

- 1.0.0 STANDARD BUSINESS
- 1.1.0 Welcome and Introductions
Led by Chair: Stephen Harries
- 1.2.0 Apologies for Absence
Led by Chair: Stephen Harries
- 1.3.0 Declarations of Interest
Led by Chair: Stephen Harries
- 2.0.0 CONSENT
Nil
- 3.0.0 STANDARD BUSINESS
- 3.1.0 Minutes of the Sub-Committee Meeting held on 18th October 2022
Led by Chair: Stephen Harries
To approve
 - 3.1 PUBLIC TCS Programme Scrutiny Sub-Committee Minutes 18.10.22-LF-SH.docx
- 3.2.0 Action Log of the Sub-Committee Meeting held on 18th October 2022
Led by Chair: Stephen Harries
To approve
 - 3.2 PUBLIC TCS Programme Scrutiny Sub-Committee Action Log 18.10.22-LF.docx
- 4.0.0 PROGRAMME GOVERNANCE
- 4.1.0 TCS Programme Finance Report
Led by Mark Ash, Assistant Project Director, nVCC
To endorse
 - 4.1 Scrutiny Cttee Finance Report (October 2022) - Cover Paper.docx
 - 4.1 _TCS Programme Board Finance Report (October 2022) - Main Report.docx
- 4.2.0 Communications and Engagement
Led by Non Gwilym, Assistant Director of Communications & Engagement
To note
 - 4.2 November Comms Report FINAL 02.docx
- 5.0.0 PROGRAMME DELIVERY
- 5.1.0 Programme Director's Report
Led by Carl James, Director of Strategic Transformation, Planning & Digital and Gavin Bryce, Assistant Director of Programmes
To note
 - 5.1 TCS Programme Directors Report_Scrutiny_Nov 22_v1.2_Final_Public.docx
 - 5.1 Appendix B_Risk Register_Nov 22_Public.pdf
- 5.2.0 Nuffield Recommendations Update
Led by Carl James, Director of Strategic Transformation, Planning & Digital
To note
 - 5.2 Scrutiny Cttee - Nuffield Trust Recommendations Progress - Nov 2022 v0.1.docx
 - 5.2 MASTER VERSION Recommendations from Nuffield Trust Report - Progress Summary Nov 2022 v0.2.docx
- 6.0.0 PROJECT DELIVERY
- 6.1.0 Project 4
- 6.1.1 FBC & Planning Update
Led by Andrea Hague, Director of Cancer Services
Verbal update
To note
- 7.0.0 ANY OTHER BUSINESS
Prior Agreement by the Chair Required
Led by Chair: Stephen Harries
- 8.0.0 REVIEW OF THE MEETING
Led by Chair: Stephen Harries

9.0.0 DATE AND TIME OF NEXT MEETING
Thursday 22nd December 2022 at 1.30-2.30pm

10.0.0 CLOSE

TCS Programme Scrutiny Committee
Public Session

MINUTES OF THE MEETING HELD
18th October 2022 at 10.00-11.00am
Trust Headquarters, Nantgarw
(via Teams)

Members Present:

Stephen Harries (SHarries)	Independent Member (Chair)
Professor Donna Mead (DM)	Trust Chair
Hilary Jones (HJ)	Independent Member
Gareth Jones (GJ)	Independent Member

In attendance:

Carl James (CJ)	Director of Strategic Transformation, Planning & Digital
Lauren Fear (LF)	Director of Corporate Governance and Chief of Staff
Matthew Bunce (MB)	Executive Director of Finance
Cath O'Brien (COB)	Chief Operating Officer
Nicola Williams (NW)	Executive Director of Nursing, AHP's & Medical Scientists
Gavin Bryce (GB)	Planning Performance Programme Manager
Bethan Lewis (BL)	Programme Planner & Risk Advisor
Carys Jones (CJ)	Senior Programme Delivery & Assurance Manager
Mark Ash (MA)	Assistant Director of Finance
Liane Webber (LW)	Secretariat/Business Support Officer

Apologies:

Steve Ham (SHam)	Trust Chief Executive
Huw Llewellyn (HL)	Director of Commercial and Strategic Partnerships
Dr Jacinta Abraham (JA)	Executive Medical Director
David Powell (DP)	TCS Project Director
Non Gwilym (NG)	Assistant Director Communications and Engagement

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.	



2.0	CONSENT	
2.1	There were no items of consent.	
3.0	STANDARD BUSINESS	
3.1	Minutes of the Sub-Committee Meeting held on 22nd September 2022 Due to their late distribution, the minutes of the meeting held on 22 nd September 2022 were agreed in principle, although it was understood that the right to return with questions or comments following the meeting would be reserved.	
3.2	Action Log of the Sub-Committee Meeting held on the 22nd September 2022 The action log was reviewed and it was noted that all actions were dependent on the stocktake paper being received at the forthcoming Extraordinary TCS Scrutiny Sub-Committee meeting. The following points were noted: <ul style="list-style-type: none">• Action 119 – CJ gave a brief update, noted that the second round of interviews are due to take place on 20th October and some interim support had been provided. The Sub-Committee approved the action log.	
4.0	PROGRAMME GOVERNANCE	
4.1	Communications & Engagement LF outlined the Communications & Engagement report. The Community Engagement events were discussed and SHarries wished to extend his thanks to all staff involved in what can often be a rather challenging environment and sought assurance as to whether wellbeing arrangements would be put in place should staff feel they require additional support. LF confirmed that this would be made available. The Sub-Committee noted the Communications and Engagement update.	
4.2	TCS Programme Finance Report MA presented the Finance Report and outlined the financial position of the TCS Programme as at end September 2022. The following queries were raised:	



- HJ queried whether any of the £15m remaining in the capital budget was in contract. MA advised that all of the funds were in contract and it was therefore anticipated that the full amount would be utilised.
- GJ queried para 7.13 of the main report, specifically the statement that “Formal delegation of both budgets is pending”. MB explained that this is due to the fact that the budgets are currently set aside in the reserves centrally and need to be transacted out into the TCS budget, which will be done prior to the next report.
- DM raised concern regarding the substantial level of virement towards the Trust’s discretionary capital programme and sought clarification on the risks to the capital programme if such substantial sums would have to be vired in order to manage these risks. MB explained that a large sum of the discretionary capital had been earmarked for Integrated Radiotherapy Solution costs, although this is likely to be revised once the Full Business Case is approved. Noted that the paper should be amended to clearly reflect this.
- DM queried the risks associated with para 7.9 which states that “...any further slippage after this point will be managed by the Trust’s capital programme or returned to Welsh Government with no re-provision”. MA explained that this refers to WG requiring finalised funding by 31st October. In finalising this figure WG expect that the Trust manage the enabling works project via the Trust capital programme. MB added that the expectation was for slippage in the form of an underspend, but that various additional bids are being submitted to WG for extra funding for schemes should this be required.
- HJ queried the potential underspend on the capital programme, given that it had been advised earlier in the discussion that the full amount would be utilised. MA clarified that one of the restrictions is that as there is no “carry forward” facility – should there be any slippage the Trust would be expected to manage that by bringing forward schemes, then re-providing the capital back to the enabling works project in the new financial year. HJ further queried the allocation of the £15m capital fund. MA advised that aside from majority to the enabling works project, there are smaller allocations to all of the projects within in the report. HB requested that the report be updated to include the cashflow forecast for the next six months. MA proposed to finalise the October funding position and update the cashflow to reflect the final plan to be managed to 31st March. GJ suggested that, given the complex nature of the data contained within the report it would be helpful if it were also presented in a simplified, easier to understand format, in order to enable proper scrutiny. SHarries also requested a table/section which clearly identifies the risks to the Trust’s own finances.

MA

The Sub-Committee **noted** the TCS Programme Finance Report.



5.0	PROGRAMME DELIVERY	
5.1	Programme Director's Report CJ presented the Programme Director's Report, bring the Sub-Committee's attention to the following key points; <ul style="list-style-type: none">• Page 4 – IRS Contract Award – noted that this had not been achieved by the expected date. CJ explained that this was due to two conditions in the advice to the Minister for approval; i) delivery of an implementation plan (which has been successfully submitted and positively received) and ii) Local Health Board approval letters – three out of four of which have been received, although it was understood that this had been approved.• Risk Register (Appendix B) – CJ highlighted the persistent risks (272, 2408) noting that these are expected to be reduced following the Committees discussions at the forthcoming Extraordinary Scrutiny Sub-Committee meeting. HJ queried the table at 2.3 and sought clarification on what effect waiting for the stocktake paper was having on the progress of these works. CJ assured that there would be no elevation to the risk as a result of the delay. HJ sought clarification on the preparedness of resources ready to commence once the stocktake paper is received. CJ briefly outlined the planned changes, noting that the resource requirement would be contained within the IMTP, for subsequent submission to the Board to determine priority choice in order. The Sub-Committee noted the Programme Director's report.	
5.2	RD&I Update The Sub-Committee received and noted the RD&I update. Noted that as the appendices had been a late distribution members would not have had sufficient time to read through and were invited to submit questions or comments as appropriate.	
6.0	ANY OTHER BUSINESS	
	There were no additional items of business brought for discussion.	
7.0	REVIEW OF THE MEETING	
	There were no additional comments or questions.	



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8.0	DATE & TIME OF NEXT MEETING	
	The next meeting of the Sub-Committee will be held on Tuesday 17 th November at 10.00-11.00am.	

DRAFT

TCS Programme Scrutiny Sub-Committee

18th October 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 regarding the project resource of Project 5 and looked to have the permanent way forward in place by June 2022.	Carl James	22/03/2022	18/10/22	<ul style="list-style-type: none"> • Project Manager post agreed, evaluated and out for advert. Interviews in September. • recruitment process continues to prove challenging but an interim solution has been found. • Second round of interviews to take place on 20/10/22. • Permanent appointment made, start January 2023 	CLOSED
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.	Sarah Morley	22/03/2022	22/12/22	<ul style="list-style-type: none"> • There are four actions related to recruitment (120, 121, 122 and 130). • Following the conclusion of the Stocktake work the Programme risk register to be updated to reflect. 	OPEN
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	Cath O'Brien / Sarah Morley	22/03/22	22/12/22	<ul style="list-style-type: none"> • There are four actions related to recruitment (120, 121, 122 and 130). • Following the conclusion of the Stocktake work the Programme risk register to be updated to reflect. 	OPEN

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
	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.					
122	SHam acknowledged the need for clarification on the strategic approach to recruitment and noted that this would be discussed at EMB with an update brought to the July meeting of this committee, following a discussion in the June Board Development meeting	Steve Ham/ Sarah Morley	04/05/22	22/12/22	<ul style="list-style-type: none"> • There are four actions related to recruitment (120, 121,122 and 130). • Following the conclusion of the Stocktake work the Programme risk register to be updated to reflect. 	OPEN
130	Noted that work is underway to undertake targeted recruitment of key posts which are proving difficult to fill work with a Recruitment Marketing Agency in order to support us in doing this. Agreed to add to the agenda as a separate item at an upcoming meeting with accompanying paper detailing current needs vs baseline, etc.	Sarah Morley	21/06/22	22/12/22	<ul style="list-style-type: none"> • There are four actions related to recruitment (120, 121,122 and 130). • Following the conclusion of the Stocktake work the Programme risk register to be updated to reflect. 	OPEN
135	TCS Programme Finance Report Given the complex nature of the data contained within the report, to be presented in a simplified, easier to understand format, along with a table/section which clearly identifies the risks to the Trust's own finances.	Mark Ash/ Matthew Bunce	18/10/22	17/11/22	The report has been updated and is presented to Scrutiny Cttee at its November meeting.	CLOSED

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme Finance Report 2022-23

October 2022

DATE OF MEETING	17 th November 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, nVCC and Enabling Works Projects
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PRESENTED BY	Mark Ash, Assistant Project Director, nVCC and Enabling Works Projects
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EXECUTIVE SPONSOR APPROVED	Matthew Bunce, Executive Director of Finance
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REPORT PURPOSE	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	09/11/22	Noted

ACRONYMS

WG	Welsh Government
Trust	Velindre University NHS Trust
TCS	Transforming Cancer Services
PMO	TCS Programme Management Office
EW	Enabling Works
nVCC	New Velindre Cancer Centre
IRS	Integrated Radiotherapy Solutions Procurement
SDT	Service Delivery and Transformation

1. BACKGROUND

- 1.1 The purpose of the accompanying report is to provide a financial update to the TCS Programme Scrutiny Sub-Committee for the financial year 2022-23, outlining spend to date against budget as at Month 07 and the current full year forecast.
- 1.2 The TCS Programme Project financial position is continually monitored and updated, with an update provided to the TCS Programme Delivery Board and Trust Board monthly.

2. FINANCIAL SUMMARY AS AT 31ST OCTOBER 2022

- 2.1 The summary financial position for the TCS Programme for the year 2022/23 as at 31st October 2022 is provided below. A detailed table of budget, spend and variance for the capital and revenue expenditure is provided in Appendix 1.

Expenditure Type	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Capital	£7.014m	£17.943m	£17.943m	£0
Revenue	£0.364m	£0.704m	£0.704m	£0
Total	£7.378m	£18.647m	£18.647m	£0

- 2.2 The Programme is currently forecasting an overall breakeven position for capital and revenue expenditure for the financial year 2022/23.
- 2.3 It should be noted that the Enabling Works forecast position reflects an under-spend of £0.794m, which will support the nVCC Project. This will be provided from the Enabling Works QRA and poses a low financial risk for the Enabling Works Project. The approach has been agreed with WG and we are awaiting formal approval.
- 2.4 A review of the Enabling Works Project in October 2022 has resulted in a further virement of £3.021m from 2022/23 into 2023/24, as agreed with WG. This reduces the overall **capital** funding for 2022/23 to **£17.943m**. To date the EW Project has undertaken the following adjustments into 2023/24:
- Adjustment of £1.9m in May 22 – delay in Enabling Works Project
 - Adjustment of £1.472m in August 22 – delay in the Asda works
 - Adjustment of £3.021m in October 22 – delay in the Asda works; utilities and Added Value works
- 2.5 Welsh Government position is that the funding allocations shown on CRL / CEL schedules at the end of October 2022 will be considered fixed. Therefore, following the above reviews, the EW Project has confirmed its funding requirements to deliver the EW FBC in 2022-23. The project will need to financially manage its position, and any further 'slippage' will need to be managed by the Trust's Capital Programme or returned to WG without re-provision.

2.6 Provisional pay award revenue funding of £0.020m was provided to the Programme in September 2022 from the WG allocation to the Trust. The revised **revenue** budget is **£0.704m** for 2022/23.

2.7 There are currently two financial risks to the Programme:

- A further underspend within the Enabling Works Project as a result of the delay in key project activities; and
- Increased advisory fees to conclude the tender evaluation stage and Successful Participant to Financial Close stage.

2.8 These risks have mitigation plans in place or being developed by the relevant Project Teams. There are currently no other financial risks for the TCS Programme.

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 financial implications are clearly outlined in the report.

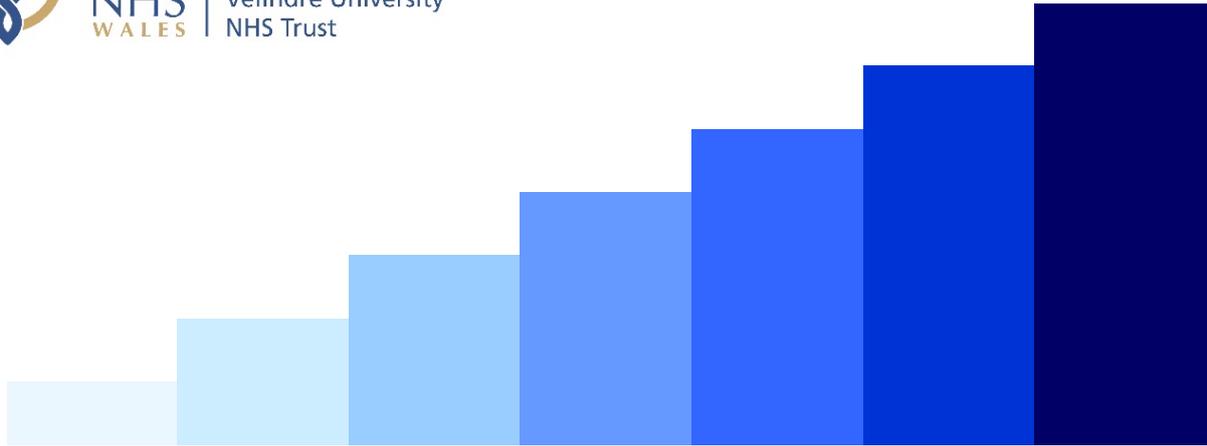
4. RECOMMENDATION

4.1 The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2022/23 as at 31st October 2022.



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TCS PROGRAMME FINANCE REPORT 2022/23

Period Ending October 2022

**Presented to the
TCS Programme Delivery Board on
9th November 2022**

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1. INTRODUCTION

- 1.1 The purpose of this report is to provide a financial update for the Transforming Cancer Services (TCS) Programme for the financial year 2022/23, outlining spend to date against budget as at October 2022 and the current year-end forecast.
- 1.2 The TCS Programme financial position is continually monitored and updated, with an update provided regularly to both the TCS Programme Delivery Board and Trust Board.

2. EXECUTIVE SUMMARY

- 2.1 The summary financial position for the TCS Programme for the year 2022/23 as at 31st October 2022 is provided below. A detailed table of budget, spend and variance for the capital and revenue expenditure is provided in Appendix 1.

Expenditure Type	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Capital	£7.014m	£17.943m	£17.943m	£0
Revenue	£0.364m	£0.704m	£0.704m	£0
Total	£7.378m	£18.647m	£18.647m	£0

- 2.2 The Programme is currently forecasting an overall breakeven position for capital and revenue expenditure for the financial year 2022/23.
- 2.3 The Enabling Works forecast position reflects an under-spend of £0.794m, which will support the nVCC Project. This will be provided from the Enabling Works QRA and poses a low financial risk for the Enabling Works Project. The approach has been agreed with WG and we are awaiting formal approval.
- 2.4 A review of the Enabling Works Project in October 2022 has resulted in a further virement of £3.021m from 2022/23 into 2023/24, as agreed with WG. This reduces the overall **capital** funding for 2022/23 to **£17.943m**. To date the EW Project has undertaken the following adjustments into 2023/24:
- Adjustment of £1.9m in May 22 – delay in Enabling Works Project
 - Adjustment of £1.472m in August 22 – delay in the Asda works
 - Adjustment of £3.021m in October 22 – delay in the Asda works; utilities and Added Value works
- 2.5 Welsh Government position is that the funding allocations shown on CRL / CEL schedules at the end of October 2022 will be considered fixed. Therefore, following the above reviews, the EW Project has confirmed its funding requirements to deliver the EW FBC in 2022-23. The project will need to financially manage its position, and any further 'slippage' will need to be managed by the Trust's Capital Programme or returned to WG without re-provision.

- 2.6 Provisional pay award revenue funding of £0.020m was provided to the Programme in September 2022 from the WG allocation to the Trust. The revised **revenue** budget is **£0.704m** for 2022/23.
- 2.7 There are currently two financial risks to the Programme:
- A further underspend within the Enabling Works Project as a result of the delay in key project activities; and
 - Increased advisory fees to conclude the tender evaluation stage and Successful Participant to Financial Close stage.
- 2.8 These risks have mitigation plans in place or being developed by the relevant Project Teams. There are currently no other financial risks for the TCS Programme.

3. BACKGROUND

- 3.1 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 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.
- 3.2 By 31st March 2022, the Welsh Government (WG) had provided a total of £25.904m funding (£23.283m capital, £2,261m revenue) to support the TCS Programme. In addition, the Trust provided £0.264m from its discretionary capital allocation and £0.111m from non-recurrent revenue funding.
- 3.3 NHS Commissioners agreed in December 2018 to provide annual revenue funding to the Trust to support TCS Programme, with £0.400m provided in 2018/19 and £0.420m thereafter.
- 3.4 The current funding provided to support the TCS Programme in 2022/23 is £17.943m capital and £0.704m revenue, as outlined in Appendix 2.

4. CAPITAL POSITION

- 4.1 The current capital funding is outlined below:

• EW Project	£15.420m	Capital Expenditure Limit (CEL)
• nVCC Project	£2.089m	Capital Expenditure Limit (CEL)
• IRS Project	£0.434m	Trust's discretionary capital allocation
Total	£17.943m	

- 4.2 The capital position as at 31st October 2022 is outlined below, with a forecast breakeven outturn for 2022/23.

Capital Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Enabling Works Project	£4.857m	£15.420m	£14.625m	£0.794m
nVCC Project	£1.923m	£2.089m	£2.883m	-£0.794m
IRS Procurement Project	£0.235m	£0.434m	£0.434m	£0
Total	£7.014m	£17.943m	£17.943m	£0

- 4.3 The forecast overspend of £0.794m for the nVCC Project will be supported by the Enabling Works Project underspend of £0.794m. This will be provided from the Enabling Works QRA and poses a low financial risk for the Enabling Works Project. The approach has been agreed with WG and we are awaiting formal approval.

5. REVENUE POSITION

- 5.1 The current revenue funding is outlined below:

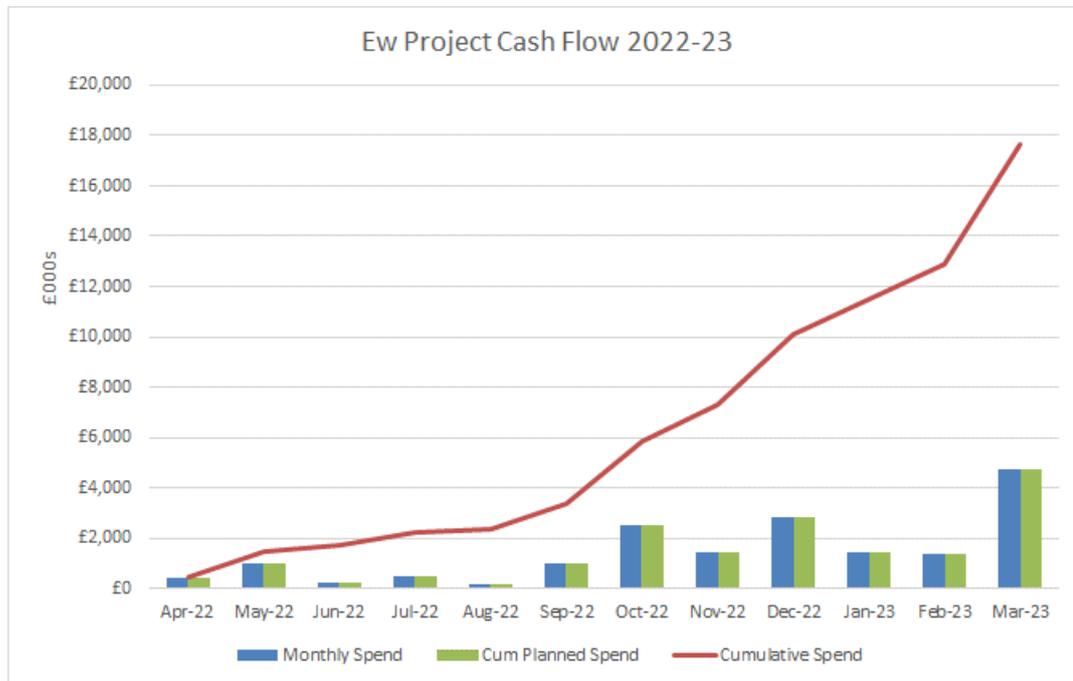
• PMO	£0.310m	NHS Commissioners
• nVCC Project	£0.073m	Trust Reserves
• SDT Project	£0.321m	NHS Commissioners & Trust Reserves
Total	£0.704m	

- 5.2 Following the implementation of the annual NHS pay award in September 2022, a review of the forecast revenue pay for 2022/23 will take place in November 2002. Adjustments will then be made to the relevant pay and non-pay budgets.
- 5.3 The revenue position as at 31st October 2022 is outlined below, with a forecast breakeven outturn for 2022/23 against a revised budget of £0.704m.

Revenue Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
PMO	£0.140m	£0.310m	£0.310m	£0
nVCC Project	£0.052m	£0.073m	£0.073m	£0
SDT Project	£0.172m	£0.321m	£0.321m	£0
Total	£0.364m	£0.704m	£0.704m	£0

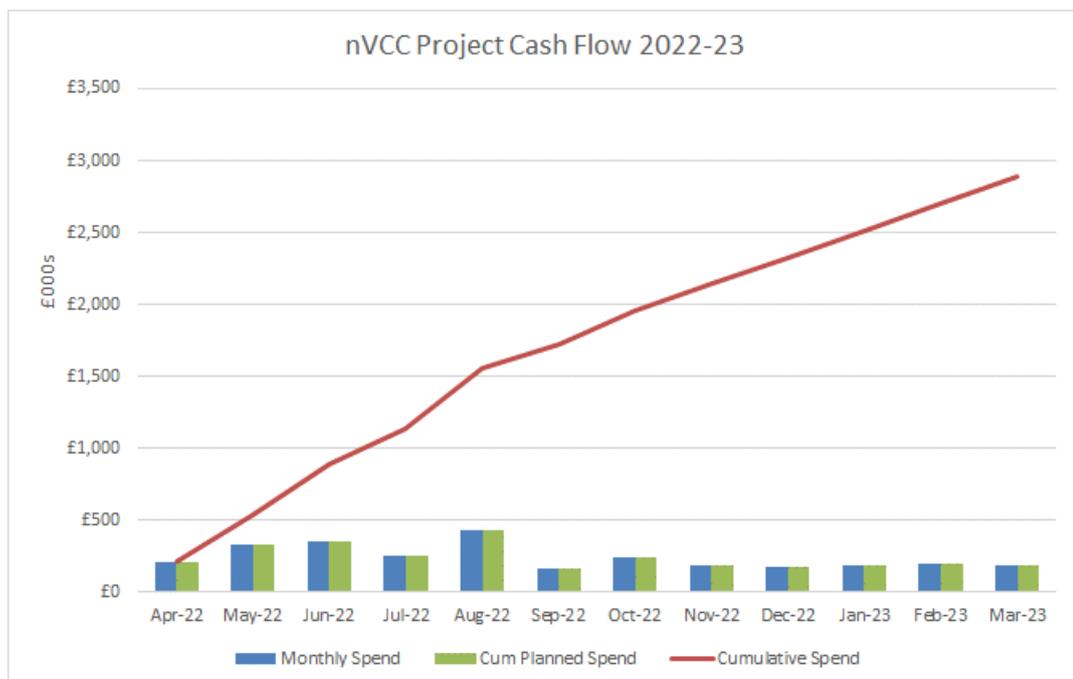
6. CASH FLOW

6.1 The capital cash flow for the **EW Project** is outlined below:



6.2 It should be noted that run rate indicates that the forecast spend is **c£17.646m** and that **c£11.7m** will be incurred in the last 5 months of the financial year. This is due to the delay in the start of the works.

6.3 The capital cash flow for the **nVCC Project** is outlined below:



6.4 The run rate for the nVCC Project is relatively 'flat' and reflects planned activities in respect of the successful participant stage.

6.5 The capital cash flow for the **IRS Project** is not reported as it is not of a material nature.

7. PROJECT FINANCE UPDATES

7.1 A detailed table of budget, spend and variance is provided in Appendix 1.

Programme Management Office

7.2 The total revenue funding for 2022/23 is £0.300m from NHS Commissioners' funding and provisional pay award funding of £0.010m, resulting in a revised budget of **£0.310m** for this financial year.

7.3 There is no capital funding requirement for the PMO in 2022/23.

7.4 The revenue position for the PMO as at 31st October 2022 is shown below.

PMO Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Pay	£0.138m	£0.293m	£0.287m	£0.006m
Non Pay	£0.002m	£0.017m	£0.023m	-£0.006m
Total	£0.140m	£0.310m	£0.310m	£0

7.5 Following the recent implementation of the annual NHS pay award, a review of the forecast spend for 2022/23 will take place in November 2022. Adjustments will then be made to the pay and non-pay budgets to align them with the new spend forecasts.

7.6 There are currently no financial risks relating to the PMO.

Enabling Works Project

7.7 In February 2022, the Minister for Health and Social Services approved the EW FBC. This has provided capital funding of £28.089m in total.

7.8 For 2022/23 the EW Project initially received a CEL for £21.813m but after several reviews the final CEL is **£15.420m**. It should be noted that the Welsh Government position, is that the funding allocations shown on CRL / CEL schedules at the end of October 2022 will be considered fixed. Therefore, following the above reviews, the EW Project has confirmed its funding requirements to deliver the EW FBC in 2022-23. The project will need to financially manage its position, and any further 'slippage' will need to be managed by the Trust's Capital Programme or returned to WG without re-provision.

7.9 The Project's financial position for 31st October 2022 is shown below, with a further breakdown provided in Appendix 3. The forecast position reflects an underspend of £0.794m due to a delay in key activities, which will be used to support the nVCC Project as agreed by WG.

Enabling Works Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Pay	£0.127m	£0.220m	£0.219m	£0.001m

Non Pay	£4.729m	£15.200m	£14.406m	£0.794m
Total	£4.857m	£15.420m	£14.625m	£0.794m

7.10 The spend relates to the following activities:

Enabling Works Project Capital Budget & Spend Summary 2022-23						
Description	Year to Date			Financial Year		
	Budget Sep-22	Spend Sep-22	Variance Sep-22	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project 1b - Enabling Works FBC	109,872	109,002	870	219,744	218,600	1,144
Pay Capital Total	109,872	109,002	870	219,744	218,600	1,144
NON-PAY - PROJECTS						
EF01 Construction Costs	0	51,662	-51,662	0	51,662	-51,662
EF02 Utility Costs	62,576	62,576	0	1,850,895	1,850,895	0
EF03 Supply Chain Fees	293,057	292,557	500	596,047	596,047	0
EF04 Non Works Costs	80,753	182,826	-102,073	495,847	618,920	-123,073
EF05 ASDA Works	297,743	275,023	22,720	4,570,654	4,547,934	22,720
EF06 Walters D&B	2,247,249	2,247,249	0	8,735,418	8,735,418	0
EF07 Other (Decant Works, Surveys & Investigations, IM&T etc.)	0	0	0	174,000	153,000	21,000
EFQR Quantified Risk	624,763	165,237	459,526	1,351,828	456,281	895,547
EFQS QRA - SCP	0	0	0	454,080	454,080	0
EFRS Enabling Works FBC Reserves	0	-36,375	36,375	-7,736	-36,375	28,639
Enabling Works Project Capital Total	3,606,141	3,240,755	365,386	18,221,033	17,427,861	793,171
TOTAL ENABLING WORKS FBC CAPITAL EXPENDITURE	3,716,013	3,349,757	366,256	18,440,777	17,646,461	794,316

7.11 There is a risk of a further underspend within the Enabling Works Project as a result of the delay in key project activities.

New Velindre Cancer Centre Project Capital

7.12 In March 2021, the Minister for Health and Social Services approved the nVCC OBC. This has provided capital funding of £5.550m in total, with a CEL for 2022/23 is **£2.089m**.

7.13 The capital financial position for the nVCC Project for 31st October 2022 is shown below, with a further breakdown provided in Appendix 4. The forecast position reflects an overspend of £0.794m, which will be supported from the Enabling Works Project as agreed by WG.

nVCC Capital Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Pay	£0.745m	£1.413m	£1.310m	£0.103m
Non Pay	£1.178m	£0.676m	£1.573m	-£0.897m
Total	£1.923m	£2.089m	£2.883m	-£0.794m

7.14 The spend relates to the following activities:

nVCC Project Capital Budget & Spend Summary 2022-23						
Description	Year to Date			Financial Year		
	Budget Sep-22 £	Spend Sep-22 £	Variance Sep-22 £	Annual Budget £	Annual Forecast £	Annual Variance £
PAY						
Project Leadership	104,388	104,281	107	208,776	210,475	-1,699
Project 2a - New Velindre Cancer Centre OBC	621,394	526,303	95,091	1,203,913	1,115,688	88,225
Pay Capital Total	725,782	630,584	95,198	1,412,689	1,326,163	86,526
NON-PAY						
nVCC Project Delivery	37,470	34,742	2,728	84,000	84,000	0
Work Packages						
VC08 Competitive Dialogue - Dialogue & SP to FC	592,311	1,014,771	-422,460	592,311	1,431,271	-838,960
VC10 Legal Advice	0	2,460	-2,460	0	2,460	-2,460
VC11 S73 Planning	0	99,918	-99,918	0	99,918	-99,918
VCRS nVCC Reserves	0	-63,518	63,518	0	-60,698	60,698
nVCC Project Capital Total	592,311	1,053,630	-461,319	592,311	1,472,950	-880,639
TOTAL nVCC fbc CAPITAL EXPENDITURE	1,355,563	1,718,956	-363,393	2,089,000	2,883,113	-794,113

- 7.15 There is a financial risk relating to increased advisory fees in the range of £0.100m to £0.200m required to conclude the tender evaluation stage and Successful Participant to Financial Close stage. The Project's financial position will be monitored closely over the remaining months of the financial year.

Revenue

- 7.16 No revenue funding has been provided for the nVCC Project by WG in 2022/23. Therefore, the Trust has provided revenue budget of £0.073m. The funding is being provided from the Trust reserves.
- 7.17 The revenue financial position for the nVCC Project for 31st October 2022 is shown below, reflecting a forecast breakeven spend against a budget of **£0.073m**.

nVCC Revenue Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Project Delivery	£0.019m	£0.030m	£0.030m	£0
Judicial Review	£0.033m	£0.043m	£0.043m	£0
Total	£0.052m	£0.073m	£0.073m	£0

- 7.18 Following the closure of the Judicial Review matter, the budget and forecast spend for this matter will be reviewed once of any outstanding and final fees have been presented to the Project.
- 7.19 There are currently no financial risks relating to the nVCC revenue expenditure.

Integrated Radiotherapy Solution Procurement Project

- 7.20 Due to a delay in the procurement process, the IRS Project has been extended to September 2022. This has resulted in an additional capital requirement for 2022/23 of **£0.434m**, which has been ring-fenced by the Trust from its discretionary capital allocation.
- 7.21 There is no revenue funding requirement for the Project in 2022/23.
- 7.22 The capital position for the IRS Project for 31st October 2022 is outlined below, with a breakeven position forecast for the year:

IRS Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Pay	£0.079m	£0.079m	£0.079m	£0
Non Pay	£0.156m	£0.355m	£0.355m	£0
Total	£0.235m	£0.434m	£0.434m	£0

7.23 Closure of the Project is now expected in November 2022.

7.24 There are currently no financial risks relating to the IRS Procurement Project.

Service Delivery and Transformation Project

7.25 The total revenue funding for 2022/23 is £0.180m from NHS Commissioners' funding; £0.131 from Trust reserves and provisional pay award funding of £0.010m, resulting in a revised budget of **£0.321m** for this financial year.

7.26 There is no capital funding requirement for the Project in 2022/23.

7.27 The SDT Project revenue position as at 31st October 2022 is shown below.

SDT Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Pay	£0.172m	£0.298m	£0.293m	£0.005m
Non Pay	£0.000m	£0.023m	£0.028m	-£0.005m
Total	£0.172m	£0.321m	£0.321m	£0

7.28 Following the recent implementation of the annual NHS pay award, a review of the forecast spend for 2022/23 will take place in November 2022. Adjustments will then be made to the pay and non-pay budgets to align them with the new spend forecasts.

7.29 There are currently no financial risks relating to the SDT Project.

8. KEY RISKS AND MITIGATING ACTIONS

8.1 There are currently two financial risks to the Programme:

- A further underspend within the Enabling Works Project as a result of the delay in key project activities; and
- Increased advisory fees to conclude the tender evaluation stage and Successful Participant to Financial Close stage.

8.2 These risks have mitigation plans in place or being developed by the relevant Project Teams.

8.3 There are currently no other financial risks for the TCS Programme.

9. TCS SPEND REPORT SUMMARY

9.1 This update is currently being developed.

APPENDIX 1: TCS Programme Budget and Spend 2022/23 as at 31st September 2022

CAPITAL	Year to Date			Financial Year		
	Budget Oct-22	Spend Oct-22	Variance Oct-22	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership	121,786	121,028	758	208,776	207,261	1,515
Project 1b - Enabling Works FBC	128,184	127,373	811	219,744	219,224	520
Project 2a - New Velindre Cancer Centre OBC	718,480	624,188	94,293	1,203,913	1,102,907	101,005
Project 3a - Radiotherapy Procurement Solution	78,934	78,934	0	78,934	78,934	0
Capital Pay Total	1,047,384	951,522	95,862	1,711,366	1,608,326	103,041
NON-PAY						
nVCC Project Delivery	42,975	40,425	2,550	84,000	84,000	0
Project 1b - Enabling Works FBC	5,175,653	4,729,156	446,498	15,200,014	14,406,219	793,795
Project 2a - New Velindre Cancer Centre OBC	592,311	1,137,388	-545,077	592,311	1,488,908	-896,597
Project 3a - Radiotherapy Procurement Solution	281,487	155,649	125,838	355,066	355,066	0
Capital Non-Pay Total	6,092,426	6,062,618	29,808	16,231,392	16,334,193	-102,802
CAPITAL TOTAL	7,139,810	7,014,140	125,670	17,942,758	17,942,519	239

REVENUE	Year to Date			Financial Year		
	Budget Oct-22	Spend Oct-22	Variance Oct-22	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Programme Management Office	145,098	138,451	6,647	292,993	286,809	6,184
Project 6 - Service Change Team	171,399	171,512	-114	298,390	293,452	4,938
Revenue Pay total	316,497	309,963	6,533	591,383	580,261	11,122
NON-PAY						
nVCC Project Delivery	18,977	18,977	0	30,000	30,000	0
nVCC Judicial Review	32,956	32,956	0	43,417	43,417	0
Programme Management Office	3,500	2,005	1,495	17,007	23,191	-6,184
Project 6 - Service Change Team	11,327	155	11,172	22,610	27,548	-4,938
Revenue Non-Pay Total	66,760	54,094	12,666	113,034	124,156	-11,122
REVENUE TOTAL	383,257	364,057	19,199	704,417	704,417	0

APPENDIX 2: TCS Programme Funding for 2022/23

Description	Funding Type	
	Capital	Revenue
Programme Management Office	£0m	£0.310m
Commissioner's funding		£0.300m
Pay Award Funding - assumed		£0.010m
Enabling Works OBC	£15.420m	£0m
2022/23 CEL from Welsh Government funding for Enabling Works FBC approved in February 2022	£21.813m	
Virement of funds from 2022/23 to 2023/24 financial year (May 2022)	-£1.900m	
Virement of funds from 2022/23 to 2023/24 financial year (August 2022)	-£1.472m	
Virement of funds from 2022/23 to 2023/24 financial year (October 2022)	-£3.021m	
New Velindre Cancer Centre OBC	£2.089m	£0.073m
2022/23 CEL from Welsh Government funding for nVCC OBC (March 2021)	£2.089m	
Trust revenue funding from reserves		£0.073m
Integrated Radiotherapy Procurement Solution	£0.434m	£0m
Trust Discretionary Capital Allocation	£0.434m	
Radiotherapy Satellite Centre	£0m	£0m
No funding requested or provided for this project to date		
SACT and Outreach	£0m	£0m
No funding requested or provided for this project to date		
Service Delivery, Transformation and Transition	£0m	£0.321m
Commissioner's funding		£0.120m
Trust revenue funding from reserves		£0.191m
Pay Award Funding - assumed		£0.010m

Description	Funding Type	
	Capital	Revenue
VCC Decommissioning	£0m	£0m
No funding requested or provided for this project to date		
Total	£17.943m	£0.704m



TCS PROGRAMME SCRUTINY SUB-COMMITTEE

COMMUNICATIONS AND ENGAGEMENT UPDATE

DATE OF MEETING	17 th November 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
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PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT
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EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE
-----------------------------------	--

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	09/11/2022	NOTED
Enabling Works Project Board	09/11/2022	NOTED
TCS Programme Delivery Board	09/11/2022	NOTED

ACRONYMS

nVCC	New Velindre Cancer Centre
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1. SITUATION

2. BACKGROUND

This paper provides the TCS Programme Scrutiny Sub-Committee with an update on communications and engagement since the October meeting.

3. ASSESSMENT

3.1 Local community engagement events

A series of drop-in events were held throughout October in partnership with the Acorn team. The events provided an opportunity for members of the local community, staff and patients to hear about our plans, see the model of the new centre, meet the team and “ask the experts”. The feedback was positive and while some campaigners attended it was overall positive. A lessons learned debrief is scheduled for mid-November.



3.2 Public Communications

60:40 Ratio

Additional queries regarding the 60:40 ratio were raised at the initial engagement event and on social media. A clarification post was issued on October 18.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

For the avoidance of doubt, the Design Brief, a key document that formed part of the public tender documentation associated with the competition to develop the new Velindre Cancer Centre in spring 2021, clearly states:

"In recognition of public concern, the majority of the site must remain green with the Velindre NHS Trust committed to retaining 60% of the development site as landscape, with a 40% built footprint."

It was a key commitment from Velindre University NHS Trust and Acorn have delivered on it. Combined, the new cancer centre and its green roofs, the road, the proposed car park and the new Maggies centre form a 40% built footprint on the site.



We hope this clarifies the situation for everybody.

Er mwyn osgoi unrhyw amheuaeth, mae'r Briff Dylunio, dogfen allweddol a oedd yn rhan o'r dogfennau tendro cyhoeddus a oedd yn gysylltiedig â'r gystadleuaeth i ddatblygu'r Ganolfan Ganser Felindre newydd yng ngwanwyn 2021, yn nodi'n glir:

"I gydnabod pryder y cyhoedd, rhaid i fwyafrif y safle barhau'n wyrdd gydag Ymddiriedolaeth GIG Felindre wedi ymrwmo i gadw 60% o'r safle datblygu fel tirwedd, gydag ôl troed wedi'i adeiladu o 40%."

Roedd yn ymrwymiad allweddol gan Ymddiriedolaeth GIG Prifysgol Felindre ac mae Acorn wedi cyflawni hynny. Gyda'i gilydd, mae'r ganolfan ganser newwrdd a'r toeau gwyrdd, y ffordd, y maes parcio allanol arfaethedig a'r ganolfan Maggies newydd yn ffurfio ôl troed wedi'i adeiladu o 40% ar y safle.



Rydyn ni'n gobeithio bod hyn yn egluro'r sefyllfa i bawb.

Old railway cutting

A reminder that the PROW (Public Right of Way) of the Old Railway Cutting remains closed was published on social media on October 25. This was in response to some correspondence received suggesting that members of the public continue to use the cutting.

Old railway cutting reminder

A reminder to residents and other users that the old railway cutting will **remain closed** until the completion of the enabling works.

Signage is at numerous locations, with the closure and diversion route clearly marked and a weekly boundary fencing check is part of the regular inspections on site by our contractor. However, if you find any problems with the signage and fencing, please let us know as soon as possible via nVCCconcerns@wales.nhs.uk so that we can carry out repairs and continue to keep everyone safe.



Nodyn atgoffa am doriad yr hen reilffordd

Nodyn i atgoffa trigolion a defnyddwyr eraill fod toriad yr hen rheilffordd yn parhau i fod ar gau nes cwblhau'r gwaith galluogi.

Mae arwyddion mewn nifer o leoliadau, gyda'r llwybr cau a'r dargyfeiriad wedi eu marcio yn glir ac mae gwiriad ffiniau ffensio wythnosol yn rhan o'r archwiliadau rheolaidd ar y safle gan ein contractwr.

Fodd bynnag, os dewch o hyd i unrhyw broblemau gyda'r arwyddion a'r ffensio, rhowch wybod i ni cyn gynted ag y bo modd drwy pryderoncgfn@wales.nhs.uk fel y gallwn wneud gwaith atgyweirio a pharhau i gadw pawb yn ddiogel.



Traffic issues

Several residents sent correspondence following the implementation of the new traffic management scheme. An apology was issued on October 27 and distributed via social media channels explaining the importance of these works and what we had done to improve the situation.

The apology was well-received and was included in a [WalesOnline article](#) published on October 28 (Velindre issue update after work on new cancer centre causes major disruption).

We want to apologise for the disruption reported during rush hour on certain roads through Whitchurch Village as we begin a key stage of works to develop the new Velindre Cancer Centre.

A new traffic management scheme is live in Whitchurch as part of these works. This involves temporary traffic lights to ensure both the safety of residents and drivers, alongside allowing important highway works to take place. On Monday, further disruption was reported during already busy periods through Whitchurch Village where a bus broke down and towards the M4 at Coryton where a crash took place in the early evening closing two lanes. This undoubtedly compounded the situation. On Tuesday morning, the volume of traffic again caused significant delays so we have been working with the contractor on improvements to the traffic management system to ease the situation for everyone.

By **Monday October 31** works on the pavement on Park Road, adjacent the Old Whitchurch Hospital junction entrance, will be complete and the new pavement will be clear for use by pedestrians use. On **November 28** the current four-way traffic light system will move further down Park Road and be reduced to a three way traffic light system and lights will no longer be required on Park Avenue. The works are expected to be completed by **December 16** however we are working with the contractors to look at a range of options to complete the works earlier than anticipated to deliver the required improvements to the junction. We will keep residents updated of any further improvements we can take to reduce the impact.

In the meantime, we continue to listen to the local community's concerns and actively monitor the situation daily.

We recognise the impact that traffic delays have on people's daily lives and understand the frustrations felt by residents. We believe that the situation will improve over the next few days. We would like to thank everyone for their continued patience as we work to develop the new Velindre Cancer Centre.



Rydym am ymddiheuro am y tarfu a adroddwyd yn ystod yr awr frys ar ffyrdd penodol drwy bantref yr Eglwys Newydd yr wythnos hon, wrth i ni ddechrau ar gyfnod allweddol o waith i ddatblygu Canolfan Ganser Felindre newydd.

Mae cynllun rheoli traffig newydd o waith yn yr Eglwys Newydd yn rhan o'r gwaith hon. Mae hwn yn cynnwys goleuadau traffig drws drws i sicrhau diogelwch prwyfeyr a gyrwyr, yn ogystal â'r broses o ganiatáu i waith prifffyrdd perysg ddigwydd. Ddydd Llun, roedd problemau yn ystod cyfnodau a oedd eisoes yn brwyr, a hynny trwy bantref yr Eglwys Newydd pan dorodd bus i lawr a thwag at yr M4 yn Coryton lle bu damwain yn gynnwyr gyda'r nos a olygodd gau dwy lôn. Heb os, fe wrnaeth hyn wasethgu'r sefyllfa. Fore Mawrth, fe achosodd y traffig oedi sylweddol ato felly rydym wedi bod yn gweithio gyda'r contractwr welliannau i'r system rheoli traffig er mwyn gwella'r sefyllfa i bawb.

Erbyn dydd **Llun Hydref 31** bydd y gwaith ar y palmant ar Heol y Parc, ger mynedfa cyffordd Hen Ysbytyr Eglwys Newydd, wedi ei gwblhau a bydd y palmant newydd yn glir i gerddwyr ei ddefnyddio. Ar **28 Tachwedd**, bydd y system oleuadau traffig badairffordd bresennol yn symud ymhellach i lawr Heol y Parc ac yn cael ei lleihau i system oleuadau traffig deirffordd ac ni fydd angen goleuadau mwyach ar Park Avenue.

Mae disgwyf cwblhau'r gwaith erbyn **16 Rhagfyr**, fodd bynnag rydym yn gweithio gyda'r contractwr i sefydlu ystod o opsiynau i gwblhau'r gwaith yn gynt na'r disgwyf er mwyn sicrhau'r gwelliannau gofynnol i'r gyffordd. Byddwn yn rhannu gwybodaeth ac unrhyw welliannau pellach y gallwn eu cynryd i leihau'r effaith amoch chi.

Yn y cyfnewt, rydym yn parhau i wrando ar bryderau y gymuned leol ac yn monitro'r sefyllfa'n ddyddiol.

Rydym yn cydnabod effaith oedi o ran traffig ar fywadau pobl bob dydd ac yn deall ei rhywstridigaeth. Credwn y bydd y sefyllfa'n gwella drws y dyddiau nesaf. Hoffem ddiolch i bawb am eu hamynedd parhaus wrth i ni weithio i ddatblygu Canolfan Ganser Felindre newydd.



Emergency access

The announcement of the revised emergency access plans was published on October 28. It was published on social media, the staff intranet, and the weekly VCC staff newsletter and was also included in the [WalesOnline article](#) above published on October 28.

Velindre Matters @VelindreMatters · Oct 28

Revised Emergency Access plan for the new Velindre Cancer Centre published

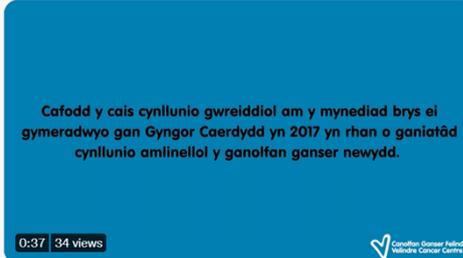


Velindre University NHS Trust's revised plan for an emergency access to the new Velindre Cancer Centre (nVCC) has been published. The plan replaces the original proposal for access through the Hollybush Estate with an alternative through Whitchurch Hospital grounds.

147 views 0:03 / 0:36

Velindre Matters @VelindreMatters · Oct 28

Cyhoeddi cynllun diwygiedig ar gyfer mynediad brys y Ganolfan Ganser Felindre newydd



Cafodd y cais cynllunio gwreiddiol am y mynediad brys ei gymeradwyo gan Gyngor Caerdydd yn 2017 yn rhan o ganiatâd cynllunio amlinellol y ganolfan ganser newydd.

0:37 34 views

3.3 WKSpace Workshops

A series of follow-up workshops were delivered during October for staff to receive feedback on both WKSpace workplace design surveys. Attendees were keen to share their thoughts and the lively discussion themes have populated a series of FAQs.

3.4 Responding to correspondence from a wide range of stakeholders.

The main themes of correspondence received during the reporting period include:

- ✓ Bees trapped in netting
- ✓ School embargo times
- ✓ Vibrations from works on site
- ✓ 60/40 commitment
- ✓ Cones and signage hit by lorry at Whitchurch Hospital entrance on 17/10
- ✓ Police being called to LCF on 3/10
- ✓ Traffic management on Park Road (twofold):
 - Safety
 - Disruption
- ✓ Construction noise
- ✓ Conduct of contractor staff

3.5 Political stakeholder meetings

During the reporting period, two meetings with the local MS/MPs have taken place. Another meeting is scheduled on December 2 to provide an overview of the Transforming Cancer Services programme.

3.6 Media Queries

The Western Mail ran a story (2 November) on the cost of securing an injunction in support of the development of the new Velindre Cancer Centre. The story carried the full VUNHST response to the queries which was as follows:

“The Velindre University NHS Trust spokesperson said: “Velindre University NHS Trust is committed to working closely with the local community throughout the process of developing the new Velindre Cancer Centre. This was most recently evidenced by three community engagement events held in Whitchurch during October where members of the public were invited to share their views on the development.

“We recognise some do not support the plans for the site and we are respectful of their opinions. We will continue to listen to, and work with all people, to deliver the best new Velindre Cancer site possible.

“When preparatory works commenced at the site we were prepared for the prospect of some peaceful and legal protest. Unfortunately, while the majority of people engaged in peaceful protest, a small number of people took direct action. This significantly impeded our ability to carry out our lawful work in a safe and efficient manner. Following legal advice, the Trust obtained an injunction to enable it to continue the approved works to deliver the new Velindre Cancer Centre at the earliest opportunity in a safe manner. The injunction does not remove the right to peaceful protest.

“Applying for the injunction was not a step we took lightly and the bar to secure it is extremely high; demonstrating our concerns about future disruption were very real and likely. We as a Trust are disappointed that we needed to take this course of action.

“However, we believe that we had very little choice given our need to ensure the safety of the public and our staff working on the site and to be able to undertake the approved works in a timely manner. Following the court’s award of the injunction, the planned work has proceeded efficiently and this will support us in delivering the project successfully and supporting cancer care in Wales.”

4 NEXT MONTH

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

- ✔ Refresh Communications and Engagement strategy in support of the Full Business Case process
- ✔ Development of Content strategy with an emphasis on audience segmentation, platforms and a process map to rationalise our content distribution and make it more efficient/effective.
- ✔ Working to develop a consistent three-week cycle of digital stories promoting the TCS programme.
- ✔ Refresh of the TCS and Velindre Cancer Centre public website to provide an updated and improved experience including a new FAQ section and explainer on the clinical model.
- ✔ Confirming residents meetings with HETRA and Clos Coed Hir.
- ✔ Developing the CIVICA Engage platform to support stakeholder management, Community Panel recruitment & staff awareness poll.
- ✔ Autumn Jamboree, to include autumnal-themed arts and crafts workshops for the local community, patients and their families.



5 IMPACT ASSESSMENT

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

6 RECOMMENDATION

The TCS Programme Scrutiny Sub-Committee are recommended to **NOTE** the paper.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME DIRECTORS REPORT

DATE OF MEETING	17/11/2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	
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PREPARED BY	Gavin Bryce, Associate Director of Programmes Carys Jones, Senior Programme Delivery & Assurance Manager, TCS Bethan Lewis, TCS Risk Advisor & Programme Planner
PRESENTED BY	Carl James, Director of Strategic Transformation, Planning and Digital
EXECUTIVE SPONSOR	Carl James, Director of Strategic Transformation, Planning and 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	09/11/2022	Noted

INITIALISMS	
AOS	Acute Oncology Service
APO	Advanced Purchase Order
EMB	Executive Management Board
EW	Enabling Works
CCLG	Collaborative Cancer Leadership Group
DCA	Delivery Confidence Assessment
IRS	Integrated Radiotherapy Solution
FBC	Full Business Case
nVCC	new Velindre Cancer Centre
MIM	Mutual Investment Model
NHH	Nevill Hall Hospital
OBC	Outline Business Case
PMO	Programme Management Office
PDB	Programme Delivery Board

PMP	Programme Master Plan
RSC	Radiotherapy Satellite Centre
SE Wales	Southeast Wales
TCAR	Temporary Construction Access Route
TCS	Transforming Cancer Services
UHW	University Hospital Wales
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 was established in 2015 and consists of seven well defined projects that are being delivered by the Trust in conjunction with its various partners / stakeholders.
- 1.2 The reporting period for this Programme Director's Report covers from **7th October to the 3rd November**

2. ASSESMENT / OVERALL PROGRAMME STATUS

- 2.1 The Programme Directors report covers the following areas:
- a) Overall Programme Status: Delivery Confidence Assessment (DCA)
 - b) Key milestones/achievements in reporting period
 - c) TCS Programme Performance (incl. Key Areas to Highlight)
 - d) External Programme Stakeholder Communication & Engagement
 - e) Change Controls or Exception Reports in previous reporting period
 - f) Programme Benefits Realisation
 - g) Project 1 to 7 Reported Status
 - h) Master Programme Plan and Critical Path
 - i) Programme Risks
 - j) Programme Issues
 - k) Programme 3-month look ahead

a) **Overall Programme Status: *Delivery Confidence Assessment***

- 2.2 The Delivery Confidence Assessment (DCA) is a well-used method of providing an overview of a Programmes status (it is used within the Major Projects Authority Gateway Reviews and Managing Successful Programmes methodology). The evaluation criteria for the DCA is set out in **Annex A** and it should be noted that the DCA is a qualitative based opinion having considered a range of evidence available across the programme i.e. it is an indicator of the position and cannot be definitive.
- 2.3 The TCS Programme Manager and Programme Director have reviewed the current position and the Programme Director’s DCA for the reporting **period 7th October to the 3rd November** is set out below.
- 2.4 In the next reporting period, with the Enabling Works risks reducing and a potential mandate by the TCS Programme Scrutiny Sub-Committee to take forward the recommendations in the Programme Tranche Review there may be a case to move from an amber DCA to amber/green.

Status (Trend)	Qualitative Measure	Previous Status	
<p style="text-align: center;">Amber ↔</p>	<p>Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.</p>	<p>Amber</p>	
	<p>The main findings supporting the DCA are:</p> <p>A. Programme Scope requires review due to new pieces of work emerging i.e. the Nuffield Trust advice, Acute Oncology Services implementation.</p> <p>B. Programme Resources require review as the Programme moves from planning into its implementation phase.</p>	<p>Mitigating Actions:</p> <p>A. The PDB have approved the Programme tranche report and draft implementation plan which will be considered at extraordinary Scrutiny Sub-Committee meeting on 10th Nov.</p> <p>B. Programme resource plan to be reviewed and refreshed once the Programme Scope is agreed.</p>	<p>Action Status:</p> <p>A. Programme Tranche Report has been completed and draft Implementation Plan drafted by PMO. Awaiting mandate to proceed to full implementation.</p> <p>B. Resource issues for Project 5 now resolved as a Project Manager has been appointed. Further resource requirements will</p>

	<p>C. Several projects have been paused due to resources and/or operational pressures e.g. Project 5.</p> <p>D. Transition to new delivery and governance arrangements within the Trust are not yet finalised e.g. the scope of Velindre Futures.</p> <p>E. A range of risks have increased relating to Project 1 (Enabling Works) which may impact upon on the overall timescales of the Programme.</p>	<p>C. Programme Delivery Board to agree transition of Projects 5 & 6 to Velindre Futures as part of new Strategic Capital Board arrangements, subject to approval at Velindre Futures Programme Board & EMB and review of Programme Tranche Review findings and outcomes at Scrutiny Committee. (see also D below).</p> <p>D. New delivery and governance arrangements agreed following Q5 recommendations and subsequent approval by EMB. New arrangements for a Strategic Capital Board (SCB) outlined at Oct PDB. Change controls currently being drafted.</p> <p>E. Extraordinary EW PDB was stood up in August with latest position of risks & issues being reported bi-weekly.</p>	<p>be addressed once the scope has been approved as part of the Programme Tranche Review Implementation Plan.</p> <p>C. The Draft Implementation Plan requires further iteration following expected approvals in the next reporting period.</p> <p>D. New SCB arrangements agreed at Oct PDB with aim to be stood up in Dec, replacing PDB. This is subject to Velindre Futures & EMB agreement. Velindre Futures Programme continue to review scope, structure, and resource requirements in preparation for receiving several clinical service delivery projects from TCS.</p> <p>E. Some of the Enabling Works risks have been closed, with others also reducing. Extraordinary EW PDB continue to review risks and issues raised via Project Risk Register.</p>
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b) Key milestones / achievements in reporting period

The TCS Programme Master Programme Plan sets out the plan for delivery of the various key projects' deliverables and related activities. The plan includes milestones together with their dependencies and it identifies the critical path. The following activities, set out in the table below, list the milestones achieved in the latest reporting period and identifies any missed milestones which would require escalation.

Master Programme Milestone	Project	Date	Is this on the Critical Path?	Achieved (Y/N)	Impact on Critical Path
ABUHB finalise Planning Approvals	4	31 st October	Y	N	Y (Project Critical Path)
PROW Diversion Planning Committee	2	12th October 3 rd November	Y	N	N
S.278 Works commences at Park Rd	1	10 th October	Y	Y	N
NRW Approval of EPSL	1	7 th October	Y	Y	N
EW Asda Construction (Phase 1) begins	1	17th October 7 th November	Y	N	N
TCAR2 Clearance	1	24 th October	Y	Y	N
nVCC Public Drop-in Sessions	2	14 – 21 st October	N	Y	n/a
IRS Contract Execution	3a	Subject to Ministerial Approval	N	N	Y (Project Critical Path)

Key Milestone Summary:

With the NRW approval of the EPSL and the TCAR 2 clearance commencement, there have been 2 key milestones achieved in this reporting period for the Enabling Works Project and as a result has reduced the overall risk to the Project.

The IRS Contract execution is still waiting for the Ministerial letter of approval to come through from Welsh Government. Both the IRS Project and Supplier are ready to mobilise the contract sign-off as soon as practicable.

c) TCS Programme Performance

Programme Performance Areas to Highlight:

Extraordinary EW PDB

Following an update to PDB in July 2022 a number of extraordinary meetings have been held to monitor the ongoing risk profile relating to the Enabling Works project. The Project have now been able to close a number of risks with others reducing in severity as mitigating actions are completed. The Enabling Works focused Programme Delivery Board meetings have been scheduled up until December 2022.

Project 5 Outreach Resourcing

Projects 5 & 6 remain on hold due to resourcing and operational pressures; however following the Programme Delivery Board on 14th October 2022, it was agreed that these projects will transfer to the Velindre Futures Programme, subject to EMB approval and discussions regarding resources being confirmed.

A permanent Project Manager was also successfully appointed on the 28th October and is expected to commence early in the New Year.

Project 3a Integrated Radiotherapy Solution (IRS)

The Trust awaits the Minister of Health and Social Services to approve the IRS Business Case as recommended at the Welsh Government Infrastructure Investment Board on the 22nd of September 2022.

The IRS Contract execution process has been approved and can be actioned upon receipt of minister approval.

Project 4 Radiotherapy Satellite Centre (RSC)

Following the recommendation for approval of the Business Case from the Welsh Government Infrastructure Investment Board on the 22nd September the planning issue is still outstanding with the NRW who have still to approve the FCA. The information to support the FCA has been with NRW for 10 weeks with reply expected from them on the 4th November. If they are content MCC have agreed to provide a Decision Notice immediately.

Velindre continues to work the ABUHB colleagues to finalise the commissioning plans for the lilacs and CT simulator.

Programme Tranche Review & Implementation Plan

A Programme Tranche Review has been undertaken and has made 16 recommendations which were considered by the July TCS Programme Delivery Board. The Programme team has also developed a draft implementation plan based on the 16 recommendations which have been prioritised for action.

The Programme Tranche Review Paper will be considered at an extraordinary TCS Scrutiny Sub-Committee on the 10th November, after which, the Programme Team will progress with the recommendations.

Comms and Engagement

A series of community engagement drop-in events for the nVCC were carried out during October. Please see the separate Communications and Engagement Report for additional information.

2.5 The Associate Director of Programmes undertakes a review of the programme performance against a number of metric which are set out below.

Area	Status (Trend)	Risk Ref.	Position	Action	Target Date
Strategic Alignment (Reviewed Quarterly)	Green (↔)	R281 R295	<p>The TCS Programme remains aligned to local, regional, and national cancer strategies and there are no issues identified during horizon scanning. A desktop review against these strategies was also undertaken as part of the Programme Tranche Review also concluding that the Programme remains aligned.</p> <p>The CCLG is also refreshing its system governance arrangements and work Programme to ensure a strategically aligned approach across the region (see section d) below).</p>	<p>The quarterly review of strategic alignment was undertaken in Sept and no material change/reason for misalignment are known. Next review in Dec 2022.</p> <p>CCLG regional approach proposal to be received at CCLG meeting on 18th Nov.</p>	January 2023
Programme Scope (Reviewed Quarterly)	Amber (↔)	R360	<p>The TCS Programme is still valid and extant. However, additional pieces of work have emerged over the last 18 months which are integral in delivery of the overall clinical model across South East Wales e.g. Nuffield Trust Report Recommendations, Acute Oncology Service, work being undertaken within Velindre Futures.</p>	<p>The recommendations in the final draft TCS Programme Tranche Review Implementation Plan (awaiting approval) are required to be delivered to ascertain the future scope of both the TCS and Velindre Future Programmes.</p> <p>The outputs of the Q5 work completed in early Sept will also inform this action, once shared.</p>	December 2022
Programme Budget (Reviewed Monthly)	TBC	R350	<p><i>*Finance Report unavailable at time of publishing. Refer to main Finance Report.</i></p>	<p>See mitigating actions for risk ID R350 (Inflation Risk).</p>	TBC
Governance and Approvals (Reviewed Monthly)	Amber (↔)	R360 I061	<p>The TCS Programme has well established governance arrangements with a Programme Delivery Board and Scrutiny Sub Committee.</p> <p>However, some of the Projects are on hold.</p>	<p>See mitigating actions for risk ID R360 (Projects 'on hold'), I061 (Outreach not resourced)</p> <p>At the last Programme Delivery Board, a decision was made to stand up the new governance arrangements from December subject to final agreement at EMB.</p>	January 2023

				A change control document outlining the process of handover and new arrangements has been completed.	
Progress against Programme Plan <i>(Reviewed Monthly)</i>	Amber (↔)	R327 R319 R340 R206	<p>The Programme is currently performing to its approved plan for projects 2, 3a, 3b, 3c and 4.</p> <p>Project 1 has experienced a range of risks and issues which have impacted upon their project plan. As the EW is a critical path project, this has potential impacts for the wider Programme. The EW/nVCC plan is currently being reviewed for multiple scenarios.</p> <p>Projects 5 and 6 remain on hold.</p>	<p>Risk Advisor reviewing risks with EW/nVCC Project at regular intervals.</p> <p>See mitigating actions for risk ID R327, R319, R340, R206.</p> <p>Actions from the Programme Tranche Review to be addressed by Dec 2022.</p>	Regularly monitored
Processes for Managing Risks and Issues <i>(Reviewed Monthly)</i>	Green (↔)	N/A	<p>Programme Risk and Issues are regularly reviewed and have mitigations and owners. There is the consistent use of risk and issue methodology across the Programme.</p> <p>Given the scale, maturity, and complexity of the Programme the level of risk is relatively stable and commensurate with the activities being undertaken.</p> <p>See more detailed risk and issue review in sections I and J.</p>	N/A	N/A
Benefits <i>(Reviewed Quarterly in Tranche 2)</i>	Green (↔)	N/A	The Programmes' projects are mainly in the planning and procurement phases and therefore implementation and benefits delivery has not yet commenced but are quantified.	<p>The Benefits Realisation Plan remains extant and unchanged at this point.</p> <p>Benefits Realisation Plan – template, process etc</p>	As per Benefits Realisation Plans at within Programme and project business cases

d) External Programme Stakeholder Communication & Engagement

The SE Wales Collaborative Cancer Leadership Group (CCLG)

The next quarterly meeting of the CCLG will take place on the 18th November and the agenda agreed with the Chair, Suzanne Rankin. Key items include an update on key TCS regional projects (nVCC, RSC, IRS); the Cardiff Cancer Research Hub; 'Prehab2Rehab', Regional Diagnostics; and a discussion on the greatest opportunities for collaboration in SE Wales.

A draft proposal to develop a regional approach to improving clinical care and cancer outcomes has also been developed with input from key stakeholders, and will be discussed at the CCLG November meeting. This proposal is informed by recommendations from the Nuffield Trust report (Dec 2020), workshop discussions with CCLG members in April 2022, and subsequent follow-up and learning from the whole system approach being used in Southeast London Cancer Alliance (SELCA) to improve clinical quality of care, patient experience and clinical outcomes.

A separate report on progress made against the Nuffield Trust recommendations is provided elsewhere on the PDB agenda and will also be received at the CCLG.

e) Change Controls or Exception Reports in previous reporting period

Ref	Change Control(s)	Exception Report(s)	Description
	0	0	

f) Programme Benefits Realisation

2.6 The programme has a wide range of benefits to deliver. The first phase of the programme has broadly been focused on the planning and procurement phases i.e., clinical model; developing infrastructure (business cases).

2.7 The Programme is now transitioning (subject to approval) into the implementation phase, and this will allow the anticipated benefits to start to be realised.

2.8 A programme benefits realisation plan is in place which is monitored. The status of benefits across the Programmes projects can be seen in the table below and there have been no changes from the previous reporting period:

Programme or Project	Not Required Currently	Deliverables set out in Project Brief	Benefits Quantified with Owner(s)	Benefits Being Delivered
Programme Overall		R	R	Still in planning stage
Project 1 - Enabling Works	R	R	R	Still in planning stage

Programme or Project	Not Required Currently	Deliverables set out in Project Brief	Benefits Quantified with Owner(s)	Benefits Being Delivered
Project 2 - nVCC		R	R	Still in planning stage
Project 3a - IRS		R	R	Still in planning stage
Project 4 - RSC		ABUHB	R	Still in planning stage
Project 5 - Outreach		R		Still in planning stage
Project 6 - Service Delivery		R		Still in planning stage
Project 7 - Site Decommissioning	R	R		Still in planning stage

g) Project Status

2.9 The status of each component part of the Programmes projects are set out in the table below together with an overall rating.

	Project Director	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Due Date
Project 1 – Enabling Works	David Powell	Amber	Amber	Green	Green	Green	Amber	<i>No actions identified on Highlight Report</i>	N/A
Project 2 – nVCC	David Powell	Amber	Green	Green	Green	Amber	Amber ↔	<i>No actions identified on Highlight Report</i>	N/A
Project 3a – IRS	Huw Llewellyn	Green	Green	Green	Green	Green	Green ↔	<i>No actions identified on Highlight Report</i>	N/A
Project 4 – RSC	Andrea Hague	Amber	Amber	Green	Green	Green	Amber ↔	<i>No actions identified on Highlight Report</i>	N/A
Project 5 – Outreach	Nicola Williams	Projects 5 remains on hold due to resourcing and operational pressures which require addressing, including the wider scope and ownership of these projects.					Paused : No current rating ↔	Project 5: scope being refreshed, and a Project Manager has been appointed subject to mandatory pre-employment checks. A review of previous Project progress is currently being undertaken by Peter Sowerby. The Programme Scope requires review to confirm existing scope or change to scope.	Dec 2022 <i>(Informed by stock take)</i>

	Project Director	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Due Date	
Project 6 – Service Delivery	Andrea Hague	Service change work being taken forward within Velindre Futures and business as usual service developments						Paused: No current rating ↔	Change control approved at last Programme Delivery Board meeting to transfer this project to Velindre Futures Programme. Awaiting final EMB sign off.	Dec 2022 <i>(Informed by stock take)</i>
Project 7 – Site Decommissioning	David Powell	To commence 12-18 months prior to opening of nVCC						N/A	N/A	N/A

h) Programme Master Plan and Critical Path

2.10 The Programme Master Plan is reviewed monthly.

2.11 The key dependencies on the master programme which are considered for focus/emerging risks are:

Summary of Dependencies & Associated Risks

Key Milestone	Description of Dependency	Linked Risk / Issue ID	Comment	Status (RAG)
Project 3a IRS – Award of the Contract	Formal award of the IRS Contract is required to ensure that timely arrangements can be made for the construction phases of the nVCC and the RSC and implementation in VCC	R340 / R265 / R268	Further risks / issues associated with this dependency have now been closed and/or de-escalated in the latest reporting period. The IRS contractor has continued discussions with both nVCC and RSC contractors to ensure alignment of construction phases. The Ministerial letter is awaited before completion of the contract.	Risk Decreasing
Project 4 - RSC FBC Approval	FBC has to be approved by both VUNHST & ABUHB and Welsh Government in order for the construction works to commence as planned	R319	The FBC for the RSC Project went to the IIB panel in late September who recommended to support the approval of the FBC subject to ABUHB receiving Planning Permission and NRW confirmation. ABUHB continue to await NRW confirmation with feedback expected 4 th November and MCC are prepared to provide decision notice as soon as NRW have confirmed. After this the planned construction Programme will be reviewed.	Risk Decreasing

Key Milestone	Description of Dependency	Linked Risk / Issue ID	Comment	Status (RAG)
Project 5 – Outreach Services Operational	The Outreach Services need to be operational prior to the opening of the nVCC, which has been sized and designed on the basis that additional capacity will be available through the Outreach facilities	R329 / R273 / R114 / R360	The Programme Business Case refers to the Outreach Services being operational prior to the opening of the nVCC as a key dependency / benefit of the Programme. Currently the Outreach Project remains 'On Hold' and as such progress is not being made resulting in this dependency remaining an area of concern for the Programme as a whole. Recruitment of the Project Manager role was successful, with applicant having accepted the role.	Risks & Issues Identified

i) Programme Risks (6th October – 3rd November)

2.12 Of the current live risks, the comparison between the inherent ratings and current ratings below demonstrates that following the implementation of appropriate mitigations and controls the risk landscape of the Programme becomes more moderate, thus demonstrating efficient management of risks across the Projects and Programme.

Inherent	→ Current Ratings				
	Likelihood				
Impact	5. Certain	4. Likely	3. Possible	2. Unlikely	1. Rare
5. Catastrophic	32	→ 9			
4. Major		52	→ 53		
3. Moderate			21	→ 35	
2. Minor				0	→ 8
1. Insignificant					

2.13 The changes to risks and issues from across the Projects and Programme in this reporting period are summarised below.

	New	Closed	Escalated	De-escalated	Total changed risks / Issues
Risks	0	13	2	2	17
Issues	1	6	0	0	7

2.14 There have been no new risks with a rating of 12 and above (in accordance with the Trust risk appetite) across the programme and projects during this reporting period.

2.15 There have been no new risks with a rating of 12 and above (in accordance with the Trust risk appetite) where the risk score has increased during the latest reporting period. For all other risks requiring reporting in accord with the Trusts Risk Management Framework please see Appendix B.

j) Programme Three Month Look Forward –

- a. The key milestones expected in the next 3 months (November – December) are:

Milestone	Project	Date	Critical Path
November 2022			
Enabling Works Continues (inc s.278 works)	1		
TCAR2 Construction start	1	17 th November	Y
s.73 (MiM) Planning Committee	2	3 rd November	N
nVCC Design 1:200 Plans sign-off	2	3 rd November	Y
PROW Diversion approval by CCC	2	3 rd November	Y
IRS Contract Execution	3a	tbc – dependent on Ministerial Approval	Y
RSC – Kier Mobilisation Period	4	tbc - dependent on Ministerial Approval	Y
December 2022			
RSC – Construction	4	tbc - dependent on Ministerial Approval	Y
nVCC FBC Approval Velindre	2	tbc	Y
EW Revised Emergency Access Planning Application Determination	1	tbc	Y
January 2023			
Project Manager for Outreach to start	5	tbc	N

10. 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.

k) RECOMMENDATION

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

Annex A – Delivery Confidence Assessment

Colour	Criteria Description
	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
	Successful delivery of the project/programme appears to be unachievable. There are major issues which at this stage do not appear to be manageable or resolvable. The project/ programme may need re-baselining and/or overall viability re-assessed.

Appendix B – Risk Register *(see separate document)*

Datix ID	TCS Ref	Risk Opened	Risk Handler	Division	Project	Risk Owner	Risk Description	Inherent Risk Rating	Inherent Risk Level	Current Controls	Current Likelihood	Current Impact	Current Rating	Current Risk Level	Progress notes	Direction of Travel	Next Review Date	Target Risk Rating	Target Risk Level	Is this a Private & Confidential Risk?
2407	R268	17/01/2020	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	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	4 - Major	16	High Risk	[Lewis, Bethan 31/10/22 16:08:33] 31/10/22 - risk reviewed by Risk Owner, no updates or changes to risk rating	Stable/No Movement	30/11/2022	4	Low Risk	No
2400	R272	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Outreach	Williams, Nicola	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	3 - Possible	5 - Critical	15	High Risk	[Lewis, Bethan 3/11/22 10:40:40] Update on actions from Carl James - 1) Recruitment of Project Manager has been successful with successful applicant due to start in January, in the meantime there is Project Management support from Senior PM as capacity become available following completion of nVCC competitive dialogue.	Risk Decreasing	09/12/2022	6	Moderate Risk	No
2528	R360	22/03/2022	Lewis, Bethan	Transforming Cancer Services	Programme	James, Carl	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	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 03/11/22 11:55:50] 3/11/22 - update to mitigating actions - 1) Programme stocktake review undertaken and completed. 4) Risk of lack of capacity for SACT in new hospital considered manageable and Project Manager resource has been appointed to start in January. 5) Work to be completed by end of November '22 (dependent on outcome of OS work - product handed over by OS 12 Sept 2022) - awaiting guidance from CEO on implementation timelines (expected to be implemented by Dec 2022)	Risk Decreasing	01/12/2022	6	Moderate Risk	No
2402	R329	10/05/2021	Lewis, Bethan	Transforming Cancer Services	Outreach	Williams, Nicola	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 GPs/public required	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 06/07/22 16:26:13] 6.7.22 - Risk reviewed by Programme Risk Advisor, no changes made to current risk ratings as no review & confirmation undertaken from Risk Owner whilst Project remains On Hold.	Stable/No Movement	31/10/2022	9	Significant	No
2405	R273	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Outreach	Williams, Nicola	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 06/07/22 16:26:59] 6.7.22 - Risk reviewed by Programme Risk Advisor, no changes made to current risk ratings as no review & confirmation undertaken from Risk Owner whilst Project remains On Hold.	Stable/No Movement	30/09/2022	6	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 the needs of the TCS Programme outputs. Causes - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate. Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients	12	Significant	1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied 2) Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 3) Clarity of expectations for workforce team involvement 4) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 5) Workforce team to support service to ensure the right people are available and allocated to support	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 05/10/22 11:46:36] 4/10/22 - Risk reviewed by Risk Owner, no change to current ratings	Stable/No Movement	03/01/2023	2	Low Risk	No
2416	R274	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Outreach	Williams, Nicola	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 HCs 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 06/07/22 16:27:33] 6.7.22 - Risk reviewed by Programme Risk Advisor, no changes made to current risk ratings as no review & confirmation undertaken by Risk Owner whilst Project remains On Hold.	Stable/No Movement	30/09/2022	6	Moderate Risk	No
2417	R279	08/07/2020	Gwylim, Non	Transforming Cancer Services	Programme	Fear, Lauren	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependent links are not communicated effectively and the wider networked clinical model not understood.	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 09/09/22 15:06:10] 9/9/22 - Risk reviewed by NG, actions updated - no change to risk rating 1) Completed - TCS website moved onto MURA platform. Web presence due further review September 2022. 2) last recruitment exercise to be completed 12 Sept 2022. 3) Intranet presence due to be completed before end of October 2022. 4) Metrics under review for communications activity and development of publicly and internally available survey/feedback stations being implemented. 5) Programme communications and engagement strategy review to be completed by end of October 2022. 6) ways of working to be confirmed by end of October 2022.	Stable/No Movement	31/10/2022	4	Low Risk	No
2418	R298	05/10/2020	Gwylim, Non	Transforming Cancer Services	Programme	Fear, Lauren	Risk that key decision makers and non-clinical stakeholders including the local community and patients from across the region publicly oppose TCS clinical model. Causes: - lack of continuous engagement with wider stakeholder group - misinformation not addressed quickly and effectively - ineffective communication & engagement with Political Stakeholders - inconsistent messaging - lack of awareness of history of programme - lack of alignment between staff working on TCS Programme/VCC BAU & Velindre Futures leading to mixed messages delivered to stakeholders - change of political leadership on local/national level leading to policy change Consequences: - WG and elected representatives do not support key decisions - reputational damage for Velindre Trust as an organisation - increased Senedd/Council activity opposing plans e.g. written/oral question, Petitions, committee activity etc - delays to programme and project progress - failure to deliver some/all of programme benefits - external negativity impacting on staff morale	16	High Risk	1) Communications / stakeholder engagement plan in development 2) Established digital channels including dedicated webpages for TCS Programme, Velindre Matters social media channels 3) Variety of stakeholder events held over a number of years 4) Newsletters and leaflet drop locally and for subscribers 5) Ongoing engagement with local elected members (MS, MP, Councillors) 6) Ongoing engagement with local residents and community groups 7) ongoing engagement with Asda and Cardiff Council 8) Monthly meeting with WG Head of Capital and Director General.	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 09/09/22 15:02:41] 09/09/22 - Risk Description updated. Risk reviewed by NG, no change to current risk rating	Stable/No Movement	31/10/2022	4	Low Risk	No
2574	R367	01/06/2022	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	There is a risk that delays to the RSC could lead to extra Linac needing to be installed into VCC and then moved to nVCC at a later date, impacting anticipated Project and Programme timescales and costs	12	Significant	1) Current operational capacity conversations in regards to temporary bunkers remains ongoing to ensure service can meet demand 2) Discussions with other providers to explore temporary increased capacity 3) Monitoring of Project Plans with Project team to ensure timelines are met and anticipate and mitigate any delays	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 31/10/22 16:11:08] 31/10/2022 - risk reviewed by Risk Owner, no updates or changes to risk rating	Stable/No Movement	30/11/2022	8	Moderate Risk	No

2712	R382	09/09/2022	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	There is a risk that the Trust does not have enough capacity in its digital workforce to develop the programmes needed in order to meet the nVCC digital plans proposed by the successful participant, leading to reduced quality in terms of delight and commodity at the nVCC.	12	Significant	1. Map out the requirements/activity required to deliver the successful participant's proposals and if necessary undertake recruitment and acquire external resource. 2. Present findings and discuss at nVCC digital board 3. Prioritise work areas and agree extended timelines for products and services that do not need to be available from 'day one'. 4. Alternatively to point 3, agree products and service that are not required.	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 09/09/22 14:42:16] 9/9/22 - New Risk 1. Ongoing 2. Not started 3. Undertake if required 4. Undertake if required	Stable/No Movement	30/11/2022	6	Moderate Risk	No
2716	R394	09/09/2022	Lewis, Bethan	Transforming Cancer Services	Programme	Tom Crosby	Risk that internal and/or external Clinical Stakeholders publicly oppose TCS clinical model. Causes: - lack of continuous engagement with VUNHST staff including VCC SLT - misinformation shared internally and within NHS Wales Networks not addressed quickly and effectively - ineffective communication & engagement with Professional Bodies & Unions - inconsistent messaging; Change of views over a period of time - lack of alignment between TCS Programme, VCC bau & Velindre Futures and other strategic priorities across the organisation and individuals leading to disjointed engagement and communications - no clear clinical communications and engagement plan vis a vis UHB partners. Consequences: - WG and LHBS do not support key decisions - reputational damage for Velindre Trust as an organisation - delays to programme and project progress - failure to deliver some/all of programme benefits.	15	Significant	1) Continuous communication and engagement with staff re: projects using established VUNHST communications and engagement channels. 2) Opportunities to include staff in development plans for TCS, VF optimised. 3) Professional meeting forums held e.g. DoPs, MDs, CEO's with clear communications outputs to follow 4) Dialogue between existing cancer forums e.g. cancer leads in SE Wales 5) Clear communications strategy, plan and resource to support regional clinical activity e.g. cancer leads in SE Wales HBs - ongoing through CCLG	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 09/09/22 16:22:29] 9/9/22 - New Risk 1) Methods established within project and programme communications plans. 2) Opportunities embedded in design project for nVCC and IRS. 3) Being pursued by senior clinical leadership teams. 4) being pursued by senior VUNHST staff 5) plan to be developed by end of Q2 2022.	Stable/No Movement	30/11/2022	3	Low Risk	No
2802	R347	03/11/2022	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	There is a risk the EPSL requirements of the license will require the MIM contractor to be appointed and planning permission approved before it is granted, leading to a delay in construction, which may be exacerbated by seasonal ecological windows.	9	Significant	1. WSP working on shadow EPSL. Ongoing 2. Initial meeting with NRW held in August 2022. They are open to assisting with the EPSL application and discussions will continue. Acorn held further meeting with NRW in October 2022. Ongoing	4 - Probable	3 - Moderate	12	Significant	Risk Increasing	30/11/2022	6	Moderate Risk	No	



TRANSFORMING CANCER SERVICES SCRUTINY SUB-COMMITTEE

NUFFIELD TRUST INDEPENDENT ADVICE – A PROGRESS UPDATE

DATE OF MEETING	17/11/22
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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
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PRESENTED BY	Carl James, Director of Strategic Transformation, Planning and Digital
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EXECUTIVE SPONSOR APPROVED	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
TCS Programme Delivery Board	9/11/22	Noted

ACRONYMS

ABHB	Aneurin Bevan University Health Board
AOS	Acute Oncology Service
CCLG	South East Wales Cancer Collaborative Leadership Group
CTM	Cwm Taf Morgannwg University Health Board
FBC	Full Business Case
HB	Health Board
IRS	Integrated Radiotherapy Solution
LHBs	Local Health Boards
NT	Nuffield Trust
OBC	Outline Business Case
RSC	Radiotherapy Satellite Centre
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.

2. BACKGROUND

- 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.

3. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 3.1 This paper provides an update against the action plan **as at 31st October 2022**.
- 3.2 Updates have been sought from each of the south east Wales Health Boards, in addition to Velindre, to inform this progress report which will also be received at the Collaborative Cancer Leadership Group (CCLG) meeting on 18th November 2022. The report remains in draft until the CCLG have approved the update.
- 3.3 This collective approach to progress reporting was agreed at CCLG in May 2022 and aims to ensure that the full breadth of activities from across all three health boards and Velindre University NHS Trust are captured and reflected fully in this 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:

¹ *Advice on the proposed model for non-surgical tertiary oncology services in South East Wales* (Nuffield Trust, December 2020)

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

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

Nuffield Trust Recommendations Progress and Plans Summary

	Recommendation from Nuffield Trust report	Key Progress to date (2021 and 2022)	Key Next Steps
1	<p>Regional Planning System</p> <p><i>‘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.</i></p> <p><i>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.</i></p> <p><i>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.’</i></p>	<ul style="list-style-type: none"> • Agreement from the South East Wales Collaborative Cancer Leadership Group (CCLG) on the principles outlined by the Nuffield Trust for how the system level regional planning should be developed. • Joint commitment from Velindre University NHS Trust, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board about how we are working together to deliver the Nuffield Trust report was publically stated. • Cancer System Workshop held in April 2022, facilitated by the Nuffield Trust and support by the South East London Cancer Alliance (SELCA), to discuss shape of whole systems approach to cancer for South East Wales. • Following further engagement with partners, a proposal has been developed for a future approach to regional working across tumor sites and pathways. Proposal being discussed at November CCLG. • The South Central and East Wales Regional Planning and Implementation Group meets regularly and includes a focus on cancer services. 	<ul style="list-style-type: none"> • Refresh the CCLG work programme if/when proposal for system working is approved at the November meeting. • Develop robust regional cancer data set to support effective regional planning and prioritization where (appropriate), including benchmarking against National Optimal Pathways to support regional service development. • Ensure health board cancer strategies are aligned with regional planning. • Continued engagement by all partners in the CCLG and South Central and East Wales Regional Planning and Implementation Group

Nuffield Trust Recommendations Progress and Plans Summary

		<ul style="list-style-type: none"> • Current work programmes across the region include: <ul style="list-style-type: none"> a. Acute Oncology Services b. Re-provision of the Velindre Cancer Centre and the associated proposals. • 	
2	<p><i>Aging Estate and Equipment</i></p> <p><i>‘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 Velindre Cancer Centre.’</i></p>	<p>New Velindre Cancer Centre</p> <ul style="list-style-type: none"> • Approval for the new Velindre Cancer Centre Outline Business Case has been secured from Welsh Government. • ACORN appointed as the successful participant to deliver the new Velindre Cancer Centre scheme in July 2022 following a robust competitive dialogue process. • Enabling works to prepare the new hospital site for construction have commenced (e.g. access roads and bridges, site clearance and utilities). <p>Integrated Radiotherapy Solution</p> <ul style="list-style-type: none"> • Following a robust procurement process, a successful bidder, Varian, has been appointed to supply a new fleet of linear accelerators as part of the process to secure a new Integrated Radiotherapy Solution (IRS) for South East Wales. • The Welsh Government Infrastructure Investment Board (IIB) has approved the Full IRS Business Case and Ministerial advice has 	<p>New Velindre Cancer Centre</p> <ul style="list-style-type: none"> • Finalise detailed hospital design work and secure all necessary planning approvals and licenses. • Execute Financial Close in March 2023. • Commence transition planning. <p>Integrated Radiotherapy Solution</p> <ul style="list-style-type: none"> • Execute IRS Contract following Ministerial approval. • Planning for the implementation of the new solution and linear accelerator replacement programme.

Nuffield Trust Recommendations Progress and Plans Summary

		<p>been prepared accordingly. A decision from the Minister is awaited imminently.</p> <ul style="list-style-type: none"> The Velindre University NHS Trust Board has approved an Advanced Purchase Order for the IRS equipment to ensure service continuity in the interim and mitigate manufacturing lead times. <p>Radiotherapy Satellite Centre</p> <ul style="list-style-type: none"> The Full Business Case for the Radiotherapy Satellite Centre (RSC) in Neville Hall Hospital was approved by the Welsh Government IIB in Sept 2022 and Ministerial advice has been prepared accordingly. A decision from the Minister is awaited imminently. 	<p>Radiotherapy Satellite Centre</p> <ul style="list-style-type: none"> Continued joint planning between Velindre and ABHB to progress the RSC. Commence construction of the RSC in 2023. Treatment of first patient in the RSC anticipated in Autumn 2024 to coincide with anticipated opening of ABHB Cancer Centre alongside.
3	<p>Activity Benchmarking, Oncology Advice for Unscheduled Care and AOS</p> <p><i>In the near future, each HB needs to:</i></p> <ul style="list-style-type: none"> Develop and implement a coordinated plan for: <ul style="list-style-type: none"> analysing and benchmarking cancer activity against their areas, 	<p>Activity Benchmarking</p> <ul style="list-style-type: none"> Health Boards have a range of benchmarking in place for clinical services. Further work required for key system markers as part of CCLG revised approach (see Rec.1). <p>Oncology Advice for Unscheduled Care</p> <ul style="list-style-type: none"> A 'Velindre@' work programme was established in 2021, with its initial focus on Velindre@University Hospital Wales, in line 	<p>Activity Benchmarking</p> <ul style="list-style-type: none"> CCLG Proposal (see Rec 1) proposes benchmarking against National Optimal Pathways to support regional service development. Explore development of a regional cancer data set (see Rec 1) to enable benchmarking with similar sized populations and demographics. <p>Oncology Advice for Unscheduled Care</p>

Nuffield Trust Recommendations Progress and Plans Summary

<ul style="list-style-type: none"> - <i>advice and decision support from oncology for unscheduled cancer inpatient admissions via A&E</i> - <i>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</i> <ul style="list-style-type: none"> • <i>Consider the lessons of Covid-19 in terms of remote access for patients and the remote provision of advice, multidisciplinary team meetings and other methods for improving access to specialist opinion’.</i> 	<p>with the priorities identified in the Nuffield trust report.</p> <ul style="list-style-type: none"> • The Programme consists of three projects: <ol style="list-style-type: none"> 1. Acute & Unscheduled Care: progressed well with pathway redesign and admission criteria review undertaken. Acute Deteriorating Patient Pathway in place between Velindre Cancer Services and University Hospital Wales. 2. Research & Development: a service specification for the V@UHW Research hub has been developed by Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University. Velindre University NHS Trust Board approved service specification. 3. Haemato-oncology: initial discussions regarding patient pathways undertaken within CAVUHB, although progress has been limited in this workstream until the recent appointment of a joint planning manager. <p>Acute Oncology Service</p> <ul style="list-style-type: none"> • Regional Acute Oncology Service (AOS) model agreed following a clinically-led engagement process across the region. The resulting business case was agreed by all four partner Health Boards/Trust Boards. 	<ul style="list-style-type: none"> • Delivery Velindre @ UHW Programme Plan, overseen by the V@UHW Programme Delivery Board. • Deliver Investment Strategy for CCRH to enable sustainable recruitment of key staff outlined in the agreed specification. • Define and agree footprint and infrastructure requirements for the CCRH. • Reestablished Haemato-Oncology workstream with the support of the Joint Planning Manager post. • Implement Phase 2 of the AOS Business Plan in 2023-24.
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Nuffield Trust Recommendations Progress and Plans Summary

		<ul style="list-style-type: none"> • Senior Responsible Officer in place for the AOS delivery please with an implementation plan in place and agreed funding strategy in place for phase 1. • Velindre University NHS Trust and the Health Boards are working with the AOS project team to continue to implement the plan, including: <ul style="list-style-type: none"> - Recruitment into key clinical posts; - Appointment to AOS specialist oncology sessions. • Cancer of Unknown Primary (CUP) MDT commencing in November 2022 • Aneurin Bevan UHB – continued development of the AOS service in ABUHB, including ongoing discussions with Velindre regarding virtual oncology support. Aligning AOS to planned radiotherapy and SACT Delivery Unit at Nevill Hall Hospital in 2024. • Cwm Taf Morgannwg UHB – continued development of the AOS service in CTMUHB. Recruiting into key clinical posts as per the business case. Band 4 appointed. • CNS and clinical session in place on all three acute sites. • Cardiff and Vale UHB – recruitment completed for 2 of 4 AOS sessions at 	
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Nuffield Trust Recommendations Progress and Plans Summary

		<p>CAVUHB, with a November start date. 1 vacant session with no plan in place at present.</p> <ul style="list-style-type: none"> • Unable to recruit to 0.5 SLT posts • AOS 3 clinics set up for an October starts, with work to do to agree patient and clinic scope. Initial focus on review of early discharge patients, admission avoidance and MOU patients. • MOU/CUP MDT goes live 17/11 confirmed. • 3 of 5 Consultant sessions confirmed for onsite time at CAV by end of 2022. • 0.3/1.5 virtual VCC sessions confirmed to support regional virtual oncology specialist support for the regional by Dec 2022. 2 of these 3 are resilient. • VCC IT improvements made for improved lunch time meeting access and other virtual support. • Education opportunities have been made available for new and existing AOS staff through 2022/23, including local networking days. • Virtual Oncology Pilot agreed to be planned for ABUHB • Plan agreed for the development of the operational policy for managing acutely deteriorating patients. 	
4	<p>Revise Velindre Cancer Centre Admission Criteria</p>	<ul style="list-style-type: none"> • Criteria for all admissions to Velindre Cancer Centre, both scheduled and unscheduled patients revised and implemented. 	<ul style="list-style-type: none"> • Periodic review and audit of revised admissions criteria. • Cwm Taf Morgannwg UHB and Velindre University NHS Trust have also commenced a joint piece of

Nuffield Trust Recommendations Progress and Plans Summary

	<p><i>'The new model should not admit those who are at risk of major escalation to inpatient beds on the Velindre cancer centre. 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 Velindre cancer therefore need to be revised to reduce the risks associated with acutely ill patients. Regular review of admissions and transfers should be used to keep this and the operation of the escalation procedures under review.'</i></p>	<ul style="list-style-type: none"> • Clinical audit undertaken against revised admissions criteria demonstrating adherence. A small number of exceptions were clinically investigated and deemed appropriate. • Acute Deteriorating Patient pathway in place between Velindre Cancer Centre and University Hospital Wales. • The establishment of a regional Acute Oncology Service also provides alternatives to admission in the first instance. 	<p>work to review current lung cancer referral processes and explore opportunities to streamline. Project to identify opportunities for improvement and action in 2023. (Note: separate SBAR report available).</p>
<p>5</p>	<p>Research Hub at University Hospital Wales</p> <p><i>'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 University Hospital Wales. There would be advantages to this being under the management of the Velindre Cancer Centre, 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,</i></p>	<ul style="list-style-type: none"> • Velindre University NHS Trust published its 10-year Cancer Research Strategy (2021-31) which was approved by the Trust Board and sets out its longer-term research ambitions. • A joint service specification for a tripartite 'Cardiff Cancer Research Hub (CCRH)' has been developed by Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University and agreed in principle by all three organisations. • Research priorities have been agreed by all partners, which act as the building blocks of CCRH; 	<ul style="list-style-type: none"> • Following agreement of the specification, the next phase will be focusing on delivery and clarifying pace and assumptions.

Nuffield Trust Recommendations Progress and Plans Summary

<p><i>critical care and so on – albeit without the convenience of complete proximity’.</i></p>	<ol style="list-style-type: none"> 1. Attract, Train, and Retain a diversity of clinical scientists to embed within and enhance the translational activities of cancer research labs across Cardiff. 2. Create a Multidisciplinary Think Tank to optimise grant capture, including large scale centre bids. 3. Harmonise Regulations to facilitate a “can-do” research culture which maximises research activity and outputs. <ul style="list-style-type: none"> • Pre-market engagement undertaken for the development of the CCRH Investment Strategy to support ongoing funding. • Engaged with other organisations to establish lessons learnt regarding investment funding, • Trial portfolio is gathering pace with MOAT, MORAb and MAGE in set up as well as SOTIO which is the first Solid tumour CAR T trial to be delivered on the UHW site. • Established a Senior Operational Team which includes Haemato-oncology and Solid tumour representatives. This team will address operational issues and agree a work plan to 	<ul style="list-style-type: none"> • Develop and instigate an agreed clinical academic training pathway with mentorship, excellence, and sustainability at its core. • Employ Grant Officer(s) to coordinate and develop a range of funding bids, increasing collaboration across industry, government, and charities. • Create and manage a harmonised biorepository to modernise patient consent and to enable sample and data sharing. • Capacity from VUNHST has now been secured to take forward the Investment Strategy work given the limited progress regarding the infrastructure and planning aspects. • There is a potential gap in funding between the immediate phase and workforce and the sign-off of the full business case to be addressed.
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Nuffield Trust Recommendations Progress and Plans Summary

		<p>develop operational policies and supporting documentation for the Hub.</p> <ul style="list-style-type: none"> • Appointed a Senior Nurse in Oct 2022 to lead a scoping exercise with other UK centres that conduct Early Phase Trials. A Clinical Research Fellow post is also currently being advertised. • Final draft of the Heads of Terms has been completed and governance routes for approval are currently being established. • Branding work underway with a local design agency to design the Hub branding and logo. • Project brief and Project Board terms of reference approved, providing direction to the tripartite team. 	
6	<p><i>Expansion of Haemato-oncology Clinics and provision of wider Diagnostic services</i></p> <p><i>'The ambulatory care offer at the Velindre Cancer Centre should be expanded to include SACT and other ambulatory services for haemato-oncology patients and more</i></p>	<ul style="list-style-type: none"> • Aneurin Bevan University Health Board (ABHB) continue to plan towards a joint haematological SACT unit at the Cancer Unit in Neville Hall Hospital (NHH) with alignment of Systemic Anti-Cancer Therapy (SACT) delivery at NHH. • SACT delivery has been reconfigured following the COVID pandemic in collaboration with VCC. 	<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. • An Outreach Project Manager has been appointed to support this work (commencing in January 2023). An interim stock take and rescoping of the project was undertaken in summer 2022 and will provide the basis for the Project managers work once in post.

Nuffield Trust Recommendations Progress and Plans Summary

<p><i>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.'</i></p>	<ul style="list-style-type: none"> • A vague symptom Rapid Diagnostic Clinic (RDC) service has been introduced in ABUHB aligning with the national programme. • Development of a bi-lateral Partnership Board is in discussion to align cancer strategies/planning between ABHB and Velindre. • Cwm Taf Morgannwg University Health Board – an option appraisal exercise has been completed to assess the feasibility of a further outreach site, in addition to the Macmillan Unit at Prince Charles Hospital. A potential site in the Royal Glamorgan Hospital was identified. However due to a change in the Demand & Capacity modelling, Velindre has recently confirmed that an additional site is not required. • Cardiff and Vale University Health Board (CAVUHB) – this work is being addressed as one of the workstreams of the 'Velindre @ University Hospital Wales' work programme. As part of this programme, Cardiff and Vale University Health Board and Velindre University NHS Trust will jointly consider the optimal configuration for haematoncology services including the location for SACT delivery in future. Progress has been limited prior to the appointment of a joint planning post to support this workstream in CAVUHB. An initial meeting was scheduled to take place at the end of October 2022 to agree this scheme of work. Due to no clinical attendance, this meeting was cancelled, and a virtual 	
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Nuffield Trust Recommendations Progress and Plans Summary

		engagement exercise is now underway to establish the opportunities for sharing of resources and its impact on our clinical models.	
7	<p>Velindre @ Operating Model</p> <p><i>‘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.’</i></p>	<ul style="list-style-type: none"> • Velindre @ University Hospital Wales Programme (see above) partly addresses this. • Appointment of an Outreach Project Manager (from Jan 2023) will provided dedicated support to enable this work to progress. • See also Rec. 3 	<ul style="list-style-type: none"> • Finalise Velindre@ requirements for at home/outreach care with Health Board Partners • Develop final plans for V@ outreach services with Health Board partners aligned to Cwm Taf Morganwg University Health Board and Aneurin Bevan University Health Board cancer plans.
8	<p>Research Strategy</p> <p><i>‘The development of a refreshed research strategy is a priority and further work is required to fully take advantage of the networked model’.</i></p>	<ul style="list-style-type: none"> • Velindre Research 10-year strategy published. • Cardiff Cancer Research Hub development progressing well (See Rec 5 above). 	<ul style="list-style-type: none"> • See Recommendation 5.
9	<p>Organisational Development</p> <p><i>‘Organisational development and other work to create a successful cancer network is going to be required but has</i></p>	<ul style="list-style-type: none"> • Development of collaborative workforce plans between Velindre Cancer Centre (VCC) and ABUHB regarding SACT delivery centre. 	<ul style="list-style-type: none"> • Seek mandate and agreement by Collaborative Cancer Leadership Group to develop regional workforce plans.

Nuffield Trust Recommendations Progress and Plans Summary

	<p><i>not featured much in our conversations for this report’.</i></p>	<ul style="list-style-type: none"> • Forecasting software utilized by ABHB to work collaboratively with Velindre in order to predict demand and build sustainable capacity. • Operational planning meetings established between VCC and Cwm Taf Morgannwg University Health Board. Not specific to workforce, but enables better joint decision making and dynamic planning. 	
10	<p>‘Future proofing’ and “University Hospital Wales 2”</p> <p><i>‘Flexibility in design is going to be important both for the new Velindre Cancer Centre and for whatever is developed at the new University Hospital Wales due to the rapid change in the nature of treatment and research’.</i></p>	<ul style="list-style-type: none"> • Flexibility is built into new Velindre Cancer Centre specification. • Initial high level scoping discussions undertaken regarding University Hospital Wales 2. • No formal discussions have yet started to discuss the opportunities presented by the new-build of UHW. 	<ul style="list-style-type: none"> • To be discussed at next V@UHW Programme Board to start horizon-scanning. • Strategic review of future opportunities across the region in advance of proposed developments, for example, community diagnostics strategy. National/regional diagnostics agenda to be discussed at November CCLG.
11	<p>10 -15 Year Strategic Opportunities</p> <p><i>‘There are future strategic development opportunities provided by the development of a new Velindre Cancer Centre 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’.</i></p>	<ul style="list-style-type: none"> • Collaborative Cancer Leadership Group workshop (see Recommendation 1) will also enable a discussion on the strategic planning capability. • Continued engagement between Cardiff and Vale University Health Board, Velindre University NHS Trust and Cardiff City Council on master planning activities in North Cardiff. 	<ul style="list-style-type: none"> • Establish a strategic planning capability under the leadership of the Collaborative Cancer Leadership Group to identify service/infrastructure requirements in planned infrastructure. • Continued engagement with South Central and East Wales Regional Collaborative and Implementation Group (see also Rec 1).