

- 1.0.0 Standard Business
- 1.1.0 Welcome & Introductions
 - Led by Stephen Harries, Chair*
- 1.2.0 Apologies for Absence
 - Led by Stephen Harries, Chair*
- 1.3.0 Declarations of Interest
 - Led by Stephen Harries, Chair*
- 1.4.0 Minutes of the Committee Meeting held on 22nd February 2022
 - Led by Stephen Harries, Chair*
 - Public - TCS Programme Scrutiny Sub-Committee Minutes 22.02.2022-LF-SH.docx
- 1.5.0 Action Log of the Committee Meeting held on 22nd February 2022
 - Led by Stephen Harries, Chair*
 - Public - TCS Programme Scrutiny Sub-Committee Action Log 22.02.2022-LF.docx
- 2.0.0 Programme Governance
- 2.1.0 TCS Finance Report
 - To be led by Mark Ash, Assistant Director of Finance, TCS*
 - To Note*
 - 2.1_Programme Finance Report (February 2022).docx
- 2.2.0 TCS Programme Risk and Issues Register
 - To be led by Bethan Lewis, TCS Programme Planner and Risk Advisor*
 - To Note*
 - 2.2_TCS Programme & Project Risk_Scrutiny_March 22_Public_v2.docx
 - 2.2_Risk Appendices_March 22_Public_v2.pdf
 - 2.2_Issue Register Appendices_March 2022.pdf
- 3.0.0 Programme Delivery
- 3.1.0 TCS Programme Managers Update
 - To be led by Carys Jones, Senior Programme Delivery and Assurance Manager*
 - To note*
 - 3.1_Programme Managers Update March 22 v0.5 FINAL.docx
- 3.2.0 Nuffield Trust Report – Progress Update
 - To be led by Carl James, Director of Strategic Transformation, Planning & Digital*
 - To Note*
 - 3.2.1_Nuffield Trust report - Progress Update - Cover Paper.docx
 - 3.2_Recommendations from Nuffield Trust Report - Progress Summary.docx
- 4.0.0 Project Delivery
- 4.1.0 Project 4: Radiotherapy Satellite Centre AEDET - Achieving Excellence Design Evaluation Toolkit Evaluation
 - To be led by Andrea Hague, Director of Service Transformation*
 - To Note*
 - 4.1_RSU AEDET Report for TCS Programme March 2022.docx
 - 4.1_RSC AEDET Review_Appendix 1.pdf
 - 4.1_RSC AEDET Review_Appendix 2.pdf
- 4.2.0 Judicial Review Update (Verbal)
 - To be led by Lauren Fear, Director of Corporate Governance & Chief of Staff*
 - To note*
- 4.3.0 Injunction Update (Verbal)
 - To be led by Lauren Fear, Director of Corporate Governance & Chief of Staff*
 - To note*
- 5.0.0 Engagement & Collaboration
- 5.1.0 Communications & Engagement

To be led by Non Gwilym, Director of Communications and Engagement
To note

5.1_Comms March 2022 TCS Programme board v1.docx

- 6.0.0 Any Other Business
Prior Agreement by the Chair Required
- 7.0.0 Review of the Meeting
- 8.0.0 Date & Time of Next Meeting
21st April at 10 – 11am
via Microsoft Teams
- 9.0.0 Close

TCS Programme Scrutiny Committee
Public Session

MINUTES OF THE MEETING HELD
22nd February 2022
10.00 – 11.00 Trust Headquarters, Nantgarw
(via Teams)

Members Present:

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

Independent Member (Chair)
 Independent Member
 Independent Member
 Trust Chair

In attendance:

Carl James (CJ)
 Lauren Fear (LF)
 Bethan Lewis (BL)
 Huw Llewellyn (HL)
 David Powell (DP)
 Jessica Corrigan (JC)

Director of Strategic Transformation, Planning & Digital
 Director of Corporate Governance and Chief of Staff
 TCS Programme Planner and Risk Advisor
 Director of Commercial and Strategic Partnerships
 Project Director
 Secretariat

Apologies:

Non Gwilym (NG)
 Mark Ash (MA)
 Steve Ham (SHam)
 Carys Jones (CJones)
 Cath OBrien (COB)
 Jacinta Abraham (JA)
 Matthew Bunce (MB)
 Sarah Morley (SM)
 Nicola Williams (NW)

Director of Communications and Engagement
 Assistant Director of Finance
 Trust Chief Executive
 Senior Programme Delivery and Assurance Manager
 Chief Operating Officer
 Medical Director
 Executive Director of Finance
 Director of OD and Workforce
 Executive Director of Nursing, AHP's & Medical Scientists

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

1.4	<p>Minutes of the Committee Meeting held on 19th January 2022</p> <p>It was noted that Prof Donna Mead should be included in members present not in attendance, this was an admin error and has been amended.</p> <p>The minutes were confirmed to be an accurate record of the meeting on 19th January 2022 and were approved.</p>	
1.5	<p>Action Log of the Committee Meeting held on 19th January 2022</p> <p>Action 111: TCS Finance Report: Meeting with Independent Members and Steve Ham to discuss how best to report whole picture across the portfolio of projects going forwards.</p> <p>This meeting was held recently. Feedback was provided to DM from SHarries, HJ and GJ.</p> <p>Action 112: TCS Programme Risk Register: BL to add the due date to IO62: Bridge Construction Timeline as there is no date against this particular risk.</p> <p>The due date for the bridge construction timeline has been added since this paper has been published. The expected closure date for the bridge construction timeline is 2023. Further clarification regarding this date is required.</p> <p>ACTION: DP to gain further clarify on the expected bridge construction timeline, and update for the most up to date information.</p> <p>Action 114: TCS Programme Risk Register: BL to contact the Datix team to enquire as to whether the concept of Issues may be considered as being in scope of the Datix system in future.</p> <p>A discussion took place regarding the above action and that although the Committee agreed to close the action, the important point of how Issues are most appropriately recorded and reported needed further discussion. As a result, the following two actions were then agreed:</p> <p>ACTION: BL to include definitions of Risks and Issues for clarification for the March TCS Programme Scrutiny Sub-Committee.</p> <p>ACTION: BL to include an Issues Register alongside the Risk Register going forward.</p> <p>All closed actions were approved.</p>	<p>DP</p> <p>BL</p> <p>BL</p>
	PROGRAMME GOVERNANCE	
2.1	TCS Finance Report	

	<p>The TCS finance report was presented to the sub-committee. It was highlighted that the Trust has provided revenue funding of £0.110m to the nVCC Project. The financial summary position for the TCS Programme for the year 2021-22 as at 31st January 2022 is outlined below:</p> <ul style="list-style-type: none"> • Capital spend - £2.815m at month 10 with a forecast outturn of £4.282m and variance of £0.004m underspent • Revenue spend - £0.546m at month 10 with a forecast outturn of £0.669m, being a break-even position. <p>It was confirmed there has been no funding request or direct revenue expenditure from Project 5: SACT and Outreach.</p> <p>It was confirmed within Project 2: New Velindre Cancer Centre, the Trust has provided £86K of revenue funding for the Judicial Review costs incurred between August 2021 and December 2021.</p> <p>DM requested, as she had done so in the previous Committee, that instead of the term “core budget” being used in this report to explain financial management that this be more clearly explained in the TCS context. MB and MA agreed to do so going forwards.</p> <p>ACTION: MB and MA to be clearer in terminology regarding “core budget” going forward within the Finance reports.</p> <p>The Sub-Committee Noted the TCS Finance Report.</p>	MB & MA
2.2	<p>TCS Programme Risk Register</p> <p>The TCS Programme Risk Register report was presented to the Sub-Committee. The paper outlines the monthly reviews of each project and programme risk.</p> <p><i>IO62: Bridge Construction Timeline:</i> As discussed earlier and as noted above, DP to gain further clarity on the expected bridge construction timeline, and update for the most up-to-date information.</p> <p>Also as discussed earlier and as noted above, BL to include an Issues Register alongside the Risk Register going forward. A definitions paper of Risks and Issues will be provided for the Sub-Committee at the next meeting to help clarify.</p> <p>The Sub-Committee Noted the Paper.</p>	<p>DP</p> <p>BL</p>
PROGRAMME DELIVERY		
3.1	<p>TCS Programme Managers Update</p> <p>The Programme Managers update paper was presented to the Sub-Committee.</p> <p>Velindre @ UHW Programme</p>	

	<p>The Programme Delivery Board was advised that the Velindre @ UHW work programme continued to progress well. During the reporting period the tripartite Cardiff Cancer Research Hub (CCRH) Clinical Output Specification had been endorsed by the Velindre University Trust Board on 27th January 2022, subject to the provision of further detail on the joint working and contractual arrangements, Intellectual Property (IP) rights and the investment strategy.</p> <p>Unscheduled Care Programme</p> <p>The unscheduled care programme of work is advancing well. A third workshop to agree the pathway for deteriorating patients was held on 19th January 2022, which provided a forum to sharing knowledge and protocols between the two organisations, as well as an opportunity to further develop the pathway.</p> <p>Value Add Collaboration</p> <p>The first Value Add Sponsorship Group meeting was held on 4th February 2022, which convened a number of personnel, representing a range of projects and disciplines, from across the Trust. The purpose of the group is to act as a sponsorship group within the organisation to lead collaboration across a matrix of activities, intensifying the opportunities the Trust can lead on, or collectively sponsor, to bring further value.</p> <p>Collaborative Cancer Leadership Group (CCLG)</p> <p>Dates for the forward scheduled of CCLG meetings in 2022-23 are currently being planned, with the next CCLG meeting proposed for the end of April 2022. The intention is that the CCLG will resume its core business meetings following an externally facilitated workshop at the end of March/early April.</p> <p>This workshop address Recommendation 1 of the Nuffield Trust advice and seeks to review how best to take forward the CCLG in future, agree regional cancer priorities (and potentially a regional cancer strategy), together with considering the most suitable governance arrangements / means of organising to achieve these priorities.</p> <p>It was highlighted it is hard to see the progress from each month, it was suggested using tracked changes / colour coding to show the progress made.</p> <p>ACTION: CJones to use tracked changes / colour coding for the Programme Managers Update report to show the progress made each month.</p> <p>The Sub-Committee Noted the Paper.</p>	CJones
4.0	PROJECT DELIVERY	
4.1	Project 1: Competitive Dialogue Update	
	The Competitive Dialogue update paper was presented to the Sub-Committee.	

	<p>The Competitive dialogue for the nVCC procurement is progressing towards the Preferred Bidder stage. The project is now in a position to communicate in more detail the steps that will take the project through to selecting a winner – how we will implement the processes outlined at a strategic and technical level in the nVCC Procurement Strategy and the Invitation to Participate in Dialogue.</p> <p>The key milestone dates and activities were highlighted to the Sub-Committee.</p> <p>CAP 3: The information has been provided to the Welsh Government for Commercial Approval Point review which will take place on week commencing 14th February. Report recommendations will be addressed in advance of the draft tender stage.</p> <p>The Sub-Committee Noted the Competitive Dialogue update paper.</p>	
4.2	<p>Projects 1 & 2: nVCC Non-Clinical RD&I Group Update Report</p> <p>The nVCC Non-Clinical RD&I Group update report was presented to the Sub-Committee.</p> <p>In January 2021, the nVCC project began the process of establishing a nVCC Non-Clinical RD&I Group to produce a programme of RD&I project work to inform and learn from the nVCC Project – a Dynamic Project Evaluation process.</p> <p>Work has been ongoing during this time, and the appended report provides the overall context of the work and an overview of the ongoing projects and identified opportunities.</p> <p>To ensure visibility of this work and effective alignment across Trust and Project priorities, the Group will provide quarterly updates to the nVCC Project Board, TCS Programme Delivery Board and Trust RD&I Sub-Committee.</p> <p>The paper outlines the scope of this work, key activities, deliverables and dependencies, plus a high-level timeline plan. Additionally, the paper includes a log of completed and ongoing projects and identified opportunities and maps the work against the Well-being of Future Generations (Wales) Act.</p> <p>The Sub-Committee Noted the Projects 1 & 2: nVCC Non-Clinical RD&I Group Update Report.</p>	
4.3	<p>Projects 1 & 2: Injunction Update</p> <p>An Extraordinary Trust Board meeting on 2nd December 2021 took place, the Board considered whether to start an application process for an injunction to be in place in relation to the Enabling Works programme for the new Velindre Cancer Centre.</p>	

	<p>The Board approved “the application for an injunction to commence if there is direct action which disrupts the ground investigation works commencing 6th December 2021.”</p> <p>The Sub-Committee Noted the Projects 1 & 2: Injunction Update.</p>	
4.4	<p>Project 3a: IRS Update</p> <p>It was confirmed tenders from both bidders are due back on the 28th February. During March the evaluation process will begin and it is expected to know the outcome of the winning bid by Mid-April.</p> <p>The Sub-Committee Noted the verbal update on Project 3a: IRS update.</p>	
5.0	ENGAGEMENT & COLLABORATION	
5.1	<p>Communications & Engagements</p> <p>The Communications and Engagement paper was received by the Sub-Committee.</p> <p>Discussions took place regarding social media posts regarding the diverted pathway which has been waterlogged. Further discussions are being held with Cardiff council to resolve this.</p> <p>The Sub-Committee Noted the Paper.</p>	
6.0	ANY OTHER BUSINESS	
6.1	<p>Judicial Review Application Update</p> <p>There has been no further decision from the High Court from the application to the claim on Aarhus Convention in respect of the costs.</p> <p>The Sub-Committee Noted the verbal update on Judicial Review.</p>	
8.0	DATE AND TIME OF NEXT MEETING	
	22 nd March 2022 at 11.30am via Microsoft Teams.	

TCS Programme Scrutiny Sub-Committee

March 2022

Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
112	TCS Programme Risk Register: BL to add the due date to IO62: Bridge Construction Timeline as there is no date against this particular issue. (19/01/2022 – 2.2)	Bethan Lewis + David Powell	19/01/2022	22/02/2022	Changes reflected in Issues Log.	CLOSED
115	Action Log: BL to include definitions of risks and issues for clarification for the March TCS Programme Scrutiny Sub-Committee. (22/02/2022 1.5)	Bethan Lewis	22/02/2022	22/03/2022	BL has produced slides to articulate and has circulated – any Members to clarify anything further as required.	CLOSED
116	Action Log: BL to include issues register alongside the risk register going forward. (22/02/2022 1.5)	Bethan Lewis	22/02/2022	22/03/2022	Changes reflected now in split between Risk and Issues Logs.	CLOSED
117	TCS Finance Report: MB and MA to not use the term core budgets going forward within the Finance reports. (22/02/2022 2.1)	Matthew Bunce + Mark Ash	22/02/2022	22/03/2022	Email to MB/MA	OPEN



No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
118	TCS Programme Managers Update: CJones to use tracked changes / colour coding for the Programme Managers Update report to show the progress made each month. (22/02/2022 3.1)	Carys Jones	22/02/2022	22/03/2022	Changes reflected in Programme Manager Update paper	CLOSED

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME FINANCIAL REPORT FOR 2021-22 FEBRUARY 2022

DATE OF MEETING

22nd March 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

TCS Programme Delivery Board

16/03/2022

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. PURPOSE

- 1.1 The purpose of this report is to provide a financial update to the TCS Programme Delivery Board for the financial year 2021-22, outlining spend to date against budget as at Month 11.

2. BACKGROUND

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

3. FUNDING

- 3.1 Funding provision for the financial year 2021-22 is outlined below.
- 3.2 In August 2021, the Trust Board approved that the nVCC Project provide interim funding of **c£0.350m** to the EW Project to support the work packages associated with tree and vegetation clearance (c£0.250m) and site management and security (c£0.100m). The EW Project has now secured funding from the approval of its FBC, awarded in January 2022.
- 3.3 The Trust has provided revenue funding of **£0.110m** to the nVCC Project.

Description	Funding	
	Capital	Revenue
Programme Management Office There is no capital funding requirement for the PMO at present Allocation of £0.240m from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management was provided in April 2021 Allocation from WG 2021-22 revenue pay award funding was provided in September 2021	£ nil	£0.246m £0.240m £0.006m
Project 1 – Enabling Works for nVCC Capital funding from WG was provided on 24 March 2021 Capital funding of £27.393m awarded by WG on 18 January 2022 for the EW FBC, of which	£2.136m £0.250m £1.886m	£ nil
Project 2 – New Velindre Cancer Centre Capital funding from WG was provided on 24 March 2021 The Trust provided revenue funding in September 2021 for Project Delivery The Trust has provided revenue funding for the Judicial Review costs incurred between August 2021 and December 2021	£3.460m £3.460m	£0.110m £0.026m £0.084m
Project 3a – Radiotherapy Procurement Solution Final 9 months of a 28 month project, running from 1 st August 2019 to 31 st December 2021, with a funding allocation of £0.312m for 2021-22 from an overall funding allocation of £1.110m, provided in April 2021 Additional funding provided by the Trust for the Project's increased legal and staff costs in November 2021.	£0.576m £0.312m £0.264m	£ nil
Project 4 – Radiotherapy Satellite Centre The project is led and funded by the hosting organisation, Aneurin Bevan University Health Board; no funding requirement is expected from the Trust for 2021-22	£ nil	£ nil
Project 5 – SACT and Outreach A review of all the Trust Programme & Project resources is being undertaken to identify how these are deployed against Trust priorities. This project is on hold pending this review.	£ nil	£ nil

Description	Funding	
	Capital	Revenue
Project 6 – Service Delivery, Transformation and Transition Allocation of £0.180m from £0.420m funding provided from Commissioners for 2021-22 to cover direct clinical/management support and Programme Management was provided in April 2021 Funding provided from Trust budgets towards the costs of the Project Director post and the Project Manager post in April 2021 Allocation from WG 2021-22 revenue pay award funding was provided in September 2021 Additional funding provided from the Trust budgets towards the cost of the Project Manager post in November 2021	£ nil	£0.313m £0.180m £0.116m £0.009m £0.008m
Project 7 – VCC Decommissioning A review of all the Trust Programme & Project resources is being undertaken to identify how these are deployed against Trust priorities. This project is on hold pending this review.	£ nil	£ nil
Total funding provided to date	£6.171m	£0.669m
	£6.840m	

4. FINANCIAL SUMMARY AS AT 28TH FEBRUARY 2022

4.1 The summary financial position for the TCS Programme for the year 2021-22 as at 28th February 2022 is outlined below:

- **CAPITAL** spend of **£3.663m to M11** with a forecast outturn of **£6.132m and variance of £0.040m underspent;** and
- **REVENUE** spend is **£0.590m to M11** with a forecast outturn of **£0.658m and variance of £0.011m.**

TCS Programme Budget & Spend 2021-22						
CAPITAL	Cumulative to Date			Financial Year		
	Budget to Feb-22	Spend to Feb-22	Variance to Feb-22	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Project Leadership	173,509	174,644	-1,135	193,000	191,724	1,276
Project 1 - Enabling Works	100,000	195,881	-95,881	100,000	213,521	-113,521
Project 2 - New Velindre Cancer Centre	810,891	693,939	116,952	1,008,500	784,748	223,752
Project 3a - Radiotherapy Procurement Solution	332,094	331,561	534	362,675	361,785	890
Capital Pay Total	1,416,495	1,396,025	20,469	1,664,175	1,551,778	112,397
NON-PAY						
nVCC Project Delivery	59,760	60,949	-1,189	78,500	75,604	2,896
Project 1 - Enabling Works	638,916	933,075	-294,159	2,035,599	2,639,744	-604,145
Project 2 - New Velindre Cancer Centre	1,388,820	1,106,120	282,700	2,180,000	1,650,854	529,146
Project 3a - Radiotherapy Procurement Solution	164,792	166,430	-1,638	213,165	213,952	-787
Capital Non-Pay Total	2,252,288	2,266,573	-14,286	4,507,264	4,580,154	-72,890
CAPITAL TOTAL	3,668,782	3,662,599	6,184	6,171,439	6,131,933	39,506

REVENUE	Cumulative to Date			Financial Year		
	Budget to Feb-22	Spend to Feb-22	Variance to Feb-22	Annual Budget	Annual Forecast	Annual Variance
	£	£	£	£	£	£
PAY						
Programme Management Office	201,322	183,425	17,897	224,833	201,923	22,910
Project 6 - Service Change Team	286,581	290,960	-4,380	312,633	312,633	0
Revenue Pay total	487,903	474,386	13,517	537,466	514,556	22,910
NON-PAY						
nVCC Project Delivery	22,293	22,940	-647	26,000	23,883	2,117
nVCC Judicial Review	82,904	84,134	-1,230	84,000	84,134	-134
Programme Management Office	13,978	8,263	5,715	21,534	35,263	-13,729
Project 6 - Service Change Team	0	244	-244	0	266	-266
Revenue Non-Pay Total	119,175	115,581	3,594	131,534	143,546	-12,013
REVENUE TOTAL	607,078	589,967	17,111	669,000	658,103	10,897

5. FINANCIAL POSITION FOR TCS PROGRAMME AND ASSOCIATED PROJECTS AS AT 28TH FEBRUARY 2022

CAPITAL SPEND

Project 1 – Enabling Works

- 5.1 There is a cumulative capital spend to date of **£1.129m** against a budget of **£0.739m**, with a forecast spend for the year of **£2.853m** against a budget of **£2.136m**, with a forecast variance of **£0.718m overspend**.

Work package	Spend to 28 th February 2022 £m	Forecast Annual Spend £m
Pay	£0.196	£0.214
Third Party Undertakings (OBC phase)	£nil	£0.030
Technical Advisers (OBC phase)	£0.228	£0.236
Works (OBC phase)	£0.339	£0.414
Legal Advice (OBC phase)	£0.196	£0.278
Enabling Works Reserves (OBC phase)	-£0.195	-£0.195
Construction Costs (FBC phase)	£0.171	£0.339
Utility Costs (FBC phase)	£nil	£0.789
Supply Chain Fees (FBC phase)	£0.148	£0.267
Non Works Costs (FBC phase)	£nil	£0.400
Asda Works (FBC phase)	£0.046	£0.081
Enabling Works FBC Reserves (FBC phase)	£nil	£nil
Non-pay	£0.933	£2.640
Total	£1.129	£2.853

- 5.2 The forecast overspend within the Project has been mitigated by the use of underspends from the nVCC Project.

Project 2 – nVCC

- 5.3 There is a cumulative capital spend to date of **£2.036m** against a budget of **£2.433m**. The forecast spend for the years is **£2.703m** against a budget of **£3.460m** with a **forecast variance of £0.757m underspend**.

Work package	Spend to 28 th February 2022 £m	Forecast Annual Spend £m
Pay	£0.869	£0.976
Project Delivery costs	£0.061	£0.076
Competitive Dialogue – PQQ & Dialogue	£1.025	£1.425
Legal Advice	£0.020	£0.020
Planning	£0.088	£0.133
nVCC Reserves	-£0.027	£0.073
Non-pay	£1.167	£1.726
Total	£2.036	£2.703

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

Project 3a – Integrated Radiotherapy Procurement Solution

- 5.5 There is a cumulative capital spend to date of **£0.498m** for the IRS Project against a budget of **£0.497m**. The Project is currently forecasting a spend of **£0.576m** against a budget of **£0.576m** with **no forecast variance**.

Work package	Spend to 28 th February 2022 £m	Forecast Annual Spend £m
Pay	£0.332	£0.0.362
Legal Advisors	£0.152	£0.175
Financial Advisors	£nil	£nil
Business Case Advisors	£0.013	£0.020
Procurement Advisors	£nil	£nil
IRS Reserves	£0.002	£0.018
Non-pay	£0.166	£0.214
Total	£0.498	£0.576

REVENUE SPEND

Programme Management Office

- 5.6 The PMO spend to date is **£0.192m** (£0.183m pay, £0.008m non-pay) against a budget of **£0.215m**. The Project is forecasting a spend of **£0.237m** (£0.202m pay, £0.035m non-pay) in the financial year 2021-22 against a budget of **£0.246m**.
- 5.7 There is a forecast underspend in pay costs of £0.023m due to a delay in recruitment of a Programme Administrator. However £0.014m will be used to cover non-pay costs. The remaining £0.009m will remain a risk to the Programme, however the PMO are working to mitigate this risk during March 2022.

Projects 1 and 2 Delivery Costs

- 5.8 There is a revenue project delivery cost to date for the nVCC and Enabling Works Projects of **£0.023m** against a budget of **£0.022m**. There is a forecast spend for the year of **£0.024m against a budget of £0.026m**. This spend relates to costs associated with office costs and project support.
- 5.9 There is currently a forecast underspend of £2k for project delivery costs, due to a reduced requirement of printing and general supplier as a result of increased home working due to COVID-19.

nVCC Judicial Review

- 5.10 There is a revenue spend to date of **£0.084m** against a budget of **£0.083m** for the legal advice to deliver the requirements of the judicial review process as the Trust is an interested party. There is expected to be a spend of **£0.084m** against a budget for the year of **£0.084m**.

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

- 5.11 Service Change spend to date is **£0.291m** against a budget of **£0.287m**, made up of pay costs. The Project is currently forecasting a spend of **£0.313m** for the year against a budget of the same.

6. Financial Risks & Issues

- 6.1 c£2.4m spend of the projected capital outturn of c£5.556m for Projects 1 and 2 is in last month of the financial year and there is a risk that underspends could occur at the year-end.

- 6.2 There is a risk of the PMO being £0.023m underspent for 2021-22, however the PMO team are looking into mitigations to reduce this underspend.
- 6.3 Project 1 and 2 delivery costs for 2021-22 will see an underspend of £2k against a revenue budget of £26k. This is due to increased home working following COVID-19 restrictions, resulting in a decreased demand for office supplier/services. As these are exceptional circumstances which are expected to reverse somewhat with the ease of COVID-19 restrictions, the underspend is not expected to impact on the revenue budget request for project costs for 2022-23.

7. CONSIDERATIONS FOR BOARD

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

8. IMPACT ASSESSMENT

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

9. RECOMMENDATION

- 9.1 The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the financial position for the TCS Programme and Associated Projects for 2021-22 as at 28th February 2022.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS Programme & Project Risk

DATE OF MEETING22nd March 2022**PUBLIC OR PRIVATE REPORT**

Public

IF PRIVATE PLEASE INDICATE REASON**PREPARED BY**

BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR

PRESENTED BY

BETHAN LEWIS – PROGRAMME PLANNER & RISK ADVISOR

EXECUTIVE SPONSOR APPROVED

CARL JAMES - DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING AND DIGITAL

For Noting

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

TCS Programme Delivery Board

16/03/2022

Approved

ACRONYMS

TCS

Transforming Cancer Services

1. BACKGROUND

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

1.3 This paper covers the reporting period 14th February to 9th March 2022.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

2.1 Note latest TCS Programme Risk Landscape.

3. IMPACT ASSESSMENT

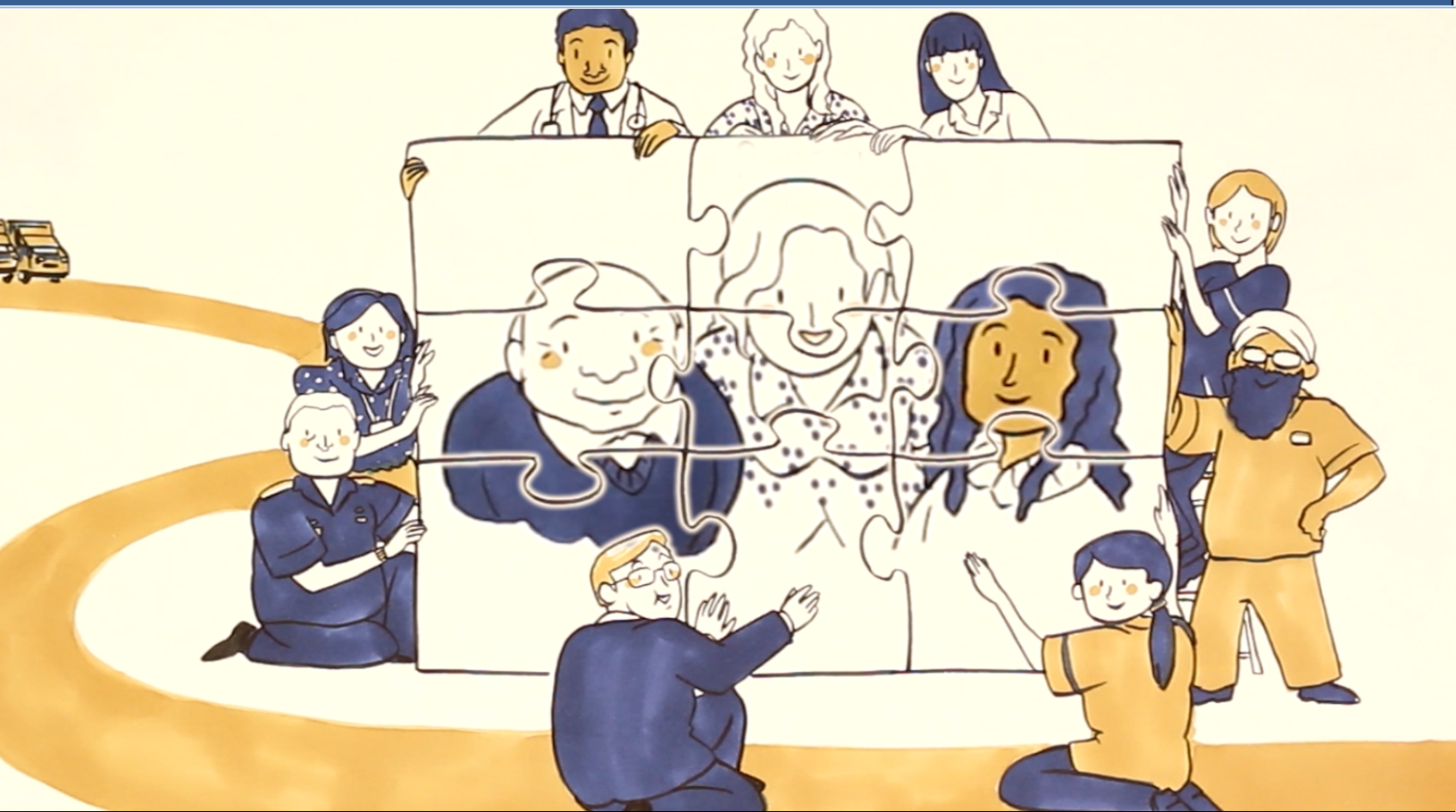
QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT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

4. RECOMMENDATION

4.1 The Programme Scrutiny Sub-Committee are asked to:

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

TRANSFORMING CANCER SERVICES PROGRAMME (South East Wales)



TCS Programme & Project Risk

Version 0.1

TCS Programme & Project Risk

DOCUMENTATION CONTROL SHEET

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

Document Version History:

Version Number	Date	Author	Summary of changes
0.1D	15/03/2022	Bethan Lewis	Commencement of Document

Approvals

This document requires the following approvals:

Title / Group	Date	Version/Option
TCS Programme Delivery Board	16/03/2022	0.1

Distribution

This document has been distributed to:

Name	Title	Date	Version

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APPENDICES

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

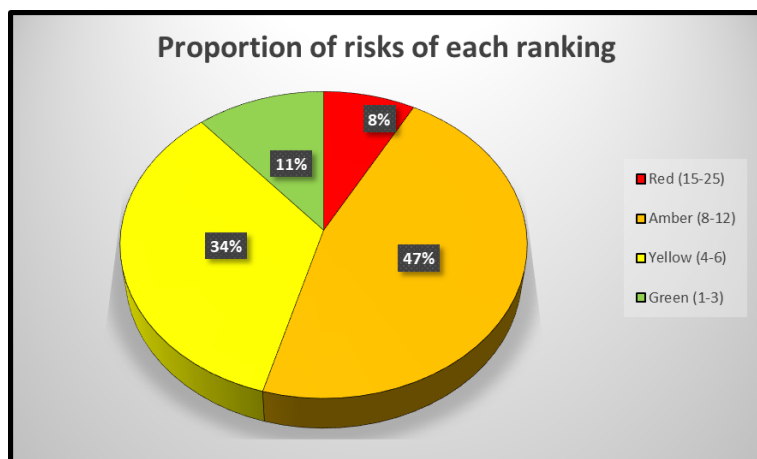
1.0 PROGRAMME & PROJECT RISK UPDATE – FEBRUARY-MARCH 2022

1.1 The below tables provide the most up to date data in regards to risk across the TCS Programme and its Projects which continue to be monitored and updates provided to the Programme Delivery Board each month. There are currently 123 risks in the Programme Risk Register; Figure 1 below provides a view of the number of risks broken down by project and current risk rating. Figure 2 demonstrates the proportion of risks by rating, with the majority 47% currently rated as 'Amber' and 34% rated as 'Yellow'. The proportion of 'Red' rated risks has reduced in this reporting period from 10% to 8%.

Figure 1: Breakdown of Risks Emerging from Project

Risks emerging from...Totals				
1. Enabling works for nVCC	31			
	2	9	14	7
2. nVCC	24			
	2	9	11	3
3. Digital and Equipment	3			
	0	3	0	0
3a. IRS	26			
	1	9	12	4
4. Radiotherapy Satellite Centre	8			
	0	6	2	0
5. SACT and Outreach	9			
	2	6	1	0
6. Service Delivery, Transformation and Transition	13			
	2	10	1	0
7. VCC Decommissioning	1			
	0	0	1	0
8. Programme	8			
	1	6	1	0
Totals				
123				
	10	58		
	43	14		

Figure 2: Proportion of Risks by Rating Score



1.2 Figures 3a and 3b below provides a comparison of Risk Ratings from their 'inherent' status to their 'current' status. As can be expected the higher ratings of risk (Red and Amber) occur when they are initially rated prior to mitigating actions and controls being put in place. Following the implementation of appropriate mitigations, the ratings become more moderate demonstrating efficient management of risks.

Figure 3a: Comparison of Inherent vs Current Risk Ratings

Inherent	Likelihood				
Impact	5. Certain	4. Likely	3. Possible	2. Unlikely	1. Rare
5. Catastrophic	38				
4. Major					
3. Moderate	65				
2. Minor			21		
1. Insignificant					1

Figure 3b: Comparison of Inherent vs Current Risk Ratings

Figure 3: Comparison of likelihood to current risk ratings					
Current	Likelihood				
Impact	5. Certain	4. Likely	3. Possible	2. Unlikely	1. Rare
5. Catastrophic	8				
4. Major					
3. Moderate	52		40		14
2. Minor					
1. Insignificant					


2.0 TCS Projects Risk Update


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

Projects 1 & 2 – Enabling Works for nVCC & nVCC

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	0	1	2	3	6
Issues	0	0	0	0	0

- Following review by the Risk Owner there has been no changes to risk ratings for Project 1 (Enabling Works) in this reporting period.
- The Risk Owner has confirmed that there has been 1 closed Risk, 2 Escalated Risks and 3 De-escalated Risks for Project 2 (nVCC) in this reporting period.
- Detail of the risks which meet the threshold for reporting to Programme Delivery Board can be seen below:

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R225	Stakeholder decision making. There is a risk that decision-making on key matters (e.g. by the Welsh Government, Asda, Cardiff City Council, Cardiff and Vale Health Board, Transport for Wales etc. making, or not making, decisions) - results in delays to delivery, or even cancellation, of the project - Leading		Likelihood 4 Impact 3 Overall 12 <i>Previous Likelihood 3 Impact 3 Overall 9</i>	Risk Owner – David Powell Recent discussions with TFW have shown that progress is being made on the Metro project and a Velindre station is still anticipated. Contact to be maintained to provide competitive dialogue participants with relevant information. Escalated due to likelihood of WG insisting on delay to procurement timeline following CAP3

	to an extended delivery of the programme and increases costs with potential reputational damage			
R350	Inflation There is a risk that increased rates of inflation lead to the capital costs of the project exceeding the affordability envelope.		Likelihood 5 Impact 4 Overall 20 <i>Previous</i> Likelihood 4 Impact 3 Overall 12	Risk Owner – Mark Ash Paper on affordability provided to WG. Escalated as reassessed risk using risk matrix with MA.

Project 3a – Integrated Radiotherapy Solution (IRS)

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

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

Project 4 – Radiotherapy Satellite Centre (RSC)

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

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

Project 5 – Outreach

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

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

Project 6 – Service Delivery & Transition

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

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

2.0 TCS Programme Risk Update

	New	Closed	Escalated	De-escalated	Total changed risks / issues
Risks	1	0	0	0	0
Issues	0	0	0	0	0

3.1 There have been no changes to the Programme Risk Ratings in this reporting period. There has been one new Risk raised which Programme Delivery Board approved, the detail of which can be seen below:

ID	Description of Risk	Direction of Travel	Current Rating	Comment
R360	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	New	<p>Likelihood 5 Impact 4 Overall 20</p> <p><i>Previous Likelihood 4 Impact 3 Overall 12</i></p>	<p>Risk Owner – Carl James</p> <p>1) Stocktake of all Projects and Programme to be undertaken 2) Refreshed Project Self-Evaluation toolkit 3) Refresh of Master Programme Plan 4) Review Programme and Project resources / gaps and make appropriate investments where required. 5) Introduce new ways of working - VF & Strategic Infrastructure Board</p>

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

Issue No.	Issue Raised	Description (Cause)	Description (Effect)	Priority	Status (what is being done about this issue?)	Action Owner	Due Date
I061	Sept 21	<p>Programme Objectives & Key Dependency not met</p> <p>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.</p>	The objectives of the TCS Programme as outlined in the Programme Business Case will not be met, along with they key dependency on Outreach facilities being operational prior to the nVCC opening in order to meet the need and ability to provide SACT across SE Wales	Medium	<p>Job descriptions evaluated and ready to commence recruitment.</p> <p>Looking at potential interim arrangements prior to recruitment.</p>	Steve Ham	<p>June 2022</p> <p>April 2022</p>
I054	June 21	<p>Programme Resource</p> <p>1.0 WTE Band 4 Co-ordinator vacancy within PMO as a result of the internal promotion of the previous post holder</p>	Lack of general administration support within the Programme Team, particularly in relation to providing secretariat support to the Programme Delivery Board.	CLOSE	Vacancy has been advertised on TRAC with closure date of 27 th March following which shortlisting, interview and appointment will be completed.	Carys Jones	April 2022

					Remaining PMO staff currently absorbing additional workload.		
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- 3.4 There are 18 risks in the January 2022 TCS Programme Risk Register with a current rating score of 12 and above, the detail of these can be seen in the Risk Register which is included as Appendix 1 to this report.
- 3.5 The Programme Delivery Board are asked to:
 - Note changes to Project Risks & Issues
 - Note the latest Programme Risk Register

Datix ID	TCS Ref	Risk Opened	Handler	Division	Project	Risk Owner	Risk Title	Risk Description	Risk Cost	Inherent Rating	Risk Level	Current Controls	Likelihood (current)	Impact (current)	Rating (current)	Risk level (current)	Progress notes	Direction of Travel	Next Review Date	Likelihood (Target)	Impact (Target)	Rating (Target)	Risk level (Target)	Is this a Private & Confidential Risk?
2501	R350	14/01/2022	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	Risk of Inflation leading to increased costs	There is a risk that increased rates of inflation lead to the capital costs of the project exceeding the affordability envelope.		20	High Risk	1. Paper on affordability submitted to WG. Ongoing	5 - Expected	4 - Major	20	High Risk	[Hinton, Tracy 14/03/22 11:22:03] Risk reassessed against the matrix and escalated by MA & CS	Risk Increasing	04/04/2022	4 - Probable	3 - Moderate	12	Significant	No
2400		30/06/2020	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk that there is lack of project support	There is a risk that the lack of appropriate project support from the programme will lead to delays in developing the solutions required for the project success.		20	High Risk	1) Programme Board will look to allocate resources as appropriate. Funding request to WG to support ongoing work - Ongoing 2) Clarification required on whether Outreach Project is an Operational or an Infrastructure Project - Ongoing TBC	4 - Probable	5 - Critical	20	High Risk	Update on actions following Programme Delivery Board 16/03/2022 - <i>(Updates not done or reviewed by Risk Owner as they were not present at PDB)</i> 1) Executive agreement on priority of agreeing final plan and implementation of that. 2) SRO escalation and awareness. 3) To see further detail in new risk 360 below. [Lewis, Bethan 07/12/21 14:22:46] 7/12/21 - No review or change to risk - Project remains On Hold.	Stable/No Movement	31/01/2022	2 - Unlikely	3 - Moderate	6	Moderate Risk	No
2402		10/05/2021	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk of time-consuming infrastructure work	There is a risk that time-consuming infrastructure work i.e. the refurbishment of a current site or identification of a new build is required to deliver the agreed outreach model of care. This could lead to delays in outreach services not being established or operational ahead of the new VCC as agreed within Programme objectives		16	High Risk	1) Identify location 2) Identify refurb / new build required 3) Establish level of local engagement with CHCs/public required 4) Identify appropriate resources from all HBs & VUNHST (inc Project Leads, Planning etc) to ensure project is supported and managed to align with project & programme timelines 5) Establishment of ownership and governance of Project within TCS/VF environment	4 - Probable	4 - Major	16	High Risk	[Lewis, Bethan 07/12/21 14:29:04] 7/12/21 - No review or changes to risk - Project remains On Hold	Stable/No Movement	31/01/2022	3 - Possible	3 - Moderate	9	Significant	No
2486	R313	07/12/2021	Pinocci, Francesca	Transforming Cancer Services	Enabling Works	Young, Mark	There is a risk that the Section 278 application takes longer than expected to be approved,	S278 Application There is a risk that the Section 278 application takes longer than expected to be approved, meaning that works traffic accessing the 'straight' TCAR are delayed, leading to a delay to construction and longer overall construction timeline.		9	Significant	This application process has started.	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 15/03/22 15:46:56] 8/3/22 - risk reviewed no updates	Risk Increasing	04/04/2022	2 - Unlikely	3 - Moderate	6	Moderate Risk	No
2401	R317	26/02/2021	Lewis, Bethan	Transforming Cancer Services	Integrated Radiotherapy Solution	Bryce, Gavin	Risk of insufficient resources being made available to the Project	There is a risk that insufficient resources (people) being made available to the project will have an adverse impact on the quality of the procurement process		16	High Risk	1) Detailed project Plan to identify resource requirements 2) Approved Capital Budget for the Legal & Staffing Costs 3) Regularly monitor staff availability (annual leave & sickness)	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 15/03/22 15:49:34] 09/03/2022 - Risk reviewed by Project Manager no updates or changes	Stable/No Movement	04/04/2022	2 - Unlikely	4 - Major	8	Moderate Risk	No
2408	R327	22/04/2021	Lewis, Bethan	Transforming Cancer Services	Integrated Radiotherapy Solution	Bryce, Gavin	Risk that IRS Project FBC is delayed or not approved	There is a risk that the approval for the FBC for the IRS Project is delayed or not approved, due to changes in approval timescales which would lead to delays to project delay, project abandonment impacting on other TCS Projects (nVCC & RSC) deliverables		16	High Risk	1) Engagement with Capital & Treasury teams - ongoing 2) Previous presentations to IIB - complete 3)OBC shared with WG Officers for comment - complete 4)WG notified of timescales for FBC so they can align resources - complete 5)Specialist advisors used to support delivery of Business Case - ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 15/03/22 15:50:47] 09/03/2022 - Risk reviewed by Project Manager no updates or changes	Stable/No Movement	04/04/2022	2 - Unlikely	4 - Major	8	Moderate Risk	No
2423	R342	08/09/2021	Lewis, Bethan	Transforming Cancer Services	Integrated Radiotherapy Solution	Bryce, Gavin	Risk that IRS evaluation process is delayed due to resource pressures	There is a risk that as the nVCC Competitive Dialogue clashes with the IRS Final Tender evaluation, there is pressure on resource availability leading to delays in finalising the evaluation process		12	Significant	1) Works has started to understand which staff and resource are impacted to explore availability and potential impact of this to the Project	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 15/03/22 15:51:05] 09/03/2022 - Risk reviewed by Project Manager no updates or changes		04/04/2022	2 - Unlikely	3 - Moderate	6	Moderate Risk	No

2431	R282	23/07/2021	Lewis, Bethan	Transforming Cancer Services	Programme	James, Carl	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables		16	High Risk	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. Complete 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity. Complete 3) Review and reporting on Master Plan to PDB and Scrutiny committee. Ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 09/12/21 16:37:30] CJames 9.12.21 - Whilst initial risk to Project and Programme activity from Covid disruption has reduced; there remains uncertainty around transmission of the newest emerging variant and the impact this could have on clinical workforce managing their priorities between ongoing clinical work and Project & Programme. As such risk rating remains the same.	Stable/No Movement	08/04/2022	2 - Unlikely	2 - Minor	4	Low Risk	No
2410	R297	05/10/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Morley, Sarah	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet needs of the TCS Programme	Risk that there will be inadequate and / or insufficient workforce capability and capacity to meet the needs of the TCS Programme outputs. Causes - Workforce supply not available in required professionals groups or with required skills / Requirements for workforce capacity and capability no longer accurate. Consequences - Inadequate staffing of Velindre facilities across the SE Wales region / Impact on providing treatment and care to patients		12	Significant	1) Service planning is sufficiently developed to facilitate effective workforce planning techniques to be applied 2) Ensuring each project has clear and well developed workforce plans which are predicated on clear service plans 3) Clarity of expectations for workforce team involvement 4) Clarity of Role & Responsibility for Workforce planning input team in relation to Project & Programme need 5) Workforce team to support service to ensure the right people are available and allocated to support	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 08/03/22 11:44:50] 03/03/22 - Risk reviewed by Risk Owner - no change to current ratings update provided to Action 4 - WOD Team interface with workforce planning elements of VF via dedicated project role. This role has clear relationships with Senior WOD BP for VCC and Heads of Workforce and OD.	Stable/No Movement	31/05/2022	2 - Unlikely	1 - Negligible	2	Low Risk	No
2417	R279	08/07/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Fear, Lauren	Risk that there is lack of TCS Programme Comms Plan	There is a risk that there is a lack of TCS Programme wide communications plan resulting in the objectives of projects and interdependant links are not communicated effectively and the wider networked clinical model not understood.		12	Significant	1) Revise TCS website - complete 2) Improve internal TCS teams Comms - complete 3) Improvements to intranet - started 4) Improvements to the link between Programme Governance and Comms - tbc	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 15/03/22 15:55:37] 28.2.22 - Update requested from LF & NG	Stable/No Movement	04/03/2022	2 - Unlikely	2 - Minor	4	Low Risk	No
2418	R298	05/10/2020	Lewis, Bethan	Transforming Cancer Services	Programme	Fear, Lauren	Risk that TCS Programme does not have support from Stakeholders	Risk that the TCS Programme does not have support from Stakeholders (pts, HB, politicians, WG, clinicians) Causes - Lack of engagement with all relevant stakeholders/ Misinformation shared from external sources / Inconsistent engagement from specialist resource / Change of views over a period of time / Lack of alignment between TCS programme and other strategic priorities across the organisation and individuals / Political leadership change Consequences - WG and LHs do not support key decisions / Reputational damage for Velindre Trust as an organisation / Petitions & opposition to plans for TCS Programme / Delays to programme and project progress / Failure to deliver some/all of programme benefits		16	High Risk	1) Further engagement is being planned with specialist stakeholders – broader and more targeted who are not fully supportive. Programme Communications resource in place & recruitment of additional comms resource to support comms/engagement activities 2) Better use of technology being reviewed and rolled out to share key messages 3) Variety of stakeholder events held over a number of years - complete 4) Clinical workshops held throughout Programme lifetime - ongoing 5) Professional meeting forums held e.g. DoPs, MDs, CEO's etc - ongoing 6) Ongoing engagement with local elected members (MS, MP, Councillors) 7) Dialogue between existing cancer forums e.g. cancer leads in SE Wales HBs - ongoing through CCLG 8) Monthly meeting with WG Head of Capital and Director General - ongoing	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 15/03/22 15:56:14] 28.2.22 - Update requested from LF & NG	Stable/No Movement	04/03/2022	2 - Unlikely	2 - Minor	4	Low Risk	No
2431	R282	23/07/2021	Lewis, Bethan	Transforming Cancer Services	Programme	James, Carl	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption	There is a risk that the impact of Covid-19 on Programme activity will continue to cause longer-term disruption resulting in potential misalignment of project activity and as such further impacts to Programme Plans and Deliverables		16	High Risk	1) Project plans being reviewed with programme support to ensure they are up to date and where projects are now 'unpaused' to bring plans in line with more mature projects. Complete 2) Master Programme Plan updated to reflect update to projects and to show dependencies across projects and programme activity. Complete 3) Review and reporting on Master Plan to PDB and Scrutiny committee. Ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 15/03/22 15:57:21] CJames 9.3.22 - Whilst initial risk to Project and Programme activity from Covid disruption has reduced; there remains uncertainty around the impact of managing backlogs could have on availability of the clinical workforce managing their priorities between ongoing clinical work and Project & Programme, work underway to review resource requirements.	Stable/No Movement	08/04/2022	2 - Unlikely	2 - Minor	4	Low Risk	No
2407	R268	17/01/2020	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	Risk of overlapping timeframes and interdependencies between RSC & IRS Projects	There is a risk that as the IRS Project needs to be phased in parallel with RSC Project, due to overlapping timeframes and interdependencies resulting in the RSC project being restricted to planning assumptions until the Equipment Project is concluded which has an inherent risk.		16	High Risk	1) RSC project requires a clear view IRS Project Risk landscape and links between the 2 projects in terms of risk registers and project plans 2) Ensure design is flexible and futureproof to allow for IRS solution 3) Review impact of delays to IRS Project on RSC Timeline	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 15/03/22 16:04:17] 09/03/2022 - Risk reviewed by risk owner, no changes or updates	Stable/No Movement	04/04/2022	2 - Unlikely	2 - Minor	4	Low Risk	No

2413	R264	29/06/2020	Lewis, Bethan	Transforming Cancer Services	Radiotherapy Satellite Centre	Hague, Andrea	Risk that Radiotherapy Satellite Centre will not have required skilled staff in place to run facility	There is a risk that the Radiotherapy Satellite Centre will not have required skilled staff in place to run the facility once ready to be operational. This would impact on radiotherapy capacity and resilience for the Trust.		15	Significant	1) An integrated Radiotherapy and Physics workforce plan is required to consider the service as a whole taking account of a full operating model that includes current activity, projected activity, IRS and RSU. 2) Provisions from across the whole service will be reconfigured to meet the requirements of the satellite unit.	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 15/03/22 16:05:22] 09/03/2022 - Risk reviewed by risk owner no changes or updates	Stable/No Movement	30/06/2022	3 - Possible	2 - Minor	6	Moderate Risk	No
2487	R340	07/12/2021	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	IRS Delays Impact on nVCC Procurement	There is a risk that the IRS procurement may be delayed or experience legal challenge, meaning that the date at which the specific equipment to be procured is definitely known is delayed, leading to delays or other issues during the nVCC procurement process		9	Significant	1. Ongoing monitoring of buffer period between the key dependency dates of both projects. 2. If issue occurs work with bidders to design around potential solutions so that work can continue.	4 - Probable	3 - Moderate	12	Significant	[Lewis, Bethan 14/02/22 16:56:39] 4/2/22 - update provided to mitigating action 1. IRS procurement award has been delayed work is still ongoing to determine timelines but buffer is likely to have reduced significantly. Ongoing. 2. Not started - reactive.	Risk Increasing	04/04/2022	3 - Possible	4 - Major	12	Significant	No
2502	R351	14/01/2022	Hinton, Tracy	Transforming Cancer Services	New Velindre Cancer Centre	Powell, David	Risk of delay to start on site	There is a risk that the start of construction is delayed beyond the date stipulated in the outline planning permission decision notice 17/01735/MJR (27th March 2023), leading to delays to the project and a possible loss of planning permission.		12	Significant	1. Submit section 73 application to extend the date by which start on site must occur, to reduce the impact of any delays to the start of construction. Started 2. Regular monitoring and management of other projects/workstreams which may affect start on site date including enabling works and nVCC procurement. Ongoing	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 14/02/22 16:57:53] 4/2/22 - update to mitigating actions 1. Work is currently being undertaken on the section 73 application. Started 2. Ongoing	Risk Increasing	04/04/2022	2 - Unlikely	2 - Minor	4	Low Risk	No
2405		30/06/2020	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk that projected growth assumptions for Outreach will be less than required	There is a risk that the projected growth assumptions for outreach delivery of SACT, ambulatory care and outpatients is less than will be required, leading to undersized locations.		16	High Risk	1) Re-run projections around growth assumptions. 2) Activity model will be re-run with outputs presented to project Board. Any additional requirements will be presented to the Programme Delivery Board with recommendations. Individual meetings with Health Boards to ascertain their requirements will be undertaken.	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 13/12/21 11:41:11] 7/12/21 - No review or changes to risk - Project remains On Hold	Risk Decreasing	31/01/2022	2 - Unlikely	3 - Moderate	6	Moderate Risk	No
2416		30/06/2020	Lewis, Bethan	Transforming Cancer Services	Transforming Cancer Services	Williams, Nicola	Risk that COVID may lead to delays on Project progress	There is a risk that potential further waves of COVID may lead to delays that effect the development & key activity of the outreach project		20	High Risk	Agreement with HBs of ways of working during any possible covid resurgence to ensure that project is able to continue making progress	3 - Possible	4 - Major	12	Significant	[Lewis, Bethan 13/12/21 11:42:46] 7/12/21 - No review or change to risk - Project remains On Hold.	Risk Decreasing	31/01/2022	2 - Unlikely	3 - Moderate	6	Moderate Risk	No

Issue	Date Raised	Prog / nVCC Proj	Owner	Description (cause)	Prev Risk ID	Description (effect)	Priority (High, Med ,Low)	Reported by	Reported to	Status (what is being done about this issue?)	Date resolved	Resolution/Comments
I061	09/09/21	Programme	tbc	Programme Objectives & Key Dependency not met The Outreach Project has been placed 'on hold' and is not able to progress with its own objectives and as such has wider implications across the TCS Programme.		The objectives of the TCS Programme as outlined in the Programme Business Case will not be met, along with they key dependency on Outreach facilities being operational prior to the nVCC opening in order to meet the need and ability to provide SACT across SE Wales	High	Bethan Lewis	Programme Delivery Board (Sept 21)	Job descriptions evaluated and ready to commence recruitment. Looking at potential interim arrangements prior to recruitment.	June 2022 April 2022	
I062	10/01/22	nVCC	Mark Young	Bridge Construction Timeline The most recent proposal for the bridge into the site shows a completion date of June 2023, three months after Project Co are intended to start on site.		If Project Co are required to wait for this element of construction to be completed it would cause a three month delay to the nVCC timeline and increase project costs.	High	David Powell	nVCC Project Board	Potential mitigations include: 1. Begin construction of the nVCC via the TCAR only. Construction action - undertake in 2023 2. Complete some elements of the bridge after construction of the hospital is completed to shorten the timeline. Construction action - undertake in 2023 3. Utilise S73 application to extend the date by which MIM start on site must occur, to reduce the impact of any delays to the start of construction. Planning issues occur if this is delayed beyond 27th March 2023. August 2022	Aug-22	
I065	19-Jan-22	nVCC	Mark Ash	TCAR Expiry TCAR expiry in 2024 means that significant proportion of construction period only has Asda access available.		Bidder construction programmes will take longer if using the Asda access route only after Nov 2024.	High		nVCC Project Board	Utilise s73 application to extend TCAR expiry date. August 2022	Aug-22	
I070		IRS	Gavin Bryce	Second Tender non-compliant and procurement considered abortive and requiring rerun			High	Gavin Bryce	TCS Programme Delivery Board	Update 09/03/22 -Second Tender closed 28/2/22 and evaluation for non-compliance issues schedule for March 2022	Apr-22	
I069		IRS	Gavin Bryce	Budget for IRS project will cease at the end of this financial year with resources required to run in to 2022 without a budget			High	Gavin Bryce	TCS Programme Delivery Board	Update 09/03/22 - Board paper has been drafted	Apr-22	
I064	Jan-22	Enabling Works	Phil Morgan	Velindre S278 Motts were requested to undertake a soil resource survey which has been delayed. We are unable to submit S278 planning application until this has been received.		TCAR2 construction may be delayed with impacts on the wider construction programme.	Medium	Dawn Cudlip	nVCC Project Board	1. Engaged alternative supplier to achieve SRS. Completed 15/2/22. Analysis to be developed and submitted to CCC 1st March 2022		
I063	20/1/22	Enabling Works	Phil Morgan	Asda S278 There was a delay in submission of drawings from Sandersons to discharge the S278 conditions.		Trees unable to be felled along Longwood Drive. Will cause delay to the Asda works.	Medium	David Powell	nVCC Project Board	1. Cardiff Council have suggested a mini 278 to allow this to progress more quickly. Approval of mini 278 expected by 18th February 2022 .		
I066	02-Mar-22	nVCC	Mark Ash	PRoW An appeal to have three reroute recorded a public footpaths across the nVCC site has been successful.		These footpaths will require diversion to allow construction / operation of the hospital.	Medium	Mark Farrar	nVCC Project Board	Section 257 to be submitted to Cardiff Council, this cannot be submitted until footpaths have been approved by Cardiff Council. Preparatory work will be undertaken in the interim, the expected submission July 2022	Jul-22	
I067	02-Mar-22	nVCC	Phil Morgan	Ecological windows for dormice NRW are imposing restrictions on when we are able to apply for an EPSL on the MIM site (ie following approval of Reserve Matters)		Due to this restriction there is a significant chance that the ecological window for dormice clearance will be missed, delaying the project by approx. 6 months.	Medium	Craig Salisbury	nVCC Project Board	Notwithstanding NRW's process protocols, the Authority is anticipating progressing MIM EPSL discussions with NRW ahead of the Reserved Matters approvals in order to mitigate any delays in the granting of the licence. A shadow EPSL is under preparation by the Authority to commence dialogue with NRW early May. Possible WG intervention would be sought if dialogue does not progress. May 2022	May-22	
I068		IRS	Gavin Bryce	IRS costs for legal fees continue to be over forecasted estimate due to procurement complexity, interdependencies and prolonged contractual dialogue.			Medium	Gavin Bryce	TCS Programme Delivery Board	Update 09/03/22 - Board paper has been drafted	Apr-22	

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

TCS PROGRAMME MANAGERS REPORT

DATE OF MEETING	22.03.2022
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	
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PREPARED BY	Carys Jones, Senior Programme Delivery & Assurance Manager, TCS
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PRESENTED BY	Carys Jones, Senior Programme Delivery & Assurance Manager, TCS
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EXECUTIVE SPONSOR	Carl James, Director of Strategic Transformation, Planning & Digital
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
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TCS Programme Delivery Board	16/03/2022	Noted
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ACRONYMS

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

1. SITUATION / BACKGROUND

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

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

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

3. EXTERNAL PROGRAMME ARRANGEMENTS

Velindre @ UHW Programme Progress Update

- 3.1 The second Velindre @ UHW Programme Delivery Board will take place on 22nd March 2022 and will be chaired, on this rotation, by the Director of Strategic Transformation, Planning and Digital, VUNHST.
- 3.2 Since the Programme Delivery Board last met on the 20th January, the focus has been on drafting a series of new project briefs for each of the four constituent projects: Acute/Unscheduled Care; Cardiff Cancer Research Hub; Haemato-oncology and Acute Oncology Services. The individual project briefs expand on the Velindre @UHW programme-wide brief previously approved by the bilateral CAVUHB and Velindre Partnership Board. The purpose of the briefs is to set out the project objectives, define its scope and outline the deliverables required from each project.
- 3.3 There has also been a focus on further developing the project plans, deliverables and key milestones for inclusion in the draft Integrated Medium Term Plans (IMTP) for both Velindre and CAVUHB over the next three years (2022-2025). Inclusion in the IMTP is significant because it demonstrates the organisations' commitment to the work and ensure the projects are considered within VUNHST and CAVUHB's financial planning.

Velindre Futures Programme

- 3.4 The February Velindre Futures (VF) Programme Board was held on the 28th February 2022, where updates on a number of key organisation programmes (such as the Digital Health and Care Record (DCHR)), together with the updates from each of the Development & Delivery Groups, was provided.
- 3.5 The usual Transforming Cancer Services update presentation was provided by the Senior Programme Delivery and Assurance Manager for TCS and circulated to VF Programme Board members.
- 3.6 The Board also received a detailed presentation on the Radiotherapy Satellite Centre (RSC) project from the project leads. The presentation provided a deep-dive into progress with the RSC, including the background, details of the RSC design and anticipated timescales. The RSC project team were currently preparing for a project Gateway Review in March 2022 and finalising the Full Business Case for submission to Welsh Government in May.
- 3.7 The VF Programme Board discussed the importance of the workforce development piece that must sit alongside to ensure the necessary skilled staff were available upon opening the RSC, together with a focus on 'Day 1' operational readiness.
- 3.8 The latest programme mapping and interdependency work was also shared with the Board. The VF Programme Management Office were leading a piece of work to map all the current and planned projects and programmes across the organisation in order to inform a prioritisation exercise to better understand the interdependencies between them, particularly the 'pull' on clinical resources. The TCS programme and regional work have both been included and continue to contribute to this exercise.
- 3.9 A workshop was held between the TCS Programme staff and Velindre Futures to support the further definition, organisation and prioritisation of VF's emergent programme of work, this engagement will continue.
- 3.10 The next VF Programme Board will take place on 30th March 2022.

Collaborative Cancer Leadership Group (CCLG)

- 3.11 The forward scheduled of CCLG meetings in 2022-23 have now been finalised with quarterly meetings scheduled for May, September, December and March (2023).
- 3.12 VUNHST will continue to provide the secretariat and co-ordination for the CCLG, and will discuss the ongoing chairing arrangements with Suzanne Rankin, the new CEO at CAVUHB.
- 3.13 In addition to these core business meetings, the externally facilitated 'cancer system workshop' has now been arranged for 29th April and a draft agenda

circulated for comment. This workshop address Recommendation 1 of the Nuffield Trust advice and seeks to review how best to take forward the CCLG in future, agree regional cancer priorities (and potentially a regional cancer strategy), together with considering the most suitable governance arrangements / means of organising to achieve these priorities.

- 3.14 Discussions are also planned with the Welsh Cancer Intelligence and Surveillance Unit (WCISU) at Public Health Wales (PHW) to consider how best to set the population health context for the workshop, including presenting the cancer outcome data for SE Wales.
- 3.15 It is of critical importance that the Trusts internal portfolio of programmes and projects remains aligned to the strategic direction and ambition of our external stakeholders and alignment with governmental policy.

4. INTERNAL PROGRAMME UPDATES

Programme Stocktake

- 4.1 The TCS programme management function has been considerably impacted over the past 12 months with a significant amount of displacement activity drawing programme staff away from core programme activities and into wider work and/or other projects requiring additional support. For example, this has included:
- the Associate Director of Programmes working almost exclusively on the IRS procurement,
 - the Senior Programme Delivery & Assurance Manager working on regional priorities, such as the Velindre @ UHW programme and associated projects, and,
 - the Programme Planner and Risk Advisor undertaking programme governance activities, such as co-ordinating the Programme Delivery Board monthly cycle, previously undertaken by the Project and Programme Co-ordinator (due to a vacancy).
- 4.2 The Coronavirus Pandemic further impacted the cohesion of the TCS Programme through some delay and re-prioritisation (internal and external). For example, the pausing of Project 5 Outreach due to project management capacity constraints, the ability of health boards to prioritise development work in the face of operational pressures, and staff turnover in key posts e.g. Projects 3 Digital and Equipment.
- 4.3 The Programme Team have reviewed its capacity and work priorities with the TCS Programme Director and anticipate from April 2022 onwards that the capacity issues will be largely resolved due to the:
- permanent recruitment of the Senior Programme Delivery and Assurance Manager,
 - near conclusion of the IRS procurement, and,

- recruitment to the Band 4 Programme Co-ordinator post concluding in April.

As such, the PMO will be undertaking a 'stock take' of the programme and projects which will examine if the project / programme are optimally setup to delivery their objectives. This review will be multifaceted and will include factors such as governance, resources, reporting and overall performance.

- 4.4 There will also be a stock take of risks, issues, and interdependencies as part of this assessment.
- 4.5 It is anticipated that the progress with the stock take will be report to the PDB in April 2022.

PMO Short Term Priorities

- 4.6 As described above, the PMO priorities will be on the stock take as follows:
- Re-prioritise team capacity on programme work
 - Dramatically reduce work in non-programme areas
 - Progress work to recruit Band 4
 - Enhance the master programme plan to include the detail of the management of interdependencies and risks
 - Complete the stock take and develop slide pack to share with IMs/PDB
 - Re-establishing the Project Self Evaluation toolkit
 - Develop summary risk analysis slides to the risk presentation
 - Review all Risks and Issues to ensure robust and complete
 - Review original Planning assumptions
 - Review original Project Briefs
 - Finalise transformation office purpose, function and structure aligned to EMB approval / direction
 - Develop plan to move to new Governance Structure and working arrangements
- 4.7 Progress will be reported via the Programme Managers update monthly, or separately to the PDB as required.

Recruitment

- 4.8 The Band 4 Project and Programme Co-ordination vacancy is current out to advert on NHS Jobs with interviews anticipated to take place at the end of March.
- 4.9 Recruiting to this vacancy will support the delivery of the above activities.

Master Programme Plan

- 4.10 The Master Programme Plan and critical path for the TCS Programme have been reviewed by the Programme Team working with the Projects, and an

updated plan has been produced and is presented as a substantive item on the agenda.

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

Notable Updates from the Six Projects affecting the Programme

- 4.12 This section *does not* provide a full update against each project; only matters which have a potential impact on the delivery or coherence of the overall programme (such as scope or timescales), are highlighted below. Details pertaining to the specifics of the constituent Projects are captured in their respective Highlight Reports.

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

- 4.14 *Since the previous report:*

- A Soil Survey was completed for the discharge of conditions for the European Protected Species Licence (EPSL) for Temporary Construction Access Route 2 (TCAR2). The results of the sample analysis are awaited.
- In respect of tree clearance, Asda plan to dovetail their tree clearance works with nVCC EW and to start early March 2022.
- A tree translocations programme is also underway on the MiM site, where trees are tagged ready for re-planting as part of the added values aims.

- 4.15 **nVCC** – Competitive Dialogue (CD) commenced w/c 6th September and is well underway and is leading up to the submission of draft final tenders to be submitted 14th March 2022. The preferred bidder will be announced in the summer 2022.

- 4.16 *Since the previous report:*

- CD has now reached week 27 of the 28 week dialogue schedule;
- Over 96% of the scheduled dialogue meetings have been held.
- The Capital Approval Point 3 (CAP3) meeting with WG was undertaken in February (14-18th) resulting in 6 recommendations for the team to respond to.
- The project team are now preparing work for a bid evaluation 'dry-run' across a number of the workstreams and have worked with the workstream leads to ensure draft final tenders and 'boot camp' stages are a success.

- 4.17 **Integrated Radiotherapy Solution** – no compliant bids were received in response to the original tender. The IRS Invitation to Submit Final Tender (ISFT) was re-run which was issued on the 31st January.

4.18 *Since the previous report:*

- The ISFT closed on the 28th of February with two tenders being received.
- The Project team will commence the tender response evaluations from the 1st March 2022 within a series of scheduled face-to-face and MS Teams meetings during March and April.
- Work on finalising the OBC/FBC is ongoing.

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

4.20 *Since the previous report:*

- The AEDET (Achieving Excellence in Design Evaluation Toolkit) review was undertaken in February and fed back to the team.
- Final draft operational and IM&T Service Level Agreements (SLAs) have been produced, with associated project revenue costs identified.
- The March Project Board focused on the workforce plan, covering recruitment and training, which continues to be a high risk for the project.

4.21 **Outreach** – the project remains ‘on hold’ due to resourcing constraints.

4.22 *Since the previous report:*

- The resourcing constraints issue has been escalated to the SRO for support with resolution.

4.23 **Service Delivery and Transition** – has not progressed within the TCS programme however the Velindre @ and VF programme address many of the areas of the original project scope. It is anticipated that this project will transfer to the Velindre Futures programme once the governance arrangements have been agreed.

4.24 *Since the previous report:*

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

4 IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:

EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.

5 RECOMMENDATION

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

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Nuffield Trust Report – Progress Update

DATE OF MEETING	22.3.22
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not applicable
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PREPARED BY	Carys Jones, Senior Programme Delivery & Assurance Manager Lauren Fear, Director Corporate Governance & Chief of Staff
PRESENTED BY	CARL JAMES - DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING AND DIGITAL
EXECUTIVE SPONSOR APPROVED	CARL JAMES - DIRECTOR OF STRATEGIC TRANSFORMATION, PLANNING AND DIGITAL

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	15/02/2022	Noted

ACRONYMS	
TCS	Transforming Cancer Services

1. BACKGROUND

- 1.1 Attached is a draft of the progress against Nuffield Trust recommendations.

- 1.2 The document has been reviewed, updated and endorsed by our four Health Board commissioning partners. This is important given the collective regional ownership of the majority of the actions.
- 1.3 It will remain in draft status until received at the next Collaborative Cancer leadership Group, now scheduled for May 2022.

2. ASSESMENT / SUMMARY OF MATTERS FOR CONSIDERATION

- 2.1 The Committee is asked to note the progress and plans against each recommendation.

3. IMPACT ASSESSMENT

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

4. RECOMMENDATION

- 4.1 The Committee is asked to note the progress and plans against each recommendation

Nuffield Trust Recommendations Progress and Plans Summary

	Recommendation from Nuffield Trust report	Key Progress to date during 2021	Key Next Steps for 2022
1	<p>Regional Planning System</p> <p><i>'The planning process for all South East Wales cancer services needs to be reviewed and its coordination improved, with the development of a common dataset and planning approach put in place.</i></p> <p><i>Steps have been taken to support this and it is going to be very important that the CCLG is effective – this will help to fill the strategic gap in the planning of cancer services that has existed across South East Wales.</i></p> <p><i>There are some lessons from the development of the more successful cancer alliance models in England that could be followed. These take responsibility not only for the planning of cancer services but also for leadership and performance management.'</i></p>	<ul style="list-style-type: none"> • Agreement from the South East Wales Collaborative Cancer Leadership Group on the principles outlines by the Nuffield Trust for how the system level regional planning should be developed. • Joint commitment from Velindre University NHS Trust, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board about how we are working together to deliver the Nuffield Trust report was publically stated: "We fully support the Nuffield Trust's comprehensive and expert report on the future of non-surgical oncology in south east Wales. We are working together to ensure that all the recommendations are taken forward. The Nuffield Trust's process allowed for a broad range of views to be heard by interviewing a range of clinicians from Velindre and surrounding health services, patients and their representatives including hosting open access sessions for Velindre staff, reviewing papers from working groups, individual testimonies and letters from patients and staff. We are fully committed to working together to deliver excellent cancer treatment and care for patients 	<ul style="list-style-type: none"> • Hold Cancer System Workshop in early 2022 to discuss shape of whole systems approach for South East Wales and the development of a South East Wales Cancer Strategy. • Refresh the CCLG work programme. • Scope South East Wales Cancer Strategy (as required).

Nuffield Trust Recommendations Progress and Plans Summary

		<i>across south east Wales in partnership with our staff, patients and healthcare colleagues.”</i>	
2	Aging Estate and Equipment <i>‘Full co-location would have advantages, but is not practical for a significant period of time. However, action is required soon to deal with the issues with the estate and linear accelerators at the Velindre Cancer Centre.’</i>	<p>New Velindre Cancer Centre</p> <ul style="list-style-type: none"> Approval for the new Velindre Cancer Centre Outline Business Case has been secured from Welsh Government. The new Velindre Cancer Centre competitive dialogue process to appoint a consortium to deliver the scheme commenced in Sept 2021. <p>Integrated Radiotherapy Solution</p> <ul style="list-style-type: none"> A new fleet a linear accelerators is in the final stages of procurement as part of the process to secure a new Integrated Radiotherapy Solution for South East Wales. Contract award is expected in Autumn 2022 <p>Radiotherapy Satellite Centre</p> <ul style="list-style-type: none"> The Radiotherapy Satellite Centre in Neville Hall Hospital has significantly advanced in 2021 with OBC approval. Anticipated ‘beam on’ date of July 2024. 	<p>New Velindre Cancer Centre</p> <ul style="list-style-type: none"> Award new Velindre Cancer Centre contract in summer 2022. Commence new Velindre Cancer Centre construction. <p>Integrated Radiotherapy Solution</p> <ul style="list-style-type: none"> Procurement to complete and successful bidder to progress with delivery. Secure approval for next stages of business case development. <p>Radiotherapy Satellite Centre</p> <ul style="list-style-type: none"> Secure Full Business Case approval in autumn 2022.

Nuffield Trust Recommendations Progress and Plans Summary

<p>3</p>	<p>Activity Benchmarking, Oncology Advice for Unscheduled Care and AOS</p> <p><i>'In the near future, each HB needs to:</i></p> <ul style="list-style-type: none"> Develop and implement a coordinated plan for: <ul style="list-style-type: none"> analysing and benchmarking cancer activity against their areas, advice and decision support from oncology for unscheduled cancer inpatient admissions via A&E acute oncology assessment of known cancer patients presenting with symptoms/toxicities, with inpatient admission an option on a district general hospital site if needed, complemented by the Velindre@ ambulatory model, bringing models for haemato-oncology and solid tumour work together Consider the lessons of Covid-19 in terms of remote access for patients and the remote provision of advice, multidisciplinary team meetings and other methods for improving access to specialist opinion'. 	<ul style="list-style-type: none"> A 'Velindre@' work programme has been established, with its initial focus on Velindre@University Hospital Wales, in line with the priorities identified in the Nuffield trust report The Programme currently consists of three projects: <ol style="list-style-type: none"> Acute & Unscheduled Care: progressed well with pathway redesign and admission criteria review undertaken. Research & Development: a service specification for the V@UHW Research hub has been developed by Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University. Velindre University NHS Trust Board approved service specification. Haemato-oncology: initial discussions regarding patient pathways undertaken. <p>Acute Oncology Service</p> <ul style="list-style-type: none"> Development of the regional Acute Oncology Service model has been completed and the associated business case. Business case approval has been gained from Velindre University NHS Trust, Cardiff and Vale 	<p>Velindre@University Hospital Wales for Acute & Unscheduled Care</p> <ul style="list-style-type: none"> Ongoing development of the Acute Deteriorating Patient Pathway between Velindre Cancer Services and University Hospital Wales. Following the pathway agreement, associated infrastructure and workforce business case requirements will be progressed. To include designated admission/ inpatient area at University Hospital Wales. Implementation plan finalised for ambulatory AOS pathway and funding strategy agreed for all University Health Boards and stakeholder to implement phase 1. <p>Acute Oncology Service</p> <ul style="list-style-type: none"> Velindre University NHS Trust and the Health Boards are working with the Acute Oncology Service project team to continue to implement the plan, including: <ul style="list-style-type: none"> Recruitment into key clinical posts; Appointment to Acute Oncology Service specialist oncology sessions.
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Nuffield Trust Recommendations Progress and Plans Summary

		<p>University Health Board, Aneurin Bevan University Health Board with Cwm Taf Morgannwg Health Board decision in March 2022.</p> <ul style="list-style-type: none"> • Senior Responsible Officer appointed for the AOS delivery with implementation plan in place and commenced. 	
4	<p>Revise Velindre Cancer Centre Admission Criteria</p> <p><i>'The new model should not admit those who are at risk of major escalation to inpatient beds on the Velindre cancer centre. These patients should be sent to district general hospital sites if admission is required, to avoid a later transfer. The admission criteria for inpatient admission to the Velindre cancer therefore need to be revised to reduce the risks associated with acutely ill patients. Regular review of admissions and transfers should be used to keep this and the operation of the escalation procedures under review.'</i></p>	<ul style="list-style-type: none"> • Criteria for all admissions to Velindre Cancer Centre, both scheduled and unscheduled patients revised and implemented. • Agreement to develop an Acute Deteriorating Patient pathway between Velindre Cancer Centre and University Hospital Wales. Pathway redesign undertaken and improvement activities commenced. • The establishment of a regional Acute Oncology Service also provides alternatives to admission in the first instance. 	<ul style="list-style-type: none"> • Agree on-going mechanism to review appropriateness of admissions and rolling clinical audit against revised Admissions Criteria. • Ongoing development of the Acute Deteriorating Patient Pathway between Velindre Cancer Services and University Hospital Wales exploring options, such as on-site support from Velindre Cancer Centre consultants at University Hospital Wales.

Nuffield Trust Recommendations Progress and Plans Summary

<p>5</p>	<p>Research Hub at University Hospital Wales</p> <p><i>‘To support recommendations 4 and 5, and the research strategy, a focus on cancer including haemato-oncology and a hub for research needs to be established at University Hospital Wales. There would be advantages to this being under the management of the Velindre Cancer Centre, but in any case, the pathways between specialists need work in order to streamline cross-referral processes. Such a service would provide many of the benefits of co-location – access to interventional radiology, endoscopy, surgical opinion, critical care and so on – albeit without the convenience of complete proximity’.</i></p>	<ul style="list-style-type: none"> • Velindre University NHS Trust published its 10-year Cancer Research Strategy which was approved by the Trust Board and sets out its longer-term research ambitions. • A service specification for the V@UHW Research hub has been developed by Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University. Velindre University NHS Trust Board has approved service specification. • The proposal was endorsed at Collaborative Cancer Leadership Group for the detailed business case development work to commence. • Project Board established. • Collaboration in solid tumor research has been initiated through consideration of a CAR-T Cell study. 	<ul style="list-style-type: none"> • Approval Service Specification by Cardiff and Vale University Health Board and Cardiff University in 2021/2022. • Agreement to the governance, commercial and funding approach to support the Service Specification when agreed. • Implementation plan developed and funding strategy agreed with partners and stakeholder to implement phase 1. • Project Board to oversee implementation plan. • Development of plans to support care of patients in clinical trials who may require immediate access to acute or intensive care beds. • Further explore opportunities for collaboration in solid tumor research, including Stem Cell Therapy
<p>6</p>	<p>Expansion of Haemato-oncology Clinics and provision of wider Diagnostic services</p> <p><i>‘The ambulatory care offer at the Velindre Cancer Centre should be expanded to include SACT and other ambulatory services for haemato-</i></p>	<ul style="list-style-type: none"> • Aneurin Bevan University Health Board continue to plan towards a joint haematological SACT unit at the proposed Cancer Hub at Neville Hall Hospital and this project is making good progress. • In addition it has been identified that there will need to be an additional location for the provision of SACT services in South Gwent. 	<ul style="list-style-type: none"> • Review of current arrangements to determine what further opportunities exist for change in patient flows for (i) SACT (ii) diagnostics. • Confirm approach for Outreach project resource.

Nuffield Trust Recommendations Progress and Plans Summary

	<p>oncology patients and more multidisciplinary joint clinics. Consideration should be given to expanding a range of other diagnostics, including endoscopy, to create a major diagnostic resource for South East Wales that will be able to operate without the risk of services being disrupted by emergencies and which would also protect these services in the case of further pandemics.'</p>	<ul style="list-style-type: none"> • Cwm Taf Morgannwg University Health Board – an option appraisal exercise has been completed to assess the feasibility of a further outreach site, in addition to the Macmillan Unit at Prince Charles Hospital. • Cardiff and Vale University Health Board – there has been a significant focus since June on the three workstreams of the 'Velindre @ University Hospital Wales' work programme. As part of this programme, Cardiff and Vale University Health Board and Velindre University NHS Trust will jointly consider the optimal configuration for haematology services including the location for SACT delivery in future. 	
7	<p>Velindre @ Operating Model</p> <p>'The Velindre@ model needs further work to describe how it will operate, its interface with acute services and its relationship to the wider pattern of ambulatory care. This should include the integration and development of other ambulatory therapeutic services such as dietetics, occupational therapy, physiotherapy, psychological therapy and speech therapy.'</p>	<ul style="list-style-type: none"> • Velindre @ University Hospital Wales Programme (see above) partly addresses this. 	<ul style="list-style-type: none"> • Finalise Velindre@ requirements for at home/outreach care with Health Board Partners • Develop final plans for V@ outreach services with Health Board partners aligned to CTM and Aneurin Bevan cancer plans

Nuffield Trust Recommendations Progress and Plans Summary

8	<p>Research Strategy</p> <p><i>'The development of a refreshed research strategy is a priority and further work is required to fully take advantage of the networked model'.</i></p>	<ul style="list-style-type: none"> • Velindre Research 10-year strategy published. • Cardiff Cancer Research Hub development progressing well (See Rec 5 above). 	<ul style="list-style-type: none"> • See Recommendation 5.
9	<p>Organisational Development</p> <p><i>'Organisational development and other work to create a successful cancer network is going to be required but has not featured much in our conversations for this report'.</i></p>	<ul style="list-style-type: none"> • National cancer workforce work underway, working with Health Education and Improvement Wales and partners. 	<ul style="list-style-type: none"> • Seek mandate and agreement by Collaborative Cancer Leadership Group to develop regional workforce plans.
10	<p>'Future proofing' and "University Hospital Wales 2"</p> <p><i>'Flexibility in design is going to be important both for the new Velindre Cancer Centre and for whatever is developed at the new University Hospital Wales due to the rapid change in the nature of treatment and research'.</i></p>	<ul style="list-style-type: none"> • Flexibility is built into new Velindre Cancer Centre specification. • Initial high level scoping discussions undertaken regarding University Hospital Wales 2. 	<ul style="list-style-type: none"> • Confirmation of University Hospital Wales 2 timelines. • Strategic review of future opportunities across the region in advance of proposed developments, for example, community diagnostics strategy.

Nuffield Trust Recommendations Progress and Plans Summary

11	10 -15 Year Strategic Opportunities	<ul style="list-style-type: none"> • Collaborative Cancer Leadership Group workshop (see Recommendation 1) will also enable a discussion on the strategic planning capability. 	<ul style="list-style-type: none"> • Establish a strategic planning capability under the leadership of the Collaborative Cancer Leadership Group to identify service/infrastructure requirements in planned infrastructure. • Partnership between Cardiff and Vale University Health Board, Velindre University NHS Trust and Cardiff City Council on master planning activities in North Cardiff.
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TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Radiotherapy Satellite Centre – AEDET Evaluation

DATE OF MEETING	22 nd March 2022
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PUBLIC OR PRIVATE REPORT	Private
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IF PRIVATE PLEASE INDICATE REASON	Meeting Held in Private
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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

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. Attached is a copy of the presentation for the project team to the AEDET review panel and also copy of the outcome report.

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. From the point of view of functionality and patient experience the design works. The main issues in the stage 4 feedback is about how well the scheme fits in with the ambition of Velindre Trust and the Transforming Cancer Services (TCS) programme about being green and sustainable and the carbon ambition. The feedback will continue to be discussed in the project group and will update the TCS programme as required.

1. RECOMMENDATION

1.1 The Programme Scrutiny Sub-Committee are asked to note the AEDET review of the RSC project.

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.

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

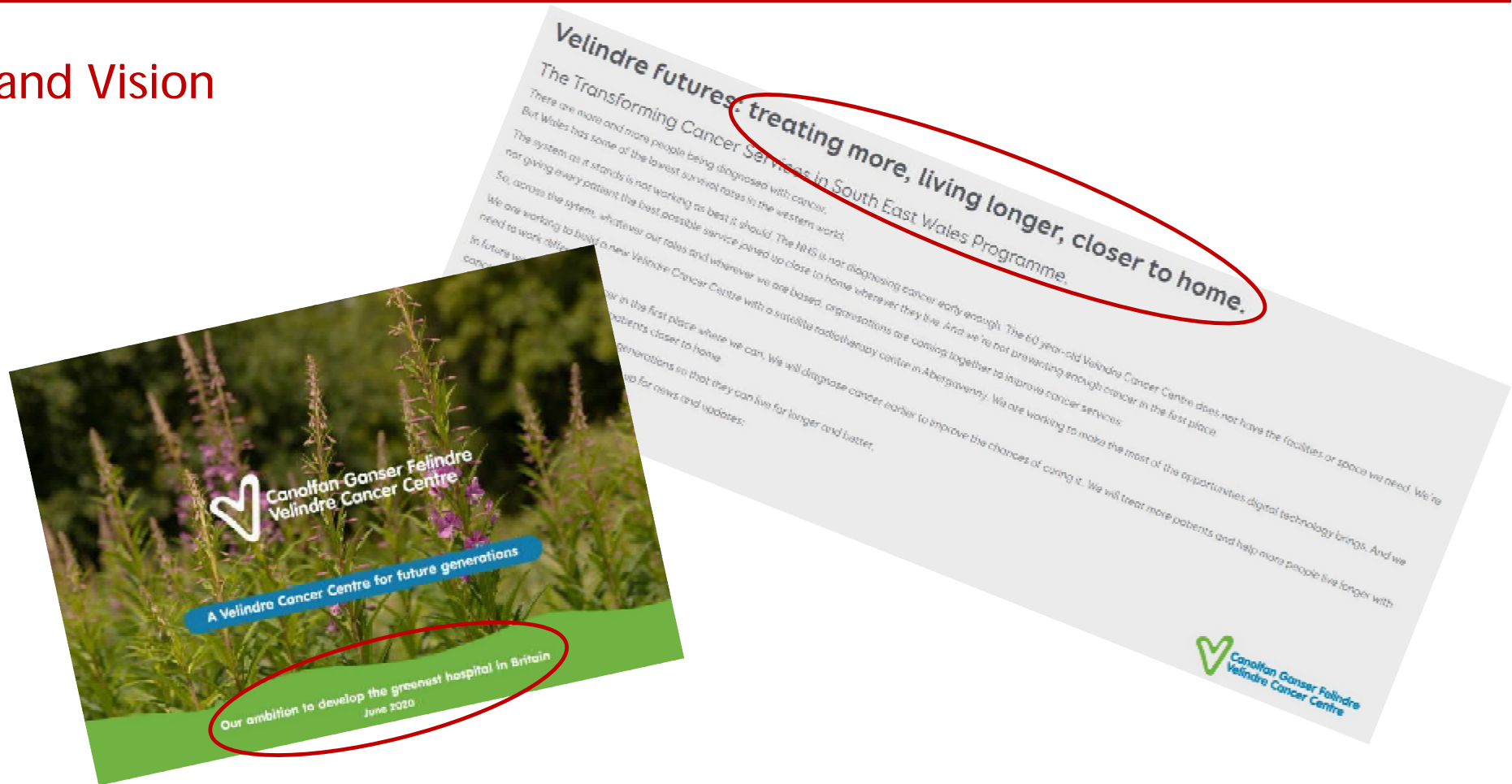
curtins

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)

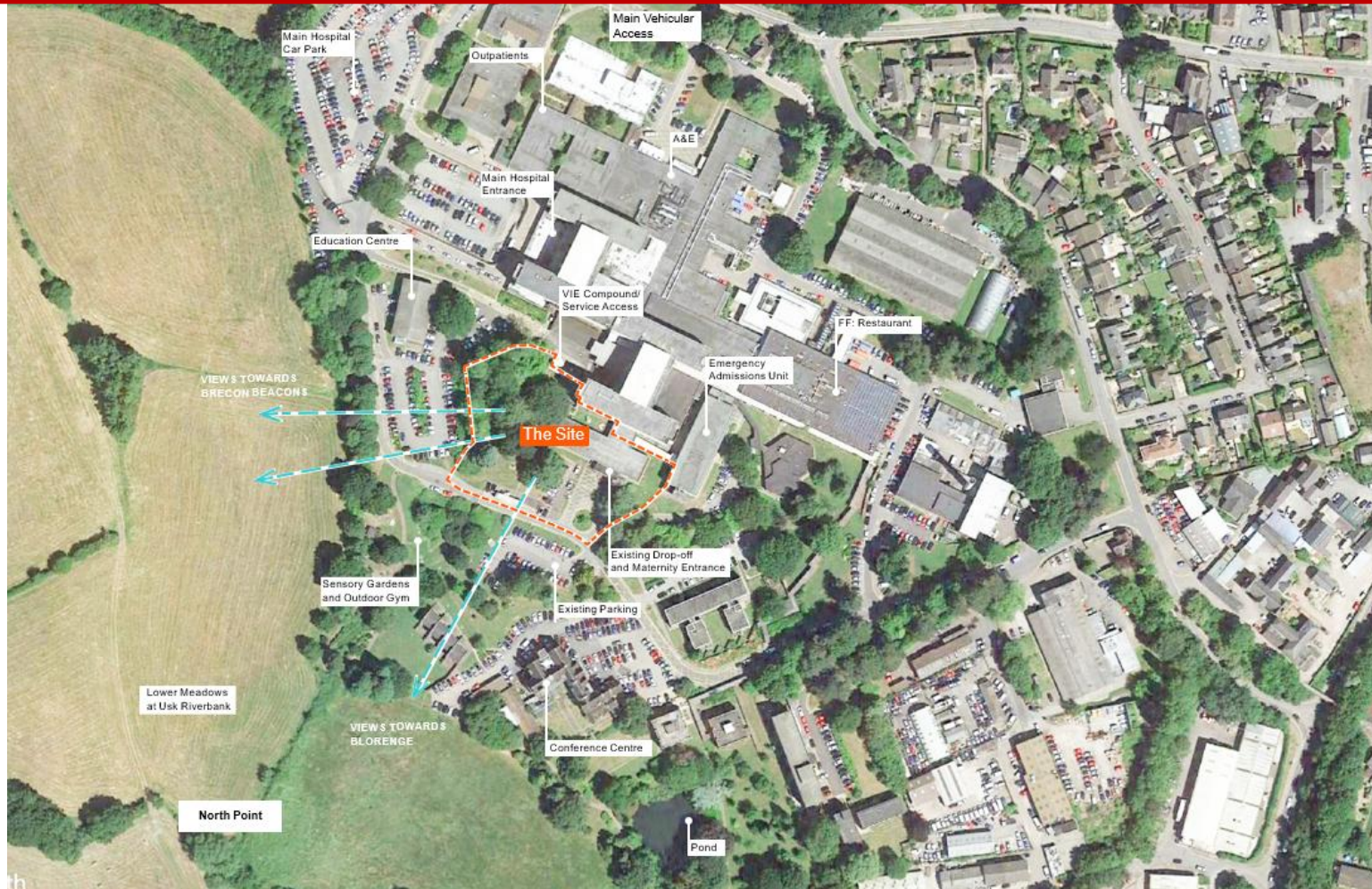
PART OF THE SITE FALLS WITHIN A 1:1000 YEAR FLOOD RISK AREA CAUSED BY THE RIVER USK, WHICH IS LOCATED APPROXIMATELY 500M TO THE WEST OF THE HOSPITAL

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

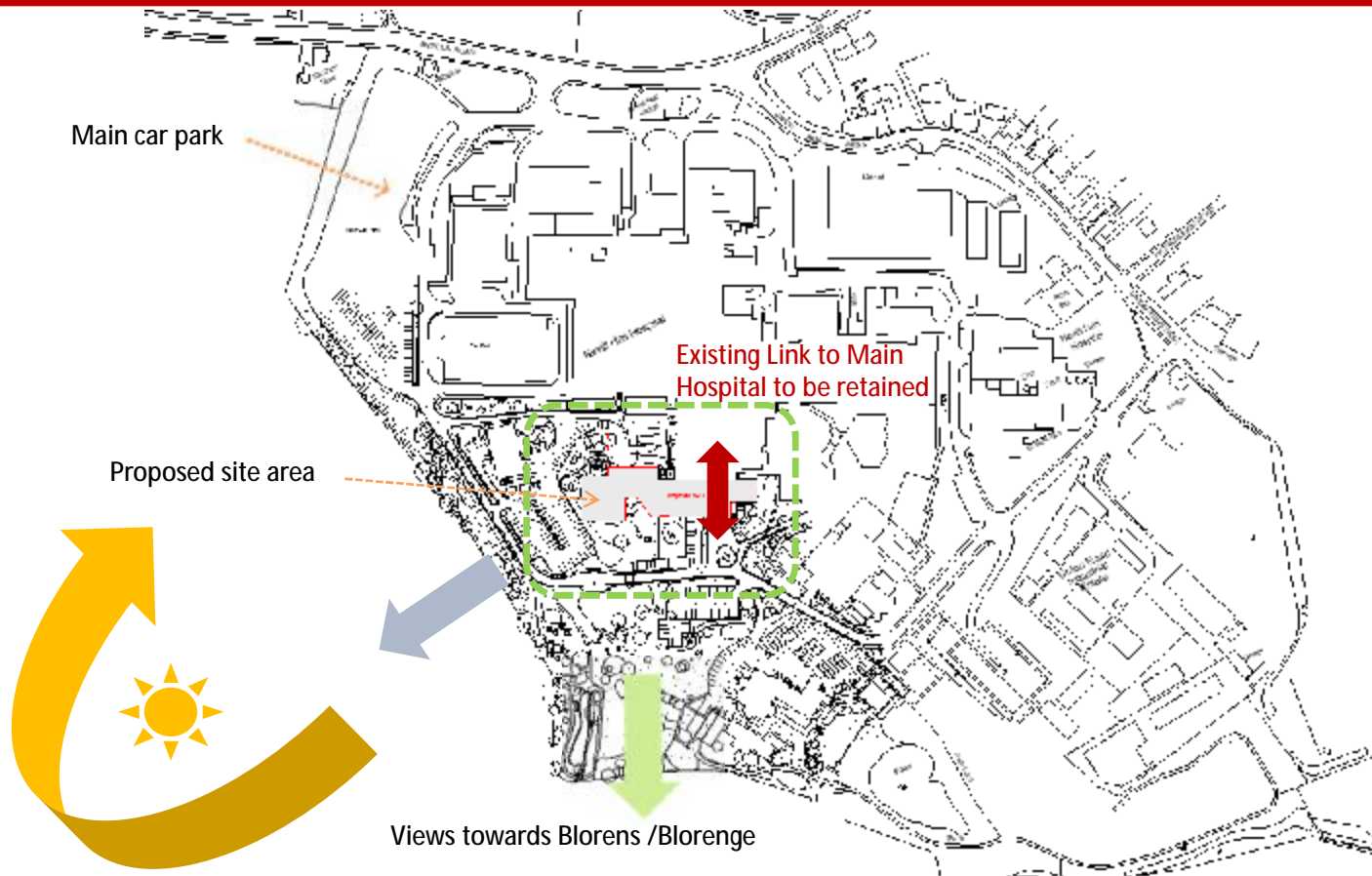


1 View from the Maternity entrance towards the South
2 View into the existing Maternity Entrance and drop-off
3 View of the Maternity entrance and hospital from the southern car park
4 Level difference within the existing courtyard. Existing Memorial Garden to be relocated
5 Vik Compound and existing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

CHARACTER AND INNOVATION



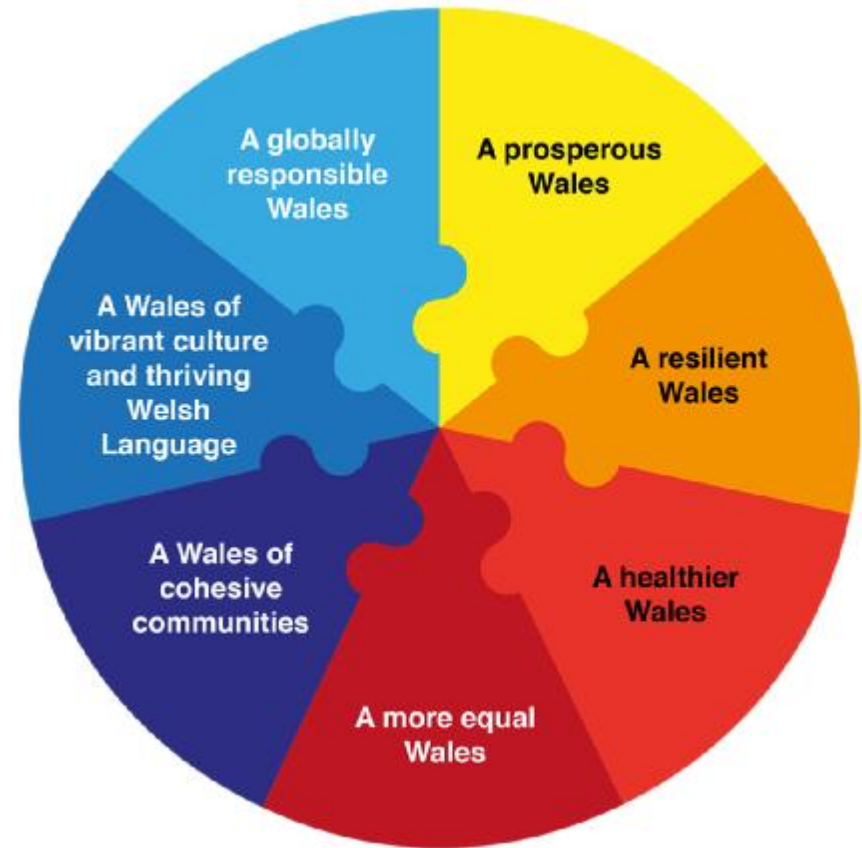
CHARACTER AND INNOVATION



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



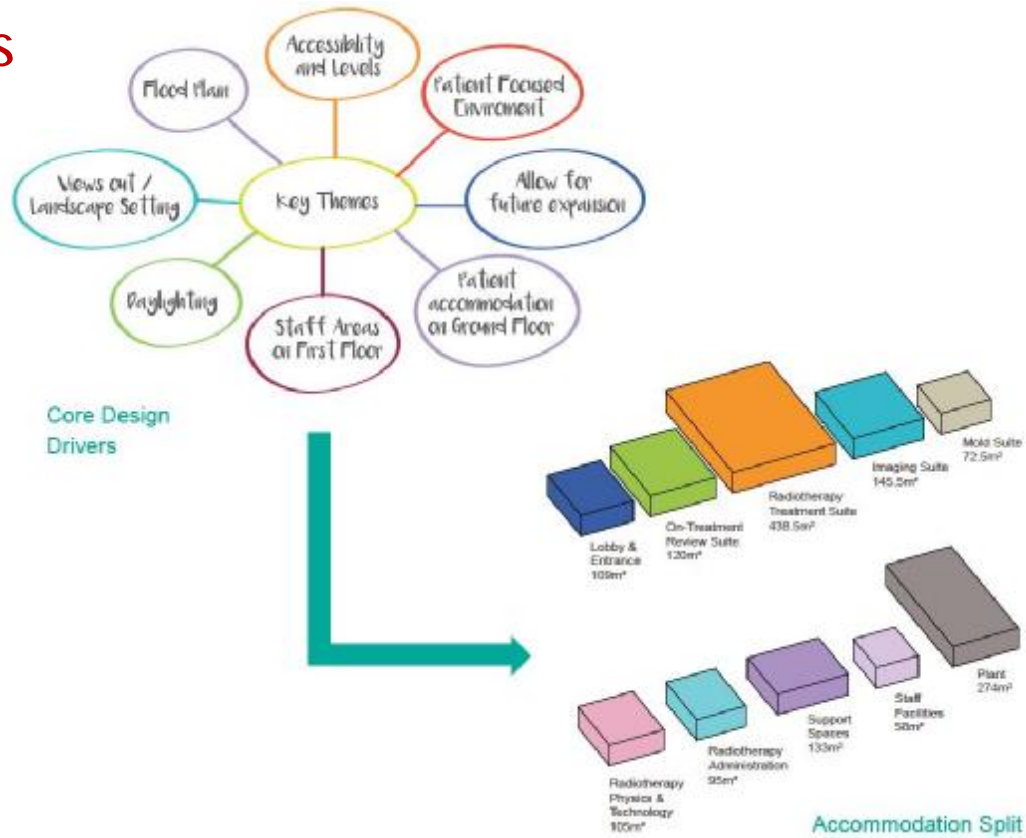
CHARACTER AND INNOVATION

The Well Being of Future Generations Act (Wales) 2015



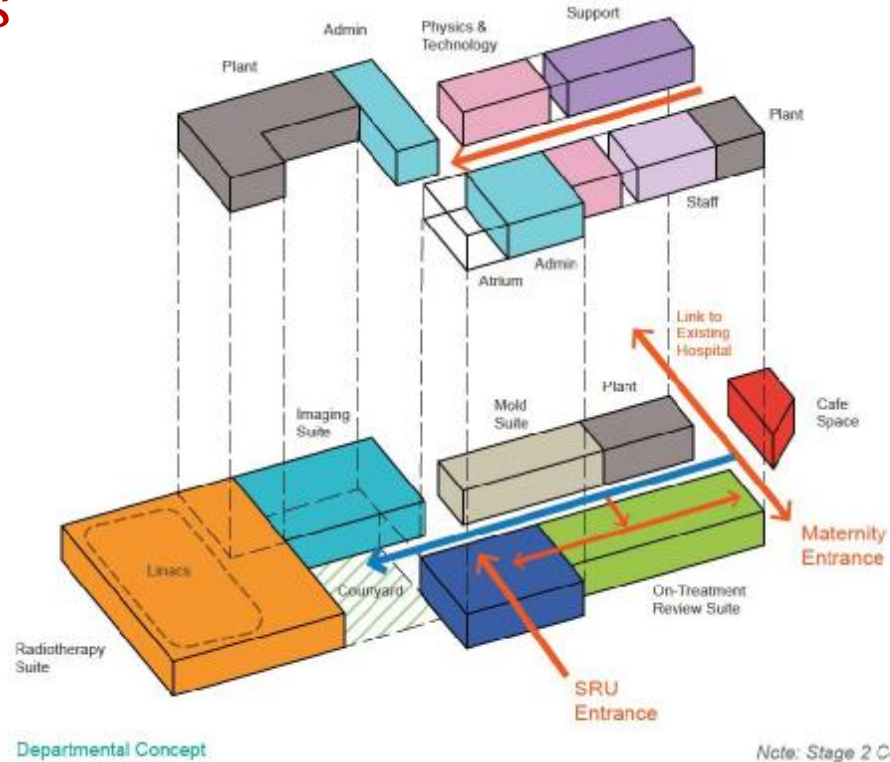
CHARACTER AND INNOVATION

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

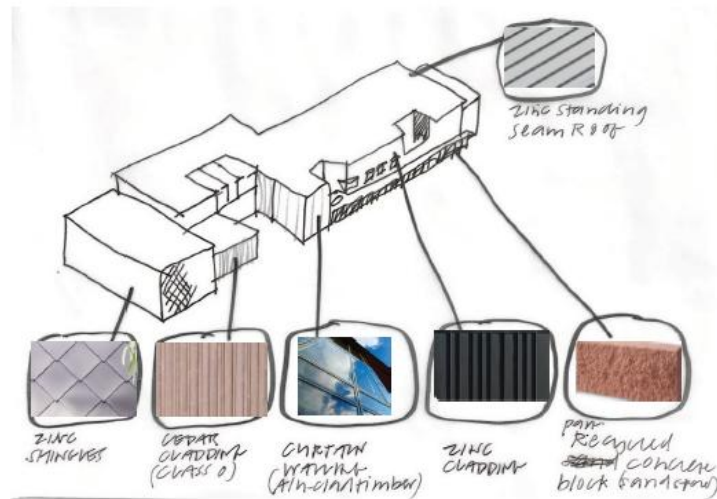
Material Palette

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



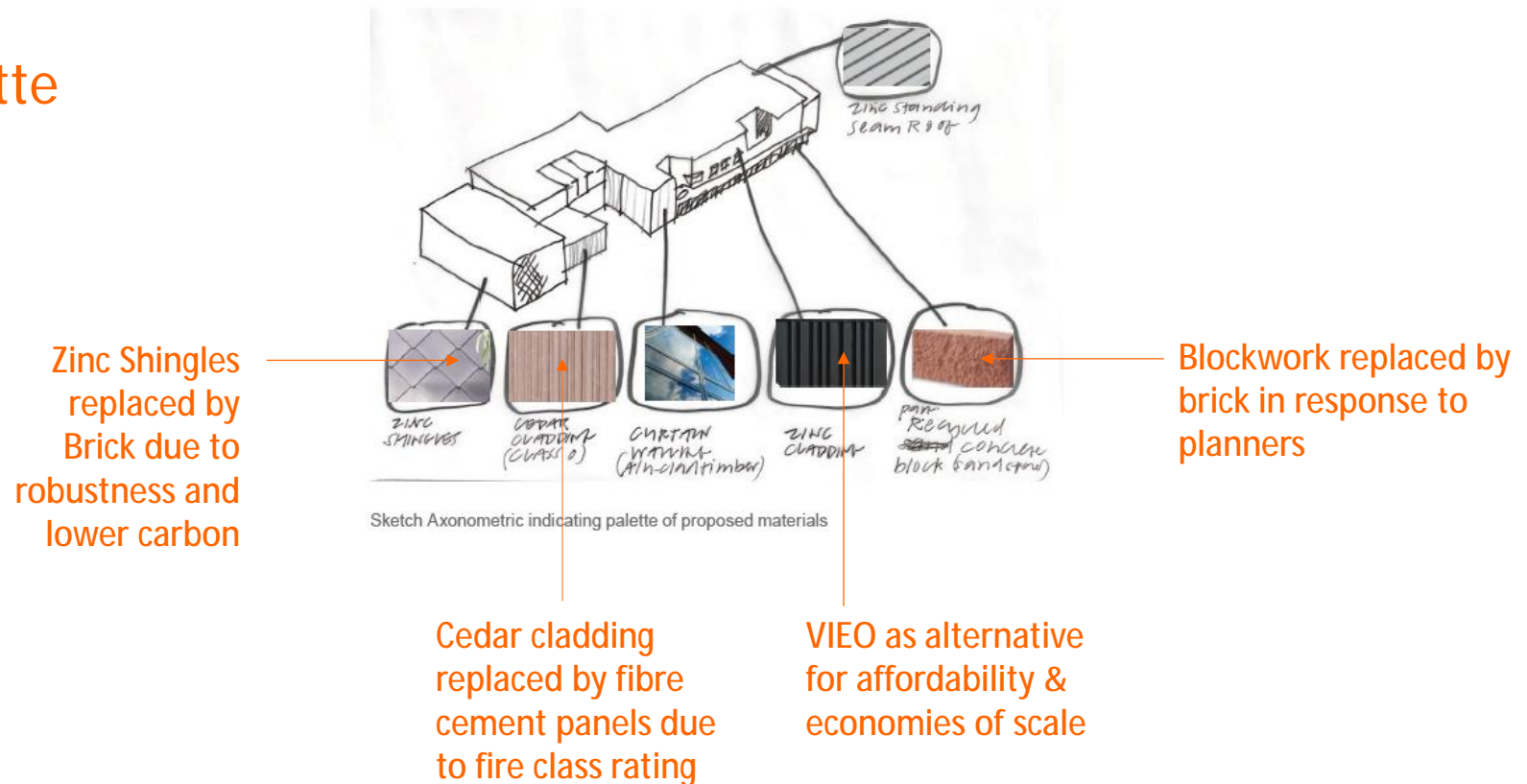
Barn, Monmouthshire



Abergavenny stone and brick

FORM AND MATERIALS

Material Palette



FORM AND MATERIALS

Material Palette



FORM AND MATERIALS



FORM AND MATERIALS



FORM AND MATERIALS

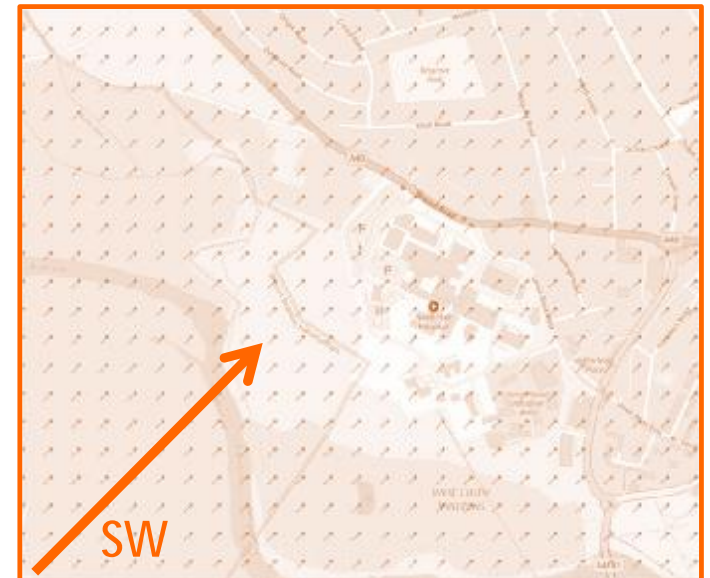
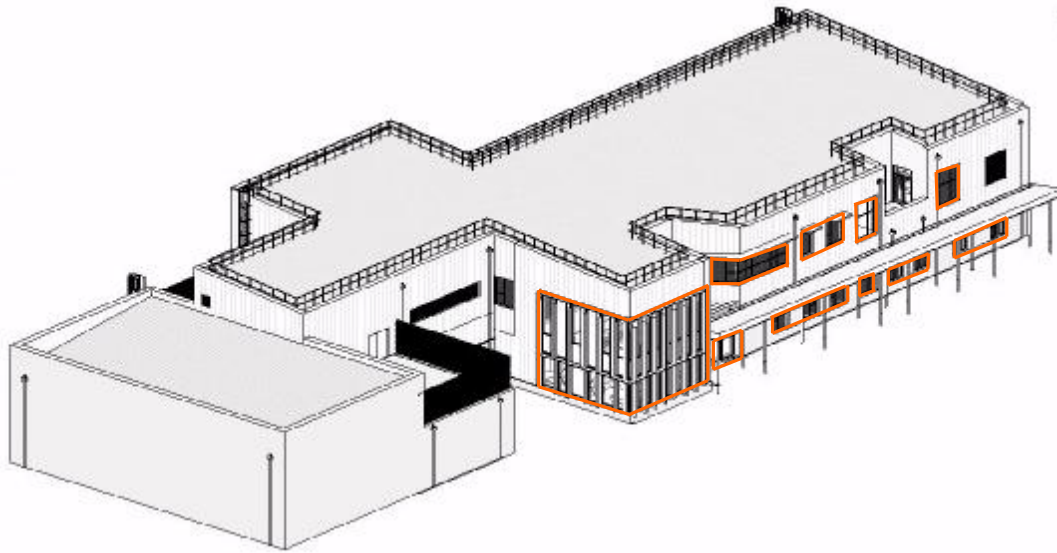


FORM AND MATERIALS



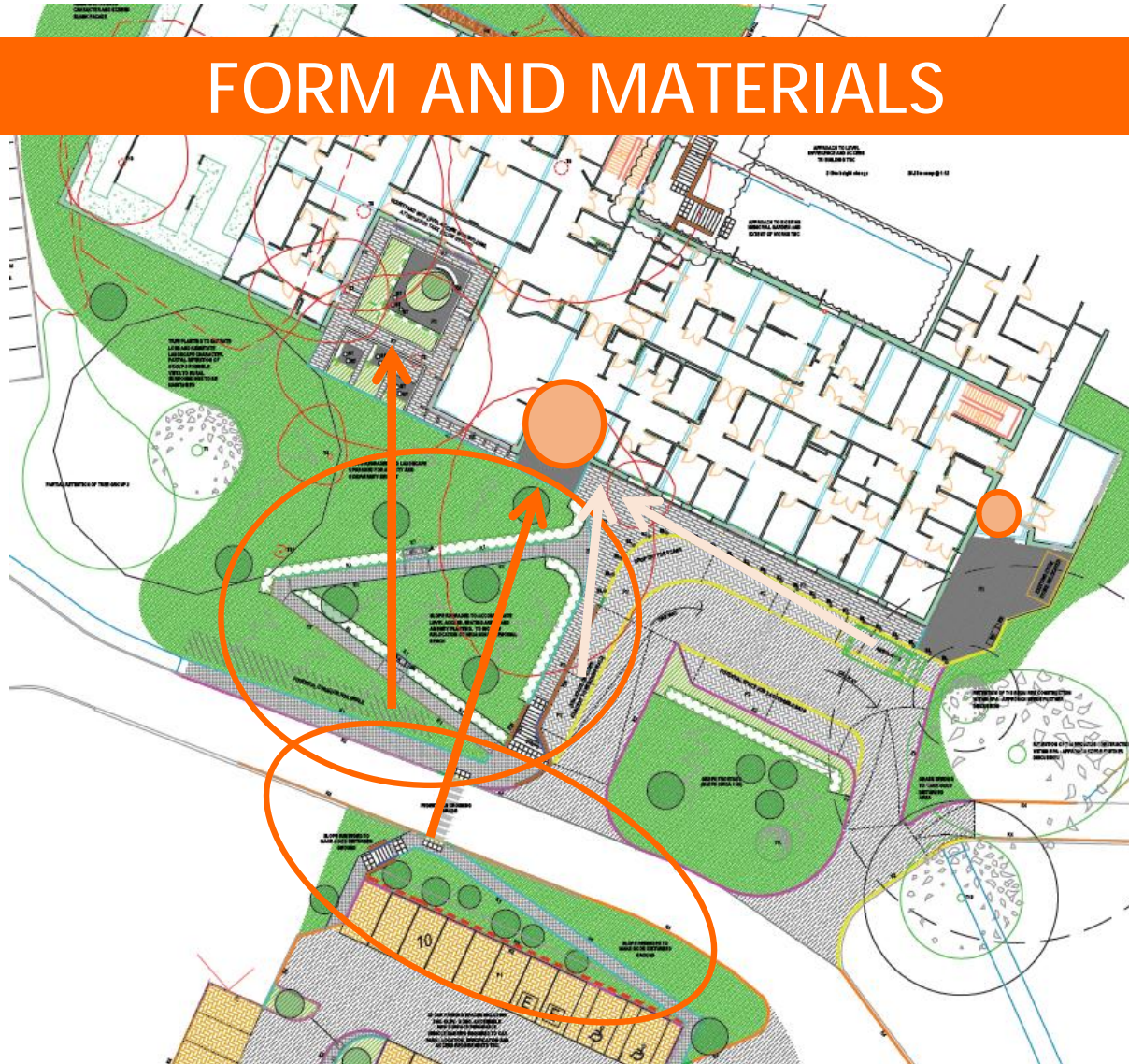
FORM AND MATERIALS

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

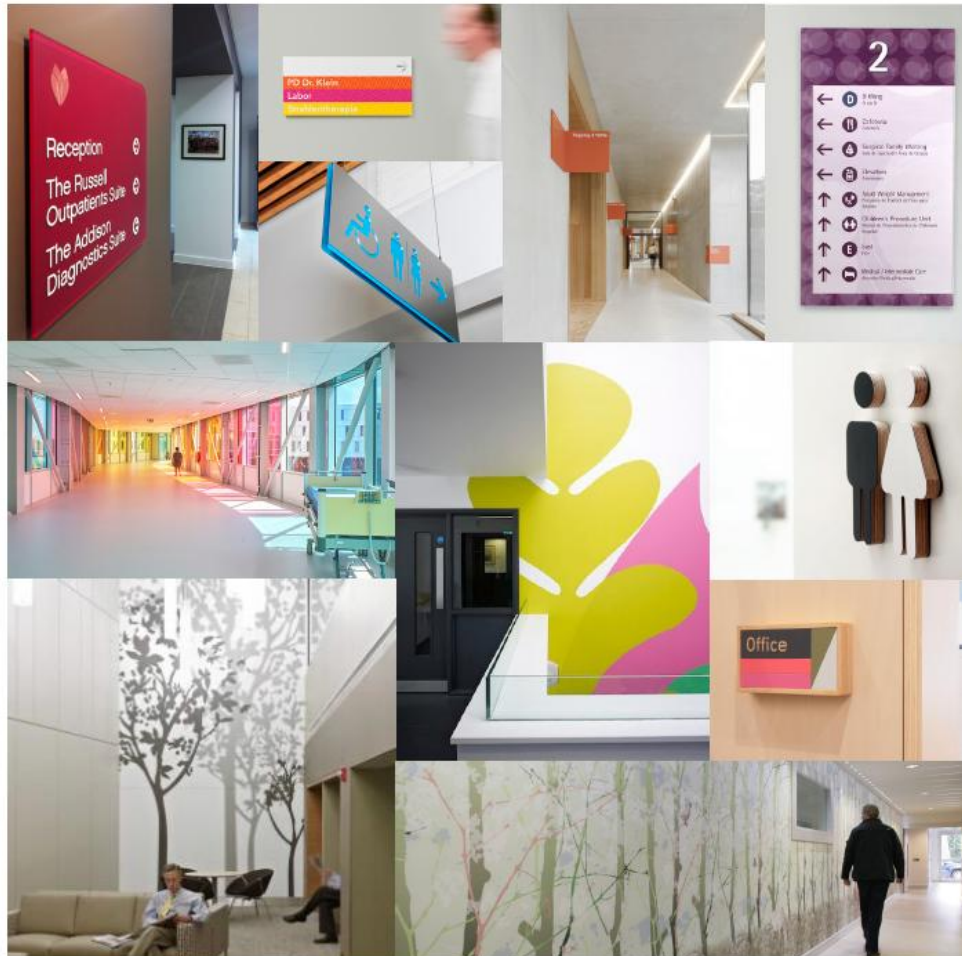
Lighting

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.

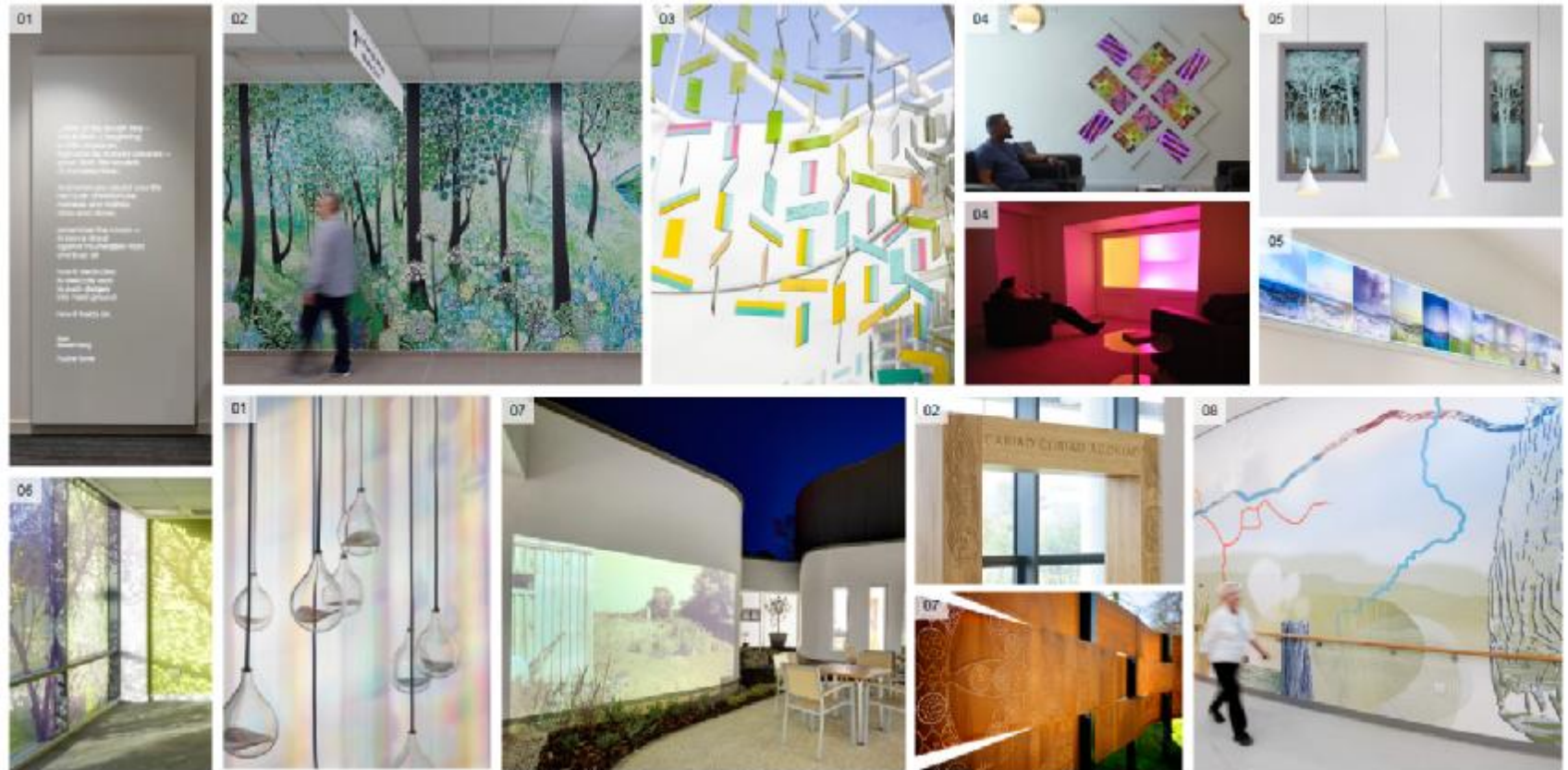
STAFF AND PATIENT ENVIRONMENT

Examples of Wayfinding Approaches

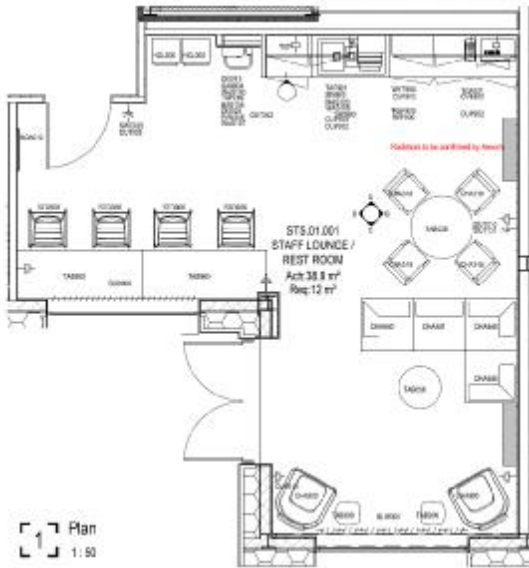


STAFF AND PATIENT ENVIRONMENT

Artwork Examples



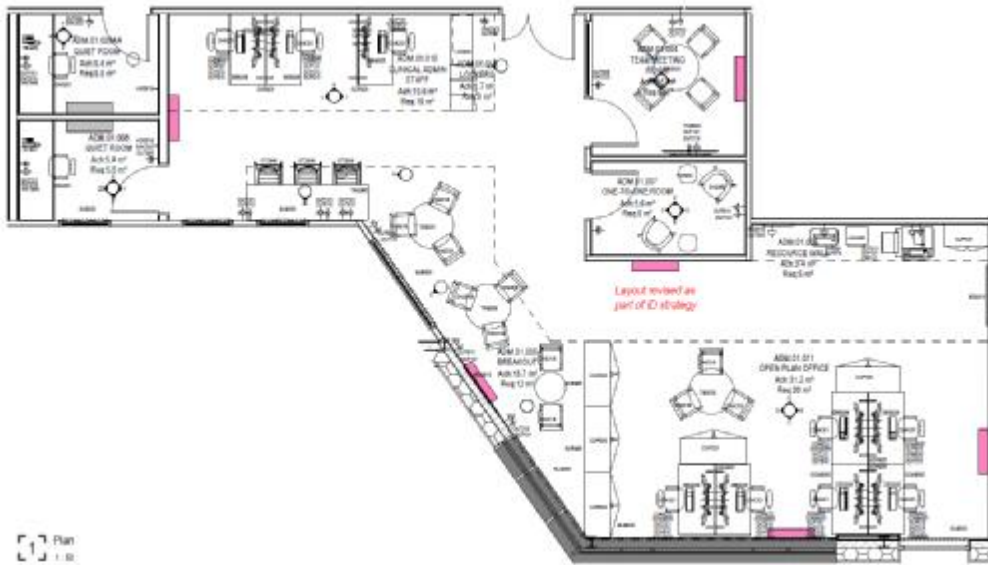
STAFF AND PATIENT ENVIRONMENT



Staff Rest Room



STAFF AND PATIENT ENVIRONMENT

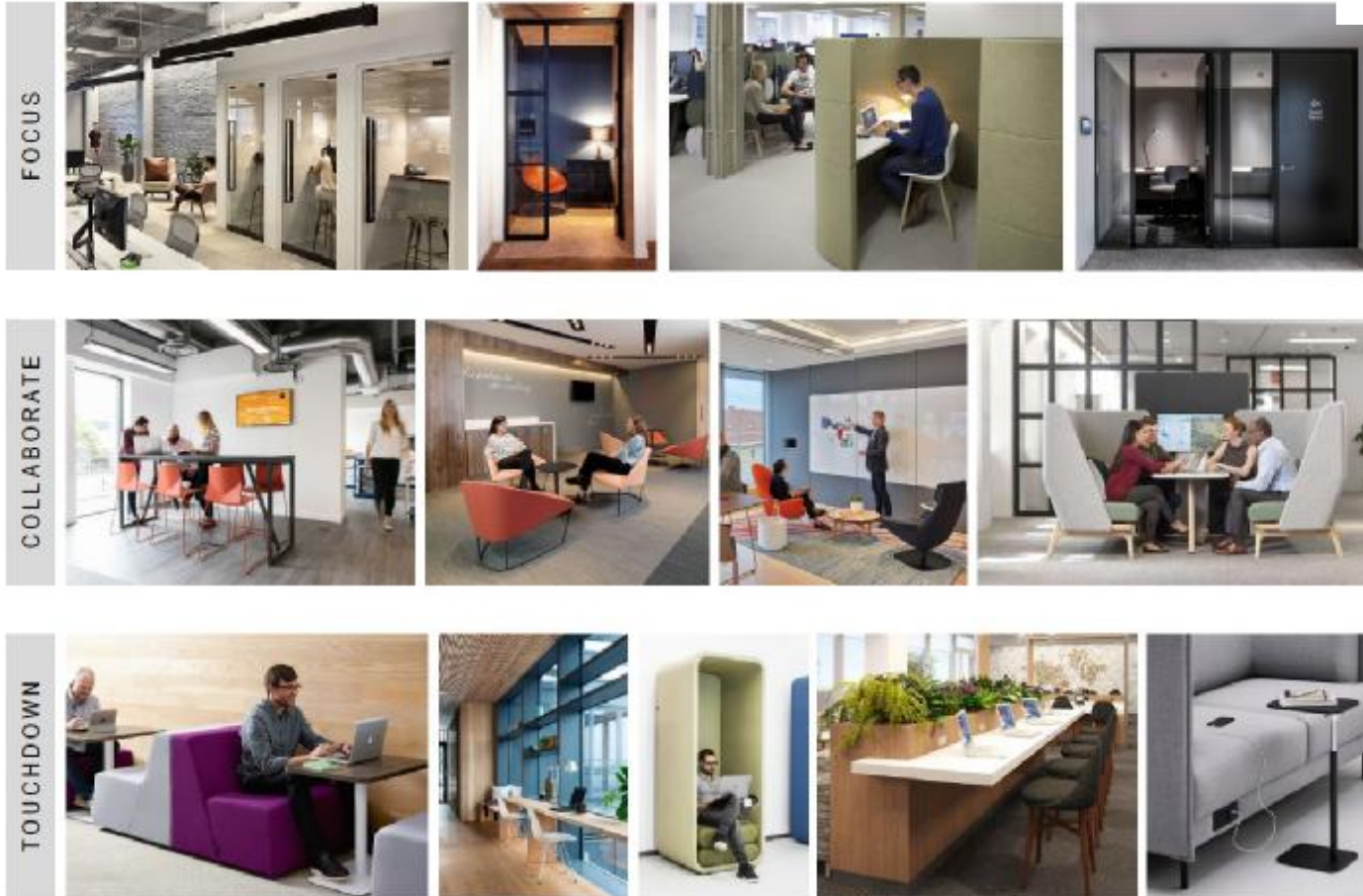


Artwork in Staff Areas



STAFF AND PATIENT ENVIRONMENT

Design Vision



STAFF AND PATIENT ENVIRONMENT



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
This area includes a reception space, after the first few visits it is envisaged that patients will check-in at the separate self-check in when they attend for treatment.

Imaging Suite
This area includes a CT sims room for scanning. After checking in at the self-check in or reception, patients will be directed towards the small waiting area, with a staff base to provide observation of patients. Patients will be directed to change before their scan.

On treatment review suite
Patients will visit this area where their treatment will be planned and reviewed. A quiet interview area along with treatment rooms and support areas make up this area.



Patient experience

STAFF AND PATIENT ENVIRONMENT

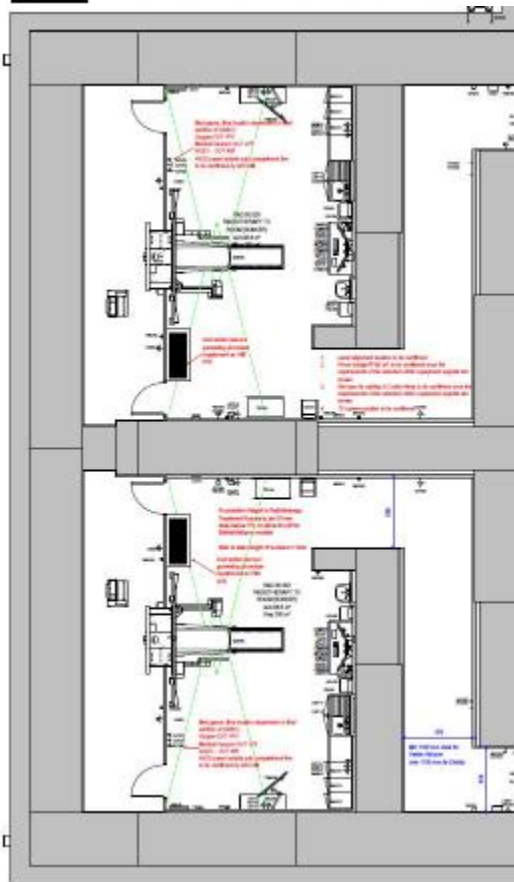


Patient
experience

IBI



- ## 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.



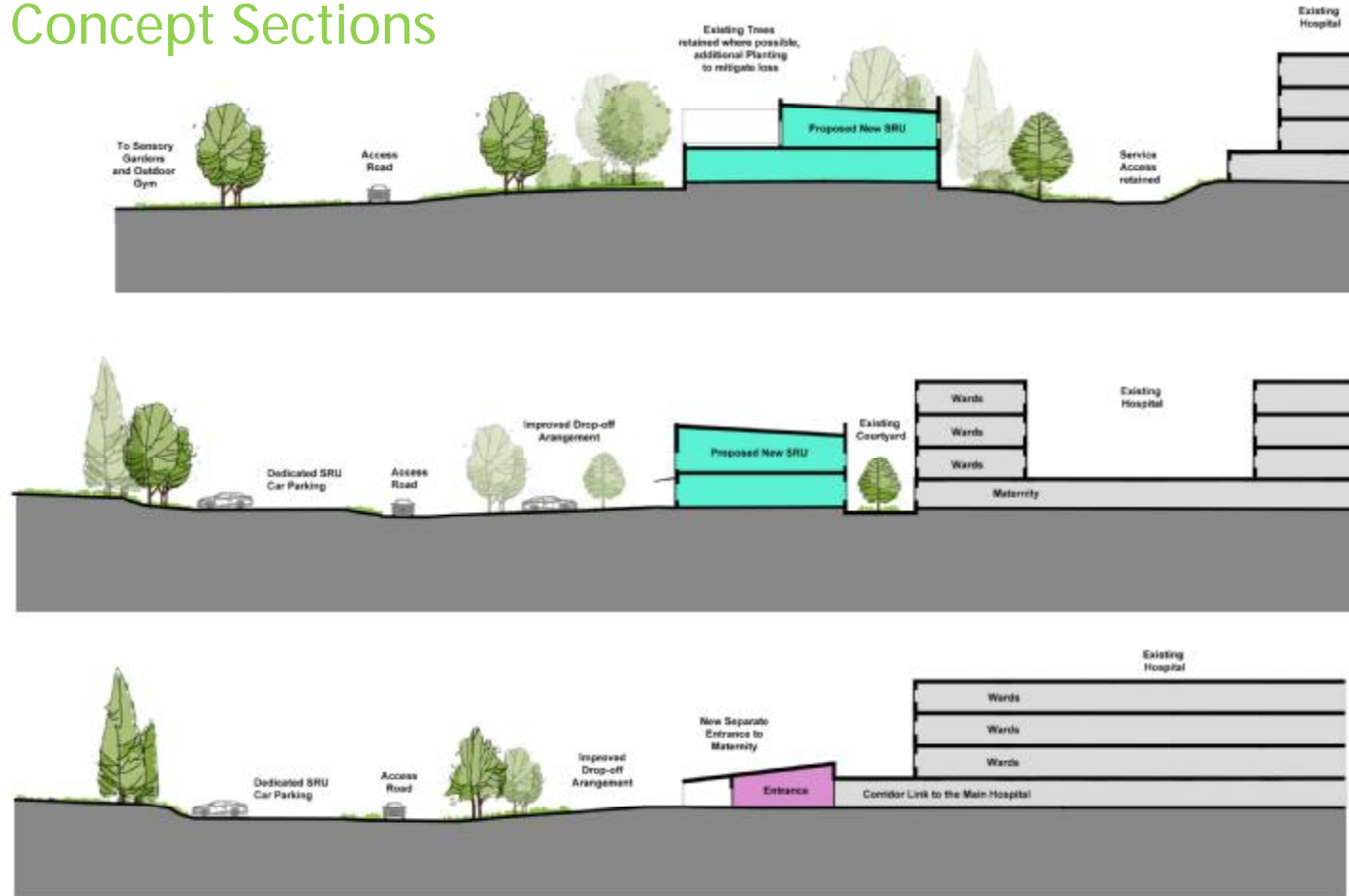
01. Kraemer Radiation Oncology Centre, Anaheim, USA
02. Virtua Samson Cancer Centre, Moorestown, USA
03. Mayo Clinic MRI, London (IBI Group)
04. Philip's ambient experience, MRI

Patient facilities



URBAN AND SOCIAL INTEGRATION

Proposed Concept Sections



URBAN AND SOCIAL INTEGRATION

Context



URBAN AND SOCIAL INTEGRATION



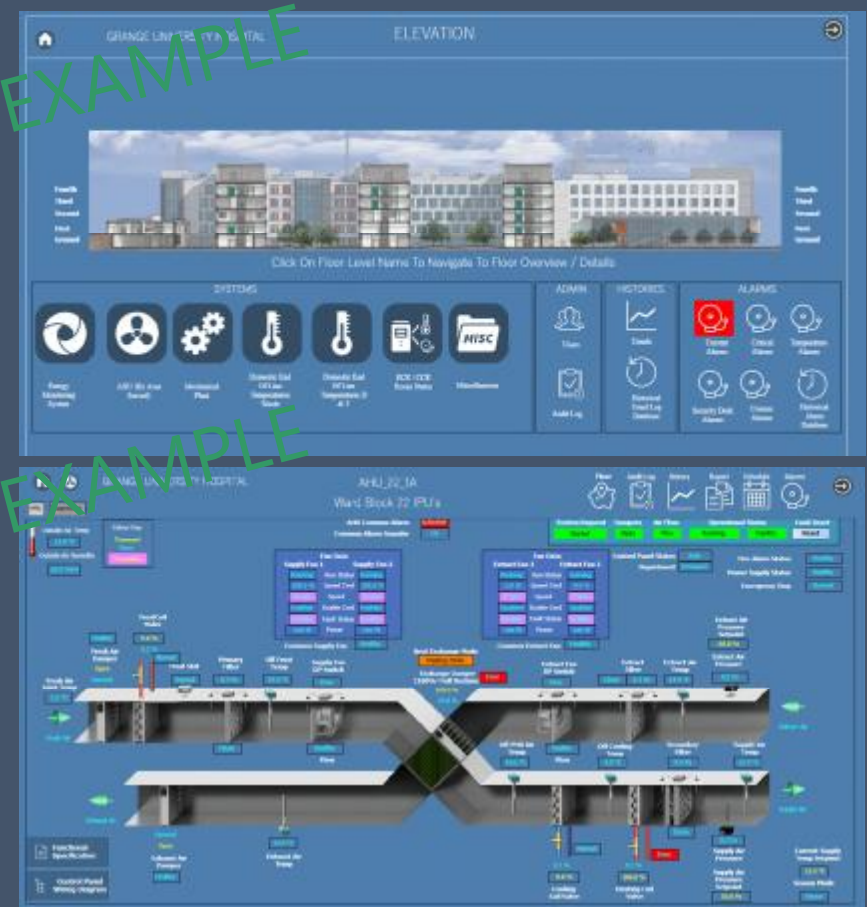
PERFORMANCE

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:

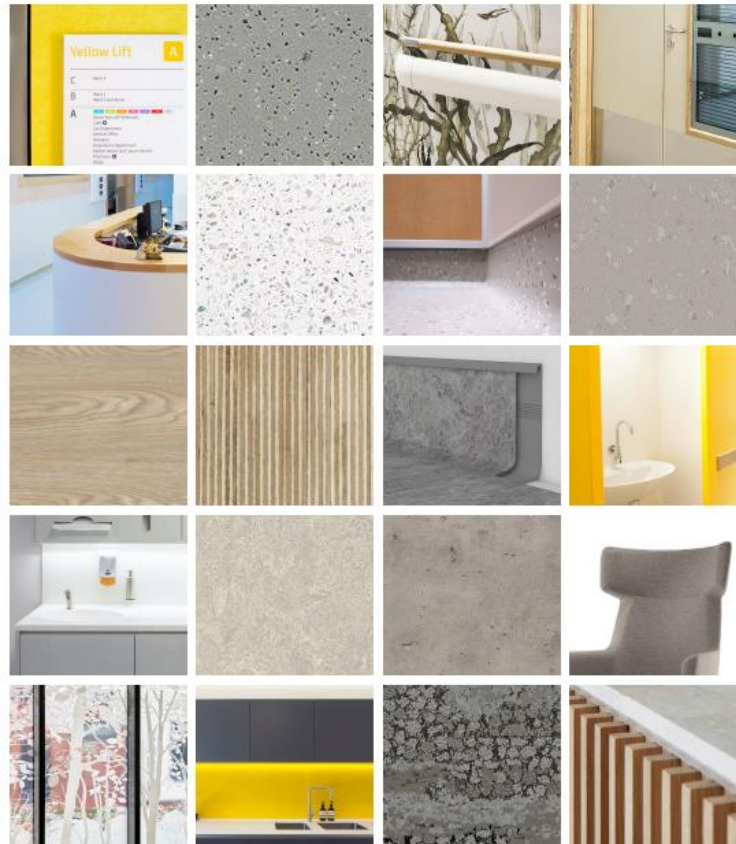
- Heating & Cooling Plant.
- Ventilation plant.
- Domestic Water Services.
- Electricity, energy and water meters.
- System Alarms.
- Provide a visual representation of the building systems.



PERFORMANCE

Interior Finishes

CLEANABLE | HARDWEARING | IMPERVIOUS | EASILY MAINTAINED



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

Note: Concept images only



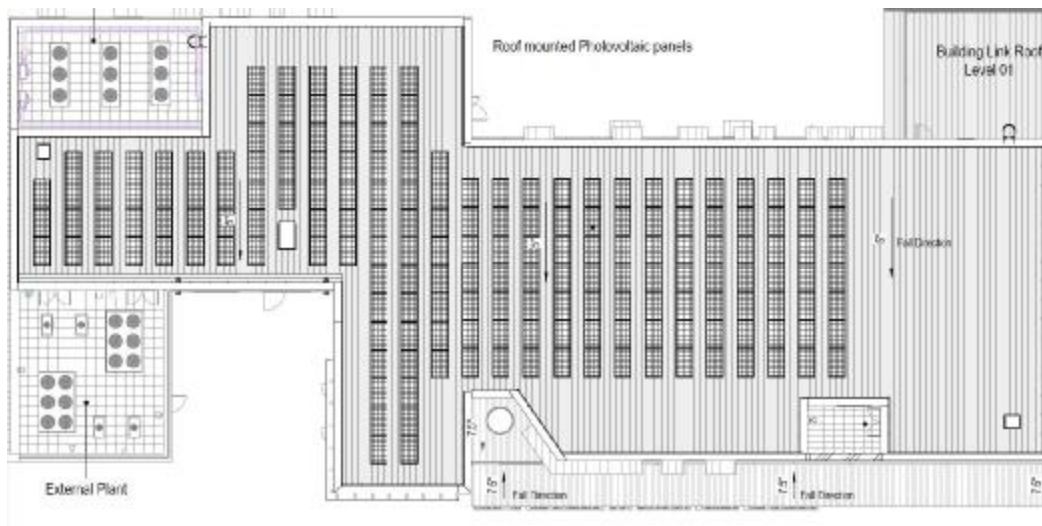
PERFORMANCE

Exterior Finishes



PERFORMANCE

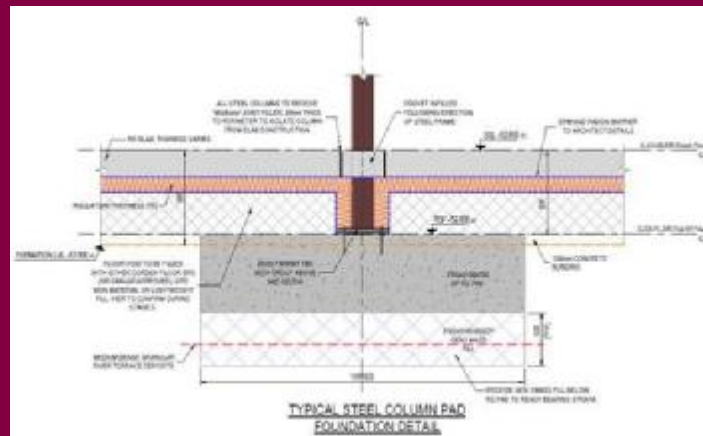
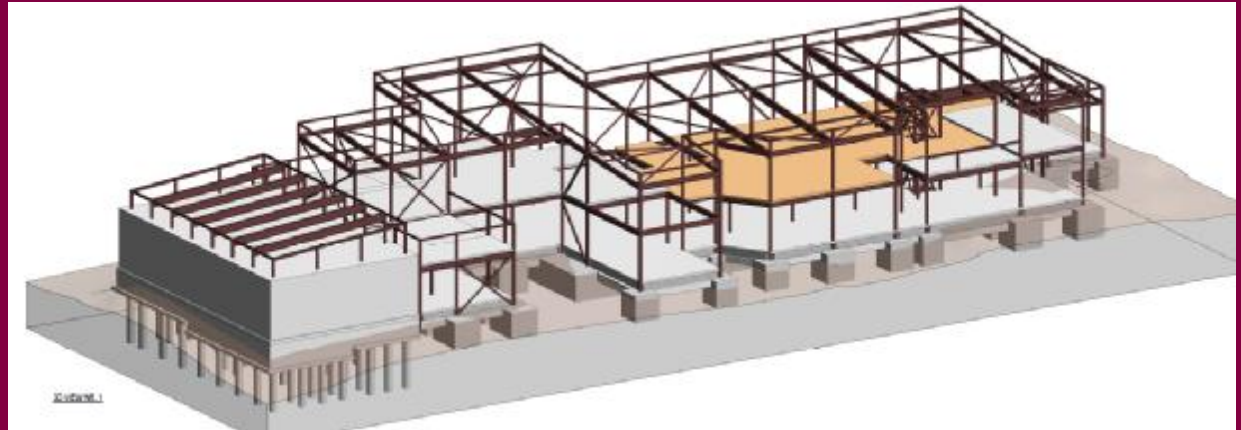
Photovoltaic Panels



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		
17	Add hybrid air source heat pumps	40%	Saving on Heat Pumps would not be as great without the Passivhaus measures
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)

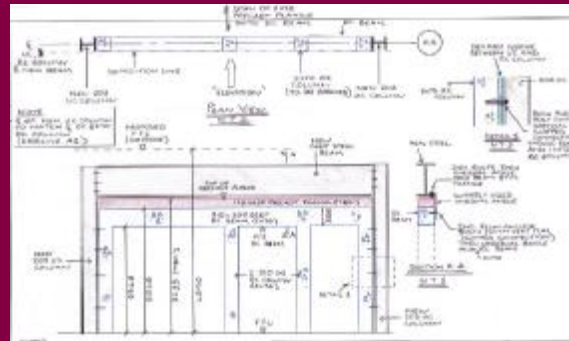
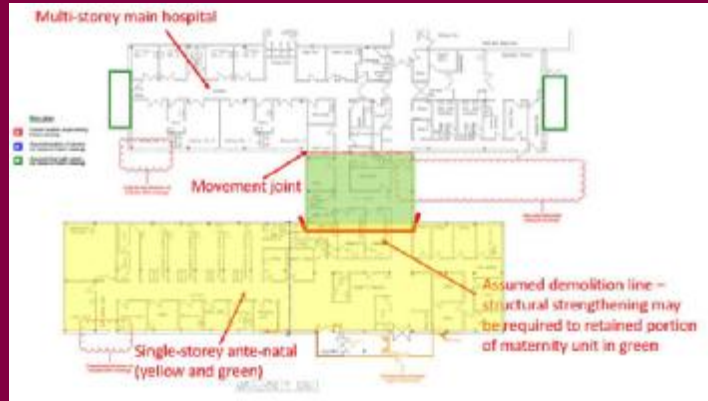
- Standby Generation with 100 Hr fuel storage (agreed derogation)
- Duty \ Standby provision for the following systems:
 - AHU Fans
 - MV Transformers (n+1)
 - Gas Fired Hot Water Generation (n+1)
 - Distribution Pumps
 - Air Source Heat Pumps (n+1)
 - Air Cooled Chillers (n+1)



CONSTRUCTION

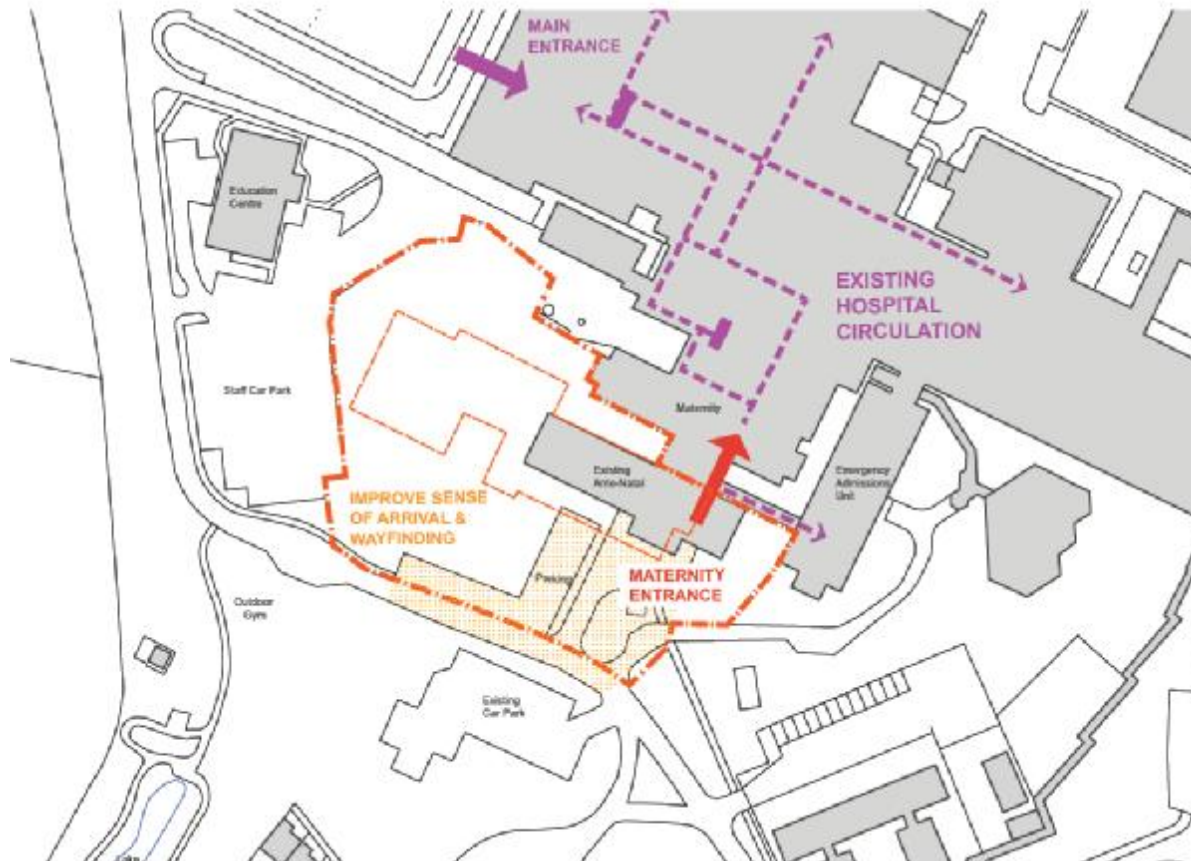
Civils/Structures

- Ø Demolition of existing antenatal unit
- Ø Strengthening and underpinning of retained link, with temporary relocation of facilities during construction
- Ø Ground floor loads upgraded to corridors, to allow future replacement of specialist equipment
- Ø Movement joint provided at junction with LinAc bunkers, to facilitate differential movement



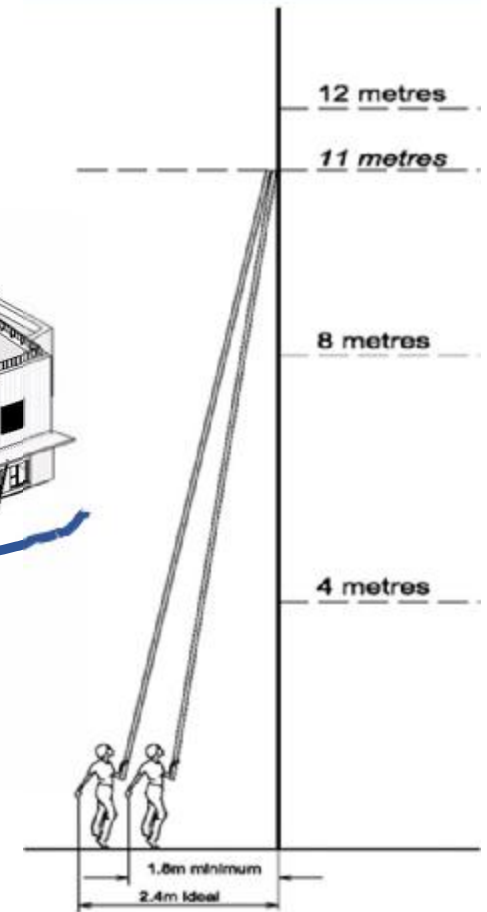
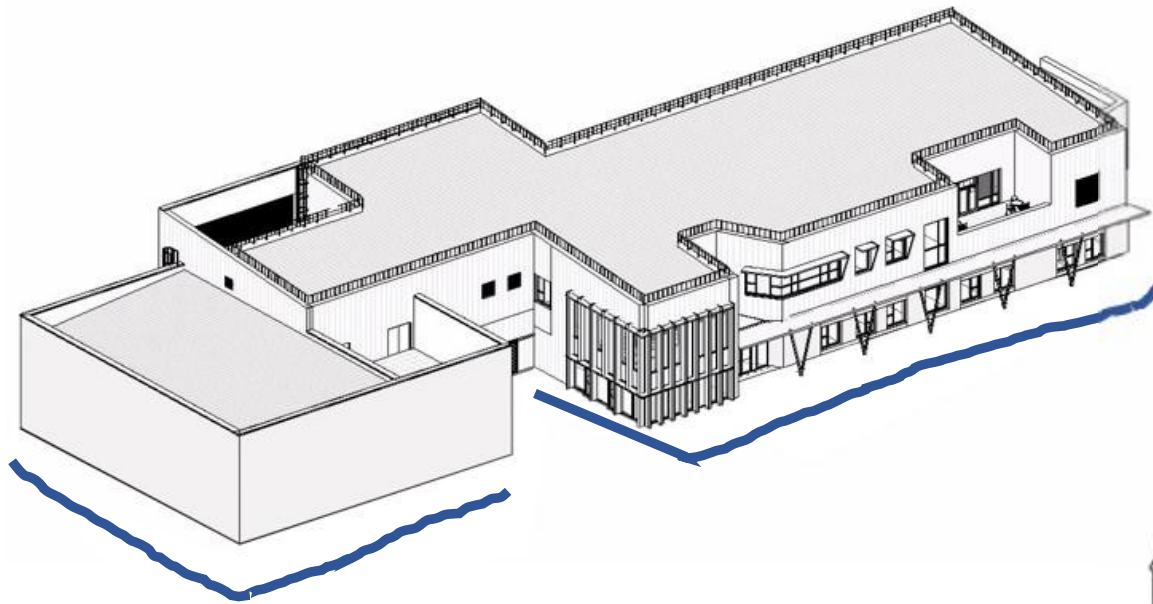
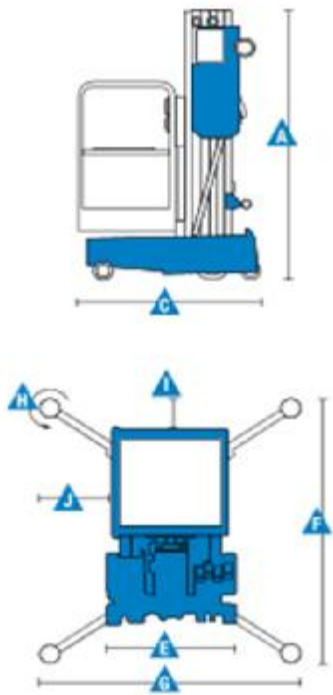
CONSTRUCTION

Existing Access



CONSTRUCTION

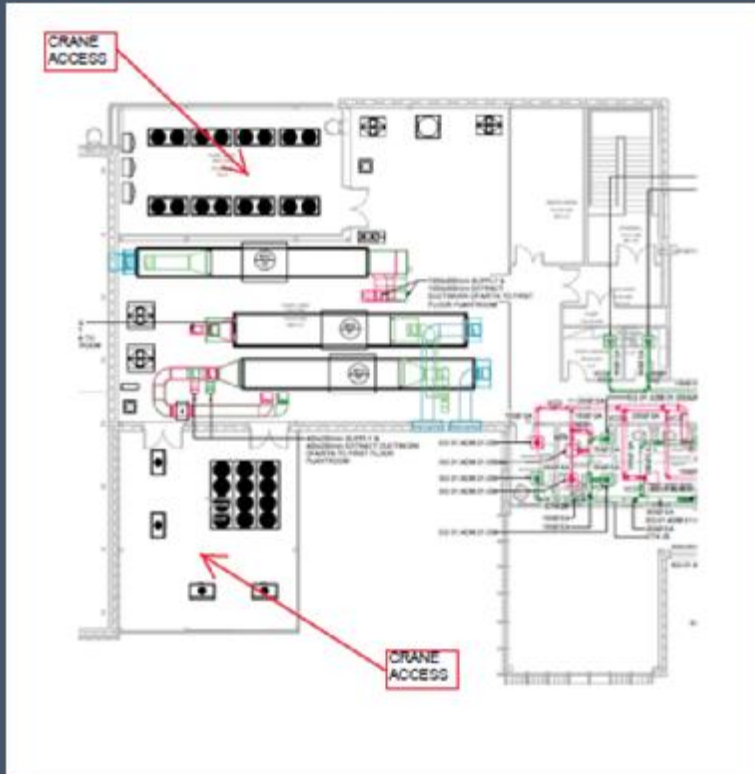
Access & Maintenance



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.

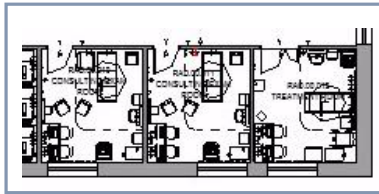
USE

Security & Supervision

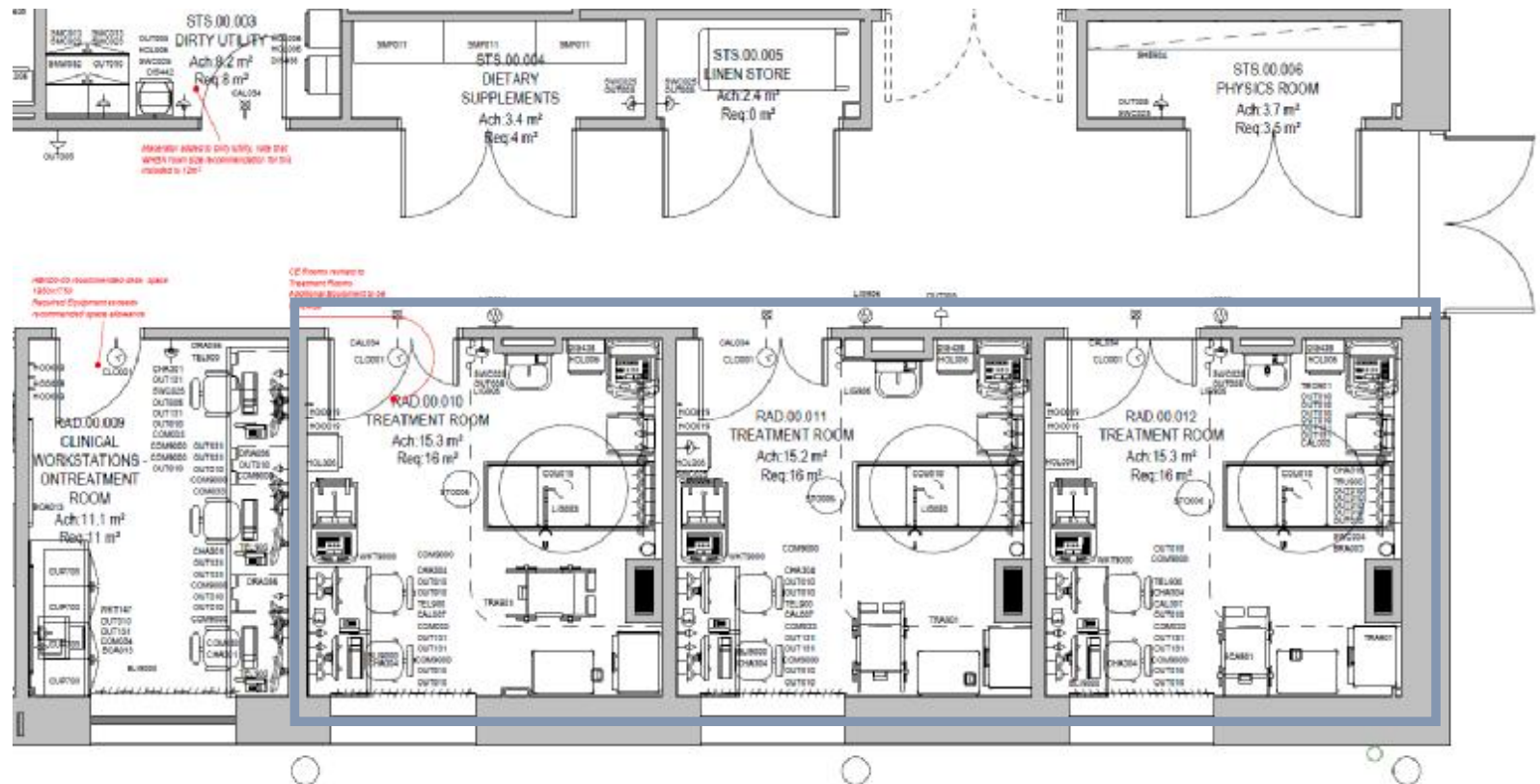


USE

Versatility

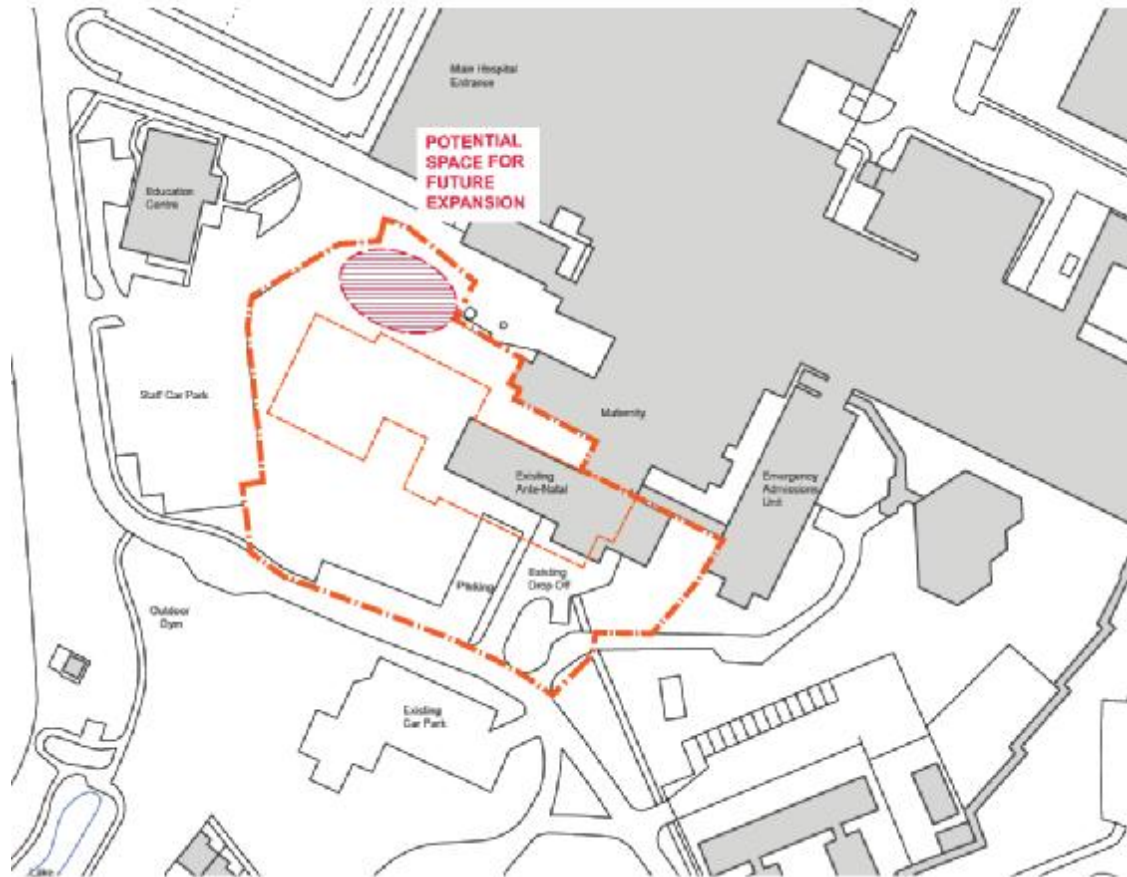


Stage 3 Design



USE

Future Expansion



USE

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
This area includes a reception space, after the first few visits it is envisaged that patients will check-in at the separate self-check in when they attend for treatment.

Imaging Suite
This area includes a CT sims room for scanning. After checking in at the self-check in or reception, patients will be directed towards the small waiting area, with a staff base to provide observation of patients. Patients will be directed to change before their scan.

On treatment review suite
Patients will visit this area where their treatment will be planned and reviewed. A quiet interview area along with treatment rooms and support areas make up this area.

Logistics

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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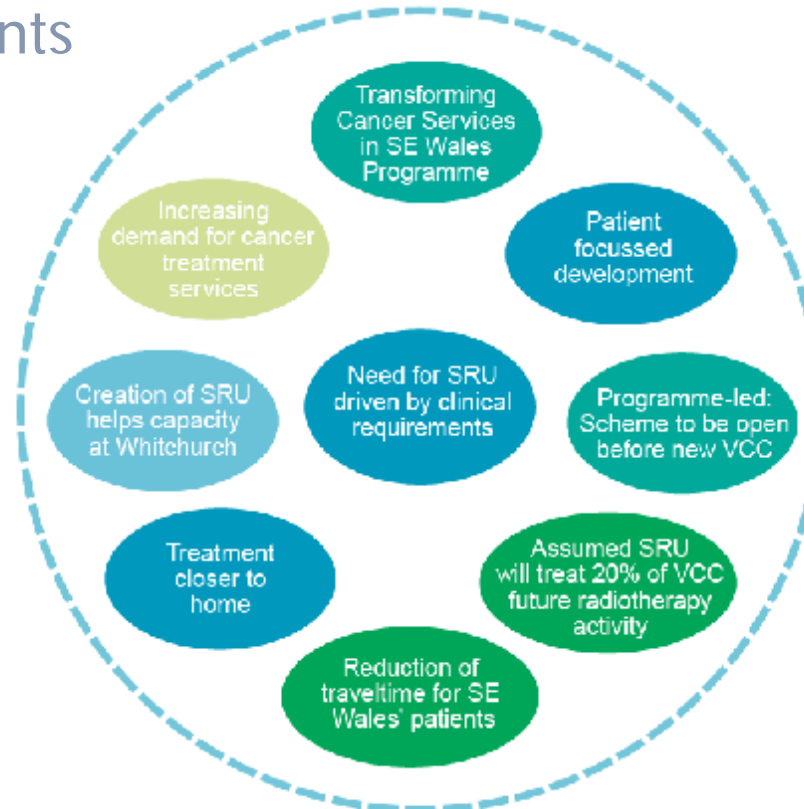
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Logistics

USE

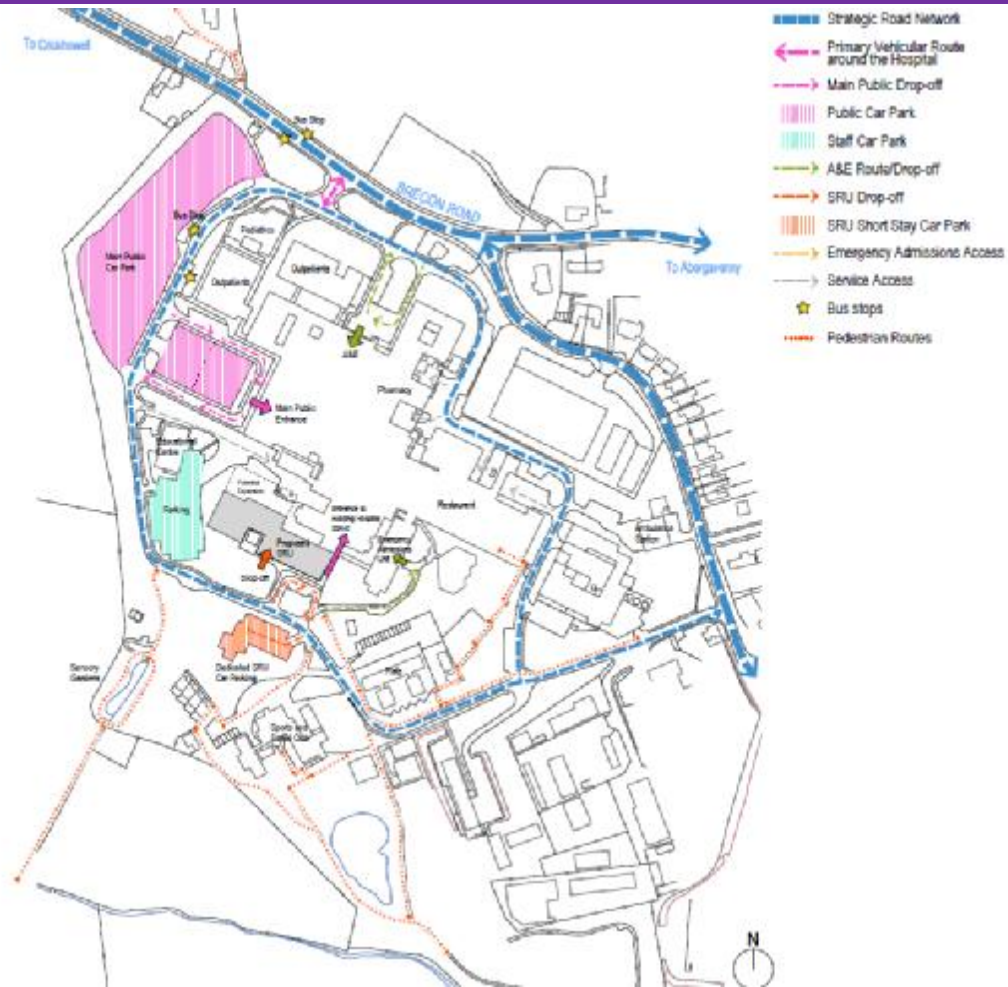
Functional Requirements



Key Themes

ACCESS

Access & Security



ACCESS

Fire Strategy



ACCESS

Fire Strategy



SPACE



Radiotherapy Treatment Suite
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Minimised Circulation

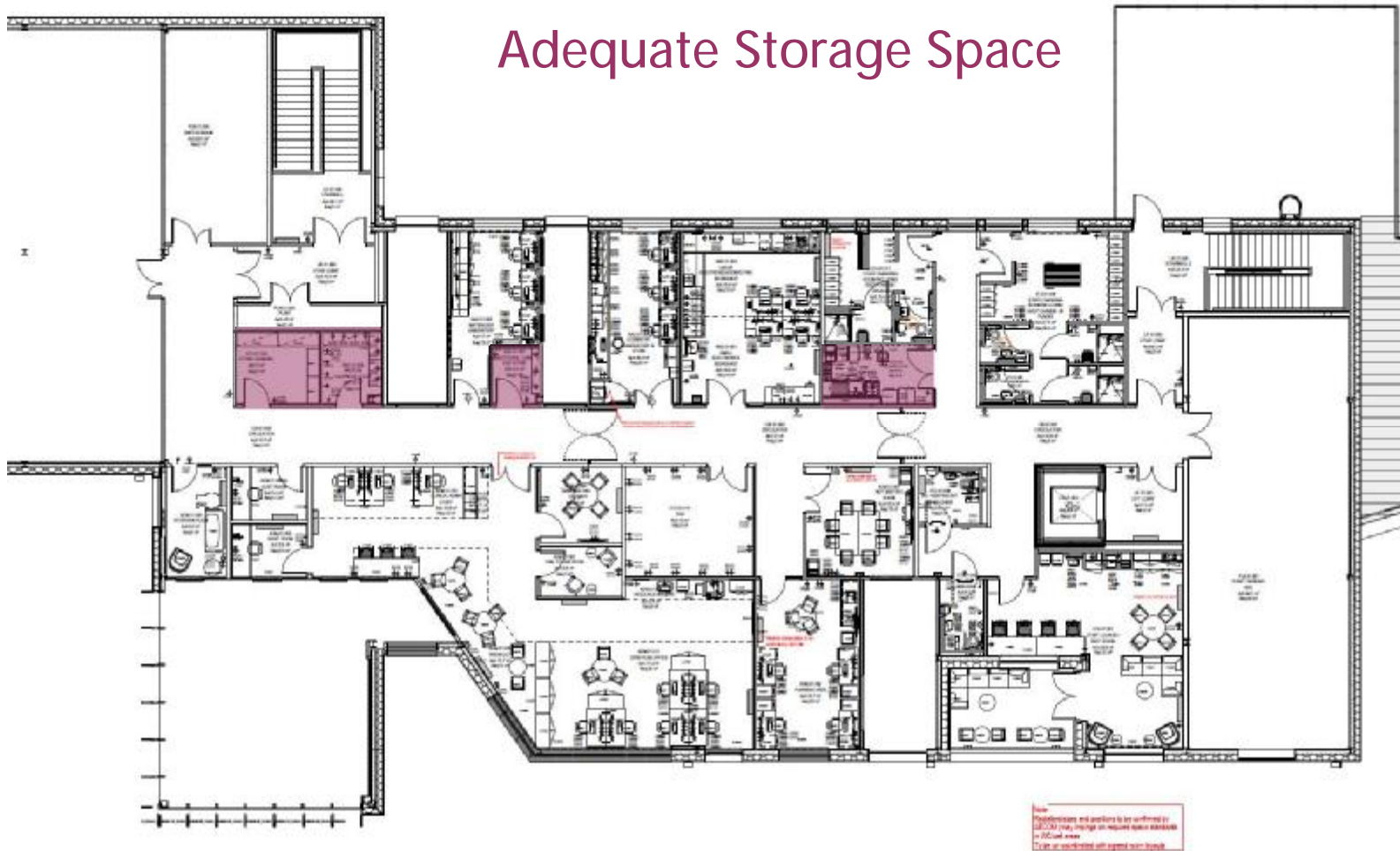
SPACE

Adequate Storage Space



SPACE

Adequate Storage Space



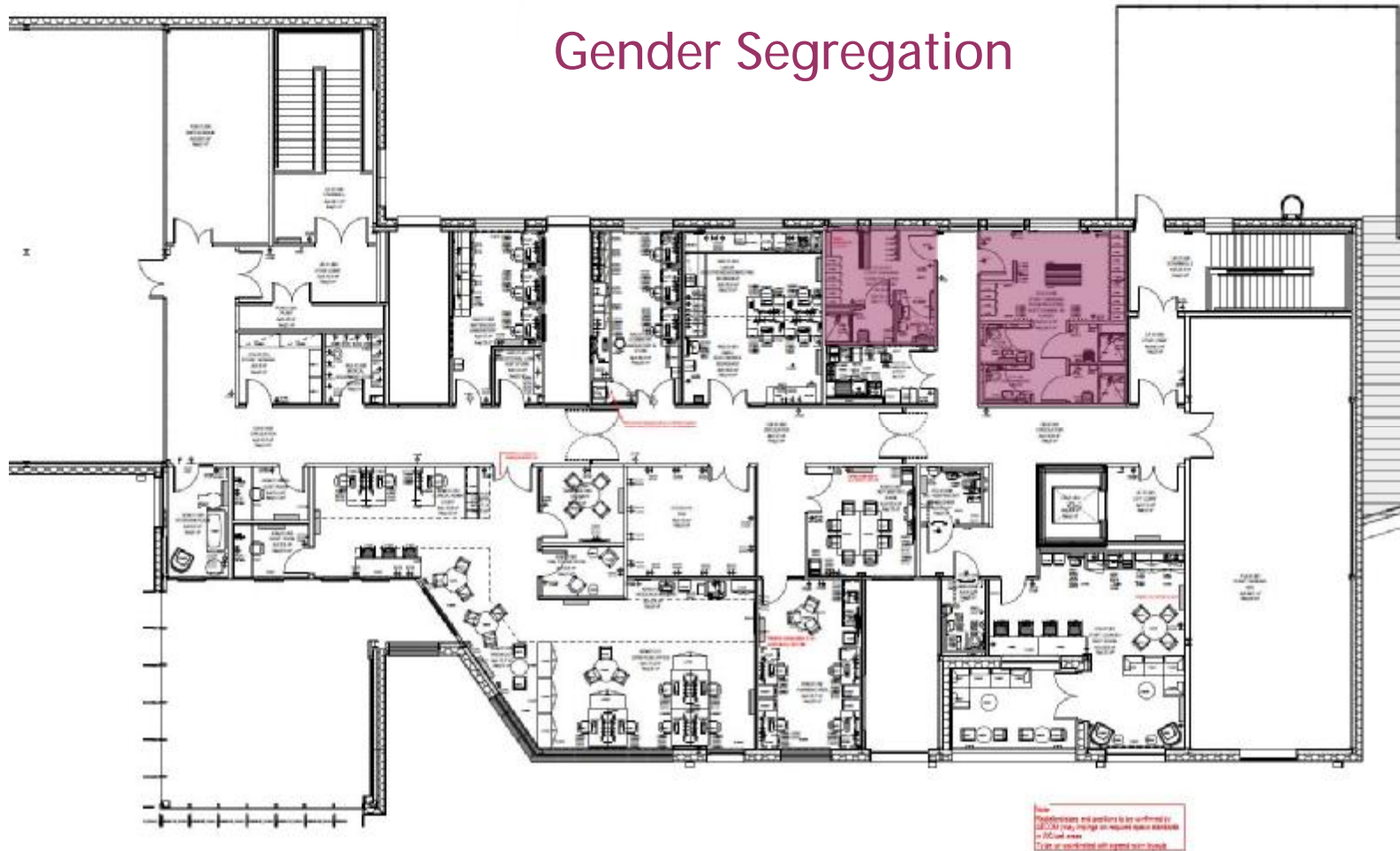
SPACE

Gender Segregation



SPACE

Gender Segregation



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

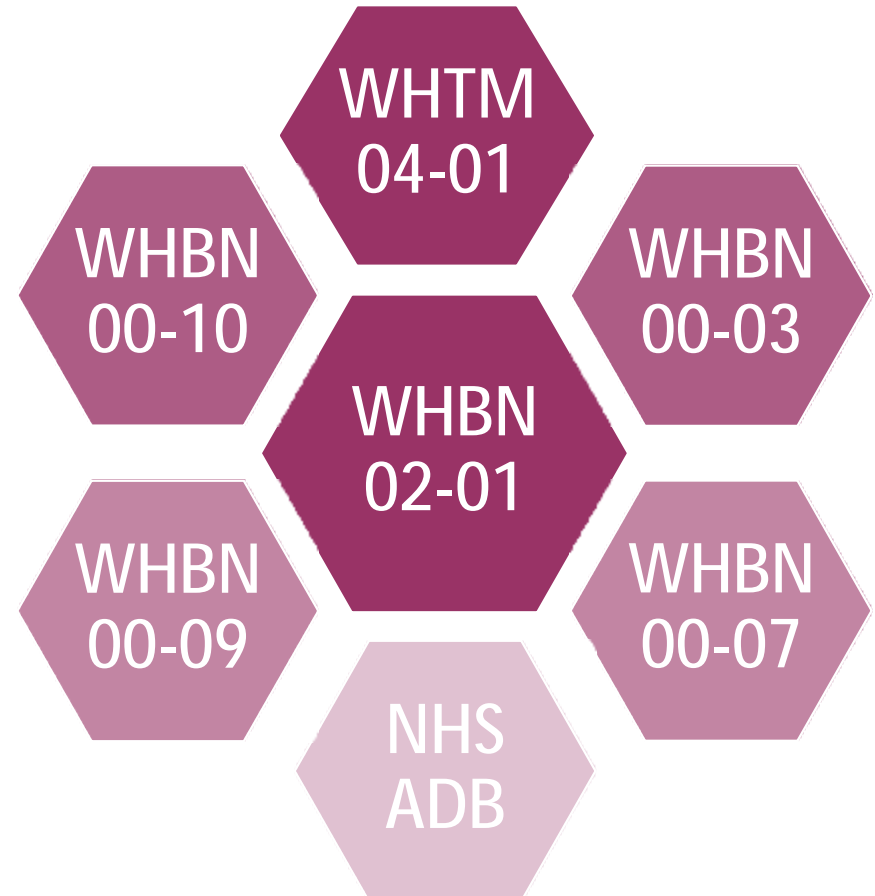
WHBN 00-07: Planning for a Resilient Healthcare Estate

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, rounded shapes in shades of teal, green, and olive. A stylized leaf icon, composed of green outlines, is positioned in the upper center. A white rectangular box with a subtle drop shadow is centered horizontally, containing 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		
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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'.

TCS PROGRAMME SCRUTINY SUB-COMMITTEE

Communications and Engagement Update

DATE OF MEETING	22 March 2022	
PUBLIC OR PRIVATE REPORT	Public	
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report	
PREPARED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
PRESENTED BY	NON GWILYM, ASSISTANT DIRECTOR COMMUNICATIONS AND ENGAGEMENT	
EXECUTIVE SPONSOR APPROVED	LAUREN FEAR, DIRECTOR CORPORATE GOVERNANCE	
REPORT PURPOSE	FOR NOTING	
COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	DATE	OUTCOME
TCS PROGRAMME DELIVERY BOARD	16/03/2022	Noted
ACRONYMS		
nVCC	New Velindre Cancer Centre	

1. SITUATION

2. BACKGROUND

This paper provides the Committee with an update on communications and engagement during the course of February 2022.

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

3. ASSESSMENT

Over the reporting period we focused our efforts on:

- **Strategic counsel and preparing communications and engagement support ahead of site clearance on site**

1. Delivering, to the best of our ability, a communications action plan for internal and external stakeholders in support of site clearance;
2. Coordinating responses to correspondence received from the public and elected representatives
3. Direct mail bilingual letters to be delivered to residents living locally to the site
4. Sharing content across Velindre Matters channels and monitoring social media, including responding to questions and messages
5. Liaison with Welsh Government and Cardiff Council communications to provide appropriate updates

- **Managing media enquiries and related social media commentary**

We have developed several lines to take over the past month to support the enabling works and legal process. We liaised with a journalist from the Voice Wales online platform on this story:

<https://www.voice.wales/northern-meadows-four-women-hit-with-injunction-speak-out-against-scary-process/> . The article focused on the impact of the

injunction process on the four named individuals concerned. Our responses to all questions asked were carried in full by the platform.

- **Responding to correspondence from a wide range of stakeholders.**

We have received a significant amount of queries, concerns and statements received by the Trust via various avenues over the past month. The key recurring themes are:

- enabling works impact on LCF and the surrounding area,
- traffic management,
- contractors and the required permissions.

We are also formalising a new process for managing relevant nVCC correspondence/concerns in partnership with Cardiff Council, sensitive to statutory duties and data protection.

- **Political stakeholder meetings** – we continue to hold regular meetings with the local Councillors, MS and MP.
- **Petitions Committee** – we received notification that a discussion on the petitions presented to the committee in summer 2020 has been tabled for 21 March 2022. The Committee will consider our response to its questions from February 2021 which have not been considered further in the light of both the election of the new committee and the legal challenge. As such, the relevant updates will be shared with the Committee in advance.
- **Engagement hub space within VCC** – two hubs are now installed in the cancer centre to provide content and related surveys to gain further insight and engagement for the green ambitions and overall plans for the new Velindre Cancer Centre.
- **Supporting the development of a wider value added package** – work is progressing with a visit to the Down to Earth project's at Llandough to further explore "scaling up" opportunities from this work.
- **Recruitment:** we have now appointed to the Senior Engagement Manager post and the Senior Communications Manager post is now live.

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

- Plan for the next phase of enabling works;
- Plan for the evaluation phase of the Competitive Dialogue. A communications and engagement strategy and plan will be the main item of business for the programme Communications and Engagement item at the next Programme Board meeting.
- A visit to the Dwr Cymru facility in Lisvane reservoir to scout their engagement and communication approach;
- Implementing the feedback plan through the engagement hubs at VCC that allows us to track and score staff and patient sentiment, understanding and ideas;
- Publish next issue of Velindre Matters digital newsletter;
- Promote new content on the Velindre Matters social channels;
- Supporting the nVCC research and development working group, alongside its Trust counterpart;
- Support the implementation of the Value Add programme of work,
- Supporting the patient engagement framework and related activities.

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

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

