

- 1.0.0 STANDARD BUSINESS
  - Led by Chair: Stephen Harries*
- 1.1.0 Welcome & 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
- 2.1.0 Nil
- 3.0.0 STANDARD BUSINESS
- 3.1.0 Minutes of the Committee Meeting held on 21st June 2022
  - Led by Chair: Stephen Harries*
  - To approve*
    - 3.1 PUBLIC TCS Programme Scrutiny Sub-Committee Minutes 21.06.22 DRAFT-LF HJ.docx
- 3.2.0 Action Log of the Committee Meeting held on 21st June 2022
  - Led by Chair: Stephen Harries*
  - To approve*
    - 3.2 PUBLIC TCS Programme Scrutiny Sub-Committee Action Log 21.06.22 - Final.docx
- 4.0.0 PROGRAMME GOVERNANCE
- 4.1.0 Communications & Engagement
  - Led by Non Gwilym, Assistant Director, Communications and Engagement*
  - To note*
    - 4.1 TCS Comms & Engagement.docx
- 4.2.0 TCS Programme Finance Report
  - Led by Mark Ash, Assistant Project Director, nVCC*
  - To note*
    - 4.2 TCS Scrutiny Finance Cover Paper (June 2022) v2 - WIP.docx
    - 4.2 TCS Scrutiny Finance Report (June 2022) v2 - WIP.docx
- 5.0.0 PROGRAMME DELIVERY
- 5.1.0 TCS Programme Stocktake
  - Led by: Gavin Bryce, Assistant Director of Programmes*
  - Verbal update*
  - To note*
- 5.2.0 Programme Director's Report
  - Led by Carl James, Director of Strategic Transformation, Planning & Digital and Gavin Bryce, Assistant Director of Programmes*
  - To note*
    - 5.2 TCS Programme Directors Report\_July 22 PUBLIC REPORT v2.docx
    - 5.2\_Appendix B\_Programme Master Plan\_July 22.pptx
    - 5.2 Appendix C\_Risk Register\_July 22\_PDB - PUBLIC.pdf
    - 5.2 Appendix D\_Issues Register\_July 22\_PDB - PUBLIC v2.pdf
- 6.0.0 ANY OTHER BUSINESS
  - Prior Agreement by the Chair Required*
  - Led by Chair: Stephen Harries*
- 7.0.0 REVIEW OF THE MEETING
  - Led by Chair: Stephen Harries*
- 8.0.0 DATE & TIME OF NEXT MEETING
  - Thursday 22nd September at 2.00-3.00pm*
- 9.0.0 CLOSE



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

**MINUTES OF THE MEETING HELD**

**21<sup>st</sup> June 2022 at 2.00-3.00pm**

**Trust Headquarters, Nantgarw  
(via Teams)**

**Members Present:**

Hilary Jones (HJ) Independent Member (Chair)  
Gareth Jones (GJ) Independent Member

**In attendance:**

Professor Donna Mead Trust Chair  
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  
Gavin Bryce Planning Performance Programme Manager  
Andrea Hague Director of Cancer Services  
Liane Webber (LW) Secretariat/Business Support Officer

**Apologies:**

Jacinta Abraham (JA) Executive Medical Director  
Nicola Williams (NW) Executive Director of Nursing, AHP's & Medical Scientists  
Cath O'Brien (COB) Chief Operating Officer  
Stephen Harries (SHarries) Independent Member  
Steve Ham (SHam) Trust Chief Executive  
Mark Ash (MA) Assistant Director of Finance

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 & 1.5	<p><b>Revised Minutes of the Committee Meeting held on 4<sup>th</sup> May 2022</b></p> <p><b>Minutes of the Committee Meeting held on 19<sup>th</sup> May 2022</b></p> <p>As the minutes of the meetings held on 4<sup>th</sup> May 2022 and 19<sup>th</sup> May 2022 were a late distribution it was acknowledged that members would not have had adequate opportunity to review. <b>Agreed</b> to review and comment outside of the meeting and forward their comments or confirmation by COB on Friday 24<sup>th</sup> June. LW to email out following the meeting, requesting comments/confirmation of the minutes and associated action log.</p>	<b>Secretariat</b>
1.6	<p><b>Action Log of the Committee Meeting held on the 19<sup>th</sup> May 2022</b></p> <p><b>Action 119</b> – GJ expressed concern that no start date has been set for Project 5 and it was noted that this would be addressed under item 3.1, Programme Director's Report. DM queried the implications for capacity due to the project delays and CJ agreed to also address this under item 3.1.</p> <p><b>Action 120</b> – Noted that work is underway to undertake targeted recruitment of key posts which are proving difficult to fill, and 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.</p> <p><b>Action 122</b> – Noted that this will be addressed in the forthcoming paper referred to in <i>Action 120</i> above.</p> <p><b>Action 125</b> – Noted that the key risks and issues are addressed in the Programme Director's Report, therefore it is proposed to close this action.</p> <p><b>Action 128</b> – Noted that as an addendum to the Programme Finance Report addressing this action has been submitted to the Sub-Committee, it is proposed to close this action and this was <b>agreed</b>.</p>	<b>CJ / Sarah Morley</b>
2.0	<b>PROGRAMME GOVERNANCE</b>	
2.1	<p><b>Communications &amp; Engagement</b></p> <p>LF presented the Communications and Engagement Update. Noted that staff and community engagement sessions are taking place which will be recorded and available for viewing later this week.</p> <p>The Sub-Committee <b>noted</b> the Communications &amp; Engagement Update.</p>	



<b>2.2</b>	<b>TCS Programme Finance Report</b>	
	MB presented the Finance Report which was <b>noted</b> .	
<b>3.0</b>	<b>PROGRAMME DELIVERY</b>	
<b>3.1</b>	<b>Programme Director's Report</b>	
	<p>CJ outlined the Programme Director's Report and the following points were raised:</p> <ul style="list-style-type: none"><li>• Report on discussion in South-East Wales Cancer Collaborative Leadership Group (CCLG) – DM raised concern with regards to the three identified priorities which were addressed as follows:<ul style="list-style-type: none"><li>○ It has been agreed to start with a focus on three end-to-end tumour sites and pathways and it was noted that the CCLG are looking to obtain a view across the region rather than in component parts which, in itself, is a significant piece of work.</li><li>○ Explore what more do we need to do to develop the Cancer Alliance approach. It was discussed that CCLG has accelerated some of the work being undertaken, both collectively and individually as organisations.</li><li>○ Workforce – strategic development of the SE Wales cancer workforce (including shared capacity) – noted that extensive work is being undertaken and this will be explored further at the next meeting.</li></ul></li><li>• DM queried R367 and potential funding issues with regards to a new LINAC machine. Noted that this does not refer to an additional machine, but rather bringing installation of a new machine forward to address issues with ageing equipment currently in place, should there be a delay to the Radiotherapy Satellite Centre programme. AH gave a brief update on progress with the RSC and noted that although timescales are tight all is currently going according to plan.</li><li>• Para 2.3 – GJ highlighted that the DCA states that “significant issues already exist requiring management attention” and felt that there was not enough information provided to negate concern regarding the amber status. Noted that this was generally addressed under Risks but it was agreed that this should be elaborated to include mitigations.</li><li>• Appendix B – GJ highlighted that a number of the dates are past. CJ reported that most of the past dates are in relation to SACT and Outreach Project 5. Noted that a risk rating has been carried out on Project 5 which is now on hold, therefore it was agreed to withdraw</li></ul>	



	<p>the current risk assessment of Project 5 and return with an updated risk assessment following the stock take.</p> <p>HJ requested an update on when the stock take will be completed. CJ highlighted various contributing factors that had held up progress, but it was hoped a first draft would be available in July.</p> <p>The Sub-Committee <b>noted</b> the Programme Director's report, the format of which was well received by the group.</p>	
<b>4.0</b>	<b>PROJECT DELIVERY</b>	
<b>4.1</b>	<p><b>Radiotherapy Satellite Centre AEDET - Achieving Excellence Design Evaluation Toolkit – Evaluation</b></p> <p>AH outlined the AEDET Evaluation has been brought forward to this agenda as had not been covered in a previous agenda due to time constraints. Noted that this has now been submitted as part of the Full Business Case and as a result questions or comments were not appropriate at this time.</p> <p>The Sub-Committee <b>noted</b> the AEDET Evaluation.</p>	
<b>6.0</b>	<b>ANY OTHER BUSINESS</b>	
	<p>There were no additional items of business brought for discussion.</p>	
<b>7.0</b>	<b>REVIEW OF THE MEETING</b>	
	<p>There were no additional comments or questions.</p>	
<b>8.0</b>	<b>DATE &amp; TIME OF NEXT MEETING</b>	
	<p>12th July at 10-11am (via Microsoft Teams).</p>	

**TCS Programme Scrutiny Sub-Committee**

**July 2022**

**Action Summary – PUBLIC**

<b>No.</b>	<b>Action</b>	<b>Owner</b>	<b>Date Raised</b>	<b>Target Date</b>	<b>Progress to date</b>	<b>Status (Open / Closed)</b>
<b>119</b>	<b>TCS Programme Risk Register</b> CJ agreed to report to the April 2022 Sub-Committee on progress in getting a temporary solution in place and looked to have the permanent way forward in place by June 2022.	<b>Carl James</b>	22/03/2022	22/9/22	<ul style="list-style-type: none"> <li>• Project Manager post agreed, evaluated and out for advert. Expected interviews early September.</li> <li>• Strategic Clinical Service Meeting held and initial alignment discussed with further meeting to confirm August 18<sup>th</sup>. In addition, further discussions on the establishment of a Partnership Board.</li> <li>• COO currently completing review of Project 5 scope. Date of completion to be confirmed by COO.</li> </ul>	<b>OPEN</b>
<b>120</b>	<b>TCS Programme Risk Register</b> 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.	<b>Sarah Morley</b>	22/03/2022	22/9/22	<ul style="list-style-type: none"> <li>• There are three actions related to recruitment (120, 121 and 122).</li> <li>• Following the presentation of the Stocktake work to the July Committee, a specific focus on the workforce risks and actions will be presented to the following Committee, as discussed in the June meeting.</li> </ul>	<b>OPEN</b>

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
121	<b>TCS Programme Risk Register</b> COB agreed to incorporate into the report addressing the issues that are currently scattered throughout the risk register to give assurance on the totality of the workforce issues that are being faced and what is being done to address these. COB agreed to ensure this is broken down to manage the programme of work and delivering the service and the thread that comes through it. COB will work with BL and SM to articulate that and to show what is being done to address this issue.	<b>Cath O'Brien / Sarah Morley</b>	22/03/2022	22/9/22	<ul style="list-style-type: none"> <li>There are three actions related to recruitment (120, 121 and 122).</li> <li>Following the presentation of the Stocktake work to the July Committee, a specific focus on the workforce risks and actions will be presented to the following Committee, as discussed in the June meeting.</li> </ul>	<b>OPEN</b>
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	<b>Steve Ham</b>	04/05/22	22/9/22	<ul style="list-style-type: none"> <li>There are three actions related to recruitment (120, 121 and 122).</li> <li>Following the presentation of the Stocktake work to the July Committee, a specific focus on the workforce risks and actions will be presented to the following Committee, as discussed in the June meeting.</li> </ul>	<b>OPEN</b>
129	As the minutes of the meetings held on 4 <sup>th</sup> May 2022 and 19 <sup>th</sup> May 2022 were a late distribution it was acknowledged that members would not have had adequate opportunity to review. <b>Agreed</b> to review and comment outside of the meeting and	<b>Secretariat</b>	21/06/22	24/6/22	<ul style="list-style-type: none"> <li>Minutes and Action Log sent to Committee members on 22/07/22. No comments received.</li> </ul>	<b>CLOSED</b>





No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
	forward their comments or confirmation by COB on Friday 24th June. LW to email out following the meeting, requesting comments/confirmation of the minutes and associated action log.					
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.	CJ / Sarah Morley	21/06/22	22/9/22	<ul style="list-style-type: none"> <li>There are three actions related to recruitment (120, 121 and 122).</li> <li>Following the presentation of the Stocktake work to the July Committee, a specific focus on the workforce risks and actions will be presented to the following Committee, as discussed in the June meeting.</li> </ul>	OPEN



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## TRANSFORMING CANCER SERVICES SCRUTINY SUB-COMMITTEE

### Communications and Engagement Update

**DATE OF MEETING**

19 July 2022

**PUBLIC OR PRIVATE REPORT**

Public

**IF PRIVATE PLEASE INDICATE REASON**

Not Applicable - Public Report

**PREPARED BY**

NON GWILYM, ASSISTANT DIRECTOR  
COMMUNICATIONS AND ENGAGEMENT

**PRESENTED BY**

NON GWILYM, ASSISTANT DIRECTOR  
COMMUNICATIONS AND ENGAGEMENT

**EXECUTIVE SPONSOR APPROVED**

LAUREN FEAR, DIRECTOR CORPORATE  
GOVERNANCE

**REPORT PURPOSE**

FOR NOTING

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

TCS Programme Delivery Board

13 July  
2022

Noted

**ACRONYMS**

nVCC

New Velindre Cancer Centre



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## 1. SITUATION

## 2. BACKGROUND

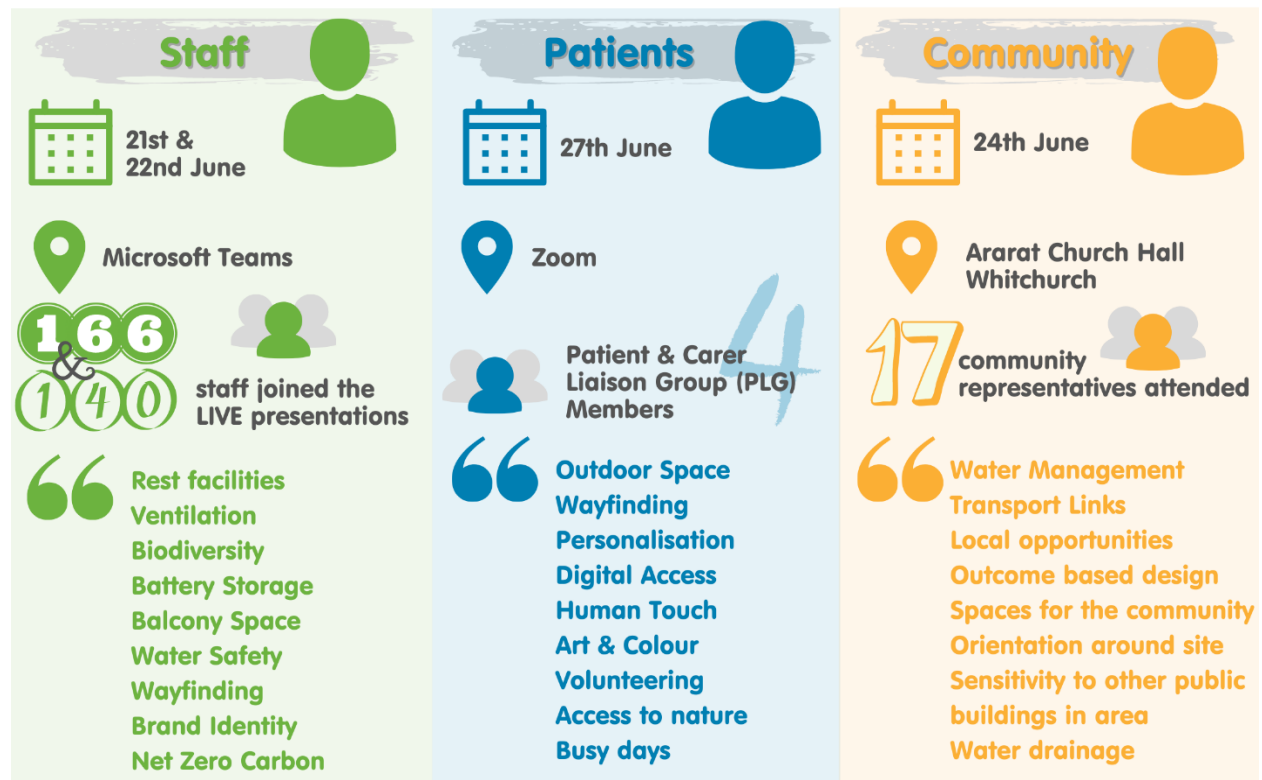
This paper provides the Committee with an update on communications and engagement since the June meeting.

## 3. ASSESSMENT

### 3.1 COMEPTITIVE DIALOGUE ENGAGEMENT EXERCISE

The main focus of activity during the last four weeks has been supporting the competitive dialogue engagement exercise.

## nVCC Design Engagement Events Summary



Week commencing 11 July, the designs were made public on the Trust website. The introductory text was accompanied by background slides providing an indicative timeline and key excerpts from the design brief. The presentation slides were chosen by the Bidders.

The public are being asked to tell us what they think of the designs, independent of the formal technical evaluation process, and the responses will be taken forward as we progress to the next stage of the design process.

### 3.3 PROGRESS TO NOTE - JUNE 2022

- **Communications and engagement support for the enabling works team focused on** developing digital resources and materials for the purposes of communicating the commencement of works
- **Managing social media commentary and output** - Content driven in the main by proactive posts associated with clearance works
- **Responding to correspondence from a wide range of stakeholders.** We had outstanding correspondence to process and further correspondence has been received. A new process is being implemented to manage correspondence related to projects in future.
- **Publishing a new page on the Trust site on Air Quality.** The [page](#) provides background information highlighting the air quality monitoring duties outlined to VUNHST by Cardiff Council as part of the planning permission. Monthly monitoring of concentrations of particulate matter for NO<sub>2</sub>, PM<sub>10</sub> and PM<sub>2.5</sub> in the air is presented in a readable format and issued monthly alongside a quarterly report presenting monitoring of NO<sub>2</sub> in the air.
- **Political stakeholder meetings** – meetings with the local MS MP have taken place.
- **Supporting the communications and engagement needs in relation to the planning applications**, particularly those in support of the application for the new ancillary road.
- **Supporting and organising the next phase of development of the wider value added programme.**

### 3.4. NEXT MONTH

For the next month, our main priority is preparing for two key milestones:

- Plan and prepare a comprehensive communication and engagement plan in support of the announcement of the competitive dialogue winner;
- Plan and prepare for the commencement of enabling works.



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#### 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
<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 Committee are recommended to **NOTE** the paper.

# TCS PROGRAMME SCRUTINY SUB-COMMITTEE

## TCS Programme Finance Report 2022-23

June 2022

DATE OF MEETING	19 <sup>th</sup> July 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	NOTE
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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	13/07/22	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 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 Month 03 and current forecast.
- 1.2 The TCS Programme 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 30<sup>TH</sup> JUNE 2022

- 2.1 The summary financial position for the TCS Programme for the year 2022-23 as at 30<sup>th</sup> June 2022 is provided below.

Expenditure Type	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Capital	£2.676m	£22.436m	£22.436m	£0m
Revenue	£0.176m	£0.684m	£0.684m	£0m
<b>Total</b>	<b>£2.853m</b>	<b>£23.120m</b>	<b>£23.120m</b>	<b>£0m</b>

- 2.2 The Programme is currently forecasting an overall breakeven position for capital and revenue expenditure.
- 2.3 There are currently three key risks for the Programme:
- an Enabling Works underspend due to delays;
  - increased New Velindre Cancer Centre (nVCC) advisory fees; and
  - increased Judicial Review Matter legal fees.

Plans to mitigate these risks are in place or being developed by the relevant Project Teams.

### 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>	Yes (Include further detail below)
	See above.

### 4. RECOMMENDATION

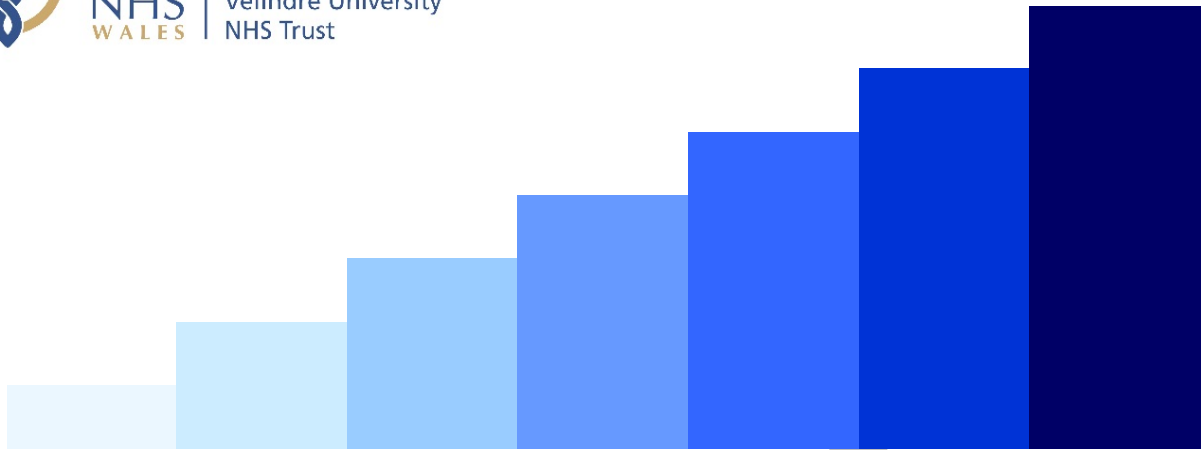
- 4.1 The TCS Scrutiny Sub-Committee are asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2022-23 year] as at June 2022.





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# **TCS PROGRAMME FINANCE REPORT 2022/23**

**Period Ending June 2022**

**Presented to the  
TCS Programme Delivery Board on  
13<sup>th</sup> July 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 Month 03 and current forecast.
- 1.2 The TCS Programme financial position is continually monitored and updated, with an update provided to the TCS Programme Delivery Board and Trust Board monthly.
- 1.3 Please note that this report is still in development and will be fully updated for July 2022.

## 2. EXECUTIVE SUMMARY

- 2.1 The summary financial position for the TCS Programme for the year 2022-23 as at 30<sup>th</sup> June 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	£2.676m	£22.436m	£22.436m	£0m
Revenue	£0.176m	£0.684m	£0.684m	£0m
<b>Total</b>	<b>£2.853m</b>	<b>£23.120m</b>	<b>£23.120m</b>	<b>£0m</b>

- 2.2 The Programme is currently forecasting an overall breakeven position for capital and revenue expenditure.
- 2.3 There are currently three key risks for the Programme: an Enabling Works underspend due to delays; increased New Velindre Cancer Centre (nVCC) advisory fees; and increased Judicial Review Matter legal fees. Plans to mitigate these risks are in place or being developed by the relevant Project Teams.

## 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 31<sup>st</sup> March 2022, 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 To date, £22.436m capital and £0.684m revenue funding has been provided to the Trust to support the TCS Programme in 2022-23, as outlined in Appendix 2.

## 4. CAPITAL POSITION

- 4.1 WG has issued a Capital Expenditure Limit (CEL) of £19.463m for the Enabling Works Project and £2.089m to support the nVCC Project in 2022/23.
- 4.2 WG funding for the Integrated Radiotherapy Solution Procurement (IRS) Project was utilised in full during 2021/22, therefore no CEL has been issued for this Project. The capital funding requirement of £0.434m will be provided from the Trust's discretionary capital allocation.
- 4.3 The capital position as at 30<sup>th</sup> June 2022 is outlined below, with a forecast breakeven outturn for 2022/23 against an overall budget of £22.436m.

Capital Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Enabling Works Project	£1.697m	£19.913m	£19.463m	£0.450m
nVCC Project	£0.894m	£2.089m	£2.539m	-£0.450m
IRS Project	£0.086m	£0.434m	£0.434m	£0m
<b>Total</b>	<b>£2.676m</b>	<b>£22.436m</b>	<b>£22.436m</b>	<b>£0.000m</b>

- 4.4 The forecast overspend of £0.450m for the nVCC Project will be supported by the Enabling Works Project underspend of the same. This reflects the support provided by the nVCC project to the Enabling Works Project in 2021/22.

## 5. REVENUE POSITION

- 5.1 Revenue funding for the Programme Management Office (PMO) and the Service Development & Transformation (SDT) Project continues to be provided by the Trust and the NHS Commissioners.
- 5.2 To date, the Trust has ring-fenced £0.073m revenue funding for the nVCC Project, as no revenue funding has been provided by WG this year. Formal delegation of this budget is pending. The Commissioner's funding for 2022/23 is £0.420m.
- 5.3 The revenue position as at 30<sup>th</sup> June 2022 is outlined below, with a forecast breakeven outturn for 2022/23 against a budget of £0.684m.

Revenue Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
PMO	£0.053m	£0.300m	£0.300m	£0m
nVCC Project	£0.051m	£0.073m	£0.073m	£0m
SDT Project	£0.073m	£0.311m	£0.311m	£0m
<b>Total</b>	<b>£0.176m</b>	<b>£0.684m</b>	<b>£0.684m</b>	<b>£0m</b>

## 6. CASH FLOW

- 6.1 This update is currently being develop and will be provided in the next financial report.

## 7. PROJECT FINANCE UPDATES

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

### Programme Management Office (PMO)

7.2 In November 2021, the Trust EMB approve phased funding of £250m for the Strategic Transformation Programme. The first year's allocation of £0.060m was provided to the TCS Programme in 2022-23 as part of the transition between Programmes. This additional funding was released in May 2022, increasing the total revenue funding to £0.300m for 2022/23.

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

7.4 The revenue position for the PMO as at 30<sup>th</sup> June 2022 is shown below.

PMO Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Pay	£0.053m	£0.283m	£0.283m	£0m
Non Pay	£0m	£0.017m	£0.017m	£0m
<b>Total</b>	<b>£0.053m</b>	<b>£0.300m</b>	<b>£0.300m</b>	<b>£0m</b>

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

### Enabling Works Project

7.6 In February 2022, the Minister for Health and Social Services approved the Enabling Works FBC, along with a total capital funding of £28.089m. £19.913m of this funding has been allocated in the financial year 2022/23.

7.7 The Enabling Works financial position for June 2022 is shown below, with a further breakdown provided in Appendix 3. The forecast position reflects an underspend of £0.450m, which will be used to support the nVCC Project as agreed by WG. This reflects the support that was provided by the nVCC Project in 2021/22.

Enabling Works Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Pay	£0.054m	£0.220m	£0.218m	£0.002m
Non Pay	£1.643m	£19.693m	£19.245m	£0.448m
<b>Total</b>	<b>£1.697m</b>	<b>£19.913m</b>	<b>£19.463m</b>	<b>£0.450m</b>

7.8 There is a financial risk related to a significant underspend as a result of the delay in key project activities. The Project will make an assessment for the virement of funding into 2023-24 as per agreement with WG.

### New Velindre Cancer Centre (nVCC) Project

#### Capital

7.9 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 of £2.089m in 2022/23.

- 7.10 The capital financial position for the nVCC Project for June 2022 is shown below, with a further breakdown provided in Appendix 4. The forecast position reflects an overspend of £0.450m, which will be supported from the Enabling Works Project as agreed by WG. This reflects the support that was provided to the Enabling Works Project in 2021/22.

nVCC Capital Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Pay	£0.321m	£1.413m	£1.427m	-£0.015m
Non Pay	£0.573m	£0.676m	£1.112m	-£0.435m
<b>Total</b>	<b>£0.894m</b>	<b>£2.089m</b>	<b>£2.539m</b>	<b>-£0.450m</b>

- 7.11 There is a financial risk relating to advisory fees to conclude the tender evaluation stage, and Successful Participant to Financial Close stage. The Project will track the progress of these fees and develop a mitigation plan if required.

#### **Revenue**

- 7.12 No revenue funding has been provided for this project by WG, therefore the Trust has ring-fenced £0.030m for nVCC Project Delivery, and a further £0.043m for the Judicial Review Matter. This is an increase from the funding of £0.044m reported in May 2022 due to the increased fees for the Judicial Review Matter. Formal delegation for both budgets is pending.
- 7.13 The capital financial position for the nVCC Project for June 2022 is shown below, reflecting a forecast breakeven position against a budget of £0.073m.

nVCC Revenue Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Project Delivery	£0.007m	£0.030m	£0.030m	£0m
Judicial Review	£0.043m	£0.043m	£0.043m	£0m
<b>Total</b>	<b>£0.051m</b>	<b>£0.073m</b>	<b>£0.073m</b>	<b>£0m</b>

- 7.14 There is a revenue financial risk relating to Judicial Review matter, which is it dependent on the outcome of court proceedings. It is difficult to quantify this risk, therefore the Project will track the progress of this matter and request further revenue funding from the Trust if required.

#### **Integrated Radiotherapy Solution Procurement (IRS) Project**

- 7.15 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 of £0.434m in 2022/23, which is assumed to be provided by the Trust from its discretionary capital allocation.
- 7.16 There is no revenue funding requirement for the Project in 2022/23.
- 7.17 The capital position for the IRS Project 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	£0.049m	£0.0.71m	£0.0.71m	£0m
Non Pay	£0.036m	£0.363m	£0.363m	£0m
<b>Total</b>	<b>£0.086m</b>	<b>£0.434m</b>	<b>£0.434m</b>	<b>£0m</b>

7.18 A review in May 2022 of the resource requirement for the Project has resulted in a decrease in pay costs. The released funds will be used to cover advisory additional fees for the Project.

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

### **Service Delivery and Transformation (SDT) Project**

7.20 The SDT Project has received revenue funding of £0.131m from the Trust and £0.180m funding from the NHS Commissioners' contribution to support pay and non-pay costs in 2022/23.

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

7.22 The SDT Project revenue position as at 30<sup>th</sup> June 2022 is shown below.

SDT Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Pay	£0.073m	£0.288m	£0.288m	£0m
Non Pay	£0m	£0.023m	£0.023m	£0m
<b>Total</b>	<b>£0.073m</b>	<b>£0.311m</b>	<b>£0.311m</b>	<b>£0m</b>

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

## **8. KEY RISKS AND MITIGATING ACTIONS**

8.1 There are currently three key financial risks for the TCS Programme:

- An underspend by the Enabling Works Project as a result of the delay in key project activities;
- Increased advisory fees required to conclude the nVCC tender evaluation stage, and Successful Participant to Financial Close stage; and
- Increased legal fees for the Judicial Review matter.

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

**9. SPEND REPORT SUMMARY FOR QUARTER 1 2022-23**

9.1 This update is currently being develop and will be provided in the next financial report.

DRAFT



## APPENDIX 1: TCS Programme Budget and Spend 2022/23 as at 30<sup>th</sup> June 2022

CAPITAL	Year to Date			Full Financial Year		
	Budget	Spend	Variance	Budget	Forecast	Variance
	£	£	£	£	£	£
<b>PAY</b>						
Project Leadership	52,194	53,183	-989	208,776	212,667	-3,891
Project 1b - Enabling Works FBC	54,936	53,637	1,299	219,744	217,838	1,906
Project 2a - New Velindre Cancer Centre OBC	271,634	268,154	3,480	1,203,913	1,214,671	-10,758
Project 3a - Radiotherapy Procurement Solution	47,653	49,495	-1,842	70,601	70,601	0
<b>Capital Pay Total</b>	<b>426,417</b>	<b>424,469</b>	<b>1,948</b>	<b>1,703,034</b>	<b>1,715,777</b>	<b>-12,743</b>
<b>NON-PAY</b>						
nVCC Project Delivery	28,985	22,010	6,975	84,000	84,000	0
Project 1b - Enabling Works FBC	1,740,748	1,642,899	97,849	19,693,260	19,244,951	448,309
Project 2a - New Velindre Cancer Centre OBC	441,300	550,761	-109,461	592,311	1,027,561	-435,250
Project 3a - Radiotherapy Procurement Solution	39,000	36,345	2,655	363,399	363,399	0
<b>Capital Non-Pay Total</b>	<b>2,250,033</b>	<b>2,252,015</b>	<b>-1,983</b>	<b>20,732,970</b>	<b>20,719,911</b>	<b>13,058</b>
<b>CAPITAL TOTAL</b>	<b>2,676,450</b>	<b>2,676,484</b>	<b>-34</b>	<b>22,436,004</b>	<b>22,435,688</b>	<b>315</b>

REVENUE	Year to Date			Full Financial Year		
	Budget	Spend	Variance	Budget	Forecast	Variance
	£	£	£	£	£	£
<b>PAY</b>						
Programme Management Office	49,979	52,632	-2,653	282,993	282,993	0
Project 6 - Service Change Team	72,098	73,047	-950	288,390	288,390	0
<b>Revenue Pay total</b>	<b>122,077</b>	<b>125,679</b>	<b>-3,602</b>	<b>571,383</b>	<b>571,383</b>	<b>0</b>
<b>NON-PAY</b>						
nVCC Project Delivery	8,169	7,263	906	30,000	30,000	0
nVCC Judicial Review	43,417	43,417	0	43,417	43,417	0
Programme Management Office	1,500	0	1,500	17,007	17,007	0
Project 6 - Service Change Team	5,652	67	5,586	22,610	22,610	0
<b>Revenue Non-Pay Total</b>	<b>58,738</b>	<b>50,747</b>	<b>7,992</b>	<b>113,034</b>	<b>113,034</b>	<b>0</b>
<b>REVENUE TOTAL</b>	<b>180,815</b>	<b>176,426</b>	<b>4,389</b>	<b>684,417</b>	<b>684,417</b>	<b>0</b>

## APPENDIX 2: TCS Programme Funding for 2022/23

Description	Funding Type	
	Capital	Revenue
<b>Programme Management Office</b>	<b>£0m</b>	<b>£0.300m</b>
Commissioner's funding (April 2022)		£0.240m
Trust Funding (date)		£0.060m
<b>Enabling Works OBC</b>	<b>£19.913m</b>	<b>£0m</b>
2022/23 CEL from Welsh Government funding for Enabling Works FBC approved in February 2022	£19.913m	£0m
<b>New Velindre Cancer Centre OBC</b>	<b>£2.089m</b>	<b>£0.073m</b>
2022/23 CEL from Welsh Government funding for nVCC OBC in March 2021	£2.089m	
Trust revenue funding for nVCC Project Delivery (May 2022)		£0.030m
Trust revenue funding for the Judicial Review Matter (May 2022)		£0.014m
Additional Trust revenue funding for the Judicial Review Matter (June 2022)		£0.029m
<b>Radiotherapy Procurement Solution</b>	<b>£0.434m</b>	<b>£0m</b>
Trust Discretionary Capital Allocation (date)	£0.434m	
<b>Radiotherapy Satellite Centre</b>	<b>£0m</b>	<b>£0m</b>
No funding requested or provided for this project to date		
<b>SACT and Outreach</b>	<b>£0m</b>	<b>£0m</b>
No funding requested or provided for this project to date		
<b>Service Delivery, Transformation and Transition</b>	<b>£0m</b>	<b>£0.311m</b>
Commissioner's funding (April 2022)		£0.180m
Trust Funding (April 2022)		£0.131m
<b>VCC Decommissioning</b>	<b>£0m</b>	<b>£0m</b>
No funding requested or provided for this project to date		
<b>Total</b>	<b>£22.436m</b>	<b>£0.684m</b>

### APPENDIX 3: Enabling Works Project Budget and Spend 2022/23 as at 30th June 2022

Description	Year to Date			Full Financial Year		
	Budget	Spend	Variance	Budget	Forecast	Variance
	£	£	£	£	£	£
<b>PAY</b>						
Project 1b - Enabling Works FBC	54,936	53,637	1,299	219,744	217,838	1,906
<b>Pay Capital Total</b>	<b>54,936</b>	<b>53,637</b>	<b>1,299</b>	<b>219,744</b>	<b>217,838</b>	<b>1,906</b>
<b>NON-PAY - PROJECTS</b>						
EF01 Construction Costs	0	28,800	-28,800	0	28,800	-28,800
EF02 Utility Costs	0	0	0	1,850,895	1,850,895	0
EF03 Supply Chain Fees	108,563	111,638	-3,075	596,047	786,345	-190,298
EF04 Non Works Costs	13,886	14,788	-902	553,200	553,872	-672
EF05 ASDA Works	225,600	221,409	4,191	5,928,137	5,928,137	0
EF06 Walters D&B	1,148,679	1,148,679	0	8,735,418	8,735,418	0
EF07 Other (Decant Works, Surveys & Investigations, IM&T etc.)	0	0	0	234,000	234,000	0
EFQR Quantified Risk	244,020	0	244,020	1,351,828	599,919	751,909
EFQS QRA - SCP	0	0	0	454,080	454,080	0
EFRS Enabling Works FBC Reserves	0	117,586	-117,586	-10,345	73,486	-83,831
<b>Enabling Works Project Capital Total</b>	<b>1,740,748</b>	<b>1,642,899</b>	<b>97,849</b>	<b>19,693,260</b>	<b>19,244,951</b>	<b>448,309</b>
<b>TOTAL ENABLING WORKS FBC CAPITAL EXPENDITURE</b>	<b>1,795,684</b>	<b>1,696,536</b>	<b>99,148</b>	<b>19,913,004</b>	<b>19,462,789</b>	<b>450,214</b>

## APPENDIX 4: nVCC Project Budget and Spend 2022/23 as at 30<sup>th</sup> June 2022

Description	Year to Date			Full Financial Year		
	Budget	Spend	Variance	Budget	Forecast	Variance
	£	£	£	£	£	£
<b>PAY</b>						
Project Leadership	52,194	53,183	-989	208,776	212,667	-3,891
Project 2a - New Velindre Cancer Centre OBC	271,634	268,154	3,480	1,203,913	1,214,671	-10,758
<b>Pay Capital Total</b>	<b>323,828</b>	<b>321,337</b>	<b>2,491</b>	<b>1,412,689</b>	<b>1,427,337</b>	<b>-14,649</b>
<b>NON-PAY</b>						
<b>nVCC Project Delivery</b>	<b>28,985</b>	<b>22,010</b>	<b>6,975</b>	<b>84,000</b>	<b>84,000</b>	<b>0</b>
<b>Work Packages</b>						
VC08 Competitive Dialogue - Dialogue & SP to FC	441,300	479,979	-38,679	554,500	978,879	-424,379
VC10 Legal Advice	0	1,407	-1,407	0	1,407	-1,407
VC11 S73 Planning	0	59,548	-59,548	0	59,548	-59,548
VCRS nVCC Reserves	0	9,828	-9,828	37,811	-12,272	50,083
<b>nVCC Project Capital Total</b>	<b>441,300</b>	<b>550,761</b>	<b>-109,461</b>	<b>592,311</b>	<b>1,027,561</b>	<b>-435,250</b>
<b>TOTAL nVCC fbc CAPITAL EXPENDITURE</b>	<b>794,113</b>	<b>894,108</b>	<b>-99,995</b>	<b>2,089,000</b>	<b>2,538,899</b>	<b>-449,899</b>

# TRANSFORMING CANCER SERVICES SCRUTINY SUB-COMMITTEE

## TCS PROGRAMME DIRECTORS REPORT

<b>DATE OF MEETING</b>	19 <sup>th</sup> July 2022
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<b>PUBLIC OR PRIVATE REPORT</b>	Public
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<b>IF PRIVATE PLEASE INDICATE REASON</b>	N/A
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<b>PREPARED BY</b>	Gavin Bryce, Associate Director of Programmes Carys Jones, Senior Programme Delivery & Assurance Manager, TCS Bethan Lewis, TCS Risk Advisor & Programme Planner
<b>PRESENTED BY</b>	Carl James, Director of Strategic Transformation, Planning and Digital
<b>EXECUTIVE SPONSOR</b>	Carl James, Director of Strategic Transformation, Planning and Digital

<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
Programme Delivery Board	13/07/2022	Noted

### INITIALISMS

AOS	Acute Oncology Service
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	Project 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 Southeast Wales. The Programme was established in 2015 and consists of seven defined projects that are being delivered by the Trust in conjunction with its various partners / stakeholders.
- 1.2 In June 2022 the format of the report was revised following discussion with the Programme Director and the Chair of the TCS Programme Scrutiny Sub-Committee, reflecting the movement from the planning to delivery phase of the Programme. Some further enhancements / iterations have been made following feedback received.
- 1.3 The reporting period for this Programme Director's Report covers from **1<sup>st</sup> June to the 6<sup>th</sup> July**.

## **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
  - 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
  - l) Discussion at the TCS Programme Delivery Board on 14<sup>th</sup> July 2022

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 1st June – 6<sup>th</sup> July 2022 is set out below.

Status (Trend)	Qualitative Measure	Previous Status
<b>Amber</b> ↔	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.	<b>Amber</b>
	<b>The main findings supporting the DCA are:</b>  A. Programme Scope requires review due to new pieces of work emerging i.e. the Nuffield Trust advice, Acute Oncology Services implementation.  B. Programme Resources require review as the programme moves from planning into its implementation phase.  C. Several projects have been paused due to Covid and / or operational pressures e.g. Project 5.  D. Transition to new delivery and governance arrangements within the Trust are not yet finalised e.g. the scope of Velindre Futures.  E. The significant operational pressures post-Covid increase the risk of delays to delivery	<b>Mitigating Actions:</b>  A. The outcomes of the Programme 'Stocktake' will provide the platform to address a number of the issues related to Programme Scope.  B. Programme resource plan to be reviewed and refreshed once the Programme Scope is agreed.  C. Programme Delivery Board to make a decision following Stocktake findings and outcomes.  D. Decision for EMB to invoke new delivery and governance arrangements following Stocktake outcomes and recommendations.  E. Continue to work with operational colleagues, supporting them where operational pressures exist.

**b) Key milestones / achievements in reporting period**

The TCS Programme Master Programme sets out the plan for delivery of the various 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 reporting period and identifies any missed milestones which would require escalation.

Master Programme Milestone	Project	Date	Is this on the Critical Path?	Achieved	Not Achieved	Impact on Critical Path
IRS notification of winning bidder / losing bidder	3a	7 <sup>th</sup> June	Y			
IRS WG scrutiny of FBC process	3a	30 <sup>th</sup> June	Y			
RSC WG scrutiny of FBC process	3a	30 <sup>th</sup> June	Y			
nVCC final tenders submitted and start of evaluation	2	17 <sup>th</sup> June	Y			
PROW Diversion (s257) application submitted to CCC	2	17 <sup>th</sup> June	Y			
nVCC site (s.73) application submitted to CCC	2	13 <sup>th</sup> June	Y			
EW CEMP Determination	1	<del>6<sup>th</sup> July</del> 10 <sup>th</sup> August	Y		<b>x</b>	See below
EW TCAR2 Pre-commencement conditions determination	1	6 <sup>th</sup> July	Y			
EW Ancillary Access Planning Application Submission	1	<del>13<sup>th</sup> June</del> 5 <sup>th</sup> August	Y		<b>x</b>	See below
EW Design & Preparation completed	1	30 <sup>th</sup> June	Y	 Partially completed – steel order placed		

**Key Milestone Summary:**

The majority of the key milestones were delivered in Projects 1, 2, 3a and 4 during the last reporting period. Due to changes to the Cardiff City Council Planning Committee following the Local Council Elections, a number of the “discharge of planning conditions” for the Enabling Works Project have been delayed and are now scheduled for August. This means that work on site cannot commence until the Planning Committee have met and as a result the Project Plans and Master Programme Plan continue to be reviewed and revised to reflect any changes.

**Areas to highlight:**

Projects 5 & 6 remain on hold due to Covid, resourcing and operational pressures which require addressing, including the wider scope and ownership of these project. Consequently, there is an outstanding risk that requires quantification regarding their impact of the critical path. A Programme



“Stock Take” is being undertaken to review the programme, projects, and the critical path and it will make a number of recommendations for consideration by the SRO and Executive Management Board to reduce any existing risks to successful delivery. The recommendations will also be considered as part of the Trusts’ organisational development programme regarding new ways of working and the work being undertaken by Q5 which will support the establishment of a number of refreshed work programmes and alignment with other e.g. formal hand over of projects to Velindre Futures which has not been possible to date.

In advance of this, a Project Manager Band 7 post is out to advert for Project 5 with interview dates provisionally booked for the end of August 2022.

### c) TCS Programme Performance

2.4 The TCS Programme Manager undertakes review of the programme performance against a number of metrics which are set out below:

Area	Status (Trend)	Risk Ref.	Position	Action	Target Date
<b>Strategic Alignment</b> (Reviewed Quarterly)	<b>Green</b> (↔)	R281 R295	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 stocktake also concluding that the programme remains aligned.	N/A	N/A
<b>Programme Scope</b> (Reviewed Quarterly)	<b>Amber</b> (↔)	R360	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 Southeast Wales e.g. Nuffield Trust Report Recommendations, Acute Oncology Service, work being undertaken within Velindre Futures.	The Programme Scope requires review to confirm existing scope or change scope to include additional work (or what is taken forward within Velindre Futures etc.)  Following programme scope review, formal agreement of leadership/programme for new work and use of Change Control (to transfer work to Velindre Futures and other Programmes).	<b>September 2022</b>

<b>Programme Budget</b> (Reviewed Monthly)	<b>Amber</b> (↔)	R350	<p><i>*Finance Report unavailable at time of publishing. Refer to main Finance Report.</i></p> <p>Further review is required on resourcing of the non-capital funded projects (Project 5, 6)</p>	<p>See mitigating actions for risk ID R350</p> <p>Review required on resourcing of the non-capital funded projects (Project 5, 6) and application of resources as required</p>	<b>September 2022</b>
<b>Governance and Approvals</b> (Reviewed Monthly)	<b>Amber</b> (↔)	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, I061</p> <p>Following programme scope review, formal agreement of leadership/programme for new work and use of Change Control (to transfer work to Velindre Futures and other Programmes).</p>	<b>September 2022</b>
<b>Progress against Programme Plan</b> (Reviewed Monthly)	<b>Amber</b> (↔)	IRS17 R327 R351 R363 R364 R319 R313 R340 R365 R206	<p>The Programme is currently performing to its approved plan for projects 1, 2, 3a and 4.</p> <p>Projects 5 and 6 remain on hold. The Programme Stock Take will review the master programme, all projects, and the critical path.</p>	<p>See mitigating actions for risk ID IRS17, R327, R351, R363, R364, R319, R313, R340, R365, R206.</p> <p>Actions from the Programme Stocktake to be addressed by Sept 2022.</p>	<b>Regularly monitored</b>
<b>Processes for Managing Risks and Issues</b> (Reviewed Monthly)	<b>Green</b> (↔)	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
<b>Benefits</b> (Reviewed Quarterly in Tranche 2)	<b>Green</b> (↔)	N/A	<p>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>	N/A	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)**

Following the externally facilitated System Development Workshop in April, and the subsequent CCLG meeting in May, a follow up session is being held with the South East London Cancer Alliance (SELCA) on 15<sup>th</sup> July.

The purpose of this session is to discuss in greater depth SELCA's governance arrangements and any learning from their initial experience of establishing a Cancer Alliance, including the clinical cancer site groups. This session will inform a draft proposal for further discussion with the South East Wales Directors of Planning and regional leads, to be considered at the CCLG meeting in September.

The next quarterly meeting of the CCLG was originally scheduled for 13<sup>th</sup> September 2022, however an alternative date is now being sought due to a clash with the NHS Confederation Conference usually attended by NHS executive teams across Wales.

As agreed by Programme Delivery Board, updates on progress made against the Nuffield Trust recommendations will be provided on a quarterly basis.

**e) Change Controls or Exception Reports in previous reporting period**

<b>Ref</b>	<b>Change Control(s)</b>	<b>Exception Report(s)</b>	<b>Description</b>
	<b>0</b>	<b>0</b>	<b>n/a</b>

**f) Programme Benefits Realisation**

- 2.5 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).
- 2.6 The Programme is now transitioning (subject to approval) into the implementation phase, and this will allow the anticipated benefits to start to be realised.
- 2.7 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		✓	✓	Still in planning stage
Project 1 - Enabling Works	✓	✓	✓	Still in planning stage
Project 2 - nVCC		✓	✓	Still in planning stage
Project 3a - IRS		✓	✓	Still in planning stage
Project 4 - RSC		ABUHB	✓	Still in planning stage
Project 5 - Outreach		✓		Still in planning stage
Project 6 - Service Delivery		✓		Still in planning stage
Project 7 - Site Decommissioning	✓	✓		Still in planning stage

**g) Project Status**

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

	Project Director	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Due Date
<b>Project 1 – Enabling Works</b>	David Powell	Amber	Amber	Green	Green	Green	Amber ↔	<i>No actions identified on Highlight Report</i>	N/A
<b>Project 2 – nVCC</b>	David Powell	Amber	Green	Green	Green	Amber	Amber ↔	<i>No actions identified on Highlight Report</i>	N/A
<b>Project 3a – IRS</b>	Huw Llewellyn	Green	Green	Green	Green	Amber	Green ↔	<i>No actions identified on Highlight Report</i>	N/A
<b>Project 4 – RSC</b>	Andrea Hague	Green	Green	Green	Green	Green	Green ↔	<i>No actions identified on Highlight Report</i>	N/A

	Project Director	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Due Date
<b>Project 5 – Outreach</b>	Nicola Williams	<b>Formally placed on Hold by Programme Delivery Board due to Covid pandemic and related impact (e.g. changing outreach arrangements in LHBs due to Covid response)</b>					<b>Paused : No current rating</b>  ↔	<p>Project 5: scope being refreshed, and Project Manager role resourced and out to advert. Further resources required (clinical, planning etc.)</p> <p>The Programme Scope requires review to confirm existing scope or change scope to include additional work (or what is taken forward within Velindre Futures etc.)</p> <p>Following programme scope review, formal agreement of leadership/programme for new work and use of Change Control (to transfer work to Velindre Futures and other Programmes).</p> <p>Finalisation of executive lead and resources available to this project.</p>	<b>Sept 2022</b>  <i>(Informed by stock take)</i>
	Project Director	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Due Date
<b>Project 6 – Service Delivery</b>	Andrea Hague	<b>Service change work being taken forward within Velindre Futures and business as usual service developments</b>					<b>Paused: No current rating</b>  ↔	<p>The Programme Scope requires review to confirm existing scope or change scope to include additional work (or what is taken forward within Velindre Futures etc.)</p> <p>Following programme scope review, formal agreement of leadership/programme for new work and use of Change Control (to transfer work to Velindre Futures and other Programmes).</p> <p>Finalisation of executive lead and resources available to this project.</p>	<b>Sept 2022</b>  <i>(Informed by stock take)</i>
<b>Project 7 – Site Decommissioning</b>	David Powell	<b>To commence 12-18 months prior to opening of nVCC</b>					N/A	N/A	N/A

**h) Master Programme Plan and Critical Path**

2.9 The Master Programme Plan (set out in Appendix B) and critical path are reviewed monthly.

2.10 The key dependencies on the master programme critical path 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 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 been submitted to WG and initial feedback has been provided to the Project team. Timescales for decision on FBC remain as expected. Until the FBC is given approval by WG the planned timescales for construction continue to have an element of uncertainty.	<b>Risks Identified</b>
Project 1 EW – Velindre EW Main Contract	The Velindre Enabling Works main contract must be completed prior to the MiM contractor being able to start on the nVCC site (this also includes the TCAR Construction & Utilities)	R313 / DLA1 / R316 / DLA12 / R335 / R136 / I062	There have been delays with required planning approvals in this reporting period due to changes on the CCC Planning Committee, which has led to the scheduled start on site being delayed. Project team for both Enabling Works and nVCC are aware and continue to review and monitor impact on Plans. There also remains an open issue regarding the bridge construction timeline completing later than expected and after Project Co are intended to start on site. Options to mitigate are being considered with actions taking place across 2022 and 2023 to ensure that there a resolutions / workaround in place in a timely manner prior to the main contract starting.	<b>Risks &amp; Issues Identified</b>

Key Milestone	Description of Dependency	Linked Risk / Issue ID	Comment	Status (RAG)
Project 5 – Outreach Centres Operational	The Outreach Centres 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 Centres 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 for a Project Manager role is underway which will allow the Project to re-start and progress.	<b>Risks &amp; Issues Identified</b>



i) **Programme Risks (1<sup>st</sup> June – 6<sup>th</sup> July)**

- 2.11 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.

<b>Inherent → Current Ratings</b>					
	Likelihood				
Impact	5. Certain	4. Likely	3. Possible	2. Unlikely	1. Rare
5. Catastrophic	36 → 6				
4. Major					
3. Moderate	58 → 61				
2. Minor			20 → 36		
1. Insignificant			0 → 11		

- 2.12 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
<b>Risks</b>	0	5	2	3	10
<b>Issues</b>	0	5	0	0	5

- 2.13 The have been no new risks requiring escalation (in accordance with the Trust risk appetite) across the programme and projects during this reporting period.
- 2.14 The table below identifies risks above 12 where the risk score has increased during the reporting period. For all other risks requiring escalation in accord with the Trusts Risk Management Framework please see Appendix B.

ID	Description of Risk	Risk Owner	Risk Actionee	Direction of Travel	Current Rating	Comment	Mitigations on Track (Y/N)	Next Action Due Date

**j) Programme Issues**

- 2.15 The highest rated issues in the Programme are set out in the table below.

Issue ID	Project	Issue Owner	Issue Actionee	Issue Description	Issue Status	Due Date	Current Rating
I061	Programme	Steve Ham	Carl James	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 the 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	Project Manager role for the Outreach Project currently going through recruitment process.  Looking at potential interim arrangements prior to recruitment.	29/07/22	High

Issue ID	Project	Issue Owner	Issue Actionee	Issue Description	Issue Status	Due Date	Current Rating
1062	nVCC	David Powell	Mark Young	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.	<ol style="list-style-type: none"> <li>1. Begin construction of the nVCC via the TCAR only. Construction action - undertake in 2023</li> <li>2. Complete some elements of the bridge after construction of the hospital is completed to shorten the timeline. Construction action - undertake in 2023</li> <li>3. Utilise S73 application to extend the date by which MIM start on site must occur, to reduce the impact of any delays to the start of construction. Planning issues occur if this is delayed beyond 27th March 2023. August 2022</li> </ol>	<ol style="list-style-type: none"> <li>1. 2023</li> <li>2. 2023</li> <li>3. August 22</li> </ol>	High

**k) Programme Three Month Look Forward**

2.16 The key milestones expected in the next reporting period (1st June – 4th July) are:

<b>Milestone</b>	<b>Project</b>	<b>Date</b>	<b>Critical Path</b>
<b>July 2022</b>			
IRS VUNHST respond to WG comment on FBC	3a	15 <sup>th</sup> July	N
RSC Project respond to WG comment on FBC	4	22 <sup>nd</sup> July	N
nVCC Bidder Evaluation complete	2	8 <sup>th</sup> July	Y
Trust Board and WG Approval to proceed	2	20 <sup>th</sup> July	Y
Successful and unsuccessful participants informed	2	22 <sup>nd</sup> July	Y
Development of FBC begins	2	25 <sup>th</sup> July	Y
<b>August 2022</b>			
CEMP Approval	1	10 <sup>th</sup> August	Y
EW Ancillary Access Planning Application Submission	1	5 <sup>th</sup> August	Y
EW Construction (Phase 1) begins	1	15 <sup>th</sup> August	Y
EW Asda Construction (Phase 1) begins	1	18 <sup>th</sup> August	Y
<b>September 2022</b>			
IRS – WG approval of FBC	3a	22 <sup>nd</sup> Sept	Y
RSC – WG approval of FBC	4	22 <sup>nd</sup> Sept	Y
RSC Main Construction begins	4	Following WG Approval	Y

**l) Discussion at the TCS Programme Delivery Board on 14<sup>th</sup> July 2022**

2.17 The TCS Programme Delivery Board received the July Programme Directors Report on 14<sup>th</sup> July and raised the following points:

**Project 1 – nVCC Enabling Works**

There was significant discussion regarding the delays within Project 1 relating to planning approvals, Asda works and the Velindre enabling works. It was agreed that these exceptions would be reported to the Programme Office and that the Programme Director would formally escalate to the Senior Responsible Owner (SRO). It was also agreed that the PDB would meet fortnightly to focus on any mitigating actions to reduce the risks and issues.

**Risk Register**

The risks relating to the recommencement of Project 5 (Outreach) were discussed and it was confirmed that the Project Manager role is currently being recruited. It was further suggested that if a revised scope for Project 5 could be agreed and finalised, it would be possible to recruit some temporary project management resource to accelerate the recommencement of the work.






## 10. 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.

## 11. RECOMMENDATION

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

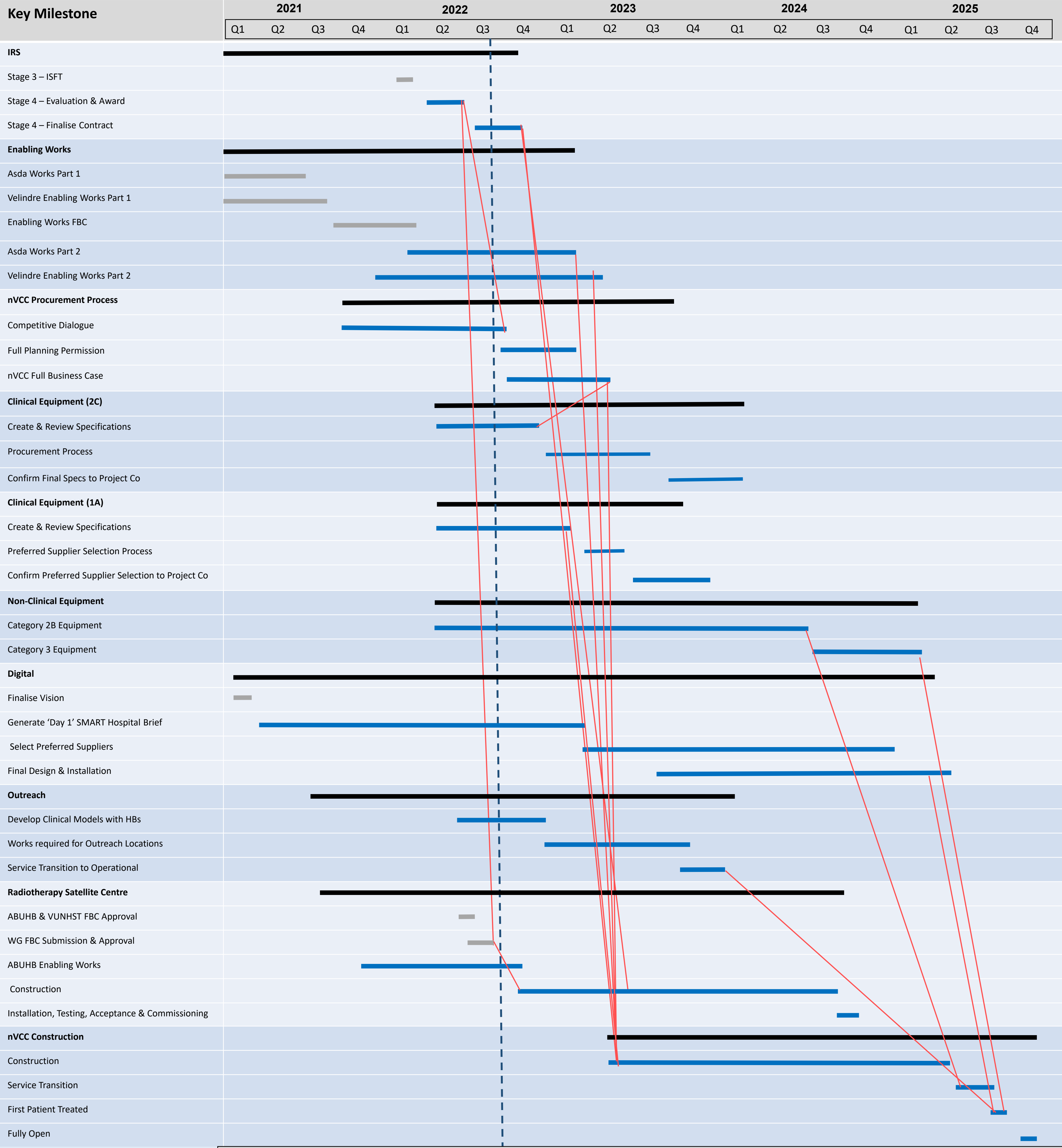
## Annex A – Delivery Confidence Assessment

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 – Master Programme Plan** (*see separate document*)

**Appendix C – Escalated Risks** (*see separate document*)

**Appendix D – Issues Register** (*see separate document*)



Appendix C - Risk Register July 2022 (Public TCS Scrutiny Sub-Committee)

Datix ID	TCS Ref	Risk Opened	Handler	Division	Project	Risk Owner	Risk Title	Risk Description	Inherent Rating	Inherent Risk Level	Current Controls	Current Likelihood	Current Impact	Current Rating	Current Risk Level	Progress Notes	Direction of Travel	Next Review Date	Target Risk Rating	Target Risk Level	Is this a Private & Confidential Risk?
2400	R272	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Outreach	Williams, Nicola	Risk that there is lack of project support	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.	20	High Risk	1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work - Ongoing 2) Clarification required on whether Outreach Project is an Operational or an Infrastructure Project - Ongoing TBC	4 - Probable	5 - Critical	20	High Risk	[Lewis, Bethan 06/07/22 16:25:32] 6.7.22 - Risk reviewed by Programme Risk Advisor, update against actions made. No changes made to current risk ratings as no review & confirmation undertaken by Risk Owner whilst Project remains On Hold. 1) Project Manager role currently going through recruitment process 2) Ongoing - outcomes of Programme Stocktake will inform governance structure of TCS & VF Programmes	Stable/No Movement	29/07/2022	6	Moderate Risk	No
2402	R329	10/05/2021	Lewis, Bethan	Transforming Cancer Services	Outreach	Williams, Nicola	Risk of time-consuming infrastructure work	There is a risk that time-consuming infrastructure work i.e. the refurbishment of a current site or identification of a new build is required to deliver the agreed outreach model of care. This could lead to delays in outreach services not being established or operational ahead of the new VCC as agreed within Programme objectives	16	High Risk	1) Identify location 2) Identify refurb / new build required 3) Establish level of local engagement with CHCs/public required 4) Identify appropriate resources from all HBs & VUNHST (inc Project Leads, Planning etc) to ensure project is supported and managed to align with project & programme timelines 5) Establishment of ownership and governance of Project within TCS/VF environment	4 - Probable	4 - Major	16	High Risk	[Lewis, Bethan 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	30/09/2022	9	Significant	No
2528	R360	22/03/2022	Lewis, Bethan	Transforming Cancer Services	Programme	James, Carl	There is a risk that Programme Master Plan objectives & outcomes are delayed and/or not met	There is a risk that Projects remain 'On Hold' and / or incur delays impacting on the key interdependencies with other projects resulting in Programme Master Plan objectives & outcomes being delayed / not being met	16	High Risk	1) Stocktake of all Projects and Programme to be undertaken 2) Refreshed Project Self-Evaluation toolkit 3) Refresh of Master Programme Plan 4) Review Programme and Project resources / gaps and make appropriate investments where required. 5) Introduce new ways of working - VF & Strategic Infrastructure Board	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 07/07/22 15:28:37] 06/07/22 - Update against Action Status to reflect current position. Current Likelihood reduced from 4 to a 3, reducing the overall rating from a 16 to a 12. 1) Complete 2) Complete 3) Complete 4) Work has started to identify resource requirements and any current gaps 5) Stocktake complete, series of recommendations which include establishment of Velindre Futures & Strategic Infrastructure Board as soon as possible	Risk Decreasing	31/08/2022	6	Moderate Risk	No
2413	R264	29/06/2020	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	Risk that Radiotherapy Satellite Centre will not have required skilled staff in place to run facility	There is a risk that the Radiotherapy Satellite Centre will not have required skilled staff in place to run the facility once ready to be operational. This would impact on radiotherapy capacity and resilience for the Trust.	15	Significant	1) An integrated Radiotherapy and Physics workforce plan is required to consider the service as a whole taking account of a full operating model that includes current activity, projected activity, IRS and RSU. 2) Provisions from across the whole service will be reconfigured to meet the requirements of the satellite unit.	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 06/07/22 15:41:27] 06/07/22 - risk reviewed by Risk Owner, no updates or changes to risk rating	Stable/No Movement	05/08/2022	6	Moderate Risk	No
2407	R268	17/01/2020	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	Risk of overlapping timeframes and interdependencies between RSC & IRS Projects	There is a risk that as the IRS Project needs to be phased in parallel with RSC Project, due to overlapping timeframes and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.	16	High Risk	1) RSC project requires a clear view IRS Project Risk landscape and links between the 2 projects in terms of risk registers and project plans 2) Ensure design is flexible and futureproof to allow for IRS solution 3) Review impact of delays to IRS Project on RSC Timeline	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 06/07/22 15:41:00] 06/07/22 - risk reviewed by Risk Owner, no updates or changes to risk rating	Stable/No Movement	05/08/2022	4	Low Risk	No
2405	R273	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Outreach	Williams, Nicola	Risk that projected growth assumptions for Outreach will be less than required	There is a risk that the projected growth assumptions for outreach delivery of SACT, ambulatory care and outpatients is less than will be required, leading to undersized locations.	16	High Risk	1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirements will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirements will be undertaken.	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 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
2416	R274	30/06/2020	Lewis, Bethan	Transforming Cancer Services	Outreach	Williams, Nicola	Risk that COVID may lead to delays on Project progress	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of the outreach project	20	High Risk	Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 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	Lewis, Bethan	Transforming Cancer Services	Programme	Fear, Lauren	Risk that there is lack of TCS Programme Comms Plan	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependant links are not communicated effectively and the wider networked clinical model not understood.	12	Significant	1) Revise TCS website - complete 2) Improve internal TCS teams Comms - complete 3) Improvements to intranet - started 4) Improvements to the link between Programme Governance and Comms - tbc	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 08/06/22 15:17:47] 08/06/22 - Risk reviewed no changes to current risk rating	Stable/No Movement	29/07/2022	4	Low Risk	No
2431	R282	23/07/2021	Lewis, Bethan	Transforming Cancer Services	Programme	James, Carl	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	16	High Risk	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. Complete 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity. Complete 3) Review and reporting on Master Plan to PDB and Scrutiny committee. Ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 07/07/22 15:28:37] 06/07/22 - Covid Risk to infrastructure Projects has reduced, risk rating remains as difficult pressure remains between clinical work and Programme and Project work due to higher levels of covid in the community currently leading to staff absences.	Stable/No Movement	31/08/2022	4	Low Risk	No



2410	R297	05/10/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Morley, Sarah	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet needs of the TCS Programme	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet 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 06/07/22 10:54:28] 5/7/22 - risk reviewed by Risk Owner - no change to current ratings Further action added and date updated to reflect - 6) Trust Attraction and Retention Project underway to support current and future workforce supply and shape challenges	Stable/No Movement	31/10/2022	2	Low Risk	No
2418	R298	05/10/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Fear, Lauren	Risk the TCS Programme does not have support from key decision makers & non-clinical stakeholders including the local community	Risk that the TCS Programme does not have support from key decision makers and non-clinical stakeholders including the local community and patients from across the region. Causes - Lack of engagement with relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement / 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 elected representatives 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/ Internal impact of external negativity 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) HBs 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 30/06/22 15:22:40] 30/06/22 - Risk Description updated and action status updated. No change to current risk rating 1) completed - Plans are in place and being implemented working with both nVCC & RSC Project teams and Project Boards 2) Review of digital channels underway with emphasis on updated FAQ and mythbusting information about VCC and the project deadline end of June 2022 3) Programme of regular engagement with local stakeholders being implemented 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) Monthly meeting with WG Head of Capital and Director General - ongoing 8) Ongoing with further meetings planned on a regular basis as per Programme and Project milestones	Stable/No Movement	25/07/2022	4	Low Risk	No
2408	R327	22/04/2021	Lewis, Bethan	Transforming Cancer Services	Integrated Radiotherapy Solution	Bryce, Gavin	Risk that IRS Project FBC is delayed or not approved	There is a risk that the approval for the FBC for the IRS Project is delayed or not approved, due to changes in approval timescales which would lead to delays to project delay, project abandonment impacting on other TCS Projects (nVCC & RSC) deliverables	16	High Risk	1) Engagement with Capital & Treasury teams - ongoing 2) Previous presentations to IIB - complete 3) OBC shared with WG Officers for comment - complete 4) WG notified of timescales for FBC so they can align resources - complete 5) Specialist advisors used to support delivery of Business Case - complete	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 06/07/22 11:55:22] 5/7/22 - Risk reviewed by Project Manager and Risk Owner no updates or changes to current ratings	Stable/No Movement	31/08/2022	8	Moderate Risk	No
2577	R345	25/05/2022	Lewis, Bethan	Transforming Cancer Services	Programme	Hague, Andrea	TrAMs timescales	There is a risk that if TrAMs is not delivered to expected timescales then nVCC will not have the capacity to deliver its own service	12	Significant	1. Current timescales expect TrAMs delivery to run in parallel with TCS/nVCC View details project plan once final Business Case approved - Ongoing 2. Key stakeholders in project board and ensure Chief Pharmacist and nVCC Project team remain in communication in regards to progress and project plan alignment Attend regular TrAMs Project Board and monitor project progress - Ongoing due to be established 2022/23	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 06/07/22 15:55:54] 5/7/22 - risk transferred from nVCC Project to Programme	Risk Increasing	29/07/2022	6	Moderate Risk	No
2502	R351	14/01/2022	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	Risk of delay to start on site	There is a risk that the start of construction is delayed beyond the date stipulated in the outline planning permission decision notice 17/01735/MJR (27th March 2023), leading to delays to the project and a possible loss of planning permission.	12	Significant	1. Submit section 73 application to extend the date by which start on site must occur, to reduce the impact of any delays to the start of construction. Started 2. Regular monitoring and management of other projects/workstreams which may affect start on site date including enabling works and nVCC procurement. Ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 06/07/22 15:49:22] 05/7/22 - Update to mitigating actions - 1. Section 73 application has been submitted to Cardiff Council, tbc which committee date it will be heard at. Ongoing 2. Ongoing	Stable/No Movement	05/08/2022	4	Low Risk	No
2598	R362	06/07/2022	Salisbury, Craig	Transforming Cancer Services	Enabling Works	Powell, David	There is a risk that following works to install utilities to the edge of site without building the Hollybush Bridge that the pro	There is a risk that following works to install utilities to the edge of site without building the Hollybush Bridge that the requirement to re-lay the utilities, meaning additional cost and potential delay for the project (review description of risk when WPD are fully engaged).	4	Low Risk	1. To create a back up plan for this situation to allow for quick re-laying of utilities if and when required. Not Started 2. Routing to be confirmed upon order placement with utilities providers. Ongoing 3. The programme and planning route is to be confirmed by WPD technical team. TT to be assigned following receipt of payment. Awaited 4. Once WPD engaged, WPD / VUNHST resource and programme analysis required to best achieve the supply date i.e. working on multiple fronts etc. Work in progress	4 - Probable	3 - Moderate	12	Significant		Risk Increasing	25/07/2022	4	Low Risk	No

Appendix D - Issues Register July 2022 (Public TCS Scrutiny Sub-Committee)

Issue	Date Raised	Prog / nVCC Proj	Owner	Description (cause)	Description (effect)	Priority (High, Med)	Reported by	Reported to	Status (what is being done about this issue?)	Date resolved
I061	9/Sep/2021	Programme	Carl James	<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	High	Bethan Lewis	Programme Delivery Board (Sept 21)	Project Manager role for the Outreach Project currently going through recruitment process. Looking at potential interim arrangements prior to recruitment.	
I062	10/Jan/2022	nVCC	Mark Young	<b>Bridge Construction Timeline</b> The most recent proposal for the bridge into the site shows a completion date of June 2023, three months after Project Co are intended to start on site.	If Project Co are required to wait for this element of construction to be completed it would cause a three month delay to the nVCC timeline and increase project costs.	High	David Powell	nVCC Project Board	Potential mitigations include: 1. Begin construction of the nVCC via the TCAR only. Construction action - undertake in 2023 2. Complete some elements of the bridge after construction of the hospital is completed to shorten the timeline. Construction action - undertake in 2023 3. Utilise S73 application to extend the date by which MIM start on site must occur, to reduce the impact of any delays to the start of construction. Planning issues occur if this is delayed beyond 27th March 2023. August 2022 4. WUK have been asked to prepare an acceleration report to bring forward the completion date of the Works from July 2023 to the end of March 2023. This report has not been forthcoming, probably as the goodwill inflationary claim is a key issue for them. They have brought forward the placement of the bridge beam order by several weeks which is on the critical path. end July 2022 (NB. Please see seperate Planning Update paper on agenda)	
I063	20/Jan/2022	Enabling Works	Phil Morgan	<b>Asda S278</b> There was a delay in submission of drawings from Sandersons to discharge the S278 conditions.	Trees unable to be felled along Longwood Drive. Will cause delay to the Asda works.	Medium	David Powell	nVCC Project Board	1. Cardiff Council have suggested a mini 278 to allow this to progress more quickly. The date that this will be approved. It is <u>not</u> expected to have to go to committee, but in the event that it did this would not be until 11th Aug.	
I066	2/Mar/2022	nVCC and Enabling Works	Mark Ash	<b>PRoW</b> An appeal to have three routes recorded as public footpaths across the nVCC site has been successful.	These footpaths will require diversion to allow construction / operation of the hospital and the location of the diversion may affect the location of the compound and construction of the haul road.	Medium	Mark Farrar	nVCC and Enabling Works Project Board	Section 257 to be submitted to Cardiff Council, this cannot be submitted until footpaths have been approved by Cardiff Council. Preparatory work will be undertaken in the interim, the expected submission July 2022	
I067	2/Mar/2022	nVCC	Phil Morgan	<b>Ecological windows for dormice</b> NRW are imposing restrictions on when we are able to apply for an EPSL on the MIM site (ie following approval of Reserve Matters)	Due to this restriction there is a significant chance that the ecological window for dormice clearance will be missed, delaying the project by approx. 6 months.	Medium	Craig Salisbur	nVCC Project Board	Notwithstanding NRW's process protocols, the Authority is anticipating progressing MIM EPSL discussions with NRW ahead of the Reserved Matters approvals in order to mitigate any delays in the granting of the licence. A shadow EPSL is under preparation by the Authority to commence dialogue with NRW early May. Possible WG intervention would be sought if dialogue does not progress. Sept 2022	
I071	3/May/2022	Enabling Works	Phil Morgan	<b>Walters UK Goodwill Claim</b> The current contractual provision is for the completion of the Works during July 2023 which was set without the knowledge of the Russian invasion of Ukraine. WUK have submitted a Goodwill Claim for financial reimbursement for the extraordinary market that they find themselves in.	Agreeing and arranging this is likely to delay the enabling works programme and will require increased project costs.	Medium	Phil Morgan	nVCC Project Board	1. The enabling works team are currently working within the Trust to address this question. Completion date tbd.	
I072	3/May/2022	Enabling Works	Phil Morgan	<b>Western Power Distribution - Offer of Supply</b> WPD, the only possible supplier for electricity to the MIM site, have made an offer to do so which has not currently been accepted by the Trust. Attempts to expediate governance have not been successful.	(i) The offer validity period has expired so WPD reserves its position to start the quotation process again (8-12 weeks to get a new quotation). Resolved (ii) Delays in accessing the technical team on programme issues. The expired offer had a 24 month delivery date (post acceptance of the Offer) which is a stock position at this stage of the WPD process ( we're only dealing with estimators at this stage). Once the offer is accepted only then will we have access to the technical team to discuss programme acceleration from 24 months to 12-18 months.	Medium	Phil Morgan	nVCC Project Board	(i) Closed due to quote validation being extended and payment accepted. (ii) will require a stand alone issue to be raised and monitored until the Programme and technical informaiton is received from WPD.	