

- 1.0.0 Standard Business
- 1.1.0 Welcome & Introductions
  - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
  - FINAL AGENDA January Public TCS Programme Scrutiny Sub-Committee\_v2.docx
- 1.2.0 Apologies for Absence
  - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
- 1.3.0 Declarations of Interest
  - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
- 1.4.0 Minutes of the Committee Meeting held on 21st December 2021
  - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
  - To Approve*
  - 1.4\_PUBLIC - Scrutiny Committee Minutes Public 21.12.2021-final drafts.docx
- 1.5.0 Action Log of the Committee Meeting held on 21st December 2021
  - Led by Stephen Harries, Chair – TCS Programme Scrutiny Sub-Committee*
  - To Approve*
  - 1.5\_PUBLIC - Scrutiny Committee Action Log Public 21.12.21-LF.docx
- 2.0.0 Programme Governance
- 2.1.0 TCS Finance Report
  - 14.00 - 14.05
  - To be led by Mark Ash, Assistant Director of Finance, TCS*
  - To Note*
  - 2.1\_Programme Finance Report (December 2021).docx
- 2.2.0 TCS Programme Risk Register
  - 14.05 - 14.10
  - To be led by Bethan Lewis, TCS Programme Planner and Risk Advisor*
  - To Note*
  - 2.2\_TCS Programme & Project Risk\_Scrutiny Jan 22\_Public.docx
  - 2.2\_Jan 22\_Programme Risk Appendix\_Public.pdf
- 3.0.0 Programme Delivery
- 3.1.0 TCS Programme Managers Update
  - 14.10 - 14.15
  - To be led by Carys Jones, Senior Programme Delivery and Assurance Manager*
  - To Note*
  - 3.1\_Programme Managers Update Jan 22 v3.docx
- 3.2.0 Nuffield Trust – Progress Update
  - 14.15 - 14.20
  - \*VERBAL UPDATE\**
  - To be led by Carl James, Director of Strategic Transformation, Planning & Digital*
  - To Note*
- 3.3.0 Value Add Engagement Programme
  - To be led by Lauren Fear*
  - To note*
  - 3.3\_Wider value -LF Scrutiny (002).pptx
- 4.0.0 Project Delivery
- 4.1.0 Project 1 & 2: Enabling Works Update
  - 14.25 - 14.30
  - \*VERBAL UPDATE\**
  - To be led by David Powell, nVCC Project Director*
  - To Note*
- 4.2.0 Competitive Dialogue Update
  - 14.30 - 14.35
  - \*VERBAL UPDATE\**
  - To be led by David Powell, nVCC Project Director*
  - To Note*

- 4.3.0 Project 3a: IRS Update
  - 14.35 - 14.40
  - \*VERBAL UPDATE\**
  - To be led by David Powell, nVCC Project Director*
  - To Note*
- 5.0.0 Engagement and Collaboration
- 5.1.0 Communications & Engagement
  - 14.55 - 15.00
  - To be led by Non Gwilym, Director of Communications and Engagement*
  - To note*
  - 5.1\_Communications Engagement Jan 2022-final.docx
- 6.0.0 Any Other Business
  - Prior Approval by the Chair Required*
- 7.0.0 Review of the Meeting
- 8.0.0 Date & Time of Next Meeting
  - 22nd February 2022 at 11.30am*
  - via Microsoft Teams*
- 9.0.0 Close

## Transforming Cancer Services Public TCS Programme Scrutiny Sub-Committee

### Agenda

**Date** Wednesday 19th January 2022  
**Time** 14.00 – 15.00  
**Location** Microsoft Teams  
**Chair** Stephen Harries

			<b>Action</b>
<b>1.0</b>	<b>Standard Business</b>		
1.1	Welcome & Introductions	Chair	
1.2	Apologies for Absence	Chair	
1.3	Declarations of Interest	Chair	
1.4	Minutes of the Committee Meeting held on 21st December 2021	Chair	Approve
1.5	Action Log of the Committee Meeting held on 21st December 2021	Chair	Approve
<b>2.0</b>	<b>Programme Governance</b>		
2.1 5 mins	TCS Finance Report	Mark Ash	Note
2.2 5 mins	TCS Programme Risk Register	Bethan Lewis	Note
<b>3.0</b>	<b>Programme Delivery</b>		
3.1 5 mins	TCS Programme Managers Update	Carys Jones	Note
3.2 5 mins	Nuffield Trust Report – Progress Update *Verbal Update*	Carl James	Note
3.3 5 mins	Value Add Engagement Programme	Lauren Fear	Note
<b>4.0</b>	<b>Project Delivery</b>		
4.1 5 mins	<b>Project 1 &amp; 2:</b> - Enabling Works Update *Verbal Update*	David Powell	Note
4.2 5 mins	Competitive Dialogue Update *Verbal Update*	David Powell	Note
4.3 5 mins	<b>Project 3a:</b> - IRS Update *Verbal Update*	David Powell	Note
<b>5.0</b>	<b>Engagement &amp; Collaboration</b>		

5.1 5 mins	Communications & Engagement	Non Gwilym	Note
<b>6.0</b>	<b>Any Other Business</b>		
	Prior Agreement by the Chair Required	Chair	
<b>7.0</b>	<b>Review of the Meeting</b>	Chair	
<b>8.0</b>	<b>Date &amp; Time of Next Meeting</b>	Chair	
	22nd February 2022 at 11.30am via Microsoft Teams		
<b>9.0</b>	<b>Close</b>		

**TCS Programme Scrutiny Committee**  
**Public Session**

**MINUTES OF THE MEETING HELD**

**21<sup>st</sup> December 2021**

**11:00 – 12:00 Trust Headquarters, Nantgarw**  
**(via Teams)**

**Members Present:**

Hilary Jones (HJ)

Stephen Harries (SHarries)

Gareth Jones (GJ)

Independent Member (Chair)

Independent Member (for part of the meeting)

Independent Member

**In attendance:**

Professor Donna Mead (DM)

Steve Ham (SHam)

Carl James (CJ)

Matthew Bunce (MB)

Andrea Hague (AH)

Nicola Williams (NW)

Non Gwilym (NG)

Huw Llewellyn (HL)

Andrea Hague (AH)

Jessica Corrigan (JC)

Trust Chairperson

Trust Chief Executive

Director of Strategic Transformation, Planning & Digital

Executive Director of Finance

Director of Service Transformation, Velindre Cancer Centre

Executive Director of Nursing, AHP's & Medical Scientists

Director of Communications and Engagement

Director of Commercial and Strategic Partnerships

Director of Service Transformation, Velindre Cancer Centre

Secretariat

**Apologies:**

Carys Jones (CJones)

Lauren Fear (LF)

Bethan Lewis (BL)

Stephen Harries (SHarries)

Senior Programme Delivery and Assurance Manager

Director of Corporate Governance and Chief of Staff

TCS Programme Planner and Risk Advisor

Independent Member (for part of the meeting)

1.0	STANDARD BUSINESS	ACTION
1.1	<b>Welcome &amp; Introductions</b> HJ welcomed attendees to the meeting.	
1.2	<b>Apologies for Absence</b> Apologies were noted as above.	
1.3	<b>Declarations of Interest</b> No declarations of interest were received.	
1.4	<b>Previous Minutes</b>  The minutes were updated from the meeting in November to reflect HJ chaired from agenda item 2.3 and HJ read out the closing statement before the meeting closed.	

<p><b>1.5</b></p>	<p>The minutes have been updated to include DM requesting the attendees of Scrutiny Committee have sight of the proposal service specification for Cardiff Cancer Research Hub at UHW before going through the formal governance process. Some concerns were raised regarding IP in particular from the way in which the initial proposal was worded.</p> <p>Following these changes, the minutes were confirmed to be an accurate record of the meeting on 22<sup>nd</sup> November 2021 and were <b>approved</b>.</p> <p><b>Action Log</b></p> <p>Following the amendments noted as above regarding the Cardiff Cancer Research Hub at UHW, action 109 was updated:</p> <p><i>Action 109: Governance route is currently being confirmed in parallel with Cardiff and Vale UHB and Cardiff University with the aim to bring the service specification to January Trust Board having gone through appropriate process. The Scrutiny Committee attendees will be sighted of the proposed service specification prior to the formal governance process.</i></p> <p>All closed actions were <b>approved</b>.</p>	
	<b>PROGRAMME GOVERNANCE</b>	
<p><b>2.1</b></p>	<p><b>TCS Finance Report</b></p> <p>A summary of the Capital and Revenue budget forecasts costs for all projects within the TCS Programme were provided. The forecasting position shows within budget for the end of the year for TCS Programme.</p> <p>DM queried if the trust are absorbing a fair amount of costs and wondered how much of this are being absorbed at risk or are the costs being budgeted? MB confirmed for this year all of the costs are covered by funding available. In addition, the additional legal fee requirements have had a significant impact this year. In terms of next year, they will factor in two key areas: IRS Project delays and further legal fee costs.</p> <p>GJ wanted assurance they are monitoring the spend of the legal fees. MB assured the committee the team are monitoring the situation. SHam also confirmed the costs are being monitored within the team.</p> <p>The Sub-Committee <b>Noted</b> the Paper.</p>	
<p><b>2.2</b></p>	<p><b>TCS Programme Risk Register</b></p> <p>The TCS Programme Risk Register report was presented to the Sub-Committee. The paper outlines the monthly reviews of each project and programme risk.</p>	

	<p>The Sub-Committee were updated that the recruitment is underway for the Band 4 Co-ordinator vacancy within PMO. The successful candidate will hopefully be in post in February 2022.</p> <p>The Cancer Collaborative leadership Group (CCLG) Regional acute oncology service model has been approved by the following Boards: Velindre University NHS Trust, Cardiff &amp; Vale University Health Board and Aneurin Bevan University Health Board between September – November 2021. Cwm Taf Morgannwg University Health Board are seeking Board approval in Jan/Feb 2022.</p> <p>It was highlighted that sometimes the whole picture might get lost when not looking at individual projects. SHam suggested setting up a meeting with Independent Members to discuss how best to report going forwards.</p> <p>An overall risk for finance was identified which includes Acute Oncology Service (AOS) and Covid, these will be discussed during the Board Development Session.</p> <p>Risk ID: R299 has been picked up during another part of the register, it was suggested to close this particular risk as covered elsewhere.</p> <p>The Sub-Committee <b>Noted</b> the Paper.</p>	<p><b>SHam</b></p>
<p align="center"><b>PROGRAMME DELIVERY</b></p>		
<p><b>3.1</b></p>	<p><b>TCS Programme Managers Update</b></p> <p>The Programme Managers update paper was presented to the Sub-Committee.</p> <p><b>nVCC – Competitive Dialogue</b></p> <p>nVCC – Competitive Dialogue commenced in September and is now well underway with two consortia and will run until Spring 2022 when final designs will be requested. Department meetings are underway to look at the proposed design, adjacencies and floor plans and will continue into January 2022.</p> <p>It was suggested that it would be helpful to have timelines in place and development of plans as updated with the various stakeholders.</p> <p><b>Workshop on Developing the South East Wales Cancer System</b></p> <p>The Regional Cancer System workshop which is intended to explore potential opportunities to strengthen the Cancer System governance across South East Wales, will now take place in February 2022. The workshop was provisionally organised for 21<sup>st</sup> January 2022 but has since been postponed due to the unavailability of key personnel across the region. There might be a chance this will be postponed again depending on the impact Covid / Omicron variant has had. But everyone is keen for this workshop to be held as soon as possible.</p>	

	<b>Radiotherapy Satellite Centre</b>  Stage 4 the detailed design presentation is scheduled for 27 <sup>th</sup> January 2022 to include SMART hospital requirements. The Full Business Case completion is now anticipated for April/May 2022 with an anticipated 'Beam On' date of July 2024 representing an overall delay of approximately 6 months. It was highlighted as a concern hopefully the presentation date is not delayed due to the Covid Omicron variant situation.  The Sub-Committee <b>Noted</b> the Paper.	
3.2	<b>Nuffield Trust Report – Progress Update</b>  The Nuffield Trust Report – Progress Update paper was presented to the Sub-Committee. Good progress is being made.  It was suggested that going forward to show track changes for updates could be identified more clearly regarding the updates for each recommendation.  The Sub-Committee <b>Noted</b> the Paper.	CJ
3.3	<b>Velindre @ UHW – Progress Update</b>  The Velindre @ UHW – Progress Update paper was presented to the Sub-Committee.  <b>The Cardiff Cancer Research Hub @ UHW</b> The Project Implementation Team has been appointed. The Strategic Lead has also been appointed and in post. Project Support Officer will start in January 2022 and admin support has been identified. Posts are short-term funding through charitable funds.  <b>Haemato-oncology</b> The workstream is currently delayed whilst internal clinical capacity to support is reviewed.  The Sub-Committee <b>Noted</b> the Paper.	
4.0	<b>PROJECT DELIVERY</b>	
4.1	<b>Projects 1 &amp; 2: Enabling Works FBC and Gateway 3 Update</b>  The Sub-Committee <b>Noted</b> the Paper.	
4.2	<b>Project 4: Radiotherapy Satellite Centre Progress Update and Full Business Case (FBC) Timelines</b>	



	<p>The Radiotherapy Satellite Centre (RSC) Progress update and Full Business Case (FBC) timeline paper was presented to the Sub-Committee.</p> <p>The RSC will be delivered through a joint working project between Velindre University NHS and Aneurin Bevan University Health Board. The Project has progressed and is currently approaching the end of Stage 4 of the design process, with 1 in 50 room layouts and Interior Design finishes being in final stages of approval with the service. This stage of the Project has taken longer than anticipated due to several additional requirements, including the future proofing of the linac bunker structure and enabling future capability for SMART technology, where possible in the building. An updated programme has been circulated with the stage 4 design process commencing 4<sup>th</sup> October, the expected completion date for the scheme is now July 2024.</p> <p>The Project Board has recommended several mitigations to reduce the impact of delays. These include bringing forward the demolition of the antenatal clinic at Nevill Hall Hospital which is in part of the enabling works and could potentially save two months on the timeline. This has been approved to proceed and the works started on site in October 2021 with a planned completion date of the first week in April 2022. The FBC is currently due to go to Boards in May 2022 with Welsh Government FBC request for approval towards end of June 2022. However, the project is considering whether it is possible to bring the business case to Boards in April 2022.</p> <p>The risk register is currently being updated to reflect the potential impact of delays to the opening of the RSC and a mitigation plan is being developed within the service which will be reported at the January Meeting. Similarly, the risk about workforce for the centre is being reviewed and will form focus of the next project Board. Other enabling works are planned for early 2022 including tree removal and moving the existing memorial garden at the Nevill Hall Hospital to a new location. The Trust have been working with Aneurin Bevan University Health Board communications team to inform the public and all relevant bodies of these events, the first communication on the memorial garden issued during November 2021. The planned move will be undertaken in January 2022 with an official opening of the new memorial garden planned for 16<sup>th</sup> April 2022.</p> <p>The Sub-Committee <b>Noted</b> the Paper.</p>	
<b>5.0</b>	<b>ENGAGEMENT &amp; COLLABORATION</b>	
<b>5.1</b>	<p><b>Communications &amp; Engagements</b></p> <p>The communication and engagement paper was presented to the Sub-Committee.</p> <p>DM thanked Non and her team for all the work they are doing.</p>	

	<p>It was confirmed the additional engagement programme under the new brand Velindre Together is not a rebranding. This is a working title, if anyone has any recommendations for the Velindre Together please sent them across to Non.</p> <p>The Sub-Committee <b>Noted</b> the Paper.</p>	
<b>8.0</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	19 <sup>th</sup> January 2022 at 2pm via Microsoft Teams.	
<b>9.0</b>	<b>CLOSE</b>	
	<p>The following was read out by HJ as chair:</p> <p><i>That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).</i></p>	

Acronyms:

CCLG – Cancer Collaborate Leadership Group  
 nVCC – New Velindre Cancer Centre  
 AOS – Acute Oncology Service

## TCS Programme Scrutiny Sub-Committee

December 2021

### Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
109	<b>TCS Programme Managers Update</b> The Cardiff Cancer Research Hub at UHW are drafting the first proposal. A full update will be provided at the TCS Programme Scrutiny Sub-Committee. (25/10/2021 – 3.1)	<b>Carl James</b>	25/10/2021	February 2022	Governance route is currently being confirmed in parallel with Cardiff and Vale UHB and Cardiff University with the aim to bring the service specification to January Trust Board having gone through appropriate process. The Scrutiny Committee attendees will be sighted of the proposed service specification prior to the formal governance process. It was highlighted the IP needs to be agreed upfront.	<b>OPEN</b>
110	<b>Nuffield Trust Report – Progress Update</b> It was suggested that going forward to show track changes for updates could be identified more clearly regarding the updates for each recommendation. (21/12/2021 – 3.2)	<b>Carl James</b>	21/12/2021	January 2022	The updates against the Nuffield Trust Report will be clearly identified going forward.	<b>CLOSED</b>
111	Meeting with Independent Members to discuss how best to report whole picture going forwards. (21/12/21 – 2.2)	<b>Steve Ham</b>	21/12/2021	February 2022		<b>OPEN</b>



## TCS PROGRAMME SCRUTINY SUB-COMMITTEE

### TCS PROGRAMME FINANCIAL REPORT FOR 2021-22 DECEMBER 2021

<b>DATE OF MEETING</b>	19 <sup>th</sup> January 2022
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	Mark Ash, Assistant Project Director
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<b>PRESENTED BY</b>	Mark Ash, Assistant Project Director
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<b>EXECUTIVE SPONSOR APPROVED</b>	Matthew Bunce, Executive Director of Finance
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<b>REPORT PURPOSE</b>	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	17/01/22	NOTED

#### ACRONYMS

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

## **1. PURPOSE**

- 1.1 The purpose of this report is to provide a financial update to the TCS Programme Scrutiny Sub-Committee for the financial year 2021-22, outlining spend to date against budget as at Month 09.

## **2. BACKGROUND**

- 2.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following the completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.
- 2.2 As at March 2021, the Cabinet Secretary for Health, Well-being and Sport, had approved capital and revenue funding for the TCS Programme and associated Projects of £20.710m and £1.678m respectively.
- 2.3 Included in this approval was funding for the IRS Procurement Project (Project 3a). The PBC for this project was endorsed by WG in 2019-20, providing capital funding of £1.110m from July 2019 to December 2022. The provision was £0.250m in 2019-20, £0.548m in 2021-22, and £0.312m in 2021-22.
- 2.4 In addition to WG funding, NHS Commissioners agreed in December 2018 to provide annual revenue funding towards the TCS Programme. £0.400m was provided in the initial year of 2018-19, with £0.420m annually thereafter.
- 2.5 Further revenue funding was provided by Trust in 2019-20 and 2020-21 from its own baseline revenue budget. Funding of £0.060m and £0.030m respectively was provided for nVCC Project Delivery (previously provided by WG until March 2019). Another £0.039m (2019-20) and £0.166m (2020-21) was provided to cover the costs of staff secondment from Velindre Cancer Centre.
- 2.6 The total funding and expenditure for the TCS Programme and associated Projects by the end of March 2021 was £23.923m: £20.710m Capital, £3.213m Revenue.

## **3. FUNDING**

- 3.1 Funding provision for the financial year 2021-22 is outlined below.
- 3.2 In August 2021, the Trust Board approved that the nVCC Project provide interim funding of **c£0.350m** to the EW Project. The funding is to support the work packages associated with tree and vegetation clearance (c£0.250m) and site management and security (c£100k). The EW Project will secure this funding from the approval of its FBC in January 2022. The Project(s) financial plans will be updated in November 2021.
- 3.3 To date no revenue funding has been provided by WG. The Trust has provided revenue funding of **£0.084m**.

Description	Funding	
	Capital	Revenue
<b>Programme Management Office</b> There is no capital funding requirement for the PMO at present  Allocation of £0.240m from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management was provided in April 2021  Allocation from WG 2021-22 revenue pay award funding was provided in September 2021	£ nil	£0.246m  £0.240m  £0.006m
<b>Project 1 – Enabling Works for nVCC</b> Capital funding from WG was provided on 24 March 2021	£0.250m £0.250m	£ nil
<b>Project 2 – New Velindre Cancer Centre</b> Capital funding from WG was provided on 24 March 2021  The Trust provided revenue funding in September 2021 for Project Delivery  The Trust has provided revenue funding for the Judicial Review in between August 2021 and December 2021	£3.460m £3.460m	£0.109m  £0.026m  £0.083m
<b>Project 3a – Radiotherapy Procurement Solution</b> Final 9 months of a 28 month project, running from 1 <sup>st</sup> August 2019 to 31 <sup>st</sup> December 2021, with a funding allocation of £0.312m for 2021-22 from an overall funding allocation of £1.110m, provided in April 2021  Additional funding provided by the Trust for the Project's increased legal and staff costs November 2021.	£0.576m £0.312m  £0.264m	£ nil
<b>Project 4 – Radiotherapy Satellite Centre</b> The project is led and funded by the hosting organisation, Aneurin Bevan University Health Board; no funding requirement is expected from the Trust for 2021-22	£ nil	£ nil
<b>Project 5 – SACT and Outreach</b> Funding has been requested for this project however none has been provided to date	£ nil	£ nil

Description	Funding	
	Capital	Revenue
<b>Project 6 – Service Delivery, Transformation and Transition</b>  Allocation of £0.180m from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management was provided in April 2021  Funding provided from the Trust's core revenue budget towards the costs of the Project Director post and the Project Manager post in April 2021  Allocation from WG 2021-22 revenue pay award funding was provided in September 2021  Additional funding provided from the Trust's core revenue budget towards the cost of the Project Manager post in November 2021	£ nil	£0.313m  £0.180m  £0.116m  £0.009m  £0.008m
<b>Project 7 – VCC Decommissioning</b> No funding requested or provided for this project to date	£ nil	£ nil
<b>Total funding provided to date</b>	<b>£4.286m</b>	<b>£0.668m</b>
	<b>£4.954m</b>	

#### 4. FINANCIAL SUMMARY AS AT 31<sup>ST</sup> DECEMBER 2021

4.1 The summary financial position for the TCS Programme for the year 2021-22 as at 31<sup>st</sup> December 2021 is outlined below:

- **CAPITAL** spend of **£2.433m** with a forecast outturn of **£4.282m**; and
- **REVENUE** spend is **£0.504m** with a forecast outturn of **£0.668m**



TCS Programme Budget & Spend 2021-22						
CAPITAL	Cumulative to Date			Financial Year		
	Budget to Dec-21	Spend to Dec-21	Variance to Dec-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
<b>PAY</b>						
Project Leadership	141,895	138,990	2,905	193,000	190,211	2,789
Project 1 - Enabling Works	100,000	161,062	-61,062	100,000	216,012	-116,012
Project 2 - New Velindre Cancer Centre	585,305	524,393	60,913	1,008,500	819,910	188,590
Project 3a - Radiotherapy Procurement Solution	261,642	261,642	0	362,675	362,675	0
<b>Capital Pay Total</b>	<b>1,088,843</b>	<b>1,086,087</b>	<b>2,756</b>	<b>1,664,175</b>	<b>1,588,808</b>	<b>75,367</b>
<b>NON-PAY</b>						
nVCC Project Delivery	37,170	41,519	-4,349	78,500	78,500	0
Project 1 - Enabling Works	141,250	435,558	-294,308	150,000	435,558	-285,558
Project 2 - New Velindre Cancer Centre	1,023,590	726,196	297,394	2,180,000	1,966,196	213,804
Project 3a - Radiotherapy Procurement Solution	140,605	143,301	-2,696	213,165	213,165	0
<b>Capital Non-Pay Total</b>	<b>1,342,615</b>	<b>1,346,573</b>	<b>-3,958</b>	<b>2,621,665</b>	<b>2,693,419</b>	<b>-71,754</b>
<b>CAPITAL TOTAL</b>	<b>2,431,458</b>	<b>2,432,660</b>	<b>-1,202</b>	<b>4,285,840</b>	<b>4,282,227</b>	<b>3,613</b>

REVENUE	Cumulative to Date			Financial Year		
	Budget to Dec-21	Spend to Dec-21	Variance to Dec-21	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
<b>PAY</b>						
Programme Management Office	155,901	152,892	3,009	224,833	220,833	4,000
Project 6 - Service Change Team	234,475	240,680	-6,205	312,633	316,290	-3,657
<b>Revenue Pay total</b>	<b>390,376</b>	<b>393,571</b>	<b>-3,196</b>	<b>537,466</b>	<b>537,123</b>	<b>343</b>
<b>NON-PAY</b>						
nVCC Project Delivery	21,366	18,386	2,981	26,000	26,000	0
nVCC Judicial Review	83,387	83,387	0	83,387	83,387	0
Programme Management Office	4,282	8,263	-3,981	21,534	21,534	0
Project 6 - Service Change Team	0	200	-200	0	266	-266
<b>Revenue Non-Pay Total</b>	<b>109,035</b>	<b>110,235</b>	<b>-1,200</b>	<b>130,920</b>	<b>131,187</b>	<b>-266</b>
<b>REVENUE TOTAL</b>	<b>499,411</b>	<b>503,807</b>	<b>-4,396</b>	<b>668,387</b>	<b>668,310</b>	<b>77</b>

## 5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 31<sup>ST</sup> DECEMBER 2021

### CAPITAL SPEND

#### Project 1 – Enabling Works

- 5.1 There is a cumulative capital spend to date of **£0.597m** against a budget of **£0.241m**, with a forecast spend for the year of **£0.652m** against a budget of **£0.250m**.

Work package	Spend to 30 <sup>th</sup> November 2021 £m	Forecast Annual Spend £m
<b>Pay</b>	<b>£0.161</b>	<b>£0.216</b>
Third Party Undertakings	£nil	£nil
Technical Advisers	£0.139	£0.139
Works	£0.246	£0.246
Legal Advice	£0.112	£0.112
Enabling Works Reserves	-£0.061	-£0.061
<b>Non-pay</b>	<b>£0.436</b>	<b>£0.436</b>
<b>Total</b>	<b>£0.597</b>	<b>£0.652</b>

- 5.2 The potential overspend of £0.402m within the Project has been mitigated by the use of underspends from the nVCC Projects.

***Project 2 – nVCC***

- 5.3 There is a cumulative capital spend to date of **£1.431m** against a budget of **£1.788m**. The forecast spend for the years is **£3.055m** against a budget of **£3.460m**.

Work package	Spend to 30 <sup>th</sup> November 2021 £m	Forecast Annual Spend £m
<b>Pay</b>	<b>£0.663</b>	<b>£1.010</b>
Project Delivery costs	£0.042	£0.079
Competitive Dialogue – PQQ & Dialogue	£0.703	£1.317
Legal Advice	£0.012	£0.053
Planning	£0.015	£0.075
nVCC Reserves	-£0.004	£0.521
<b>Non-pay</b>	<b>£0.768</b>	<b>£2.045</b>
<b>Total</b>	<b>£1.431</b>	<b>£3.055</b>

- 5.4 The forecast underspend will be used to cover the Enabling Works forecast overspend for the year.

***Project 3a – Integrated Radiotherapy Procurement Solution***

- 5.5 There is a cumulative capital spend to date of **£0.405m** for the IRS Project against a budget of **£0.402m**. The Project is currently forecasting a spend of **£0.576m** against a budget of **£0.576m**.

Work package	Spend to 30 <sup>th</sup> November 2021 £m	Forecast Annual Spend £m
<b>Pay</b>	<b>£0.262</b>	<b>£0.363</b>
Legal Advisors	£0.133	£0.175
Financial Advisors	£nil	£nil
Business Case Advisors	£0.008	£0.021
Procurement Advisors	£nil	£nil
IRS Reserves	£0.002	£0.016
<b>Non-pay</b>	<b>£0.143</b>	<b>£0.213</b>
<b>Total</b>	<b>£0.405</b>	<b>£0.576</b>

***REVENUE SPEND***

***Programme Management Office***

- 5.6 The PMO spend to date is **£0.161m** (£0.153m pay, £0.008m non-pay) against a budget of **£0.160m**. The Project is forecasting a spend of **£0.242m** (£0.221m pay, £0.022m non-pay) in the financial year 2021-22 against a budget of **£0.246m**. The forecast underspend of £4k will be used to cover the overspend forecast by the Service Change Project.

### **Projects 1 and 2 Delivery Costs**

- 5.7 There is a revenue project delivery cost to date for the nVCC and Enabling Works Projects of **£0.018m** against a budget of **£0.021m**, with a budget and expected spend for the year of **£0.026m**. This spend relates to costs associated with office costs and project support, such as audit, training and Competitive Dialogue support.

### **nVCC Judicial Review**

- 5.8 There is a revenue spend to date of **£0.083m** against a budget of **£0.070m** for the legal advice to deliver the requirements of the judicial review process as the Trust is an interested party. This is also the current forecast spend for the year.
- 5.9 Further costs for this work may be incurred, resulting an increase in the current overspend of £0.014m. Mitigating actions regarding the current in year and forecast underspend are being considered by the nVCC Project Team and Corporate Finance Team.

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

- 5.10 Service Change spend to date is **£0.241m** against a budget of **£0.34m**, made up of pay costs. The Project is currently forecasting a spend of **£0.317m** for the year against an increased budget of **£0.313m**. The forecast overspend of £4k will be covered by the underspend forecast by the Programme Management Office.

## **6. Financial Risks & Issues**

- 6.1 There are no current financial risks or issues for the TCS Programme.

## **7. CONSIDERATIONS FOR BOARD**

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

## **8. IMPACT ASSESSMENT**

<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Staff and Resources
<b>EQUALITY IMPACT ASSESSMENT COMPLETED</b>	Not required
<b>LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	Yes (Include further detail below)
	See above.

## **9. RECOMMENDATION**

- 9.1 The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2021-22 as at 31<sup>st</sup> December 2021.

# TCS PROGRAMME SCRUTINY SUB-COMMITTEE

## TCS Programme & Project Risk

**DATE OF MEETING**

19<sup>th</sup> January 2022

**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE INDICATE REASON****PREPARED BY**

BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR

**PRESENTED BY**

BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR

**EXECUTIVE SPONSOR APPROVED**

CARL JAMES - DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING AND DIGITAL

For Noting

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

TCS Programme Delivery Board

17/01/2022

Approved

**ACRONYMS**

TCS

Transforming Cancer Services

### 1. BACKGROUND

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

## 2. ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Approval of latest TCS Programme Risk Landscape.

## 3. IMPACT ASSESSMENT

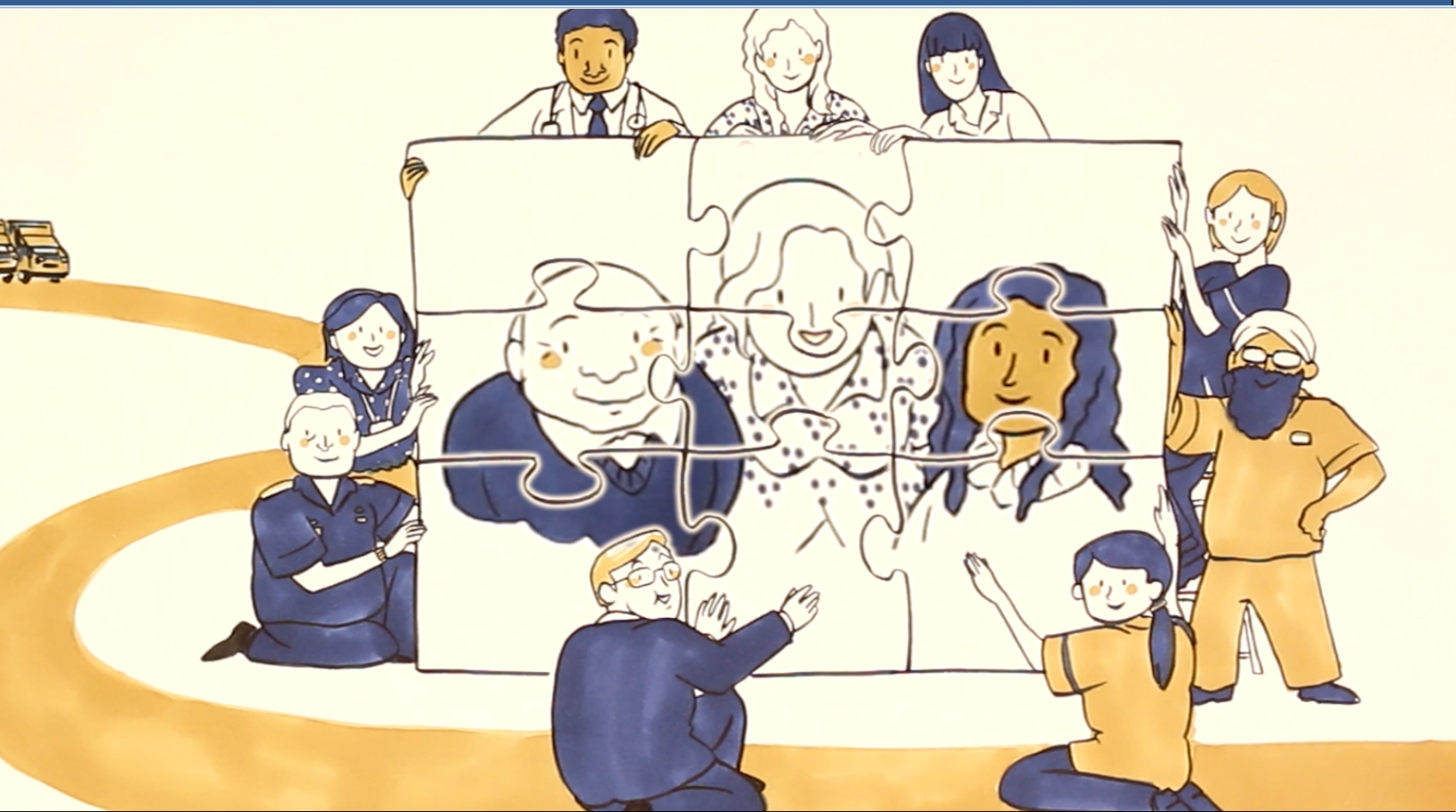
<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>RELATED HEALTHCARE STANDARD</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>EQUALITY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

## 4. RECOMMENDATION

4.1 The Programme Scrutiny Sub-Committee are asked to:

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

# TRANSFORMING CANCER SERVICES PROGRAMME (South East Wales)



## TCS Programme & Project Risk

Version 0.2

## **TCS Programme & Project Risk**

### *DOCUMENTATION CONTROL SHEET*

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

#### **Document Version History:**

Version Number	Date	Author	Summary of changes
0.1	11/01/2022	Bethan Lewis	Commencement of Document
0.2	14/01/2022	Bethan Lewis	Reviewed and minor amendments

#### **Approvals**

This document requires the following approvals:

Title / Group	Date	Version/Option

#### **Distribution**

This document has been distributed to:

Name	Title	Date	Version



## **CONTENTS**

1.0	PROGRAMME & PROJECT RISK UPDATE – JANUARY 2022	6
2.0	TCS PROJECTS RISK REVIEW	8
3.0	TCS PROGRAMME RISK REVIEW	10

## **INDEX OF FIGURES**

FIGURE 1: BREAKDOWN OF RISK RATINGS EMERGING FROM PROJECTS	6
FIGURE 2: PROPORTION OF RISKS BY RATING SCORE	7
FIGURE 3: BREAKDOWN OF RISKS IMPACTING ON PROJECTS	7

## **APPENDICES**

APPENDIX 1: TCS PROGRAMME RISK REGISTER – JANUARY 2022
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## 1.0 PROGRAMME & PROJECT RISK UPDATE – JANUARY 2022

- 1.1 The below tables provide the most up to date data in regards to risk across the TCS Programme and its Projects which continue to be monitored and updates provided to the Programme Delivery Board each month. There are currently 122 risks in the Programme Risk Register; Figure 1 below provides a view of the number of risks broken down by project and current risk rating. Figure 2 demonstrates the proportion of risks by rating, with the majority 47% currently rated as 'Amber' and 34% rated as 'Yellow'.
- 1.2 Figure 3 provides the breakdown of the number of risks from across the Projects and Programme which would have an impact on any of the other Projects; as expected the nVCC Project has the highest number of risks which could impact that project owing to the various dependencies and reliance's across the Programme to ensure its Critical Path is maintained.

Figure 1: Breakdown of Risks Emerging from Project

Risks emerging from...Totals				
1. Enabling works for nVCC		36		
4	10	15	6	
3. Digital and Equipment		3		
0	3	0	0	
3a. IRS		26		
3	7	12	4	
5. SACT and Outreach		9		
2	6	1	0	
7. VCC Decommissioning		1		
0	0	1	0	
2. nVCC		24		
1	10	10	2	
4. Radiotherapy Satellite Centre		7		
0	5	2	0	
6. Service Delivery, Transformation and Transition		13		
2	10	1	0	
8. Programme		10		
0	9	1	0	
Totals				
129				
12		60		
43		12		

Figure 2: Proportion of Risks by Rating Score

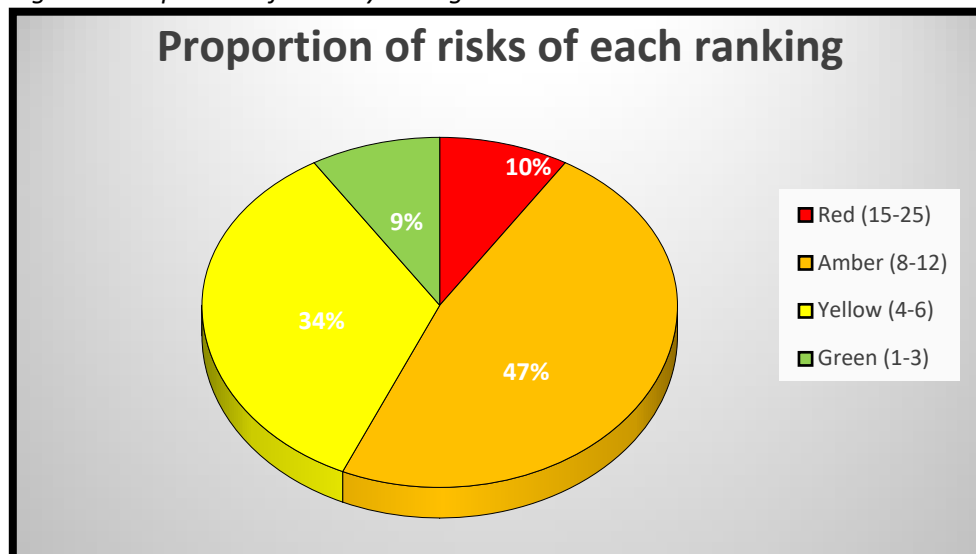
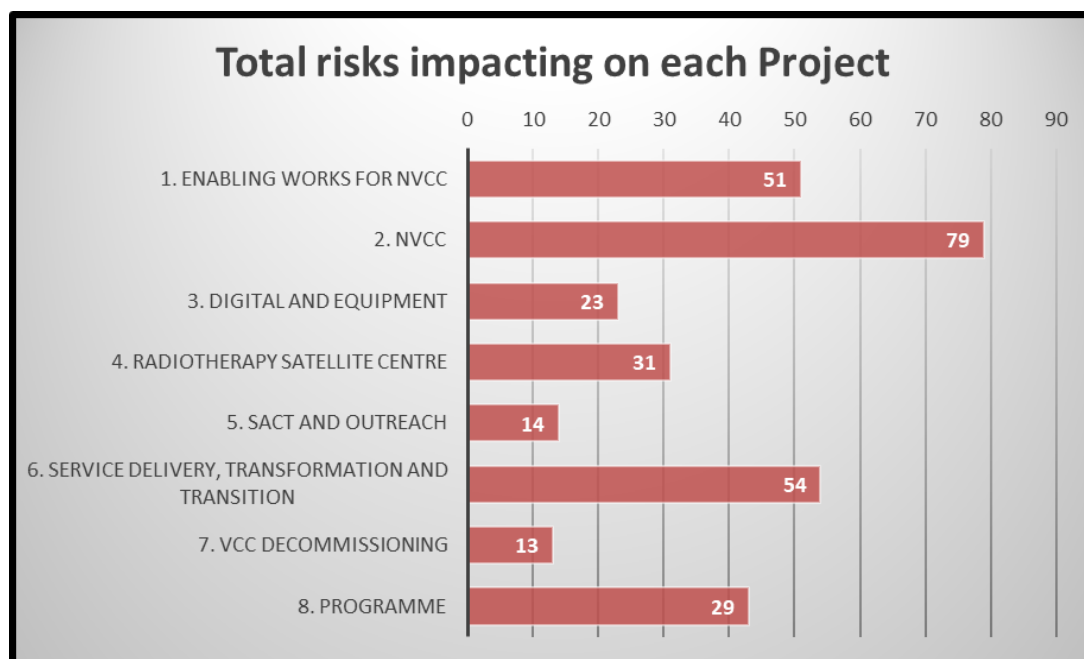


Figure 3: Breakdown of Risks Impacting upon Projects



## 2.0 TCS Projects Risk Update

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

### Projects 1 & 2 – Enabling Works for nVCC & nVCC

	New	Closed	Escalated	De-escalated	Total changed risks / issues
<b>Risks</b>	4	0	1	3	8
<b>Issues</b>	0	0	0	0	0

- There has been 1 new risk raised for Project 1 (Enabling Works) in this reporting period.
- There have been 1 new issue raised, 3 new risks raised, 1 escalated and 3 de-escalated risks for Project 2 (nVCC) in this reporting period.
- Detail of the issue and risks which meet the threshold for reporting to Programme Delivery Board can be seen below:

Issue No.	Issue Raised	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I062	Jan 22	Bridge Construction Timeline The most recent proposal for the bridge into the site shows a completion date of June 2023, three months after Project Co are intended to start on site.	If Project Co are required to wait for this element of construction to be completed it would cause a three month delay to the nVCC timeline and increase project costs.	High	Potential mitigations include:  - Begin construction of the nVCC via the TCAR only. - Complete some elements of the bridge after construction of the hospital is completed to shorten the timeline	David Powell	

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R350	<b>Inflation</b> There is a risk that increased rates of inflation lead to the capital costs of the project exceeding the affordability envelope.	<b>NEW</b>	Likelihood 3 Impact 4 Overall 12	<b>Risk Owner – Mark Ash</b>  Mitigations and actions to be determined.
R351	<b>Delay to start on site</b> There is a risk that the start of construction is delayed beyond the date stipulated in the outline planning permission decision notice 17/01735/MJR (27 <sup>th</sup> March 2023), leading to delays to the project and a possible loss of planning permission.	<b>NEW</b>	Likelihood 5 Impact 4 Overall 20	<b>Risk Owner – Mark Ash</b>  1. Submit section 73 application to extend the date by which start on site must occur, to reduce the impact of any delays to the start of construction. – <b>Started</b> 2. Regular monitoring and management of other projects/workstreams which may affect start on site date including enabling works and nVCC procurement - <b>Ongoing</b>

**Project 3a – Integrated Radiotherapy Solution (IRS)**

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

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

**Project 4 – Radiotherapy Satellite Centre (RSC)**

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

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

**Project 5 – Outreach**

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

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

**Project 6 – Service Delivery & Transition**

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

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

## 2.0 TCS Programme Risk Update

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

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

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

Issue No.	Issue Raised	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I061	Sept 21	<b>Programme Objectives &amp; Key Dependency not met</b> The Outreach Project has been placed 'on hold' and is not able to progress with its own objectives and as such has wider implications across the TCS Programme.	The objectives of the TCS Programme as outlined in the Programme Business Case will not be met, along with they key dependency on Outreach facilities being operational prior to the nVCC opening in order to meet the need and ability to provide SACT across SE Wales	Medium	Initial investment has been identified for Project Manager and Clinical time and awaiting approval in December, subject to approval recruitment will take place.	Steve Ham	4/1/22
I054	June 21	<b>Programme Resource</b> 1.0 WTE Band 4 Co-ordinator vacancy within PMO as a result of the internal promotion of the previous post holder	Lack of general administration support within the Programme Team, particularly in relation to providing secretariat support to the Programme Delivery Board.	Medium	All recruitment documentation submitted to Vacancy Scrutiny Panel to be reviewed at panel on 11/01. Agreed in principle in advanced with HR and Finance retrospectively. Awaiting formal outcome of panel to process via trac.  Remaining PMO staff currently absorbing additional workload.	Carys Jones	31/1/22

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

3.5 There are 24 risks in the January 2022 TCS Programme Risk Register with a current rating score of 12 and above, the detail of these can be seen in the Risk Register which is included as Appendix 2 to this report.

3.6 The Programme Delivery Board are asked to:

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

ID	Opened	Handler	Division	Project	Risk Owner	Risk Title	Risk Description	Risk Cost	RR - Current Controls	Likelihood (current)	Impact (current)	Rating (current)	Risk level (current)	Progress notes	Direction of Travel	Next Review Date	Likelihood (Target)	Impact (Target)	Rating (Target)	Risk level (Target)	Is this a Private & Confidential Risk?
2401	26/02/2021	Lewis, Bethan	Transforming Cancer Services	Integrated Radiotherapy Solution	Bryce, Gavin	Risk of insufficient resources being made available to the Project	There is a risk that insufficient resources (people) being made available to the project will have an adverse impact on the quality of the procurement process		1) Detailed project Plan to identify resource requirements 2) Approved Capital Budget for the Legal & Staffing Costs 3) Regularly monitor staff availability (annual leave & sickness)	5 - Expected	4 - Major	20	High Risk	[Lewis, Bethan 07/12/21 14:25:15] 6/12/21 - Risk reviewed by Project Manager and Risk Owner - no change to current score or controls / actions	Stable/No Movement	04/02/2022	2 - Unlikely	4 - Major	8	Moderate	No
2501	14/01/2022	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Young, Mark	Risk of Inflation leading to increased costs	There is a risk that increased rates of inflation lead to the capital costs of the project exceeding the affordability envelope.		Awaiting further information from MA	5 - Expected	4 - Major	20	High Risk	[Lewis, Bethan 14/01/22 09:10:22] 4/1/22 - New Risk	Risk Increasing	04/02/2022	4 - Probable	3 - Moderate	12	Significant	No
2400	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk that there is lack of project support	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.		1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work - Ongoing 2) Clarification required on whether Outreach Project is an Operational or an Infrastructure Project - Ongoing TBC	4 - Probable	5 - Critical	20	High Risk	[Lewis, Bethan 07/12/21 14:22:46] 7/12/21 - No review or change to risk - Project remains On Hold.	Stable/No Movement	31/01/2022	2 - Unlikely	3 - Moderate	6	Moderate	No
2403	08/06/2020	Pinocci, Francesca	Transforming Cancer Services	Enabling Works	Young, Mark	Risk that enabling works construction exceeds timescale	There is a risk that enabling works construction, including bridges, exceeds 15 months, leading to delays to nVCC construction and incurring financial loss claims from the MIM contractor.	£5-6m	1. Regular review of possible areas which may cause delay: Most recent review of the plan shows only minimal slack between the end of the enabling works construction and beginning of MIM construction Ongoing 2. Partial mitigation through normal contract condition re liquidated and ascertained damage – where events in the contractors control can result in compensation for costs incurred by the client resulting from time or cost overruns. Need to be within expected reasonable limits. Care required in setting that limit to steer away from punitive damages as few contractor would price the works, pushing up tender prices. Scaling delay damages clause added to tender documentation to ensure contractor is incentivised to complete work on time. Complete 3. Focus to be applied to detailed construction programme following return of EW D&B bids. Complete	4 -Probable	4 - Major	16	High Risk	[Lewis, Bethan 07/12/21 15:08:37] 26/11/21 - Risk reviewed by Project Officer and Risk Owner - no changes	Stable/No Movement	07/01/2022	3 - Possible	3 - Moderate	9	Significant	No
2402	10/05/2021	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk of time-consuming infrastructure work	There is a risk that time-consuming infrastructure work i.e. the refurbishment of a current site or identification of a new build is required to deliver the agreed outreach model of care. This could lead to delays in outreach services not being established or operational ahead of the new VCC as agreed within Programme objectives		1) Identify location 2) Identify refurb / new build required 3) Establish level of local engagement with CHCs/public required 4) Identify appropriate resources from all HBs & VUNHST (inc Project Leads, Planning etc) to ensure project is supported and managed to align with project & programme timelines 5) Establishment of ownership and governance of Project within TCS/VF environment	4 - Probable	4 - Major	16	High Risk	[Lewis, Bethan 07/12/21 14:29:04] 7/12/21 - No review or changes to risk - Project remains On Hold	Stable/No Movement	31/01/2022	3 - Possible	3 - Moderate	9	Significant	No
2486	07/12/2021	Pinocci, Francesca	Transforming Cancer Services	Enabling Works	Young, Mark	There is a risk that the Section 278 application takes longer than expected to be approved,	S278 Application There is a risk that the Section 278 application takes longer than expected to be approved, meaning that works traffic accessing the 'straight' TCAR are delayed, leading to a delay to construction and longer overall construction timeline.		This application process has started.	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 07/12/21 15:44:08] 26/11/21 - Impact increased due to TCAR1 not being available	Risk Increasing	07/01/2022	2 - Unlikely	3 - Moderate	6	Moderate	No
2423	08/09/2021	Lewis, Bethan	Transforming Cancer Services	Integrated Radiotherapy Solution	Bryce, Gavin	Risk that IRS evaluation process is delayed due to resource pressures	There is a risk that as the nVCC Competitive Dialogue clashes with the IRS Final Tender evaluation, there is pressure on resource availability leading to delays in finalising the evaluation process		1) Works has started to understand which staff and resource are impacted to explore availability and potential impact of this to the Project	4 -Probable	3 - Moderate	12	Significant	[Lewis, Bethan 13/12/21 11:17:13] 6/12/21 - risk reviewed by Project Manager, no change to current rating and/or control actions		04/02/2022	2 - Unlikely	3 - Moderate	6	Moderate	No
2408	22/04/2021	Lewis, Bethan	Transforming Cancer Services	Integrated Radiotherapy Solution	Bryce, Gavin	Risk that IRS Project FBC is delayed or not approved	There is a risk that the approval for the FBC for the IRS Project is delayed or not approved, due to changes in approval timescales which would lead to delays to project delay, project abandonment impacting on other TCS Projects (nVCC & RSC) deliverables		1) Engagement with Capital & Treasury teams - ongoing 2) Previous presentations to IIB - complete 3)OBC shared with WG Officers for comment - complete 4)WG notified of timescales for FBC so they can align resources - complete 5)Specialist advisors used to support delivery of Business Case - ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 07/12/21 14:55:28] 6/12/21 - Risk reviewed by Project Manager and Risk Owner, no change to current rating and controls / actions	Stable/No Movement	04/02/2022	2 - Unlikely	4 - Major	8	Moderate	No
2410	05/10/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Morley, Sarah	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet needs of the TCS Programme	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		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 07/12/21 14:57:39] 02/12/21 - Risk reviewed by Risk Owner - no change to current ratings	Stable/No Movement	18/03/2022	2 - Unlikely	1- Negligible	2	Low	No

2431	23/07/2021	Lewis, Bethan	Transforming Cancer Services	Programme	James, Carl	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables		1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. Complete 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity. Complete 3) Review and reporting on Master Plan to PDB and Scrutiny committee. Ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 09/12/21 16:37:30] CJames 9.12.21 - Whilst initial risk to Project and Programme activity from Covid disruption has reduced; there remains uncertainty around transmission of the newest emerging variant and the impact this could have on clinical workforce managing their priorities between ongoing clinical work and Project & Programme. As such risk rating remains the same.	Stable/No Movement	31/12/2021	2 - Unlikely	2 - Minor	4	Low	No
2417	08/07/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Fear, Lauren	Risk that there is lack of TCS Programme Comms Plan	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependant links are not communicated effectively and the wider networked clinical model not understood.		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 13/12/21 11:29:47] 10/11/21 - risk reviewed, no change to current rating and/or control actions	Stable/No Movement	14/01/2022	2 - Unlikely	2 - Minor	4	Low	No
2418	05/10/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Fear, Lauren	Risk that TCS Programme does not have support from Stakeholders	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians)  Causes - Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change  Consequences - WG and LHBS do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits		1) Further engagement is being planned with specialist stakeholders – broader and more targeted who are not fully supportive. Programme Communications resource in place & recruitment of additional comms resource to support comms/engagement activities 2) Better use of technology being reviewed and rolled out to share key messages 3) Variety of stakeholder events held over a number of years - complete 4) Clinical workshops held throughout Programme lifetime - ongoing 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - ongoing 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - ongoing through CCLG 8) Monthly meeting with WG Head of Capital and Director General - ongoing	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 13/12/21 11:31:36] 10/11/21 - Risk reviewed, no change to current rating and/or control actions	Stable/No Movement	14/01/2022	2 - Unlikely	2 - Minor	4	Low	No
2413	29/06/2020	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	Risk that Radiotherapy Satellite Centre will not have required skilled staff in place to run facility	There is a risk that the Radiotherapy Satellite Centre will not have required skilled staff in place to run the facility once ready to be operational. This would impact on radiotherapy capacity and resilience for the Trust.		1) An integrated Radiotherapy and Physics workforce plan is required to consider the service as a whole taking account of a full operating model that includes current activity, projected activity, IRS and RSU. 2) Provisions from across the whole service will be reconfigured to meet the requirements of the satellite unit.	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 13/12/21 11:36:46] 18/10/21 - Risk reviewed, no change to current rating and/or control actions	Stable/No Movement	05/01/2022	3 - Possible	2 - Minor	6	Moderate	No
2415	17/12/2019	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	Risk that key resource involved in a number of projects leading to not enough capacity to fulfill commitments	There is a risk that as key resource are involved in both the RSC, IRS & nVCC Projects which are being managed in parallel could mean there is not enough capacity to fully commit to both projects. This could impact on the quality of the work or the ability to complete the requirements to agreed schedules.		1) A matrix to consider commitments of colleagues to consider priorities and timings to be developed. - ongoing 2) Resource review to understand if additional resource may be required to support project teams. 3) Alignment of meetings and agenda's for 'pressured' colleagues to be looked at to manage this. E.g. when there are items in meetings that are not relevant they can be released from the meeting	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 19/10/21 11:19:50] 18/10/21 - Risk reviewed by Risk Owner, no change to risk rating	Stable/No Movement	05/01/2022	3 - Possible	2 - Minor	6	Moderate	No
2407	17/01/2020	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	Risk of overlapping timeframes and interdependencies between RSC & IRS Projects	There is a risk that as the IRS Project needs to be phased in parallel with RSC Project, due to overlapping timeframes and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.		1) RSC project requires a clear view IRS Project Risk landscape and links between the 2 projects in terms of risk registers and project plans 2) Ensure design is flexible and futureproof to allow for IRS solution 3) Review impact of delays to IRS Project on RSC Timeline	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 19/10/21 11:23:36] 18/10/21 - Update on Control / Action 2 - Shared Services have submitted paper to WG outlining the increased costs for futureproofing the bunker and the infrastructure for SMART requirements, waiting for reply from WG. No change to current risk rating	Stable/No Movement	05/01/2022	2 - Unlikely	2 - Minor	4	Low	No
2502	14/01/2022	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	Risk of delay to start on site	There is a risk that the start of construction is delayed beyond the date stipulated in the outline planning permission decision notice 17/01735/MJR (27th March 2023), leading to delays to the project and a possible loss of planning permission.		1. Submit section 73 application to extend the date by which start on site must occur, to reduce the impact of any delays to the start of construction. Started 2. Regular monitoring and management of other projects/workstreams which may affect start on site date including enabling works and nVCC procurement. Ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 14/01/22 09:15:22] 4/1/22 - New Risk	Risk Increasing	04/02/2022	2 - Unlikely	2 - Minor	4	Low	No
2487	07/12/2021	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	IRS Delays Impact on nVCC Procurement	There is a risk that the IRS procurement may be delayed or experience legal challenge, meaning that the date at which the specific equipment to be procured is definitely known is delayed, leading to delays or other issues during the nVCC procurement process		1. Ongoing monitoring of buffer period between the key dependency dates of both projects. 2. If issue occurs work with bidders to design around potential solutions so that work can continue.	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 14/01/22 09:07:19] 04/01/22 - Risk reviewed no updates or changes to rating	Risk Increasing	04/02/2022	3 - Possible	4 - Major	12	Significant	No
2405	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk that projected growth assumptions for Outreach will be less than required	There is a risk that the projected growth assumptions for outreach delivery of SACT, ambulatory care and outpatients is less than will be required, leading to undersized locations.		1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirements will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirements will be undertaken.	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 13/12/21 11:41:11] 7/12/21 - No review or changes to risk - Project remains On Hold	Risk Decreasing	31/01/2022	2 - Unlikely	3 - Moderate	6	Moderate	No
2416	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk that COVID may lead to delays on Project progress	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of the outreach project		Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 13/12/21 11:42:46] 7/12/21 - No review or change to risk - Project remains On Hold.	Risk Decreasing	31/01/2022	2 - Unlikely	3 - Moderate	6	Moderate	No



# TCS PROGRAMME SCRUTINY SUB-COMMITTEE

## TCS PROGRAMME MANAGERS REPORT

**DATE OF MEETING**

19.01.2022

**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE INDICATE REASON****PREPARED BY**

Carys Jones, Senior Programme Delivery &amp; Assurance Manger

**PRESENTED BY**

Carys Jones, Senior Programme Delivery &amp; Assurance Manger

**EXECUTIVE SPONSOR**

Carl James, Director of Strategic Transformation, Planning &amp; Digital

**REPORT PURPOSE**

FOR NOTING

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

TCS Programme Delivery Board

17/01/2022

Noted

**ACRONYMS**

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

## **1. SITUATION / BACKGROUND**

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

## **2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION**

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

## **3. EXTERNAL PROGRAMME ARRANGEMENTS**

### ***Velindre @ UHW Programme Progress Update***

- 3.1** The Velindre @ UHW work programme continues to progress well with notable progress in respect of the Cardiff Cancer Research Hub (CCRH) and the Acute and Unscheduled Care projects, respectively.
- 3.2** The Tripartite CCRH Clinical Output Specification (COS) has been completed which details the future service model and plan for a phased approach, which includes the infrastructure and workforce required to deliver research success.
- 3.3** The proposal was endorsed by the Joint CAV, VUT, CU Partnership Board (Aug '21) and the Collaborative Cancer Leadership Group (CCLG) (Oct '21) and will be received by VUT Trust Board in January 2022.
- 3.4** In respect of the unscheduled care/acute elements, the workshop to agree the pathway for deteriorating patients planned for 15<sup>th</sup> December was postponed and will now take place on 19<sup>th</sup> January 2022.

### ***Velindre Futures Programme***

- 3.5** The December Velindre Futures Programme Board was stood down due to the unavailability of key attendees.

- 3.6 However, the usual Transforming Cancer Services highlight presentation was provided by the Senior Programme Delivery and Assurance Manager and circulated to the VF Programme Board members.
- 3.7 The next VF Programme Board will take place on 28<sup>th</sup> January 2022.

#### 4. INTERNAL PROGRAMME ARRANGEMENTS

##### *Notable Updates from the Seven Projects affecting the Programme*

- 4.1 This section *does not* provide a full update against each project; only matters which have a potential impact on the delivery or coherence of the overall programme (such as scope or timescales), are highlighted below. Details pertaining to the specifics of the constituent Projects are captured in their respective Highlight Reports.
- 4.2 **nVCC and Enabling Works** – Competitive Dialogue (CD) commenced w/c 6<sup>th</sup> September and is now well underway with two consortia and will run until Spring 2022 when final designs will be requested. The dialogue has reached week 19 of the 28 week dialogue schedule leading up to the submission of draft tenders; and over 65% of the scheduled dialogue meetings have been held. Dialogue continued productively during December. The Project is managing a high number of requests for clarifications (RFCs) successfully. A Senior Digital Lead is joining the project in January 2022 to support the dialogue process
- 4.3 **Integrated Radiotherapy Solution** – no compliant bids were received in response to the tender, which was evaluated, but subsequently excluded. The tender will now be re-run and both bidders have confirmed their company's intent to fully engage with this rerun. The proposed arrangements for the re-run Invitation to Submit Final Tender (ISFT) Criteria are being finalised.
- 4.4 **Radiotherapy Satellite Centre** – the Stage 4 (detailed) design presentation is scheduled for 27<sup>th</sup> January 2022 to include SMART hospital requirements and 1:50 layouts). Full Business Case (FBC) submission to Boards is now scheduled for May 2022 with an anticipated 'Beam On' date of July 2024 representing an overall delay of circa. 6 months. More focus is now required on updating the Service Level Agreement (SLA) and associated project revenue costs. The Economic Case and Benefits Realisation Plan are being reviewed in January 2022 via Archus.
- 4.5 **Outreach** – Project on hold until resourcing constraints resolved and impact of COVID on NHS reduced. Project Management resource agreed in principle at Exec level. Awaiting confirmation.
- 4.6 **Service Delivery and Transition** – has not progressed within the TCS programme however the Velindre @ and VF programme address many of the areas of the original project scope. Under the change control process and revised governance arrangements in train, it is anticipated that this project will transfer to the Velindre Futures programme.

## ***Master Programme Plan***

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

## **5. IMPACT ASSESSMENT**

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

## **6 RECOMMENDATION**

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

# “Value Add” Collaboration



# This introduction outlines....

- In building a new hospital, it intensifies the opportunities for further areas in which the Trust can lead or collectively sponsor to add further value.
- In addition, there are opportunities to enhance the site itself.
- Within the organisation, there will be a sponsorship group to lead collaboration across the matrix of activities.
- We will be led by engagement with our patients, staff and community as to what matters most to them.

# Value Add – Initial view of scope

- Community Benefits Programme e.g. sports clubs developments, apprenticeships
- Early site enhancement works – As part of EW FBC - further engagement to create and finalise – see slide 4 and 5
- Community Fund with small grants – As part of EW FBC
- Engagement programme – e.g. Down to Earth – strategic input on wider engagement, educational outreach opportunities, AI project on engagement, patient engagement
- Future Green agenda – e.g. green transport (including metro, bus routes – inc southern access, cycling schemes – patients and staff), green spaces, Master planning north west Cardiff
- Research Development and Innovation Programme e.g. sustainability and future generation research
- Charity investment programme
- Arts Charity and Community Fund proposals
- Smart Hospital programme e.g. smart kit such as IRS – innovation opportunities

# Site Enhancement

WORKS	TIMESCALES
Early habitat creation	Autumn 2021 – Summer 2022
INNS treatment / eradication (site wide)	Spring 2022 - Autumn 2022
Tree Planting Initiatives	Autumn 2021 – Spring 2022
Translocation of suitable on-site trees	Winter 2021; 2022; 2023
Seed harvesting for future landscaping opportunities	Summer 2022
Enhancements and DDA improvements/ compliance provision	Autumn 2021; 2022; 2023; 2024
Heronry awareness/ improvements/ betterments/ signposting etc	Winter 2022
Fruit tree preparations/ other gardening	Winter 2021 – Spring 2022
Wildlife cameras	Summer 2022 – Summer 2023
Head Gardener recruitment	Spring 2022
Trenchless crossing for utilities at Hollybush/ Cutting	Winter 2022
Site Engagement Interface/ facility	Early 2022 – Summer 2022



# Next steps

- The collaboration group will be the place where we can reflect on our work and outcomes to date, develop our ambitions for future 'value added' projects, and provide updates for our Communications and Engagement Team to best promote our wonderful work to the wider community and ensure effective and meaningful engagement and community benefits.
- The group will be about making sure that we are truly engaging with you, our patients and our community, so that the new cancer centre is somewhere for us all and thank you again for getting involved and being a part of an exciting part of the new cancer centre journey.
- The group is not a formal governance or approval route – all the various pieces of work should follow usual governance processes – but by working together we can help each other with the join up and engagement on it all.

## TCS Programme Scrutiny Sub-Committee

### Communications and Engagement Update

<b>DATE OF MEETING</b>	19 <sup>th</sup> January 2022
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	Not Applicable - Public Report
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<b>PREPARED BY</b>	FRANCESCA CARPANINI, SENIOR COMMUNICATIONS AND ENGAGEMENT MANAGER
<b>PRESENTED BY</b>	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT
<b>EXECUTIVE SPONSOR APPROVED</b>	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE & CHIEF OF STAFF

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

COMMITTEE OR GROUP	DATE	OUTCOME
nVCC project board Enabling Works project board	17 January	Noted
TCS Programme Board	17 January	Noted

#### ACRONYMS

nVCC	New Velindre Cancer Centre
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TCS	Transforming Cancer Services
VCC	Velindre Cancer Centre

## 1. SITUATION

## 2. BACKGROUND

This paper provides the Board(s) with an update on communications and engagement during the course of December 2021.

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

## 3. ASSESSMENT

Over the reporting period we focused our efforts on:

- **Strategic counsel and preparing communications and engagement support ahead of planned next stages of work on site**
  1. Producing communications action plan and drafting subsequent content for internal and external stakeholders
  2. Coordinating briefing meetings with identified stakeholders ahead of works beginning; this includes MS MP, ward Councillors, Hollybush Estate Residents Association and liaison with other key community groups.
- **Managing media enquiries and related social media commentary** as part of the ground investigation works. Coverage outlined below
  - <https://www.walesonline.co.uk/news/wales-news/velindre-cancer-centre-protesters-contractors-22391940>
- **Responding to correspondence from a wide range of stakeholders.** There continues to be a significant amount of incoming correspondence over the past

month in response to the preparatory works that took place on site. The key recurring themes are:

- enabling works, contractors and the required permissions
- air quality monitoring
- challenges in relation to the clinical model and patient safety
- impact on trust in the Velindre brand and its wider reputation within the community
- flooding risk to area
- decision on the Hollybush emergency bridge and the potential alternative
- **Political stakeholder meetings** – in addition to the regular meetings with the local constituency MS and MP, we continue to build relationships with the existing ward Councillors and liaison with candidates standing for election in May 2022.
- **Media relations** ahead of publication regarding future of current VCC site, Whitchurch Hospital and the Whitchurch Master Plan
  - <https://nation.cymru/news/uncertain-future-for-the-current-velindre-site-once-the-new-cancer-hospital-is-built/>
  - <https://www.walesonline.co.uk/news/local-news/around-200-homes-could-built-22427896>
- **Development of ‘myth busters’** to mitigate the ongoing misinformation regarding key aspects of the project, which will include ecological, clinical and management information
- **Designs finalised for engagement hub space with VCC** – two hubs will be installed by end of January 2022 – that will cover overarching project engagement opportunities and one that will focus on green ambitions, as well as community benefits
- **Implementing a plan to promote clinical messaging**, which will support the ‘myth busters’ but also provide a wider context for media and additional digital content for the project and Trust as a whole
- **Supporting the development of a wider value added package** – suggested name Velindre Together – for socialising with staff and stakeholders in early 2022.

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

- Second phase site clearance (tree clearance) communications and engagement activity to ensure project team and contractors are appropriately supported;
- Supporting the development of the injunction case;
- Implementing the feedback plan through the engagement hubs at VCC that allows us to track and score staff and patient sentiment, understanding and ideas;
- Update and publish new FAQs onto Trust website;
- Recruitment of project Engagement Manager and Communications Manager following the resignation of the Senior Communications Manager on 8 December 2021;
- Continue to socialise the Value Add Engagement Programme to garner support and develop appropriate plans for each aspect of the programme to deliver in 2022;
- Publish next issue of Velindre Matters digital newsletter;
- Drafting and approving Velindre Matters community newspaper content for distribution early February 2022;
- Support meetings with MS and MP
- Promote new content on the Velindre Matters social channels;
- Continue to monitor opposition social media channels and advise accordingly;
- Supporting the nVCC research and development working group, alongside its Trust counterpart;
- Supporting the patient engagement framework and related activities.

#### 4. IMPACT ASSESSMENT

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



**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

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

## 5. RECOMMENDATION

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