue participants / preferred bidder – *nVCC Project Team*
- Ongoing interface with preferred bidder prior to, during and following the construction of the nVCC – *nVCC Project Team*
- Ongoing monitoring to assess impact of projects implemented [i.e. impact of embodied carbon research findings on final nVCC] – *Project-dependent*
- Publication of final nVCC Project evaluation to inform future projects – *nVCC Project Team*

4. Key Deliverables

4.1 The Project has identified the following key deliverables to progress this work from engagement to final Fundraising outputs and delivery:

- Updated ToR to align with Trust RD&I Sub Committee – *nVCC Project Team*
- Project log – *nVCC Project Team*
- Website presence – *nVCC Project Team*
- Project briefs and project outcome papers – *Project-dependent*
- Individual project deliverables – *Project-dependent*
- Final nVCC Project Evaluation report – *nVCC Project Team*

5. Key Dependencies

5.1 The Project has identified the following dependencies one which the completion of the Key Deliverables rely:

- nVCC Project Team resources to support RD&I work, website development / update, analyse outputs
- Future nVCC resources to analyse outcomes
- External resource and interest to take forward opportunities
- Funding constraints

- MIM funding restrictions and final Project Agreement with successful participant
- nVCC Competitive Dialogue and evaluation timings to preferred bidder

6. Timeline Plan

6.1 High level activity plan:

Activity	Oct-21	Nov-21	Dec-21	Preferred bidder stage	nVCC Construction	nVCC Opening – Yr 1	Yr 2 onwards
Ongoing development of opportunities	🟩	🟩	🟩	🟩			
Mapping of identified opportunities against nVCC Project timeline	🟨	🟨	🟨	🟨			
Promotion to key stakeholders via website presence, newsletter content, engagement		🟧	🟧	🟧			
Outputs interface with nVCC Competitive Dialogue participants / preferred bidder	🟧	🟧	🟧	🟧			
Ongoing interface with preferred bidder prior to, during and following the construction of the nVCC				🟧	🟧	🟧	🟧
Ongoing monitoring to assess impact of projects implemented [i.e. impact of embodied carbon research findings on final nVCC]					🟦	🟦	🟦
Publication of final nVCC Project evaluation to inform future projects						🟪	

7. Well-being of Future Generations (Wales) Act 2015 / Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015

7.1 One of the key work areas for the nVCC RD&I Group is the Well-being of Future Generations Act.

7.2 In addition, projects and opportunities identified for the Group are all aligned to one or more of the seven Well-being Goals. Examples of this are shown below.

		The Five Ways of Working *Pum dull o weithio*				
		Long-term *Hirdymor*	Integration *Integrediddio*	Involvement *Cynnwys*	Collaboration *Cydweithio*	Prevention *Atal*
Seven Well-being Goals *Saith Nod Llesiant*	A Prosperous Wales *Cymru lewyrchus*				Research into embedding social value into procurement	
	A Resilient Wales *Cymru Gydnerth*	Research into sustainable building				
	A More Equal Wales *Cymru sy'n fwy cyfartal*			Aims to offer research opportunities to all – internships, Kickstart		
	A Healthier Wales *Cymru iachach*					Supporting the development of the nVCC Research into impact of nature on well-being / health / healthcare outcomes
	A Wales of Cohesive Communities *Cymru o gymunedau cydlynus*	Research on embedding social value in procurement	Value-added projects and additional community benefits / social value			
	A Wales of Vibrant Culture & Thriving Welsh Language *Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu*			Work to include art, incl. community art in nVCC		
	A Globally Responsible Wales *Cymru sy'n gyfrifol ar lefel fyd-eang*	Research into sustainable building Carbon reduction Green priorities				Research into sustainable building Carbon reduction Green priorities

Appendix A: nVCC RD&I Project Log

Topic	Description	Informing the project	Learning from the project	RESOURCE	Sponsor / Owner	Status	Start	End	1	2	3	4	5	6	7	8	9
General Green / Low Carbon Design																	
	Develop a library of appropriate publications, research papers and case studies	✓		All		Ongoing	Mar-21		⬔								
Placemaking																	
Review	To study how placemaking relates to the design and operation of hospitals.	✓		AB (PhD student CU)		Ongoing	Sep-21	Nov-21	⬔	◐	▮						
Indoor environment	A study of indoor conditions for health and comfort, including thermal comfort, visual comfort and indoor air quality. Also, how the internal conditions thus created are appropriate to enhancing the health and wellbeing of building occupiers at and the various users of the building. To include consideration of the impact of materials on air quality toxicity and ambiance.	✓	✓		Phil Roberts, Phil Jones	Opportunity				⬔	◐	◑	▮				
Ventilation and infectious disease e.g. COVID	To study the impact of Covid on design requirements in terms of space requirements, infection control, ventilation, and the choice of materials.	✓	✓	Phil Roberts, Phil Jones	Phil Roberts, Phil Jones	Opportunity				⬔	◐	◑	▮				
Transitional space	To study the design of transitional spaces (such as entrances, retail areas, seasonal spaces, and covered car parking) and external spaces (such as external car parking, pedestrian routes, external activity areas, and external seating areas) on the health and wellbeing of building users.	✓		Student projects?	Phil Roberts, Phil Jones	Opportunity				⬔	◔	◐	◕	▮			
Digital design	To study the possibilities of digital design to enhance the user experience within the building. To study how digital systems can be designed and specified to align with Velindre's Zero-Carbon targets.	✓	✓		Phil Roberts, Phil Jones	Opportunity											
Low / Zero-Carbon																	
Embodied carbon	To study the embodied carbon in construction, including the use of timber, low carbon concrete and environmentally friendly finishes.	✓	✓	Phil Roberts, Phil Jones	Phil Roberts, Phil Jones	Closed	May-21	Jul-21	⬔	◐	▮						
Carbon off-setting	To study carbon sequestration to offset energy use	✓		Phil Roberts, Phil Jones, PM, HD	Phil Roberts, Phil Jones	Opportunity	TBC	TBC	⬔	◐	▮						
Energy - Green, Renewable, in Building Design																	
Operating energy	To study the operating energy and proposals for reducing energy demand. This includes regulated energy for Heating Ventilation and Air Conditioning and lighting and also for unregulated small power and specialist equipment.	✓	✓	Phil Roberts, Phil Jones	Phil Roberts, Phil Jones	Opportunity	TBC	TBC	⬔	◐	▮						
HVAC	To study innovative ways of heating, cooling and ventilating hospitals to achieve low energy performance.	✓	✓	Phil Roberts, Phil Jones	Phil Roberts, Phil Jones	Opportunity	TBC	TBC		⬔	◐	▮					
Renewable energy and storage	To study the viability and availability of an energy supply from integrated renewable, private wire agreements and green grid energy combined with energy storage.	✓	✓	Phil Roberts, Phil Jones	Phil Roberts, Phil Jones	Opportunity	TBC	TBC		⬔	◐	▮					
Green Status Tracker	To develop a smart live green status checker for the nVCC and staff	✓	✓	TBC	David Powell	Opportunity	TBC	TBc	⬔	◔	◔	◐	◑	◕	◕	◕	▮
Biodiversity																	
Nature-based systems	To study how 'nature-based systems', including the external landscape features, biodiversity and indoor planting an impact upon both the mental and physical health of building users. To study the viability of delivering a landscape that is as near to nature as possible, that enhances and supports biodiversity and yet is capable of being effectively managed and maintained in the long-term.			Student projects?	Phil Roberts, Phil Jones	Opportunity			⬔	◔	◐	◕	▮				
Well-being of Future Generations		✓				Opportunity											
Sustainability App			✓	Rhiannon Collins	Carl James	Initiation	Jun-21	TBC	⬔	◔	◐	◐	◕	▮			
The Therapeutic Benefits of Art	Reading list developed - to consider further researh work in this area - and promote opportunity.	✓		Rhiannon Collins	Huw Llewellyn	Initial reading list sourced			⬔	▮							
nVCC Art Gallery	Creation of Velindre Art Charity and programme	✓		Rhiannon Collins	Robyn Davies	Ongoing	Oct-21	TBC	⬔	◐	◑	▮					
Education																	
CCfLI	Design Brief + Bevan Commission Engagement	✓		Bevan Commission	Mick Button	Live	Mar-21	Oct-21	⬔	◐	▮						
Med Students SSCs 2019/2020 - 1	How can hospital design be improved to reduce the carbon footprint of the NHS?	✓	✓	Nicolas Mayne	David Powell	Closed			⬔	◐	▮						
Med Students SSCs 2019/2020 - 2	Evaluating Cancer Incidence and Trends to Assess the Planning Assumptions of the Transforming Cancer Services Programme	✓		Esther McKeag	David Powell	Closed			⬔	◐	▮						
Med Students SSCs 2021/22	*TBC - pending selection*		✓	Med Students	TBC - Various	Opportunity	Nov-21	Jan-21	⬔	◐	▮						
USW Internships	*TBC - pending selection*	✓	✓	Business Students	Andrea Hague	Opportunity	Jan-22	Mar-22	⬔	◐	▮						

Commercial									
Masters Research Project	Embedding Social Value into Procurement	✓	✓	Pheobe Lewis	Mark Ash	Closed	Jan-21	Mar-21	
Cardiff Business School PhD	TBC - pending selection		✓	TBC	Mark Ash	Opportunity			
Engagement and Its Impact									
Minecraft for Education	Children and young people design competition through Minecraft for Education - engagement aim: engagement with and educated children and young people on environmental, sustainability, community benefits, and WBFGA; consultation element - obtain feedback and project knowledge on preferences for, e.g. community benefits, green site facilities	✓	✓	Technocamps / Hannah Moscrop	Carl James / David Powell	Closed	Jan-21	Sep-21	
Children and Young People Engagement	Green Design Workshop - feedbakc for nVCC Project, analysis of engagement output	✓	✓	Down To Earth / Hannah Moscrop	David Powel	Ongoing	Oct-21	Nov-21	
Digital Conversation - Down To Earth	ENRAW sponsored through Welsh Government. Consultation process via digital and in-person (drop-in) events. To obtain feedback on preferences for green and sustainable hospital design, site design, community benefits and site facilities. To obtain knowledge on effectiveness of 'digital conversation' as means of engaging	✓	✓	Down To Earth	Welsh Government	Closed	Mar-21	Jul-21	
Smart / Digital									
AI - Data Science Academy 1	Sentiment Analysis of users and community on proposed hospital design	✓	✓	CU student	Adam Lukaszewicz	Closed	Jul-21	Sep-21	
AI - Data Science Academy 2	Automated conversation analysis	✓	✓	CU student	Adam Lukaszewicz	Live	Aug-21	Oct-21	

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

NVCC – VELINDRE CHARITY INTERFACE

DATE OF MEETING	25th October 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Hannah Moscrop, Project Manager, TCS
PRESENTED BY	David Powell, Project Director, nVCC
EXECUTIVE SPONSOR APPROVED	STEVE HAM, CHIEF EXECUTIVE

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
nVCC Project Board	18/10/2021	NOTED
TCS Programme Delivery Board	20/10/2021	NOTED

ACRONYMS	
CFC	Charitable Funds Committee
nVCC	New Velindre Cancer Centre

1.   SITUATION

1.1   In 2019, the nVCC Project met with the Velindre Charity team to as part of an engagement exercise amongst VUNHST departments. Velindre Charity noted their interest in a specific fundraising campaign for the nVCC, and a dialogue commenced.

1.2   This work included developing an initial long list of ideas, taken from discussions and input from VCC staff members and the PMO.

1.3   However, due to resources issues and the impact of COVID-19, these conversations were put on hold.

2.   KEY MATTERS FOR CONSIDERATION

2.1   Now that the new Interim Velindre Charity Director is in place, the Project has recommenced its work with the Velindre Charity, and has developed a shortlist of potential projects.

2.2   An engagement process with VCC staff is due to be undertaken by the Comms and Engagement Team, starting in September – to identify staff ideas and preferences for this opportunity.

2.3   Once this engagement exercise has completed, the Project and Velindre Charity will consider the responses and report back on those fundraising priorities identified.

2.4   It is intended to take the final proposals to the Charitable Funds Committee in December 2021.

2.5   The attached paper (Appendix A) outlines the scope of this work, key activities, deliverables and dependencies, plus a high level timeline plan and maps the work against the Well-being of Future Generations (Wales) Act.

3.   IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined 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 content of this report and Appendix A: nVCC – Velindre Charity Interface – Update Report – October 2021.

nVCC – Velindre Charity Interface
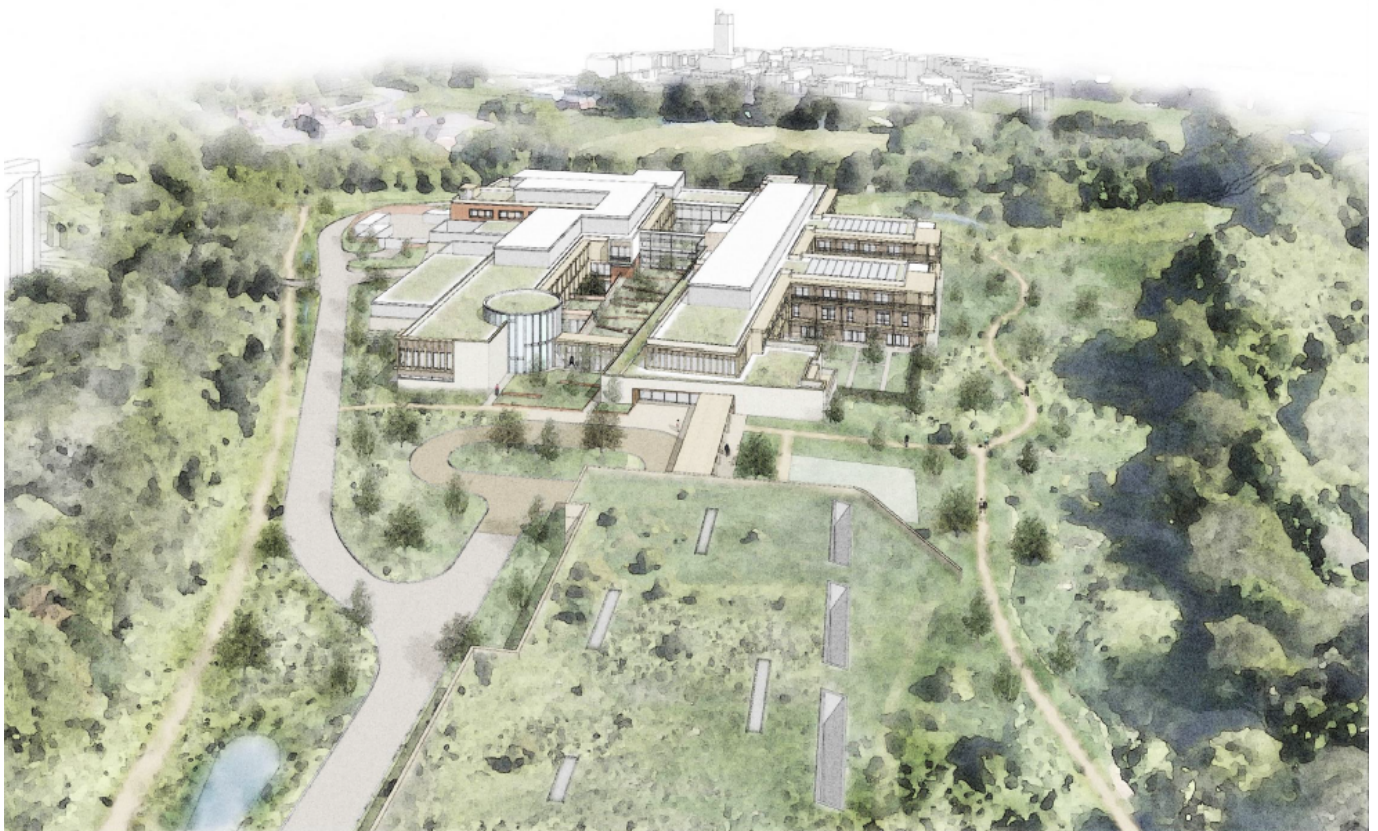
Update Report

October 2021

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0.2	20.10.2021	Hannah Moscrop	Minor update following TCS Programme Delivery Board

Approvals:

This document will be shared with the following:

Title / Group	Date	Version / Option
nVCC Project Board	Oct 21	
Strategic Capital Board (formerly TCS Programme Delivery Board)	Oct 21	

Contents:

1. Overview

1.1. In 2019, the nVCC Project met with the Velindre Charity team as part of an engagement exercise amongst VUNHST departments. Velindre charity noted their interest in a specific fundraising campaign for the nVCC, and a dialogue commenced.

1.2. This work included developing an initial long list of ideas, taken from discussions and input from VCC staff members and the PMO. However, due to resources issues and the impact of COVID-19, these conversations were put on hold.

1.3. Now that the new Interim Velindre Charity Director is in place, the Project has recommenced its work with Velindre Charity.

2. Scope of Work

2.1 The Project and Velindre Charity have identified an opportunity for unique fundraising projects to be undertaken for the nVCC, in addition to the ongoing fundraising activities undertaken ('business as usual').

2.2 The scope of this work is limited to those opportunities presented by the Trust procuring a new cancer centre – for example, opportunities related to the MIM site, flexible working, green building ambitions, a digitally-enabling building, etc.

2.3 Excluded from this work are fundraising projects which are ongoing, or for matters not related to the nVCC.

3. List of Key Activities

3.1 The work outlined here will be undertaken by the nVCC Project Team, Velindre Charity, and the Velindre Comms and Engagement Team.

3.2 Using the small-scale engagement work undertaken in 2019, and in dialogue with Velindre Charity, the Project has developed a shortlist of potential projects.

3.3 Additionally, the Project has identified the need to engage with staff to seek their views on potential opportunities for the nVCC to be support by fundraising – this may include new treatment equipment, staff well-being provision, new patient therapies, etc.

3.4 An engagement process with VCC staff, undertaken by the Communications and Engagement Team, will commence in October – to identify staff ideas and preferences for this opportunity.

3.5 This engagement will complete in early-mid November, and the Project and Velindre Charity will consider the responses and produce a report summarising the engagement activity and final proposals for Velindre Charity Projects for the nVCC.

3.6 The Project aims to take this report to the Charitable Funds Committee (CFC) in December 2021.

3.7 For those opportunities approved by the CFC, Velindre Charity will commence individual projects.

3.8 The nVCC Project will facilitate interface, where required, with the preferred bidder for the nVCC, following the evaluation of final tenders, to ensure the cohesive development of the final outputs of the fundraising projects.

3.9 The key activities are therefore identified as:

- Development of opportunities already identified in previous work with Fundraising – *nVCC Project Team and Velindre Charity*
- Staff engagement to identified priorities and *opportunities – Comms*
- Analysis of engagement outputs, report on outcomes and proposals – *Comms, nVCC Project Team and Velindre Charity*
- Seek CFC approval for proposals – *nVCC Project Team*
- Develop and commence fundraising campaigns (activity undertaken by Velindre Charity) – *Velindre Charity*
- Discussions with preferred bidder re: interface – *nVCC Project Team*
- Ongoing interface with preferred bidder prior to, during and following the construction of the nVCC – *nVCC Project Team*

4. Key Deliverables

4.1 The Project has identified the following key deliverables to progress this work from engagement to final Velindre Charity outputs and delivery:

- Engagement outcome report, including final proposals – nVCC
- Project plans for approved fundraising projects – Velindre Charity
- Plan for interface with preferred nVCC bidder – nVCC
- Fundraising objective outputs – *to be confirmed following approval of proposals*

5. Key Dependencies

5.1 The Project has identified the following dependencies one which the completion of the Key Deliverables rely:

- Comms resources to undertake engagement to time
- Project resource to analyse engagement outputs
- MIM funding restrictions

- CFC approval of proposals
- Fundraising resources to commence and complete agreed projects to time
- nVCC Competitive Dialogue and evaluation timings to preferred bidder
- MIM Project Agreement with final bidder

6. Timeline Plan

6.1 High level activity plan:

Activity	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Preferred bidder stage
Staff engagement **Comms**							
Analyse engagement outputs, confirm proposals **nVCC**							
Proposals to CFC for approval **nVCC**							
Fundraising campaigns develop/commence **Velindre Charity**							
Discussions with preferred bidder re: interface **nVCC**							

7. Well-being of Future Generations (Wales) Act 2015 / Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015

7.1 Once the fundraising priorities have been identified and approved for progression, the following chart mapping out compliance with the Well-being of Future Generations Act will be updated.

7.2 In undertaking the key activities noted under Section 3, the Project aims to implement the 'Involvement' (staff engagement) and 'Collaboration' (working with Velindre Charity) ways of working. In delivering the outputs of the fundraising projects, it is hoped to implement the 'Long Term' way of working – delivering outputs which will service patients, staff and the community for the future.

	The Five Ways of Working *Pum dull o weithio*

		Long-term *Hirdymor*	Integration *Integrediddio*	Involvement *Cynnwys*	Collaboration *Cydweithio*	Prevention *Atal*
Seven Well-being Goals *Saith Nod Llesiant*	A Prosperous Wales *Cymru lewyrchus*					
	A Resilient Wales *Cymru Gydnerth*					
	A More Equal Wales *Cymru sy'n fwy cyfartal*					
	A Healthier Wales *Cymru iachach*					
	A Wales of Cohesive Communities *Cymru o gymunedau cydlynus*					
	A Wales of Vibrant Culture & Thriving Welsh Language *Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu*					
	A Globally Responsible Wales *Cymru sy'n gyfrifol ar lefel fyd-eang*					

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

NVCC – CHILDREN AND YOUNG PERSON ENGAGEMENT

DATE OF MEETING	25th October 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Hannah Moscrop, Project Manager, TCS
PRESENTED BY	David Powell, Project Director, nVCC
EXECUTIVE SPONSOR APPROVED	STEVE HAM, CHIEF EXECUTIVE

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
nVCC Project Board	18/10/2021	NOTED

ACRONYMS	
nVCC	New Velindre Cancer Centre

1.   SITUATION

1.1   From May to July, a Minecraft for Education Competition was run by Velindre University NHS Trust and Cardiff University Technocamps for children and young people across South East Wales.

1.2   The competition sought designs for the nVCC and site – asking for design ideas to incorporate biodiversity, community assets, sustainability, and the Well-being of Future Generations Goals.

1.3   The competition closed on 12th July. In total, 120 registrations were made, including individual, class and whole-school registrations. Further to this, 35 entries were received, including individual and team entries. This met both our Communications targets for engagement and interaction.

2.   KEY MATTERS FOR CONSIDERATION

2.1   Based on the competition requirements, Technocamps shortlisted entries down to a 'top 10' of those who had completed all elements of the competition and design critieria.

2.2   An evaluation panel was held on 22nd July, comprised of Velindre Fundraising Young Ambassadors, a local resident and VCC staff representative, a patient representative (who was unable to attend on the day), Technocamps representatives, the nVCC Project Director David Powell and the nVCC Design Adviser Phil Roberts.

2.3   The panel considered the shortlist, and agreed on winners and runners up for both individual and team entries.

2.4   Winners and runners up were notified when the schools returned September, alongside a Comms campaign from 29th September onwards.

2.5   Winners, runners up, and the Young Ambassadors involved in judging the entries will be invited to a dedicated Design workshop event to be held during Competitive Dialogue – to feed into bidders design process.

2.6   The winners, runners up, and top 10 entries, along with a full analysis of all entries received will be provided to nVCC bidders as feedback, ahead of them commencing their designs.

2.7 A meeting was held in September with the Future Generations Commissioner's team to discuss its success, impact, reach and future workability, and the potential to use the competition as a case study.

2.8 A full update and overview of the Competition and further engagement via the Workshop is appended as Appendix A.

3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

4.1 The Programme Scrutiny Sub-Committee are asked to **NOTE** the content of this report and the update included in Appendix A.

nVCC – Children and Young People Engagement

Minecraft for Education Competition Update Report

October 2021

Document Control and Contents

The source of the document will be found in the following location: X:\Goverance and Comms\Engagement\Minecraft\Admin\Reports

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0.1	30.09.2021	Hannah Moscrop	Initial draft

Approvals:

This document will be shared with the following:

Title / Group	Date	Version / Option
nVCC Project Board	Oct 21	
TCS Programme Delivery Board	Oct 21	

Contents:

1. Background

1.1. Cardiff Child Friendly City approached VUNHST in late 2020 to discuss engagement with children and young people.

1.2. Technocamps – an organisation within Cardiff University – had recently run a design competition for local children and young people through the software programme 'Minecraft for Education' (the educational version of popular game Minecraft – available free to all schools students within Wales, via the Hwb learning platform).

1.3. The competition invited school-aged children to redesign an area of land located behind the National Museum in Cardiff city centre, with the winner influencing the repurposing of the land. A good response was received with many innovative ideas.

1.4. It was proposed to run a similar competition for the site of the nVCC – but with more specific learning goals and design criteria: aligned to Well-being of Future Generations goals.

2. Competition

2.1 Working with Technocamps, the nVCC Project launched a competition – open to children and young people aged 8-18 across South East Wales.

2.2 Technocamps developed a Minecraft for Education 'world' of the nVCC site – based on topographical surveys of the site, as well site visits and photographs. The 'world' contains various information blackboards, interactive characters, and learning zones to guide students learning and design development.

2.3 Technocamps also developed a supporting workbook to be used by teachers and / or students alongside their work in the 'world'.

2.4 The competition went 'live' on 10th May 2021 to all schools across South East Wales, and to other mainstream and industry-specific media. The competition sought designs to be built on the 'world', incorporating the following goals:

- **Goal 1 – Sustainable Building Design**
    - o This goal will address some of the Well-being of Future Generals Goals, particularly **A Resilient Wales, A Globally Responsible Wales, A More Equal Wales.**
    - o **Your goal is to design the most sustainable hospital building in the UK.**

- **Goal 2 – Community Assets**
    - o This goal will address some of the Well-being of Future Generals Goals, particularly **A Healthier Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language**

- o **Your goal is to consider how the hospital and site can be better used by the local community, as well as patients and staff.**

- **Goal 3 - Biodiversity**
  - o This goal will address some of the Well-being of Future Generals Goals, particularly **A Resilient Wales, A Globally Responsible Wales.**
  - o **Your goal is to increase and improve the biodiversity of the hospital site.**

2.5 The competition and workbook were access by over 100 schools, as well as individuals. This exceeded the project's engagement target of reaching 20 schools and 100 pupils.

2.6 The competition closed on 12th July 2021 and a total of 35 entries were received. This included a considerable number of team entries, therefore the total number of children and young people submitting an entry was higher. Based on the number of children and young people with whom the competition was shared, the Project felt that the number of entries received was lower than expected. On reflection, it was felt that the scope of the design requirement may have been too large and may have been off-putting. It is noted that a considerable number of schools and pupils access the 'world' but did not submit an entry – however in accessing the world they will have been able to access the workbook and take part in the learning activities.

3. Evaluation, Winners and Next Steps

3.1 Technocamps shortlisted the entries received, against the competition design criteria, resulting in a 'top 10'. An evaluation panel considered the shortlisted entries. The panel comprised of: Velindre Fundraising Young Ambassadors, nVCC Design Adviser, nVCC Project Director, VCC Staff representation, PLG representative (who was unable to take part on the day), and Technocamps / Cardiff University representatives.

3.2 The panel identified two team winners, and three team runners up: one individual winner and one individual runner up. Videos of these are included in **Appendix A**.

3.3 The winners will receive: a 'polycarbonate with a stained glass effect' art print of their design, family pass to Cefn Mably Farm Park, and an invitation to the Design Workshop and Awards Presentation on 29th October 2021. An additional print of their design will be displayed in VCC.

3.4 The runners up will receive: family pass to Cefn Mably Farm Park, and an invitation to the Design Workshop and Awards Presentation on 29th October 2021.

3.5 Additionally, all participants received a STEM goody back from Technocamps and thank you letter from Velindre.

3.6 The Young Ambassadors who were part of the evaluation panel will also be invited to the Design Workshop and Awards Presentation.

3.7 A report analysing the inputs from all entries received will be provided to nVCC bidders as feedback; this is currently awaited from Cardiff University.

4. Key Activities

4.1 The key activities are therefore identified as:

- Comms campaign launched confirming competition outcome – *Comms*
- Comms aim to source footage of winners at schools (TBC) – *Comms*
- Artwork of winning worlds printed, prizes arranges – *Comms, nVCC*
- Winners and runners up invited to Workshop – *nVCC*
- Finalising workshop content – *Down To Earth*
- Workshop held, awards presentation – *nVCC, Down to Earth*
- Findings from workshop shared with CD participants – *nVCC*
- Artwork displayed in VCC – *nVCC, Comms*

5. Key Deliverables

5.1 The Project has identified the following key deliverables to close out this specific engagement process:

- Competition entries report – *Cardiff University*
- Purchasing of prizes – Cefn Mably Farm passes and artwork – *nVCC, Comms*
- Children and Young People's Design Workshop – *nVCC / Down To Earth*
- Workshop outputs summary paper – *nVCC*

6. Key Dependencies

6.1 The Project has identified the following dependencies one which the completion of the Key Deliverables rely:

- Comms resources
- Project resources and funding to cover costs
- Velindre Fundraising to confirm Ambassador for awards presentation
- Capacity of Down To Earth for workshop

7. Timeline Plan

7.1 High level activity plan:

Activity	27/09	04/10	11/10	18/10	25/10	01/11	08/11 →
Comms campaign launched confirming competition outcome	30/09						
Comms aim to source footage of winners at schools (TBC)							
Winners and runners up invited to Workshop		04/10					
Finalising workshop content							
Workshop held, awards presentation					29/10		
Findings from workshop shared with CD participants							
Artwork displayed in VCC							→

8. Well-being of Future Generations (Wales) Act 2015 / Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015

8.1 A meeting was held in September with the Future Generations Commissioner's team to discuss the competitions success, impact, reach and future workability, and to consider its use as a Case Study. The Project is awaiting confirmation of this from the Commissioner's team to progress.

8.2 The Project has been mapped against the Well-being of Future Generations Act:

		The Five Ways of Working *Pum dull o weithio*				
		Long-term *Hirdymor*	Integration *Integrediddio*	Involvement *Cynnwys*	Collaboration *Cydweithio*	Prevention *Atal*
Seven Well-being Goals *Saith Nod Llesiant*	A Prosperous Wales *Cymru lewyrchus*					
	A Resilient Wales *Cymru Gydnerth*					
	A More Equal Wales *Cymru sy'n fwy cyfartal*					
	A Healthier Wales *Cymru iachach*					
	A Wales of Cohesive Communities *Cymru o gymunedau cydlynus*			Community benefits engagement		
	A Wales of Vibrant Culture & Thriving Welsh Language *Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu*				Working with CU on innovative engagement	
	A Globally Responsible Wales *Cymru sy'n gyfrifol ar lefel fyd-eang*	Education		Sustainable development engagement		

Appendix A:

Minecraft for Education – Velindre Design Competition

In conjunction with Technocamps at Cardiff University, Velindre University NHS Trust ran a competition in 2021 in which children and young people across South East Wales (ages 8-18) were invited to build on a Minecraft for Education version of the MIM site, based on the brief and goals outlined below.

The outcomes are shown in the following videos.

A more detailed report to summarise all entries is to follow.

Individual Winner and Primary School Winner
VelindreWinners.avi

Secondary School Team Winner
https://drive.google.com/file/d/1B0cV6nocWkAa1jFLFzhdvceIVMuj1XzT/view?usp=sharing

Top 10 Shortlist – compilation

https://drive.google.com/file/d/1IYaZv0_8Qfoy1u6-jLZNQn9DJD5WKGcV/view?usp=sharing

Top 10 Shortlist – individual fly-throughs

Shortlist Fly Through.pptx

Design Brief and Learning Goals

We want children and young people to benefit from learning about the Well-being Goals of the WBFG Act.

We also want children and young people to learn, through designing in this Minecraft for Education world:

- How design can be sustainable and how design can be used to implement changes needed to help protect our environment / atmosphere;
- Options for how public physical and mental health can be improved through non-medical routes, and
- What the habitat requirements for different animals are and the importance of biodiversity.

Goal 1 – Sustainable Building Design

This goal will address some of the Well-being of Future Generals Goals, particularly **A Resilient Wales, A Globally Responsible Wales, A More Equal Wales.**

Your goal is to design the most sustainable hospital building in the UK.

To achieve this goal there a number of learning avenues and options for the learner to consider. For example:

- What materials can be used to build the hospital? And what materials will look good?
- What renewable energy sources could power the hospital?
- How can people travel to work in a sustainable way?
- How can we reduce the use of resources to build and run the hospital? Can the building and site be flexible to adapt to future needs?
- How can we ensure that the building is accessible to all?

Goal 2 – Community Assets

This goal will address some of the Well-being of Future Generals Goals, particularly **A Healthier Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language**

Your goal is to consider how the hospital and site can be better used by the local community, as well as patients and staff.

To achieve this goal there a number of learning avenues and options for the learner to consider. For example:

- What features can be included in the grounds that would make this a nicer place to be for patients? (e.g. a mindfulness garden, places to sit and walk, covered paths from carpark / bus stop to the hospital entrance)
- What features can be included in the grounds that would make this a nicer place to be for staff? (e.g. places to eat lunch, areas for outdoor meetings)
- What features can be included in the grounds that would make the site an asset to the local community? (e.g. paths, wildlife trails, an outdoor school area, café, outdoor artwork)
- What features could the site have that would help people to stay healthy / cancer free? (e.g. exercise areas, community garden / allotments, relaxing / mindful areas, changing rooms for sports clubs)

Goal 3 - Biodiversity

This goal will address some of the Well-being of Future Generals Goals, particularly **A Resilient Wales, A Globally Responsible Wales.**

Your goal is to increase and improve the biodiversity of the hospital site.

To achieve this goal there a number of learning avenues and options for the learner to consider. For example:

- How we create a bio-diverse site for animals, birds, insects, fish etc. – what are the requirements for these and how can they be accommodated on the site (e.g. bats, dormice, bees)?
- What trees should be planted to best benefit the site?
- Innovative areas for nature to thrive – on the roof / car park, etc.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

COLLABORATIVE CENTRE FOR LEARNING AND INNOVATION – DESIGN PRINCIPLES – CLOSE OUT

DATE OF MEETING	25th October 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Hannah Moscrop, Project Manager, TCS
PRESENTED BY	David Powell, nVCC Project Director, TCS
EXECUTIVE SPONSOR APPROVED	STEVE HAM, CHIEF EXECUTIVE

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
nVCC Project Board	18/10/2021	NOTED

ACRONYMS	
CCfLI	Collaborative Centre for Learning and Innovation
nVCC	new Velindre Cancer Centre
OBC	Outline Business Case
VCC	Velindre Cancer Centre

1.   SITUATION

1.1   In approving the new Velindre Cancer Centre (nVCC) Outline Business Case (OBC), the Welsh Government approved space within the nVCC for a Collaborative Centre for Learning and Innovation (CCfLI).

1.2   The CCfLI will be a physical space within the nVCC, however to maximize its use and potential, it is essential that it is seen as more than just the physical space – and that collaborative working is embedded within the way Velindre works: the physical space will enable and support this way of working.

1.3   Therefore, the work relating to the CCfLI comprises of two elements:

   a) Describing the requirement and purpose of the physical space,

   b) Developing and implementing the service change – i.e. developing new collaborative ways of working both internally and with external partners through physical, digital and virtual connections across a network spanning the whole community of cancer care.

2. KEY MATTERS FOR CONSIDERATION

2.1   The first of these elements has been completed, and this report will outline the work undertaken to date in this regard. This report will also note the next steps for the service change element, which is being taken forward by Velindre Futures.

3. TO CLOSE OUT: DESCRIBING THE REQUIREMENT AND PURPOSE OF THE PHYSICAL SPACE

3.1   Over the past few months, Dr Mick Button, CCfLI Lead, AMD (Workforce) and the nVCC Project Team, have been working to engage with staff, patients and external partners to communicate the opportunity and intention for this space and develop initial ideas into more detailed plans.

3.2   The engagement work has delivered the CCfLI chapter of the nVCC Design Brief – to be provided to the bidders who will design and build the nVCC – outlining the vision and functionality of the space. The Bevan Commission have supported the external engagement work and drafted a report, the final version of which will be shared with nVCC bidders.

3.3 Engagement has been undertaken internally and with external partners, seeking input and feedback in relation to the requirements of the physical space, but also starting discussions on collaborative working.

3.4 Internal engagement:

3.4.1 Three drop in sessions at VCC, as well as two all-staff online meetings to discuss the draft design principles were held in June 2021.

3.4.2 Online meetings have been held with relevant Trust Execs, leads, and departments within VCC from June 2021 – October 2021.

3.4.3 Correspondence engagement has been undertaken with the Patient Liaison Group, and a meeting will be held on 20th October.

3.5 External engagement:

3.5.1 Four online engagement sessions were held for external partners, facilitated by the Bevan Commission, in June – July 2021.

3.5.2 Additional external meetings have been held with various external partners from June 2021 to October 2021 (including HEIW scheduled for 22nd October).

3.5.3 Feedback via written correspondence has been received from various external partners.

3.5.4 The Bevan Commission have produced a report on the external engagement work. A draft report has been received and the final version, once received, will be shared.

3.6 Feedback from the internal and external engagement has been shared with nVCC bidders via the feedback log. It has also crafted the CCfLI Clinical Output Spec, to be shared with bidder.

3.7 Dr Mick Button, will participant in Competitive Dialogue meeting(s) with bidders in relation to the design and requirements of the CCfLI.

4. NEXT STEPS: DEVELOPING AND IMPLEMENTING THE SERVICE CHANGE

4.1 **Appendix A** is a copy of a paper submitted to the September Velindre Futures Board, outlining the proposal for Velindre Futures to support the work deliver this service change from Velindre Cancer Centre (VCC), was submitted via which is a copy of the paper submitted to the September Velindre Futures Board to commence this service change work, through Velindre Futures and with the support of the Velindre Futures PMO.

4.2 There was a verbal discussion around the paper and a couple of actions arose: The first of which is looking at the approach and where it sits in relation to service improvement. The second was to map out an action plan, where it will sit and how can it be incorporated into Velindre Futures. The last action was for Dr Mick Button to meet with Amanda Jenkins to incorporate this into the healthy and engage steering group. These actions will all be complete before the next Velindre Futures Board and then discussed further as an agenda item again at the next Board.

5. IMPACT ASSESSMENT

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

6. RECOMMENDATION

6.1 The Programme Scrutiny Sub-Committee are asked to **NOTE** the contents of this paper and Appendix A.

VELINDRE FUTURES PROGRAMME BOARD

COLLABORATIVE CENTRE FOR LEARNING AND INNOVATION

DATE OF MEETING	16th September 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Hannah Moscrop, Project Manager, TCS
PRESENTED BY	Mick Button, CCfLI Lead, AMD (Workforce)
EXECUTIVE SPONSOR APPROVED	CATH O'BRIEN, CHIEF OPERATING OFFICER

REPORT PURPOSE	FOR APPROVAL

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
CCfLI	Collaborative Centre for Learning and Innovation
nVCC	new Velindre Cancer Centre
OBC	Outline Business Case
VCC	Velindre Cancer Centre

1. SITUATION

1.1 In approving the new Velindre Cancer Centre (nVCC) Outline Business Case (OBC), the Welsh Government approved space within the nVCC for a Collaborative Centre for Learning and Innovation (CCfLI). Over the past few months, work has been ongoing to engage with staff, patients and external partners to communicate the opportunity and intention for this space and develop initial ideas into more detailed plans.

1.2 It is essential that this is more than a physical space. New collaborative ways of working will be key – internally and with external partners through physical, digital and virtual connections across a network spanning the whole community of cancer care.

1.3 The engagement work has delivered the CCfLI chapter of the nVCC Design Brief – to be provided to the bidders who will design and build the nVCC – outlining the vision and functionality of the space (ready for use in 2025). The Bevan Commission are writing a report on the engagement to date.

1.4 Work is required to start the collaborative journey now. Our patients, staff and services need to see development and improvement in these areas – building on the existing high quality research, education, service improvement, innovation and involvement delivered already by VCC teams, creating exciting and positive new opportunities.

2. KEY MATTERS FOR CONSIDERATION

2.1 Velindre enjoys a wide variety of collaborative networks and partnerships. It is vital that these are nurtured to ensure our healthcare system (across SE Wales and beyond) is one which is always listening and learning, harnessing innovation and technology and is at the forefront of research and development to advance cancer care.

2.2 Improved collaborative working, supported by the CCfLI facility, will transform the way in which care is planned, organised and delivered by bringing together patients, Primary, Secondary and Tertiary care staff, Third Sector providers and a range of other partners including industry and technology partners. We will build on our good work in all of these areas, creating more focus, resource, quality and structure with opportunities to share and celebrate successes.

2.3 To maximise the benefits (for our patients, staff, external partners and the wider cancer community) of the future CCfLI, it is vital that we start to plan and implement changes in the way we work now, involving patients, staff and partners in this – so that we can fast track the benefits of such collaborative working from Day 1 in the nVCC, and before!

2.3.1   This will bring forward benefits to patients, healthcare services and staff; will help with design of the CCfLI and improve usage and efficiency of any future facilities.

2.4   It is proposed that this work sits under the Velindre Futures Programme, to deliver this service change from Velindre Cancer Centre (VCC).

2.5   Whilst related to the nVCC development and therefore sitting within the remit of VCC development, consideration also needs to be given regarding the wider, VUNHST functions of such a programme of work and future facility.

2.6   The Paper seeks the approval of the Velindre Futures Programme Board to commence this service change work, through Velindre Futures and with the support of the PMO.

2.7   There is strong internal strategic alignment (developing VUNHST strategy, R+D strategy, Education strategy, digital strategy, workforce strategy) and external strategic alignment (National Clinical Framework, WFGA). It is important to note that this does NOT replace any of the good work done on developing our strategic visions, but seeks to support ongoing development and delivery of these in an interconnected way.

2.8   Quality and efficiency will be improved by improved collaboration – not just between VCC teams and partners, but also through enhancing synergies between the themes of involvement, education, research, development, audit and service improvement, technology and innovation.

2.9   The goal is to raise people's thinking, positively changing behaviours and ways of working – bringing these into work places on a daily basis, creating an engaged, learning, agile collaborative community of practice in cancer care with a shared focus on continuous improvement. This proposal has potential to improve staff and patient involvement, engagement, wellbeing and satisfaction.

2.10   This has been outlined in 'What the Collaborative Centre May Mean to People'– **Appendix A.** While this describes the impact of the future CCfLI in the nVCC, the functions, behaviours, benefits and opportunities need developing through this work now.

2.11   In working to deliver this service change, it is hoped to deliver:
- Improved clinical care and improved working lives of those providing that care.
- An efficient system to develop ideas, deliver and evaluate the impact of change.
- The development of new behaviours and ways of thinking – specifically around a more holistic, outward looking collaborative approach to change.
- VUNHST overall aims and strategic vision.

3. Specific areas to consider include:
   - Internal VCC staff/patient engagement, building/growing a team of 'champions';
   - Ongoing external engagement and network building;
   - Developing a vision and identity/name/brand that people can feel they 'own';
   - Close working with new PMO structures (and other teams involved), creating new change tools, testing these and optimizing to ensure best impact and Implementation;
   - Quantifying our baseline position; demonstrating how this improves through this work
   - How we communicate, involve, share information and celebrate/share successes, developing a community of practice of cancer care
   - Understanding how this improves staff involvement/engagement/wellbeing
   - Exploring what is needed in terms of physical/virtual 'spaces' and supporting functions before the nVCC is open

4.   IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined 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	Yes (Include further detail below)
	Some Velindre Futures PMO resource will be required to support this work

5.   RECOMMENDATION

4.1   The Velindre Futures Programme Board are asked to **APPROVE** the proposal for this piece of work and to **CONSIDER** next steps and resourcing requirements.

PROGRAMME SCRUTINY SUB-COMMITTEE

COMPLIANCE WITH THE WELL-BEING OF FUTURE GENERATIONS ACT

DATE OF MEETING	25th October 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Peter Sowerby, Senior Project manager
PRESENTED BY	David Powell, Project Director
EXECUTIVE SPONSOR APPROVED	Steve Ham, Chief Executive

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
nVCC	New Velindre Cancer Centre
WbFGA	Well-being of Future Generations Act

1. SITUATION

1.1 Velindre University NHS Trust is one of the 44 public bodies subject to the Well-being of Future Generations Act.(WbFGA)

1.2 The Act requires the Trust to work in line with 5 Ways of Working and aim to achieve 7 Well-being Goals.

		The Five Ways of Working *Pum dull o weithio*				
		Long-term *Hirdymor*	Integration *Integrediddio*	Involvement *Cynnwys*	Collaboration *Cydweithio*	Prevention *Atal*
Seven Well-being Goals *Saith Nod Llesiant*	A Prosperous Wales *Cymru lewyrchus*					
	A Resilient Wales *Cymru Gydnerth*					
	A More Equal Wales *Cymru sy'n fwy cyfartal*					
	A Healthier Wales *Cymru iachach*					
	A Wales of Cohesive Communities *Cymru o gymunedau cydlynus*					
	A Wales of Vibrant Culture & Thriving Welsh Language *Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu*					
	A Globally Responsible Wales *Cymru sy'n gyfrifol ar lefel fyd-eang*					

The Office of the Commissioner for Future Generations has published a Scrutiny Framework to help organisations to assess and self-assess their position regarding the Ways of Working and Well-being Goals (Appendix 1 below). This includes a set of prompt questions and expected subjects of response

1.3 This framework has been used to map activity of the nVCC Project against the domains of the WbFGA and the results are shown below.

1.4 The activity to date shows how the Goals have been addressed at the critical planning and specification stage of the project, to be more fully realized in the construction and operation stages that will follow.

2. Background: Activity of the nVCC Project mapped against the Office of the Commissioner for Future Generations Scrutiny Framework

WbFGA Domain	nVCC Project relevant activity
Long-term The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.	**Needs analysis and projections underpinning the Strategic Outline Programme and the Outline Business Case.** **Plan to maintain services in the current site while the new centre is developed to meet the longer-term population need.** **Robustness of long-term assumptions have been assured by Welsh Government scrutiny.**
Prevention Prevent problems occurring or getting worse.	**Key prevention aims are;-** **Avoiding the potential deterioration of cancer outcomes that would arise from the projected increase in cancer and the limited capacity of the current Cancer Centre.**
Integration. Considering how public bodies' wellbeing objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.	**The Project has worked with different sectors of NHS Wales to integrate the nVCC Project and wider TCS Programme into regional planning and national health strategies e.g. NHS Wales De-carbonisation Strategy.** **nVCC Project worked with Cardiff City Council to integrate with their local development plans e.g., Transport Strategy.**
Collaboration Acting in collaboration with any other person (or different parts of the organisation itself).	**Velindre has worked with NHS bodies and individuals to develop the nVCC Project within the context of a programme for South East Wales and the larger cancer pathway.** **External bodies/people involved in developing the project to date include:-**

WbFGA Domain	nVCC Project relevant activity
	- **The Cancer Collaborative Leadership Group** - **Cardiff City Council** - **Design Commission for Wales** - **NHS Wales Shared Services Partnership** - **Natural Resources Wales** - **Future Generation Commissioner Office** - **Down to Earth** **The Project has visited similar services/projects and researched other recent developments to inform developments e.g. The Christie Cancer Centre, St Thomas Hospitals.** **Internal collaboration within the Trust has included engagement with:-** - **Clinicians,** - **Staff** - **Patient representatives** - **Operational Departments** - **Research Departments** - **Estates Departments**
Involvement The importance of involving people with an interest in achieving the wellbeing goals, and ensuring that those people reflect the diversity of the area which the body serves.	**For the Well-being goal of Healthy Wales, the key people involved are patients and carers who have been involved in physical meetings to develop design. Their views are continually collected from ongoing patient surveys and their feedback has fed into the process.** **Involvement with local community whose wellbeing will be affected by the construction and operation of the nVCC has been via public open meetings, meetings with local democratic representatives, use of website and electronic contacts, the Down to Earth "digital conversation"; meetings with sports clubs on the Whitchurch Hospital site and Friends of Forest Farm.** **In addition to this, Engagement with local schools via a Minecraft design project has been praised by the Commissioner as an exemplar of good practice.**
A Prosperous Wales	

WbFGA Domain	nVCC Project relevant activity
An innovative, productive and low-carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.	**Design requirement for low to zero carbon building will stimulate the green supply chain e.g. material supply, expert consultancy. Development work to date has already employed local Sustainability and biodiversity expertise from Cardiff University et al.** **Community benefit requirements and incentives for local apprenticeships and the use of Small Medium Sized Enterprises (SME) will support local skill development and employment.** **The project aims to support world class research and will maintain/ develop the research community.** **The nVCC Project Agreement requires the contractors and their supply chain to adhere to standards on modern slavery as embodied in the Welsh Government Ethical Employment code.**
A Resilient Wales A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).	**The hospital Design Brief and Evaluation Criteria includes requirements for biodiversity on site, low energy building, zero/low- carbon building, support for active travel, sustainable urban drainage, and the use of natural materials.** **Our Reference Design includes green roofs and plant covered facades.** **The specification has been developed with expert consultant input and is also reflected in Green Infrastructure Management Plan, Constructors Environmental Management Plan, Planning Permission Conditions, and the European Protected Species License.** **The design is also linked to a Travel Plan.**

WbFGA Domain	nVCC Project relevant activity
A More Equal Wales A society that enables people to fulfil their potential no matter what their background or circumstances (including their socioeconomic background and circumstances).	**The Design Brief has been reviewed and commented on by a range of people/organisations including consideration of access e.g., the Trust Diversity Officer, the patient liaison group, Macmillan's, Maggie Centre and the Design Commission for Wales.** **Equality of access (for staff and patients) is specified and supported by specific design requirements for people with different abilities and backgrounds e.g., wayfinding methods and bilingual signage.** **This includes access and use of the services at the Cancer Centre and public access to the site for public enjoyment.** **Take up of service is dependent on referrals from outside the organisation and Velindre has limited influence on any unequal referral patterns.**
A Wales of Cohesive Communities Attractive, viable, safe and well-connected communities.	**(See involvement section re engagement with local community)** **Velindre is working with Cardiff and Vale UHB who own the adjacent Whitchurch Hospital site, and Cardiff City Council and Transport for Wales regarding site access and wider place making for attractive well-connected local area with enhanced public transport.** **The authority is aware of the recreational use of the site by the local community currently. The Design Specification is to maximise local enjoyment of the site after completion.** **However, part of the local community remains in opposition to the planned Project citing environmental, clinical and other objections.** **A local ASDA store is key to the nVCC and an agreement has been reached with them for access to the Cancer Centre via their property while improving their own car parking layout.** **The Design Brief aspires to outline a landmark building of which the community can be proud.**

WbFGA Domain	nVCC Project relevant activity
A Wales of Vibrant Culture and Thriving Welsh Language A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports.	**The design and community benefits specification refer to local use of space within and without the building for cultural and leisure use e.g. the use of art and opportunities for walking** **The Design Brief and the Reference Design is for a building that will sit within and complement the landscape; protect and enhance the neighbourhood's natural and heritage sites (Glamorganshire canal, railway cutting, and the Whitchurch hospital listed buildings and playing fields).** **The Project requires compliance with the Welsh Language Act.**
Globally Responsible Wales A nation which, when doing anything to improve the economic, social, environmental and cultural wellbeing of Wales, takes account of whether doing such a thing may make a positive contribution to global wellbeing and the capacity to adapt to change (for example climate change).	**The Design Brief and Specification emphasises the use of sustainable materials and overall low/zero carbon building.** **The goal of building the greenest hospital the UK contributes to a national and international response to climate change.** **The Project Agreement requires Project Co to follow the Welsh Government code on fair employment that involves "Ethical Employment in supply chains" and ensure that any of their sub-contractors do likewise.**

3.   Assessment

3.1   The nVCC Project impacts all of the 5 Ways of Working and 7 Well-being Goals to different extent and the mapping exercise above shows how they are all being addressed.

3.2   It is natural that any project will focus on some Goals more than other and for the nVCC Project the three domains most fully addressed are:-

- addressing the long term health needs of the Welsh population
- integrating the project with the wider NHS plans for services and Cardiff City Council's plans for the area
- responding to the environmental issues articulated in the Resilience and Globally Responsible Goals

3.3   The snapshot above is based on a rapid review and includes key activities, not all details.

3.4   It is proposed that further assessment exercises are carried out at key stages of the project. The next one would be when the project has a final design for critique, a the end of the procurement phase.

4.   IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined 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	Yes (Include further detail below)
	Velindre has a duty as a Public Body to comply with the WbFGA
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 Programme Scrutiny Sub-Committee are asked to **NOTE** the contents of the report.

WbFGA Scrutiny
Template

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

NUFFIELD TRUST INDEPENDENT ADVICE –
A PROGRESS UPDATE

DATE OF MEETING	25th October 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

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

REPORT PURPOSE	FOR NOTING

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	20/10/21	Noted

ACRONYMS	
CCLG	South East Wales Cancer Collaborative Leadership Group
FBC	Full Business Case
LHBs	Local Health Boards
NT	Nuffield Trust
OBC	Outline Business Case
VT	Velindre University NHS Trust

1. PURPOSE

1.1 The purpose of this paper is to provide an update on progress against the recommendations contained within the Nuffield Trust (NT) report[1] published on 1st December 2020.

1.2 In February 2021, the TCS Programme Delivery Board (PDB) received, for noting, a draft action plan to deliver the recommendations set out by the Nuffield Trust. A monthly update has been provided to the Programme Delivery Board since this point. This paper provides an update against the action plan as at October 2021.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 The Nuffield Trust were commissioned by Velindre University NHS Trust in September 2020 to provide independent advice on the regionally integrated model for non-surgical tertiary cancer services across South East Wales.

2.2 The report sets out 11 recommendations for Velindre University NHS Trust and Health Board (HB) partners to consider in securing planned and sustained improvements in cancer services in the immediate, medium and long term.

2.2 The current position against each of the recommendations is set out in the 'Progress' column in Annex 1. Updates for October 2021 are illustrated in **_bold italicised_** text.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined 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

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[1] _Advice on the proposed model for non-surgical tertiary oncology services in South East Wales_ (Nuffield Trust, December 2020)

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 progress update.

Nuffield Trust Recommendations: Progress Update (October 2021)

	Recommendation	Key actions	Lead	Target date	Progress	Committee responsible for oversight of fulfilling the VUNHST accountabilities within each recommendation
1	The planning process for all South East Wales cancer services needs to be reviewed and its coordination improved, with the development of a common dataset and planning approach put in place. Steps have been taken to support this and it is going to be very important that the CCLG is effective – this will help to fill the strategic gap in the planning of cancer services that has existed across South East Wales. There are some lessons from the development of the more successful cancer alliance models in England that could be followed. These take responsibility not only for the planning of cancer services but also for leadership and performance management.	**Developing the cancer system (alliance approach)** • Agree strategic approach for SE Wales e.g. Alliance or Vanguard model • Develop approach/plan to evolve CCLG e.g. programme/ governance/resources **Developing strategy for South East Wales** • Initial discussions across region/scoping • Establish arrangements for strategy development • Develop plan/ identify resources/ arrangements etc	HBs/VUT HBs/VUT HBs/ VUT	Tbc following workshop Apr 2022 (this date is subject to system decisions at workshop in January	• CEOs/CCLG all agree on principle of approach • Regional workshop and approach agreed with CCLG Chair • Supplier for the external facilitation identified and initial scoping discussion held • Workshop date identified in Nov 2021. This will now occur in January 2022 due to system Covid pressures	Strategic Development Committee

				2022 and is likely to be later due to Covid pressures (Tbc)	• Proposal for the session to be agreed at Oct CCLG • Agreement in principle of benefits of SE Wales Cancer Strategy • Initial resource request made/ supported in principle by PHW. Appropriate resources provided for this stage of development		
2	Full co-location would have advantages but is not practical for a significant period of time. However, action is required soon to deal with the issues with the estate and linear accelerators at the VCC.	• Secure approval of Commercial Approval Point (CAP) 1	VUT	Feb 2021	• Complete		TCS Programme Scrutiny Sub-Committee
		• Secure approval for OBC for new Velindre Cancer Centre	VUT	Mar 2021	• Complete		
		• Secure approval of Commercial Approval Point (CAP) 2	VUT	Aug 2021	• Complete		
		• Procurement and Pre-Qualification Questionnaire (PQQ) of bidders	VUT	Jul 2021	• Complete		
		• Run Competitive Dialogue and award contract	VUT	Sep 2021	• Competitive dialogue commenced w/c 6th Sept representing a major project milestone		
		• Construction of nVCC	VUT	Dec 2024	• On track		

		• Secure approval for OBC/FBC for Integrated Radiotherapy Solution for SE Wales	VUT	Feb 2022	• On track	
3	In the near future, each HB needs to: a) Develop and implement a coordinated plan for: - analysing and benchmarking cancer activity against their areas - advice and decision support from oncology for unscheduled cancer inpatient admissions via A&E - acute oncology assessment of known cancer patients presenting with symptoms/toxicities, with inpatient admission an option on a district general hospital site if needed, complemented by the Velindre@ ambulatory model,	HBs required to develop plan: • Benchmarking plan etc • develop a revised target operating model for non-surgical tertiary oncology services including alignment of the AOS/ambulatory care models **Phase 1:** V@UHW: scoping commenced Feb 2021 - Archus consulting commenced to support - Develop Programme Brief and establish governance	HBs/ VUT HBs/VUT CAV and VUT CAV and VUT	 Feb 2021 May 2021	• HBs have a range of benchmarking in place for clinical services. Further work required for key system markers • AOS business case complete • Work well advance on target operating model across the region:- • Complete	Strategic Development Committee – for design and development Quality, Safety & Performance Committee – for delivery

	bringing models for haemato-oncology and solid tumour work together	- Establish project work streams and run clinical design workshops - i. RD&I		Jun; Sep; Oct 2021	• Complete • Complete. Final draft Cardiff Cancer Research Hub proposal complete and on CCLG agenda Oct 2021	
		ii. unscheduled care;		Oct 2021	• Acute / Unscheduled Care Data analysis complete • Acute / Unscheduled Clinical Design Workshop (Sep) and follow up meeting held (Oct) • Agreement to develop Acute Deteriorating Patient Pathway and drafting commenced • On track	
	b) Consider the lessons of Covid-19 in terms of remote access for patients and the remote provision of advice, multidisciplinary team meetings and other methods	iii. haematology and oncology		Dec 2021	• Scope and ToR agreed	

		for improving access to specialist opinion.	- Redesign pathways - Develop business proposals/implementation plans			• Clinical discussions progressing and outputs on-track	
4	The new model should not admit those who are at risk of major escalation to inpatient beds on the VCC. These patients should be sent to district general hospital sites if admission is required, to avoid a later transfer. The admission criteria for inpatient admission to the VCC therefore need to be revised to reduce the risks associated with acutely ill patients. Regular review of admissions and transfers should be used to keep this and the operation of the escalation procedures under review	• Agree changes to current admission criteria and other required internal VCC changes	HBs/VUT	May 2021	• Complete: Internal VCC operation changes completed, delivered via Velindre Futures	Strategic Development Committee – for design and development Quality, Safety & Performance Committee – for delivery
		• Changes in operational flows of small number of acutely unwell patients to DGH	CAV/VUT	Oct 2021	• Agreement to develop Acute Deteriorating Patient Pathway between VCC & UHW. Drafting commenced	
		Phase 1: V@UHW Phase 2: V@AB and V@CTM	CTM/AB/ VUT	Mar 2022 (initial model) – up to 2024 for new	• Work incorporated with existing outreach and clinical V@ projects	

				infrastructure		
		• Development of regional Acute Oncology Service: - Development of project brief/governance - Development of clinical model - Development of proposal / business case - Approval of business case - Implementation		Oct 2021	• Complete • Complete • Complete • Approved by VUT and CAV Board Sep • ABUHB and CTMUHB Boards to receive in (provisionally) Nov • On track. Regional Project Manager appointed to support implementation.	
5	To support recommendations 4 and 5, and the research strategy, a focus on cancer including haemato-oncology and a hub for research needs to be established at UHW. There would be advantages to this being under the management of the VCC, but in any case, the pathways between specialists need work in order to streamline cross-referral processes. Such a service would	• Develop Velindre Research strategy • Identification of options/solutions to develop a hub at existing UHW • Development of clinical model for research V@UHW • Develop business proposals/implementation plans • Implementation	CAV/VUT CAV/VUT	Apr 2021 Jun 2021 Oct 2021 Oct 2021 Tbc – awaiting confirmat	• Complete • Complete • On Track – see above Rec 3 • On Track	Strategic Development Committee – for design and development Quality, Safety & Performance Committee for delivery

	provide many of the benefits of co-location – access to interventional radiology, endoscopy, surgical opinion, critical care and so on – albeit without the convenience of complete proximity.	• Exploration of strategic solution for long-term V@ facility in UHW2 and alignment of strategic capital business cases		ion of UHW2 timelines		

6	The ambulatory care offer at the VCC should be expanded to include SACT and other ambulatory services for haemato-oncology patients and more multidisciplinary joint clinics. Consideration should be given to expanding a range of other diagnostics, including endoscopy, to create a major diagnostic resource for South East Wales that will be able to operate without the risk of services being disrupted by emergencies and which would also protect these services in the case of further pandemics.	• Review of current arrangements to determine what further opportunities exist for change in patient flows for (i) SACT (ii) diagnostics.
		
		• Development of regional operating model (as per recommendation 3) for:
		
		   (i) V@UHW
		   (ii) V@AB
		   (iii) V@CTM
			See Rec 3 & 4	See Recs 3 & 4	• See Rec 3
					• SACT Outreach discussions underway with provision at NHH
					• Work included in outreach and clinical projects * also AOS business case (complete)
						Strategic Development Committee – for design and development
						
						Quality, Safety & Performance Committee for delivery

7	The Velindre@ model needs further work to describe how it will operate, its interface with acute services and its relationship	• Development of regional operating model developed for non-surgical tertiary cancer services which finalises V@		See recs 3 & 4	See recs 3 & 4	TCS Programme Scrutiny Sub-Committee (as

	to the wider pattern of ambulatory care. This should include the integration and development of other ambulatory therapeutic services such as dietetics, occupational therapy, physiotherapy, psychological therapy and speech therapy.	requirements for at home/outreach care • See Recs 3 & 4				already part of PBC) Also – linked to 4-6 above, therefore as part of linked updates to: Strategic Development Committee – for design and development Quality, Safety & Performance Committee for delivery
8	The development of a refreshed research strategy is a priority and further work is required to fully take advantage of the networked model.	• Development of Velindre Research strategy • Alignment of Research, Development & Innovation strategies across South East Wales - alignment with development of service/infrastructure: (i) UHW acute/research hub (ii) Velindre@ AB	VUT HB/ VUT C&V/VUT AB/VUT CTM/VUT	Apr 2021 May 2021 Oct 2021	• Complete • Complete – regional ToR agreed to by CCLG • Complete (phase 2 – implementation plan developed)	Research, Development and Innovation Sub-Committee

		(iii) Velindre@ CTM				
9	Organisational development and other work to create a successful cancer network is going to be required but has not featured much in our conversations for this report.	• Development of regional workforce plans	HBs / VUT		• National cancer workforce discussions with HEIW and partners – national work in place • Further approach determined following CCLG workshop in January 2022	Strategic Development Committee
10	Flexibility in design is going to be important both for the new VCC and for whatever is developed at the new UHW due to the rapid change in the nature of treatment and research.	• Flexibility built into new Velindre Cancer Centre specification	VUT	31sh Mar 2021	• Complete	Transforming Cancer Services Sub-Committee
		• Strategic review of future opportunities across the region in advance of proposed developments e.g. community diagnostics strategy; local cancer plans; split acute/elective sites; proposed UHW2 development etc	HBs / VUT		• Initial high level scoping discussions undertaken • Further scoping to be undertaken regionally • Awaiting confirmation of UHW2 timelines	Strategic Development Committee
11	There are future strategic development opportunities provided by the development of a	• Establishment of strategic planning capability under the leadership of the CCLG to	HBs / VUT	tbc	• CCLG workshop (see Rec 1) will also enable a discussion on the	Strategic Development Committee

| | new VCC and a proposed UHW2. Working together over the 15- to 20-year window, the health system should look to exploit these development opportunities in light of future service needs. | identify service/infrastructure requirements in planned infrastructure
• Partnership between Cardiff ULHB, Velindre University NHS Trust and Cardiff City Council on master planning activities in North Cardiff | | | strategic planning capability
• Awaiting confirmation of UHW2 timelines | |

Future Generations Framework for Scrutiny

January 2019

Contents

"Layer 1": Top 3 questions to ask

Topic	What you might ask	What you'd expect to hear
Long-term	What consideration have you given to the long term trends that could affect your proposal or how could your proposal impact these trends?	• The person has considered potential social, economic/political, environmental, cultural or technological trends over a timescale of at least the next generation (5, 10, 15, 25 and 50 years ahead), including: the known trends (e.g. ageing population, depleting natural resources), and those with a higher level of uncertainty (e.g. jobs and skills needed in the future).
Prevention Collaboration Integration	Is this proposal trying to prevent problems from occurring - if so, what are they and how will you know you're preventing them through this proposal?	The person has considered: • If the proposal is about primary prevention (i.e. tackling the root cause of a problem) or secondary prevention (preventing an existing problem getting worse) when are they aiming for intervention; • what risks are there of not doing their proposal in terms of creating new problems or letting existing ones get worse. • How people beyond their department/area of expertise/organisation can help them understand where the best preventative action could take place.
Collaboration Integration Involvement	Who have you collaborated with in finding out more about this problem and potential solutions?	• The person has tried to gain an understanding of the problem and proposed solution from other perspectives, including finding out across their organisation and beyond who else is trying to 'solve this problem'. • The proposed solution should have considered positive and negative impacts on delivering the seven national well-being goals. • The person should have involved people who bring insight, constructive challenge, data and solutions - usual and unusual suspects.

"Layer 2": For smaller proposals

Topic	What you might ask	What you'd expect to hear
Local well-being Most devolved public sector organisations in Wales have set local well-being objectives, designed to improve the well-being of people in their area. Some organisations are also part of Public Services Boards – which have set collective local well-being objectives for their area to work together on.	How does your proposal link to the well-being objectives set for this area?	• The person has used the organisation's local well-being objectives and those of the local Public Services Board to explain how their proposal supports achieving these objectives.
Long –term The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.	What are the needs for this (in the short, medium and long term)? Will there still be a need in the long-term? When will the changes / policy affect people?	• The person has considered potential social, economic/political, environmental, cultural or technological trends over a timescale of at least the next generation (5, 10, 15, 25 and 50 years ahead), including: the known trends (e.g. ageing population, depleting natural resources), and those with a higher level of uncertainty (e.g. jobs and skills needed in the future).
Prevention Prevent problems occurring or getting worse.	Is this proposal trying to prevent problems from occurring - if so, what are they and how will you know you're preventing them through this proposal? How does your proposal support the breaking of negative cycles and/or intergenerational challenges such as poverty, poor health, environmental damage and loss of biodiversity?	The person has considered: • If the proposal is about primary prevention (i.e. tackling the root cause of a problem) or secondary prevention (preventing an existing problem getting worse) when are they aiming for intervention; • what risks are there of not doing their proposal in terms of creating new problems or letting existing ones get worse; • how people beyond their department/area of expertise/ organisation can help them understand where the best preventative action could take place.

Topic	What you might ask	What you'd expect to hear
Integration Considering how public bodies' wellbeing objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.	Should we be doing this? Is there somebody else better placed already doing this?	• The person has used the organisation's local well-being objectives and those of the local Public Services Board to explain how their proposal supports achieving these objectives.
	How have you used the five ways of working to consider how the proposal contributes to each of the seven national well-being goals – now and through the life of the project? What positive or detrimental impacts could the proposal have on achievement of the goals throughout its life?	• The person has used the seven national well-being goals as a guide to forming the proposal and considered the positive or negative impacts the proposal could have on achievement of the goals over time.
	What other duties and policies have relevance to this proposal? Have you thought about how you can 'kill several birds with one stone'?	• The person has considered how this proposal could impact on other legislation, duties and policies – positively or negatively – for the organisation.
Collaboration Acting in collaboration with any other person (or different parts of the organisation itself).	Who have you been working with? Why? Who have you collaborated with in finding out more about this problem and potential solutions?	The person has: • made an effort to find out across the organisation and beyond who else is trying to 'solve this problem'; • involved people who bring insight, constructive challenge, data and solutions - usual and unusual suspects, internal and external to the organisation; • an understanding of the problem and proposed solution from other perspectives.
Involvement The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.	Who have you involved in this proposal? How have you involved them?	• They have allocated time and resources to use a variety of different ways to speak to the people impacted by the proposal such as face-to-face discussions, surveys, online forums etc.

"Layer 3": further detail / for large and more complex proposals

PART 1: LOCAL ISSUES

Topic	What you might ask	What you'd expect to hear
Local well-being Most devolved public sector organisations in Wales have set local well-being objectives, designed to improve the well-being of people in their area. Some organisations are also part of Public Services Boards – which have set collective local well-being objectives for their area to work together on.	How does your proposal address issues or opportunities identified in the local well-being assessment (and other relevant assessments) of the area?	• They have used the well-being assessment (carried out by the Public Services Board for the area) and any other relevant assessments (such as the population assessment) to understand the issues and opportunities affecting well-being. They have looked at how the project will impact on different areas in the region.
	Where will the project be located? What do the assessments of the area say about key issues for that location?	
	How does the proposal support local well-being objectives and how will it help the organisation to take steps to meet the objectives?	• They have considered the organisation's local well-being objectives and those of the Public Services Board. They can explain how their proposal supports the achievement of these objectives.

PART 2: WAYS OF WORKING

Topic	What you might ask	What you'd expect to hear
Long-term The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.	What consideration have you given to the long term trends that could affect your proposal or; how could your proposal impact these trends?	• They've used data and evidence to explore the potential social, economic/political, environmental, cultural or technological trends from now until the 2070s – they should be looking 25-50 years into the future.
	How sound is the analysis of the trends you have identified?	• They've thought about the known trends (e.g. ageing population, depleting natural resources), and those with a higher level of uncertainty (e.g. jobs and skills needed in the future) to think about the need for this proposal.
	When will the changes / policy affect people? Will there still be a need for it in the long-term future?	
	How have these needs been identified with consideration beyond implementation?	
	How will this proposal / solution look in 10 years' time? How will this evolve?	• They've thought beyond this subject and looked at other things that could impact on the proposal.
	What impact is this likely to have in a decade or across a generation?	
	Have you thought about a longer term project and plan?	

Topic	What you might ask	What you'd expect to hear
Prevention Prevent problems occurring or getting worse.	What is the objective (or the desired outcome) of this proposal? What is it trying to prevent?	• They can explain clearly what this proposal is aiming to achieve. • They can talk about the risks of not doing their proposal, in terms of creating new problems or letting existing ones get worse.
	Is this proposal trying to prevent problems from occurring - if so what are they and how will you know you're preventing them through this proposal?	• They have thought about whether they are aiming to do something to tackle the root cause of the problem (called 'primary prevention') or prevent something from getting worse (called 'secondary prevention'). • They have reasons and evidence as to why they've chosen primary or secondary prevention. • They have thought about the tensions and impacts of stopping doing some things to prevent others.
	How does your proposal support the breaking of negative cycles and/or intergenerational challenges such as poverty, poor health, environmental damage and loss of biodiversity?	
	How have the decisions, so far, come about? What alternatives were considered?	• They have looked beyond their department, the organisation or their area of expertise to understand where the best preventative action could take place.

Topic	What you might ask	What you'd expect to hear
Integration Considering how public bodies' wellbeing objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.	Should we be doing this? Is there somebody else better placed already doing this? Have you consulted with the relevant other public sector organisations who you think might be impacted?	• They've involved different departments, organisations and sectors in understanding who's doing what and where this proposal fits in.
	What practical steps will you take to integrate your project with existing plans and strategies of other public organisations to help us all contribute fully to the seven national well-being goals?	• They have used the seven national well-being goals as a guide to forming the proposal and considered the positive or negative impacts the proposal could have on achievement of the goals over time.
	How have you used the five ways of working to consider how the proposal contributes to each of the seven national well-being goals – now and through the life of the project? What positive or detrimental impacts could the proposal have on achievement of the goals throughout its life?	
	What other duties and policies have relevance to this proposal? Have you thought about how you can 'kill several birds with one stone'?	• Evidence that they have considered how this proposal could impact on other legislation, duties and policies – positively or negatively – for the organisation. This could be the Welsh Language Standards, Public Sector Equality Duty, the biodiversity duty etc.

Topic	What you might ask	What you'd expect to hear
Collaboration Acting in collaboration with any other person (or different parts of the organisation itself).	Who have you been working with? Why? Who have you collaborated with in finding out more about this problem and potential solutions?	• They should have made an effort to find out across the organisation and beyond who else is trying to 'solve this problem'. They should have an understanding of the problem and proposed solution from other perspectives.
	How are you co-working with other sectors?	• They should have involved people who bring insight, constructive challenge, data and solutions - usual and unusual suspects. They should be planning to involve them in delivery too.
	How are you using the knowledge / information / good practice of others to inform / influence our work?	
	What is the aim of collaboration? Is this partnership working? What have we achieved by working together? Are these the right people?	• They should have thought critically about whether the partnership is working, what the aim of it is in the context of this proposal and whether the right people are involved.
	What are the risks if we don't (work together)? How are we planning for the future?	• They should have thought about what could happen to any of the organisations involved; the risks of not working together and made contingency plans.

Topic	What you might ask	What you'd expect to hear
Involvement The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.	Who have you involved in this proposal? Have the young had the opportunity to give their opinion on these matters?	• They have allocated time and resources to use a variety of different ways to speak to the people impacted by the proposal such as face-to-face discussions, surveys, online forums etc.
	How have you involved the people who are being impacted by this decision? Are these the ideas of people in the community or people in power? How can you demonstrate you have involved those that represent the diversity of your communities?	• That they have gone above and beyond to really understand the lives of the people affected and thought about how the proposal could be better with this in mind.
	How can you demonstrate that involvement has influenced approach / policy? What difference will this make?	
	How have you used different / alternative methods to reach people and involve them?	• They have been innovative in how they've reached people – going along to their meetings or opportunities within the community.
	How will you communicate the outcome of your decision?	• They have planned (including time and resources) continuing the conversation with the people they have involved to date – feeding back, evaluating the proposal and learning all the time on an equal footing with the community.

PART 3: WELL-BEING GOALS

Topic	What you might ask	What you'd expect to hear
A Prosperous Wales An innovative, productive and low-carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.	How does this proposal contribute to a more prosperous Wales – now; and what more can you do as the proposal is delivered to maximise your contribution to this goal?	• They have looked at how the proposal currently aims for a prosperous Wales (using the full definition, not just the title). • They have considered what more they can do through the proposal's delivery.
	Does this proposal use resources effectively? (natural resources, money, time, staff, buildings/land)	• They can explain how they have thought of different ways to deliver the proposal to use resources in the best way, including minimising the use of resources.
	How can we reduce or minimise use of resources through this proposal?	
	How will this proposal push service delivery in a more sustainable, innovative direction?	• They have thought innovatively about the problem rather than tackling it with the same old solutions. They have actively thought about the opportunities and relevant trends impacting on the area at the moment and how this can be used to their advantage. • They have thought about how the proposal could impact on new business sectors, support social innovation and entrepreneurs. If relevant, they have considered how innovation can be used to tackle poor health, create growing businesses in areas that have suffered economic decline and help make opportunities for green growth across Wales.
	Have you considered the levers that grow skills in Wales?	
	How will this support and develop a skilled workforce for the future?	
	How will the proposal create long-term, sustainable jobs? (particularly in places with high levels of unemployment and underemployment.)	
	How will this impact positively on retaining a skilled workforce within our communities?	
	How will this support the workforce to use innovation, technology and digital solutions in the delivery of services?	

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Topic	What you might ask	What you'd expect to hear
A Prosperous Wales (cont'd)	How can this proposal help us grow a thriving local economy?	
	Have we considered the five ways of working? Are we monitoring future trends linked to this proposal?	
	What behaviours does this project encourage or discourage? e.g. does it encourage private car use? Does it increase local provision of services? Does it support an economy where jobs are located where people live, rather than just in bigger cities? Does it encourage people and businesses to buy local?	• They have thought about the implications of this proposal on the behaviour of staff and members of the public.
	How will this project open up opportunities for new business sectors and production of public goods?	• They have thought about the impact of the proposal on different kinds of business and how the proposals can encourage particular business.
	How will it support the growth of local supply chains and low-carbon business sectors?	
	What different sorts of value does this project promote? (economic value, public value, social value?)	
	How can we influence commissioning practice to support SMEs?	
	What are the financial implications of this decision on linked or integrated services?	• They have thought about how the proposal impacts on other sectors and organisations in the area.

Topic	What you might ask	What you'd expect to hear
A Resilient Wales A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).	How does this proposal contribute to a more resilient Wales – now; and what more can you do as the proposal is delivered to maximise your contribution to this goal?	• They have looked at how the proposal currently aims for a resilient Wales (using the full definition, not just the title). They have considered what more they can do through the proposal's delivery.
	How can this help us adapt and change to challenges and needs of our communities?	• They have looked at the data relating to different areas and can explain how the proposal helps to tackle different challenges and make the most of different opportunities in particular communities.
	How will this proposal support economic resilience in rural Wales e.g. in the agriculture sector?	
	How does your proposal protect and enhance ecosystems, which support economic activity in Wales? e.g. how will it impact opportunities for employment in wildlife and conservation?	
	How does your proposal help Wales adapt to climate change, for example the effects of increased flooding and severe weather events?	
	How will this proposal build on and unlock opportunities for economic growth that uses natural resources sustainably?	• They have considered how any economic growth created by the proposal uses natural resources in a sustainable way.
	How will you develop innovative solutions for building works which prioritises environmental resilience and green infrastructure?	• They are including plant-covered roofs, walls, facades on any infrastructure. They have considered how to protect or enhance green and blue spaces (like parks, rivers, ponds, lakes, countryside, coast). They have built in planting trees or creating sustainable urban drains in designs.

Topic	What you might ask	What you'd expect to hear
A Resilient Wales (cont'd)	For relevant proposals, how can you enhance biodiversity (a duty under the Environment (Wales) Act 2016) with this proposal?	• They can explain how the proposal can contribute positively to biodiversity e.g. plant native species, leave areas of grass unmown, manage roadsides to conserve wildlife, use paper from sustainable sources.
	How can this help us grow more sustainable, environmentally-friendly communities and play an active role in tackling global warming?	• They are involving communities in their proposal.
	Is there scope to challenge commissioning to cut down on the transport of goods / people needed to provide services?	• They are considering practical steps to encourage others in the organisation or those being commissioned to be kinder to the environment.
A Healthier Wales A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.	How will this proposal address the determinants of mental and physical health and well-being of people of all ages?	• They can explain how the proposal could impact air quality; affect local mental health; encourage or discourage healthy choices and behaviours; improve local access to quality outdoor spaces; improve and create opportunities for active travel; impact local supply chains to improve affordable access to sustainable, healthy, fresh produce; enable the understanding and/or provision of healthy food.
	How will the proposal improve physical and mental well-being now and in the future?	
	How have you thought about the well-being of staff during this proposal?	• The well-being of staff has been considered and there are things in place to either protect or improve well-being.
	How can you influence those who commission services to include the physical and mental well-being of their staff?	
	Are there opportunities to offer benefits to the workforce through this proposal?	

Topic	What you might ask	What you'd expect to hear
A More Equal Wales A society that enables people to fulfil their potential no matter what their background or circumstances (including their socioeconomic background and circumstances).	Who benefits most from this proposal? How can more / different groups of people benefit as the proposal is delivered?	• They have involved a range of people (internally, externally and members of the public) to look at the impact of the proposal on different groups. They are honest about those they have not involved. • They have explored the possible positive and negative impacts of the proposal on people and explained these. They have thought about how these impacts can be improved. They have thought about how the proposal will impact people throughout its delivery.
	Who is negatively impacted - directly or indirectly - by this proposal?	
	Who is potentially left out of our considerations? What different ways have you used to ensure everyone has an equal chance to contribute / benefit?	
	Have you considered equal opportunities for needs to education, health, housing, involvement?	
	How will this proposal help address inequalities and contribute towards a fairer society?	
	How does the proposal provide levers for reversing long-term disadvantage, and support disadvantaged groups in ways which are sustainable in the long term?	
	Will the proposal be developed in such a way that it does not only benefit a small group of interested organisations or individuals?	
	Have decisions up to this point been made in a democratic and equal way, ensuring all voices and opinions are heard rather than allowing powerful voices to dominate?	
	Does the proposal add additional resources to areas of multiple deprivation, e.g. employment, public facilities to build social capital, quality infrastructure such as schools and healthcare?	They have thought about how different areas are affected in different ways by the proposal - is it beneficial to particular areas?

Topic	What you might ask	What you'd expect to hear
A Wales of Cohesive Communities Attractive, viable, safe and well-connected communities.	How will the decision enhance social inclusion?	• They have involved members of the community, local businesses and transport providers to understand the impact of the proposal on the area. They have considered how the proposal can enhance the area, the safety of its inhabitants and improve the connectivity (digital or physical).
	How will this create neighbourhoods that are pleasant to live and work in?	
	How will this decision help to integrate age groups in our communities?	
	How does this support the key themes within the Ageing Well in Wales programme e.g. developing age-friendly and dementia supportive communities?	
	How does this affect Community Councils?	
	Does the proposal help to make public space feel safer and more welcoming, particularly for children, older people, people with disabilities, women and other groups to ensure diverse and lively public space?	
	How do we share practice to support safety of people at home?	
	How can we reduce the likelihood that this will not impact negatively on local community provision?	
	How will this proposal support local amenities (e.g. local business, transport links) and strengthen social relationships?	
	How has the proposal been designed the proposal in partnership with the community to meet their needs and desires for the area/ space?	

Topic	What you might ask	What you'd expect to hear
A Wales of Vibrant Culture and Thriving Welsh Language A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.	How does this proposal retain and enhance local cultural and language opportunities, e.g. providing new venues e.g. art/ music/dance studios, sports facilities, arts festivals, museums/galleries, live music venues, cinemas), protecting and maintaining established ones; supporting local artists?	• They have considered how the proposal impacts on the culture of the area and Welsh language. • The proposal includes ways in which culture and language can be enhanced.
	How does this proposal increase local access for all to arts, sports and recreational activities?	
	How does this proposal ensure that these opportunities are accessible to all, e.g. affordable, public transport accessible, have disability access?	
	How does this proposal indirectly impact on the sustainability of local cultural diversity? For example, might it distort local housing markets by encouraging second home ownership? Or impact the viability of local facilities venues, or marginalise Welsh language?	
	How does this proposal affect nearby natural or other heritage sites?	
	How does this proposal impact on the overall landscape of the area?	
	How can this proposal retain and grow the Welsh language provision, use and legacy of the area?	
	How has the long-term trends of the area been considered with regards to Welsh language growth?	

Topic	What you might ask	What you'd expect to hear
A Globally Responsible Wales A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being and the capacity to adapt to change (for example climate change)	How will this proposal purchase responsibly (sustainable and ethical / Fairtrade sourcing, global supply chains)?	• They have sought to ensure the proposal is sustainable, uses responsible purchasing and makes links with other countries.
	How does this proposal allow us to build global links with other countries?	
	How can you maximise the use of communications, social media and the web to promote messages about this proposal and involve people in delivering it?	
	How can this proposal contribute to a system where greenhouse gas emissions can be brought down?	
	How can you, through the proposal, minimise carbon emissions - both in production and in use?	

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This document is also available in Welsh.

TCS Programme Scrutiny Sub-Committee

Communications and Engagement Update

DATE OF MEETING	25 October 2021

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	FRANCESCA CARPANINI, SENIOR COMMUNICATIONS AND ENGAGEMENT MANAGER
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE

REPORT PURPOSE	FOR NOTING

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

ACRONYMS	
nVCC	New Velindre Cancer Centre

1. SITUATION

This paper provides the Committee with an update on Programme communications and engagement during the course of September and early October 2021.

The Programme Board approved the Transforming Cancer Services (TCS) Programme Communications and Engagement strategy in December 2019. The strategy emphasises the importance of good one-to-one stakeholder engagement, building positive relationships and informing our patients, staff and communities of interest.

2. ASSESSMENT

Over the reporting period we focused our efforts on:

- Responding to correspondence from a wide range of stakeholders and refreshing systems to ensure efficacy. There has been a significant increase in correspondence over the past month in response to awareness of the provisions in the CEMP to commence work on site and the first community newsletter.
- Commencement of competitive dialogue - managing the competitive dialogue communications and engagement activity:
    - Focus on was on the commencement of the competitive dialogue in the media. Seven articles published across regional and construction media outlets including Western Mail / Wales Online, Partnership Bulletin.
    - Direct stakeholder engagement with MS and MP regarding the announcement alongside communication for local councilors.
    - Liaising with dialogue participants in relation to announcement which also allowed us to cement our working arrangements with their respective communication teams.
- Political stakeholder meetings – in addition to the regular meetings with the local constituency MS and MP, we also met with Joel James MS, regional Senedd member for south Wales central who is a member of the Senedd petitions committee.

- Media queries - over the reporting period, the main issues relating to media queries included:
  1. Coordinating media queries regarding the Wales Cancer Research Centre letter dated November 2020 and capturing related coverage
     - Wales Online / Western Mail
     - ITV Wales (Y Byd Yn Ei Le)
     - The National
- Coordinating media queries regarding the Judicial Review – pre and post application decision – and capturing related coverage
  - Wales Online / Western Mail
  - The National
  - BBC Wales
  - Nation Cymru
- Producing the first hard copy Velindre Matters community newsletter distributed to approx. 11,500 households based within the three key postcodes in the surrounding area of Velindre Cancer Centre. The newsletter is available as an attachment. Queries received vary significantly from questions about the paper used, post codes distributed. Commentary and questions have been received mainly reserved for clinical questions.
- Publicising the results of the Down to Earth Digital Conversation which were released on Monday 4 October to local media outlets and on Velindre social media channels. The publically available infographic is included as Annex A and the relevant web story is also available here.
- Initial announcement of Velindre Minecraft Competition winners issued on 30 September to local media outlets and across social media channels. Two of the winning worlds can be found here. First trawl of coverage includes:
  - Coverage – Wales 247 on 1 October: https://www.wales247.co.uk/three-winning-worlds-impress-to-take-velindre-minecraft-competition-crown
  - Coverage – Salus Global on 1 October: https://www.salus.global/article-show/school-winners-announced-in-cancer-centre-minecraft-design-contest

  Media coverage report (see separate PDF) produced for September to capture all digital articles relating to competitive dialogue, WCRC letter and Judicial Review pre and post-decision

- Preparation for stakeholder engagement with competitive dialogue – supporting the development of an engagement protocol to guide potential dialogue with stakeholders as part of the community benefits workstream.
- Published third edition of the Velindre Matters digital newsletter.
- Reviewing the clinical narrative and supporting communications.
- Planning communications and engagement support for commencement of works on site.
- Supporting the pulling together of a wider value added package for socialising with staff and stakeholders. Available as an attachment.

For the next month, our priorities will be as follows:
- Developing a new clinical narrative with accompanying promotional activity outlining the model that underpins the development of Velindre cancer services.
- Developing a feedback plan that allows us to track and score staff and patient sentiment, understanding and ideas
- Implementing communications and engagement activity required to support commencement of works on site
- Establish communication channels with contractors and key partners in advance of commencement of works to test protocols.
- Update and publish new FAQs by end of October to coincide with commencement of work on site.
- Review the stakeholder engagement plans received from the participants as part of community benefits workstream;
- Provide communications support for Green Design Workshop event at Down To Earth as part of the Velindre Minecraft Competition ongoing engagement with winners and runners-up on 29 October;
- Start recruitment for project Engagement Manager;
- Planning for Value Added showcase
- Support further meetings with MS' and MP and local community councilors

Continue to maintain media briefings and information sharing with key outlets:

- Finalise approach to publicising digital conversation findings with key stakeholders;

- Promote content on the Velindre Matters social channels;
- Continue to monitor opposition social media channels and advise accordingly;
- Supporting the nVCC research and development working group, alongside its Trust counterpart;
- Supporting the patient engagement framework and related activities.

3. IMPACT ASSESSMENT

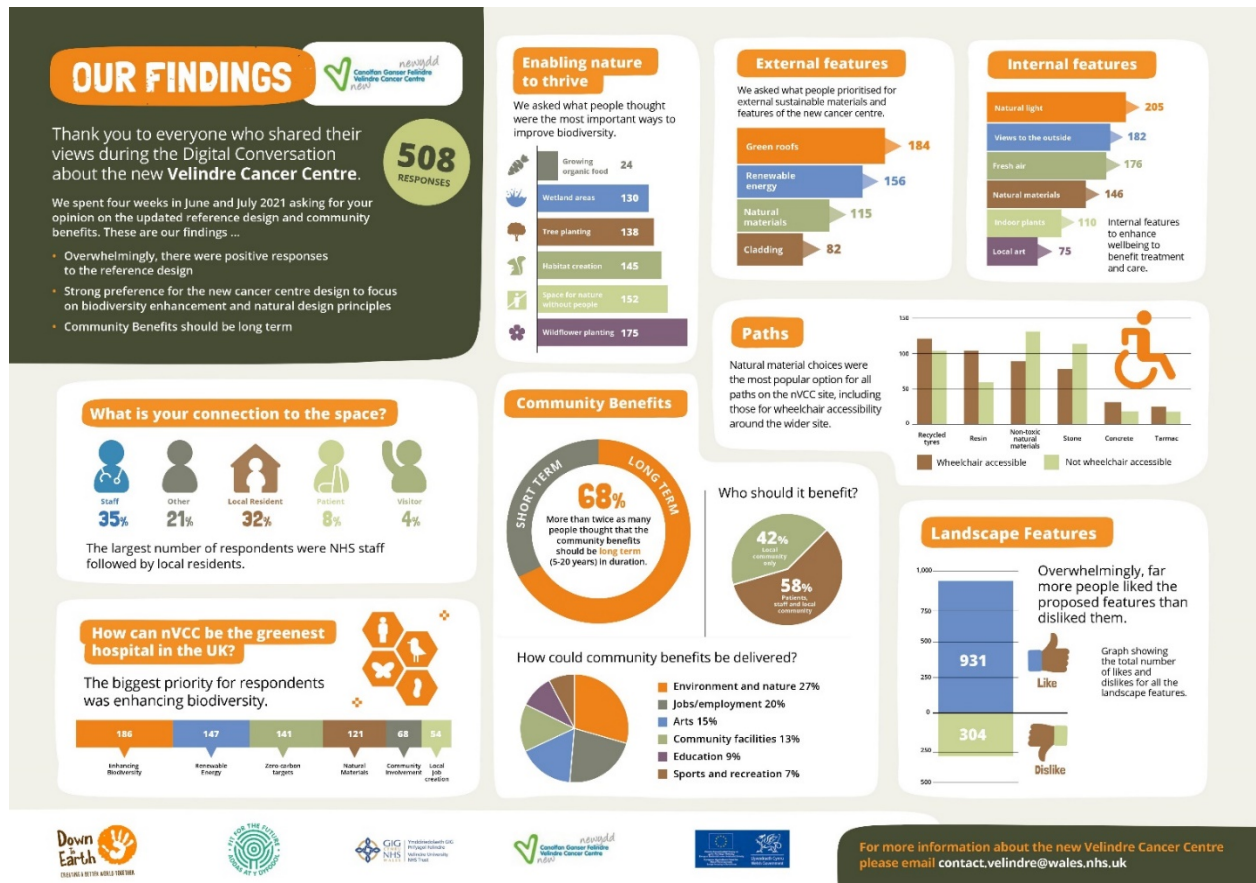| QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT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

The Committee are recommended to NOTE the paper and the content of the Annexes.

ANNEX A: DIGITAL CONVERSATION RESULTS INFOGRAPHIC