

- 1.0.0 STANDARD BUSINESS
- 1.1.0 Welcome & Introductions
Led by Chair: Hilary Jones
- 1.2.0 Apologies for Absence
Led by Chair: Hilary Jones
- 1.3.0 Declarations of Interest
Led by Chair: Hilary Jones
- 1.4.0 Revised Minutes of the Committee Meeting held on 4th May 2022
Led by Chair: Hilary Jones
To approve
 - 1.4 PUBLIC TCS Programme Scrutiny Sub-Committee Minutes 04.05.22 Final -LF - SH (post-meeting edit).docx
- 1.5.0 Minutes of the Committee Meeting held on 19th May 2022
Led by Chair: Hilary Jones
To approve
 - 1.5 PUBLIC TCS Scrutiny Sub-Committee minutes - 19.05.22 - DRAFT-LF- for review.docx
- 1.6.0 Action Log of the Committee Meeting held on 19th May 2022
Led by Chair: Hilary Jones
To approve
 - 1.6 PUBLIC TCS Programme Scrutiny Sub-Committee Action Log 22.6.22 -lf.docx
 - 1.6.1 Wrt Action 128 - Addendum to - Programme Finance Report (March 2022) para 2.3 updated.docx
- 2.0.0 PROGRAMME GOVERNANCE
- 2.1.0 Communications & Engagement
Led by Non Gwilym
To note
 - 2.1 TCS Scrutiny Sub-Com June Comms and Engagement 2022-LF.docx
- 2.2.0 TCS Programme Finance Report
Led by Mark Ash
To note
 - 2.2 TCS Programme Finance Report (May 2022).docx
- 3.0.0 PROGRAMME DELIVERY
- 3.1.0 Programme Director's Report
Led by Carl James
To note
 - 3.1 -TCS Programme Directors Report for PUBLIC SESSION CJ 16 JUNE 2022.docx FINAL ISSUE.docx
 - 3.1 Appendix A_Programme Master Plan (2).pptx
 - 3.1 - Appendix B Public.pdf
- 4.0.0 PROJECT DELIVERY
- 4.1.0 Radiotherapy Satellite Centre AEDET - Achieving Excellence Design Evaluation Toolkit – Evaluation
Led by Andrea Hague
(Paper previously included in March papers but omitted from discussion due to time constraints)
To note
 - 4.1_RSU AEDET Report for TCS Programme March 2022-LF.docx
 - 4.1_RSC AEDET Review_Appendix 1.pdf
 - 4.1_RSC AEDET Review_Appendix 2.pdf
- 5.0.0 ANY OTHER BUSINESS
Prior Agreement by the Chair Required
Led by Chair: Hilary Jones
- 6.0.0 REVIEW OF THE MEETING
Led by Chair: Hilary Jones

7.0.0	DATE & TIME OF NEXT MEETING
	<i>Tuesday 12th July at 10.00-11.00am</i>
8.0.0	CLOSE

**TCS Programme Scrutiny Committee
Public Session**

MINUTES OF THE MEETING HELD

4th May 2022

**9:30-11.00am Trust Headquarters, Nantgarw
(via Teams)**

Members Present:

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

In attendance:

Steve Ham (SHam)	Trust Chief Executive
Carl James (CJ)	Director of Strategic Transformation, Planning & Digital
Lauren Fear (LF)	Director of Corporate Governance and Chief of Staff
Carys Jones (CJones)	Senior Programme Delivery and Assurance Manager
Bethan Lewis (BL)	TCS Programme Planner and Risk Advisor
David Powell (DP)	Project Director
Matthew Bunce (MB)	Executive Director of Finance
Mark Ash (MA)	Assistant Director of Finance
Rachel Hennessy (RH)	Interim General Services Manager, WBS
Non Gwilym (NG)	Communications and Engagement Director
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
Professor Donna Mead (DM)	Trust Chair
Cath O'Brien (COB)	Chief Operating Officer

1.0	STANDARD BUSINESS	ACTION
1.1	Welcome & Introductions SHarries welcomed attendees to the meeting.	
1.2	Apologies for Absence Apologies were noted as above.	
1.3	Declarations of Interest No declarations of interest were received.	



1.4	<p>Minutes of the Committee Meeting held on 22nd March 2022</p> <p>Members noted that at the last meeting (22/03/22), the minutes of the meeting held on 22nd February were approved in principle, pending any comments received by 25th March. As no further comments were received the minutes were formally approved as an accurate record of the meeting held on 22nd February 2022.</p> <p>The minutes of the meeting held on 22nd March 2022 were approved as an accurate record.</p> <p>HJ reminded members that the meeting held on 22nd March was not completed due to time constraints and that a number of papers were not considered. It was understood that the unconsidered papers were for noting only but that in order to comply with good governance procedures these papers should be reviewed. SHarries to email CJ and LF (cc: DM, HJ, GJ and SHam) to confirm whether any of the outstanding papers require further consideration at the next meeting.</p>	SH/CJ/LF
1.5	<p>Action Log of the Committee Meeting held on the 22nd February 2022</p> <p>Action 119 - TCS Programme Risk Register - <i>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</i> – it was noted that a permanent way forward has been implemented and members would be updated in June, but that due to a further action appearing in “Progress to Date” column Action 119 could not be closed at this stage. A wider discussion on addressing actions arising in progress column followed and it was agreed that consideration would be given into how the action log should reflect this. AH reassured members that some work has been happening re Project 5, e.g. Nevill hall SACT and Outpatients facility plans etc. but recognised the need for a Project Manager to be in place.</p> <p>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</p> <p>Action 120 - TCS Programme Risk Register - <i>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</i> –CJ reported on a meeting with SfM. Noted that points have been taken forward and will come into play over the coming months.</p>	<p>CJ</p> <p>SHam</p>



	<p>GJ highlighted that the target date of 21st April has passed and that it would be helpful to have a progress to date update and a time by when the action will be completed. HJ concurred and further requested that when the action log states that a meeting has been held it would be useful to have a quick summary of the outcome of the meeting, what we can expect from it and by what date.</p> <p>Action 121 – TCS Programme Risk Register – it was noted that as COB is currently on leave no further update could be given at this stage. SHam and LF to discuss with COB.</p> <p>SHam reported on a meeting with SHarries where it was agreed that a “stocktake” would be carried out, outlining where all of the projects within the programme sit and the risks around them. SHam expected that this would likely be available for the June meeting.</p>	CJ/SM
2.0	PROGRAMME GOVERNANCE	
2.1	<p>TCS Finance Report</p> <p>The Sub-Committee noted a year end out turn of £37,909 underspend on Capital £11,420 underspend on Revenue.</p> <p>Questions were raised with regards to the allocation of funding for the enabling works which had been received from the nVCC project. The Sub-Committee were assured that all rules had been complied with and noted that ongoing monthly Capital Review meetings with Welsh Government note that funds need to be re-provided this year and that this is in the financial plans for both projects.</p> <p>The Sub-Committee noted that the wording of the table at 3.6 (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) suggests that funds provided by Commissioners for clinical work is going into some of these projects. MA clarified that the reference to Commissioners was due to a proposition made some years ago around direct clinical and management support for the project and programme. It was agreed that the wording would need to be reviewed so as not to portray an incorrect position.</p> <p>Clarification was sought with regards to funding for site management, security and legal as the report states that “these costs are deemed by Welsh Government to be not in the scope of the Enabling Works Project”. It was confirmed that no Trust business funding was used and that the only funding received from Corporate resources was in revenue to fund the judicial review which is stated at 5.8 of the report. All capital resources used were Welsh Government funded and only a small revenue</p>	MA

	<p>contribution (c£100K) was provided to support the judicial review activities and some other minor revenue spends.</p> <p>SHarries requested clarification on how much money the Trust has had to put in to the TCS Programme that wasn't funding specifically allocated and where the funding came from for the TCS Programme as a whole. MA to produce a short statement to issue as an addendum to the report.</p> <p>The Sub-Committee noted the TCS finance report, but requested the addendum be brought to the next meeting to be formally noted.</p>	MA
2.2	<p>TCS Programme Risk and Issues Register</p> <p>The Sub-Committee was concerned about the currency and accuracy of the information presented in the Risk and Issues Register. It was acknowledged that several of the risk reviews appear to be out of date, although members were informed that risks are being regularly reviewed by the project directors. It was understood that due to the time between Project Board and Scrutiny Sub-Committee meetings some lag time was inevitable but agreed that this needs to be addressed to enable the Sub-Committee to scrutinise the most up-to-date information. The Sub-Committee reminded attendees that it had raised these concerns at previous meetings and over a lengthy period, and emphasised that:</p> <ul style="list-style-type: none"> the Registers need to be updated for each Sub-Committee meeting, even if the update is that there is no further progress to report; where target dates have passed, the updates need to provide an explanation and a revised date. <p>The alternative would be to have the project directors responsible for delivering the projects available to answer the Sub-Committee's questions, but this would not be a good use of their time.</p> <p>The detail contained in the covering paper for Risk R350 was queried as it indicates that the direction of travel is down when current rating is 16, previously 15. BL to check accuracy of this but noted that this has fluctuated extensively in recent weeks.</p> <p>The Sub-Committee noted the TCS Programme Risk and Issues Register.</p>	<p>CJ</p> <p>BL</p>



3.0	PROGRAMME DELIVERY	
3.1	<p>TCS Programme Managers Update</p> <p>CJones outlined the report and gave an update on the CCLG workshop which has since taken place. Noted that the event was successful and well-attended and the subsequent report is currently being produced.</p> <p>Agreed that it would be useful if due dates could be added to PMO short-term priorities, particularly those categorised as RED.</p> <p>Noted that a Planning Manager, hosted by Cardiff, has been jointly appointed to start moving work forward.</p> <p>The Sub-Committee noted the TCS Programme Managers Update.</p>	
3.2	<p>Nuffield Trust Report – Progress Update</p> <p>Noted an inaccuracy on page 8 “AOS business case signed off by all partners” which contradicts the Programme Manager’s report which states that CAV are yet to sign off. CJ reported that although there had been uncertainty as to the appropriate party for sign off, this had now been decided and should now have been completed.</p> <p>The Sub-Committee noted the Nuffield Trust Report – Progress Update.</p>	
4.0	PROJECT DELIVERY	
4.1	<p>Projects 1&2: Planning Update</p> <p>No verbal update was received, agreed to move to consider papers for noting.</p>	
4.2	<p>Projects 1&2: Internal Audit</p> <p>Note that the report had been presented to Audit Committee and several points were raised which will be addressed via the Audit Committee. It was discussed that going forwards the challenges made at Audit Committee should be noted in the Scrutiny Sub-Committee cover papers.</p> <p>The Sub-Committee noted the Internal Audit.</p>	LF



4.3	Project 3a: IRS Evaluation Progress Update Due to time constraints no verbal update was received.	
4.4	Project 4: RSC Draft Gateway Review Outcome Due to time constraints no verbal update was received.	
4.5	Programme Due to time constraints no verbal update was received.	
5.0	ENGAGEMENT & COLLABORATION	
5.1	Communications & Engagement The Sub-Committee noted the Communications and Engagement Update.	
6.0	Any Other Business	
	There were no additional items of business brought for discussion.	
7.0	Review of the Meeting	
	There were no additional comments or questions.	
8.0	Date & Time of Next Meeting	
	19th May at 10-11am (via Microsoft Teams).	

**TCS Programme Scrutiny Committee
Public Session**

MINUTES OF THE MEETING HELD

19th May 2022

**10.00-11.00am Trust Headquarters, Nantgarw
(via Teams)**

Members Present:

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

In attendance:

Professor Donna Mead (DM)	Trust Chair
Steve Ham (SHam)	Trust Chief Executive
Carl James (CJ)	Director of Strategic Transformation, Planning & Digital
Lauren Fear (LF)	Director of Corporate Governance and Chief of Staff
Carys Jones (CJones)	Senior Programme Delivery and Assurance Manager
Bethan Lewis (BL)	TCS Programme Planner and Risk Advisor
Matthew Bunce (MB)	Executive Director of Finance
Mark Ash (MA)	Assistant Director of Finance
Andrea Hague	Director of Cancer Services
Huw Llewellyn	Director of Commercial and Strategic Partnerships
Gavin Bryce	Planning Performance Programme Manager
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

1.0	STANDARD BUSINESS	ACTION
1.1	Welcome & Introductions SHarries welcomed attendees to the meeting.	
1.2	Apologies for Absence Apologies were noted as above.	



1.3	<p>Declarations of Interest</p> <p>No declarations of interest were received.</p>	
1.4	<p>Minutes of the Committee Meeting held on 4th May 2022</p> <p>The following amendments to the minutes were highlighted and agreed:</p> <p>Item 1.4 – SHarries highlighted the point raised regarding papers which had not been considered at the meeting on 22nd March due to time constraints and reported that, following review of the unconsidered papers outside of the meeting, all were routine papers, with the exception of the <i>Project 4: RSC AEDET Evaluation</i> which will be brought to a future meeting of the Sub-Committee when appropriate.</p> <p>Item 1.5 – reads “SHam reported on a meeting with SHarries where consideration was given to producing a “stocktake”</p> <p>To be amended read:</p> <p><i>“it was agreed that a “stocktake” would be carried out”.</i></p> <p>Item 2.2 – “although members were assured that risks are being regularly reviewed by the project directors”</p> <p>To be amended to read:</p> <p><i>“although members were informed that risks are being regularly reviewed by the project directors”</i></p> <p>Item 2.2 – “It was noted that it would be helpful to have a range of project directors responsible for delivering the projects to be available to answer the Sub-Committee’s questions”. Agreed that this was misleading and that provided project directors update the risk register appropriately, there would be no requirement for them to attend the meetings.</p> <p>Item 3.2 – “AOS business case signed off by all partners” which contradicts the Programme Manager’s report which states that CAV are yet to sign off”. Noted that this is inaccurate and the report should instead state that CTM are yet to sign off.</p> <p>Agreed that the minutes should be brought to the next meeting to formally approve once the above amendments have been made.</p>	LF
1.5	<p>Action Log of the Committee Meeting held on the 4th May 2022 and associated Addendum to Programme Finance Report</p>	



	<p>The Action Log of 4th May and associated Addendum to Programme Finance Report was received and the following points noted:</p> <p>Action 119 – Progress to date column reads “COO currently completing review of Project 5 scope. Date of completion to be confirmed”. Requested that a date of completion be added.</p> <p>Action 125 – Details of action to be amended to reflect the updated minute as highlighted in 1.4 above.</p> <p>Programme Finance Report - addendum</p> <p>DM highlighted section 2.0 which reports a £264K spend from discretionary capital and queried what effect, if any, this has had on discretionary capital spend across the Trust? MB reported that due to additional funds received from Welsh Government (COVID and slippage capital), significant extra capital was available which meant that no detrimental impact last financial year in terms of delivering our priority schemes. Agreed that this was an important detail which should be included in the addendum. MB to edit para. 2.3 to include this detail to provide assurance to the committee, with the revised paper distributed to members outside of the meeting.</p>	MB
2.0	PROJECT DELIVERY	
2.1	<p>Project 3a: IRS Evaluation Progress Update</p> <p>The IRS Evaluation Progress Report was received. Points raised were as follows:</p> <ul style="list-style-type: none"> • Para. 1.21 – Note that the paragraph refers to the competitive dialogue process for the nVCC project having now commenced. As this is now at the end of the process this should be updated to reflect the current position. GB to amend paragraph 2.1 to reflect the current position. • HJ raised concern that the cover paper did not hold enough detail to form a standalone document in the public domain, and that if not intended to be read as such, the cover paper should clearly refer to where the detail can be found. Similarly, if the paper is intended to be read in conjunction with the Appendix then this should be clearly stated. Noted that HJ has studied the document to some extent and will forward comments to assist with making the appropriate amendments. Although members agreed the points raised, the challenge of appropriately presenting the data given the commercially-sensitive nature of some was acknowledged. 	



	<ul style="list-style-type: none"> Page 37, table 4-7 – In order to avoid any possible confusion, agreed that it should be made clear that the bottom line of figures in the table are percentage figures. <p>The Sub-Committee endorsed the strategic case for Project 3a: IRS Evaluation Progress Update for Trust Board approval.</p>	
2.2	<p>Project 4: RSC Full Business Case (FBC)</p> <p>The RSC Full Business Case was received. Points raised were as follows:</p> <ul style="list-style-type: none"> Cover paper doesn't state what, if any, financial costs to Velindre in support of this outline case, what are the risks to our organisation if it doesn't complete on time, etc. <p>LF reported that at the appropriate time following approval by Welsh Government, a redacted version of all five cases will be placed on the TCS timeline of the website for public viewing. GB assured members that a communications plan has been developed containing key messaging which will be released at the appropriate time following announcement of the winning bidder.</p> <ul style="list-style-type: none"> GJ referenced figure 2-3: Current & Future Activity on page 9 which shows current and future activity between RSC and VCC – noted that a more detailed version of this has been produced but not distributed. Members were assured that this would form part of the forthcoming stocktake. Cover Paper – Para 2.7 - typographical error reading <i>Trust Based</i>, should be amended to read <i>Trust Board</i>. <p>SHarries queried the content of both the IRS and RSC papers which currently give a brief update of all five cases but then ask for endorsement of the strategic case only, due to the commercially sensitive nature of the other four cases.</p> <p>The Sub-Committee endorsed the strategic case for Project 4: RSC Full Business Case (FBC) for Trust Board approval, subject to the points outlined above.</p>	
3.0	Any Other Business	
	There were no additional items of business brought for discussion.	



4.0	Review of the Meeting	
	There were no additional comments or questions.	
5.0	Date & Time of Next Meeting	
	The next meeting of the Public TCS Scrutiny Sub-Committee will be held on 21 st June at 2pm (via Microsoft Teams).	

TCS Programme Scrutiny Sub-Committee

May 2022

Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
119	TCS Programme Risk Register CJ agreed to report to the April 2022 Sub-Committee on progress in getting a temporary solution in place and looked to have the permanent way forward in place by June 2022.	Carl James	22/03/2022	12/07/22	<ul style="list-style-type: none"> Project Manager post in process, expected for July appointment. Strategic Clinical Service Meeting tentative date agreed for mid-June with AB Cancer Lead – outcome to be to support on shaping scope of project. COO currently completing review of Project 5 scope. Date of completion to be confirmed to the Committee following EMB Shape 22nd June. 	OPEN
120	TCS Programme Risk Register CJ to pick up with Sarah Morley on the Transforming Cancer Services Programme Delivery Board as Workforce Director to pick up the analysis of the impact of recruitment issues across workstreams.	Carl James – to change to Sarah Morley	22/03/2022	12/07/22	<ul style="list-style-type: none"> There are three actions related to recruitment (120, 121 and 122). The specific analysis and associated action plan across TCS workstreams will be brought to the July 2022 meeting as part of the stocktake work. 	OPEN

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
121	TCS Programme Risk Register COB agreed to incorporate into the report addressing the issues that are currently scattered throughout the risk register to give assurance on the totality of the workforce issues that are being faced and what is being done to address these. COB agreed to ensure this is broken down to manage the programme of work and delivering the service and the thread that comes through it. COB will work with BL and SM to articulate that and to show what is being done to address this issue.	Cath O'Brien / Sarah Morley	22/03/2022	12/07/22	<ul style="list-style-type: none"> Following completion of stocktake work, as referenced above, to be reflected on risk register for reporting into the July Committee meeting also 	OPEN
122	SHam acknowledged the need for clarification on the strategic approach to recruitment and noted that this would be discussed at EMB with an update brought to the July meeting of this committee, following a discussion in the June Board Development meeting	Steve Ham	04/05/22	12/07/22	<ul style="list-style-type: none"> Action 122 is the strategic approach to recruitment and workforce planning, which is now on each Executive Management Board agenda. The implications from a TCS Programme perspective will be reported to the Committee in July as part of the stocktake work. 	OPEN
125	TCS Programme Risk and Issues Register Concern about the currency and accuracy of the information presented in the Risk and Issues Register. It was acknowledged that a few of the risk reviews appear to be out of date, although members were assured that risks are being regularly reviewed by the project directors.	Carl James	04/05/22	21/06/2022	<ul style="list-style-type: none"> Next review date will be updated consistently going forwards in taking into account the timing of the governance cycle. Next risk report presented to the Committee in June meeting. 	PROPOSE TO CLOSE



No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
128	Programme Finance Report – addendum DM highlighted section 2.0 which reports a £264K spend from discretionary capital and queried what effect, if any, this has had on discretionary capital spend across the Trust? MB reported that due to additional funds received from Welsh Government (COVID and slippage capital), significant extra capital was available which meant that no detrimental impact last financial year in terms of delivering our priority schemes. Agreed that this was an important detail which should be included in the addendum. MB to edit para. 2.3 to include this detail to provide assurance to the committee, with the revised paper distributed to members outside of the meeting.	Matthew Bunce	19/05/22	21/06/2022		PROPOSE TO CLOSE

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2021-22 MARCH 2022

DATE OF MEETING	Addendum to report from meeting 4 th May 2022	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	Mark Ash, Assistant Project Director	
PRESENTED BY	Mark Ash, Assistant Project Director	
EXECUTIVE SPONSOR APPROVED	Matthew Bunce, Executive Director of Finance	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
N/A		Choose an item.

1. PURPOSE

- 1.1 The purpose of this addendum is to respond to an action requested in 4th May Committee:

Action 124: Request clarification on how much money the Trust has had to put in to the TCS Programme that wasn't funding specifically allocated and where the funding came from for the TCS Programme as a whole. MA to produce a short statement to issue as an addendum to the report.

2. STATEMENT

2.1 In 2021-22 financial support was provided from Corporate as follows:

- Project 2 - nVCC – funding provided for judicial review £0.084m (REVENUE) and Project Delivery costs £0.026m (REVENUE)
- Project 3a – Radiotherapy Procurement Solution – funding provided of £0.264m (CAPITAL)
- Project 6 - : Service Delivery, Transformation and Transition – funding of £0.116m and £0.008m (REVENUE) to fund key posts

2.2 The additional funding provided is as follows:

- Capital £0.264m – from discretionary capital
- Revenue £0.234m – from reserves

2.3 Due to additional funding received from Welsh Government (COVID and slippage capital), significant extra capital was available which meant that
the provision of funding to support TCS project overspends did not have a detrimental ~~significant~~ impact on service delivery for the Trust.

3. RECOMMENDATION

3.1 The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** this addendum to the financial report for the TCS Programme and Associated Projects for 2021-22 as at 31st March 2022.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Communications and Engagement Update

DATE OF MEETING	21 June 2022	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT AND KATE HAMMOND, SENIOR ENGAGEMENT OFFICER, TCS PROGRAMMEE	
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE & CHIEF OF STAFF	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
nVCC project board Enabling Works project board	14 June	Noted
TCS Programme Delivery Board	14 June	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 May meeting.

3. ASSESSMENT

Over the reporting period we focused our efforts on:

Supporting the communications and engagement needs of the Enabling Works project, including:

- Developing content across Velindre Matters channels and monitoring social media, including responding to questions and messages. Public notification of continued pre-enabling works
- Developing outputs for the purpose of supporting the Asda works
- Development of a communications plan in support of the injunction process
- Planning for future enabling works including the development of a narrative and supporting visuals
- Developing a communications plan in support of the ancillary access road application to Cardiff Council

Supporting the communications and engagement needs of Competitive Dialogue. An update is provided as Annex A.

Responding to correspondence from a wide range of stakeholders. Key themes for May include:

- Air quality
- Planning matters

Political and local stakeholder meetings – meetings with the local MS and MP have continued post the election period and a request for meetings with the newly elected councilors has been requested. Trust officers also met with the Hollybush Estate Residents association representative and with members of the local sports clubs as they pursue plans to develop their facilities.

Supporting and organising the next phase of development of the wider value added collaboration programme. This programme of work is providing an opportunity to partner further with Down to Earth, a social enterprise for sustainable construction and community engagement.

Pursuing contracts for electronic and paper newsletter production.

Recruitment of a new Communications Manager.

4. IMPACT ASSESSMENT

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

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5. RECOMMENDATION

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

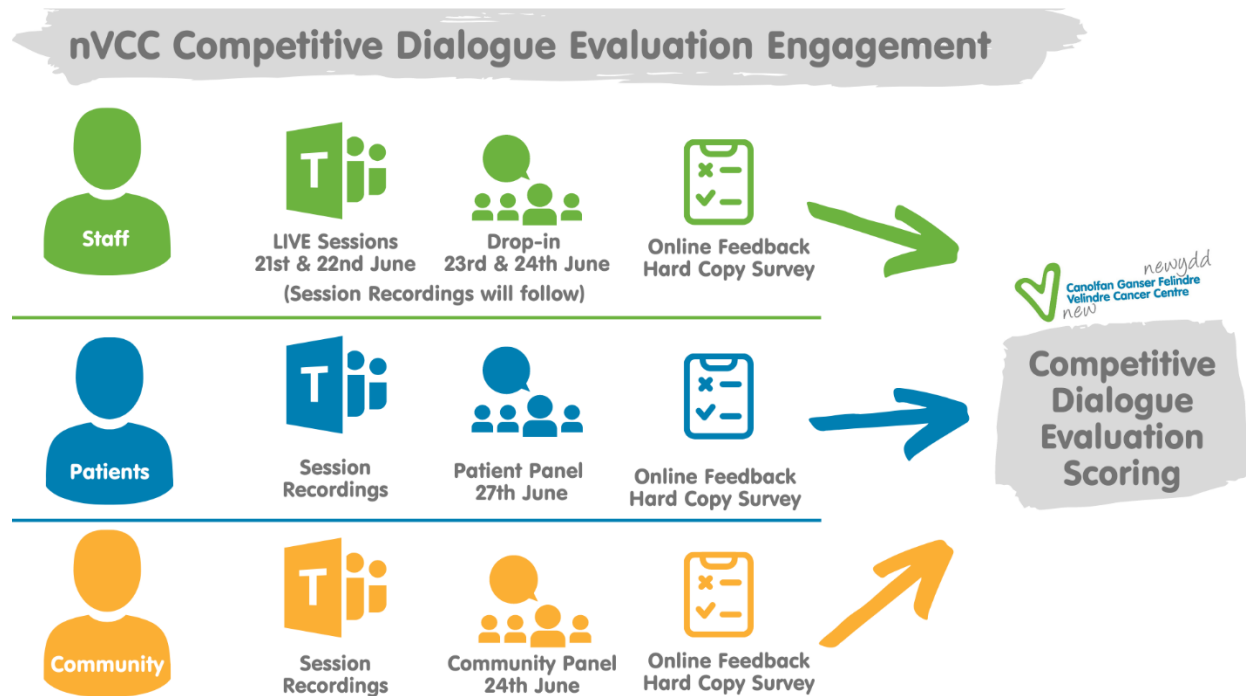


GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Annex A – Competitive Dialogue engagement plan update

Overview



Staff Engagement

In support of the evaluation phase and subsequent design phase of the competitive dialogue, we have developed plans to provide opportunities for the following audiences to get involved:



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

6 ways to get involved

newydd
Canolfan Ganser Felindre
Velindre Cancer Centre
new

1 

Join us on TEAMS
and watch the
presentations LIVE
Bidder A - June 21st
Bidder B - June 22nd

2 

Conference Room
Drop-in
View the designs
Ask any Qs
June 23rd & 24th

3 

Complete the
DESIGN survey
online or hard copy
From June 21st - 30th

4 

Visit the nVCC
Feedback Pod
Outside Parkside
Dining Room
From June 21st - 30th

5 

Complete the
WORKSPACE survey
online only
From June 8th - 22nd

6 

Join the
DESIGN
SQUAD
Equivalent of 3.5 hrs
per week
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TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR MAY 2022

DATE OF MEETING

22 June 2022

PUBLIC OR PRIVATE REPORT

Public

IF PRIVATE PLEASE INDICATE REASON

Not Applicable - Public Report

PREPARED BY

Eurwen Williams, Senior Finance Officer

PRESENTED BY

Mark Ash, Assistant Project Director

EXECUTIVE SPONSOR APPROVED

Matthew Bunce, Executive Director of Finance

REPORT PURPOSE

FOR NOTING

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

COMMITTEE OR GROUP

DATE

OUTCOME

TCS Programme Delivery Board

14TH June
2022

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. BACKGROUND

- 1.1 The purpose of this report is to provide a financial update to the TCS Scrutiny Committee for the financial year 2022-23, outlining spend to date against budget as at Month 2 for the TCS Programme.

2. FINANCIAL SUMMARY AS AT 31ST MAY 2022

2.1 Welsh Government Funding and Capital Expenditure Limit (CEL) 2022/23

The table below sets out the CEL issued by Welsh Government to fund the TCS Programme in 2022/23:

Project	CEL £m	Adjustments Approved by WG £m	Revised CEL £m	Adjustments Pending WG Approval £m	Internal Budget £m
Enabling Works	21.813	(1.866)	19.947	(0.450)	19.497
nVCC	2.089	0.000	2.089	0.450	2.539
IRS	0.000	0.000	0.000	0.000	0.000
Total	23.902	(1.866)	22.036	0.000	22.036

Welsh Government issued Velindre with CEL's totaling £23.902m for the Enabling Works (EW) and nVCC projects in 2022/23. Two adjustments have been requested by the TCS Programme to WG. A reduction of £1.866m to EW which has been agreed by WG and a transfer of £0.450m from EW to nVCC, which hasn't yet been agreed by WG. The Trust is awaiting authorisation from WG to the £0.450m funding transfer in order to confirm the revised CEL, which has been used for budget setting purposes.

There is no CEL set for the IRS project management costs that will be incurred in 2022/23 due to the delays in the procurement process. It is proposed that the Capital funding requirements are funded from the discretionary capital allocation for the Trust. The Trust's total discretionary capital allocation is £1.454m of which £0.434m is currently ring-fenced for the IRS project for 2022/23.

No revenue funding has been provided by the Welsh Government for the TCS Programme. Revenue funding is provided by Commissioners and the Trust using its emergency revenue reserve.

2.2 TCS Programme Summary Financial Position

The summary financial position for the TCS Programme for the year 2022-23 as at 31st May 2022 is outlined below:

Expenditure Type	YTD spend to 31 st May 2022 £m	2022-23 Full Year		
		Forecast £m	Budget £m	Variance £m
Capital	2.056	22.470	22.036	(0.434)
Revenue	0.102	0.655	0.551	(0.104)
Total	2.158	23.125	22.587	(0.538)

The full year capital budget figure of £22.036m has been aligned to the revised CEL figure in line with the TCS Programme's submitted request to Welsh Government.

The capital expenditure variance is explained by the requirement of the IRS Project for £0.434m capital funding not yet agreed by EMB. It is proposed that the IRS project management costs up to commencement of the implementation phase (currently estimated to be from 1st October 2022 pending outcome of the procurement standstill process) be funded from the Trust's discretionary capital. A paper seeking approval of the Trust discretionary programme including the IRS project management funding requirement is due to be considered by EMB Run on 30th June.

A non-recurrent revenue funding request of £0.104m has been made by the TCS Programme relating to shortfalls in funding on the PMO and nVCC projects which will be considered by EMB Run on 30th June. This is to secure the £0.104m shortfall in revenue funding compared to forecast spend.

2.3 TCS Programme Project Level Capital and Revenue Expenditure 2022/23

Capital Spend by Project for 2022/23 is set out below:

Project Capital Spend	YTD spend to 31 st May 2022 £m	2022-23 Full Year		
		Forecast £m	Budget £m	Variance £m
Enabling Works	1.444	19.947	19.497	(0.450)
nVCC	0.541	2.089	2.539	0.450
IRS	0.071	0.434	0.000	(0.434)
PMO	0.000	0.000	0.000	0.000
Service Change	0.000	0.000	0.000	0.000
Total	2.056	22.470	22.036	(0.434)

A transfer of funds of £0.450m between Enabling Works and nVCC projects has been requested from Welsh Government. If confirmed, budgets and revised forecasts will be updated to reflect this in the next reporting period.

The programme is currently forecasting a shortfall in capital funding requirement of £0.434m. It is proposed that the IRS Project Capital requirement be funded from the

Trust's discretionary capital allocation. Once the discretionary capital allocation process has been confirmed, a budget will be allocated.

Revenue Spend by Programme for 2022/23 is set out below:

Project Revenue Spend	YTD spend to 31st May 2022 £m	2022-23 Full Year		
		Forecast	Budget	Variance
		£m	£m	£m
Enabling Works	0.000	0.000	0.000	0.000
nVCC	0.019	0.044	0.000	(0.044)
IRS	0.000	0.000	0.000	0.000
PMO	0.035	0.300	0.240	(0.060)
Service Change	0.048	0.311	0.311	0.000
Total	0.102	0.655	0.551	(0.104)

The programme is currently forecasting a shortfall in revenue funding requirement of £0.104m for which a request is being made to EMB for funding from the Trust emergency reserve. Should the request for £0.104m non-recurrent revenue funding be agreed by EMB, the budget will be allocated to the programme.

Further commentary on individual projects is provided below.

Enabling Works (EW)

- 2.4 In February 2022, the Minister for Health and Social Services approved the Enabling works FBC, with a total capital funding of £28.089m. £19.947m of this funding is expected to be utilised in the financial year 2022-23. The forecast capital spend for this year is as follows:

	£m	£m
Pay		0.220
Non-Pay		19.727
Design & Build	8.735	
3 rd Party Works	5.928	
Utility Costs	1.851	
Supply Chain Fees	0.596	
Non-Works Costs	0.303	
Value Added Works	0.250	
Other Fees	0.234	
Quantified Risk – Trust	1.386	
Quantified Risk – Supply Chain Partner	0.444	
Total EW FBC Budget for 2022-23		19.947

- 2.5 There was an in month spend of £1.003m for May 2022 (£0.020m pay, £0.984m non-pay), with an in year spend of £1.444m (£0.037m pay, £1.407m non-pay).

New Velindre Cancer Centre

- 2.6 In March 2021, the Minister for Health and Social Services approved the nVCC OBC. A total capital funding of £5.550m has been provided in total, with a forecast utilisation of £2.089m in 2022-23.
- 2.7 There was an in-month capital spend of £0.328m for May 2022 (£0.117m pay, £0.211m non-pay), with an in year spend of £0.541m (£0.218m pay, £0.323m non-pay).
- 2.8 No revenue funding has been provided for this project by Welsh Government, however the Trust as in previous years is being requested to provide revenue funding to support the Programme during 2022-23. The revenue spend to date is £0.019m (£0.005m Project Delivery, £0.014m Judicial Review), and the current forecast outturn for the year is £0.044m.

Integrated Radiotherapy Solution Procurement

- 2.9 Due to a delay in the IRS procurement process, the project has been extended to September 2022. As a result of this delay the project is currently forecasting a shortfall funding requirement of £0.434m capital as described in section 2.2.
- 2.10 There was an in-month capital spend by the project of £0.049m (£0.027m pay, £0.022m non-pay), and a total spend of £0.071m (£0.050m pay, £0.021m non-pay) to 31st May 2022. The project is forecasting total pay costs of £0.214m and non-pay costs of £0.220m for the financial year 2022-23, which is a total of £0.434m for 2022-23.

Programme Management Office

- 2.11 There is a total requirement £0.300m revenue funding for the PMO for the current financial year. NHS Commissioners provided £0.240m as part of their annual funding towards the TCS Programme, agreed in December 2018. The Trust is currently being requested to provide a further £0.060m to support the Programme requirement during 2022-23.
- 2.12 The PMO spend in May 2022 was £0.018m. The spend to date is £0.035m. All spend to date is due to pay costs. The Project is forecasting a spend of £0.300m (£0.286m pay, £0.014m non-pay) in the financial year 2022-23.

Service Delivery, Transformation and Transition (Service Change)

- 2.13 A total of £0.311m revenue funding has been provided to the Service Change project for the financial year 2022-23, £0.180m from the NHS Commissioners annual funding towards the TCS Programme, and £0.131m transfer from the Trust revenue budgets to support the Project Director and a Project Manager.
- 2.14 The in-year spend for the Project to 31st May 2022 totals £0.048m. These costs are for pay only. The project is forecasting pay costs of £0.288m and non-pay costs of

£0.023m for the financial year 2022-23, a total of £0.311m against a budget of £0.311m.

Financial Risks & Issues

- 2.15 There is currently a financial risk that the Programme will overspend against its agreed funding, pending the outcome of EMB decisions in relation to the additional capital and revenue funding being sought.

3. CONSIDERATIONS FOR BOARD

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

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

- 5.1 The TCS Sub-Committee is asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2022-23 as at 31st May 2022.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME DIRECTOR'S REPORT

DATE OF MEETING	21 st June 2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	
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PREPARED BY	Gavin Bryce, Associate Director of Programmes Carys Jones, Senior Programme Delivery & Assurance Manager, TCS Bethan Lewis, TCS Risk Advisor & Programme Planner
PRESENTED BY	Carl James, Director of Strategic Transformation, Planning and Digital
EXECUTIVE SPONSOR	Carl James, Director of Strategic Transformation, Planning and Digital

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

COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	14/06/2022	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 well defined projects that are being delivered by the Trust in conjunction with its various partners / stakeholders.
- 1.2 The format of the report has been 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.

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 Stakeholder Communication, Engagement and CCLG
 - e) Change Controls or Exception Reports in previous reporting period
 - f) Programme Benefits Realisation
 - g) Project 1 > 7 Reported Status
 - h) Master Programme Plan and Critical Path
 - i) Programme Risks
 - j) Programme Issues
 - k) 3-month Programme look ahead

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

2.2 The Delivery Confidence Assessment (DCA) is a well-used method of providing an overview of a Programmes status (it is used within the Major Projects Authority Gateway Reviews and Managing Successful Programmes methodology). The evaluation criteria for the DCA is set out in Annex A and it should be noted that the DCA is a qualitative based opinion having considered a range of evidence available across the programme i.e. it is an indicator of the position and cannot be definitive.

2.3 The TCS Programme Manager and Programme Directors have reviewed the current position and the Programme Directors DCA in June 2022 is set out below.

Status	Qualitative Measure	Previous Status
Amber	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.	N/A
	The main findings supporting the DCA are: <ul style="list-style-type: none">• Programme Scope requires review due to new pieces of work emerging i.e., the Nuffield Trust advice, Acute Oncology Services implementation.• Programme Resources require review as the programme moves from planning into its implementation phase• Several projects have been paused due to Covid and / or operational pressures e.g., Project 5• Transition to new delivery and governance arrangements within the Trust are not yet finalized e.g., the scope of Velindre Futures• The significant operational pressures post-Covid increase the risk of delays to delivery	

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

The TCS Programme Master programme sets out the plan for delivery of the various project's 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 overleaf sets out the milestones have been achieved during June 2022 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 Final Tender Evaluation	3a	29 th April	Y		N/A	None
IRS OBC / FBC sign off	3a	26 th May	Y		N/A	None
IRS OBC / FBC submission to WG	3a	30 th May	Y		N/A	None
RSC FBC sign-off	4	26 th May	Y		N/A	None
RSC FBC submission to WG	4	30 th May	Y		N/A	None
EW Escrow funds deposited	1	17 th May	Y		N/A	None
EW Habitat management Works (Stage 2)	1	28 th April	Y		N/A	None
nVCC CAP4	2	20 th May	Y		N/A	None
nVCC approve issue of ITSFT	2	4 th May	Y		N/A	None
nVCC draft ITSFT issued	2	10 th May	Y		N/A	None
nVCC Final ITSFT issued	2	27 th May	Y		N/A	None

Key Milestone Summary:

All the key milestones were delivered in Projects 1,2, 3a and 4 during the last reporting period, accordingly there is no impact on the Programmes Critical Path.

Areas to highlight:

Projects (5) remains on hold due to Covid/resourcing/operational pressures which require further shaping and refinement. 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.

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	Risk Ref.	Position	Action	Target Date
Strategic Alignment	Green	R281 R295	The TCS Programme remains aligned to local, regional, and national cancer strategies and there are no issues identified during horizon scanning.	N/A	N/A
Programme Scope	Amber	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).	September 2022
Programme Budget	Amber	R350	Most of the projects within the Programme remain within financial limits, but the EW project is anticipating some inflationary pressures due to the rising price of steel and other materials. Further review is required on resourcing of the non-capital funded projects (Project 5, 6)	See mitigating actions for risk ID R350 Review required on resourcing of the non-capital funded projects (Project 5, 6) and application of resources as required	September 2022
Governance and Approvals	Amber	R360 I061	The TCS Programme has well established governance arrangements with a Programme Delivery Board and Scrutiny Sub Committee. However, some of the Projects are on hold	See mitigating actions for risk ID R360, I061 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).	September 2022

Area	Status	Risk Ref.	Position	Action	Target Date
Progress against Programme Plan	Amber	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>	See mitigating actions for risk ID IRS17, R327, R351, R363, R364, R319, R313, R340, R365, R206	Regularly monitored
Processes for Managing Risks and Issues	Green	N/A	<p>Programme Risk and Issues are regularly reviewed and have mitigations and owners. There is the consistent use of risk and issue methodology across the Programme.</p> <p>Given the scale, maturity, and complexity of the Programme the level of risk is relatively stable and commensurate with the activities being undertaken.</p> <p>See more detailed risk and issue review in sections I and J</p>	N/A	N/A
Benefits	Green	N/A	The Programmes' projects are mainly in the planning and procurement phases and therefore implementation and benefits delivery has not yet commenced but are quantified.	N/A	As per benefits realization plans at within programme and project business cases

d) **External Stakeholder Communication, Engagement and CCLG**

The SE Wales Collaborative Cancer Leadership Group (CCLG)

During this reporting period there have been two developments of note:

- **System Development Workshop** – on the 29th of April 2022 the CCLG held a workshop entitled '*Improving the cancer system in Southeast Wales: A whole systems approach to planning, delivery and governance*' attended by members of the Exec Teams from each SE Wales health board, their lead cancer clinicians, and relevant external organisations. The workshop was externally facilitated by the Nuffield Trust and received a series of presentations, including sharing the learning from the SE London Cancer Alliance.

Following a facilitated discussion session, three priorities were identified for the future development of the CCLG: governance and partnerships; standardisation and pathway optimisation; and infrastructure and workforce. It was agreed that there was a compelling case for change to the current CCLG arrangement and the following next steps were agreed:

- Start small on 3 end-to-end tumor sites and pathways
- Explore what more do we need to do to develop the Cancer Alliance kind of approach going forward, focusing on the governance and leadership.
- Workforce – strategic development of the SE Wales cancer workforce (including shared capacity).

VUNHST's Director of Strategic Transformation, Planning and Digital has initiated conversations with his Director of Planning counterparts to take these actions forward.

- **CCLG meeting** – the formal quarterly meeting of the CCLG was held on 17th May 2022 with the key focus on how the actions from the above workshop would be taken forward. Updates were also received on progress against the Nuffield Report recommendations, the AOS business case, TCS Programme developments, Velindre @ UHW and Regional Research, Development & Innovation.

The next meeting is currently scheduled for 13th September 2022.

Progress continues to be made across the recommendations within the **Nuffield Trust Advice**.

A separate report outlines in more detail progress against the individual recommendations, which is discussed as a separate agenda item at the PDB.

At the CCLG meeting in May, the group agreed a common single process/mechanism for the ongoing collective reporting of progress against the Nuffield recommendations.















Going forward, this will ensure that the monthly update captures activity within each of the respective SE Wales organisations that are agreed and consistent across all partners.

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

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

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:

Programme or Project	Not Required Currently	Deliverables Setout in Project Brief	Quantified with Owner(s)	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.

	Project Director	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Due Date
Project 1 – Enabling Works	David Powell	Amber	Amber	Green	Green	Green	Amber	<i>No actions identified on Highlight Report</i>	N/A
Project 2 – nVCC	David Powell	Amber	Green	Green	Green	Amber	Amber	<i>No actions identified on Highlight Report</i>	N/A
Project 3a – IRS	Huw Llewellyn	Green	Green	Amber	Green	Green	Green	<i>No actions identified on Highlight Report</i>	N/A
Project 4 – RSC	Andrea Hague	Green	Green	Green	Green	Green	Green	<i>No actions identified on Highlight Report</i>	N/A
Project 5 – Outreach	Nicola Williams	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)					Paused: No current rating	<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>	<p>Sept 2022</p> <p><i>(Informed by stock take)</i></p>

	Project Director	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Due Date
Project 6 – Service Delivery	Andrea Hague	Service change work being taken forward within Velindre Futures and business as usual service developments					Paused: No current rating	<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>	Sept 2022 <i>(Informed by stock take)</i>
Project 7 – Site Decommissioning	David Powell	To commence 12-18 months prior to opening of nVCC					N/A	N/A	N/A

h) Master Programme Plan and Critical Path

2.9 The Master Programme Plan (set out in Appendix A) 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 has been signed-off by both VUNHST Board and ABUHB Board and has been submitted to WG for scrutiny and approval which has led to the closure of associated risks. Until the FBC is given approval by WG the planned timescales for construction continue to have an element of uncertainty.	Risks Identified
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.	Issues Identified

i) **Programme Risks (13th April – 30th May)**

- 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.

Inherent → Current Ratings					
	Likelihood				
Impact	5. Certain	4. Likely	3. Possible	2. Unlikely	1.Rare
5. Catastrophic	37 → 6				
4. Major					
3. Moderate	60 → 61				
2. Minor					
1. Insignificant			21 → 42		
			1 → 10		



- 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
Risks	6	8	3	12	29
Issues	2	4	0	0	6

2.13 The new risks (in accordance with the Trust risk appetite) across the programme and projects are set out in the below table.

ID	Description of Risk	Risk Owner	Risk Actionee	Direction of Travel	Current Rating	Comment	Mitigations on Track (Y/N)	Next Action Due Date
R367	There is a risk that delays to the RSC could lead to extra Linac needing to be installed into VCC and then moved to nVCC later, impacting anticipated Project and Programme timescales and costs	Nicola Prygodzicz	Andrea Hague	New	Likelihood 3 Impact 4 Overall 12	<p>1) Current operational capacity conversations regarding temporary bunkers remains ongoing to ensure service can meet demand <i>Ongoing discussions between Project and Operational teams</i></p> <p>2) Discussions with other providers to explore temporary increased capacity <i>Discussions held, but limited capacity available</i></p> <p>3) Monitoring of Project Plans with Project team to ensure timelines are met and anticipate and mitigate any delays <i>Project Plans reviewed and scrutinised between VUHNHST, ABUHB and Contractor at Project Team meetings and Project Board</i></p>	Y	<p>14/06/2022</p> <p>(will be reviewed when the impact of the Rutherford situation has been scoped and its dependencies identified)</p>

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
R345	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	Bethan Tranter	David Powell		Likelihood 4 Impact 3 Overall, 12 <i>Previous Risk Rating</i> Likelihood 3 Impact 3 Overall, 9	Feedback to Chief Pharmacist Group indicates that SE Wales hub of TrAMS model will be delayed by approximately 12 months to 2025. Depending on revised nVCC timescales, this may mean that there is a protracted period whereby nVCC will be open before TrAMS service is functioning. Further discussions to take place as the risk may become an issue, an update will be provided for the next Project Board meeting.		30/06/2022

j) Programme Issues

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

Project	Issue Owner	Issue Actionee	Issue Description	Issue Status	Current Rating
Project 5 (Outreach)	Nicola Williams	Steve Ham	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.	Job descriptions evaluated and ready to commence recruitment. Looking at potential interim arrangements prior to recruitment.	High

k) Programme One and Three Month Look Forward

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

Milestone	Project	Date	Critical Path
June 2022			
IRS notification of winning bidder / losing bidder	3a	7 th June	Y
IRS WG scrutiny of FBC process	3a	30 th June	Y
RSC WG scrutiny of FBC process	3a	30 th June	Y
nVCC final tenders submitted and start of evaluation	2	17 th June	Y
PROW Diversion (s257) application submitted to CCC	2	17 th June	Y
nVCC site (s.73) application submitted to CCC	2	13 th June	Y
EW CEMP Determination	1	6 th July	Y
EW TCAR2 Pre-commencement conditions determination	1	6 th July	Y
EW Ancillary Access Planning Application Submission	1	13 th June	Y
EW Design & Preparation completed	1	30 th June	Y
July 2022			
EW Construction (Phase 1) begins	1	7 th July	Y
EW Asda Construction (Phase 1) begins	1	19 th July	Y
IRS VUNHST respond to WG comment on FBC	3a	15 th July	Y
nVCC Bidder Evaluation complete	2	8 th July	Y
Trust Board and WG Approval to proceed	2	15 th July	Y
Successful and unsuccessful participants informed	2	22 nd July	Y
Development of FBC begins	2	25 th July	Y
RSC Site Mobilisation begins	4	25 th July	Y
August 2022			
IRS – WG approval of FBC	3a	Mid-August	Y
RSC Main Construction begins	4	8 th August	Y






10. IMPACT ASSESSMENT

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

I) RECOMMENDATION

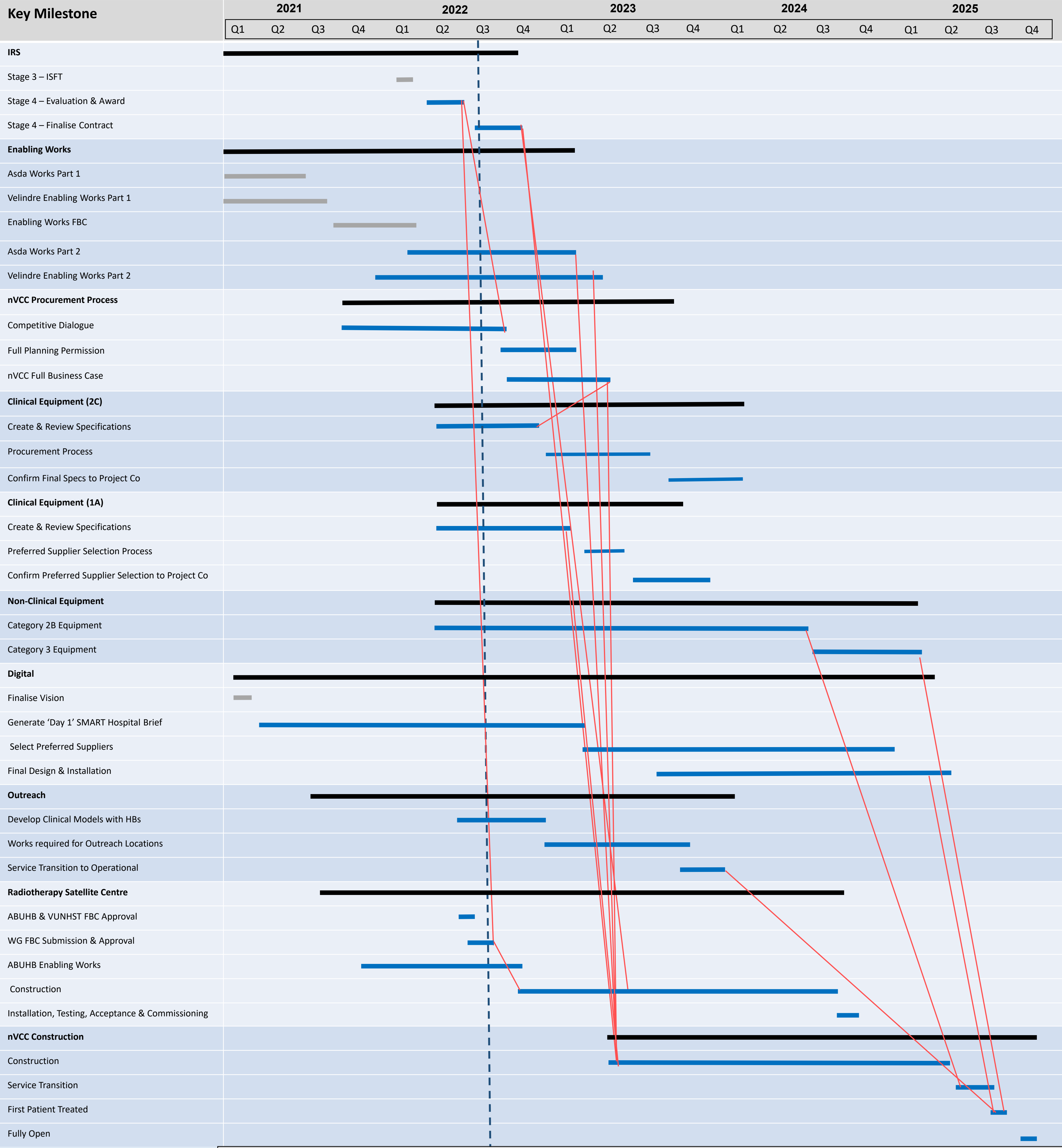
- a. The TCS Scrutiny Sub Committee are asked to **NOTE** this report.

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

Appendix B - Escalated Risks *(see separate document)*



Trust Risk Category (Rc)	ID	Date Registered	Originator	Risk emerging from	Programme Assessment						Owner	Description of Risk	Last Reviewed	Inherent Likelihood	Inherent Impact	Inherent Risk Rating	Risk Cost	Proposed Mitigation Actions / Action Plan	Actions Status	Actionee	Next Action Due	Next Action Due Date	Impact Stage	Primary Impact Type	Likelihood (Current)	Impact (Current)	Risk Rating (Current)
					IN VCC	IN RSC	IN S&C	IN S&D	IN S&F	IN S&G																	
Financial Sustainability	R272	30-Jun-20	Jacqui Couch	6. SACT and Outreach							X	Nicole Williams	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.	31-Aug-21	4	5	20	1) Programme Board will look to allocate resources as appropriate. Funding request in WG to support ongoing work. 2) Clarification required on whether Outreach Project is an Operational or an Infrastructure Project	1) Programme to allocate resource to support project. Project and Programme have met in April 2021 to discuss resourcing for project support with no further movement forward in resolving this 2) Ongoing - tbc	Programme Board	2	1) 03/12/21 2) 30/11/21	Multiple Stages	Quality / Performance / Service Delivery	4	5	20
	R208	31-May-19		6. Service Delivery, Transformation and Transition							X	Andrea Hague	There is a risk that there will be a lack of suitable workforce and staff with the right training to deliver the TCS service model	28-Apr-21	4	4	16	1) Staff / service groups will identify where current and future workforce resource has gaps. A workforce plan will be developed, building on previous work developed in 2016-17 (strategic workforce plan) 2) Meeting to be arranged with Assistant Director of workforce and OD, to request initiation of programme of work for workforce and educational requirements 3) The Trust has provided via commissioning temporary funding until March 2020 for 2.0 WTEs. VCC has provided 1WTE Programme Manager. There has been a temporary reduction in oncology time due to clinical workload. Agree structural requirements to deliver the full programme has been submitted to the Trust, the Programme Board and to commissioners	1) This work is being picked up as part of initial 'deep dives' being undertaken by Velindre Futures. Outcomes of these are being shared. 2)	Sue Thomas	2	01-Sep-21		Quality / Performance / Service Delivery	4	4	16
Quality	R210	31-May-19		6. Service Delivery, Transformation and Transition							X	Andrea Hague	There is a risk that the lack of dedicated resources to support and deliver the structured programme of service transformation work will not deliver the desired outcomes	28-Apr-21	4	4	16	1) The Trust has provided via commissioning temporary funding until March 2020 for 2.0 WTEs. VCC has provided 1WTE Programme Manager. There has been a temporary reduction in oncology time due to clinical workload. Agree structural requirements to deliver the full programme has been submitted to the Trust, the Programme Board and to commissioners	1) Service Developments and transformation are being taken forward with existing resources where possible but this will adversely impact on the pace of change and ability to meet programme timescales.	Andrea Hague	1	01-Sep-21			4	4	16
Workforce	R329	10-May-21	Jacqui Couch	5. SACT and Outreach	X						X	Nicole Williams	There is a risk that time-consuming infrastructure work i.e. the refurbishment of a current site or identification of a new build is required to deliver the agreed outreach model of care. This could lead to delays in outreach services, not being established or operational ahead of the new VCC as agreed within Programme objectives	31-Aug-21	4	4	16	1) Identify location 2) Identify refurb / new build required 3) Establish level of local engagement with CHC/public required 4) Identify appropriate resources from all H&B & VUNHST (inc Project Leads, Planning etc) to ensure project is supported and managed to align with project & programme timelines 5) Establishment of ownership and governance of Project within TCS/VF environment	1) Ongoing - ABUHB have confirmed 1 location at Nevill Hall C&V and CT still ongoing for the Vale & Bridgend populations. North Cwm Taf have confirmed 1 location at Prince Charles 2) Ongoing 3) TBC 4) TBC 5) TBC	Project Board	n/a	n/a	Multiple Stages	Timescale	4	4	16
	R360	09-Mar-22	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Carl James	There is a risk that as a number of Projects remain 'On Hold' and/or incur delays impacts on interdependencies with projects which are progressing resulting in Programme Master Plan objectives / outcomes being delayed / not being met	31-May-22	4	4	16	1) Stocktake of all Projects and Programme to be undertaken 2) Refreshed Project Self-evaluation toolkit 3) Refresh 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	1) Work is underway to be completed by end of June '22 2) Work to be completed by end of June '22 3) Work has started to identify resource requirements and any current gaps 4) Work has started to identify resource requirements and any current gaps 5) Work to be completed by end of June '22	Programme Team	1	30-Jun-22	Multiple Stages	Quality / Performance / Service Delivery	4	4	16
	R274	30-Jun-20	Jacqui Couch	6. SACT and Outreach							X	Nicole Williams	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of the outreach project	31-Aug-21	4	5	20	1) Agreement with H&Bs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	1) Ongoing as and when required	Project Board	4	03-Apr-22	Service Delivery	Quality / Performance / Service Delivery	3	4	12
	R268	17-Jan-20	Jacqui Couch	4. Radiotherapy Satellite Centre	X	X					X	Andrea Hague	There is a risk that as the IRS Project needs to be phased in parallel with RSC Project, due to overlapping timelines and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk	01-Jun-22	4	4	16	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 futureproofed to allow for IRS solution 3) Review impact of delays to IRS Project on RSC Timeline	1) There is consistent membership sits on both project boards to provide oversight on progress across both. 2) Paper outlining additional costs for future proofing of the building and builder design submitted by WVSPP-SES to WG has been approved. 3) Agreement with Kier & ABUHB design to the more significant strategy to manage any risk to the project delay as a result of IRS delays and any refinement of design required once preferred bidder known will be managed through formal change control.	2) Kier / ABUHB	3	30-Jun-22	Multiple Stages	Timescale	4	3	12
	R273	30-Jun-20	Jacqui Couch	5. SACT and Outreach	X						X	Nicole Williams	There is a risk that the projected growth assumptions for outreach delivery of SACT, ambulatory care and outpatients is less than will be required, leading to understated locations.	18-Aug-21	4	4	16	1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirements will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirements will be undertaken.	1) Re-run of projections has been completed and growth assumptions understood, the outputs will then be used to feed into each of the different Outreach locations ensuring they are suitably sized. 2) Paper will be taken to Project Board and Programme Delivery Board	Jacqui Couch / Carys Jones	N/A	03-Apr-22	Service Delivery	Quality / Performance / Service Delivery	3	4	12
Workforce	R282	23-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Carl James	There is a risk that the impact of Covid-19 on Programme activity will continue to cause long-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables	31-May-22	4	4	16	1) Regular review and update of Project Plans 2) Update Programme Master Plan to reflect any project changes 3) Review and reporting on Master Plan to PCB and Scrutiny committee	1) Project plans being reviewed and programme support to ensure they are up to date and where projects are new 'unpacked' to bring plans in line with more mature projects. 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity Complete	Bethan Lewis	3	30-Jun-22	Multiple Stages	Quality / Performance / Service Delivery	3	4	12
	R268	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	X	Lauren Fear	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	04-May-22	4	4	16	1) Communications / stakeholder engagement plan in development 2) Established digital channels including dedicated webpages for TCS Programme, Velindre Matters social media channels 3) Variety of stakeholder events held over a number of years 4) Newsletters and leaflet drop locally and for subscribers 5) Ongoing engagement with local elected members (MS, MP, Councillors) 6) Ongoing engagement with local residents and community groups 7) Ongoing engagement with Asda and Cardiff Council 8) Monthly meeting with WG Head of Capital and Director General.	1) Completed - Plans are in place and being implemented working with both n/VCC & 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 of end of June 2022 3) Programme of regular engagement with local stakeholders being implemented ongoing 4) Professional meeting forums held e.g. DoPhs, MDs, CEOs etc - ongoing 5) Ongoing engagement with local elected members (MS, MP, Councillors) 6) Monthly meeting with WG Head of Capital and Director General - ongoing 7) Ongoing with further meetings planned on a regular basis as per Programme and Project milestones	Non Gwynl	2	30-Jun-22	Multiple Stages	Reputation / Political	4	3	12
Financial Sustainability	R327	22-Apr-21	Gavin Bryce	3a. IRS								Gavin Bryce	There is a risk that the approval for the FBC for the IRS Project is delayed or not approved, due to changes in approval timescales which would lead to delays to project delivery, project abandonment impacting on other TCS Projects (n/VCC & RSC) deliverables	31-May-22	4	4	16	1) Engagement with Capital & Treasury teams 2) Previous presentations to IIB 3) OBC shared with WG Officers for comment 4) WG notified of timescales for FBC so they can align resources 5) Specialist advisors used to support delivery of Business Case	1) Ongoing activity, following submission of FBC engagement with WG & Commissioners will be undertaken 2) Complete 3) Complete 4) Complete 5) Complete	Gavin Bryce	1	31-Aug-22	Procurement		3	4	12
Financial Sustainability	R264	29-Jun-20	Jacqui Couch	4. Radiotherapy Satellite Centre	X	X					X	Andrea Hague	There is a risk that the Radiotherapy Satellite Centre will not have required skilled staff in place to run the facility once ready to be operational. This would impact on radiotherapy capacity and resilience for the Trust.	01-Jun-22	3	5	15	1) An integrated Radiotherapy and Physics workforce plan is required to consider the service as well as taking account of a full range of potential 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. 3) VUNHST are developing recruitment, training and development plans to support the agreed workforce plan.	1) Workforce plan subgroup conducting in January 22. Recruitment for additional posts has been undertaken (including some roles that will be required for RSC). Draft Workforce Plan will be shared at RSC Project Board meeting. 2) Workforce model approved for OBC to be included in FBC. This has been reviewed and no changes made. 3) The work is being picked up by the workforce plan subgroup who will continue to develop Action Plan which will be done by the service.	Amanda Jenkins	3	30-Jun-22	Service Delivery	Quality / Performance / Service Delivery	4	3	12

	R279	08-Jul-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	Lauren Felt	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependent links are not communicated effectively and the wider networked clinical model not understood.	04-May-22	4	3	12	1) Revise TCS website 2) Improve internal TCS teams Comms 3) Improvements to Internet 4) Improvements to the link between Programme Governance and Comms	1) Completed - TCS website moved onto MURA platform 2) Completed - Comms team have recruited to support TCS Programme 3) Work to makes intranet improvements continues, scope of this work is vast and Comms team continue to make progress as per capacity 4) Ongoing work with further evaluation of process and protocols to ensure efficacy	Non Gwilym	N/A	30-Jun-22	Multiple Stages	Reputation / Political	4	3	12
Reputation	R297	05-Oct-20	Bethan Lewis	8. Programme	X	X	X	X	X	X	Sarah Morse	Risk that there will be inadequate and / or insufficient workforce capacity 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 Valeindre facilities across the SE Wales region / Impact on providing treatment and care to patients	03-Mar-22	3	4	12	1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied 2) Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 3) Clarity of expectations for workforce team involvement 4) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 5) Workforce team to support service to ensure the right people are available and allocated to support.	1) Service plans are being developed through VCC Projects and under Valeindre Futures workstreams. Ongoing 2) A Workforce planning Project Manager has been recruited and is working with departmental leaders to education managers and support development of plans, Workforce planning toolkit and methodology in place and signed off by Trust Ongoing 3) Role clarity to be defined following completion of service plan. Ongoing 4) WOD Team interface with workforce planning elements of VF via dedicated project role. This role has clear relationships with Senior WOD BP for VCC and Heads of Workforce and CO. 5) Currently WOD team supporting in the completion of baselining current workforce to support further planning and supporting initial recruitment in IRS	1) Service Leads 2) Head of Workforce 3) Service Leads 4) Head of Workforce 5) Service Leads/Senior Business Partner VCC		03-Apr-22	Multiple Stages	Quality / Performance / Service Delivery	3	4	12
Performance & Service Sustainability	R345	08-Oct-21	Andrea Hague Jaequie Cough	2. nVCC	X					X	David Powell	TriAims timescales There is a risk that if TriAims is not delivered to expected timescales then nVCC will not have the capacity to deliver its own service	25-May-22	4	3	12	Not quantified 1. Current timescales expect TriAims delivery to run in parallel with TCS/nVCC 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	1. View details project plan once final Business Case approved - Ongoing 2. Attend regular TriAims Project Board and monitor project progress - Ongoing due to be established 2022/23	Andrea Hague, Bethan Turner	1	30-Jun-22	Multiple Stages	Timescale	4	3	12
	R351	05-Jan-22	Craig Salisbury	2. nVCC	X					X	David Powell	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/AUR (27th March 2023), leading to delays to the project and a possible loss of planning permission.	26-May-22	3	4	12	Not quantified 1. Submit section 73 application to extend the date by which MM start on site must occur, to reduce the impact of any delays to the start of construction. 2. Regular monitoring and management of other projects/workstreams which may affect start on site date including enabling works and nVCC procurement	1. Work is currently being undertaken on the section 73 application. Started 2. Ongoing	Mark Ash	N/A	N/A	Construction	Timescale	3	4	12
Quality	R363	03-May-22	Phil Morgan	1. Enabling works for nVCC	X					X	Phil Morgan	Delay to implementation of enabling works There is a risk that the enabling works will start later than programmed due to the following points: (i) Approval of the CEMP is later than expected - required by 15th June 2022 (ii) Requirement to achieve a successful outcome to the WUK Goodwill Claim for inflationary pressures (see issue 071) Delays to these activities would impact on the whole enabling works programme.	03-May-22	5	3	15	1. Work with Cardiff Council as required to ensure June determination date of CEMP if possible. 2. Undertake governance process to secure goodwill claim expeditiously	1. CEMP is currently up for determination and PPA is being proposed to council which may help maintain timelines. Significant change to planning committee make up following local elections may delay June committee. Ongoing 2. Enabling works team currently working on this Ongoing	Phil Morgan	1	08-Jul-22	Construction	Timescale	4	3	12
Quality	R364	03-May-22	Phil Morgan	1. Enabling works for nVCC	X					X	Phil Morgan	Asda/Walters works contract There is a risk that Asda do not execute the contract with Walters UK, leading to delays to the enabling works completion, which would in turn delay the MM construction	03-May-22	3	4	12	1. Asda have expressed concern at being in direct contract with WUK. Enabling works team to work with Asda to assure them on this arrangement.	1. Discussions with Asda are ongoing. Ongoing.	Phil Morgan	1	10-Jul-22	Construction	Timescale	3	4	12
Workforce	R367	01-Jan-22	Andrea Hague	4. Radiotherapy Satellite Centre	X	X				X	Andrea Hague	There is a risk that delays to the RSC could lead to extra Linac needing to be installed into VCC and then moved to nVCC at a later date, impacting anticipated Project and Programme timescales and costs	01-Jan-22	4	3	12	1) Current operational capacity conversations in regards to temporary bunkers remains ongoing to ensure service can meet demand 2) Discussions with other providers to explore temporary increased capacity 3) Monitoring of Project Plans with Project team to ensure timelines are met and anticipate and mitigate any delays	1) Ongoing discussions between Project and Operational teams 2) Discussions held, but limited capacity available 3) Project Plans reviewed and scrutinised between VUHHST, ABUHB and Contractor at Project Team meetings and Project Board	1) AH / KI 2) KI / COB 3) AH / AW	3	14-Jun-22			3	4	12

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Radiotherapy Satellite Centre – AEDET Evaluation

DATE OF MEETING	21 st June 2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	
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PREPARED BY	Andrea Hague, Director of Service Transformation
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PRESENTED BY	Jacqui Couch, Clinical Transformation Manager
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EXECUTIVE SPONSOR APPROVED	Carl James, Director of Strategic Transformation, Planning & Digital
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REPORT PURPOSE	For Noting
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS Programme Delivery Board	16/03/2022	Noted

ACRONYMS	
AEDET	Achieving Excellence Design Evaluation Toolkit
TCS	Transforming Cancer Services
VUNHST	Velindre NHS University Trust
ABUHB	Aneurin Bevan University Health Board
RSC	Radiotherapy Satellite Centre
NHH	Nevill Hall Hospital

TO NOTE – THIS PAPER WAS ON THE MARCH COMMITTEE HOWEVER IT WAS NOT COVERED AND THEREFORE AGREED FOLLOWING THE MEETING TO BRING BACK TO THIS COMMITTEE FOR NOTING.

1. BACKGROUND

- 1.1 VUNHST and ABUHB have been working on the project to develop a Satellite Radiotherapy Satellite Centre at NHH. The project has been reporting regularly to the TCS Programme.
- 1.2 The RSC project is currently at Stage 4 design and as part of this an AEDET review was recently completed. The presentation given to the by the RSC Project team to the AEDET review panel (appendix 1) together with the AEDET report (appendix 2) are attached.
- 1.3 The outcome of the AEDET was that for the vast majority of criteria there was strong agreement that the design achieved the requirements. Where the score was less than strong agreement, (score of less than 5) it was due to the existing site constraints rather than the design for the new unit.
- 1.4 There will be a further post project AEDET later in the programme.
- 1.5 Alongside the AEDET review, there has been a review of the Stage 4 design. The RSC Project Team are confident that the functionality and patient experience of the RSC building is fit-for-purpose and of a high quality.
- 1.6 The main issues of discussion during the stage 4 feedback regard the alignment of the RSC project with the ambition of Velindre University NHS Trust and the Transforming Cancer Services (TCS) design criteria and sustainability/carbon ambitions. It is believed that the RSC Project will significantly enhance the Trusts position on these aspects and that any further progress is not possible within the available time or funding envelope for the RSC Project. This position has been supported by the range of professional advisors and NHS Wales Shared Services Partnership.

2. IMPACT ASSESSMENT

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

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

3. **RECOMMENDATION**

3.1 The Sub-Committee are asked to note the AEDET review of the RSC project.

SATELLITE RADIOTHERAPY UNIT, NEVILL HALL



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Llywodraeth Cymru
Welsh Government



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

AEDET PRESENTATION THURSDAY 17TH FEBRUARY 2022

gleeds

leewakemans
management



KIER



AECOM

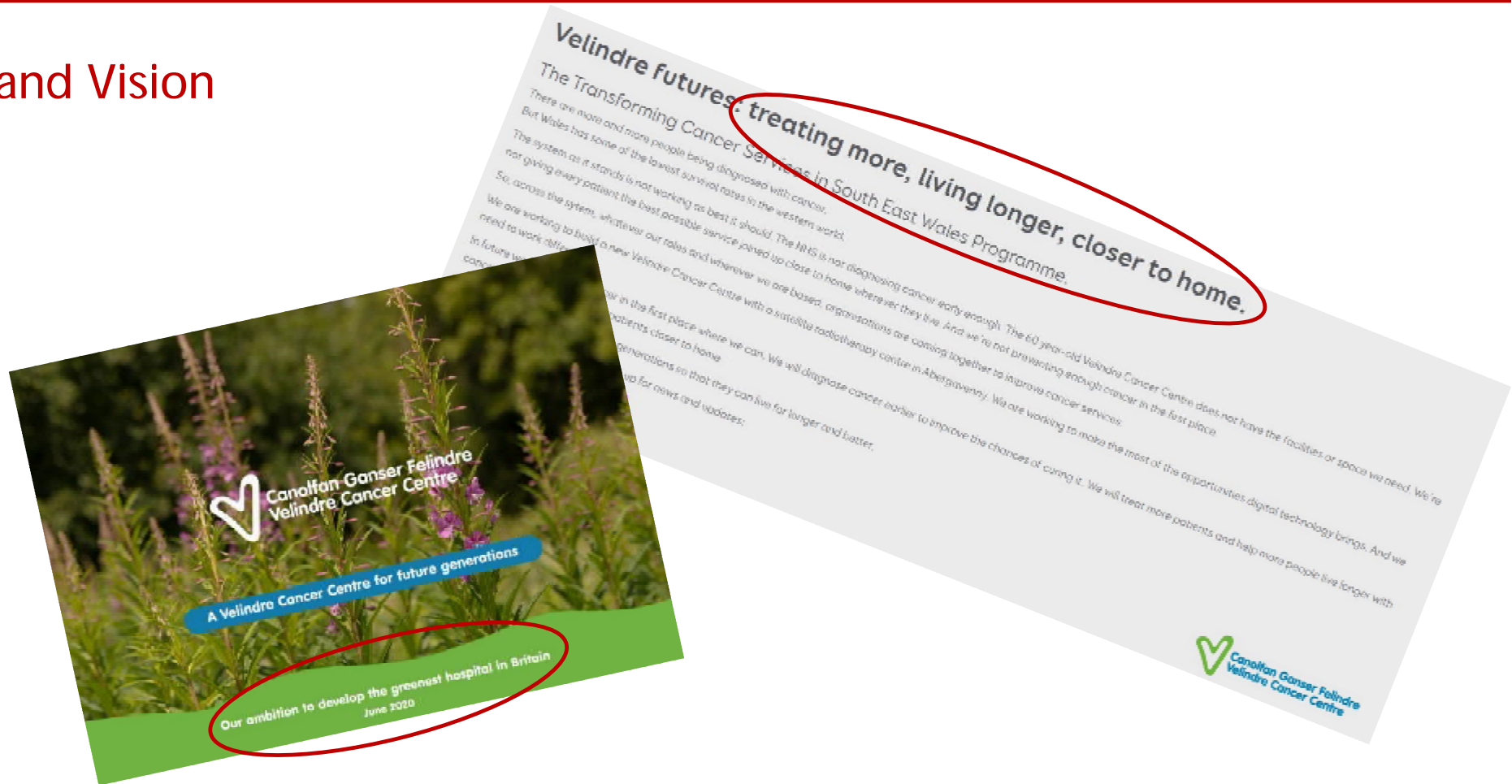
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SATELLITE RADIOTHERAPY UNIT, NEVILL HALL



CHARACTER AND INNOVATION

Brief and Vision



CHARACTER AND INNOVATION

Brief and Vision

SRU as precursor to Velindre's ambition for green hospital



“

Our ambition is to develop the greenest hospital in Britain

— VELINDRE CANCER CENTRE

”

CHARACTER AND INNOVATION

SITE CONTEXT



SITE OF IMPORTANCE FOR NATURE CONSERVATION (SINC)

LANDSCAPE PROPOSALS MUST ROBUSTLY ADDRESS THE EXISTING CONTEXT AND NOT DETRACT EITHER



SITED ON EDGE OF BRECON BEACONS NATIONAL PARK

OPPORTUNITIES TO MAXIMISE VIEWS OUT TO THE BRECON BEACONS



TOPOGRAPHY: LEVELS DIFFERENCE ACROSS SITE

THE SITE HAS A CHALLENGING TOPOGRAPHY WITH MULTIPLE LEVEL DIFFERENCES AND SLOPES ACROSS THE SITE. GENERALLY, THE SITE GENTLY FALLS TO THE SOUTH; THE WESTERN PART OF THE SITE IS FORMED BY A SMALL MOUND THAT FALLS STEEPLY TOWARDS THE STAFF CAR PARK TO THE WEST AND SERVICE AREA TO THE NORTH



FLOOD RISK PLAIN (C2)

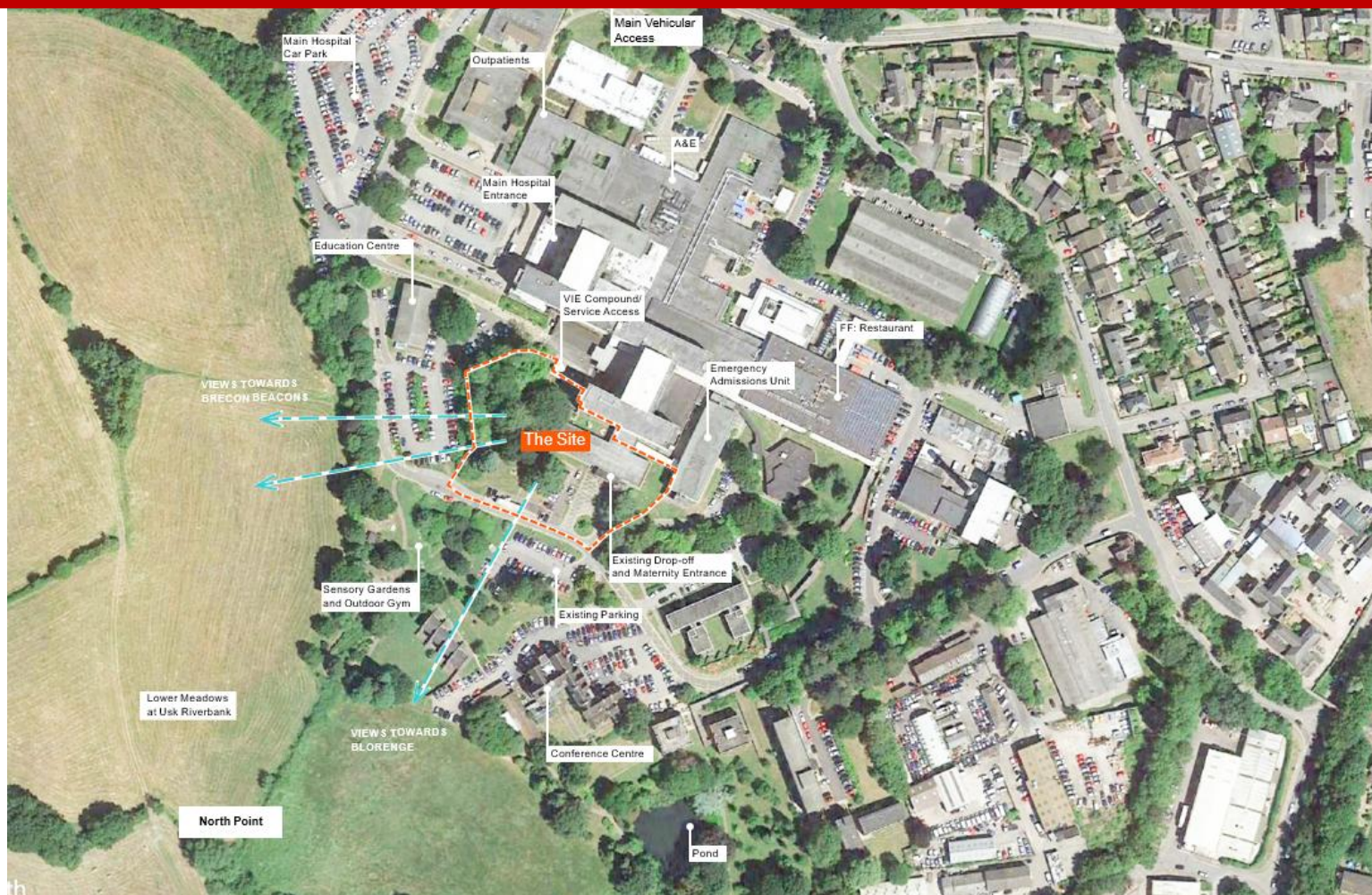
PART OF THE SITE FALLS WITHIN A 1:1000 YEAR FLOOD RISK AREA CAUSED BY THE RIVER USK, WHICH IS LOCATED APPROXIMATELY 500M TO THE WEST OF THE HOSPITAL

CHARACTER AND INNOVATION



Existing Nevill Hall which gives its name to the hospital site; views out onto the AONB beyond

CHARACTER AND INNOVATION



CHARACTER AND INNOVATION

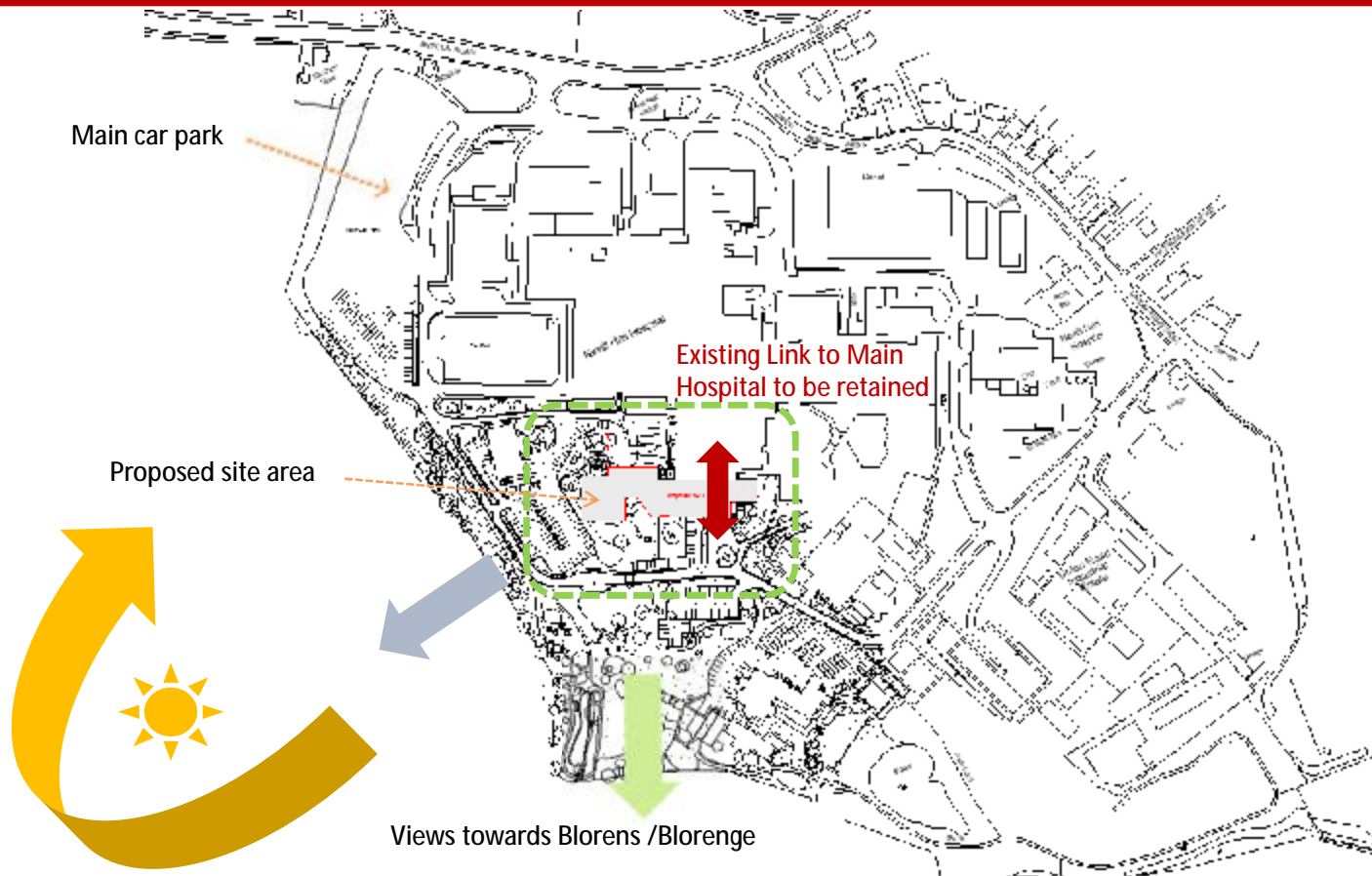


1 View from the Maternity entrance towards the South
2 View into the existing Maternity Entrance and drop-off
3 View of the Maternity entrance and hospital from the southern car park
4 Level difference within the existing courtyard. Existing Memorial Garden to be relocated
5 Vik Compound and existing trees on the site

CHARACTER AND INNOVATION



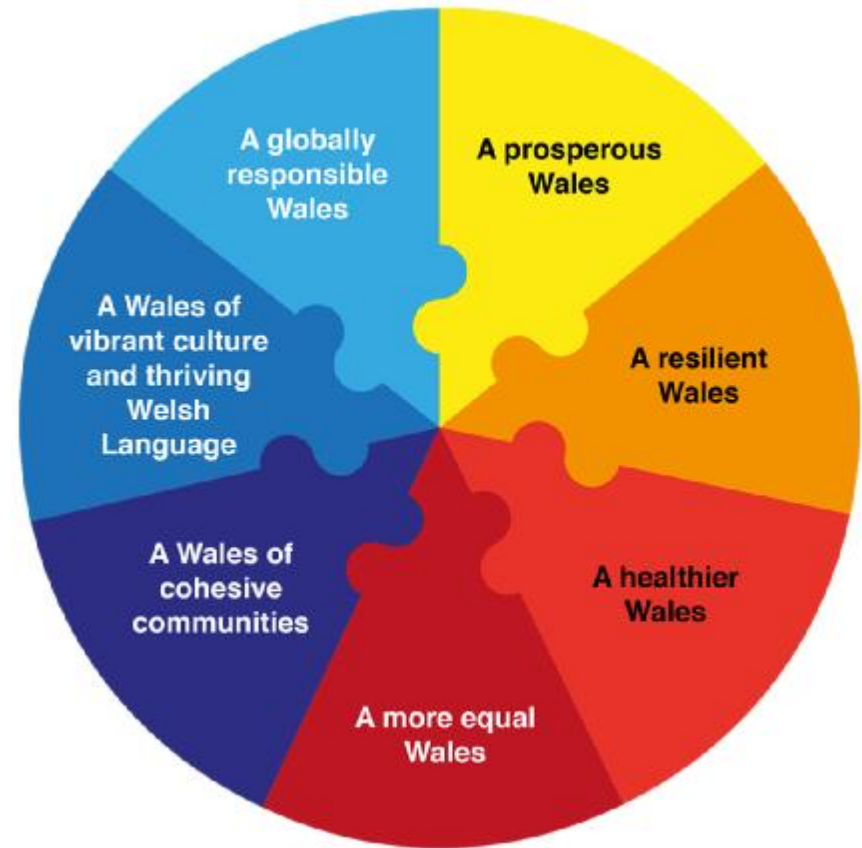
CHARACTER AND INNOVATION



CHARACTER AND INNOVATION

The Well Being of Future Generations Act (Wales) 2015

- ✓ 7 Goals
- ✓ Requires public bodies to consider long-term impact of decisions, including climate change
- ✓ Aligned with UN Sustainable Development Goals

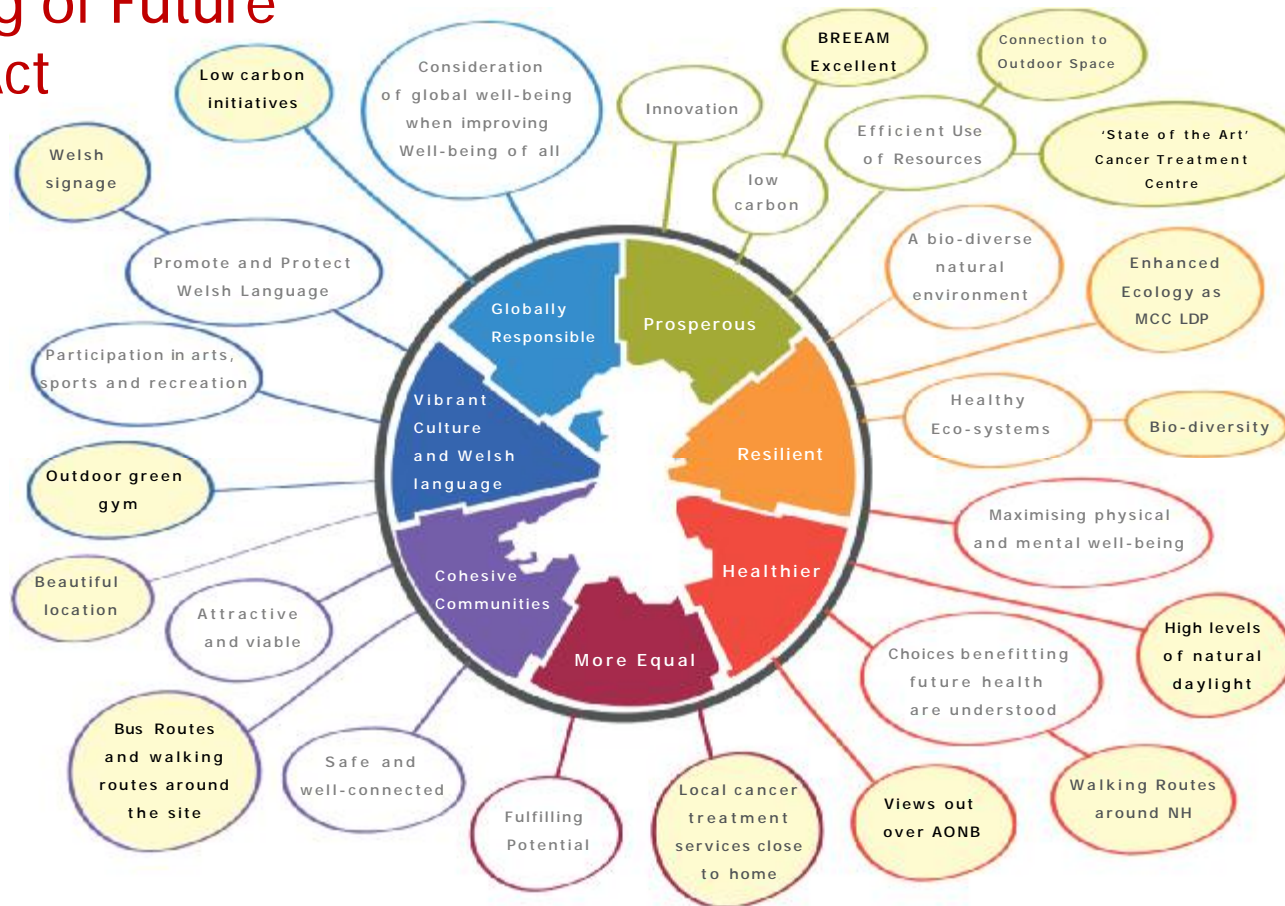


CHARACTER AND INNOVATION



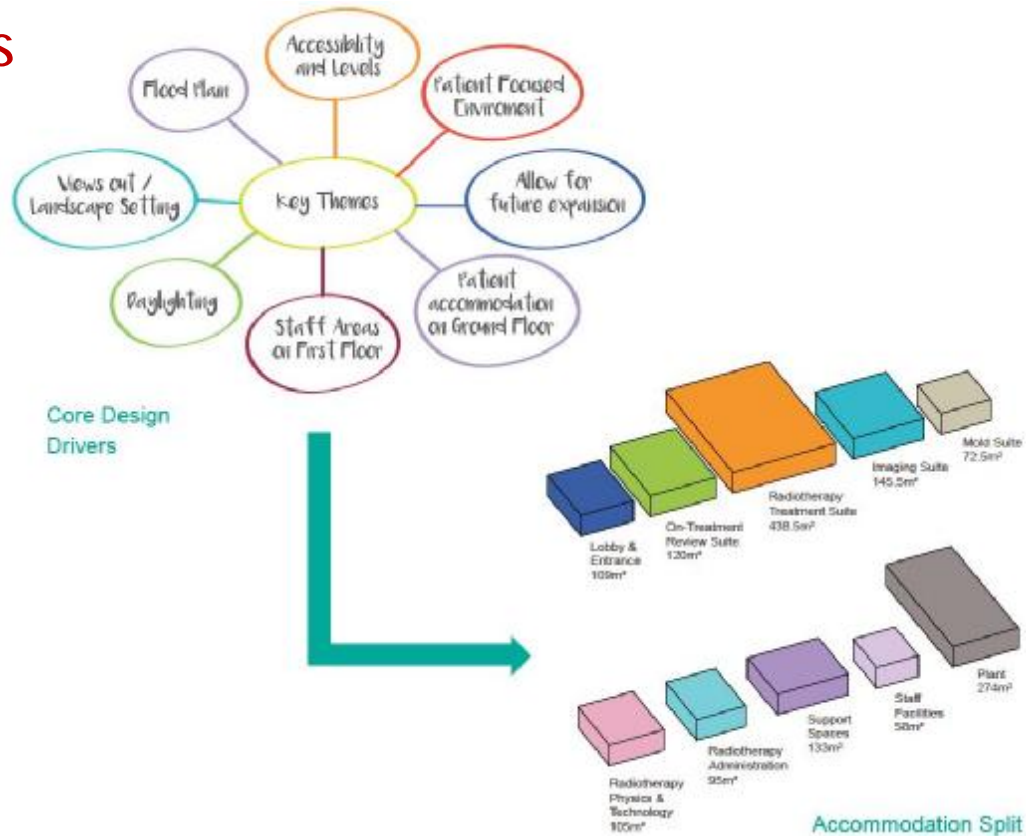
CHARACTER AND INNOVATION

The Well Being of Future Generations Act (Wales) 2015



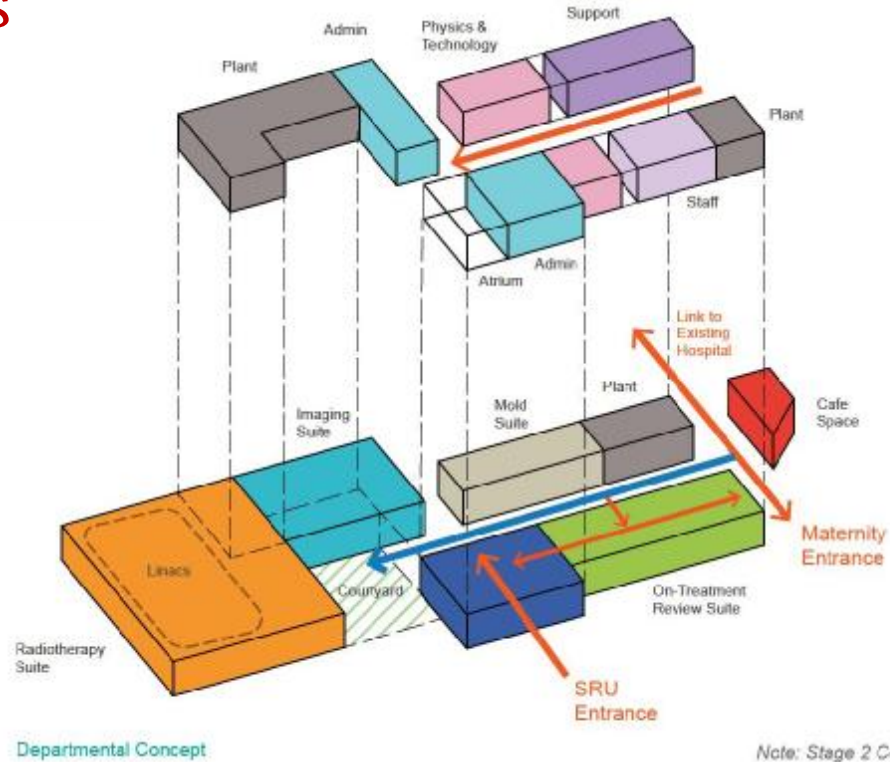
CHARACTER AND INNOVATION

Concept Diagrams



CHARACTER AND INNOVATION

Concept Diagrams



CHARACTER AND INNOVATION

Developed Design – Stage 4




CHARACTER AND INNOVATION



CHARACTER AND INNOVATION

Celebrating Nature



CONTENTS

Executive summary	3	Developing a green building	10	Turning our green commitments into reality	15
Introduction	4	Energy	10	Wellbeing of Future Generations	16
The site	5	Natural resources and materials	11	Advisors	18
Keeping the site green	6	Plant and machinery	12		
Community amenity	6	Water and drainage	12		
Biodiversity	7	Air quality	13		
Visual impact and landscaping	8	Light	13		
Transport	9	Noise	14		
		Waste	14		

FORM AND MATERIALS

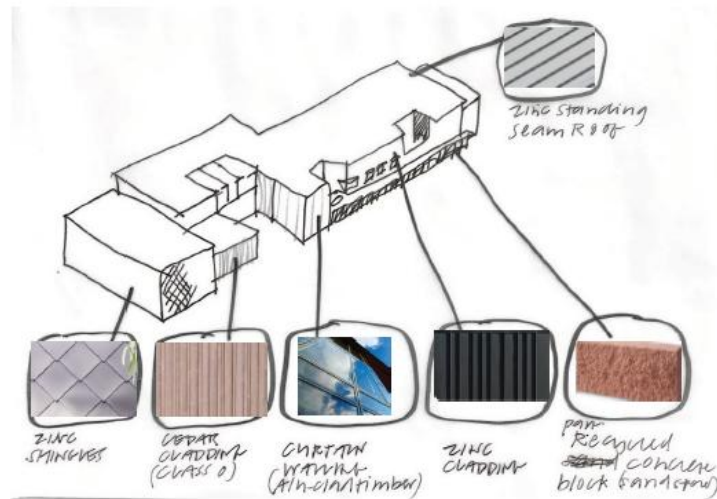
Material Palette

The outline specification has been selected to achieve a BRE Green Guide Rating of A or A+, as shown in the table below.

Materials have also been proposed based on the embodied carbon rating. Whilst other materials may have similar Green Guide Rating and a lower carbon output this needs to be considered against the requirements of WHTM requirements in particular Firecode given the adjacency with Nevill Hall Hospital.

Material	BRE Green Guide Rating	Kg of CO ₂ (60 years)
1. Zinc shingles	A+	62
2. Recycled fair faced block	A+	56
3. Zinc rainscreen cladding	A	58
4. Class O cedar cladding	A+	28
5. Alu clad timber modular window system	A+	91
6. Standing seam zinc roofing	A+	62

Note: Stage 2 Concept Outline Specification - BRE Green Guide Ratings were considered as part of the Outline Design but are not current for this scheme's BREEAM criteria.



Sketch Axonometric indicating palette of proposed materials



Architype, Wilkinson Primary School



Creo_Arkitektura_Ballerup_Denmark

Stage 2 Precedents Images & Materiality Concepts



Hall & Bednarczyk_TheNook, Monmouthshire



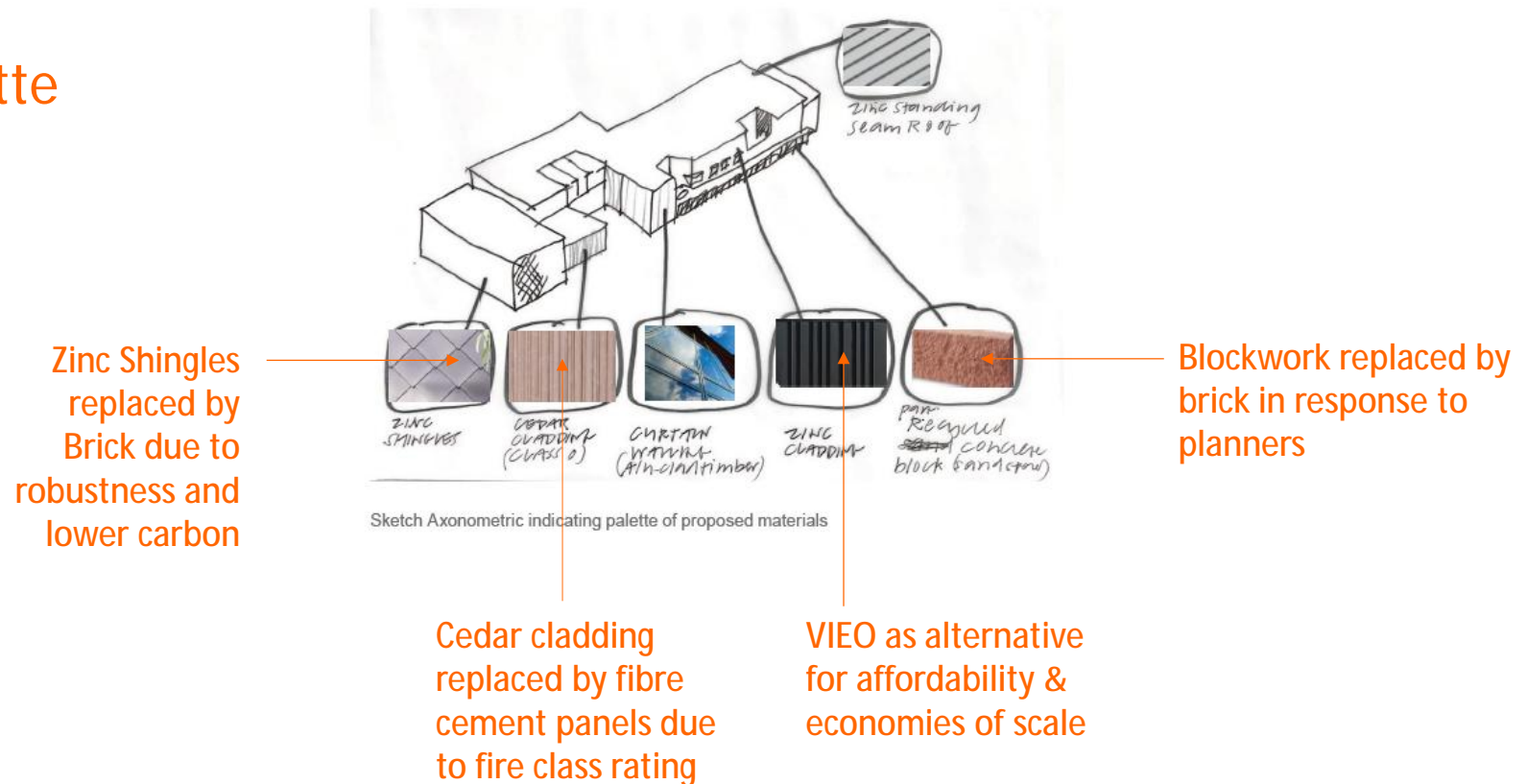
Barn, Monmouthshire



Abergavenny stone and brick

FORM AND MATERIALS

Material Palette



FORM AND MATERIALS

Material Palette



FORM AND MATERIALS



FORM AND MATERIALS



FORM AND MATERIALS

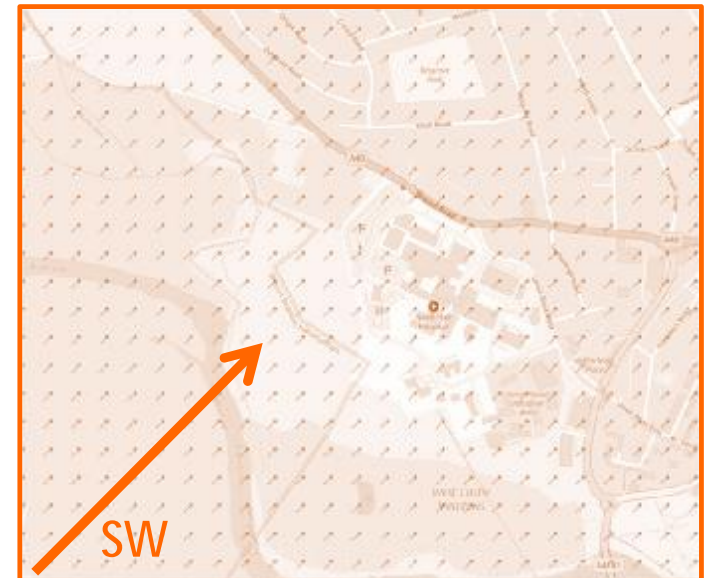
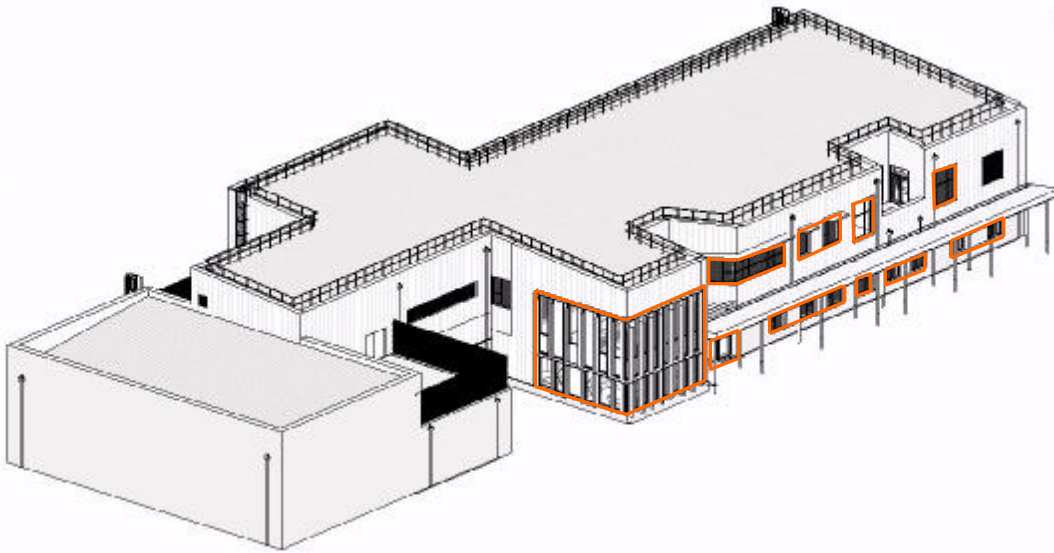


FORM AND MATERIALS



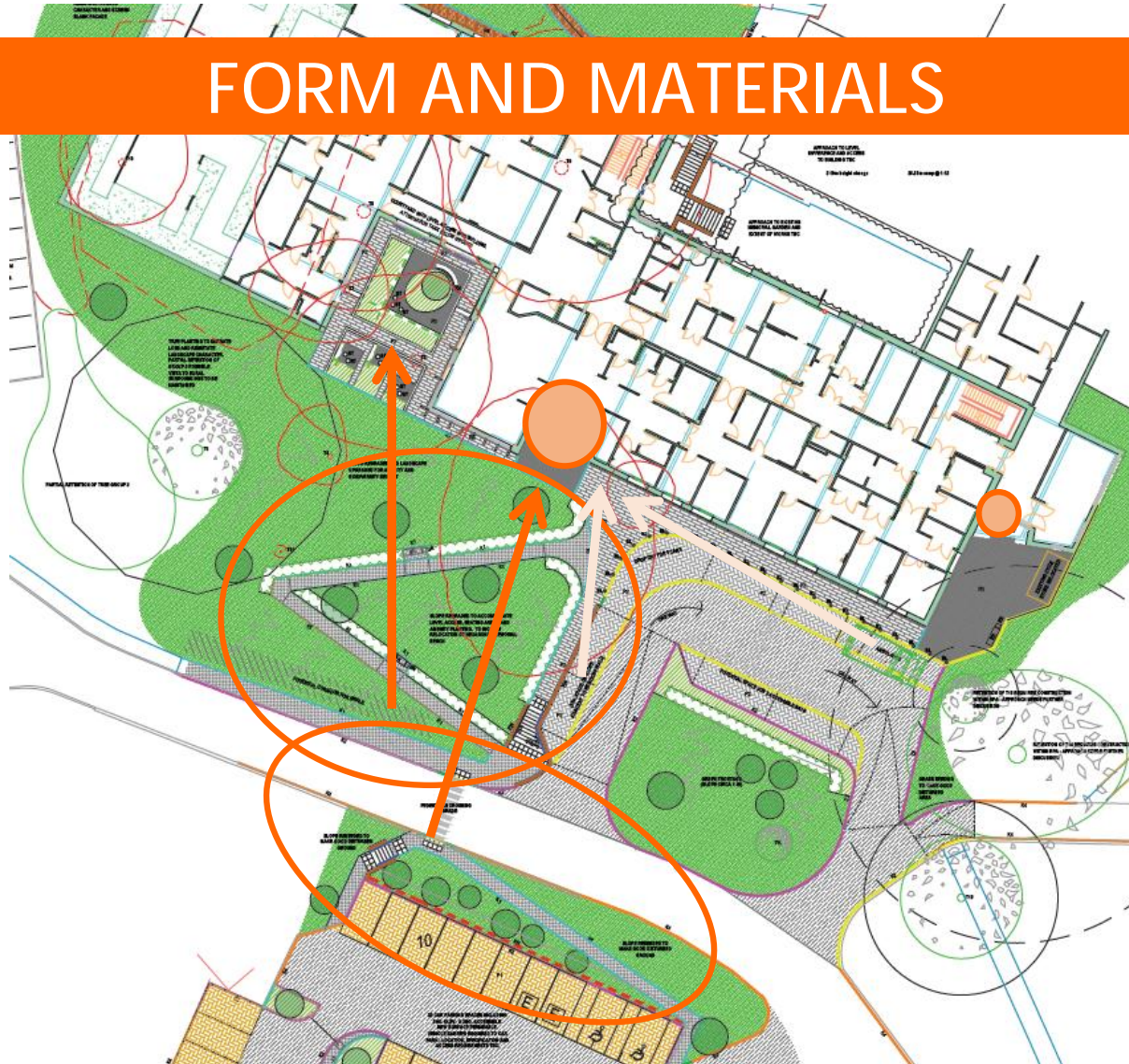
FORM AND MATERIALS

Site Location



FORM AND MATERIALS

Access



STAFF AND PATIENT ENVIRONMENT

Temperature

Temperature control design principles to provide high levels of comfort and occupant control:

- Enhanced summertime temperature control, internal spaces treated to a maximum upper limit of 25 Deg C (HTM Maximum permissible temperature 28 Deg C).
- Heating system provided with local user control via thermostatic radiator valves.
- Key rooms provided with winter and summer user set point control, to permit occupants to adjust internal room conditions to a chosen set point.

Room	User Set Point Adjustable Control Range
	Deg C
Radiotherapy Room (Bunker)	18-25
Control Room	18-25
Imaging Room (CT)	18-25
Imaging Control Area	18-25
MDT Meeting Room	18-25
Treatment Room (HTM 03-01 2021)	20-25
Impression & Fitting Room	18-25
Dirty Workshop	18-25

STAFF AND PATIENT ENVIRONMENT

Classification: Official

Publications approval reference: PAR38



**Health Technical Memorandum
03-01 Specialised ventilation for
healthcare premises
Part A: The concept, design,
specification, installation and
acceptance testing of healthcare
ventilation systems**

Ventilation

Ventilation design providing high levels of comfort and control:

- Ventilation design in line with (WHTM & WHBNs).
- Facility ventilation plant utilises 100% Fresh Air, no air recirculation. HEPA Filtration provided.
- Each occupiable room provided with manually openable windows, to provide supplementary ventilation control.
- Low Level Ventilation to Treatment Rooms (Aerosol generating Procedures, 15 ac/hr)

STAFF AND PATIENT ENVIRONMENT

Noise

MEP design undertaken to ensure comfortable acoustic environment is maintained:

- Internal noise levels will be maintained in line with HTM 08-01. Air filtration provided in line with HTM guidance.
- Plant and Equipment selected to ensure referenced noise criteria is maintained.
- Attenuation & Cross Talk Attenuation provided on air handling systems.



STAFF AND PATIENT ENVIRONMENT

Lighting Guide 2: Lighting for healthcare premises



Lighting for the
built environment

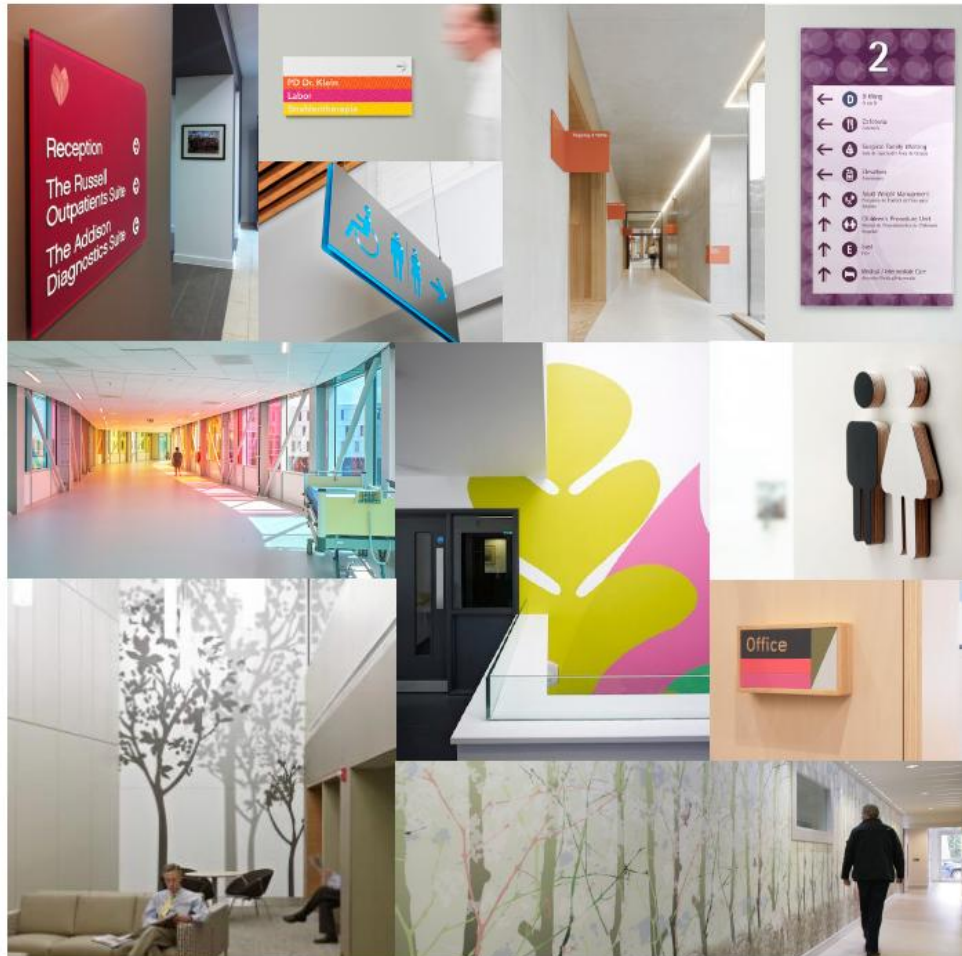
Lighting

Lighting design providing a comfortable lighting environment:

- Lighting design in accordance with CIBSE Lighting Code LG2 "Hospitals and Health Care Buildings".
- Adjustable LED Lighting specified, with good colour rendition, uniformity, Lighting configured to avoid sudden changes in light levels and minimise glare.
- Dali control system specified, with luminaires Dali/Dali Dimmable to suit.
- Automatic sensors specified, dual function type photocell and occupancy/absence detection (with manual override facility where required) to conserve energy.
- Lighting level control via dimming facilities. Photocell provided where daylight linking provides operational benefit.

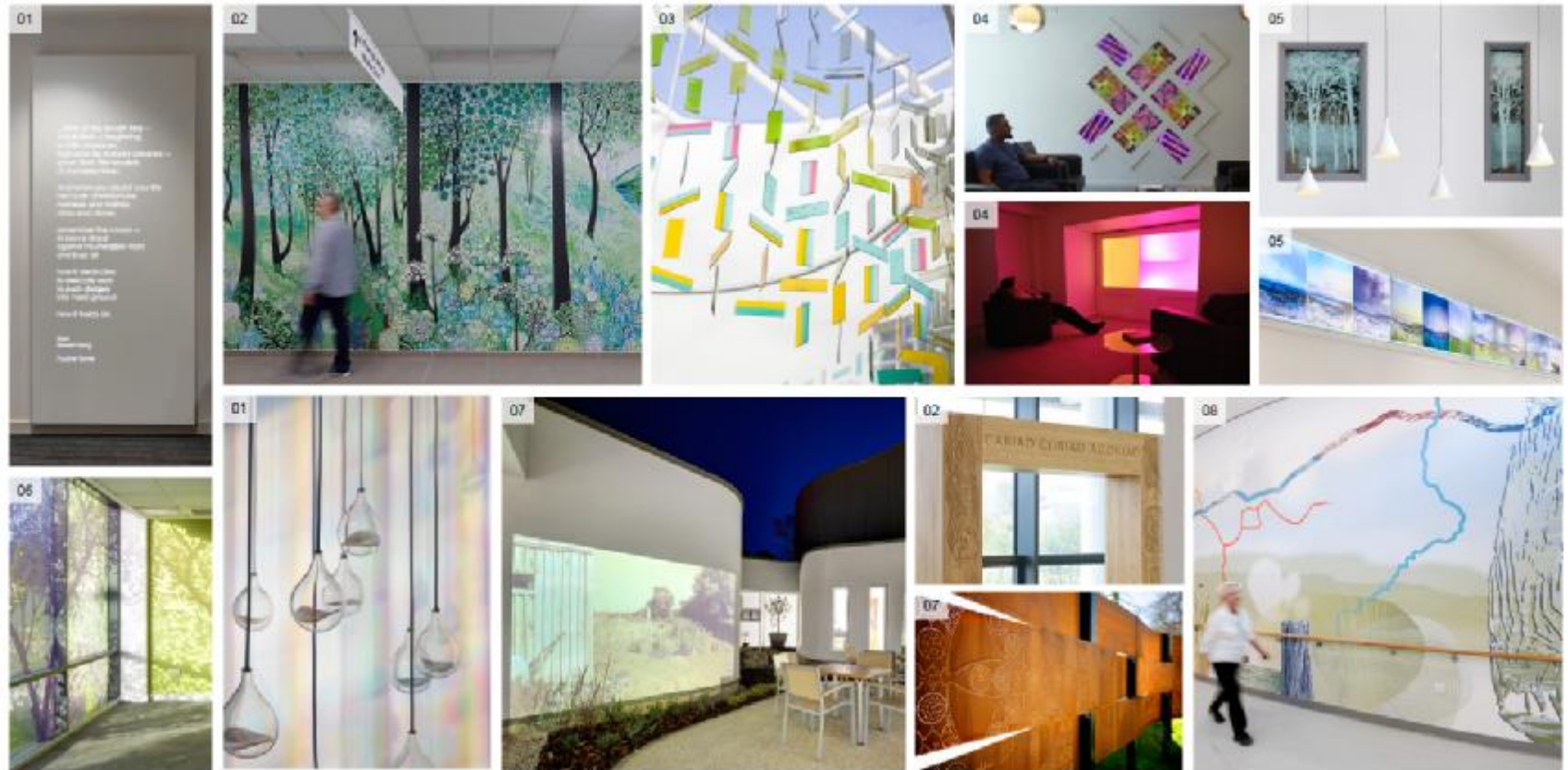
STAFF AND PATIENT ENVIRONMENT

Examples of Wayfinding Approaches

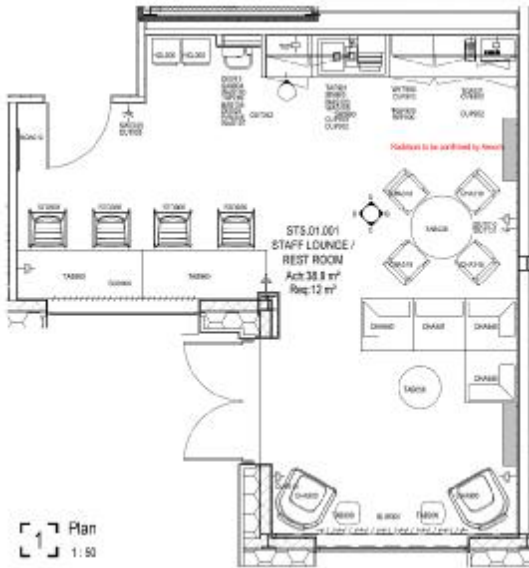


STAFF AND PATIENT ENVIRONMENT

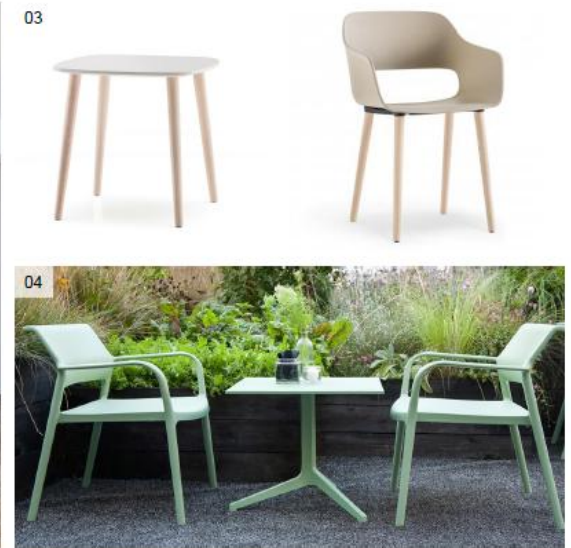
Artwork Examples



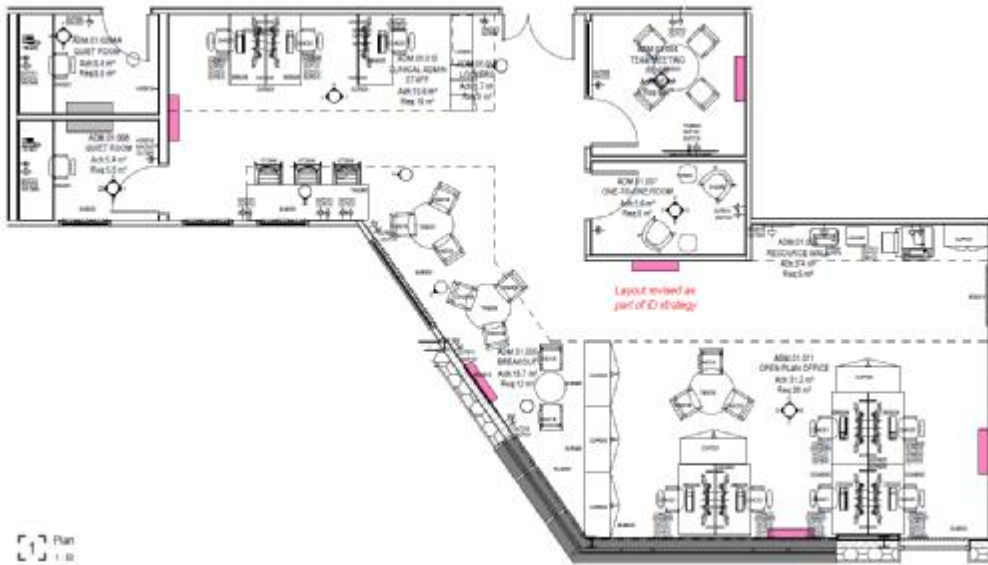
STAFF AND PATIENT ENVIRONMENT



Staff Rest Room



STAFF AND PATIENT ENVIRONMENT

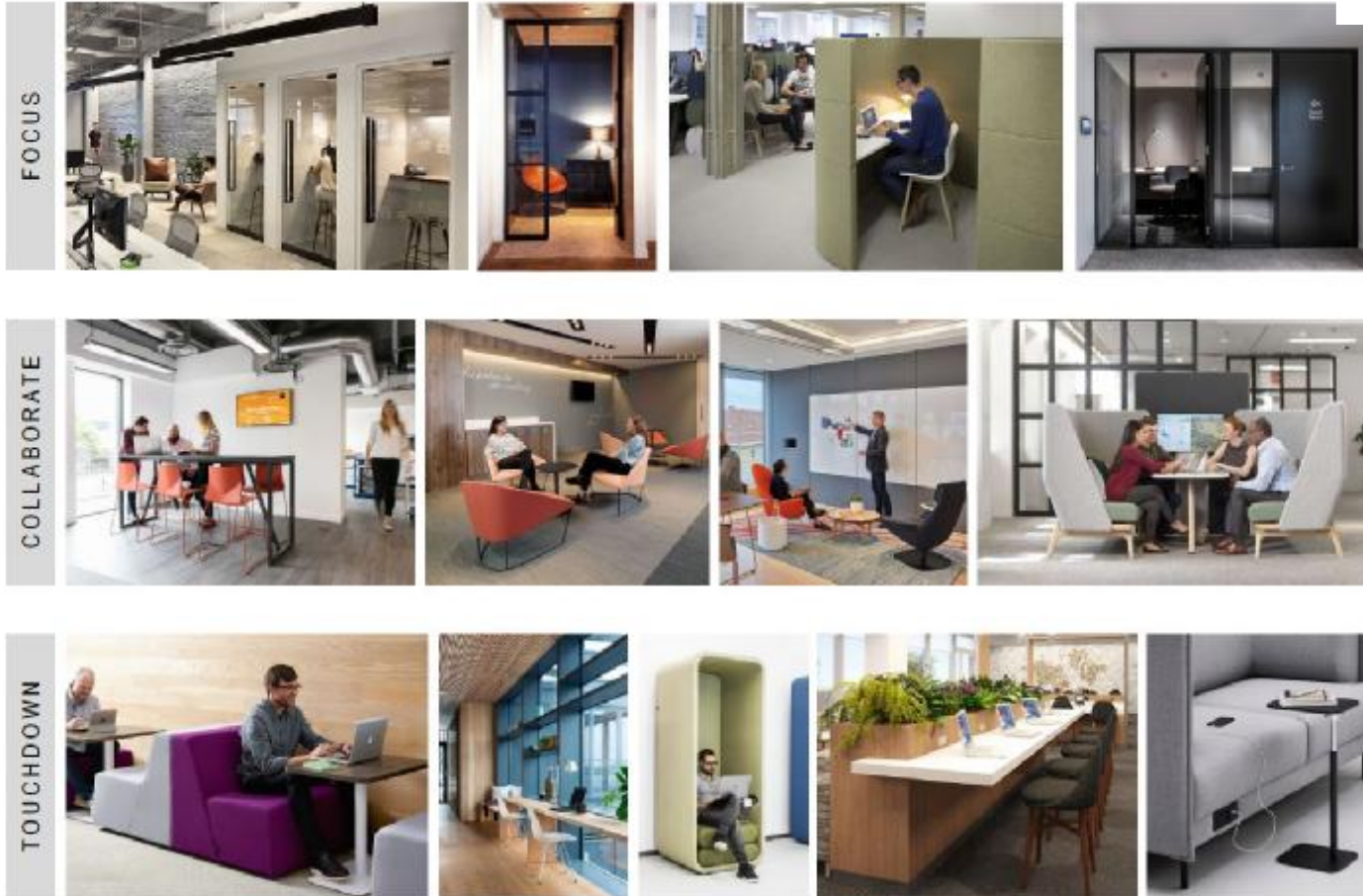


Artwork in Staff Areas



STAFF AND PATIENT ENVIRONMENT

Design Vision



STAFF AND PATIENT ENVIRONMENT



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Patient experience

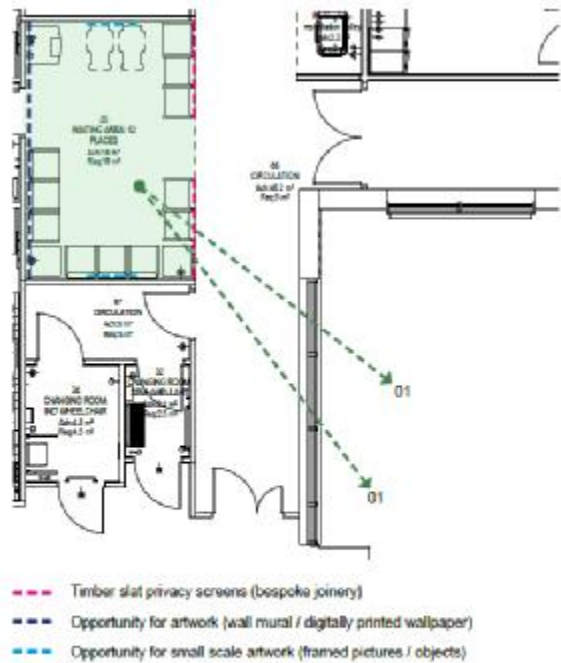
STAFF AND PATIENT ENVIRONMENT



Patient
experience

STAFF AND PATIENT ENVIRONMENT

[B]

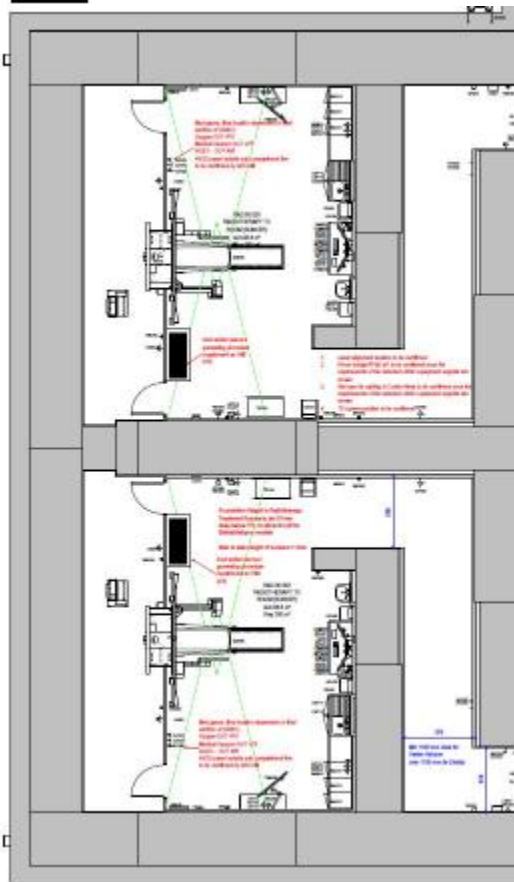


DOMESTIC / HOMELY | VIEWS TO NATURE | NATURAL LIGHT | PRIVACY



- 01. Views out to garden and access to natural light via full height glazing
- 02. Mix of modular seating and loose chairs and tables
- 03. Soft lighting, lounge chairs and low coffee tables create domestic, homely feel
- 04. Timber slat screen provides element of privacy from nearby circulation route (group 2 item - Velindre purchase, Kier install)
- 05. Opportunity for nature-themed wall mural / digitally printed wallpaper to entire back wall. Small scale art such as framed pictures / objects to side walls

Privacy



The option of combining music, circadian lighting and imagery to create a multi-sensory and personalised experience enhances patient relaxation within an enclosed environment.



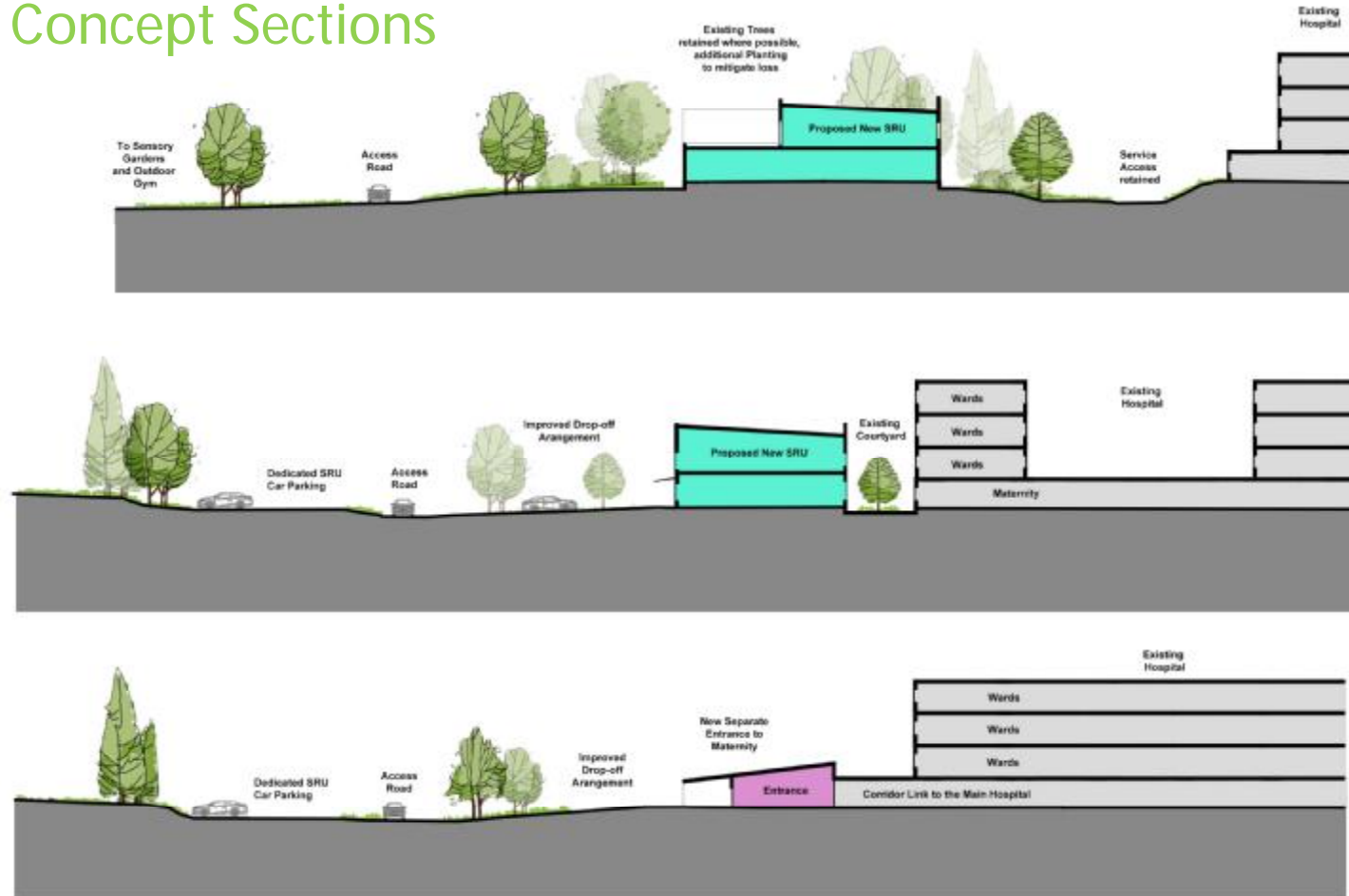
01. Kraemer Radiation Oncology Centre, Anaheim, USA
02. Virtua Samson Cancer Centre, Moorestown, USA
03. Mayo Clinic MRI, London (IBI Group)
04. Philip's ambient experience, MRI

Patient facilities



URBAN AND SOCIAL INTEGRATION

Proposed Concept Sections



URBAN AND SOCIAL INTEGRATION

Context



URBAN AND SOCIAL INTEGRATION



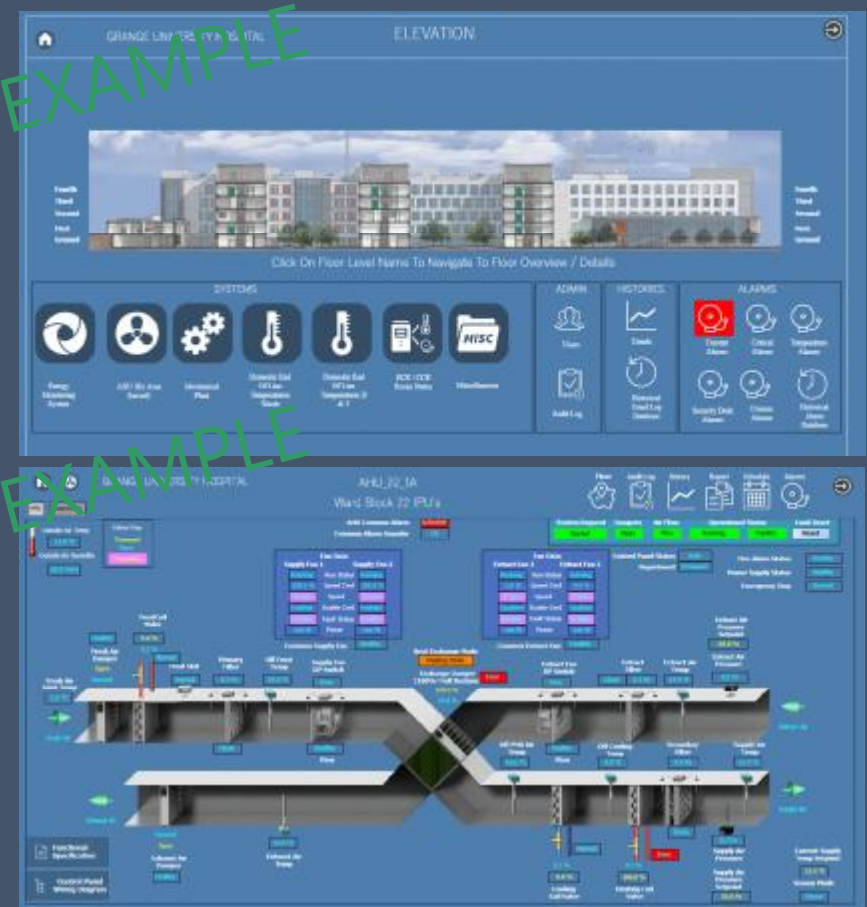
PERFORMANCE

SRU Building Management System (BMS)

Comprehensive BMS will be provided to control and monitor the building services plant.

Key BMS functions include the control and monitoring operation of:

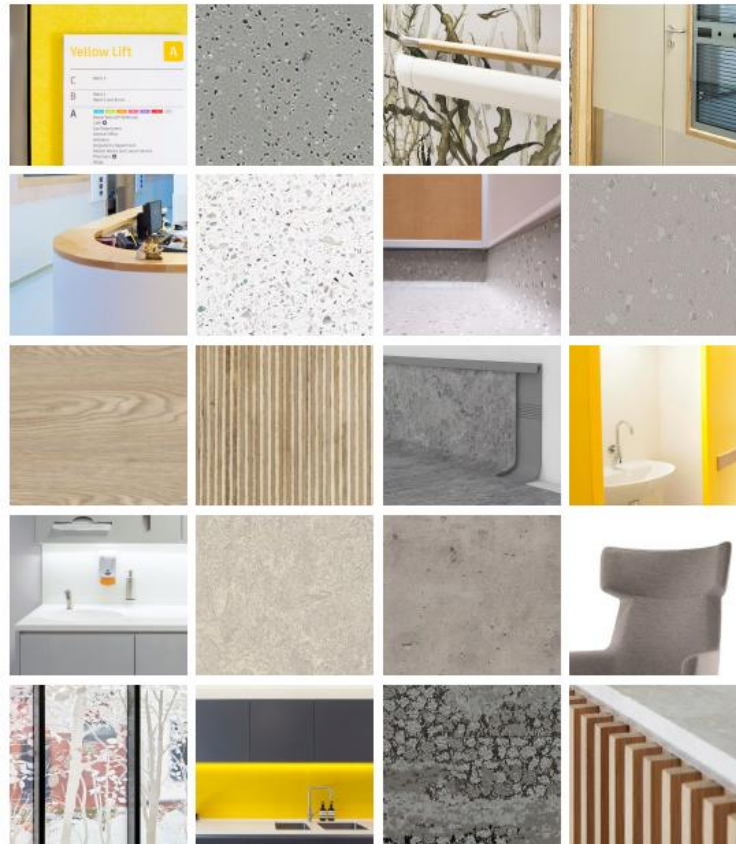
- Heating & Cooling Plant.
- Ventilation plant.
- Domestic Water Services.
- Electricity, energy and water meters.
- System Alarms.
- Provide a visual representation of the building systems.



PERFORMANCE

Interior Finishes

CLEANABLE | HARDWEARING | IMPERVIOUS | EASILY MAINTAINED



NON TOXIC / LOW CARBON / PVC-FREE | NON-INSTITUTIONAL | REASSURING

Note: Concept images only



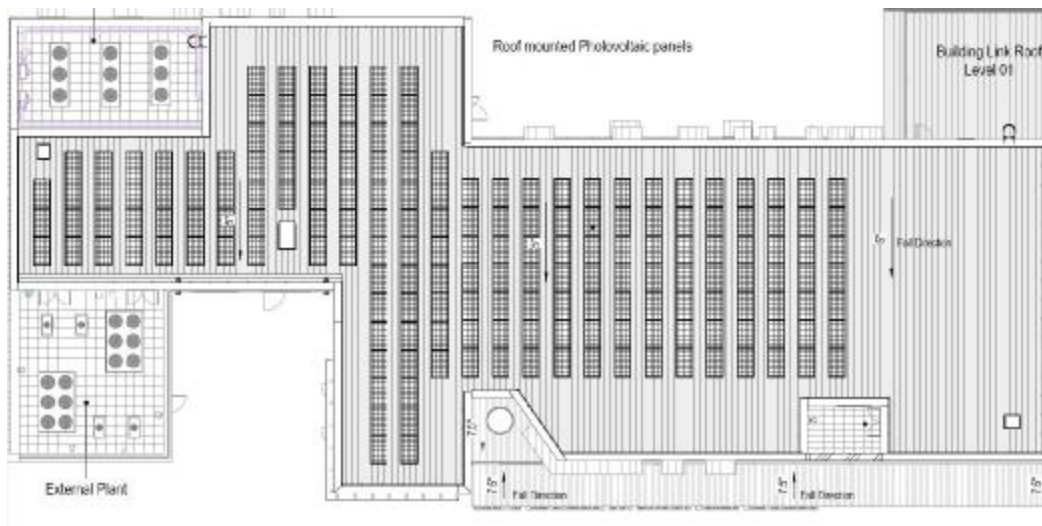
PERFORMANCE

Exterior Finishes



PERFORMANCE

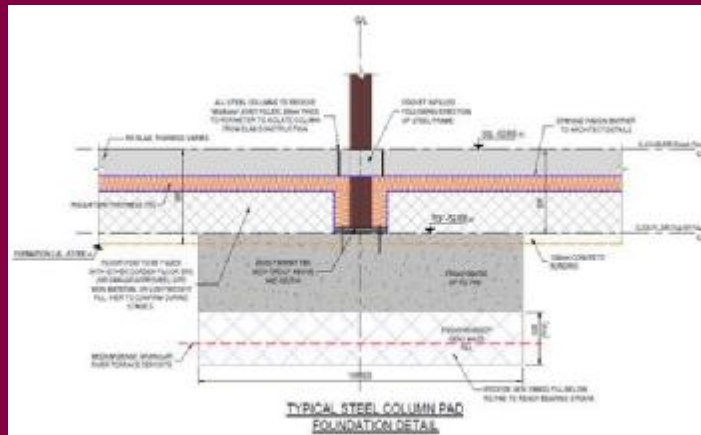
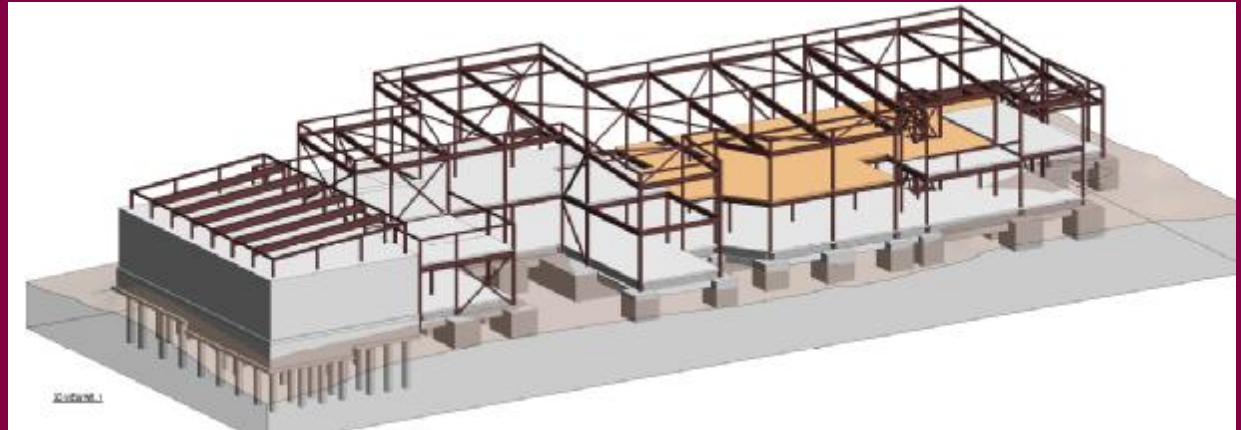
Photovoltaic Panels



ENGINEERING

Structure

- Ø Steel frame with standardised grid layout
- Ø Internal partitions are non-structural, providing a flexible solution
- Ø Thermal break specified, to support decarbonisation strategy & Passivhaus details
- Ø Modular bunkers utilising offsite manufactured blocks - minimising waste and maximising quality
- Ø Modular blocks are flexible and adaptable



ENGINEERING

Engineering systems well designed, flexible, efficient in use

- Designed to WHTM / WHBN Guidance
- Services routes spatially coordinated, provided with good access to facilitate modification / adaption

Engineering systems exploit any benefits from standardisation and prefabrication

- Packaged Booster Set
- Standardised approach to services design i.e. distribution and system selections
- Distribution Routes provide opportunity for consideration of pre-fabrication modules

Engineering systems are energy efficient

- Part L Compliance & BREEAM Excellent
- Significant area of solar photovoltaic panels
- Air Source Heating, Low Grade High Efficiency Heating
- Enhanced AHU Heat Recovery (90%)
- LED Lighting
- Variable Speed Pumping Heating & Cooling System



ENGINEERING

- Passivhaus Principles

Operational Carbon		% CO2e Saving	Notes
1	Increase insulation thickness to PassivHaus standard	30%	Each PassivHaus standard is linked/dependant on the other. Much more detailed modelling would be required to understand and analyse effect of CO2e saving if 1 element or a mix of elements were omitted. If required, this can be undertaken in the FBC stage
2	Upgrade to triple glazing (PassivHaus standard)		
3	Upgrade façade (thermal bridging details) PassivHaus standard)		
4	Upgrade structure (thermal bridging details) PassivHaus standard)		
5	Upgrade air tightness levels (to PassivHaus standard)		
6	Heat recovery to 90% - upgrade AHUs from 75% PassivHaus standard)		
7	Additional solar shading to meet 2050 levels	40%	Saving on Heat Pumps would not be as great without the Passivhaus measures
17	Add hybrid air source heat pumps		
16	Additional PV Provision	20%	
Embodied Carbon			
13	Replace 50% cement with GGBS (maximise the amount of GGBS within the cost and programme envelope)	10%	

- Low specific fan powers on ventilation systems
- Inverter controlled fans
- Variable speed pumps
- Lighting with daylight dimming / switching and presence detection

ENGINEERING

- Passivhaus Principles

	PART L MIN	PART L /BREEAM EXC*	OPTION 1 PROPOSED*	OPTION 2 PASSIVHAUS ENHANCED*
WALL	0.35	0.18 (49%)	0.14 (60%)	0.12 (66%)
FLOOR	0.25	0.20 (20%)	0.13 (48%)	0.10 (60%)
ROOF	0.25	0.185 (26%)	0.12 (52%)	0.10 (60%)
WINDOWS	2.2	1.6 (27%)	1.30 (41%)	0.8 (triple glazing) (64%)
g VALUE	n/a	0.37	0.33	0.3

	PART L MIN*	ErP 2018 Directive*	OPTION 1 PROPOSED*	OPTION 2 PASSIVHAUS ENHANCED*
Plate Heat Exchanger Effectiveness	50%	73% (46%)	75% (50%)	90% (80%)

*improvement (%) on Part L min values

	PART L MIN*	PART L /BREEAM EXC*	OPTION 1 PROPOSED*	OPTION 2 PASSIVHAUS ENHANCED*
Air Tightness	10	3 (70%)	3 (70%)	1 (90%)

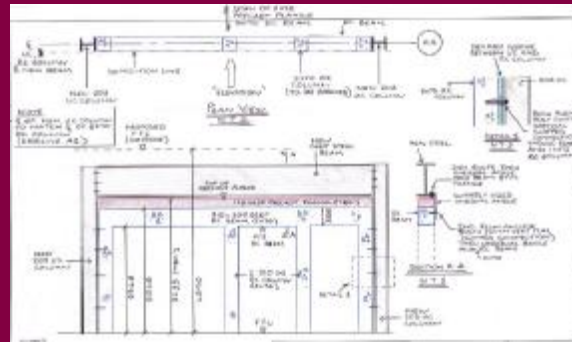


ENGINEERING (Resilience)

- Standby Generation with 100 Hr fuel storage (agreed derogation)
- Duty \ Standby provision for the following systems:
 - AHU Fans
 - MV Transformers (n+1)
 - Gas Fired Hot Water Generation (n+1)
 - Distribution Pumps
 - Air Source Heat Pumps (n+1)
 - Air Cooled Chillers (n+1)

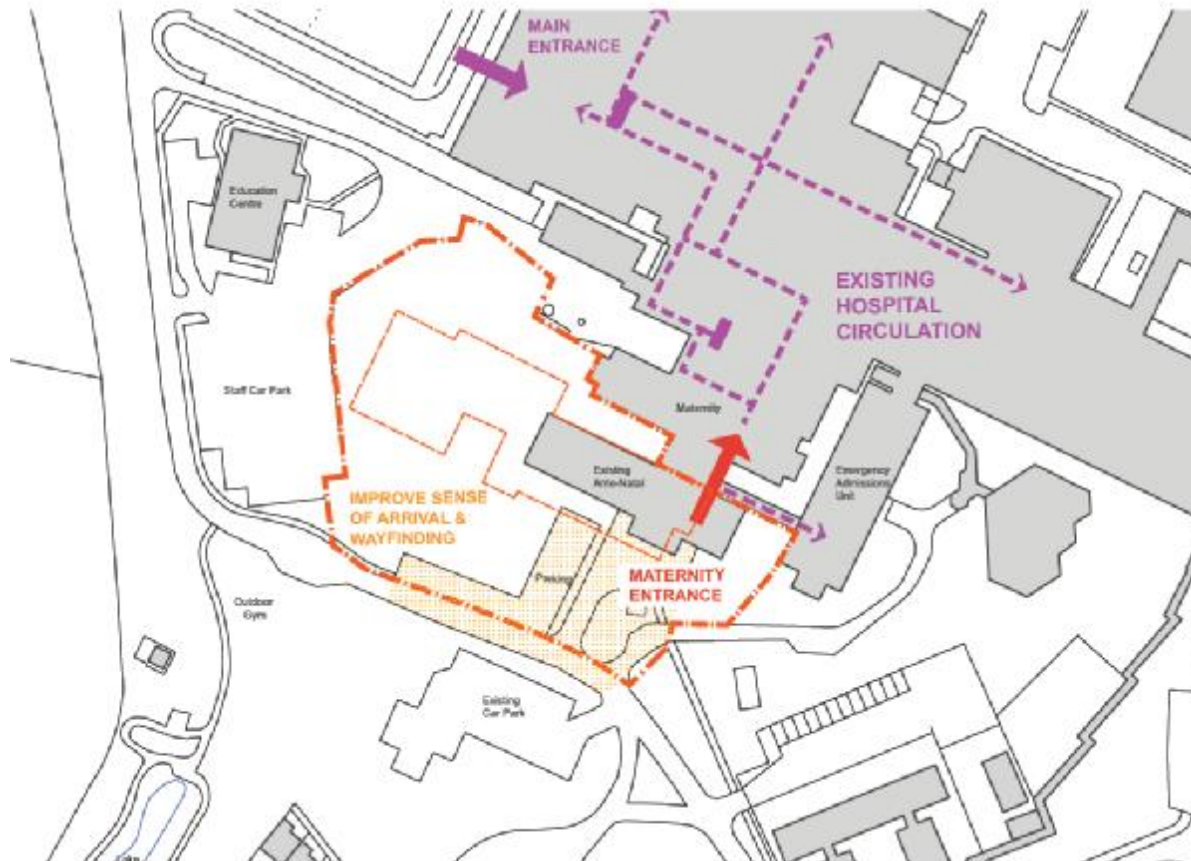


-
- The diagram illustrates a multi-storey main hospital building with various structural components highlighted. A legend on the left identifies the following elements:
- Structure (white outline)
 - Existing structural elements (green outline)
 - Structural elements to be demolished (yellow outline)
 - Structural elements to be retained (green outline)
- Key features and annotations include:
- Multi-storey main hospital:** The overall building footprint.
 - Movement joint:** Indicated by a red arrow pointing to a vertical line in the center of the building.
 - Single-storey ante-natal (yellow and green):** A section at the bottom of the building, with yellow indicating demolition and green indicating retention.
 - Assumed demolition line – structural strengthening may be required to retained portion of maternity unit in green:** A red line with an arrow pointing to a green-shaded area, indicating a boundary for structural strengthening.



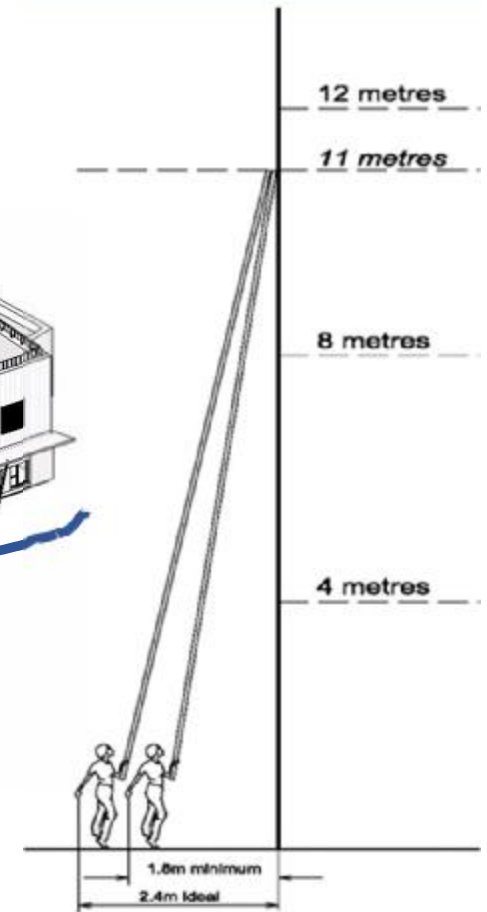
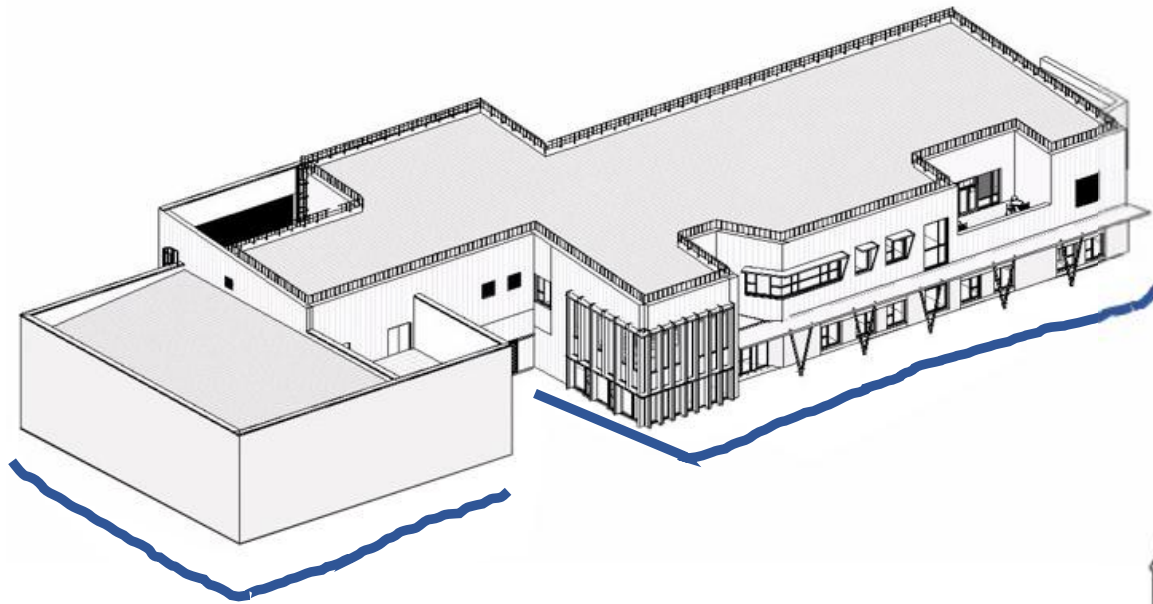
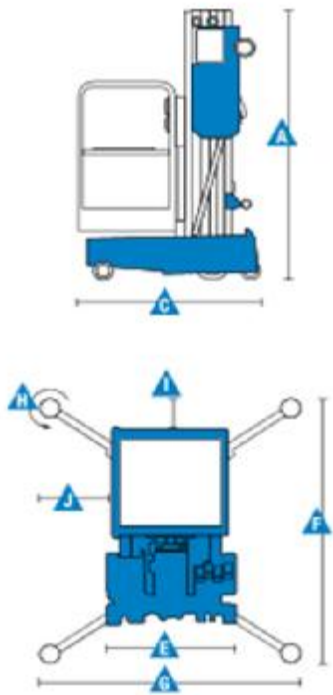
CONSTRUCTION

Existing Access



CONSTRUCTION

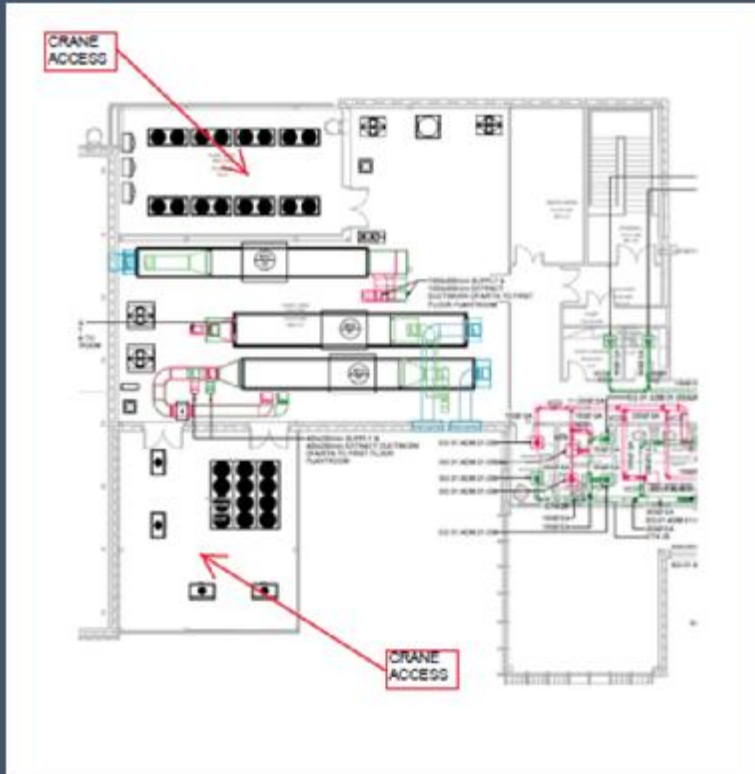
Access & Maintenance



MEWP

Tucker Pole

CONSTRUCTION



SRU Maintenance & Replacement of Plant

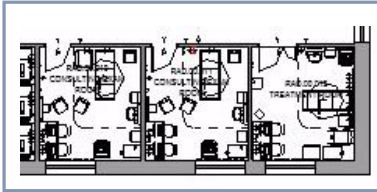
- Plant Access Strategy is defined, with routes to facilitate general day to day maintenance access also defined, alongside strategies to undertake the long-term replacement of plant and equipment.
- Building configuration anticipates opportunity for future expansion, with ability to have common access and integration of roof plant.

USE

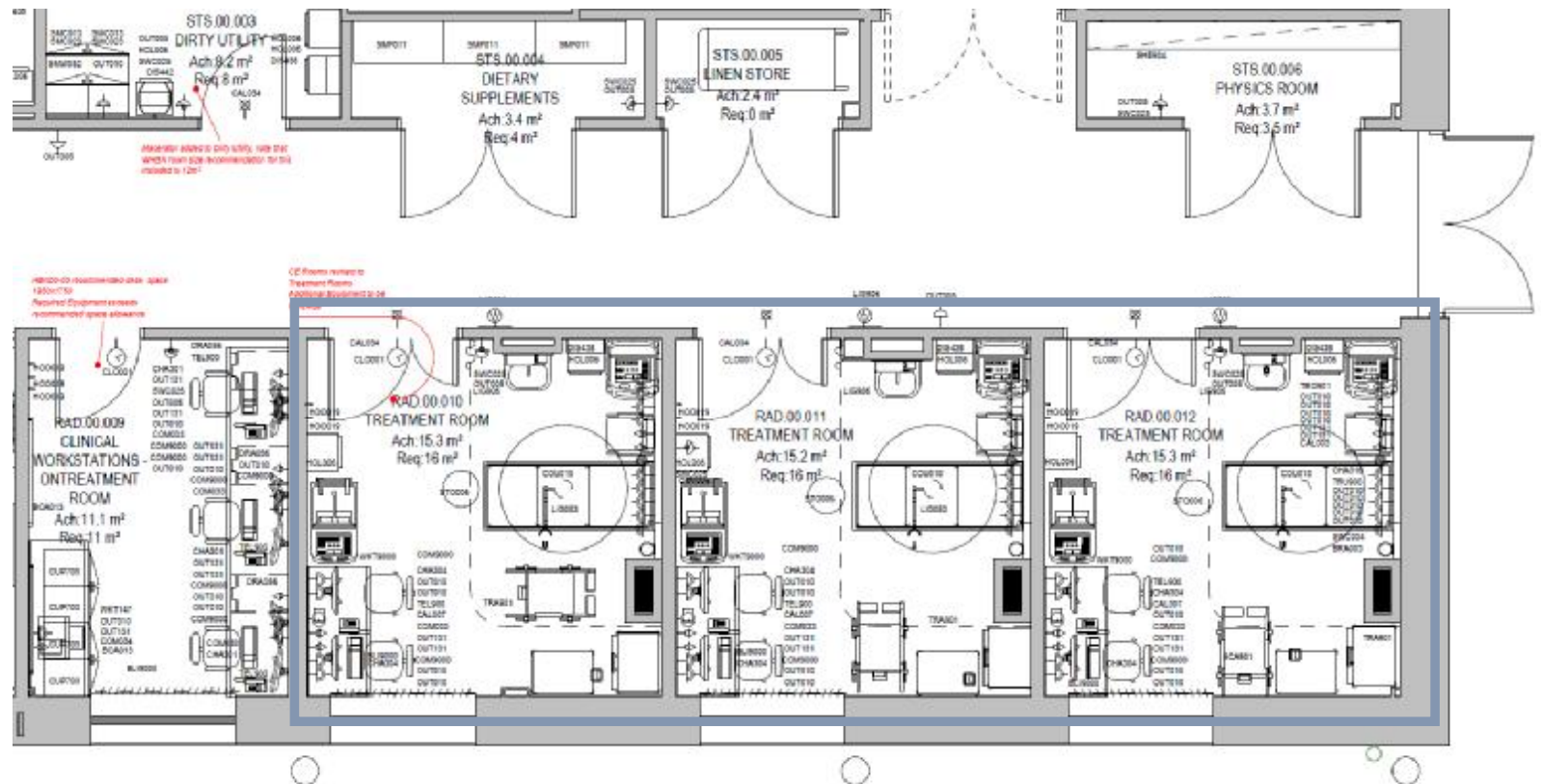
Security & Supervision



Versatility

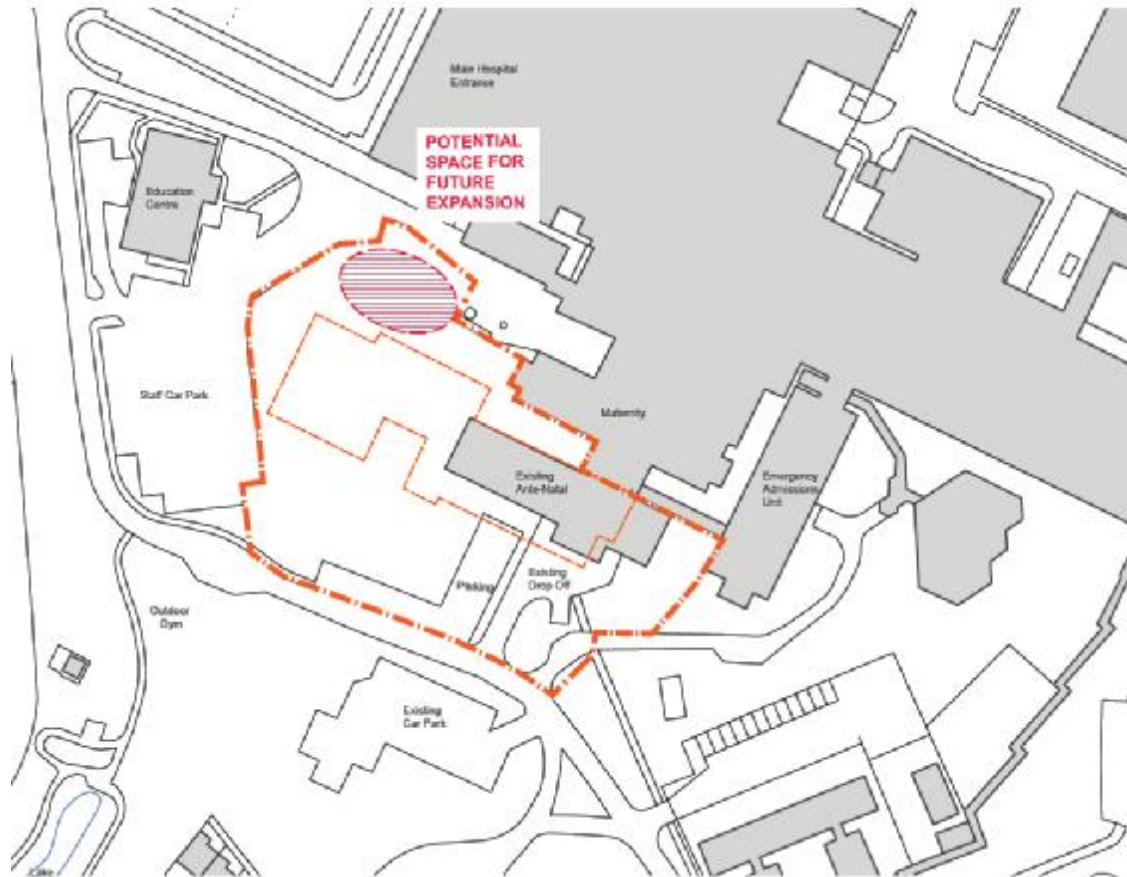


Stage 3 Design



USE

Future Expansion



Future Expansion



USE

[B]



Radiotherapy Treatment Suite
Patients visiting for radiotherapy will, after a few visits, go directly to this area where they will wait and change in 'pass through' changing areas directly into the controlled area ready for treatment.

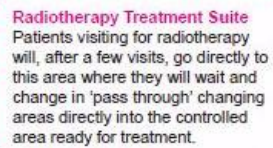
Entrance and main waiting area
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Logistics

BI



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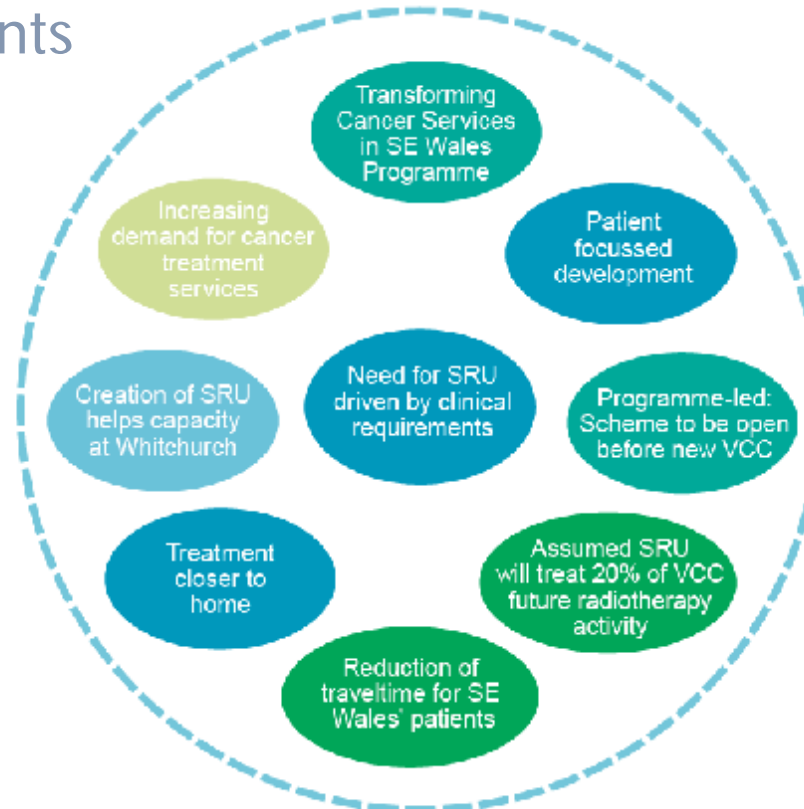
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63

USE

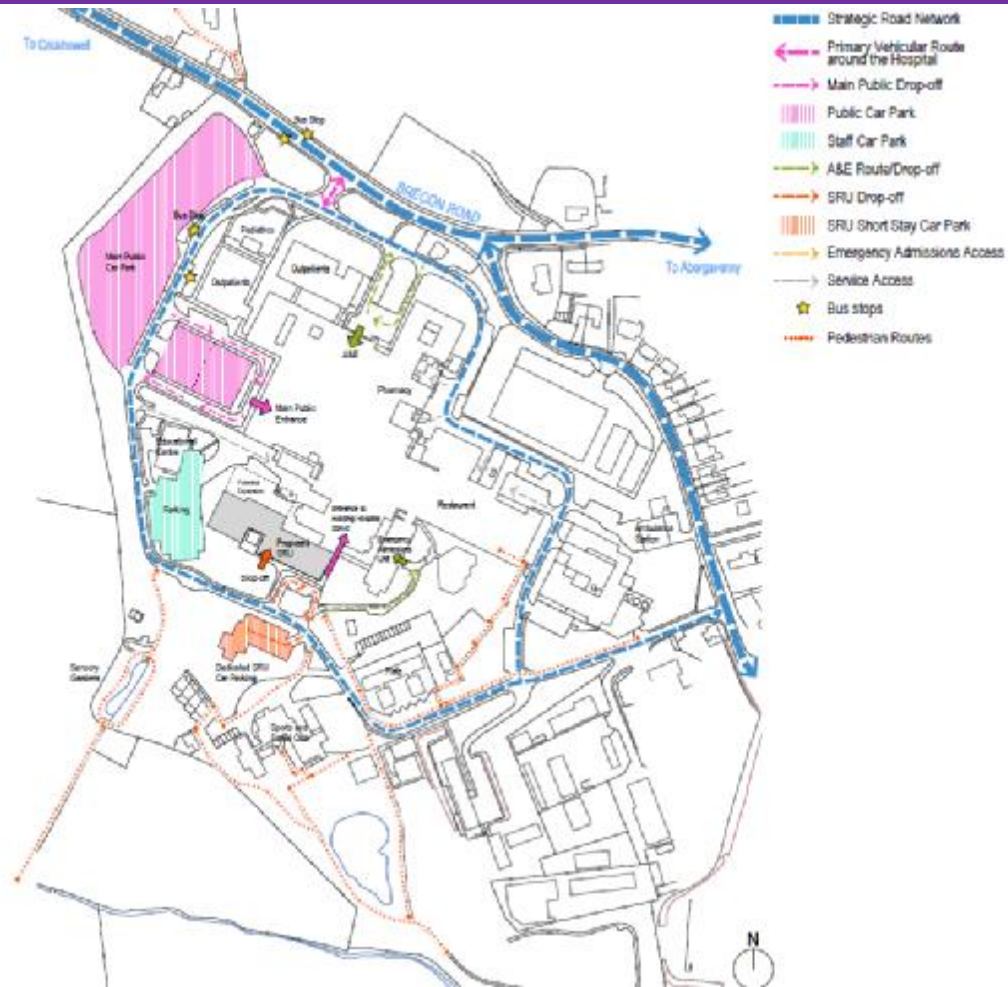
Functional Requirements



Key Themes

ACCESS

Access & Security



ACCESS

Fire Strategy



ACCESS

Fire Strategy



SPACE



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Minimised Circulation

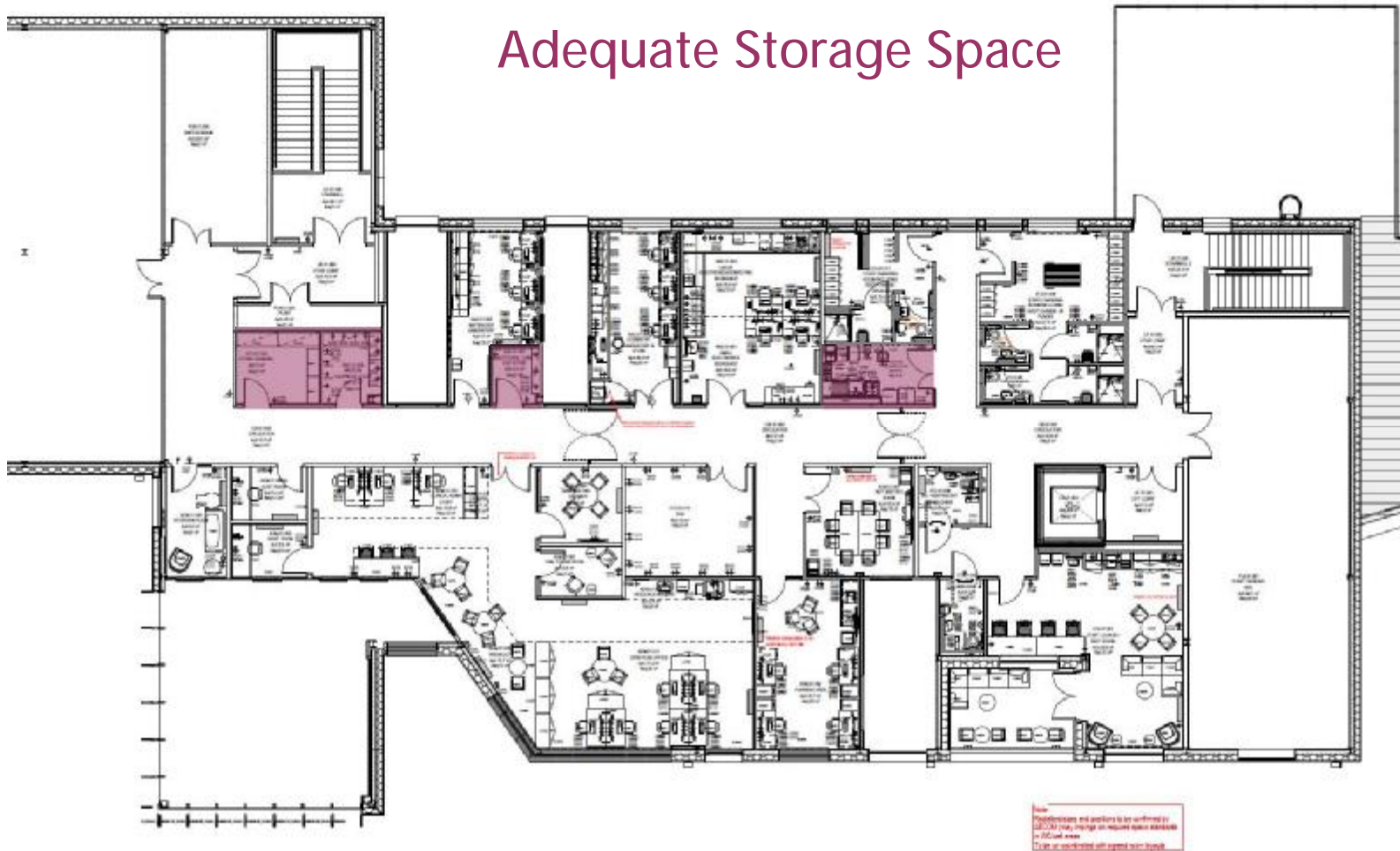
SPACE

Adequate Storage Space



SPACE

Adequate Storage Space



SPACE

Gender Segregation



SPACE

Gender Segregation

The floor plan illustrates a building layout with various rooms and corridors. Two specific areas are highlighted in pink to represent gender segregation: a large room on the right side and a smaller room on the left side. The rest of the building is shown in black and white, with detailed furniture and room labels. A legend in the bottom right corner explains the pink color coding.

Legend:

- Male
- Female
- Handicap accessible and accessible to be confirmed by 20/20 vision, hearing or required assistive technology
- Open or restricted with signed room number

SPACE

Space Standards

WHBN 02-01: Cancer Treatment Facilities

WHBN 00-03: Circulation and Communication Spaces

WHBN 00-03:2013: Clinical and Clinical Support spaces

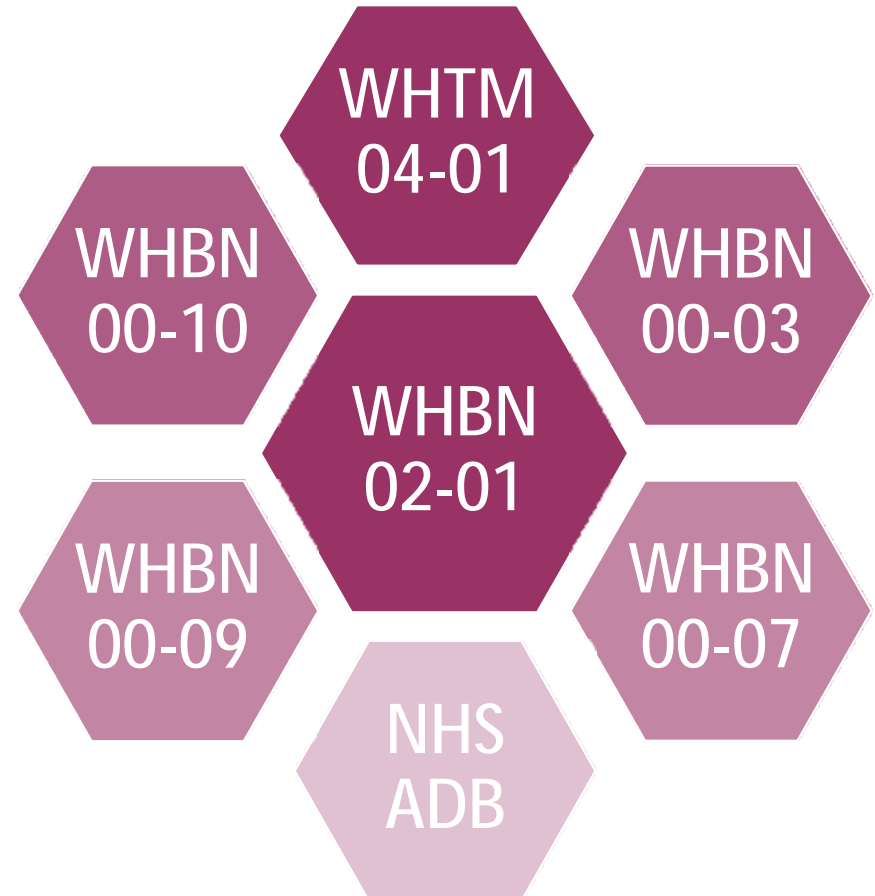
WHBN 00-07: Planning for a Resilient Healthcare Estate

WHBN 00-09: Infection control in the built environment

WHBN 00-10 Part C:2014: Sanitary assemblies

WHTM 04-01: Safe water in healthcare premises

NHS ADB database



The background is a dark navy blue with various organic, leaf-like shapes in shades of teal and green. Some shapes are solid, while others are outlines. A central white rectangular box contains the text "THANK YOU".

THANK YOU

DH INFORMATION READER BOX

Policy HR / Workforce Management Planning / Clinical	Estates Commissioning IM & T Finance Social Care / Partnership Working
Document Purpose	Best Practice Guidance
ROCR Ref:	Gateway Ref: 9276
Title	Achieving Excellence Design Evaluation Toolkit documentation
Author	DH Estates and Facilities
Publication Date	10 Jan 2008
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Estates and Facilities Directors
Circulation List	
Description	AEDET Evolution toolkit is part of a benchmarking toolkit to assist trusts in measuring and managing the design quality of their healthcare facilities (new and existing).
Cross Ref	AEDET Evolution documentation; AEDET/ ASPECT Evidence Layer
Superseded Docs	AEDET Evolution toolkit (NHS Estates site)
Action Required	N/A
Timing	N/A
Contact Details	Brian Coapes Design and Costing (GREFD) 3N10 Quarry House LEEDS LS2 7UE 0113 25 45696
For Recipient's Use	

Achieving Excellence Design Evaluation Toolkit (AEDET Evolution)



Project details: Title

Satellite Radiotherapy Unit, Nevill Hall Hospital

Workshop details: Location

Virtual (on line)

Date (dd.mm.yy)

17/02/22

Completed by:

First name

Last name

Organisation

Job title

Email address

1:	Nicola	Jones	Gleeds		
2:	Alex	Jones	Gleeds		
3:	Lorraine	Morgan	ABUHB		
4:	Glen	Evans	ABUHB		
5:	Mike	Parker	ABUHB		
6:	Jaqui	Couch	Velindre NHS Trust		
7:	Carla	Type	Velindre NHS Trust		
8:	Jason	Hoskins	Velindre NHS Trust		
9:	Simon	Cook	Kier		
10:	Lucie	Phillips	Kier		
11:	Victoria	Savage	IBI		
12:	Keith	Thompson	AECOM		
13:	Pete	Thomas	AECOM		
14:	Adam	Johnson	Curtins		
15:	Andrew	Waddington	NWSSP SES		
16:	Jon	Simcock	NWSSP SES		
17:					
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24:					
25:					
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30:					
31:					
32:					

IMPACT: Character and innovation **Average score: 4.8**

The four IMPACT sections deal with the extent to which the building creates a sense of place and contributes positively to the lives of those who use it and are its neighbours.

Section A deals with the overall feeling of the building. It asks whether the building has clarity of design intention, and whether this is appropriate to its purpose. A building that scores well under this heading is likely to lift the spirits and to be seen as an exemplar of good architecture of its kind.

ID	Description	Weighting	Score	Notes
A.01	There are clear ideas behind the design of the building	Normal (1) ▼	Strong agreement (5) ▼	
A.02	The building is interesting to look at and move around in	Normal (1) ▼	Fair agreement (4) ▼	Consider options to soften look of brickwork on bunkers. Recognition of design work to interior layouts
A.03	The building projects a caring and reassuring atmosphere	High (2) ▼	Strong agreement (5) ▼	
A.04	The building appropriately expresses the values of the NHS	Normal (1) ▼	Strong agreement (5) ▼	
A.05	The building is likely to influence future designs	Normal (1) ▼	Strong agreement (5) ▼	

[◀ Project workshop setup](#)[▶▶ Results summary](#)[Form and materials ▶](#)

IMPACT: Form and materials **Average score: 5.0**

Section B deals with the nature of the building in terms of its overall form and materials. It is primarily concerned with how the building presents itself to the outside world in terms of its appearance and organisation. Although it deals with the materials from which the building is constructed it is not concerned with these in a technical sense but rather the way they will appear and feel throughout the life of the building.

ID	Description	Weighting	Score	Notes
B.01	The building has a human scale and feels welcoming	Normal (1) ▼	Strong agreement (5) ▼	
B.02	The design takes advantage of available sunlight and provides shelter from prevailing winds	Normal (1) ▼	Strong agreement (5) ▼	
B.03	Entrances are obvious and logically positioned in relation to likely points of arrival on site	Normal (1) ▼	Strong agreement (5) ▼	
B.04	The external materials and detailing appear to be of high quality	Normal (1) ▼	Strong agreement (5) ▼	
B.05	The external colours and textures seem appropriate and attractive	Normal (1) ▼	Strong agreement (5) ▼	

[◀ Character and innovation](#)[▶▶ Results summary](#)[Staff and patient environment ▶](#)

IMPACT: Staff and patient environment

● Average score: 5.0

Section C deals with how well an environment complies with best practice as indicated by the research evidence.

ID	Description	Weighting	Score	Notes
C.01	The building respects the dignity of patients and allows for appropriate levels of privacy and dignity	High (2) ▼	Strong agreement (5) ▼	
C.02	There are good views inside and out of the building	Normal (1) ▼	Strong agreement (5) ▼	
C.03	Patients and staff have good access to outdoors	Normal (1) ▼	Strong agreement (5) ▼	
C.04	There are high levels of both comfort and control of comfort	Normal (1) ▼	Strong agreement (5) ▼	
C.05	The building is clearly understandable	Normal (1) ▼	Strong agreement (5) ▼	
C.06	The interior of the building is attractive in appearance	Normal (1) ▼	Strong agreement (5) ▼	
C.07	There are good bath/toilet and other facilities for patients	Normal (1) ▼	Strong agreement (5) ▼	
C.08	There are good facilities for staff, including convenient places to work and relax without being on demand	Normal (1) ▼	Strong agreement (5) ▼	

◀ Form and materials

▶▶ Results summary

Urban and social integration ▶

IMPACT: Urban and social integration

 **Average score: 5.0**

Section D deals with the way the building relates to its surroundings. It asks whether the building plays a positive role in the neighbourhood whether that is urban, suburban or rural. A building that scores well is likely to improve its neighbourhood rather than detract from it.

ID	Description	Weighting	Score	Notes
D.01	The height, volume and skyline of the building relate well to the surrounding environment	Normal (1) ▼	Strong agreement (5) ▼	
D.02	The building contributes positively to its locality	Normal (1) ▼	Strong agreement (5) ▼	
D.03	The hard and soft landscape around the building contribute positively to the locality	Normal (1) ▼	Strong agreement (5) ▼	Design to be further developed
D.04	The building is sensitive to neighbours and passers-by	Normal (1) ▼	Strong agreement (5) ▼	

◀ Staff and patient environment

▶▶ Results summary

Performance ▶

BUILD QUALITY: Performance**● Average score: 5.0**

The three BUILD QUALITY sections deal with the physical components of the building rather than the spaces. This is therefore what might be thought of as the more technical and engineering aspects of the building. It asks whether the building is soundly built, will be reliable and easy to operate, last well and is sustainable. It is also concerned with the actual process of construction and the extent to which any disruption caused is minimised.

Section E is concerned with the technical performance of the building during its lifetime. It asks whether the components of the building are of high quality and fit for their purpose. However we are not concerned here with how well the building functions in relation to the human use of it which belongs in another section.

ID	Description	Weighting	Score	Notes
E.01	The building is easy to operate	Normal (1) ▼	Strong agreement (5) ▼	
E.02	The building is easy to clean	Normal (1) ▼	Strong agreement (5) ▼	
E.03	The building has appropriately durable finishes	Normal (1) ▼	Strong agreement (5) ▼	
E.04	The building will weather and age well	Normal (1) ▼	Strong agreement (5) ▼	

[◀ Urban and social integration](#)[▶▶ Results summary](#)[Engineering ▶](#)

BUILD QUALITY: Engineering **Average score: 4.8**

Section F is concerned with those parts of the building that are engineering systems as opposed to the main architectural features. It asks whether the engineering systems are of high quality and fit for their purpose, will be easy to operate and if they are efficient and sustainable.

ID	Description	Weighting	Score	Notes
F.01	The engineering systems are well designed, flexible and efficient in use	Normal (1) ▼	Strong agreement (5) ▼	
F.02	The engineering systems exploit any benefits from standardisation and prefabrication where relevant	Normal (1) ▼	Fair agreement (4) ▼	Limited by the constraints of the building
F.03	The engineering systems are energy efficient	Normal (1) ▼	Strong agreement (5) ▼	Design currently exceeds minimum requirements
F.04	There are emergency backup systems that are designed to minimise disruption	Normal (1) ▼	Strong agreement (5) ▼	
F.05	During construction disruption to essential services is minimised	Normal (1) ▼	Strong agreement (5) ▼	Clinical services would not be adversely affected. Further consideration of vehicle access around site.

[◀ Performance](#)[▶▶ Results summary](#)[Construction ▶](#)

BUILD QUALITY: Construction**● Average score: 5.0**

Section G is concerned with the technical issues of actually constructing the building and with the performance of the main components. A building that scores well is likely to be constructed as quickly and easily as possible under the circumstances of the site and to offer a robust and easily maintained solution.

ID	Description	Weighting	Score	Notes
G.01	If phased planning and construction are necessary the various stages are well organised	Normal (1) ▼	Strong agreement (5) ▼	
G.02	Temporary construction work is minimised	Normal (1) ▼	Virtually total agreement (6) ▼	
G.03	The impact of the building process on continuing healthcare provision is minimised	Normal (1) ▼	Strong agreement (5) ▼	
G.04	The building can be readily maintained	Normal (1) ▼	Strong agreement (5) ▼	
G.05	The construction is robust	Normal (1) ▼	Strong agreement (5) ▼	
G.06	The construction allows easy access to engineering systems for maintenance, replacement and expansion	Normal (1) ▼	Strong agreement (5) ▼	
G.07	The construction exploits any benefits from standardisation and prefabrication where relevant	Normal (1) ▼	Fair agreement (4) ▼	

[◀ Engineering](#)[▶▶ Results summary](#)[Use ▶](#)

FUNCTIONALITY: Use **Average score: 5.0**

The three FUNCTIONALITY sections deal with all those issues to do with the primary purpose or function of the building. It deals with how well the building serves these primary purposes and the extent to which it facilitates or inhibits the activities of the people who carry out the functions inside and around the building.

Section H is concerned with the way the building enables the users to perform their duties and operate the healthcare systems and facilities housed in the building. To get a good score the building will be highly functional and efficient, enabling people to have enough space for their activities and to move around economically and easily in a way that relates well to the policies and objective of the Trust. A high scoring building is also likely to have some flexibility in use.

ID	Description	Weighting	Score	Notes
H.01	The prime functional requirements of the brief are satisfied	Normal (1) ▼	Strong agreement (5) ▼	
H.02	The design facilitates the care model of the Trust	Normal (1) ▼	Strong agreement (5) ▼	
H.03	Overall the building is capable of handling the projected throughput	Normal (1) ▼	Strong agreement (5) ▼	
H.04	Work flows and logistics are arranged optimally	Normal (1) ▼	Strong agreement (5) ▼	
H.05	The building is sufficiently adaptable to respond to change and to enable expansion	Normal (1) ▼	Strong agreement (5) ▼	
H.06	Where possible spaces are standardised and flexible in use patterns	Normal (1) ▼	Strong agreement (5) ▼	
H.07	The layout facilitates both security and supervision	Normal (1) ▼	Strong agreement (5) ▼	

[◀ Construction](#)[▶▶ Results summary](#)[Access ▶](#)

FUNCTIONALITY: Access**● Average score: 4.9**

Section I focuses on the way the users of the building can come and go. It asks whether people can easily and efficiently get onto and off the site using a variety of means of transport and whether they can logically, easily and safely get into and out of the building.

ID	Description	Weighting	Score	Notes
I.01	There is good access from available public transport including any on-site roads	Normal (1) ▼	Fair agreement (4) ▼	
I.02	There is adequate parking for visitors and staff cars with appropriate provision for disabled people	Normal (1) ▼	Strong agreement (5) ▼	
I.03	The approach and access for ambulances is appropriately provided	Normal (1) ▼	Strong agreement (5) ▼	
I.04	Goods and waste disposal vehicle circulation is good and segregated from public and staff access where appropriate	Normal (1) ▼	Strong agreement (5) ▼	
I.05	Pedestrian access routes are obvious, pleasant and suitable for wheelchair users and people with other disabilities / impaired sight	Normal (1) ▼	Strong agreement (5) ▼	
I.06	Outdoor spaces are provided with appropriate and safe lighting indicating paths, ramps and steps	Normal (1) ▼	Strong agreement (5) ▼	
I.07	The fire planning strategy allows for ready access and egress	Normal (1) ▼	Strong agreement (5) ▼	

[◀ Use](#)[▶▶ Results summary](#)[Space ▶](#)

FUNCTIONALITY: Space**● Average score: 5.0**

Section J concentrates on the amount of space in the building in relation to its purpose. It asks if this space is well located and efficient and whether people can move around in it efficiently and with dignity.

ID	Description	Weighting	Score	Notes
J.01	The design achieves appropriate space standards	Normal (1) ▼	Strong agreement (5) ▼	
J.02	The ratio of usable space to the total area is good	Normal (1) ▼	Strong agreement (5) ▼	
J.03	The circulation distances travelled by staff, patients and visitors are minimised by the layout	Normal (1) ▼	Strong agreement (5) ▼	
J.04	Any necessary isolation and segregation of spaces is achieved	Normal (1) ▼	Strong agreement (5) ▼	
J.05	The design makes appropriate provision for gender segregation	Normal (1) ▼	Strong agreement (5) ▼	
J.06	There is adequate storage space	Normal (1) ▼	Strong agreement (5) ▼	

[◀ Access](#)[▶▶ Results summary](#)

Achieving Excellence Design Evaluation Toolkit (AEDET Evolution)



Project details: Title

Satellite Radiotherapy Unit, Nevill Hall Hospital

Workshop details: Location

Virtual (on line)

Date

17/02/22

Results summary:

A:	► Character and innovation								● 4.8	6 of 5 scored
B:	► Form and materials								● 5.0	5 of 5 scored
C:	► Staff and patient environment								● 5.0	9 of 8 scored
D:	► Urban and social integration								● 5.0	4 of 4 scored
E:	► Performance								● 5.0	4 of 4 scored
F:	► Engineering								● 4.8	5 of 5 scored
G:	► Construction								● 5.0	7 of 7 scored
H:	► Use								● 5.0	7 of 7 scored
I:	► Access								● 4.9	7 of 7 scored
J:	► Space								● 5.0	6 of 6 scored
		1	2	3	4	5	6			

NOTE: A filled traffic light dot [●] in the table above indicates a valid average score, a hollow dot [○] indicates that one or more statements have been marked as 'unable to score'.