

- 1.0.0 Standard Business
- 1.1.0 Welcome & Introductions
 - Led by Stephen Harries, Chair*
- 1.2.0 Apologies for Absence
 - Led by Stephen Harries, Chair*
- 1.3.0 Declarations of Interest
 - Led by Stephen Harries, Chair*
- 1.4.0 Minutes of the Committee Meeting held on 22nd March 2022
 - Led by Stephen Harries, Chair*
 - Public - TCS Programme Scrutiny Sub-Committee Minutes 22.03.2022-LF SH.docx
- 1.5.0 Action Log of the Committee Meeting held on 22nd March 2022
 - Led by Stephen Harries, Chair*
 - 1.5 TCS Programme Scrutiny Sub-Committee Public Action Log April-LF.docx
- 2.0.0 Programme Governance
- 2.1.0 TCS Finance Report
 - Led by Mark Ash*
 - 2.1_Programme Finance Report (March 2022).docx
- 2.2.0 TCS Programme Risk and Issues Register
 - Led by Bethan Lewis*
 - 2.2_Public_Risk Appendices_Scrutiny_April 22_.pdf
 - 2.2_Public_TCS Programme & Project Risk_Scrutiny_April 22_.docx
 - 2.2_Issues Register Appendices_April 22.pdf
- 3.0.0 Programme Delivery
- 3.1.0 TCS Programme Managers Update
 - Led by Carys Jones*
 - 3.1_PDB Programme Managers Update April 22 v0.3.docx
- 3.2.0 Nuffield Trust Report – Progress Update
 - Led by Carl James*
 - 3.2_TCS PDB Nuffield Trust Recommendations Progress - April 2022 v0.1.docx
- 4.0.0 Project Delivery
- 4.1.0 Projects 1&2: Planning Update
 - Led by David Powell *VERBAL UPDATE**
- 4.2.0 Projects 1&2: Internal Audit
 - Led by David Powell*
 - 4.3_Cover Paper_Internal Audit Plan 2021-22 (April 22).docx
 - 4.3_Velindre_nVCC_2122_MIM Governance_Final Report_issued_Appendix A.pdf
 - 4.3_Velindre_nVCC_2122_Contract Management_Final Report_Appendix B.pdf
- 4.3.0 Project 3a: IRS Evaluation Progress Update
 - Led by Gavin Bryce *VERBAL UPDATE**
- 4.4.0 Project 4: RSC Draft Gateway Review Outcome
 - Led by Andrea Hague *VERBAL UPDATE**
- 4.5.0 Velindre@UHW *VERBAL UPDATE*
 - Led by Carys Jones*
- 5.0.0 Engagement & Collaboration
- 5.1.0 Communications & Engagement
 - Led by Non Gwilym*
 - 5.1 Comms April 2022 TCS Scrutiny Sub-Com.docx

- 6.0.0 Any Other Business
 - Prior agreement by the Chair required*
 - Led by Stephen Harries, Chair*
- 7.0.0 Review of the Meeting
 - Led by Stephen Harries, Chair*
- 8.0.0 Date & Time of Next Meeting
 - 19th May at 10-11am (via Microsoft Teams)*
- 9.0.0 Close

**TCS Programme Scrutiny Committee
Public Session**

MINUTES OF THE MEETING HELD

22nd March 2022

**11:30 – 12:10 Trust Headquarters, Nantgarw
(via Teams)**

Members Present:

Stephen Harries (SHarries)
Hilary Jones (HJ)
Gareth Jones (GJ)
Professor Donna Mead (DM)
Martin Veale (MV)

Independent Member (Chair)
Independent Member
Independent Member
Trust Chair
Independent Member

In attendance:

Carl James (CJ)
Lauren Fear (LF)
Carys Jones (CJones)
Bethan Lewis (BL)
David Powell (DP)
Matthew Bunce (MB)
Cath O'Brien (COB)
Peter Sowerby (PS)
Mark Ash (MA)
Liane Webber (LW)
Alison Hedges (AH)

Director of Strategic Transformation, Planning & Digital
Director of Corporate Governance and Chief of Staff
Senior Programme Delivery and Assurance Manager
TCS Programme Planner and Risk Advisor
Project Director
Executive Director of Finance
Chief Operating Officer
Project Manager
Assistant Director of Finance
Business Support Officer
Secretariat / Business Support Officer

Apologies:

Steve Ham (SHam)
Jacinta Abraham (JA)
Nicola Williams (NW)

Trust Chief Executive
Executive Medical Director
Executive Director of Nursing, AHP's & Medical Scientists

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	Minutes of the Committee Meeting held on the 22nd February 2022 Due to the minutes being circulated late because of time pressures, the Committee approved in principle, but were asked to review outside of	

1.5	<p>Committee and provide any feedback by Friday 25th March 2022, at which point the minutes will be taken as presented.</p> <p>Action Log of the Committee Meeting held on the 22nd February 2022</p> <p>Action 117: Wording in the action log to be amended to be clearer on what is meant by the term ‘core budgets and the need to clarify the terminology.</p> <p>The Document has been updated. MB noted it is essentially about using trust budgets to deal with the extraordinary legal costs. Reserves were used to fund this.</p> <p>ACTION: MB to arrange a meeting with DM to have a discussion on what concerns she felt in relation to the term ‘core budget’.</p> <p>Action 118: GJ raised concern that this action relates to track changes being reflected in the update paper and the action is closed, but you can’t see track changes on IBabs, so action is not closed.</p> <p>CJones noted that the report has been framed slightly different this month by making the report two parts, with one covering changes from the previous report., To be discussed more at item 2.2 on the agenda and any further action agreed upon at that point.</p> <p>Due to the current version of the Action Log being circulated late, the Sub-Committee agreed to NOTE the action log and take comments outside of the Sub-Committee and bring back to the next Sub-Committee meeting.</p>	MB
	PROGRAMME GOVERNANCE	
2.1	<p>TCS Finance Report</p> <p>The Sub-Committee noted, based on the summary of position in month 11 and forecast of year end, that the capital and revenue are within the funding envelopes that have been agreed for this financial year and plans and forecasts for this financial year and it was identified that this position will continue.</p> <p>The Sub-Committee noted the presented position, with the detail that supports the recommendations, which shows the Programme are currently on trend for a year end out turn of £39,506 underspend on Capital £10,897 underspend on Revenue.</p> <p>The Sub-Committee noted the position for the year end accounts will be closed in a week’s time.</p> <p>The term ‘Revenue Funding’ has been used in the report instead of ‘Core Funding’. This will be addressed outside of Committee as noted in agenda item 1.5.</p>	

	The Sub-Committee NOTED the TCS Finance Report.	
2.2	<p>TCS Programme Risk Register</p> <p>The Sub-Committee noted the good position and noted what ratings look like now and actions and mitigations that are in process.</p> <p>The introductory section of the report shows the new graphic to show the comparison of the inherent ratings versus the current position, showing actions and mitigations that are happening. The updates from project risk perspective are included.</p> <p>The Sub-Committee noted the addition of a new Programme risk, rated 20, regarding project interdependencies. This has been subject to scrutiny by the Committee and the addition of this new risk was welcomed. However, for the next report, further detail on the timescales for the actions noted was requested.</p> <p>The Sub-Committee noted the closure of the program resource vacancy. It was noted that the Risk register appendices are available for any risks with a 12 and above rating.</p> <p>The Sub-Committee noted:</p> <ul style="list-style-type: none"> • The latest risk position for the TCS Programme and Projects. • The changes and updates to Project Risks & Issues. • The latest PMO Risk Register. <p>The Sub-Committee raised concerns that under project 5 outreach it says there has been no review or changes to the outreach project risk register in this reporting period due to the project remaining on hold and raised that if a project were on hold this would constitute a risk. A paragraph should be included regarding the Outreach project and various interdependencies.</p> <p>Action: Comments on R360 box on page 9, but no target dates and without this the Sub-Committee members commented that they can not monitor and gain assurance. Description of risk in R360 needs to be changed as to be more understandable and it would be reassuring to know by when this will happen.</p> <p>Action: CJ agreed to report to the April 2022 Sub-Committee on progress in getting a temporary solution in place and looked to have the permanent way forward in place by June 2022.</p> <p>The Sub-Committee questioned the recruitment process and was reassured that some interim resource could be investigated whilst undertaking the permanent recruitment process.</p> <p>The Sub-Committee noted that it would be good to see to what extent Covid is impacting on this programme and workforce across the piece.</p>	<p>BL</p> <p>CJ</p>

	<p>Action: CJ to pick up with Sarah Morley on the Transforming Cancer Services Programme Delivery Board as Workforce Director to pick up the analysis of the impact of recruitment issues across workstreams.</p> <p>The Sub-Committee noted the elements around the impact of Covid in terms of the ability to deliver programme management and the service and the workforce risk in responding to the pandemic and how we are coordinating what we are doing in the programme team and subject matter experts</p> <p>Issues around the resources to do the planning, coordinating, and monitoring and programme management, the subject matter experts and engagement in the work going forward but also the workforce elements to be able to sustain the different ways of working and growth requirements.</p> <p>COB assured the Sub-Committee that a piece of work has started, and Annie Evans is working with Workforce and OD and the Senior Leadership Team to take that Intermediate term and longer term look at what the workforce planning.</p> <p>Action: COB agreed to incorporate into the report addressing the issues that are currently scattered throughout the risk register to give assurance on the totality of the workforce issues that are being faced and what is being done to address these. COB agreed to ensure this is broken down to manage the programme of work and delivering the service and the thread that comes through it. COB will work with BL and SM to articulate that and to show what is being done to address this issue.</p> <p>The Sub-Committee noted the risk 2431 is duplicated, issue with exporting data from Datix system into excel.</p> <p>Action: BL to investigate the fact that the current risk shows 8 red risks whereas summary in figure 1 shows 10 red risks, need to get aligned.</p>	CJ
6.0	ANY OTHER BUSINESS	
	The TCS Sub-Committee was drawn to a close with the rest of the agenda to be discussed at a further meeting.	
8.0	DATE AND TIME OF NEXT MEETING	
	Extra Meeting beforehand to complete agenda TBC. 21st April 2022 at 10.00am via Microsoft Teams.	

TCS Programme Scrutiny Sub-Committee

April 2022

Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
119	TCS Programme Risk Register CJ agreed to report to the April 2022 Sub-Committee on progress in getting a temporary solution in place and looked to have the permanent way forward in place by June 2022.	Carl James	22/03/2022	21/04/2022	<ul style="list-style-type: none"> Project Manager post out for advert for Project 5. Strategic Clinical Service Meeting agreed to be scheduled for May with AB Cancer Lead (date tbc). COO currently completing review of Project 5 scope. 	OPEN
120	TCS Programme Risk Register CJ to pick up with Sarah Morley on the Transforming Cancer Services Programme Delivery Board as Workforce Director to pick up the analysis of the impact of recruitment issues across workstreams.	Carl James	22/03/2022	21/04/2022	<ul style="list-style-type: none"> Meeting held regrading refreshing recruitment and retention plan. Agreement in EMB for two papers in May meetings to support prompt progress. EMB agreement to undertake a strategic marketing campaign. 	OPEN

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
					<ul style="list-style-type: none"> Regional approach in principle agreed with AB. CCLG workshop (29.3) agreed regional workforce planning a priority. 	
121	TCS Programme Risk Register COB agreed to incorporate into the report addressing the issues that are currently scattered throughout the risk register to give assurance on the totality of the workforce issues that are being faced and what is being done to address these. COB agreed to ensure this is broken down to manage the programme of work and delivering the service and the thread that comes through it. COB will work with BL and SM to articulate that and to show what is being done to address this issue.	Cath O'Brien / Sarah Morley	22/03/2022	21/04/2022	<ul style="list-style-type: none"> Following completion of activities above, to be reflected on risk register. 	OPEN
122	TCS Programme Risk Register BL to investigate the fact that the current risk shows 8 red risks whereas summary in figure 1 shows 10 red risks, need to get aligned.	Bethan Lewis	22/03/2022	21/04/2022	No further action, it was just the difference of when the data had been captured	CLOSED
123	Comments on R360 box on page 9, but no target dates and without this the Sub-Committee members commented that they can not monitor and gain	Bethan Lewis	22/03/2022		Target dates are included in the risk register which can be seen as part of the appendix to the report. Slight	CLOSED



No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
	assurance. Description of risk in R360 needs to be changed as to be more understandable and it would be reassuring to know by when this will happen.				amendment to wording of risk is done	

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2021-22 MARCH 2022

DATE OF MEETING

4th May 2022

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 Delivery Board for the financial year 2021-22, outlining spend to date against budget as at Month 12.

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 Procurement 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 in the table below.
- 3.2 In August 2021, the Trust Board approved that the nVCC Project provide interim funding of **c£0.350m** to the EW Project to support the work packages associated with tree and vegetation clearance (c£0.250m) and site management and security (c£0.100m). The EW Project has now secured funding from the approval of its FBC, awarded in January 2022.
- 3.3 In **JANUARY 2022**, the EW FBC was approved and will cover the costs associated with vegetation and tree clearance works c£0.300m. However, it should be noted that the nVCC Project has provided the EW Project an additional c£0.600m of funding to cover the costs for the following:

- Site Management & Security c£0.326m
- Legal costs for the injunctions c£0.274m

3.4 In **MARCH 2022**, the nVCC Project has provided the EW Project an additional c£0.591m of funding to cover the costs for the following:

- Site Management & Security c£0.345m
- Legal costs for the injunctions c£0.246m

Note: These costs are deemed by WG to be not in the scope of the EW Project.

3.5 In addition, the EW Project received a further c£0.452m from the nVCC Project to fund pay costs; technical advisors; tree clearance costs; and design costs. The funding needs to be re-provided to the nVCC Project in 2022-23.

3.6 The Trust has provided revenue funding of **£0.110m** to the nVCC Project.

Description	Funding	
	Capital	Revenue
Programme Management Office Allocation of £0.240m from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management was provided in April 2021 Allocation from WG 2021-22 revenue pay award funding was provided in September 2021 Forecast underspend in March 2022 allowed for a virement of Commissioners' Funding from the PMO to Project 6 – Service Delivery, Transformation and Transition to cover the latter's overspend	£ nil	£0.227m £0.240m £0.006m -£0.019m
Project 1 – Enabling Works for nVCC Capital funding from WG was provided on 24 March 2021 Capital funding of £27.393m awarded by WG on 18 January 2022 for the EW FBC, of which £1.786m has been allocated to the financial year 2021-22	£2.036m £0.250m £1.786m	£ nil
Project 2 – New Velindre Cancer Centre Capital funding from WG was provided on 24 March 2021 The Trust provided revenue funding in September 2021 for Project Delivery The Trust has provided revenue funding for the Judicial Review costs incurred between August 2021 and December 2021	£3.461m £3.461m	£0.110m £0.026m £0.084m

Description	Funding	
	Capital	Revenue
<p>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, provided in April 2021</p> <p>Additional funding provided by the Trust for the Project's increased legal and staff costs in November 2021</p> <p>Additional funding held by the Trust with the associated spend transferred to Corporate Finance Capital Reserves in March 2022</p>	<p>£0.312m £0.312m</p> <p>£0.264m</p> <p>-£0.264m</p>	<p>£ nil</p>
<p>Project 4 – Radiotherapy Satellite Centre The project is led and funded by the hosting organisation, Aneurin Bevan University Health Board; no funding requirement is expected from the Trust for 2021-22</p>	£ nil	£ nil
<p>Project 5 – SACT and Outreach A review of all the Trust Programme & Project resources is being undertaken to identify how these are deployed against Trust priorities. This project is on hold pending this review.</p>	£ nil	£ nil
<p>Project 6 – Service Delivery, Transformation and Transition Allocation of £0.180m from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management was provided in April 2021</p> <p>Funding provided from the Trust's core revenue budget towards the costs of the Project Director post and the Project Manager post in April 2021</p> <p>Allocation from WG 2021-22 revenue pay award funding was provided in September 2021</p> <p>Additional funding provided from the Trust's core revenue budget towards the cost of the Project Manager post in November 2021</p> <p>Forecast underspend in March 2022 allowed for a virement of Commissioners' Funding from the PMO to Project 6 – Service Delivery, Transformation and Transition to cover the latter's overspend</p>	£ nil	<p>£0.332m £0.180m</p> <p>£0.116m</p> <p>£0.009m</p> <p>£0.008m</p> <p>£0.019m</p>
<p>Project 7 – VCC Decommissioning A review of all the Trust Programme & Project resources is being undertaken to identify how these are deployed against Trust priorities. This project is on hold pending this review.</p>	£ nil	£ nil

Description	Funding	
	Capital	Revenue
Total funding provided to date	£5.809m	£0.669m
	£6.478m	

4. FINANCIAL SUMMARY AS AT 31ST MARCH 2022

4.1 The summary financial position for the TCS Programme for the year 2021-22 as at 31st March 2022 is outlined below:

- **CAPITAL** spend of **£5.711m to M12** and a **variance of £0.038m underspend**; and
- **REVENUE** spend is **£0.658m to M12** and a **variance of £0.011m underspend**.

TCS Programme Budget & Spend 2021-22			
CAPITAL	Annual Budget	Financial Year Annual Forecast	Annual Variance
	£	£	£
PAY			
Project Leadership	193,000	191,707	1,293
Project 1 - Enabling Works	100,000	213,521	-113,521
Project 2 - New Velindre Cancer Centre	1,008,500	773,833	234,667
Project 3a - Radiotherapy Procurement Solution	211,613	211,613	0
Capital Pay Total	1,513,113	1,390,674	122,439
NON-PAY			
nVCC Project Delivery	78,500	94,247	-15,747
Project 1 - Enabling Works	1,936,000	2,274,109	-338,109
Project 2 - New Velindre Cancer Centre	2,181,000	1,911,794	269,206
Project 3a - Radiotherapy Procurement Solution	100,388	100,267	120
Capital Non-Pay Total	4,295,888	4,380,417	-84,530
CAPITAL TOTAL	5,809,000	5,771,091	37,909
REVENUE	Annual Budget	Financial Year Annual Forecast	Annual Variance
	£	£	£
PAY			
Programme Management Office	218,833	198,329	20,503
Project 6 - Service Change Team	316,633	316,095	539
Revenue Pay total	535,466	514,424	21,042
NON-PAY			
nVCC Project Delivery	26,000	24,918	1,082
nVCC Judicial Review	84,000	83,709	291
Programme Management Office	8,534	19,763	-11,229
Project 6 - Service Change Team	15,000	14,766	234
Revenue Non-Pay Total	133,534	143,156	-9,622
REVENUE TOTAL	669,000	657,580	11,420

5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 31ST MARCH 2022

CAPITAL SPEND

Project 1 – Enabling Works

- 5.1 There is a final capital spend for the financial year 2021-22 of **£2.487m** against a budget of **£2.036m, with a variance of £0.452m overspend**. This overspend has been offset by an underspend by Project 2 – nVCC.

Work Package	Total Spend for 2021-22 £m
Pay	£0.214
Technical Advisers	£0.260
Construction Costs	£0.552
Utility Costs	£0.789
Supply Chain Fees	£0.192
Non Works Costs	£0.400
Asda Works	£0.081
Non-pay	£2.274
Total	£2.488

- 5.2 Many of the EW work packages associated with the EW OBC, for which funding was not provided by WG in 2021-22. Therefore, these work packages have been funded by the nVCC Project (see section 5.3), with the EW costs for 2021-22 relating to just the EW FBC.

Project 2 – nVCC

- 5.3 There is a final capital spend for the financial year 2021-22 of **£2.972m** against a budget of **£3.461m, with a variance of £0.489m underspend**. This underspend has been utilised to offset an overspend by Project 1 – Enabling Works.2.

Work package	Total Spend for 2021-22 £m
Pay	£0.965
Project Delivery Costs	£0.094
EW Works	£0.451
EW Legal Advice	£0.262
EW Reserves	-£0.195
nVCC Competitive Dialogue – PQQ & Dialogue	£1.291
nVCC Legal Advice	£0.020
nVCC Planning	£0.111
nVCC Reserves	-£0.028
Non-pay	£2.006
Total	£2.972

Project 3a – Integrated Radiotherapy Procurement Solution

- 5.4 There is a final capital spend for the financial year 2021-22 of **£0.0.312** for the IRS Project against a WG budget of **£0.312 with no variance**. There is an additional spend of £0.248m, which has been offset by Trust capital reserves and transferred accordingly.

Work package	Total Spend for 2021-22 £m
Pay	£0.212
Legal Advisors	£0.100
Financial Advisors	£nil
Business Case Advisors	£nil
Procurement Advisors	£nil
IRS Reserves	£nil
Non-pay	£0.100
Total	£0.312

REVENUE SPEND

Programme Management Office

- 5.5 The PMO spend for 2021-22 is **£0.218m** (£0.198m pay, £0.020m non-pay) against a revised budget of **£0.227mm**.
- 5.6 There is an underspend in pay costs of £21k due to a delay in recruitment of a Programme Administrator. However, this has been used to offset an overspend of £11k in non-pay costs, and £19k overspend by the Service Change Project, resulting in an overall underspend of £9k.

Projects 1 and 2 Delivery Costs

- 5.7 The full revenue costs in 2021-22 for project delivery are **£0.025m** against a budget of **£0.026m**. This spend relates to office costs and project support.

nVCC Judicial Review

- 5.8 There is a revenue spend of **£0.084m** against a budget of **£0.084m** in 2021-22 for 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 The Service Change spend for 2021-22 is **£0.331m** (£0.316m pay, £0.015m non-pay), against a revised budget of **£0.331m, with no variance**.

6. Financial Risks & Issues

- 6.1 There are no outstanding financial risks or issues for the financial year 2021-22.

7. CONSIDERATIONS FOR BOARD

- 7.1 This report is included as an appendix to the Trust Board Finance Report.

8. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Staff and Resources
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 31st March 2022.

Datix ID	TCS Ref	Risk Opened	Handler	Division	Project	Risk Owner	Risk Title	Risk Description	Risk Cost	Inherent Rating	Inherent Risk Level	Current Controls	Current Likelihood	Current Impact	Current Rating	Current Risk level	Progress notes	Direction of Travel	Next Review Date	Target Rating	Target Risk level	Is this a Private & Confidential Risk?
2400	R272	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk that there is lack of project support	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.		20	High Risk	1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work - Ongoing 2) Clarification required on whether Outreach Project is an Operational or an Infrastructure Project - Ongoing TBC	4 - Probable	5 - Critical	20	High Risk	[Lewis, Bethan 18/03/22 10:40:40] Update on actions following Programme Delivery Board 16/03/2022. (Updates not done or reviewed by Risk Owner as they were not present at PDB) - Executive agreement on priority of agreeing final plan and implementation of that. - SRO escalation and awareness. - To see further detail in new risk 360 below.	Stable/No Movement	31/01/2022	6	Moderate Risk	No
2402	R329	10/05/2021	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk of time-consuming infrastructure work	There is a risk that time-consuming infrastructure work i.e. the refurbishment of a current site or identification of a new build is required to deliver the agreed outreach model of care. This could lead to delays in outreach services not being established or operational ahead of the new VCC as agreed within Programme objectives		16	High Risk	1) Identify location 2) Identify refurb / new build required 3) Establish level of local engagement with CHCs/public required 4) Identify appropriate resources from all HBs & VUNHST (inc Project Leads, Planning etc) to ensure project is supported and managed to align with project & programme timelines 5) Establishment of ownership and governance of Project within TCS/VF environment	4 - Probable	4 - Major	16	High Risk	[Lewis, Bethan 07/12/21 14:29:04] 7/12/21 - No review or changes to risk - Project remains On Hold	Stable/No Movement	31/01/2022	9	Significant	No
2501	R350	14/01/2022	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	Risk of Inflation leading to increased costs	There is a risk that increased rates of inflation lead to the costs of the project exceeding the affordability envelope.		20	High Risk	1. Paper on affordability submitted to WG. Ongoing	4 - Probable	4 - Major	16	High Risk	[Hinton, Tracy 13/04/22 15:24:26] Risk assessed against Matrix and de-escalated by DP	Risk Decreasing	02/05/2022	12	Significant	No
2528	R360	22/03/2022	Lewis, Bethan	Transforming Cancer Services	Programme	James, Carl	There is a risk that Programme Master Plan objectives & outcomes are delayed and/or not met	There is a risk that Projects remain 'On Hold' and / or incur delays impacting on the key interdependencies with other projects resulting in Programme Master Plan objectives & outcomes being delayed / not being met		16	High Risk	1) Stocktake of all Projects and Programme to be undertaken 2) Refreshed Project Self-Evaluation toolkit 3) Refresh of Master Programme Plan 4) Review Programme and Project resources / gaps and make appropriate investments where required. 5) Introduce new ways of working - VF & Strategic Infrastructure Board	4 - Probable	4 - Major	16	High Risk	[Lewis, Bethan 22/03/22 14:58:12] 1) Work is underway to be completed by end of April '22 2) Work to be completed by end of May '22 3) Work is underway to be completed by end of April '22 4) Work has started to identify resource requirements and any current gaps 5) Work to be completed by end of June '22	Stable/No Movement	29/04/2022	6	Moderate Risk	No
2401	R317	26/02/2021	Lewis, Bethan	Transforming Cancer Services	Integrated Radiotherapy Solution	Bryce, Gavin	Risk of insufficient resources being made available to the Project	There is a risk that insufficient resources (people) being made available to the project will have an adverse impact on the quality of the procurement process		16	High Risk	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)	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 15/03/22 15:49:34] 09/03/2022 - Risk reviewed by Project Manager no updates or changes	Stable/No Movement	04/04/2022	8	Moderate Risk	No
2405	R273	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk that projected growth assumptions for Outreach will be less than required	There is a risk that the projected growth assumptions for outreach delivery of SACT, ambulatory care and outpatients is less than will be required, leading to undersized locations.		16	High Risk	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.	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 13/12/21 11:41:11] 7/12/21 - No review or changes to risk - Project remains On Hold	Stable/No Movement	31/01/2022	6	Moderate Risk	No
2407	R268	17/01/2020	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	Risk of overlapping timeframes and interdependencies between RSC & IRS Projects	There is a risk that as the IRS Project needs to be phased in parallel with RSC Project, due to overlapping timeframes and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.		16	High Risk	1) RSC project requires a clear view IRS Project Risk landscape and links between the 2 projects in terms of risk registers and project plans 2) Ensure design is flexible and futureproof to allow for IRS solution 3) Review impact of delays to IRS Project on RSC Timeline	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 15/03/22 16:04:17] 09/03/2022 - Risk reviewed by risk owner, no changes or updates	Stable/No Movement	04/04/2022	4	Low Risk	No
2408	R327	22/04/2021	Lewis, Bethan	Transforming Cancer Services	Integrated Radiotherapy Solution	Bryce, Gavin	Risk that IRS Project FBC is delayed or not approved	There is a risk that the approval for the FBC for the IRS Project is delayed or not approved, due to changes in approval timescales which would lead to delays to project delay, project abandonment impacting on other TCS Projects (NVCC & RSC) deliverables		16	High Risk	1) Engagement with Capital & Treasury teams - ongoing 2) Previous presentations to IIB - complete 3) OBC shared with WG Officers for comment - complete 4) JWG notified of timescales for FBC so they can align resources - complete 5) Specialist advisors used to support delivery of Business Case - ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 15/03/22 15:50:47] 09/03/2022 - Risk reviewed by Project Manager no updates or changes	Stable/No Movement	04/04/2022	8	Moderate Risk	No
2410	R297	05/10/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Morley, Sarah	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet needs of the TCS Programme	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet needs of the TCS Programme Causes - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate. Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients		12	Significant	techniques to be applied 2) Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 3) Clarity of expectations for workforce team involvement 4) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 5) Workforce team to support service to ensure the right people are available and allocated to support	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 08/03/22 11:44:50] 03/03/22 - Risk reviewed by Risk Owner - no change to current ratings update provided to Action 4 - WOD Team interface with workforce planning elements of VF via dedicated project role. This role has clear relationships with Senior WOD BP for VCC and Heads of Workforce and OD.	Stable/No Movement	31/05/2022	2	Low Risk	No
2413	R264	29/06/2020	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	Risk that Radiotherapy Satellite Centre will not have required skilled staff in place to run facility	There is a risk that the Radiotherapy Satellite Centre will not have required skilled staff in place to run the facility once ready to be operational. This would impact on radiotherapy capacity and resilience for the Trust.		15	Significant	1) An integrated Radiotherapy and Physics workforce plan is required to consider the service as a whole taking account of a full operating model that includes current activity, projected activity, IRS and RSU. 2) Provisions from across the whole service will be reconfigured to meet the requirements of the satellite unit.	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 15/03/22 16:05:22] 09/03/2022 - Risk reviewed by risk owner no changes or updates	Stable/No Movement	30/06/2022	6	Moderate Risk	No
2416	R274	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk that COVID may lead to delays on Project progress	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of the outreach project		20	High Risk	Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 13/12/21 11:42:46] 7/12/21 - No review or change to risk - Project remains On Hold.	Stable/No Movement	31/01/2022	6	Moderate Risk	No

2417	R279	08/07/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Fear, Lauren	Risk that there is lack of TCS Programme Comms Plan	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependant links are not communicated effectively and the wider networked clinical model not understood.		12	Significant	1) Revise TCS website - complete 2) Improve internal TCS teams Comms - complete 3) Improvements to intranet - started 4) Improvements to the link between Programme Governance and Comms - tbc	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 15/03/22 15:55:37] 28.2.22 - Update requested from LF & NG	Stable/No Movement	04/03/2022	4	Low Risk	No
2418	R298	05/10/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Fear, Lauren	Risk that TCS Programme does not have support from Stakeholders	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians) Causes - Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change Consequences - WG and LHBs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits		16	High Risk	1) Further engagement is being planned with specialist stakeholders – broader and more targeted who are not fully supportive. Programme Communications resource in place & recruitment of additional comms resource to support comms/engagement activities 2) Better use of technology being reviewed and rolled out to share key messages 3) Variety of stakeholder events held over a number of years - complete 4) Clinical workshops held throughout Programme lifetime - ongoing 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - ongoing 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - ongoing through CCLG 8) Monthly meeting with WG Head of Capital and Director General - ongoing	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 15/03/22 15:56:14] 28.2.22 - Update requested from LF & NG	Stable/No Movement	04/03/2022	4	Low Risk	No
2423	R342	08/09/2021	Lewis, Bethan	Transforming Cancer Services	Integrated Radiotherapy Solution	Bryce, Gavin	Risk that IRS evaluation process is delayed due to resource pressures	There is a risk that as the nVCC Competitive Dialogue clashes with the IRS Final Tender evaluation, there is pressure on resource availability leading to delays in finalising the evaluation process		12	Significant	1) Works has started to understand which staff and resource are impacted to explore availability and potential impact of this to the Project	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 15/03/22 15:51:05] 09/03/2022 - Risk reviewed by Project Manager no updates or changes	Stable/No Movement	04/04/2022	6	Moderate Risk	No
2431	R282	23/07/2021	Lewis, Bethan	Transforming Cancer Services	Programme	James, Carl	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables		16	High Risk	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. Complete 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity. Complete 3) Review and reporting on Master Plan to PDB and Scrutiny committee. Ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 15/03/22 15:57:21] CJames 9.3.22 - Whilst initial risk to Project and Programme activity from Covid disruption has reduced; there remains uncertainty around the impact of managing backlogs could have on availability of the clinical workforce managing their priorities between ongoing clinical work and Project & Programme, work underway to review resource requirements.	Stable/No Movement	08/04/2022	4	Low Risk	No
2486	R313	07/12/2021	Pinocci, Francesca	Transforming Cancer Services	Enabling Works	Powell, David	There is a risk that the Section 278 application takes longer than expected to be approved,	Section 278 application There is a risk that the Section 278 application takes longer than expected to be approved, meaning that works traffic accessing the 'straight' TCAR are delayed, leading to a delay to construction and associated construction delays.		9	Significant	This application process has started.	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 15/03/22 15:46:56] 8/3/22 - risk reviewed no updates	Stable/No Movement	04/04/2022	6	Moderate Risk	No
2487	R340	07/12/2021	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	IRS Delays Impact on nVCC Procurement	There is a risk that the IRS procurement may be delayed or experience legal challenge, meaning that the date at which the specific equipment to be procured is definitely known is delayed, leading to delays or other issues during the nVCC procurement process		9	Significant	1. Ongoing monitoring of buffer period between the key dependency dates of both projects. Work undertaken recently to understand timeframes from equipment order to delivery. Ongoing 2. If issue occurs work with bidders to design around potential solutions so that work can continue.	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 14/02/22 16:56:39] 4/2/22 - update provided to mitigating action 1. IRS procurement award has been delayed work is still ongoing to determine timelines but buffer is likely to have reduced significantly. Ongoing. 2. Not started - reactive.	Stable/No Movement	01/06/2022	12	Significant	No
2502	R351	14/01/2022	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	Risk of delay to start on site	There is a risk that the start of construction is delayed beyond the date stipulated in the outline planning permission decision notice 17/01735/MJR (27th March 2023), leading to delays to the project and a possible loss of planning permission.		12	Significant	1. Submit section 73 application to extend the date by which start on site must occur, to reduce the impact of any delays to the start of construction. Started 2. Regular monitoring and management of other projects/workstreams which may affect start on site date including enabling works and nVCC procurement. Ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 14/02/22 16:57:53] 4/2/22 - update to mitigating actions 1. Work is currently being undertaken on the section 73 application. Started 2. Ongoing	Stable/No Movement	02/05/2022	4	Low Risk	No

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme & Project Risk

DATE OF MEETING

4th May 2022

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON**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

For Noting

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

TCS Programme Delivery Board

21/04/2022

Approved

ACRONYMS

TCS

Transforming Cancer Services

1. BACKGROUND

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

1.3 This paper covers the reporting period 14th March to 12th April 2022.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Note latest TCS Programme Risk Landscape.

3. IMPACT ASSESSMENT

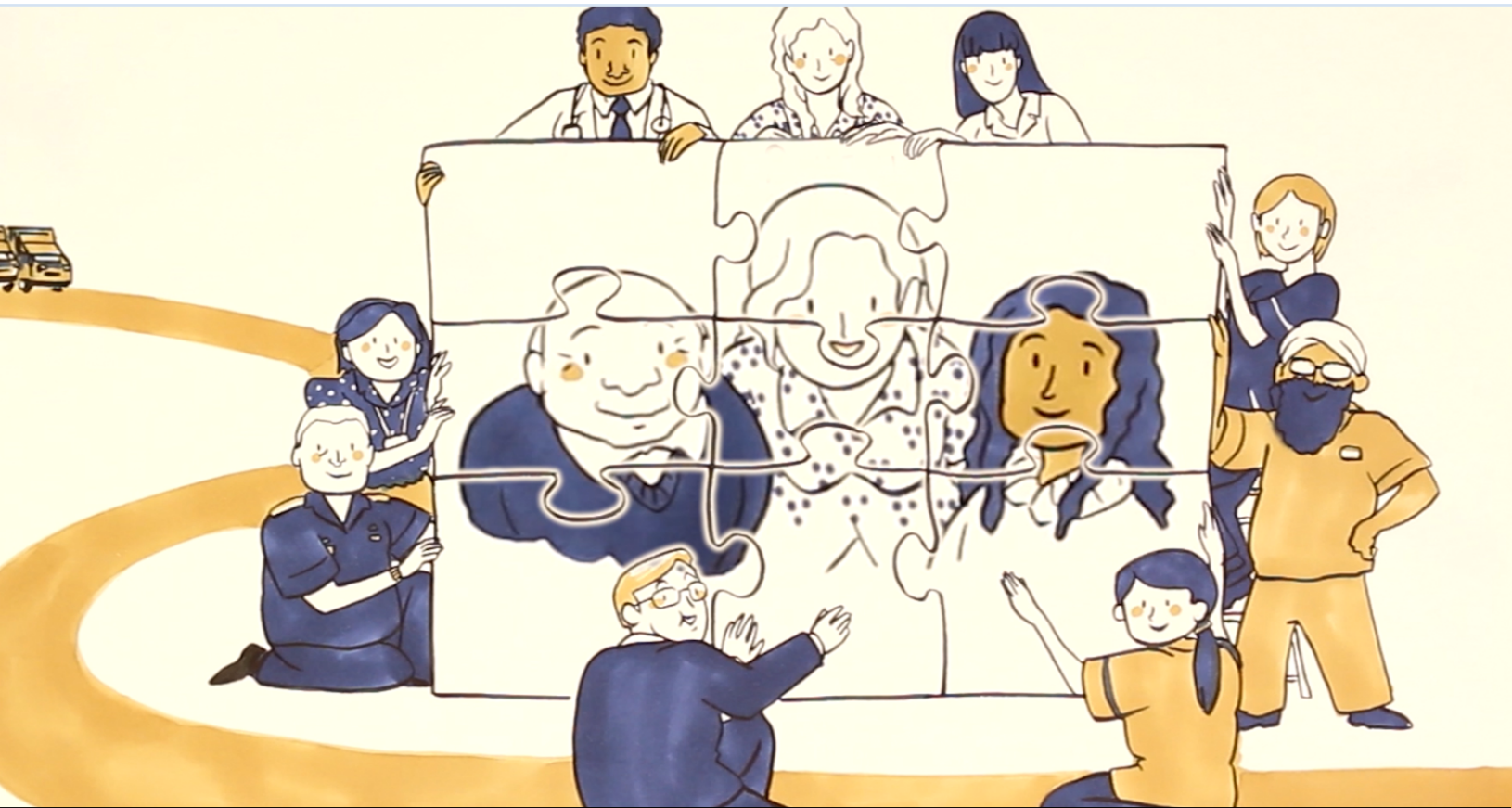
QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT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

4. RECOMMENDATION

4.1 The Programme Scrutiny Sub-Committee are asked to:

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

TRANSFORMING CANCER SERVICES PROGRAMME (South East Wales)



TCS Programme & Project Risk

Version 0.1

TCS Programme & Project Risk

DOCUMENTATION CONTROL SHEET

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

Document Version History:

Version Number	Date	Author	Summary of changes
0.1D	11/04/2022	Bethan Lewis	Commencement of Document

Approvals

This document requires the following approvals:

Title / Group	Date	Version/Option
TCS Programme Delivery Board	21/04/2022	0.1

Distribution

This document has been distributed to:

Name	Title	Date	Version

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APPENDICES

APPENDIX 1: TCS PROGRAMME RISK REGISTER – MARCH - APRIL 2022
APPENDIX 2: TCS PROGRAMME ISSUES REGISTER – MARCH - APRIL 2022

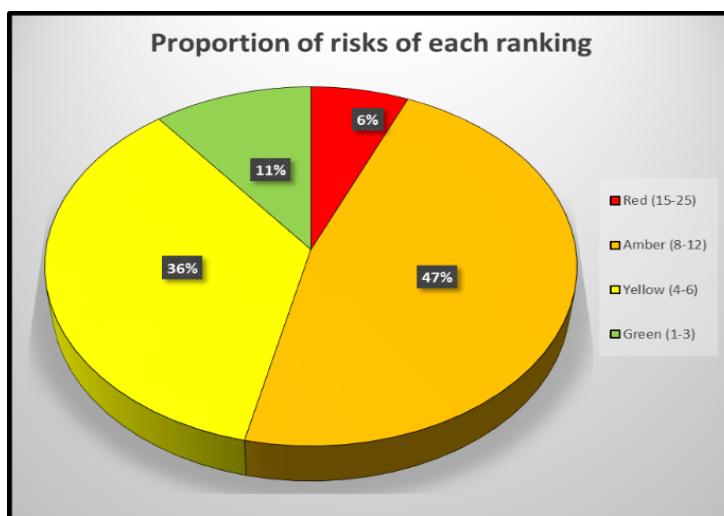
1.0 PROGRAMME & PROJECT RISK UPDATE – MARCH - APRIL 2022

- 1.1 The below tables provide the most up to date data in regards to risk across the TCS Programme and its Projects which continue to be monitored and updates provided to the Programme Delivery Board each month. There are currently 122 risks in the Programme Risk Register; Figure 1 below provides a view of the number of risks broken down by project and current risk rating. Figure 2 demonstrates the proportion of risks by rating, with the majority 47% currently rated as 'Amber' and 36% rated as 'Yellow'. The proportion of 'Red' rated risks has reduced in this reporting period from 8% to 6%.

Figure 1: Breakdown of Risks Emerging from Project

Risks emerging from...Totals				
1. Enabling works for nVCC	30	2. nVCC	24	Totals 122
0 9 14 7		2 9 12 2		
3. Digital and Equipment	3	4. Radiotherapy Satellite Centre	8	8 58 44 13
0 3 0 0		0 6 2 0		
3a. IRS	26			
1 9 12 4				
5. SACT and Outreach	9	6. Service Delivery, Transformation and Transition	13	
2 6 1 0		2 10 1 0		
7. VCC Decommissioning	1	8. Programme	8	
0 0 1 0		1 6 1 0		

Figure 2: Proportion of Risks by Rating Score



- 1.2 Figures 3a and 3b below provides a comparison of Risk Ratings from their 'inherent' status to their 'current' status. As can be expected the higher ratings of risk (Red and Amber) occur when they are

initially rated prior to mitigating actions and controls being put in place. Following the implementation of appropriate mitigations, the ratings become more moderate demonstrating efficient management of risks.

Figure 3a: Comparison of Inherent vs Current Risk Ratings

Inherent Ratings	Likelihood					
Impact	5. Certain	4. Likely	3. Possible	2. Unlikely	1.Rare	
5. Catastrophic	39					
4. Major						
3. Moderate	61					
2. Minor						
1. Insignificant	22				1	

Figure 3b: Comparison of Inherent vs Current Risk Ratings

Current Ratings	Likelihood					
Impact	5. Certain	4. Likely	3. Possible	2. Unlikely	1.Rare	
5. Catastrophic	8					
4. Major						
3. Moderate	58					
2. Minor						
1. Insignificant	44				13	


2.0 TCS Projects Risk Update

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

Projects 1 & 2 – Enabling Works for nVCC & nVCC

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	4	7	1	6	18
Issues	5	2	0	0	7

- There have been a number of changes to the Risk Registers for Projects 1 and 2 in this reporting period.
- Detail of the risks which meet the threshold for reporting to Programme Delivery Board can be seen below:

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R350	Inflation There is a risk that increased rates of inflation lead to the capital costs of the project exceeding the affordability envelope.		Likelihood 4 Impact 4 Overall 16 <i>Previous Likelihood 5 Impact 3 Overall 15</i>	Risk Owner – Mark Ash Paper on affordability provided to WG. De-escalated as reassessed risk using risk matrix with MA.
R257	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.	Closed	<i>Previous Likelihood 4 Impact 3 Overall 12</i>	Closed and replaced by issue I062 due to the current overlap in enabling works and MIM construction timelines. If issue is resolved then this risk will be reopened.

- Detail of the closed issues can be seen in the below table. Please note the full Issues Register is available to view in Appendix 2 to this paper.

Issue No.	Description (Cause)	Description (Effect)	Priority	Closure comments
I048	WSP Letter of Intent Capped Limit The work of WSP has exceeded the capped limit as per the Letter of Intent before the Project is in a position to issue the NEC3 contract.	The WSP work programme will be required to be put on hold until the EW OBC has been approved releasing further funding from the Welsh Government.	Closed	Issue has been resolved.
I064	Velindre S278 Motts were requested to undertake a soil resource survey which has been delayed. We are unable to submit S278 planning application until this has been received.	TCAR2 construction may be delayed with impacts on the wider construction programme.	Closed	Closed as the surveys have now been completed.

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

- The Risk Owner has confirmed that there has been no changes the Project Risk Register in this reporting period.

Project 4 – Radiotherapy Satellite Centre (RSC)

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

- Following review of the Risk register, the Risk Owner has confirmed that there has been no changes to risk ratings in this reporting period.

Project 5 – Outreach

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

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

Project 6 – Service Delivery & Transition

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

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

2.0 TCS Programme Risk Update

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

- 3.1 There have been no changes to the Programme Risk Ratings in this reporting period.
- 3.2 There has been no new issues raised; updates have been provided in relation to the current open Programme issue, detail of which can be seen in the below table:-

Issue No.	Issue Raised	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I061	Sept 21	Programme Objectives & Key Dependency not met The Outreach Project has been placed 'on hold' and is not able to progress with its own objectives and as such has wider implications across the TCS Programme.	The objectives of the TCS Programme as outlined in the Programme Business Case will not be met, along with they key dependency on Outreach facilities being operational prior to the nVCC opening in order to meet the need and ability to provide SACT across SE Wales	Medium	Job descriptions evaluated and ready to commence recruitment. Looking at potential interim arrangements prior to recruitment.	Steve Ham	June 2022 April 2022

- 3.4 There are 18 risks in the March - April 2022 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 1 to this report.
- 3.5 The TCS Programme Issues Register is included as Appendix 2 to this report.
- 3.6 The Programme Delivery Board are asked to:
- Note the latest risk position for the TCS Programme and Projects
 - Note the latest Programme Risk Register
 - Note the latest Programme Issues Register

Issue	Date Raised	Prog / nVCC Proj	Description (cause)	Description (effect)	Priority (High, Med ,Low)	Reported by	Reported to	Status (what is being done about this issue?)	Date resolved
I061	09/09/21	Programme	Programme Objectives & Key Dependency not met The Outreach Project has been placed 'on hold' and is not able to progress with its own objectives and as such has wider implications across the TCS Programme.	The objectives of the TCS Programme as outlined in the Programme Business Case will not be met, along with they key dependency on Outreach facilities being operational prior to the nVCC opening in order to meet the need and ability to provide SACT across SE Wales	High	Bethan Lewis	Programme Delivery Board (Sept 21)	Job descriptions evaluated and ready to commence recruitment. Looking at potential interim arrangements prior to recruitment.	June 2022 April 2022
I062	10/01/22	nVCC	Bridge Construction Timeline The most recent proposal for the bridge into the site shows a completion date of June 2023, three months after Project Co are intended to start on site.	If Project Co are required to wait for this element of construction to be completed it would cause a three month delay to the nVCC timeline and increase project costs.	High	David Powell	nVCC Project Board	Potential mitigations include: 1. Begin construction of the nVCC via the TCAR only. Construction action - undertake in 2023 2. Complete some elements of the bridge after construction of the hospital is completed to shorten the timeline. Construction action - undertake in 2023 3. Utilise S73 application to extend the date by which MIM start on site must occur, to reduce the impact of any delays to the start of construction. Planning issues occur if this is delayed beyond 27th March 2023. August 2022	Aug-22
I065	19-Jan-22	nVCC	TCAR Expiry TCAR expiry in 2024 means that significant proportion of construction period only has Asda access available.	Bidder construction programmes will take longer if using the Asda access route only after Nov 2024.	High		nVCC Project Board	Utilise s73 application to extend TCAR expiry date. August 2022	Aug-22
I070		IRS	Second Tender non-compliant and procurement considered abortive and requiring rerun		High	Gavin Bryce	TCS Programme Delivery Board	Update 09/03/22 -Second Tender closed 28/2/22 and evaluation for non-compliance issues schedule for March 2022	Apr-22
I069		IRS	Budget for IRS project will cease at the end of this financial year with resources required to run in to 2022 without a budget		High	Gavin Bryce	TCS Programme Delivery Board	Update 09/03/22 - Board paper has been drafted	Apr-22
I063	20/1/22	Enabling Works	Asda S278 There was a delay in submission of drawings from Sandersons to discharge the S278 conditions.	Trees unable to be felled along Longwood Drive. Will cause delay to the Asda works.	Medium	David Powell	nVCC Project Board	1. Cardiff Council have suggested a mini 278 to allow this to progress more quickly. The date that this will be approved. It is <u>not</u> expected to have to go to committee, but in the event that it did this would not be until 16th June due to local elections Completion date to be determined	
I066	02-Mar-22	nVCC and Enabling Works	PRoW An appeal to have three routes recorded as public footpaths across the nVCC site has been successful.	These footpaths will require diversion to allow construction / operation of the hospital and the location of the diversion may affect the location of the compound and construction of the haul road.	Medium	Mark Farrar	nVCC and Enabling Works Project Board	Section 257 to be submitted to Cardiff Council, this cannot be submitted until footpaths have been approved by Cardiff Council. Preparatory work will be undertaken in the interim, the expected submission July 2022	

I067	02-Mar-22	nVCC	Ecological windows for dormice NRW are imposing restrictions on when we are able to apply for an EPSL on the MIM site (ie following approval of Reserve Matters)	Due to this restriction there is a significant chance that the ecological window for dormice clearance will be missed, delaying the project by approx. 6 months.	Medium	Craig Salisbury	nVCC Project Board	Notwithstanding NRW's process protocols, the Authority is anticipating progressing MIM EPSL discussions with NRW ahead of the Reserved Matters approvals in order to mitigate any delays in the granting of the licence. A shadow EPSL is under preparation by the Authority to commence dialogue with NRW early May. Possible WG intervention would be sought if dialogue does not progress. May 2022	
I068		IRS	IRS costs for legal fees continue to be over forecasted estimate due to procurement complexity, interdependencies and prolonged contractual dialogue.		Medium	Gavin Bryce	TCS Programme Delivery Board	Update 09/03/22 - Board paper has been drafted	Apr-22

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME MANAGERS REPORT

DATE OF MEETING	04.05.2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	
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PREPARED BY	Carys Jones, Senior Programme Delivery & Assurance Manager, TCS
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PRESENTED BY	Carys Jones, Senior Programme Delivery & Assurance Manager, TCS
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EXECUTIVE SPONSOR	Carl James, Director of Strategic Transformation, Planning & Digital
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
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TCS Programme Delivery Board	21.04.22	Noted
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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 and reported at the TCS Programme Delivery Board (PDB). A brief update against the elements of each project which impact upon the wider programme and Master Programme Plan are contained at the end of this report.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

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

3. EXTERNAL PROGRAMME ARRANGEMENTS

Velindre @ UHW Programme Progress Update

- 3.1 The second Velindre @ UHW Programme Delivery Board was held on 22nd March and chaired by the Director of Strategic Transformation, Planning and Digital, VUNHST.
- 3.2 The Programme Delivery Board received a presentation on the Cardiff Cancer Research Hub project, delivered by the joint clinical leads from Velindre UNHST and Cardiff and Vale UHB. The presentation provided an overview of the benefits of establishing a research Hub at UHW; progress to date (which included a number of clinical design and workforce workshops); and next steps within the project.
- 3.3 It was reported that the tripartite approach between the three partner organisations, VUNHST, CAVUHB and Cardiff University, was working well, and that there was engagement from all three organisations at the Project Board.
- 3.4 The Programme Delivery Board discussed the mixed funding model being adopted for the Research Hub and the financial contributions from each organisation in the first 18 months were also outlined. A financial strategy is required for the Hub from 18 months onwards and external consultancy expertise is being sought to help jointly develop this complex financial strategy with partners.

- 3.5 It was noted that Cardiff University and Velindre UNHST had both approved the Clinical Output Specification (COS). CAVUHB were in discussions internally regarding the most appropriate governance and approval route within their own organisation for the COS.
- 3.6 The concept of a 'Clinical Summit' or 'stock take workshop' (working titles) was discussed by the Board. The aim of this event would be to share the progress made over the past 12 months with clinical colleagues from both organisations, and to review what work was still required. Members of the Board agreed to scope a potential event and consider the required outputs and timing to ensure optimal use of clinical time.

Collaborative Cancer Leadership Group (CCLG)

- 3.7 The arrangements for the externally facilitated 'cancer system workshop' to be held on the 29th April are currently being finalised. The agenda has been agreed in collaboration with Health Board partners with guidance from Nigel Edwards, CEO, The Nuffield Trust.
- 3.8 The workshop addresses Recommendation 1 of the Nuffield Trust advice and seeks to review how best to take forward the CCLG in future, agree regional cancer priorities (and potentially a regional cancer strategy), together with considering the most suitable governance arrangements / means of organising to achieve these priorities.
- 3.9 Two external speakers from the SE London Cancer Alliance (Kate Haire, Clinical Chair and Sean McCloy, Managing Director) will also be sharing their experience and learning from a leading Cancer Alliance in England.
- 3.10 The Director of the Welsh Cancer Intelligence and Surveillance Unit (WCISU) at Public Health Wales (PHW) will also be setting the population health context and outlining the challenges in Wales, including presenting cancer outcome data for SE Wales and the latest international benchmarking comparisons.
- 3.11 The outcome from the workshop will be reported in May's report.
- 3.12 The forward programme of regular CCLG business meetings has now been finalised for 2022-23 with quarterly meetings scheduled for May, September, December and March 2023.

4. INTERNAL PROGRAMME UPDATES

Programme Stocktake

- 4.1 As reported in the March Programme Managers Report, the TCS Programme Management Office (PMO) will be undertaking a 'stock take' of the programme and projects which will examine if the projects / programme are optimally setup

to delivery their objectives. This review will be multifaceted and will include factors such as governance, resources, reporting and overall performance.

- 4.2 There will also be a stock take of risks, issues, and interdependencies as part of this assessment.
- 4.3 The preliminary desktop stock take has been completed by the PMO. This will now be reviewed and validated with each of the respective Project Leads in April to inform a final report.

PMO Short Term Priorities

- 4.4 In addition to the stocktake, the short term priorities of the PMO were outlined in the March Programme Managers report. Progress against each of these is noted below:

ID	PMO Short-term Priority	Progress	RAG
1	Re-prioritise team capacity on programme work	Team priorities agreed, but PMO still supporting non-programme activities due to lack of alternative capacity (see below)	A
2	Dramatically reduce work in non-programme areas	Non-programme activities minimised where possible, however the PMO team continue to be heavily involved in the IRS procurement, V@UHW/regional work and absorbing the vacant Programme Coordinator duties	A
3	Progress work to recruit Band 4	Recruitment process completed, but no suitable candidate to appoint. Vacancy to be re-advertised and short term agency support to be considered.	R
4	Enhance the master programme plan to include the detail of the management of interdependencies and risks	Complete	G
5	Complete the stock take and develop slide pack to share with IMs/PDB	Stock take currently underway. Next step to review/validate findings with project leads.	A
6	Re-establishing the Project Self Evaluation toolkit	Updated and revised for use as part of the Stock take	G
7	Develop summary risk analysis slides to the risk presentation	Complete	G

8	Review all Risks and Issues to ensure robust and complete	Complete	G
9	Review original planning assumptions	Original Planning Assumptions located. Under review as part of Stock take.	A
10	Review original Project Briefs	Original Planning Assumptions located. Under review as part of Stock take.	A
11	Finalise transformation office purpose, function and structure aligned to EMB approval / direction	Awaiting outcome of Trust Ways of Working discussions and for Associate Director of Programmes to have capacity to progress once IRS Procurement completed.	R
12	Develop plan to move to new Governance Structure and working arrangements	See above.	R

Recruitment

- 4.5 The Band 4 Project and Programme Co-ordination vacancy was advertised in March and interviews held in early April. A very limited number of applications were received and there were no appointable candidates following interview.
- 4.6 The post will be re-advertised following the Easter holiday period with the job advert content and mechanisms for advertising reviewed to try and secure greater interest.
- 4.7 Utilising short term agency support will be considered based on the level of interest in the next round of advertising.

Master Programme Plan

- 4.8 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.
- 4.9 A significant amount of work is being undertaken and the Master Programme Plan has now been developed at a more granular level allowing attendees to see the impacts on interdependent Projects more clearly.

Notable Updates from the Six Projects affecting the Programme

- 4.10 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.

4.11 **Enabling Works (EW)** – the Full Business Case (FBC) for the Enabling Works was approved by Welsh Government on 14th January 2022, representing a major milestone in the project. The onsite enabling works are now well underway.

4.12 *Since the previous report:*

- The Asda works tree clearance has been completed, apart from areas requiring S278 agreement to be in place.
- Stage 1 of the Velindre works tree clearance was completed, together with the required seasonal Habitat Management Plan obligations. Stage 2 clearance, trial holing and other highway investigation works to start in April.
- The NEC 4 'Design & Build' contract has been signed and sealed with Walters. Walters are assessing what can be offered in terms of an accelerated programme.
- Collation of evidence and witness statements continued in relation to the full injunction hearing at the High Court in April 2022, including posting of paperwork on site.
- The Cutting Public Right of Way (PRoW) was returned to public use on 25th March 2022.
- Price escalation notified by Walters regarding steel and other commodities in the period.

4.13 **nVCC** – the Competitive Dialogue (CD) process commenced w/c 6th September and was held for an intensive 28 week period. This led to the submission of draft final tenders on 14th March 2022. A detailed 'bootcamp' process ensued, with the aim of resolving any issues noted from the draft final tenders. The preferred bidder will be announced in the summer 2022.

4.14 *Since the previous report:*

- The rounds of bidder meetings as part of the CD have now concluded following a 28 week dialogue schedule;
- The Authority are in the third and final week of intense and productive 'bootcamp' meetings
- The project team have continued to respond to the 6 Capital Approval Point 3 (CAP3) recommendations. 4 have been completed to date, with an action plan in place to close out the remaining 2.
- The project team are preparing for CAP4 which commences w/c 2nd May 2022.
- Preparation is underway to issue Invitation to Submit Final Tenders (ITSFT), currently draft ITSFT by 13th May and final ITSFT by 27th May on the current programme
- Evaluation of final tenders is scheduled to commence on 3rd of June.

4.15 **Integrated Radiotherapy Solution** – no compliant bids were received in response to the original tender. The IRS Invitation to Submit Final Tender (ISFT) was re-run closing on the 28th February with two tenders received and evaluated.

4.16 *Since the previous report:*

- Project team evaluations of the tender response commenced on the 1st March 2022 within a series of face-to-face and MS Teams meetings
- The draft procurement outcome is expected mid-April with a legal review scheduled to follow
- Work on finalising the OBC/FBC continues, including seeking agreement on resources for implementation.

4.17 **Radiotherapy Satellite Centre** – the design process is progressing following the Stage 4 presentation on 27th January 22. The FBC submission to Boards is scheduled for May 2022 with an anticipated ‘Beam On’ date of July 2024.

4.18 *Since the previous report:*

- The Stage 4 design process has been completed
- A final run through of the works information required before FBC submission has taken place
- The planning application has been submitted
- The FBC is due to be completed by the end of April 2022, submitted to Boards in May prior to submission to WG
- A Gateway Review took place in March, resulting in an Amber rating, with a number of recommendations to be addressed.
- A workforce plan is required for FBC submission
- The ‘Cost not to be exceeded’ figure is expected by 22nd April.

4.19 **Outreach** – the project remains ‘on hold’ due to resourcing constraints which have been escalated to the SRO for support with resolution.

4.20 *Since the previous report:*

- A meeting of the executive leads has been convened to agree the way forward

4.21 **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. It is anticipated that this project will transfer to the Velindre Futures programme once the governance arrangements have been agreed.

4.22 *Since the previous report:*

- There has been no progress in this area since the previous report.

4 IMPACT ASSESSMENT

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

5 RECOMMENDATION

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

TRANSFORMING CANCER SERVICES PROGRAMME SCRUTINY SUB-COMMITTEE

NUFFIELD TRUST INDEPENDENT ADVICE – A PROGRESS UPDATE

DATE OF MEETING	04/05/2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	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
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	21/04/2022	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) report¹ 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.
- 1.3 This paper provides an update against the action plan as at April 2022.
- 1.4 In March 2022, the Programme Delivery Board also received an update on progress one year on from the publication of the Nuffield Trust advice. The document had been reviewed, updated and endorsed by our four Health Board commissioning partners, which was important given the collective regional ownership of the majority of the actions.

2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Nuffield Trust were commissioned by Velindre University NHS Trust in September 2020 to provide independent advice on the regionally integrated model for non-surgical tertiary cancer services across South East Wales.
- 2.2 The report sets out 11 recommendations for Velindre University NHS Trust and Health Board (HB) partners to consider in securing planned and sustained improvements in cancer services in the immediate, medium and long-term.
- 2.3 The current position against each of the recommendations is set out in the 'Progress' column in Annex A. **Updates for April 2022 are illustrated in red text.**
- 2.4 The final column in the table at Annex A denotes which VUNHST committee is responsible for overseeing *the VUNHST accountabilities* within each recommendation.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
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¹ Advice on the proposed model for non-surgical tertiary oncology services in South East Wales (Nuffield Trust, December 2020)



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

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

4. RECOMMENDATION

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

Annex A Nuffield Trust Recommendations: Progress Update (April 2022)

	Recommendation	Key actions	Lead	Target date	Progress	Committee responsible for oversight of fulfilling the VUNHST accountabilities within each recommendation
1	The planning process for all South East Wales cancer services needs to be reviewed and its coordination improved, with the development of a common dataset and planning approach put in place. Steps have been taken to support this and it is going to be very important that the CCLG is effective – this will help to fill the strategic gap in the planning of cancer services that has existed across South East Wales. There are some lessons from the development of the more successful cancer alliance models in England that could be followed. These take responsibility not only for the planning of cancer services but also for leadership and performance management.	<p><u>Developing the cancer system (alliance approach)</u></p> <ul style="list-style-type: none"> • Agree strategic approach for SE Wales e.g. Alliance or Vanguard model • Develop approach/plan to evolve CCLG e.g. programme/ governance/resources <p><u>Developing strategy for South East Wales</u></p> <ul style="list-style-type: none"> • Initial discussions across region/scoping • Establish arrangements for strategy development • Develop plan/ identify resources/ arrangements etc 	<p>HBs/VUT</p> <p>HBs/VUT</p> <p>HBs/ VUT</p>	<p>Tbc following workshop</p> <p>Apr 2022 (this date is subject to system decisions at workshop)</p>	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • System Workshop to be held on 29th April. • Exec attendance from each SEW HB secured. • External facilitation from Nigel Edwards, CEO Nuffield Trust (NT) secured. 	Strategic Development Committee

				in April 2022	<ul style="list-style-type: none"> • Workshop agenda agreed with HB partners and NT • External speakers from SE London Cancer Alliance sharing their learning. • Director of Welsh Cancer Intelligence and Surveillance Unit (WCISU) providing population health context. • Agreement in principle of benefits of SE Wales Cancer Strategy. 	
2	Full co-location would have advantages but is not practical for a significant period of time. However, action is required soon to deal with the issues with the estate and linear accelerators at the VCC.	<ul style="list-style-type: none"> • Secure approval of Commercial Approval Point (CAP) 1 • Secure approval for OBC for new Velindre Cancer Centre • Secure approval of Commercial Approval Point (CAP) 2 • Procurement and Pre-Qualification Questionnaire (PQQ) of bidders • Run Competitive Dialogue and award contract 	VUT VUT VUT VUT VUT	Feb 2021 Mar 2021 Aug 2021 Jul 2021 Sep 2021	<ul style="list-style-type: none"> • Complete • Complete • Complete • Complete • On track. Competitive dialogue nearing completion (commenced w/c 6th 	TCS Programme Scrutiny Sub-Committee

		<ul style="list-style-type: none"> Secure approval of Commercial Approval Point (CAP) 3 Secure approval of Commercial Approval Point (CAP) 4 Construction of nVCC Secure approval for OBC/FBC for Integrated Radiotherapy Solution for SE Wales 	<p>VUT</p> <p>VUT</p> <p>VUT</p> <p>VUT</p>	<p>Feb 2022</p> <p>May 2022</p> <p>Dec 2024</p> <p>May 2022</p>	<p>Sept). Dialogue and 3-week Bootcamp elements complete.</p> <ul style="list-style-type: none"> Complete On track On track On track. Final IRS tender evaluation report to Board in May 2022. FBC being drafted. 	
3	<p>In the near future, each HB needs to:</p> <p>a) Develop and implement a coordinated plan for:</p> <ul style="list-style-type: none"> analysing and benchmarking cancer activity against their areas advice and decision support from oncology for unscheduled cancer inpatient admissions via A&E 	<p>HBs required to develop plan:</p> <ul style="list-style-type: none"> Benchmarking plan etc develop a revised target operating model for non-surgical tertiary oncology services 	<p>HBs/ VUT</p> <p>HBs/VUT</p>		<ul style="list-style-type: none"> HBs have a range of benchmarking in place for clinical services. Further work required for key system markers. To be considered following system workshop. 	<p>Strategic Development Committee – for design and development</p> <p>Quality, Safety & Performance</p>

	<ul style="list-style-type: none"> - acute oncology assessment of known cancer patients presenting with symptoms/toxicities, with inpatient admission an option on a district general hospital site if needed, complemented by the Velindre@ ambulatory model, bringing models for haemato-oncology and solid tumour work together 	<p>including alignment of the AOS/ambulatory care models</p> <p>Phase 1: V@UHW: scoping commenced Feb 2021</p> <ul style="list-style-type: none"> - Archus consulting commenced to support - Develop Programme Brief and establish governance - Establish project work streams and run clinical design workshops: <p>i. RD&I</p>	<p>CAV and VUT</p> <p>CAV and VUT</p>	<p>Feb 2021</p> <p>May 2021</p> <p>Jun; Sep; Oct 2021</p> <p>Oct 2021</p>	<ul style="list-style-type: none"> • AOS business case approved and Phase 1 implementation underway. • Complete • Brief complete and agreed May 2021. • Joint Planning Manager post appointed (CAV& VUT) to support the V@UHW work. • RD&I – Final Cardiff Cancer Research Hub Clinical Output Specification (COS) complete. • Endorsed at CCLG (Oct 2021) for detailed business case development work to commence. 	Committee – for delivery
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	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	ii. unscheduled care;		Dec 2021	<ul style="list-style-type: none"> • COS signed off by all partners (endorsed by Velindre Trust Board Jan 2022). • All partners agreed initial phase 1 funding to support moving solid tumor trials to UHW • Agreed lead for funding strategy and benefits realisation work • Project Board established and well attended by all tripartite partners.. • Acute / Unscheduled Care Data analysis complete • Acute / Unscheduled Clinical Design Workshop (Sep) and follow up sessions held (Oct & Jan '22). • Integrated non-elective cancer pathway between UHW and VCC 	
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	for improving access to specialist opinion.	<p>iii. haematology and oncology</p> <ul style="list-style-type: none"> - Redesign pathways - Develop business proposals/implementation plans 			<p>developed via clinical workshops.</p> <ul style="list-style-type: none"> • Scope and ToR agreed • Limited progress due to capacity constraints 	
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	<ul style="list-style-type: none"> • Agree changes to current admission criteria and other required internal VCC changes 	HBs/VUT	May 2021	<ul style="list-style-type: none"> • Complete: Internal VCC operational changes completed, delivered via Velindre Futures. Retrospective audit against revised admissions criteria completed and final results shared at Jan clinical design workshop. • Agreement to develop Acute Deteriorating 	<p>Strategic Development Committee – for design and development</p> <p>Quality, Safety & Performance Committee – for delivery</p>
			CAV/VUT	Oct 2021		

	operation of the escalation procedures under review	<ul style="list-style-type: none"> Changes in operational flows of small number of acutely unwell patients to DGH <p>Phase 1: V@UHW Phase 2: V@AB and V@CTM</p> <ul style="list-style-type: none"> Development of regional Acute Oncology Service: <ul style="list-style-type: none"> Development of project brief/governance Development of clinical model Development of proposal / business case Approval of business case 	CTM/AB/VUT	<p>Mar 2022 (initial model) – up to 2024 for new infrastructure</p> <p>Oct 2021</p>	<p>Patient Pathway between VCC & UHW.</p> <ul style="list-style-type: none"> Joint formal pathways for USC and IO (including triage) are being developed with CAV clinical teams. Pathway document drafted. Formal transfer pathways for unwell/acutely unwell patients being developed with CAV clinical teams. Transfer document for SOS/Unwell patients is in place. <ul style="list-style-type: none"> Complete Complete Complete Approved by VUT, CAV and ABHB Boards. Awaiting confirmation when CTM Board will receive revised local 	
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		- Implementation			<p>business case for consideration of the preferred option.</p> <ul style="list-style-type: none"> • SRO confirmed as Exec Director of Planning, ABUHB • Regional Project Manager appointed to support implementation. • On track. Preparatory activities for implementation underway in parallel with BC approvals (e.g. recruitment prep). • IT Upgrade to VCC conference room planned for April 2022 to support virtual oncology advice. • 	
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	<ul style="list-style-type: none"> • Develop Velindre Research strategy • Identification of options/solutions to develop a hub at existing UHW 	CAV/VUT	Apr 2021	<ul style="list-style-type: none"> • Complete 	Strategic Development Committee – for design and development
			CAV/VUT	Jun 2021	<ul style="list-style-type: none"> • Complete 	

	the management of the VCC, but in any case, the pathways between specialists need work in order to streamline cross-referral processes. Such a service would provide many of the benefits of co-location – access to interventional radiology, endoscopy, surgical opinion, critical care and so on – albeit without the convenience of complete proximity.	<ul style="list-style-type: none"> • Development of clinical model for research V@UHW • Develop business proposals/implementation plans • Implementation • Exploration of strategic solution for long-term V@ facility in UHW2 and alignment of strategic capital business cases 		<p>Oct 2021</p> <p>Oct 2021</p> <p>Tbc – awaiting confirmation of UHW2 timelines</p>	<ul style="list-style-type: none"> • On Track – see above Rec 3 • On Track – see above. • On Track. Project Board in place to oversee implementation plan if/when governance approvals received. 	Quality, Safety & Performance Committee for delivery
6	The ambulatory care offer at the VCC should be expanded to include SACT and other ambulatory services for haemato-oncology patients and more multidisciplinary joint clinics. Consideration should be given to expanding a range of other diagnostics, including endoscopy, to create a major diagnostic resource for South East Wales that will be able to operate without the risk of services being disrupted by emergencies and which would also protect these services in the case of further pandemics.	<ul style="list-style-type: none"> • Review of current arrangements to determine what further opportunities exist for change in patient flows for (i) SACT (ii) diagnostics. • Development of regional operating model (as per recommendation 3) for: <ul style="list-style-type: none"> (i) V@UHW (ii) V@AB (iii) V@CTM 	See Rec 3 & 4	See Recs 3 & 4	<ul style="list-style-type: none"> (i) See Rec 3 (ii) SACT Outreach discussions underway with provision at NHH (iii) Work included in outreach and clinical 	<p>Strategic Development Committee – for design and development</p> <p>Quality, Safety & Performance Committee for delivery</p>

					projects, but further work required. See also AOS business case (complete)	
7	The Velindre@ model needs further work to describe how it will operate, its interface with acute services and its relationship to the wider pattern of ambulatory care. This should include the integration and development of other ambulatory therapeutic services such as dietetics, occupational therapy, physiotherapy, psychological therapy and speech therapy.	<ul style="list-style-type: none"> Development of regional operating model developed for non-surgical tertiary cancer services which finalises V@ requirements for at home/outreach care See Recs 3 & 4 		See recs 3 & 4	See recs 3 & 4	<p>TCS Programme Scrutiny Sub-Committee (as already part of PBC)</p> <p>Also – linked to 4-6 above, therefore as part of linked updates to:</p> <p>Strategic Development Committee – for design and development</p> <p>Quality, Safety & Performance Committee for delivery</p>
8	The development of a refreshed research strategy is a priority and further work is required to fully take advantage of the networked model.	<ul style="list-style-type: none"> Development of Velindre Research strategy Alignment of Research, Development & Innovation strategies across South East Wales 	<p>VUT</p> <p>HB/ VUT</p>	<p>Apr 2021</p> <p>May 2021</p>	<ul style="list-style-type: none"> Complete Complete – regional ToR agreed to by CCLG 	<p>Research, Development and Innovation Sub-Committee</p>

		<ul style="list-style-type: none"> - alignment with development of service/infrastructure: <p>(i) UHW acute/research hub</p> <p>(ii) Velindre@ AB</p> <p>(iii) Velindre@ CTM</p>	<p>C&V/VUT</p> <p>AB/VUT</p> <p>CTM/VUT</p>	Oct 2021	<ul style="list-style-type: none"> • Complete (phase 2 – implementation plan being developed) 	
9	Organisational development and other work to create a successful cancer network is going to be required but has not featured much in our conversations for this report.	<ul style="list-style-type: none"> • Development of regional workforce plans 	HBs / VUT		<ul style="list-style-type: none"> • National cancer workforce discussions with HEIW and partners – national work in place • Further approach determined following CCLG workshop in April 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.	<ul style="list-style-type: none"> • Flexibility built into new Velindre Cancer Centre specification • Strategic review of future opportunities across the region in advance of proposed developments e.g. community diagnostics strategy; local cancer plans; split acute/elective sites; 	<p>VUT</p> <p>HBs / VUT</p>	31 st Mar 2021	<ul style="list-style-type: none"> • Complete • Initial high level scoping discussions undertaken • Further scoping to be undertaken regionally 	<p>Transforming Cancer Services Sub-Committee</p> <p>Strategic Development Committee</p>

		proposed UHW2 development etc			<ul style="list-style-type: none"> Awaiting confirmation of UHW2 timelines 	
11	There are future strategic development opportunities provided by the development of a new VCC and a proposed UHW2. Working together over the 15- to 20-year window, the health system should look to exploit these development opportunities in light of future service needs.	<ul style="list-style-type: none"> Establishment of strategic planning capability under the leadership of the CCLG to 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 	HBs / VUT	tbc	<ul style="list-style-type: none"> CCLG workshop (see Rec 1) will also enable a discussion on the strategic planning capability Awaiting confirmation of UHW2 timelines 	Strategic Development Committee

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

INTEGRATED AUDIT PLAN 2021-22

DATE OF MEETING	4 th May 2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Mark Ash, Assistant Project Director (Finance & Commercials)
PRESENTED BY	Mark Ash, Assistant Project Director (Finance & Commercials)
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
nVCC Project Board	20/04//2022	NOTED
TCS Programme Delivery Board	21/04/2022	NOTED

ACRONYMS

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1. BACKGROUND

- 1.1 The purpose of the report is to outline the Integrated Audit Plan (IAP) for 2021-22 in relation to the nVCC and EW Project(s).

2. SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The IAP has been developed to build on the previous integrated audit plans and sets out the risk-based audit plan for 2021-22 – which has been updated to consider current risk and Programme changes. Any subsequent year's requirements will be risk assessed and agreed with management.
- 2.2 The proposal has been drafted in compliance with the Public Sector Internal Audit Standards.
- 2.3 The NHS Wales Shared Services Partnership - Audit and Assurance Services have applied their standard governance-based audit assessment methodology, and the new Velindre Cancer Centre (nVCC) Development is identified as a high priority due to its significant cost, innovative procurement route, corporate importance and political materiality. As such, the audit plan has been developed to reflect this assessment.
- 2.4 The plan is intended to provide a combination of project-level, functional and advisory assurance that, when combined, provide a balanced programme for the client to achieve the desired level of assurance. However, at the request of management, where possible, we have sought to contain the 2020/21 update within the allocations made at the previous Integrated Audit Plans.
- 2.5 The proposed scope is limited to those areas that cover both the nVCC and EW Project(s) general project level assurance and functional assurance. Areas covered will be prioritised and based on current delivery expectations.

UPDATE – Internal Audit Review Findings

- 2.6 The Project Team has received the **final** reports that have the following findings:
- **Contract Management** – the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the appointment and performance management of advisers is **Reasonable**

Assurance. The review has highlighted **4 recommendations** (3 medium and 1 low).

- **MIM Governance** – the level of assurance given as to the effectiveness of the system of internal control in place to manage the planning arrangements is **Substantial Assurance**. The review has highlighted **2 low** recommendations.

- 2.7 The final reports are attached to the report, which include the management actions.
- 2.8 All management actions identified in the report have been completed by the Project.
- 2.9 The remaining IA reviews relate to the Enabling Works Project which will be reported on in due course.

3. IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below) The Audit Fees have been agreed for these reviews.

4. RECOMMENDATION

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

New Velindre Cancer Centre Development: MIM Governance Final Internal Audit Report

February 2022

Velindre University NHS Trust



Partneriaeth
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Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



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Prifysgol Felindre
Velindre University
NHS Trust



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Draft report issued:	13 December 2021
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Management response received:	25 February 2022
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Auditors:	NWSSP: Audit and Assurance – Specialist Services Unit
Executive sign-off:	Steve Ham, Chief Executive Officer
Distribution:	Carl James, Director of Strategic Transformation, Planning, Performance & Estates David Powell, Project Director, TCS Mark Ash, Assistant Project Director (Commercials & Finance) Huw Llewellyn, Director of Commercial & Strategic Partnerships Andrew Davies, Principal Programme Manager, TCS Matthew Bunce, Executive Director of Finance Hannah Moscrop, Project Manager
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

[Disclaimer notice - please note](#)

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Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are Velindre University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

The audit, forming part of the 2021/22 Integrated Audit Plan, was undertaken to determine whether appropriate governance arrangements were in place at the new Velindre Cancer Centre (nVCC) project as it enters the competitive dialogue phase of the Project Master Plan.

Overview

Substantial assurance has been issued on this area.

The principal governance arrangements for the current stage of project proceedings remain unchanged from the last audit review in 2020/21; with the exception of the introduction of six workstreams to provide advice / guidance to bidders during the competitive dialogue phase.


The membership of the current governance structure is appropriate including involvement from external parties providing specialist support / advice.

There remain some vacant posts in the overall project structure but the Trust is taking appropriate steps to recruit and bring to full complement.

The matters requiring management attention include:

- Timeliness of decision making to help manage stakeholder expectations; and
- Presentation of complete and appropriate referenced reports for endorsement / approval by Project Board.

Report Classification

		Trend
 Substantial	Few matters require attention and are compliance or advisory in nature.	↔
	Low impact on residual risk exposure.	2020/21

Assurance summary ¹

Assurance objectives	Assurance
1 Follow Up	Substantial
2 Governance Arrangements	Reasonable
3 Roles and Responsibilities	Reasonable
4 Working Group Arrangements	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Assurance Objective	Control Design or Operation	Recommendation Priority
1.1, 1.2 Effectiveness of Governance Arrangements	2	Operation	Medium

1. Introduction

- 1.1 This audit forms part of the 2021/22 Integrated Audit Plan and has sought to determine whether appropriate governance arrangements were in place at the new Velindre Cancer Centre (nVCC) project, as it enters the competitive dialogue phase of the Project Master Plan.
- 1.2 The invitation to participate in dialogue (ITDP) document was published on 2 September 2021 and the competitive dialogue process commenced on 8 September with briefing meetings for the six workstreams which have been established (to allow discussion on the bidder's proposed solution leading to the provision of high-quality bids for the Trust to evaluate). Completion of the competitive dialogue process is anticipated in mid-March 2022 with the receipt of the final tender from the respective bidders.
- 1.3 The key risk considered in the review was that the governance arrangements do not support effective decision making, contributing to poor management and the failure to achieve project objectives.
- 1.4 Noting the ongoing impact of Covid 19, the delivery of the integrated audit plan for 2021/22 included an increased element of remote working.

2. Detailed Audit Findings

Follow Up: Assurance that previously agreed management actions have been implemented.

- 2.1 The recommendations included in the nVCC: Governance & Financial Management report (issued April 2021: Substantial Assurance) were followed up as part of this review. The status of the agreed management actions was as follows:

	High	Medium	Low	Total
Closed	-	-	2	2
Superseded	-	-	-	-
Outstanding	-	-	-	-
Total	-	-	2	2

- 2.2 The detail in support of the above summary is included in **Appendix B**.
- 2.3 Recognising that appropriate action has been taken by management to close all agreed recommendations, **substantial assurance** has been determined.

Governance Arrangements: Assurance that the arrangements for the current stage of the project were adequately defined and enacted.

- 2.4 The nVCC Delegations Framework (updated September 2021) sets out the project governance structure for the nVCC project.
- 2.5 The accountability arrangements for the project remain unchanged to those reported in the 2020/21 nVCC: Governance & Financial Management report. The nVCC project accountability is to the Trust Board via the nVCC Project Boards, TCS Programme Delivery Board and the TCS Scrutiny Sub Committee.
- 2.6 Continued attendance by Internal Audit at the monthly Project Boards has observed that all outputs presented are appropriately scrutinised to assist the decision-making process.
- 2.7 However, at the date of reporting, observation from the latter Project Boards identified some issues regarding the effectiveness of the governance arrangements:
- Late decision making. Feedback through the Communications and Engagement updates cite that decisions are being made late which has an implication in managing expectations for sharing information / updating stakeholders (**MA1**).
 - Status of reports presented for endorsement / approval. This is specific to a report (car parking) presented to the November Project Board for endorsement. Good governance was demonstrated by members of the Project Board not prepared to take the report to the Programme Delivery Board. The report prompted a detailed discussion with a number of questions raised and left unanswered (without access to further data). However, the question of preparedness of reports is raised (**MA1**).
- 2.8 Noting these minor issues regarding the effectiveness of the governance arrangements, **reasonable assurance** has been determined.

Roles and Responsibilities: Assurance that the roles and responsibilities were clearly defined and updated for the competitive dialogue process and readiness to proceed.

- 2.9 Roles and responsibilities were defined with the respective terms of reference for the governance structure; with the Delegations Framework further stipulating the strength and experience of the membership of the project teams which will benefit the need for timely decision-making requirements at the competitive dialogue stage.
- 2.10 It has been recognised that as the project progresses, there has been a need to expand some of the project resources. From attendance at the Project Board meetings, and review of the project risk register, it has been noted there has been

difficulty in recruiting to some areas raising the need for the Trust to approach recruitment agencies as well as advertising through the standard NHS recruitment process.

2.11 At the date of reporting, recruitment remained ongoing for the posts of:

- Senior Engagement Officer;
- Digital Technical Lead; and
- Clinical Lead.

2.12 Whilst noting the active steps currently being taken to fill these vacant posts until the roles are at full complement **reasonable assurance** has been determined.

Working Group Arrangements: Assurance that the working group arrangements were adequately structured and resourced, with sufficient involvement from the Trust to support the work of the Project Board.

2.13 Six workstreams had been established to engage in the competitive dialogue process:

Workstream	Responsibility
Financial workstream	To ensure the deal officers good value for money and a robustly sustainable financial model over the lifetime of the Project Agreement.
Legal Workstream	To ensure a legally robust agreement with an acceptable balance of risks.
Community Benefits Workstream	To ensure an agreement that meets all the authority Community Benefits requirements and maximises achievement of the additional and extended measures.
The Hospital (Design & Construction) workstream	To ensure a hospital design and a construction programme that fully reflects the Trust's Design Brief and improves on the Reference Design and original specification documents.
Facilities Management (FM) workstream	To ensure an agreement that meets and improves on the Service Level Specification and other FM related schedules.

Strategy and Quality Management (SQM) subgroup	To ensure an agreement that meets the range of SQM criteria required in the ITPD document.
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- 2.14 Terms of reference are in place for each of the above with membership (including both internal Trust representation and external parties to provide specialist input / technical advice), frequency of meetings and quoracy defined appropriately.
- 2.15 The terms of reference clearly state that no decisions can be taken by the workstreams – they operate in an advisory capacity only, at the respective briefing meetings with the bidders, throughout the competitive dialogue process.
- 2.16 The competitive dialogue process started on 8 September 2021 with the first of the briefing meetings being held. Reporting of the workstream activity was to the Project Board through the Project Highlight report – providing the status of receipt of expected deliverables and attendance by bidders and the status of response to requests for clarifications received (70%, at the date of fieldwork, noting two meetings per workstream had been held).
- 2.17 At the current juncture of the project, there are appropriate working group arrangements in place which have commenced activity in accordance with the competitive dialogue timetable. **Substantial assurance** has therefore been determined.

Appendix A: Management Action Plan

Matter Arising 1: Effectiveness of Governance Arrangements (Operation)	Impact
<p>Internal Audit attendance at recent Project Board meetings observed a couple of issues regarding the effectiveness of the governance arrangements in place.</p> <ul style="list-style-type: none"> • Late decision making. Feedback through the Communications and Engagement updates cite that decisions are sometimes made late and such causes difficulties in managing expectations for the sharing of information / preparation of statements for release to stakeholders. Noting the sensitive nature of the nVCC development within the local community (and, at the date of fieldwork, the outcome of the judicial review), there is a need for timely and complete information to be considered and shared. • Status of reports presented for endorsement / approval. Specific reference is made to the car parking report which was presented to the November Project Board; and presented more questions than answers. Commendation is provided to the membership of the Board – good governance was evidenced in not taking the presented paper to the Programme Delivery Board [scheduled for the following day] given the extent of additional information / scenario development that had been highlighted through discussion. However, the question of preparedness is raised. Options should have been presented for discussion in the first instance providing an opportunity to gather further information / evidence where required and present a well-rounded, well-informed paper for endorsement / approval. <p>It is recognised that not every report presented is the same – appropriate judgment should be applied to the expected route / timeframe for discussion.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Inappropriate decision making. • Achievement of project objectives impacted by inappropriate / late communications.

Recommendations		Priority
1.1 Recognising the external pressures of the project, matters for decision making should be taken to the appropriate forum in a timely manner to help manage stakeholder expectations.		Medium
1.2 Papers presented to Project Board for endorsement / approval should be full, complete and appropriately referenced to assist in a timely decision-making process.		Medium
Agreed Management Action	Target Date	Responsible Officer
1.1 Noted. The Project will endeavour to ensure that matters for decision making are taken through the appropriate forum and documented for audit purposes.	Immediately	Assistant Project Director (Finance & Commercials) <i>in conjunction with the responsible reporting officer and Communications team</i>
1.2 Noted. The Project will ensure that all reports for endorsement / approval are full, complete and appropriately referenced.	Immediately	Assistant Project Director (Finance & Commercials) <i>in conjunction with the responsible reporting officer</i>

Appendix B: Follow up of previously agreed management actions


Previous matter arising 1: Governance – nVCC Project Initiation Document	
Original recommendation and management response	Original priority
<p>The review and update of the nVCC Project Initiation Document should be finalised for endorsement by the Project Board.</p> <p>Management response: Agreed. The nVCC PID will be submitted to the Project Board for endorsement.</p>	Low
Current findings	Residual risk
<p>The revised nVCC PID was endorsed by the nVCC Project Board on 13 May 2021 and approved by the Programme Delivery Board on 16 June 2021.</p> <p>The document had been updated and strengthened for the inclusion of more specific measures.</p> <p>Conclusion: Closed.</p>	N/A

Previous matter arising 2: Governance – Succession Planning	
Original recommendation and management response	Original priority
<p>Succession planning for vacant posts should be considered in readiness for the next stage of the project.</p> <p>Management response: Agreed. The project reviews organisational structures for each phase of the Enabling Works and nVCC project(s). If any post becomes vacant, the project(s) will review the requirements of the project(s) and a decision on recruitment is made. In addition, the Project Director will consider internal staff development opportunities as part of the review.</p>	Low
Current findings	Residual risk
<p>From Internal Audit attendance at the Project Board meetings, it is recognised that there has been a recruitment campaign to appoint into vacant posts, with some appointments having been made.</p> <p>However, it is also noted that some posts (i.e. Digital) have been difficult to appoint to; but that steps are being taken for discussions with recruitment agencies, as well as the standard NHS jobs application route, to continue to look for appropriate candidates.</p> <p>Conclusion: Closed, recognising that whilst the requirements of the recommendation have been addressed by the Trust, the successful appointment of individuals into the vacant posts remains an ongoing process.</p>	N/A

Appendix C: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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New Velindre Cancer Centre Development: Contract Management Final Internal Audit Report

February 2022

Velindre University NHS Trust



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Committee:	Audit Committee



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Executive Summary

Purpose

The audit, forming part of the 2021/22 Integrated Audit Plan, was undertaken to determine whether appropriate contractual arrangements were in place at the new Velindre Cancer Centre (nVCC) project, for technical and professional advisory services, as it enters the next stages of the Project Master Plan including competitive dialogue.

Overview

Reasonable assurance has been issued on this area.

To assist in the progress of the next stages of the project, the Trust has procured external support / technical advice to widen the areas of expertise available and strengthen the support provided through the competitive dialogue process and beyond.



The procurement process for these appointments has been appropriately endorsed and contract documentation in place and accepted by both parties. However, some weaknesses in the contract management process were identified.

The matters requiring management attention include:

- Timeliness of completion of contract documentation; and
- Reporting of contractor performance and key performance indicators.

Other recommendations are within the detail of the report.

Report Classification

		Trend
Reasonable	Some matters require management attention in control design or compliance.	
	Low to moderate impact on residual risk exposure until resolved.	
		2020/21

Assurance summary ¹

Assurance objectives	Assurance
1 Follow Up	Reasonable
2 Appointment of Advisers	Reasonable
3 Contract Documentation	Reasonable
4 Fees	Reasonable
5 Monitoring and Reporting	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising		Assurance Objective	Control Design or Operation	Recommendation Priority
1.1, 1.2	Contract Documentation	1, 3, 4	Operation	Medium
2	Appointment Process	2	Operation	Medium
3	Contractor Performance and Key Performance Indicators	5	Operation	Medium

1. Introduction

- 1.1 This audit forms part of the 2021/22 Integrated Audit Plan and has sought to determine whether appropriate contractual arrangements were in place at the new Velindre Cancer Centre (nVCC) project, for technical and advisory services, as it enters the next stages of the Project Master Plan including competitive dialogue.
- 1.2 The invitation to participate in dialogue (ITDP) document was published on 2 September 2021 and the competitive dialogue process commenced on 8 September with briefing meetings for the six workstreams which have been established (to allow discussion on the bidder's proposed solution leading to the provision of high-quality bids for the Trust to evaluate). Completion to the competitive dialogue process is anticipated as mid-March 2022 with the receipt of the final tender from the respective bidders.
- 1.3 To assist in the progress of the next stages of the project, the Trust has procured external support / technical advice to widen the areas of expertise available and strengthen the support provided.
- 1.4 The key risk considered in the review was that the contractual documentation does not protect the interests of the Trust and / or inhibits the achievement of the key objectives of the project.
- 1.5 Noting the ongoing impact of Covid 19, the delivery of the integrated audit plan for 2021/22 included an increased element of remote working.

2. Detailed Audit Findings

Follow Up: Assurance that previously agreed management actions have been implemented.

- 2.1 The recommendations included in the nVCC: Advisers report (issued April 2021: Reasonable Assurance) were followed up as part of this review. The status of the agreed management actions was as follows:

	High	Medium	Low	Total
Closed	-	2	1	3
Superseded	-	1	-	1
Outstanding	-	-	-	-
Total	-	3	1	4

- 2.2 The detail in support of the above summary is included in **Appendix B**.

- 2.3 Whilst noting that one recommendation has been superseded by a new issue raised at this report, the others have been actioned appropriately. **Reasonable assurance** has therefore been determined.

Appointment of Advisers: Assurance that the appointment of advisers (for the current stage of the project) was in accordance with local / national guidance / regulations.

- 2.4 Management provided a schedule of areas of advice required for competitive dialogue for which procurement had commenced from April 2021 onwards; and the following sample was selected to confirm compliance with the objectives of this review:

Adviser role	Value (exc. VAT)	Procurement route
Specialist Design Adviser	£88k	Tender
Specialist Environmental Design & Community Benefits Adviser	£48k	Tender
Planning Consultancy	£48k	Direct award via framework
Civil & Structural Engineering	£48k	Direct award via framework
Equipment / Healthcare Planner	<i>As at the date of fieldwork, the procurement of these advisers remained ongoing. No further testing could be undertaken.</i>	Service Level Agreement (within NHS)
Overview Technical Advice (Facilities Management, Specialist Support)		Direct award via framework

- 2.5 The project team engaged in consultation with NWSSP: Procurement to obtain support for the proposal of the procurement approach to take for the identified advisers and ensuring value for money was obtained.
- 2.6 The tender exercises reviewed were advertised through an appropriate platform; with evaluation papers prepared (incorporating a scoring matrix) for all tenders received and issue of an acceptance letter to the preferred adviser. For one appointment, however, it was noted that the date of the acceptance letter pre-dated that of the evaluation form (**MA1**).
- 2.7 The frameworks used [SEWTAPS (managed by Cardiff Council) and NHS SBS Construction Consultancy Services 2 Framework] permitted the Trust to appoint advisers who had previously undertaken works at both the nVCC and Enabling Works projects; with continuity of service identified as a key component to ensuring value for money.
- 2.8 The use of the above procurement routes was further endorsed with a paper presented to the TCS Programme Scrutiny Committee.

- 2.9 As cited in the table above, the procurement process remained ongoing for two of the preferred advisers. The status of each has been routinely reported to Project Board with anticipated conclusion by October 2021 but this was not achieved. As the competitive dialogue process continues to progress, there is a need to ensure all required advisory services are in place (**MA2**).
- 2.10 Whilst the weakness in date recording for the internal acceptance process is minor, the Trust should ensure the procurement exercises for advisory support are finalised. Therefore, **reasonable assurance** has been determined.

Contract Documentation: Assurance that contract documentation had been completed in a timely manner.

- 2.11 For all selected advisers, reference was made to the contract documentation in place.
- 2.12 Signed contract documentation was in place for all, however two (Specialist Design Adviser and Civil & Structural Engineering adviser) were signed circa 1.5 months after the effective start date of the contract (**MA1**). The signing of contract documentation, in a timely manner, has been raised as a reporting issue previously (see **Appendix B**).
- 2.13 Noting the above, **reasonable assurance** has been determined.

Fees: Assurance that the corresponding contract fees have been determined and approved in advance of work progressing.

- 2.14 The value of the contract award was approved by the Trust Board (and reported via the quarterly contract management report to Project Board) for the adviser appointments reviewed.
- 2.15 However, there was a discrepancy noted in the contract value reported for the Specialist Design Adviser - £88k as per the signed contract documentation; and £72k as reported to the Project Board (**MA1**).
- 2.16 For the two procurement exercises sampled, which have yet to be finalised, it was confirmed that no payments have been made.
- 2.17 Recognising the discrepancy in reporting, **reasonable assurance** has been determined.

Monitoring and Reporting: Assurance that adequate monitoring / reporting of outputs against plans and agreed fee schedules was demonstrated.

- 2.18 There had been no change to the monitoring and reporting arrangements as noted in the 2020/21 nVCC: Advisers report. Contract management status remained a standing agenda item at the monthly Project Board meetings; with a full contract management report, detailing expenditure to date and contractual issues for consideration, reported on a quarterly basis.
- 2.19 Highlight reports were presented at interim meetings.
- 2.20 Balanced scorecards, to measure contractor performance, and key performance indicators are to be reported on a quarterly basis. At the date of fieldwork, there had been no reporting of such data for the financial year to date (**MA3**). Further, there should be monitoring of the key outputs for each contractor and progress against the same.
- 2.21 Whilst noting the regularity of contract management reporting, there was an absence of performance monitoring. **Reasonable assurance** has therefore been determined.

Appendix A: Management Action Plan

Matter Arising 1: Contract Documentation (Operation)	Impact
<p>Of the four adviser appointments reviewed, the finalisation of the contract documentation (signed by both parties) was completed in a timely manner for two. The remaining two (Specialist Design Adviser and Civil & Structural Engineering adviser) were signed circa 1.5 months after the effective start date of the contract.</p> <p>Whilst this is an improvement on the time period (5 months) reported in the 2020/21 nVCC advisers report, it does achieve the agreed management action of finalising and signing all contract documentation within 30 days by both parties (see Appendix B).</p> <p>It was also noted that the agreed contract sum (£88k) for Specialist Design Adviser did not reconcile with that reported to Project Board (£72k).</p> <p>Whilst the contract documentation for the Environmental Architecture and Community Benefits Adviser had been signed by both parties in a timely manner, it was noted that the acceptance letter (to confirm success in the procurement process) had been signed and dated before the date of the evaluation paper (prepared immediately following the procurement review process). Management has acknowledged that this discrepancy is possibly due to an automatic generation of dates when the document is open. Therefore, it is recommended that such functionality is not used for procurement processes / contract documentation due to the importance to maintain a full and detailed audit trail.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> contractual dispute due to incorrect information recorded; and the Trust not being afforded the full protection intended by a contractual document.
Recommendations	Priority
<p>1.1 The appointment process should be managed to ensure accuracy of the information reported to management i.e. contract value and timing of evaluation / acceptance.</p>	<p>Medium</p>

1.2 Contract documentation should be signed in a timely manner and prior to the commencement of works.		Medium
Agreed Management Action	Target Date	Responsible Officer
1.1 Noted. The Project will improve the management of the contractor appointment process by implementing a quality assurance process that signs off contract documentation.	Immediately	Assistant Project Director (Finance & Commercials)
1.2 Noted. The Project has improved processes to improve the timeliness of signing contract documentation to ensure that all documentation is signed within 30 days.	Immediately	Assistant Project Director (Finance & Commercials)

Matter Arising 2: Appointment Process (Operation)		Impact
<p>It has been identified, and endorsed, that the nVCC Project needs to procure the relevant specialist technical advisers such as Landscape Architect, Environmental Architect and Community Benefits Adviser, Mechanical & Engineering, Civil & Structural Engineering, Equipment & Healthcare Planning etc. to support the nVCC competitive dialogue process.</p> <p>At the date of fieldwork, the nVCC Project Board (November 2021) reported that the procurement exercises for the Equipment / Healthcare Planner and Overview Technical Advice were due to be completed in October 2021.</p> <p>This completion date was not achieved; yet the competitive dialogue process is currently underway.</p> <p>Both appointments have been identified as required to support the nVCC competitive dialogue process – a process which is currently underway with briefing meetings being held with preferred bidders.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • inappropriate advice / guidance provided during the competitive dialogue process due to lack of input from specialist advisers; and • the expected advice / guidance not being provided for the whole duration of the competitive dialogue process.
Recommendations		Priority
2.1 The procurement exercises, which have been ongoing since April 2021, should be finalised as soon as possible.		Medium
Agreed Management Action	Target Date	Responsible Officer
2.1 The Project has now concluded all appointments of TA's for the nVCC Project; and appointed Technical Project Manager and Cost Consultants.	Actioned since fieldwork	Assistant Project Director (Finance & Commercials)

Matter Arising 3: Contractor Performance and Key Performance Indicators (Operation)		Impact
<p>Balanced scorecards, to measure contractor performance, and key performance indicators are to be reported to the Project Board on a quarterly basis.</p> <p>Review of the papers, and attendance at the November Project Board, confirmed presentation of the Contract Management Report for Q2. The report stated information was provided for each of the contracts including performance and KPIs.</p> <p>However, the only reference provided in the report was to the regularity of the contract management reports – rather than the contractor performance and quarterly KPIs (for longer standing adviser appointments) confirmed as reported to the Project Board (at the date of the last review).</p> <p>There was also no evidence of expected key outputs, by contractor, and monitoring of progress against the same.</p> <p>It is noted that the long-standing adviser is one of the procurement exercises sampled, at this review, which has yet to be finalised.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Proactive performance management not taking place. Poor performance going unaddressed.
Recommendations		Priority
3.1 Reporting on contractor performance and Key Performance Indicators should be undertaken in line with expectation.		Medium
Agreed Management Action	Target Date	Responsible Officer
3.1 Noted. The Project will ensure that balanced scorecards for appropriate contractors will be reported to the Project Board on a quarterly basis.	Immediately	Assistant Project Director (Finance & Commercials)

Appendix B: Follow up of previously agreed management actions

Previous matter arising 1: Procurement Route: Single Tender Actions	
Original recommendation and management response	Original priority
<p>Sufficient time should be afforded to following a competitive procurement exercise to ensure value for money can be demonstrated to the Trust.</p> <p>Management response: Agreed. The project notes that sufficient time will be provided to ensure, where appropriate, a competitive or appropriate procurement exercise is undertaken so that value for money can be demonstrated by the Trust.</p>	Medium
Current findings	Residual risk
<p>Review of the latest contract update (as presented to the Project Board) noted that there are two references to single tender actions - advanced site clearance and site security, both for Enabling Works.. In both instances, it has been noted that whilst a tender exercise and mini competition, respectively, were undertaken, no viable responses were received therefore taking the Project Board down the route of single tender action.</p> <p>Conclusion: Closed.</p>	N/A

Previous matter arising 2: Letters of intent	
Original recommendation and management response	Original priority
Letters of intent should only be utilised on an exception basis at future appointments to the nVCC. Management response: Agreed. The project will only ever utilise a letter of intent in exceptional circumstances and ensures that robust governance is undertaken regarding the use of such a letter.	Low
Current findings	Residual risk
Review of the latest contract update (as presented to Project Board) and sample testing of contracts let since April 2021, noted no letters of intent have been issued. Conclusion: Closed.	N/A


Previous matter arising 3: Contract Documentation	
Original recommendation and management response	Original priority
Contract documentation should be finalised and signed in a timely manner by both parties. Management response: Agreed. All contract documentation will be finalised and signed within 30 days by both parties.	Medium
Current findings	Residual risk
Of the contracts reviewed, one was signed more than 30 days after the contract start date. Conclusion: Superseded – see MA1	See MA1

Previous matter arising 4: Contract documentation	
Original recommendation and management response	Original priority
The contract for the Design: nVCC adviser should be finalised and retained centrally. Management response: Agreed. The contract for the Design: nVCC adviser will be finalised and retained centrally.	Medium
Current findings	Residual risk
The contract for the adviser was signed on 4 May 2021 and has been retained centrally. Conclusion: Closed	N/A

Appendix C: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Communications and Engagement Update

DATE OF MEETING	4 May 2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE

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

COMMITTEE OR GROUP	DATE	OUTCOME
nVCC project board Enabling Works project board	20 April 2022	Noted
TCS Programme Board	April 2022	

ACRONYMS

nVCC	New Velindre Cancer Centre
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1. SITUATION

2. BACKGROUND

This paper provides the Board(s) with an update on communications and engagement since the March meeting.

3. ASSESSMENT

Over the reporting period we focused our efforts on:

- **Strategic counsel and preparing communications and engagement support ahead of phase three of site clearance works**
 - Producing communications action plan and drafting subsequent content for internal and external stakeholders
 - Coordinating briefing meetings with identified stakeholders; this included MS MP, ward Councillors, Hollybush Estate Residents Association and liaison with other key community groups.
 - Direct bilingual mail shots to local residents
 - Sharing content across Velindre Matters channels and monitoring social media, including responding to questions and messages
 - Liaison with Walters and Nexus, as well as ASDA to manage messaging.
 - Liaison with South Wales Police, Welsh Government and Cardiff Council communications to provide appropriate updates
- **Managing media enquiries and related social media commentary** as part of the site clearance works beginning. Media coverage outlined below:
 Since March, we are delivering daily reports summarising social media output. The main commentary include:
 - Patient safety re: the lack of acute medical care provision on VCC site
 - Environmental destruction in the meadows
 - Response to the Aarhus Convention decision regarding of costs of legal challenge
 - Air Quality monitoring
 - Public Right of Way access

- **Responding to correspondence from a wide range of stakeholders.** There has been a considerable increase in correspondence sent to the Contact Velindre mailbox during the reporting period specifically relating to the clearance works. The key recurring themes are:
 - enabling works practical issues, contractors behavior
 - working to the required permissions
 - reporting of any activity outside licenses
 - traffic management
 - challenges in relation to the clinical model and patient safety
 - impact on trust in the Velindre brand and its wider reputation within the community
 - decision on the Hollybush emergency bridge and the potential alternative
 - noise pollution
 - air quality statistics and process
 - wildlife management
 - PROW – both in terms of access to existing Public Rights of Way and
 - Legal challenge and injunction process

36 individual pieces of correspondence have been received between 1 February and 14 April 2022. This does not include the correspondence received through the then elected Councillors and MS/MP but does include 19 queries received via the Handling Concerns mailbox.

The volume of comments/queries/complaints received by Cardiff Council prompted a discussion and agreement between our organisations on how to improve the process for processing correspondence in future. The process map for both a new internal process and joint process with Cardiff Council will be approved by the end of April 2022 and in advance of the commencement of the upcoming enabling works in early summer 2022.

- **Political stakeholder meetings** – in addition to the regular meetings with the local constituency MS and MP, we established open channels of communication with the elected Councillors for the ward, prior to the commencement of pre-election guidance. During the pre-election period no meetings are taking place.

- **Petitions Committee** - during the reporting period, the Senedd Petitions Committee received further correspondence from both [VUNHST](#) and [STNM](#). During its proceedings on 21 March, the Committee decided to close both Velindre petitions down which resulted in a limited number of social media posts by STNM supporters.
- **The development of the engagement hub space within VCC** – two hubs are now installed in the cancer centre to provide content and related surveys to gain further insight and engagement for the green ambitions and overall plans for the new Velindre Cancer Centre. The hubs include electronic surveys to allow us to map trends and questions on an ongoing basis. The surveys go live on 3 May subject to IPC approval.
- **Supporting the development of a wider value added programme including planning for a wider discussion with the local community.**
- **Supporting the distribution of any communications in support of legal action** (legal challenge and injunction process)
- **The recruitment of a new Senior Engagement Manager (starts on 3 May) and Senior Communications Manager (recruitment underway).**

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

- Plan for a comprehensive communication plan in support of the commencement of enabling works in early summer 2022.
- Plan for a comprehensive communication plan in support of the evaluation of the competitive dialogue process also in June 2022.
- Supporting the establishment of the Value Add programme in the community.
- Embedding the social media plan.
- Deliver communications in support of the injunction process.
- Continue to provide communications support to the Enabling Works team.
- Delivering a quarterly newsletter to the local community and digital updates.
- Launching the survey in the engagement hubs at VCC that allows us to track and score staff and patient sentiment, understanding and ideas.
- Continue to socialise the value add engagement programme to garner support and develop appropriate plans for each aspect of the programme to deliver in 2022.

- Introduction meetings with the newly elected Councillors
- Supporting the nVCC research and development working group, alongside its Trust counterpart.
- Supporting the patient engagement framework and related activities.

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

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