Public: TCS Programme Scrutiny Sub-Committee

Thu 26 October 2023, 10:00 - 11:30

VUNHST Meeting Room, Velindre Headquarters

Agenda

1. STANDARD BUSINESS

1.1. Welcome & Introductions

Stephen Harries

1.2. Apologies for Absence

Stephen Harries

1.3. Declarations of Interest

Stephen Harries

1.4. Minutes of the Sub-Committee Meeting held on 12th October 2023

Stephen Harries

To Approve

📄 1.4 Public TCS Scrutiny Minutes 12.10.2023.pdf (4 pages)

1.5. Action Log

Stephen Harries

To Approve

📄 1.5 Action Log 12.10.2023.pdf (3 pages)

2. PROGRAMME GOVERNANCE

2.1. Communications & Engagement

Non Gwilym

To Note

📄 2.1 Comms and Engagement.pdf (11 pages)
📄 2.1 Comms and Engagement Appendix A October Staff Poll Summary.pdf (2 pages)

2.2. TCS Programme Finance Report

Mark Ash

To Note

📄 2.2 TCS Programme Board Finance Report (September 2023).pdf (3 pages)
📄 2.2 TCS Programme Board Finance Report (September 2023) - Appendix 1.pdf (15 pages)

2.3. Nuffield Update

Carl James

To Note

📄 2.3 Nuffield Progress Report.pdf (7 pages)
📄 2.3 Nuffield Report Appendix A Recommendation from Nuffield Trust report.pdf (14 pages)

3. PROGRAMME DELIVERY

3.1. Programme Director's Report

Carl James

To Note

📄 3.1 Programme Directors Report - Public.pdf (25 pages)
📄 3.1 Programme Directors Report Appendix A_DCA Assessment.pdf (1 pages)
📄 3.1 Programme Directors Report Appendix B Risk Issues Checklist.pdf (1 pages)
📄 3.1 Programme Directors Report Appendix C Issue Register October.pdf (1 pages)

3.2. Tranche Report

Carl James

To Note

📄 3.2 Tranche Report.pdf (40 pages)
📄 3.2 Tranche Report Appendix 1 V2.pdf (5 pages)

4. ANY OTHER BUSINESS

Stephen Harries

Prior Agreement by the Chair Required

5. REVIEW OF THE MEETING

Stephen Harries

6. DATE & TIME OF NEXT MEETING

Stephen Harries

Thursday 23rd November at 13.30 – 15.00

VUNHST Meeting Room, Velindre Headquarters

7. CLOSE

Stephen Harries

The Board is asked to adopt the following resolution:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

TCS Programme Scrutiny Committee
<u>**Public Session**</u>

MINUTES OF THE MEETING HELD
12th October at 11.30 – 12.30
Meeting Room, Trust Headquarters, Nantgarw
(via Teams)

Members Present:

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

In attendance:

Steve Ham (SHam)	Trust Chief Executive
Lauren Fear (LF)	Director of Corporate Governance and Chief of Staff
Dr Jacinta Abraham (JA)	Executive Medical Director
Sarah Morley (SM)	Executive Director of OD & Workforce
Matthew Bunce (MB)	Executive Director of Finance
Non Gwilym (NG)	Communications and Engagement Director
Carys Jones (CJones)	Senior Programme Delivery & Assurance Manager
Cory Davies (CD)	TCS Project and Programme Co-ordinator
Jessica Corrigan (JC)	Secretariat / Business Support Officer

Apologies:

Carl James (CJ)	Executive Director of Strategic Transformation, Planning & Digital
Gavin Bryce (GB)	Associate Director of Programmes
Cath O'Brien (COB)	Chief Operating Officer
David Powell	nVCC Project Director

1.0	STANDARD BUSINESS	ACTION
1.1	**Welcome & Introductions** SH welcomed attendees to the meeting. This meeting was originally scheduled for September 21st.	
1.2	**Apologies for Absence** Apologies were noted as above.	

1.3	**Declarations of Interest** No declarations of interest were received.	
1.4	**Minutes of the Sub-Committee Meeting held on 20th July 2023.** Following amendment to one typing error within the minutes, the minutes were approved as an accurate record. The TCS Programme Scrutiny Sub-Committee **approved** the minutes of the meeting held on 20th July 2023.	
1.5	**Action Log** Actions 120, 143 and 146 remain open on the action log. These actions all relate to the refreshed programme tranche report. The tranche report will be coming back to the TCS Programme Scrutiny Sub-Committee on 7th November 2023. The TCS Programme Scrutiny Sub-Committee agreed action 140 as closed. The TCS Programme Scrutiny Sub-Committee **approved** the action log.	
2.0	**PROGRAMME GOVERNANCE**	
2.1	**Communications & Engagement** The Communication and Engagement paper was presented to the TCS Programme Scrutiny Sub-Committee. The team were thanked for the Summer Jamboree. NG highlighted another Jamboree is being arranged for 31st October. Information will be circulated. The TCS Programme Scrutiny Sub-Committee **noted** the Communications and Engagement Paper.	
2.2	**TCS Programme Finance Report** The TCS Programme Finance Report was delivered to the TCS Programme Scrutiny Sub-Committee. This report outlines the financial position as of August 2023.	

The overall forecast outturn for the programme is an overspend of £2.7153m for the financial year 2023 – 2024 against a budget of £11.641m.

It was highlighted that no capital funding has been allocated to the nVCC Project for this financial year, resulting in the aforementioned overspend. A funding request for c£2.700m has been made to Welsh Government.

No revenue funding has been allocated for Project Delivery and Judicial Review elements of the nVCC project for this financial year. A funding request of £0.041m is being made to the Trust. It was highlighted that the Trust is not anticipating further judicial review costs for this year. Further clarity is also being sought in relation to the £0.041m. LF to clarify directly with Independent Members exactly what the £0.041m is relating to.

The TCS Programme Scrutiny Sub-Committee **noted** the financial position for the TCS Programme and associated projects for 2023 – 2024 as at 31st August 2023.

3.0	**PROGRAMME DELIVERY**	

Programme Director's Report

The Programme Directors Report was delivered to the TCS Programme Scrutiny Sub-Committee.

The Programme Directors Report relates to the reporting period of 7th August until 6th September. A number of milestones have been met during this report period:
- Planning permission for ASDA / McDonalds layby
- Asda DCWW water main phase 1 completed
- Temporary electrical installation to MIM site
- Arts in Health Coordinator in post

It was brought to the committee's attention the temporary electrical installation to MIM site has no revised date as waiting for confirmation of licence. At the time of writing this report it was uncertain whether to take the electricity line through Cardiff and Vale land. It has since been confirmed, the route will be through Cardiff and Vale. The work is imminent during the course of October.

It was confirmed, the TCS Programme Scope updated target date is 26th October. This is part of the tranche review which is coming back to the TCS Programme Scrutiny Sub-Committee on 26th October.

	The TCS Programme Scrutiny Sub-Committee **noted** the Programme Directors Report.		
4.0	**ANY OTHER BUSINESS**		
	There were no additional items of business brought for discussion.		
5.0	**REVIEW OF THE MEETING**		
	There were no additional comments or questions.		
6.0	**DATE & TIME OF NEXT MEETING**		
	The next meeting of the Sub-Committee will be held on Thursday 26th October at 10.00am.		

TCS Programme Scrutiny Sub-Committee

October 2023

Action Summary – PUBLIC

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
120	**Multiple actions linked to work on Programme Tranche Report – in Appendix below** **120** **121** **122** **130**	**Cath O'Brien / Sarah Morley/ Steve Ham**	22/03/2022	Following completion of nVCC business case - & completion of *#143* and *#146* – October 2023	• Following the completion of the nVCC Business Case process, the Programme Tranche Report needs to be refreshed and presented to the Committee for discussion in order to frame the future scope and structure of the TCS work	**OPEN** *(To be addressed in line with Programme Tranche Report)*
140	Spring Jamboree - SA requested to receive a copy of the summary graphic for information.	**Lauren Fear**	20/04/23	30/07/23	The Spring Jamboree has been circulated.	**CLOSED**
143	SA queried whether a list of all current TCS schemes, along with a timeline of completion, was available as this would be a useful reference document to provide information and assurance to the public. GB agreed to look at providing a one-page, bullet point update summary.	**Gavin Bryce**	20/04/23	26/10/23	*Same work as to refresh the Programme Tranche Report.*	**OPEN**
146	CJ confirmed outside of the meeting he will come up with a clear scope demonstrating what projects or pieces of work are sat where and who's	**Carl James**	19/06/23	26/10/23	*Same work as to refresh the Programme Tranche Report.*	**OPEN**

1

No.	Action	Owner	Date Raised	Target Date	Progress to date	Status (Open / Closed)
	accountable for them. The governance for each of these pieces of work ensuring there are no gaps. This is to provide clarification to the Sub-Committee and will feed up into Trust Board for information and assurance.				Initial discussion at Executive Management Board 17th July. Refresh scoping underway for review by the Committee in September.	
147	No revenue funding has been allocated for Project Delivery and Judicial Review elements of the nVCC project for this financial year. A funding request of £0.041m is being made to the Trust. It was highlighted that the Trust is not anticipating further judicial review costs for this year. Further clarity is also being sought in relation to the £0.041m. LF to clarify directly with Independent Members exactly what the £0.041m is relating to.	**Lauren Fear**	12/10/2023	26/10/2023	No update received.	**OPEN**

Appendix: Actions related to Programme Tranche Report

121	**TCS Programme Risk Register** COB agreed to incorporate into the report addressing the issues that are currently scattered throughout the risk register to give assurance on the totality of the workforce issues that are being faced and what is being done to address these. COB agreed to ensure this is broken down to manage the programme of work and delivering the service and the thread	**Cath O'Brien / Sarah Morley**				

2

	that comes through it. COB will work with BL and SM to articulate that and to show what is being done to address this issue.	
122	SHam acknowledged the need for clarification on the strategic approach to recruitment and noted that this would be discussed at EMB with an update brought to the July meeting of this committee, following a discussion in the June Board Development meeting	**Steve Ham/ Sarah Morley**
130	Noted that work is underway to undertake targeted recruitment of key posts which are proving difficult to fill work with a Recruitment Marketing Agency in order to support us in doing this. Agreed to add to the agenda as a separate item at an upcoming meeting with accompanying paper detailing current needs vs baseline, etc.	**Sarah Morley**

3

TRANSFORMING CANCER SERVICES PROGRAMME SCRUTINY SUB COMMITTEE

Communications and Engagement Update

DATE OF MEETING	26/10/2023

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	INFORMATION / NOTING

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Thomas Deacon, Senior Communications Manager
PRESENTED BY	Non Gwilym, Assistant Director of Communications
APPROVED BY	Lauren Fear, Director of Corporate Governance & Chief of Staff

EXECUTIVE SUMMARY	A summary of activity by the communications and engagement team to promote the work of the nVCC project during the reporting period.

RECOMMENDATION / ACTIONS	The Board is asked to note the paper.

Corrigan Jessica
26/10/2023 08:46:21

Version 1 – Issue June 2023   1

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Strategic Capital Board	17/10/2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
The Strategic Development Committee noted the communications and engagement Update	

7 LEVELS OF ASSURANCE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Level 7 - Improvements sustained over time - BAU

APPENDICES	
A	A summary of our ongoing staff poll survey is attached as appendix A

1. SITUATION

This report outlines the activities and achievements of the nVCC communications and engagement team since the previous meeting.

2. BACKGROUND

The report details the work to promote the nVCC project, detail the reactive communications issued and highlight the engagement activities carried out.

Corrigan Jessica
26/10/2023 08:46:21

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3. ASSESSMENT

1. Communications

1.1 Proactive digital communications

nVCC project blog
We have continued to post regularly on our internal nVCC project blog which will house all updates on the project going forward. The blog remains displayed prominently on the intranet landing page providing easy access for staff across the Trust to follow and stay informed about the progress of the project. In total the posts in the current reporting period have had more than 900 views from staff members. The posts published during this reporting period:

Scooter park
We issued communications highlighting the work to deliver a scooter park as part of the nVCC community benefits programme. The comms issued on social media and the nVCC blog have received a strong positive response with a large number of positive comments and reactions.

Designing a new Velindre Cancer Centre
We shared an internal post highlighting the latest design images of the nVCC and highlighting our short survey that will remain open during the build so we can stay on top of how much staff know about the development and how we can best share information with our colleagues. This post had almost 600 page views.

Design Update
We shared a "You Said, We Did" update on some of the changes that have been incorporated into the nVCC design based on engagement with staff.

Thanks to feedback from staff and our patient and carer liaison group we've been able to add a quiet room for breaking bad news in the Outpatient area, as well as a discreet exit from the building to avoid having to walk back through busy spaces.

Following discussions with staff in Imaging we were able to reconfigure the office space to ensure it meets the needs of the various specialists who work in this area.

Private space for adult feeding has also been incorporated following discussions around the needs of head and neck cancer patients to ensure privacy and dignity.

Velindre Voices heard through nVCC Inclusive Design Workshop

The Patient Engagement and TCS Team partnered to host an Inclusive Design Workshop that welcomed an open discussion around inclusivity and accessibility of the proposed nVCC designs. The workshop was attended by members of Velindre Voices, Velindre staff, third party organisations and healthcare partners. The session provided valuable insight and vital feedback that will have a strong influence on our future work. Internal and external posts was shared after the event.

Other proactive comms issued

Power supply works
Communications to Clos Coed hir residents notifying them that work to start on supplying power to the nVCC site. Local councillors, MS/MP and other key stakeholders have also been notified of the works. A meeting with residents on-site was held on w/c 16 October.

Arts in Health
We welcomed our new Arts in Health Coordinator Sally Thelwell who will be working closely with the team on nVCC design as well as Hefyd initiatives. Comms were shared on our social media channels and with staff.

> "I am really excited to join the Trust as the Arts in Health Coordinator. I have had a varied career running socially engaged projects including opera workshops for the homeless community, youth projects in an art gallery and working for the NHS in Manchester, using artwork to improve clinical spaces.
>
> I really believe being creative can have a positive impact on everyone's life. I look forward to working with colleagues at Velindre to design and deliver an arts programme that has real benefits, improving the patient experience as well as staff well-being.
>
> I am keen to meet staff and hear your ideas so look out for me as I pop up in different locations over the next couple of months."
>
> Sally Thelwell, Arts in Health Co-ordinator
> Velindre University NHS Trust

1.2 Media queries

During the reporting period we received three requests from the media for comment.

Asda works

The comment was issued to Nation Cymru in response to spending on our Asda works. The comment issued was:

"Our ongoing work at Asda Coryton is a key phase to develop our new Velindre Cancer Centre which is vital in safeguarding the provision of crucial cancer treatment and care for the 1.5 million people of south Wales over the coming decades.
"We are pleased to report that work at Asda Coryton is progressing well and is on schedule. Part of our work near Asda involves the construction of a bridge, which will serve as the primary access route for our patients and staff to reach the new cancer centre.

"Entry from this location will provide several improvements including better access for around 80% of our patients who travel to us from outside Cardiff, moving traffic away from Whitchurch and changes to the road layout on the Asda site benefitting drivers using the area and approach road.
"We needed to use a small section of the existing car park and our team is currently in the process of returning it to its original condition as agreed with our colleagues at Asda. The original Asda works costs were approved in February 2022.
"Before works began on the Asda site, further site investigation discovered a water main in an area not compatible with our planned alterations to the existing access road off Longwood Drive. As a result the water main needed to be diverted."

Arup

Nation Cymru also requested a comment in response to Arup no longer working for the project.
The comment issued was:

"Several companies have been involved at various stages as we develop the new Velindre Cancer Centre. The company referenced provided engineering support during the competition phase of the project. "Work continues to progress well to build our new cancer centre and negotiations of the project agreement with Acorn are progressing with pace. We are glad to report that we are all working towards a successful outcome, having come this far based on great teamwork."

Lady Cory Field

WalesOnline requested a comment following a large number of social posts regarding the ongoing works at Lady Cory Field and claims that planning permission/the covenant which covers the area has not been followed.
The comment issued was:

> *The plans to use Lady Cory Field to support the enabling works for the new Velindre Cancer Centre, and its subsequent reinstatement, were granted by Cardiff Council in 2018. The planning process in 2018 included a public consultation and the covenant to which you refer was considered as part of the decision-making process. In addition, the approval of details relating to Lady Cory Field, including active travel routes, were approved by the council's*

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planning in December 2020. The work undertaken on site currently complies with all relevant conditions as part of that planning consent.
"We're grateful for having permission to use this space as we carried out our works and are pleased to report that it will be returned to the community before the end of October. The space will accommodate vital wildlife habitat and planting and accessible footpaths in addition to providing recreational space for the community whilst supporting active travel".

1.3 Correspondence

The level of correspondence has again increased with multiple emails received on a variety of topics including:

- Lady Cory Field works
- Further preparatory works on the main site
- EPSL approval

Key figures

Below is a highlight of some key metrics of our output during the reporting period. Going forward, we will begin to include targets for some of the key figures to best measure impact.
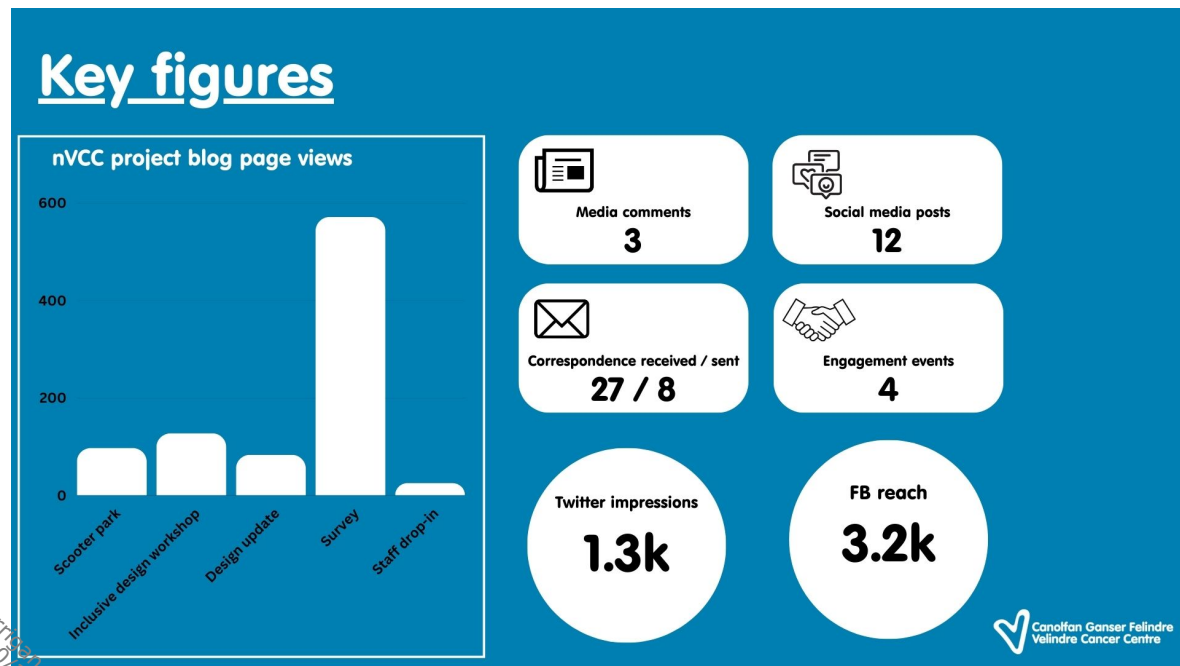
1.4 Engagement

People's Choice Award

We were delighted that the nVCC Project Team was shortlisted for the People's Choice category in the Staff Excellence Awards held in September. A really positive achievement to be considered alongside such talented colleagues and within the single category that is nominated by the public.

Inclusive Design Workshop

During September we partnered with the patient engagement team to host an Inclusive Design Workshop which welcomed an open discussion around inclusivity and accessibility of the proposed nVCC designs. The workshop was attended by a healthy mixture of Velindre Voices members, patients, Velindre staff, third party organisations and healthcare partners and all feedback has been shared with the accessibility team working on the new designs.

Residents Meeting

A group of local residents attended the Whitchurch Library Hub drop-in session in September to raise issues of concern around noise and disturbance, anti-social behaviour, communication among other issues.

Meeting with Save the Northern Meadows

A meeting was held with representatives from Save the Northern Meadows to discuss a number of issues.

School of Oncology staff session

Details of the nVCC project were presented to a School of Oncology staff session as part of a wider update on the TCS programme. Feedback received was positive with

interest in the latest design pictures and progress of the bridge construction at Asda Coryton.

Staff Poll Summary

A summary of our ongoing staff poll survey is attached as appendix A.

2. Next month

- Feedback from staff design drop-in
- Revised communications and engagement strategy post financial close
- Continued communications support for the enabling works project as winds down in the coming weeks
- Velindre bridge completion comms event to be finalised and issued
- Lady Cory Field improvements post to be published

3.   SUMMARY OF MATTERS FOR CONSIDERATION

N/A

4.   IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: **Choose an item**	
If yes - please select all relevant goals: • Outstanding for quality, safety and experience ☐ • An internationally renowned provider of exceptional clinical services ☒ that always meet, and routinely exceed expectations • A beacon for research, development and innovation in our stated ☐ areas of priority • An established 'University' Trust which provides highly valued ☐ knowledge for learning for all. • A sustainable organisation that plays its part in creating a better future ☒ for people across the globe	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)	02 - Partnerhips Working / Stakeholder Engagement

For more information: STRATEGIC RISK DESCRIPTIONS	
QUALITY AND SAFETY IMPLICATIONS / IMPACT	**Select all relevant domains below**
	Safe ☐ Timely ☐ Effective ☐ Equitable ☐ Efficient ☐ Patient Centred ☒
	The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021). **Click or tap here to enter text**
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview	Not required
	[In this section, explain in no more than 3 succinct points why an assessment is not considered applicable or has not been completed]. **Click or tap here to enter text**

Corrigan Jessica
26/10/2023 08:46:21

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Wales of Cohesive Communities - Attractive, viable, safe and well-connected communities.
	All Wellbeing goals are considered in the development and implementation of the Communications and Engagement plan in support of the nVCC,
	If more than one wellbeing goal applies please list below: Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	Source of Funding: Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text **Type of Funding:** Choose an item **Scale of Change** Please detail the value of revenue and/or capital impact: Click or tap here to enter text **Type of Change** Choose an item Please explain if 'other' source of funding selected: Click or tap here to enter text
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not yet completed - Include further detail below why
	The new strategy in support of the FBC will be subject to the EQIA.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.

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	Click or tap here to enter text

5. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	
WHAT IS THE CURRENT RISK SCORE	Insert Datix current risk score
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
All risks must be evidenced and consistent with those recorded in Datix	

Corrigan Jessica
26/10/2023 08:46:21

Survey Summary Report

Total Respondents: 39

Survey: nVCC Hub,nVCC Staff Feedback

Start Date: 2023-07-01   **End Date:** 2023-09-30

Question 1: I am

Available Answers	Responses	Score (%)
A patient or carer	3	11.54%
A member of staff	22	84.62%
A member of the local community to Whitchurch	1	3.85%
Other, please specify:	0	0.00%
Total	**26**	**100%**
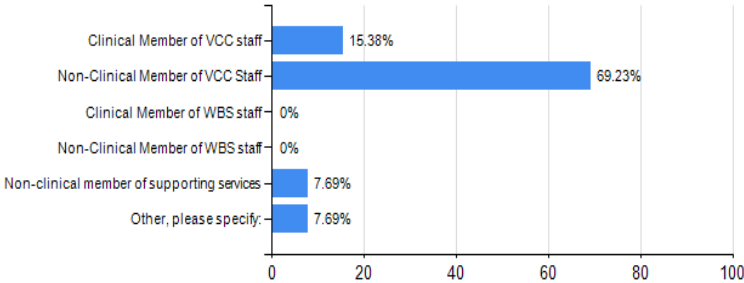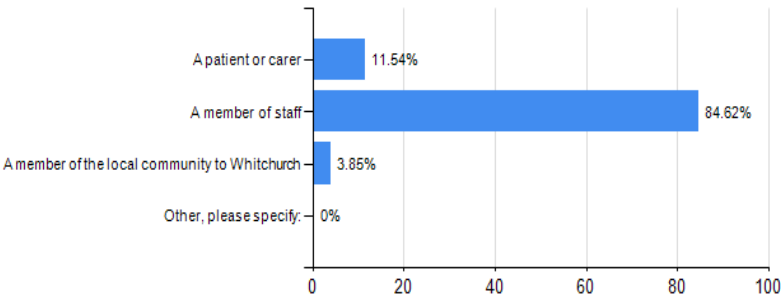
Question 2: How well informed are you about the new cancer centre project?

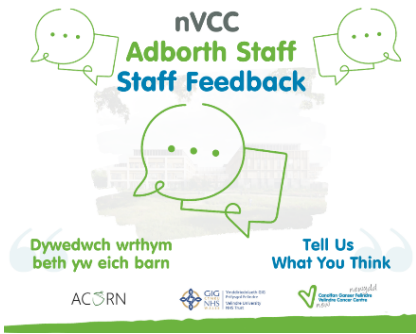| Available Answers	Responses	Score (%)
I know very little	4	11.43%
I don't know enough	4	11.43%

Survey Summary Report

Total Respondents: 39

Survey: nVCC Hub,nVCC Staff Feedback

Start Date: 2023-07-01   **End Date:** 2023-09-30
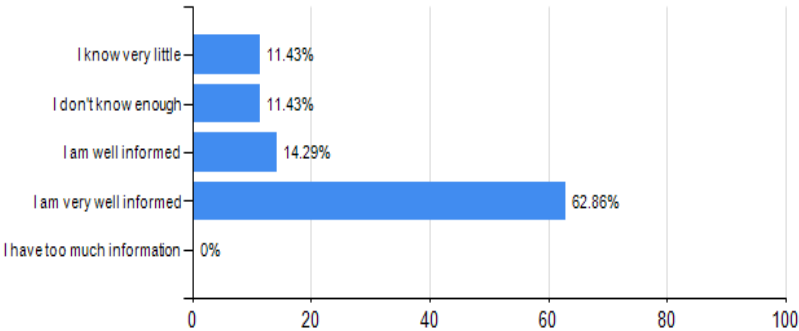
I am well informed	5	14.29%
I am very well informed	22	62.86%
I have too much information	0	0.00%
Total	**35**	**100%**

Question 3: What's the best way to keep you informed (please tick all that apply):
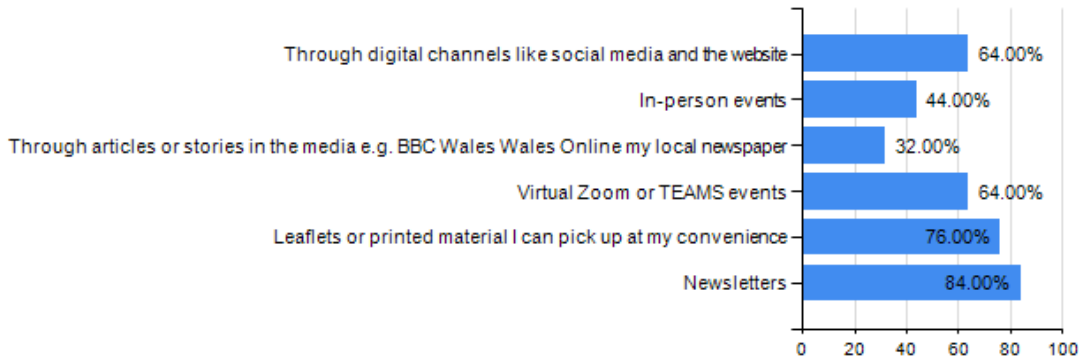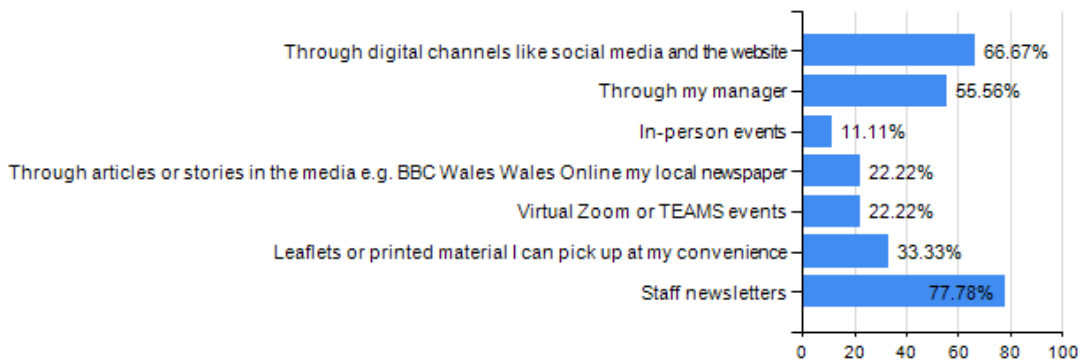
"the pictures look great, keep them coming"

"Really excited to see it happen now"

"The photos are amazing, great to see the excellent progress made"

TCS Programme Scrutiny Sub-Committee

TCS Programme Finance Report 2023-24

September 2023

DATE OF MEETING	26th October 2023

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report

PREPARED BY	Mark Ash, Assistant Project Director, nVCC and Enabling Works Projects
PRESENTED BY	Matthew Bunce, Executive Director of Finance
EXECUTIVE SPONSOR APPROVED	Matthew Bunce, Executive Director of Finance

REPORT PURPOSE	Note

COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING		
COMMITTEE OR GROUP	**DATE**	**OUTCOME**
Executive Management Board (Shape)	16/10/2023	Note

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

1. BACKGROUND

1.1 The purpose of the accompanying report is to provide a financial update to the TCS Programme Delivery Board for the financial year 2023-24, outlining spend to date against budget as at Month 06 and the current full year forecast.

1.2 The TCS Programme financial position is continually monitored and updated, with an update provided to the TCS Programme Delivery Board and Trust Board monthly.

2. FINANCIAL SUMMARY AS AT 30TH SEPTEMBER 2023

2.1 The summary financial position for the TCS Programme for the year 2023-24 as at 30th September is provided below.

Expenditure Type	Year to Date Spend	2023-24 Full Year		
		Budget	Forecast	Variance
Capital	£9.082m	£10.896m	£13.749m	-£2.853m
Revenue	£0.404m	£0.744m	£0.785m	-£0.041m
Total	**£9.486m**	**£11.641m**	**£14.534m**	**-£2.894m**

2.2 The overall forecast outturn for the Programme is an overspend of £2.894m for the financial year 2023-24 against a budget of £11.641m.

2.3 Capital funding has not been allocated for the OBC phase of the nVCC Project for this financial year, resulting in the aforementioned overspend. A funding request for c£2.800m has been made to WG.

2.4 Capital funding of £3.882m has been allocated to the nVCC Project by WG for advanced works for the FBC stage, to be confirmed by letter in October 2023. Both the funding and spend will be reported from October onwards, with an expected break even position for this financial year.

2.5 No revenue funding has been allocated for Project Deliver and Judicial Review elements of the nVCC project for this financial year. A funding request of £0.041m is being made to the Trust.

2.6 There are currently three financial risks associated with TCS:

- The Enabling Works Project may be required to provide financial support to the nVCC Project due the current lack of funding for 2023-24 for the latter. This risk is being mitigated as previously noted.

- There are three new elements to the Enabling Works Project that require additional funding as previously noted, totalling £2.000m. Ministerial approval will be sought for this additional funding.

- Capital funding has not been allocated to the nVCC Project, with a current overspend as costs are still being incurred due to the delay of Financial Close. This risk is being mitigated by a request to WG for funding for the Project of £2.800m.

3.   IMPACT ASSESSMENT

| QUALITY AND SAFETY IMPLICATIONS/IMPACT	There are no specific quality and safety implications related to the activity outined in this report.
RELATED HEALTHCARE STANDARD	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
EQUALITY IMPACT ASSESSMENT COMPLETED	Not required
LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	The financial implications are clearly outlined in the report.

4.   RECOMMENDATION

4.1   The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the financial

position for the TCS Programme and Associated Projects for 2023-24 as at 30th September
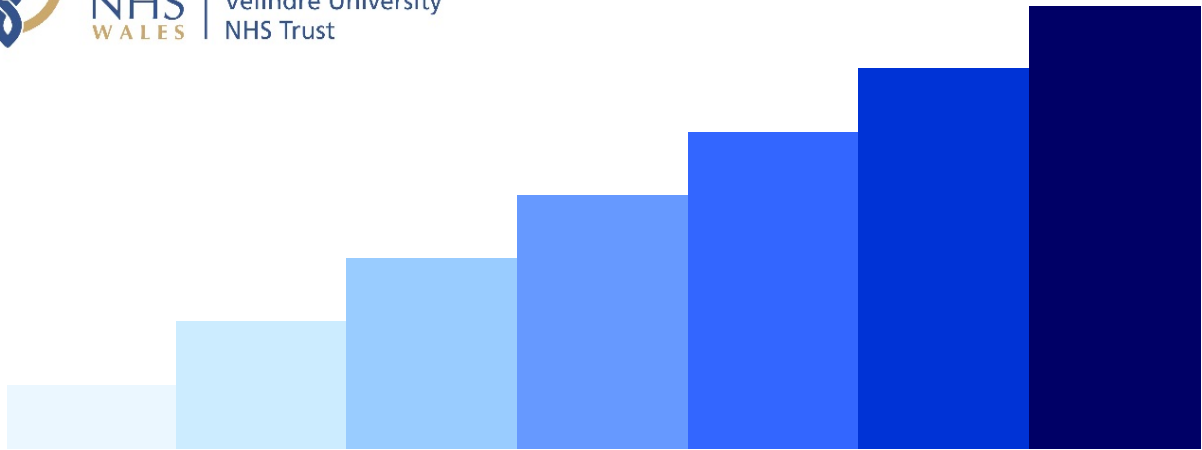
2023.

TCS PROGRAMME
FINANCE REPORT 2023-24

Period Ending 30th September 2023

**Presented to EMB Shape on
16th October 2023**

Contents

1. INTRODUCTION

1.1 The purpose of this report is to provide a financial update for the Transforming Cancer Services (TCS) Programme for the financial year 2023-24, outlining spend against budget as at 30th September 2023 and the current year-end forecast.

1.2 The TCS Programme financial position is continually monitored and updated, with an update provided regularly to both the TCS Programme Delivery Board and Trust Board.

2. EXECUTIVE SUMMARY

2.1 The summary financial position for the TCS Programme for the year 2023-24 as at 30th September 2023 is provided below. A detailed table of budget, spend and variance for the capital and revenue expenditure is provided in Appendix 1.

Expenditure Type	Year to Date Spend	2023-24 Full Year		
		Budget	Forecast	Variance
Capital	£9.082m	£10.896m	£13.749m	-£2.853m
Revenue	£0.404m	£0.744m	£0.785m	-£0.041m
Total	**£9.486m**	**£11.641m**	**£14.534m**	**-£2.894m**

2.2 The overall forecast outturn for the Programme is an overspend of £2.894m for the financial year 2023-24 against a budget of £11.641m.

2.3 Capital funding has not been allocated for the OBC phase of the nVCC Project for this financial year, resulting in the aforementioned overspend. A funding request for c£2.800m has been made to WG.

2.4 Capital funding of £3.882m has been allocated to the nVCC Project by WG for advanced works for the FBC stage, to be confirmed by letter in October 2023. Both the funding and spend will be reported from October onwards, with an expected break even position for this financial year.

2.5 No revenue funding has been allocated for Project Deliver and Judicial Review elements of the nVCC project for this financial year. A funding request of £0.041m is being made to the Trust.

2.6 There are currently three financial risks associated with TCS:

- The Enabling Works Project may be required to provide financial support to the nVCC Project due the current lack of funding for 2023-24 for the latter. This risk is being mitigated as previously noted.

- There are three new elements to the Enabling Works Project that require additional funding as previously noted, totalling £2.000m. Ministerial approval will be sought for this additional funding.

- Capital funding has not been allocated to the nVCC Project, with a current overspend as costs are still being incurred due to the delay of Financial Close. This risk is being mitigated by a request to WG for funding for the Project of £2.800m.

3. BACKGROUND

3.1 In January 2015 the Minister for Health and Social Services approved the initial version of the Strategic Outline Programme 'Transforming Cancer Services in South East Wales'. Following completion of the Key Stage Review in June/July 2015, approval was received from the Minister to proceed to the next stage of the Programme.

3.2 By 31st March 2023, the Welsh Government (WG) had provided a total of £42.377m funding (£40.084m capital, £2,293m revenue) to support the TCS Programme. In addition, the Trust provided £0.264m from its discretionary capital allocation and £0.380m non-recurrent revenue funding.

3.3 NHS Commissioners agreed in December 2018 to provide annual revenue funding to the Trust to support TCS Programme, with £0.400m provided in 2018/19, increased to £0.420m thereafter.

3.4 The current funding provided to support the TCS Programme in 2023-24 is £10.896m capital and £0.689m revenue, as outlined in Appendix 2. The sources of funding are summarised below.

Sources of Capital Funding
Initial Allocation (as at 1st April 2023)

Project	WG Capital	Total Funding
Enabling Works Project	£10.896m	£10.896m
nVCC Project	£0	£0
Total	**£10.896m**	**£10.896m**

Overall Change to Allocation

Project	WG Capital	Total Funding
Enabling Works Project	£0	£0
nVCC Project	£0	£0
Total	**£0**	**£0**

Current Allocation (as at 30th September 2023)

Project	WG Capital	Total Funding
Enabling Works Project	£10.896m	£10.896m
nVCC Project	£0	£0
Total	**£10.896m**	**£10.896m**

Sources of Revenue Funding
Initial Allocation (as at 1ˢᵗ April 2023)

Project	LHB Commissioners	Trust Reserves	WG Pay Award	Total Funding
PMO	£0.024m	£0.060m	£0	£0.084m
nVCC Project	£0	£0	£0	£0
SDT Project	£0.180m	£0.131m	£0	£0.311m
Total	**£0.204m**	**£0.204m**	**£0**	**£0.395m**

Overall Change to Allocation

Project	LHB Commissioners	Trust Reserves	WG Pay Award	Total Funding
PMO	£0.216m	£0	£0.028m	£0.244m
nVCC Project	£0	£0	£0.096m	£0.096m
SDT Project	£0	£0	£0.009m	£0.009m
Total	**£0.216m**	**£0.204m**	**£0.133m**	**£0.349m**

Current Allocation (as at 30ᵗʰ September 2023)

Project	LHB Commissioners	Trust Reserves	WG Pay Award	Total Funding
PMO	£0.240m	£0.060m	£0.028m	£0.328m
nVCC Project	£0	£0	£0.096m	£0.096m
SDT Project	£0.180m	£0.131m	£0.009m	£0.320m
Total	**£0.420m**	**£0.204m**	**£0.133m**	**£0.744m**

4. CAPITAL POSITION

4.1 The current capital funding for 2023-24 is outlined below:

- Enabling Works Project   £10.896m
- nVCC Project   £0
  Total   **£10.896m**

4.2 The capital position as at 30ᵗʰ September 2023 is outlined below, with a forecast overspend of £2.853m for 2023-24 against a budget of £10.896m. This is due to the lack of capital funding being allocated to the nVCC Project for this financial year.

Capital Expenditure	Year to Date Spend	2023-24 Full Year		
		Budget	Forecast	Variance
Enabling Works Project	£7.509m	£10.896m	£10.893m	£0.004m
nVCC Project	£1.574m	£0	£2.856m	-£2.856m
Total	**£9.082m**	**£10.896m**	**£13.749m**	**-£2.853m**

4.3   A funding request has been made to WG for c£2.700m for the nVCC Project.

4.4   There are three new elements that require additional funding from WG, which were not known at the time of establishing the Enabling Works FBC, totalling £1.150m. This additional capital funding will require Ministerial approval.

5.   REVENUE POSITION

5.1   The revenue funding for 2023-24 is outlined below:

- PMO   £0.328m
- nVCC Project   £0.096m
- SDT Project   £0.320m
  Total   **£0.744m**

5.2   The revenue position as at 30th September 2023 is outlined below, with a forecast overspend of £0.041m for 2023-24 against a budget of £0.313m. This is due to the lack of funding for the nVCC revenue non-pay costs for this financial year.

Revenue Expenditure	Year to Date Spend	2023-24 Full Year		
		Budget	**Forecast**	**Variance**
PMO	£0.165m	£0.328m	£0.328m	£0
nVCC Project	£0.082m	£0.096m	£0.137m	-£0.041m
SDT Project	£0.156m	£0.320m	£0.320m	£0
Total	**£0.404m**	**£0.744m**	**£0.785m**	**-£0.041m**

5.3   A revenue funding request for £0.041m for 2023-24 is being made to the Trust for the Project Delivery and Judicial Review elements of the nVCC Project.

5.4   The 2022-23 one-off recovery payment was paid out in June 2023, with funding provided by WG in June 2023 via the Trust. Funding has also been provided by WG to cover the recurrent pay award for 2023-24 paid out in August 2023.

6.   CASH FLOW

6.1   The capital cash flow for the **Enabling Works Project** is outlined below. The run rate indicates that the majority of costs will have been incurred within the first half of the financial year.

Corrigan Jessica
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EW Project Cash Flow 2023-24
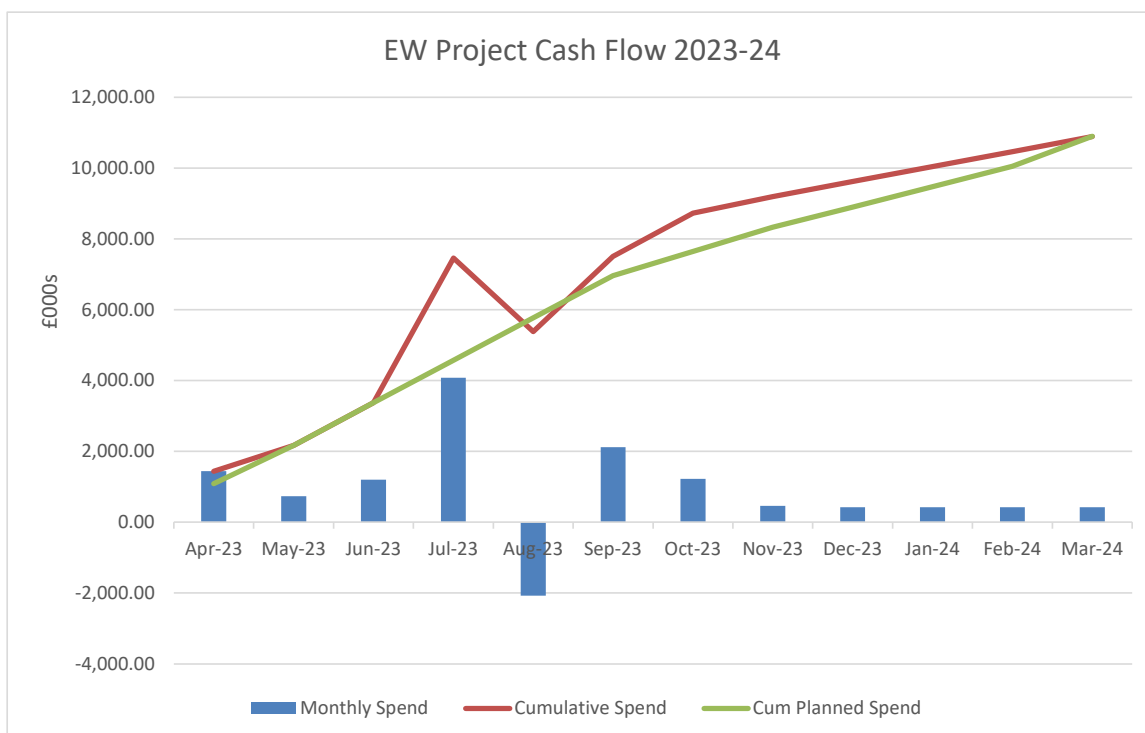
6.2   The capital cash flow for the **nVCC Project** is outlined below. Actual spend is higher in the second half of the financial year, which reflects the delay in financial close.

nVCC Project Cash Flow 2023-24
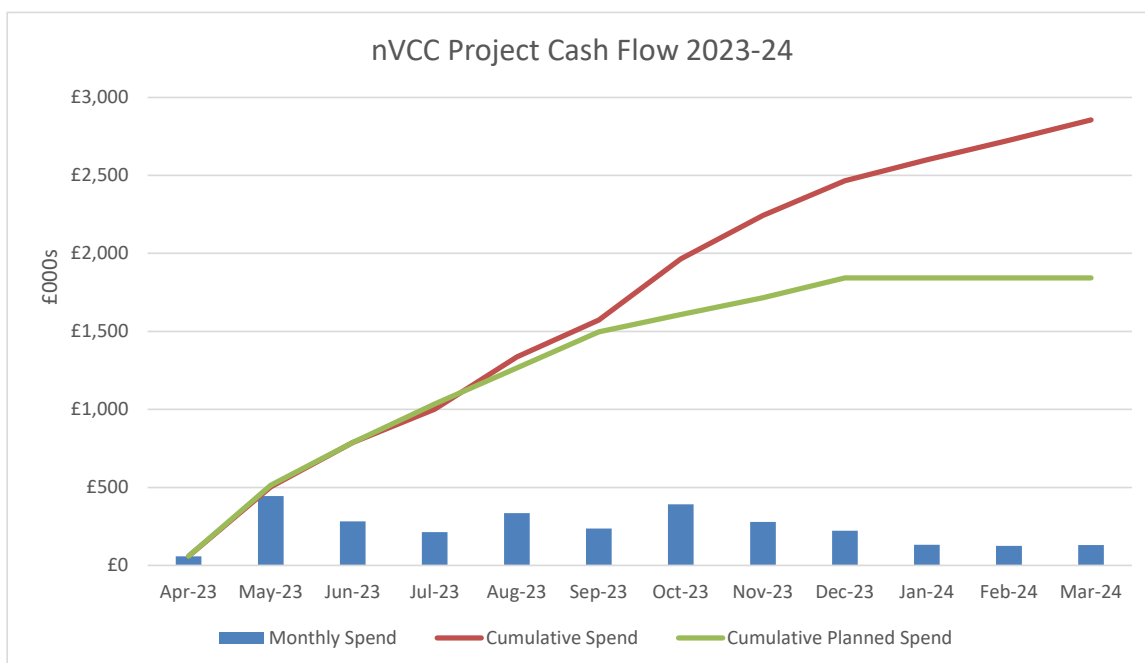
6.3   The cash flow for the remainder of the Programme is not reported as it is not of a material nature.

7. PROJECT FINANCE UPDATES

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

Programme Management Office

7.2 The current revenue funding for the PMO for 2023-24 is £0.328m. £0.240m of this has been provide from NHS Commissioners' funding, £0.060m from the Trust Reserves, and £0.028m from WG 2022-23 for pay awards.

7.3 There has been no capital funding requirement for the PMO in 2023-24.

7.4 The revenue position for the PMO as at 30th September 2023 is shown below, showing a forecast breakeven positon for the year against a budget of £0.328m.

PMO Expenditure	Year to Date Spend	2023-24 Full Year		
		Budget	Forecast	Variance
Pay	£0.164m	£0.327m	£0.327m	£0
Non Pay	£0.001m	£0.001m	£0.001m	£0
Total	**£0.165m**	**£0.328m**	**£0.328m**	**£0**

7.5 There are currently no financial risks associated with the PMO for 2023-24.

Enabling Works Project

7.6 In February 2022, the Minister for Health and Social Services approved the Enabling Works FBC. This has provided capital funding of £28.089m in total, with £10.896m provided in 2023-24.

7.7 The Project's financial position for 30th September 2023 is shown below. The forecast position reflects an expected underspend of £0.004m for this financial year.

Enabling Works Capital Expenditure	Year to Date Spend	2023-24 Full Year		
		Budget	Forecast	Variance
Pay	£0.162m	£0.230m	£0.277m	-£0.047m
Non-Pay	£7.346m	£10.667m	£10.616m	£0.051m
Total	**£7.509m**	**£10.896m**	**£10.893m**	**£0.004m**

7.8 There are three new elements that require additional funding from WG, which were not known at the time of establishing the Enabling Works FBC, totalling £2.000m. This additional capital funding will require Ministerial approval. The elements are:

- Water Main Diversion   £0.850m inc VAT
- S278 Works – Longwood Drive   £0.900m inc VAT
- Off Site Habitat Creation   £0.250m inc VAT
  Total   **£2.000m inc VAT**

7.9 The Project spend relates to the following activities:

Enabling Works FBC Project Capital Budget & Spend Summary 2023-24

Description	Budget Sep-23 £	Year to Date Spend Sep-23 £	Variance Sep-23 £	Annual Budget £	Financial Year Annual Forecast £	Annual Variance £
PAY						
Project 1b - Enabling Works FBC	140,382	162,431	-22,049	229,841	276,741	-46,900
Pay Capital Total	**140,382**	**162,431**	**-22,049**	**229,841**	**276,741**	**-46,900**
NON-PAY						
EF02 Utility Costs	1,546,163	1,091,385	454,779	2,873,927	2,641,385	232,542
EF03 Supply Chain Fees	175,000	379,302	-204,302	375,000	537,802	-162,802
EF04 Non Works Costs	156,253	75,095	81,158	312,505	231,347	81,158
EF05 ASDA Works	1,906,946	2,336,191	-429,245	3,813,893	3,036,343	777,550
EF06 Walters D&B	3,033,982	3,463,634	-429,652	3,033,982	4,033,634	-999,652
EFQR Quantified Risk	6,247	512	5,735	257,245	135,512	121,733
EFRS Enabling Works FBC Reserves	0	0	0	0	0	0
Enabling Works FBC Project Capital Total	**6,824,591**	**7,346,119**	**-521,528**	**10,666,552**	**10,616,023**	**50,529**
TOTAL ENABLING WORKS FBC CAPITAL EXPENDITURE	**6,964,973**	**7,508,550**	**-543,576**	**10,896,393**	**10,892,763**	**3,629**

7.10   There are currently two financial risks associated with the Enabling Works Project:

- Financial support may be required to the nVCC Project. As at September 2023 the financial support is c£1.600m, with a total requirement of c£2.800m. The nVCC Project has made an interim capital funding request to WG for c£2.800m.

- There are three new elements that require additional funding as noted above, totalling £2.000m. Ministerial approval will be sought for this additional funding.

New Velindre Cancer Centre Project
Capital
7.11   The nVCC Project has not been allocated capital funding for this financial year. A funding request has been made to WG for c£2.800m.

7.12   The capital financial position for the nVCC Project for 30th September 2023 is shown below, with a forecast overspend of £2.856m. This is due to the delay of the nVCC Financial Close into 2023-24 with no funding for the Project at this stage.

nVCC Capital Expenditure	Year to Date Spend	2023-24 Full Year		
		Budget	**Forecast**	**Variance**
Pay	£0.562m	£0	£1.186m	-£1.186m
Non-Pay	£1.012m	£0	£1.670m	-£1.670m
Total	**£1.574m**	**£0**	**£2.856m**	**-£2.856m**

7.13   The spend relates to the following activities:

nVCC OBC Project Capital Budget & Spend Summary 2023-24

Description	Year to Date Budget Sep-23 £	Year to Date Spend Sep-23 £	Year to Date Variance Sep-23 £	Financial Year Annual Budget £	Financial Year Annual Forecast £	Financial Year Annual Variance £
PAY						
Project Leadership nVCC OBC	0	105,521	-105,521	0	213,143	-213,143
Project 2a - New Velindre Cancer Centre OBC	0	456,370	-456,370	0	972,953	-972,953
Pay Capital Total	**0**	**561,890**	**-561,890**	**0**	**1,186,097**	**-1,186,097**
NON-PAY						
nVCC OBC Project Delivery	**0**	**20,855**	**-20,855**	**0**	**64,000**	**-64,000**
Work Packages						
VC08 Competitive Dialogue - Dialogue & SP to FC	0	881,819	-881,819	0	1,344,735	-1,344,735
VC10 Legal Advice	0	17,398	-17,398	0	24,898	-24,898
VC11 S73 Planning	0	14,437	-14,437	0	14,437	-14,437
VC12 nVCC FBC	0	57,687	-57,687	0	147,687	-147,687
VCRS nVCC OBC Reserves	0	19,480	-19,480	0	74,480	-74,480
nVCC Project Capital Total	**0**	**990,821**	**-990,821**	**0**	**1,606,236**	**-1,606,236**
TOTAL nVCC OBC CAPITAL EXPENDITURE	**0**	**1,573,566**	**-1,573,566**	**0**	**2,856,333**	**-2,856,333**

7.14   The current risk to the Project is the lack of funding, with a current overspend as costs are still being incurred due to the delay of Financial Close. This risk is being mitigated by a request to WG for funding for the Project of c£2.800m.

Revenue

7.15   The current revenue funding for the nVCC Project for 2023-24 is £0.096m, provided from WG 2022-23 for pay awards. A funding request is

7.16   The revenue financial position for the nVCC Project for 30th September 2023 is shown below, reflecting a current overspend of £0.041m for the year against budget of £0.096m.

nVCC Revenue Expenditure	Year to Date Spend	2022-23 Full Year Budget	2022-23 Full Year Forecast	2022-23 Full Year Variance
Pay	£0.057m	£0.096m	£0.096m	£0.000m
Project Delivery	£0.014m	£0	£0.030m	-£0.030m
Judicial Review	£0.011m	£0	£0.011m	-£0.011m
Total	**£0.082m**	**£0.096m**	**£0.137m**	**-£0.041m**

7.17   The Judicial Review matter is now closed, with the final costs being submitted in July 2023. The final cost in 2023-24 is £0.011m, with a total cost for this matter of £0.138m.

7.18   The only revenue financial risk associated with the nVCC Project at present is the lack of funding, which is being mitigated with a funding request to the Trust.

Service Delivery and Transformation Project

7.19   The revenue funding for the Project for 2022-23 is £0.180m from NHS Commissioners' funding, £0.131 from Trust reserves, and £0.009m from the WG 2022-23 one-off recovery payment funding. The resulting budget is £0.320m for this financial year.

7.20   There is no capital funding requirement for the Project in 2023-24.

7.21   The SDT Project revenue position for 2023-24 is shown below, showing a forecast breakeven positon for the year against a budget of £0.320m.

SDT Expenditure	Year to Date Spend	2022-23 Full Year		
		Budget	Forecast	Variance
Pay	£0.150m	£0.306m	£0.306m	£0
Non-Pay	£0.007m	£0.013m	£0.013m	£0
Total	**£0.156m**	**£0.320m**	**£0.320m**	**£0**

7.22   There are currently no financial risks associated with the Project for 2023-24.

8.   KEY RISKS AND MITIGATING ACTIONS

8.1   There are currently three financial risks associated with TCS:

- The Enabling Works Project may be required to provide financial support to the nVCC Project due the current lack of funding for 2023-24 for the latter. This risk is being mitigated as previously noted.

- There are three new elements to the Enabling Works Project that require additional funding as previously noted, totalling £2.000m. Ministerial approval will be sought for this additional funding.

    Capital funding has not been allocated to the nVCC Project, with a current overspend as costs are still being incurred due to the delay of Financial Close. This risk is being mitigated by a request to WG for funding for the Project of £2.800m.

9.   TCS SPEND REPORT SUMMARY

9.1   At the end of 2019, a financial model was developed by the TCS Finance Team to provide a spend profile for the TCS Programme. The model allocates reported spend by year to defined deliverables and outputs within each project within the Programme. It also allocates spend to the various resources need to deliver the Programme, such as pay, advisors, suppliers, etc. The output for the model itself is an in-year report providing spend details on a quarterly basis. A cumulative report is also produced for the Programme for its inception to the end of the latest quarter.

9.2   Appendix 3 provides cumulative report to 31st March 2022. The report for the financial year 2022-23 is currently being produced.

9.3   The cumulative report shows a total spend for the TCS Programme of £30.352m (£26.481m Capital, £3.871m Revenue). The total pay costs for this period were £11.303m.

9.4   The spend to 31st March 2022 for each Project within the Programme is summarised below.

    Programme Management Office £1.656m
    Project 1 Enabling Works.. £10.559m
    Project 2 nVCC £13.234m

Project 3a Integrated Radiotherapy Solution £0.1.049m
Project 3b Digital Strategy..£0.200m
Project 4 Radiotherapy Satellite £0.385m
Project 5 SACT and Outreach....................................£0.002m
Project 6 Service Delivery and Transformation £3.266m
Project 7 Decommissioning...£0m

9.5   The five deliverables with the highest spend during this period are:

Project Control £4.390m
Feasibility Studies..£2.734m
Planning and Design...£2.669m
Outline Business Case (inc revision and approval) £2.456m
Project Agreement £1.838m

APPENDIX 1: TCS Programme Budget and Spend as at 30th September 2023

TCS Programme Budget & Spend 2023-24

CAPITAL	Year to Date Budget Sep-23 01-Aug	Year to Date Spend Sep-23 £	Year to Date Variance Sep-23 £	Financial Year Annual Budget £	Financial Year Annual Forecast £	Financial Year Annual Variance £
PAY						
Project Leadership nVCC OBC	0	105,521	-105,521	0	213,143	-213,143
Project 1b - Enabling Works FBC	140,382	162,431	-22,049	229,841	276,741	-46,900
Project 2a - New Velindre Cancer Centre OBC	0	456,370	-456,370	0	972,953	-972,953
Capital Pay Total	**140,382**	**724,321**	**-583,939**	**229,841**	**1,462,837**	**-1,232,996**
NON-PAY						
nVCC OBC Project Delivery	0	20,855	-20,855	0	64,000	-64,000
Project 1b - Enabling Works FBC	6,824,591	7,346,119	-521,528	10,666,552	10,616,023	50,529
Project 2a - New Velindre Cancer Centre OBC	0	990,821	-990,821	0	1,606,236	-1,606,236
Capital Non-Pay Total	**6,824,591**	**8,357,794**	**-1,533,203**	**10,666,552**	**12,286,259**	**-1,619,708**
CAPITAL TOTAL	**6,964,973**	**9,082,115**	**-2,117,142**	**10,896,393**	**13,749,096**	**-2,852,704**

REVENUE	Year to Date Budget Sep-23 £	Year to Date Spend Sep-23 £	Year to Date Variance Sep-23 £	Financial Year Annual Budget £	Financial Year Annual Forecast £	Financial Year Annual Variance £
PAY						
nVCC Pay Award	57,423	57,423	0	96,408	96,408	0
Programme Management Office	164,571	163,787	785	326,890	327,095	-205
Project 6 - Service Change Team	153,983	149,850	4,134	306,290	306,290	0
Revenue Pay total	**375,978**	**371,059**	**4,918**	**729,589**	**729,793**	**-205**
NON-PAY						
nVCC OBC Project Delivery	0	14,029	-14,029	0	30,000	-30,000
nVCC OBC Judicial Review	0	11,000	-11,000	0	11,000	-11,000
Programme Management Office	1,410	1,481	-71	1,410	1,205	205
Project 6 - Service Change Team	9,000	6,522	2,478	13,340	13,340	0
Revenue Non-Pay Total	**10,410**	**33,032**	**-22,622**	**14,750**	**55,546**	**-40,796**
REVENUE TOTAL	**386,388**	**404,092**	**-17,704**	**744,339**	**785,339**	**-41,000**

APPENDIX 2: TCS Programme Funding for 2022-23

Description	Funding Type	
	Capital	Revenue
Programme Management Office	**£0**	**£0.328m**
Commissioner's Funding		£0.240m
Trust Revenue Funding		£0.060m
WG One Off Pay Award 2022/23 Funding		£0.006m
WG Recurrent Pay Award Funding		£0.022m
Enabling Works FBC	**£10.896m**	**£0**
2022-23 CEL from Welsh Government funding for Enabling Works FBC approved in February 2022	£10.896m	
New Velindre Cancer Centre OBC	**£0**	**£0.096m**
WG One Off Pay Award 2022/23 Funding		£0.019m
WG Recurrent Pay Award Funding		£0.077m
Radiotherapy Satellite Centre	**£0**	**£0**
No funding requested or provided for this project to date		
SACT and Outreach	**£0**	**£0**
No funding requested or provided for this project to date		
Service Delivery, Transformation and Transition	**£0**	**£0.320m**
Commissioner's Funding		£0.180m
Trust Revenue Funding		£0.131m
WG One Off Pay Award 2022/23 Funding		£0.002m
WG Recurrent Pay Award Funding		£0.007m
VCC Decommissioning	**£0**	**£0**
No funding requested or provided for this project to date		
Total	**£10.896m**	**£0.744m**

APPENDIX 3: TCS Cumulative Spend Report to 31st March 2022

SUMMARY OF CUMULATIVE TCS SPEND
TO 31 MARCH 2022

SPEND PER PROJECT PER YEAR

Legend:
- Programme Management Office
- Project 1 - Enabling Works
- Project 2 - nVCC
- Project 3a - Intergarted Radiotherapy Solutions
- Project 3b - Digital Strategy
- Project 4 - RT Satellite
- Project 5 - Outreach Centres
- Project 6 - Service Delivery, Transformation and Transition
- Project 7 - Decommissioning

SPEND FOR EACH PROJECT ACROSS ALL YEARS

- Programme Management Office
- Project 1 - Enabling Works
- Project 2 - nVCC
- Project 3a - Integrarted Radiotherapy Solutions
- Project 3b - Digital Strategy
- Project 4 - RT Satellite
- Project 5 - Outreach Centres
- Project 6 - Service Delivery, Transformation and Transition
- Project 7 - Decommissioning

SPEND FOR EACH YEAR ACROSS ALL PROJECTS

Values shown: £328,459, £2,398,448, £6,167,590, £6,428,671, £3,924,181, £2,928,426, £4,267,262, £3,909,063

Years legend: 2014-15, 2015-16, 2016-17, 2017-18, 2018-19, 2019-20, 2020-21, 2021-22, 2022-23, 2023-24, 2024-25, 2025-26

TOTAL SPEND BY PROJECT TO DATE — £30,352,092

Project	Amount
Programme Management Office	£1,655,897
Project 1 - Enabling Works	£10,559,242
Project 2 - nVCC	£13,234,264
Project 3a - Intergarted Radiotherapy Solutions	£1,049,380
Project 3b - Digital Strategy	£199,786
Project 4 - RT Satellite	£385,490
Project 5 - Outreach Centres	£1,909
Project 6 - Service Delivery, Transformation and Transition	£3,266,123
Project 7 - Decommissioning	-

SUPPLIERS WITH HIGHEST EXPENDTITURE TO DATE

	Supplier	Amount
1	Payroll	£11,048,740
2	Mott MacDonald	£5,614,021
3	DLA Piper	£3,398,669
4	Non Pay Costs	£1,043,962
5	Price Waterhouse Coopers	£848,084

PROPORATIONAL SPEND FOR EACH DELIVERABLE ACROSS ALL YEARS

Deliverables shown: Project Control, Feasibility Studies, Construction Costs, Planning and Design, Procurement Strategy, Outline Business Case including revisions and approval, Asda, Project Agreement, Procurement Documents, Programme Control, Governance and Assurance, Planning and Surveys, Equipment, Schedule of Accommod..., Competitive Dialogue, Integrated Activity & Workforce Modelling, Refere... Design Develo..., Cardiff City Council - Land..., Planning excluding Asda, Procu... Activi..., Design exclu... Asda, Comms, Land..., Ad hoc, Facili... Man..., Cli... Ou..., Site..., Ri..., Scopi..., Dig..., Pr...

TRANSFORMING CANCER SERVICES PROGRAMME SCRUTINY SUB COMMITTEE

NUFFIELD TRUST INDEPENDENT ADVICE – A PROGRESS UPDATE

DATE OF MEETING	26/10/2023

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	INFORMATION / NOTING

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Carys Jones, Senior Programme Delivery & Assurance Manager, TCS
PRESENTED BY	Carl James, Executive Director of Strategic Transformation, Planning & Digital
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital

EXECUTIVE SUMMARY	This paper provides an update (as at July 2023) on progress against the recommendations contained within the Nuffield Trust (NT) report published on 1st December 2020. The final progress report was approved by the South East Wales Planning Portfolio: Programme Delivery Board on 5th October and will be included as an appendix within the new Velindre Cancer Centre (nVCC) Full Business Case (FBC)

1

	intended for submission to Welsh Government in late October 2023.

RECOMMENDATION / ACTIONS	The TCS Scrutiny Sub-Committee are asked to **NOTE** the collective SE Wales progress update against the Nuffield Trust recommendations.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board (EMB) Run	31/08/2023
VCS Senior Leadership Team	07/09/2023
South East Wales (SEW) Planning Portfolio: Programme Delivery Board	05/10/2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS This progress report received internal VUNHST approval at both EMB (Run) and the Velindre Cancer Service Senior Leadership Team meetings as above. Final collective, regional approval was received at the South East Wales Planning Portfolio: Programme Delivery Board on 5th October – which has replaced the former SEW Collaborative Cancer Leadership Group.	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	**Select Current Level of Assurance** *N/A*

APPENDICES	
Appendix A	Progress Against Nuffield Trust Recommendations

1. SITUATION

1.1 This paper provides an update (as at July 2023) on progress against the recommendations contained within the Nuffield Trust (NT) report[1] published on 1st December 2020.

1.2 Contributions to the report have been received from all SE Wales partner Health Boards and was approved at the SE Wales Planning Portfolio: Programme Delivery Board on 5th October. It will also be included as an appendix within the new Velindre Cancer Centre (nVCC) Full Business Case (FBC) intended for submission to Welsh Government in late October 2023.

2. BACKGROUND

2.1 The Nuffield Trust were commissioned, on behalf of the SE Wales Health Boards, by Velindre University NHS Trust in September 2020 to provide independent advice on the regionally integrated model for non-surgical tertiary cancer services across SE Wales.

2.2 The report sets out 11 recommendations for Velindre University NHS Trust and Health Board partners to consider in securing planned and sustained improvements in cancer services in the immediate, medium, and long-term.

3. ASSESSMENT

3.1 The current position against each of the recommendations is set out in the 'Progress' column in the table contained at Appendix A.

3.2 Updates have been received from Cardiff & Vale University Health Board; Cwm Taf Morgannwg University Health Board; and Aneurin Bevan University Health Board to inform the progress report.

Governance and approval

3.3 The agreed *regional* approval process for this collective report is via the Collaborative Cancer Leadership Group (CCLG). However, it has been agreed by the SE Wales Chief Executives to place the CCLG into the South East Wales Programme Portfolio programme from August 2023 to support its ongoing progress. As such, the report was received at the Portfolio Delivery Board on 5th October.

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

3.4   A single regional Cancer Programme Board will be established to reinvigorate the strategic system leadership that the CCLG first created. It will be chaired by the Chief Executive of ABUHB and have a dedicated clinical lead, programme manager and supporting administration.

3.5   It is envisaged that a Cancer Programme will be developed through the same process adopted by the other regional programmes. This is likely to include a series of collaborative regional workshops to design, develop, articulate and prioritise the future cancer programme to anticipated to commence late 2023. Progress against the Nuffield recommendations will also inform these discussions and programme design.

4.   SUMMARY OF MATTERS FOR CONSIDERATION

4.1   There has been significant progress, but there remain a number of areas requiring further attention and focus. It is proposed that these are discussed at the inaugural SEW Cancer Programme Board meeting, subject to agreement by the SE Wales CEOs and Programme Director and addressed via the regional workshops outlined above.

Recommendations

4.2   The TCS Programme Scrutiny Sub-Committee are asked to **NOTE** the collective SE Wales progress update against the Nuffield Trust recommendations.

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5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals: • Outstanding for quality, safety and experience • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations • A beacon for research, development and innovation in our stated areas of priority • An established 'University' Trust which provides highly valued knowledge for learning for all. • A sustainable organisation that plays its part in creating a better future for people across the globe	☒ ☒ ☒ ☒ ☒
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information:* *STRATEGIC RISK DESCRIPTIONS*	06 - Quality and Safety 02 - Partnerhips Working / Stakeholder Engagement 09 - Future Direction of Travel

QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below	
	Safe	☒
	Timely	☐
	Effective	☒
	Equitable	☒
	Efficient	☐
	Patient Centred	☒

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	The Nuffield Trust recommendations span a range of quality and safety domains. The actions to address these are described in the 'Next Steps' column in Appendix A.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information:* *https://www.gov.wales/socio-economic-duty-overview*	Not required

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TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
EQUALITY IMPACT ASSESSMENT *For more information:* https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx	Not required - please outline why this is not required
	Equality impact assessment will be completed as part of any individual changes.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	*[Please insert detail here in 3 succinct points].*
WHAT IS THE CURRENT RISK SCORE	Insert Datix current risk score
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	*[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].*
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	**Choose an item**
	[In this section, explain in no more than 3 succinct points what the barriers to implementation are].
All risks must be evidenced and consistent with those recorded in Datix	

	Recommendation from Nuffield Trust report	Key Progress to date *2022 - 23*	Key Next Steps
1	*Regional Planning System* *'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.* *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.* *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.'*	• The Cancer Care Leadership Group (CCLG) was established in 2019 as it was recognised that in order to transform outcomes and experience for patients with cancer in South East Wales, it is essential to have a coordinated and aligned approach to change across the whole cancer system. • The forum is chaired by the CEO of Cardiff and Vale UHB and has provided a good foundation to begin to shape, at a regional level, conversations regarding cancer care provision through collaboration. • The CCLG continued to meet throughout 2022 to track progress across a range of regional priorities, including holding a Cancer System Workshop, facilitated by the Nuffield Trust and supported by the South East London Cancer Alliance (SELCA), to discuss alternative whole systems approaches to cancer services in South East Wales. • In 2023, Cardiff and Vale UHB (CAV), Cwm Taf Morgannwg UHB (CTM), Aneurin Bevan UHB (AB) and Velindre NHS Trust (VNHST) Chief Executives have agreed to consider aligning the regional cancer planning agenda currently taking place via the CCLG with wider regional	• Implement recommendation to reform CCLG into SE Wales Cancer Programme from Aug 2023. • Develop robust regional cancer data set to support effective regional planning and prioritisation (where appropriate), including benchmarking against National Optimal Pathways to support regional service development.

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		planning currently delivered through the South East Wales regional planning Oversight Board mechanism in order to further optimise regional collaboration; therefore, CCLG form and function is currently under review. • Chief Executive agreement to place the CCLG into the South Wales Programme Portfolio programme from August 2023 to support its progress. It will be reformed as the SE Wales Cancer Programme and have a dedicated clinical lead, programme manager and supporting administration.	
2	***Aging Estate and Equipment*** *'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."*	**New Velindre Cancer Centre** • Approval for the new Velindre Cancer Centre Outline Business Case (OBC) secured from Welsh Government. • ACORN Consortium appointed as the Successful Participant to deliver the new Velindre Cancer Centre scheme in July 2022 following a robust competitive dialogue process. • Full Business Case (FBC) approved by all six VNHST commissioners, with the exception of the Commercial Case which is subject to the commercial deal with the SP being finalised in Q4.	**New Velindre Cancer Centre** • Finalise commercial negotiations and execute Financial Close in Q4 2023. • Submit complete FBC to Welsh Government for formal scrutiny. • Finalise detailed hospital design work and secure remaining licenses. • Continue detailed transition and commissioning planning.

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| | | • Enabling works to prepare the new hospital site for construction commenced in 2023 and are well underway (e.g. access roads and bridges, site clearance and utilities) having secured the necessary planning approvals and licenses.

• Detailed hospital design work undertaken with 1:50 plans in place.

• Transition & Commissioning planning has commenced led by the Director of Service Change. Scoping work, sector research and case studies are being collated to inform early planning activities.

Integrated Radiotherapy Solution

• Following a robust procurement process, a successful bidder, Varian, was appointed to supply a new fleet of linear accelerators as part of the process to secure a new Integrated Radiotherapy Solution (IRS) for South East Wales.

• The first replacement linac is installed and fully operational. Removal of the second linac replacement is complete, with turnkey works commencing in August 2023.

• Ongoing work to incorporate the delivery programme for RSC into the IRS programme governance. | **Integrated Radiotherapy Solution**

• Replacement programme for 3rd LINAC to be finalised.

• Agree the delivery programme for linacs at the Radiotherapy Satellite Centre (RSC). |

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		Radiotherapy Satellite Centre	Radiotherapy Satellite Centre
		• Ministerial approval for the Full Business Case for the Radiotherapy Satellite Centre (RSC) in Neville Hall Hospital was received in Dec 2022. • Construction of the RSC commenced in 2023. • The CT Sim procurement for the RSC is underway with the specification completed and supplier presentations received.	• Continued joint planning between Velindre and ABHB to progress the RSC. • Agree the linac delivery and commissioning programme for the RSC. • Treatment of first patient in the RSC anticipated in Feb 25 .

3	*Activity Benchmarking, Oncology Advice for Unscheduled Care and AOS*
	
	'In the near future, each HB needs to:
	• *Develop and implement a coordinated plan for:*
	  - *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,*
		Activity Benchmarking
		
		• Health Boards have a range of benchmarking in place for clinical services. Further work required for key system markers as part of CCLG revised approach (see Rec.1).
		
		• Velindre University NHS Trust evolved its performance management framework to include a range of additional quality metrics as part of its valued-based healthcare programme and in response to the Duty of Quality Act (2023). This includes metrics that offer a better opportunity to compare with other systems in a 'like-for-like way.
			Activity Benchmarking
			
			• CCLG Proposal (see Rec 1) proposes benchmarking against National Optimal Pathways to support regional service development.
			
			• Explore development of a regional cancer data set (see Rec 1) to enable benchmarking with similar sized populations and demographics.

	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'.*	• Velindre Cancer Services are undertaking planned peer benchmarking of particular services to identify learning/share best practice with other organisations. **<u>Advice and decision support from oncology for unscheduled care inpatient admissions via A+E</u>** • VCC consultant sessions on site at CAV – currently 2 of 5 oncology consultant sessions confirmed for onsite time at CAV have remained in post (1 further additional post was pulled back to VCC but has restarted). A 4th session plus SPA time has been agreed for a November start date). There has been a successful pilot of a virtual session per week at ABUHB which has continued. **<u>Acute oncology assessment/admission at DGH</u>** At CAVUHB this recommendation is addressed in a 2-pronged manner: 1) **Acute Oncology Services** – supports cancer patients admitted to hospital who are unwell with a complication of their cancer, side effects of their cancer treatment (chemotherapy or radiotherapy) or have a new diagnosis of cancer. These are usually patients who present as an emergency and usually patients will be	**<u>Advice and decision support from oncology for unscheduled care inpatient admissions via A+E</u>** • Velindre University NHS Trust will continue to develop its quality metrics and benchmark for learning with other organisations. **<u>Acute oncology assessment /Admission at DGH</u>** **1) Acute Oncology Services** CAVUHB next steps are to: • Recruit to outstanding vacancies for phase 1 business case • Development of enhanced digital enablers including reduced variation in data collection, electronic documentation, virtual oncologist support and the amalgamation of the separate AOS nursing and AHP datasets with support from Regional Team

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| | | admitted to any available bed within the hospital or treated in an ambulatory setting.

2) **Complex Specialist Oncology Service -** will support the care of the most unwell patients from across SE Wales who are experiencing severe side effects from the systemic anti-cancer therapy, or who require access to early phase or complex new therapies (e.g., CAR-T).

Regarding progress with CAVUHB **Acute Oncology Services**, the business case for phase 1 is in implementation and progress is as follows:

• Recruitment to AOS CNS, OT, Physio, Dietician, and admin posts.

  Recruitment completed for 2 of the 4 AOS sessions – 1 vacant session.

• SLT post has been difficult to recruit to, However, this post will now be combined with a soon to be vacant 0.5 Band 7 post (PESU- mainly head and neck cancer) to make a 1 WTE band 7 oncology post to increase attractiveness of post.

• AOS clinics have been established at UHW with an initial focus on review of early discharge patients, admission avoidance and MOU patients. | • Work with VCC on improved oncology input – face to face and virtual

• Contribute to discussion on data collection and quality standards through the regional work.

• Further develop inpatient pathway with aim to ring fence designated beds/ward area following a successful pilot in November (Q3 Deliverable)

2) **Complex Specialist Oncology Services**

• Development of Complex Specialist Oncology Services on the UHW site is part of a combined Strategic Outline Case to co-locate Haematology/BMT/Cardiff Cancer Research Hub/Complex Specialist Oncology Services.

• The capital case has been developed in collaboration with VUNHST and is due for submission to Welsh Government (following internal approvals) during Q2.

• Further detailed work is required in Q2/Q3 to develop the associated detailed service and workforce model and revenue case (combination LHB and WHSSC commissioned capacity) |

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| | | | Immunotherapy toxicity MDT and Service established via VCC SDEC funding- this was originally part of phase 2 of the SE Wales AOS business case. MOU/CUP MDT went live in November 2022 and plans to enhance the service with additional CNS and consultants time to ensure 52 week a year service and growth in inpatient demand. Unscheduled care pathway redesign and admission criteria review undertaken and an Acute Deteriorating Patient Pathway has been developed between Velindre Cancer Services and CAVUHB- this process requires sign off through the CAV Executive Cancer Board once received by the VCC Nurse leading this piece of work who is currently absent from work.
AOS developments at Aneurin Bevan UHB Continued development and delivery of the AOS service in ABUHB, including:
  - Ongoing discussions with Velindre regarding virtual oncology support.
  - Aligning AOS to planned radiotherapy and SACT Delivery Unit at Nevill Hall Hospital in 2024.
  - Development of Same Day Emergency Care (SDEC) / AOS activity on GUH site. |

• Locally ABUHB will review phase 2 and take this through a local process for sign off. This includes AHP recruitment. |

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• **AOS developments at Cwm Taf Morgannwg UHB**
Continued development of the AOS service in CTMUHB, including:
   - Recruiting into key clinical posts as per the business case.
   - CNS and clinical session in place on all three acute sites.
   - CNS vacancy out to recruitment
 	
• **AOS Developments at Velindre Cancer Services**
Continued development of the AOS service in VUNHST, including:
   - Implementation of Phase 1 is progressing well with 4 consultant sessions recruited to CAVUHB (by Nov 2023) and 1 virtually to ABUHB. There are a remaining 13 sessions to be recruited regionally. Work is continuing regionally to review the current specialist oncology model and develop this.
   - The Cancer Unknown Primary (CUP) MDT has been established across the region since November 2022 and VCS Senior Leadership Team are exploring additional consultant and nursing time to support this service, with enhanced patient numbers, future developments into primary care as well as providing a sustainable 52-week service.
   - Successful recruitment to the digital Business Analyst post to support the collection of quality measures to
	• CTM have begun recruiting their second B6 CNS role at RGH. The money for the business case post has continued the employment of their current B6 in PCH. The final B6 at POW will be recruited approx. summer of 2024.
	
	• CTM are engaging in regional groups, and next steps will be to consider specialist oncology for CTM.

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		assess the impact and benefits of the service. Digital progression and data collection remains a priority workstream. - Recruitment for a Regional AOS Operational Manager is underway with the role expected to be out to advert in Sept 2023.	
4	*Revise Velindre Cancer Centre Admission Criteria* '*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.*'	• Criteria for all admissions to Velindre Cancer Centre, both scheduled and unscheduled patients, revised and implemented. • Clinical audit undertaken against revised admissions criteria demonstrating adherence. A small number of exceptions were clinically investigated and deemed appropriate. • Acute Deteriorating Patient pathway developed between Velindre Cancer Centre and University Hospital Wales. • The establishment of a regional Acute Oncology Service also provides alternatives to admission in the first instance. • CAVUHB and VUNHST have agreed to appoint joint clinical lead to support review and implementation of pathways across both organisations (appointment by end of Q3)	• Close working between CAVUHB and VCC to agree pathways and admission criteria for each category of patient (Acute Oncology and Complex Specialist Oncology) - by Q3 • Continue to monitor adherence to revised admissions criteria at VCC.

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5	*Research Hub at University Hospital Wales*		
	'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'.	• Cardiff Cancer Research Hub Group has been established to drive this work with Senior Operational Team across the three organisations (Velindre University NHS Trust, Cardiff and Vale University Health Board and Cardiff University). • A service specification for the V@UHW Research hub has been developed by all partners. • Accommodation for the CCRH is included within the scope of a Strategic Outline Case (SOC) seeking capital funding from WG to co-locate Haematology, Bone Marrow Transplant Services, CCRH and Complex Specialist Oncology Beds within a fit for purpose environment on the UHW site. The SOC is due for submission to WG in Q2 2023/2024. • Draft Heads of Terms have been developed to set out the tripartite commercial arrangements. • Draft branding has been developed and approved in principle by the three organisations. • External capacity secured by VUNHST to progress the development of an Investment Strategy for the CCRH.	• Submission of SOC for Capital Case to WG in Q2 2023/2024. • Further work is required over the next months on the operational, workforce model and funding strategy with the intention of submitting the SOC/OBC to Welsh Government to run in parallel/align with the BMT SOC.

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		• A Strategic Outline Case has been developed between Velindre University NHS Trust, Cardiff University and Cardiff and Vale UHB for the development of the Cardiff Cancer Research Hub.	
6	***Expansion of Haemato-oncology Clinics and provision of wider Diagnostic services*** *'The ambulatory care offer at the Velindre Cancer Centre should be expanded to include SACT and other ambulatory services for haemato-oncology patients and more 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.'*	• ABHB – continue to plan towards a joint haematological SACT unit with Velindre Cancer Service at the Cancer Unit in Neville Hall Hospital (NHH) with alignment of SACT delivery at NHH. • A vague symptom Rapid Diagnostic Clinic (RDC) service has been implemented in ABUHB aligning with the national programme, based on the Grange University Hospital (GUH) site. CTM –Outreach services are being delivered at PCH and further work is being commenced to explore next steps in line with the Outreach Programme. • CAVUHB – this work is being addressed as one of the workstreams of the 'Velindre @ University Hospital Wales' work programme. • CAVUHB – a project scope was agreed at the Velindre @UHW Programme Board in February 2023, which is to agree which	• Review of current arrangements to determine what further opportunities exist for change in patient flows for (i) SACT (ii) diagnostics. • VUNHST to identify project lead and operational lead to support the Haemato-oncology project as part of Velindre @ UHW Programme. • Further work with all Health Boards on aligning haemato-oncology across the regional footprint and optimizing the use of capacity e.g., at the new Velindre Cancer Centre.

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		Haematology services delivered by CAVUHB could benefit from utilising capacity available at VCC and nVCC.	
		• A CAVUHB clinical lead has been identified to support this work.	
		• The Strategic Outline Case (SOC) seeking capital funding from WG to co-locate Haematology, Bone Marrow Transplant Services, CCRH and Complex Specialist Oncology Beds within a fit for purpose environment on the UHW site. The SOC is due for submission to WG in Q2 2023/2024. This includes the alignment of the haemato–oncology workforce in the UHW facility.	
7	**Velindre @ Operating Model** *'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.'*	• Work has progressed through the Velindre @UHW Programme Board particularly around immediate delivery priority areas: AOS and Complex Specialist Oncology. • The appointment of an Outreach Project Manager in Jan 2023 has provided dedicated support. Executive level discussions have been held between HBs and Velindre to ensure a shared mandate for the next stages of the work prior to re-establishing the programme boards/project boards. • See also Rec. 3	• Finalise Velindre@ requirements for at home/outreach care with Health Board Partners. • Secure next phase mandate and re-establish the Outreach Programme Boards / Project Boards.

8	**Research Strategy**		
	'The development of a refreshed research strategy is a priority and further work is required to fully take advantage of the networked model'.	• Velindre Cancer Services Research 10-year strategy published. • ABUHB Research Strategy published in December 2022. • Cardiff Cancer Research Hub (CCRH) development is progressing well. The CCRH group has developed a tripartite agreement that underpins the operational development of the Research Hub (see also Rec 5 above).	• See Recommendation 5.
9	**Organisational Development**		
	'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'.	• Development of collaborative workforce plans between Velindre Cancer Centre (VCC) and ABUHB regarding SACT delivery centre. • Forecasting software utilised by ABHB to work collaboratively with Velindre in order to predict demand and build sustainable capacity. • Operational planning meetings established between VCC and Cwm Taf Morgannwg University Health Board and run monthly. Not specific to workforce but enables better joint decision making and dynamic planning. • Limited progress in this area with CAV.	• Propose regional workforce plans are developed through the revised CCLG arrangements. • This is urgently required to address shortfalls in staff in relation to amended regional delivery and ambition to deliver care closer to home.

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10	*'Future proofing' and "University Hospital Wales 2"*		
	'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'.	• Flexibility is built into new Velindre Cancer Centre design, to accommodate potential future service changes. • Initial high-level scoping discussions undertaken regarding University Hospital Wales 2. • No formal discussions have yet started to discuss the opportunities presented by the new-build of UHW, however CVUHB, VCC and Cardiff University are working closely together in the development of the Research Hub and other research opportunities.	• Strategic review of future opportunities across the region in advance of proposed developments, for example, community diagnostics strategy. Propose national/regional diagnostics to be discussed at revised CCLG arrangements.
11	*10 -15 Year Strategic Opportunities*		
	'There are future strategic development opportunities provided by the development of a new Velindre Cancer Centre and a proposed UHW2. Working together over the 15- to 20-year window, the health system should look to exploit these development opportunities in light of future service needs'.	• Work between the two organisations has focused on the medium-term priorities to date. • Continued engagement between Cardiff and Vale University Health Board, Velindre University NHS Trust, and Cardiff City Council on master planning activities in North Cardiff during 22-23.	• Ensure joint strategic planning through revised CCLG arrangements.

TRANSFORMING CANCER SERVICES PROGRAMME SCRUTINY SUB COMMITTEE

TRANSFORMING CANCER SERVICES (TCS) PROGRAMME DIRECTOR'S REPORT (PDR)

DATE OF MEETING	26/10/2023

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	INFORMATION / NOTING

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Gavin Bryce, Associate Director of Programmes Carys Jones, Senior Programme Delivery & Assurance Manager, TCS Cory Davies, Programme Support Officer
PRESENTED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital

EXECUTIVE SUMMARY	The TCS Programme will deliver a range of outcomes and benefits for patients across South-East Wales. The Programme was established in 2015 and consists of seven well defined projects that are being delivered by the Trust in conjunction with its various partners / stakeholders. This report sets out the Delivery Confidence Assessment (DCA) for the TCS Programme, current progress against plans and related risks and issues.

RECOMMENDATION / ACTIONS	It is recommended that the DCA for the overall programme remains at Amber status at the time the report was developed. It is important to note that there are a range of current risks within Project 2 (nVCC) which if not mitigated would see the DCA change to Amber/Red in the next reporting period.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board (EMB) Shape	16/10/23
Strategic Capital Board *(discussion of risks and issues relating to capital projects only)*	17/10/23
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS N/A	

7 LEVELS OF ASSURANCE	
*If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.* **N/A**	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance *N/A*

APPENDICES	
Appendix A Appendix B Appendix C	Delivery Confidence Assessment (DCA) Criteria Description Risk and Issues Checklist Issue Register

1. SITUATION

1.1 This Transforming Cancer Service (TCS) Programme Director's Report provides a monthly assessment of the programme's performance against a range of criteria, including the utilisation of the Delivery Confidence Assessment (DCA) methodology. The purpose of the report is to advise whether the programme is on track to deliver its stated objectives, and what remedial action (if any) is required.

1.2 The reporting period for this Programme Director's Report covers from **7th September – 6th October 2023.**

2. BACKGROUND

2.1 The TCS Programme was established in 2015 and consists of seven well defined projects that are being delivered by the Trust in conjunction with its various partners / stakeholders. The TCS Programme will deliver a range of outcomes and benefits for patients across South-East Wales.

2.2   The Programme Directors report covers the following areas:

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

3.   ASSESSMENT

Overall Programme Status: *Delivery Confidence Assessment*

3.1   The Delivery Confidence Assessment (DCA) is a well-used method of providing an overview of a Programme's or Projects status (it is used by the Infrastructure Projects Authority (IPA) Gateway Reviews and recognised in the Managing/ Successful Programmes methodology). The evaluation framework for the DCA is set out in **Appendix A** and it should be noted that the DCA is a qualitative based judgement having considered a range of evidence available across the programme i.e., it is an indicator of the position and cannot be definitive.

3.2   The TCS Associate Director of Programmes and TCS Programme Director have reviewed the TCS Programme's current performance for the reporting period **7th September – 6th October 2023** and have concluded an **Amber Status** following thorough consideration.

3.3   The DCA criteria for both Amber and Amber/Red have been critically reviewed, and the conclusion reached that, although significant issues exist, these appear resolvable at this stage provided the relevant mitigating actions are delivered.

3.4   If the mitigating actions do not deliver a positive outcome in this timeframe, it is highly likely that the DCA rating would change to **Amber/Red** in the next reporting period. The actions required to prevent escalation to amber/red. A number of issues required to achieve financial close as early as possible. These include:

   -   Technical/Design matters
   -   Commercial construct agreed with WG/Acorn
   -   Agreement of governance timetable with Welsh Government
   -   Confirmation of Gateway Review dates
   -   Completion of the FBC
   -   Clearance of site

3.5   The Programme Director will work with the Senior Responsible Owner (Chief Executive Officer) and the nVCC Project Director to determine whether all of the required actions have been completed and the risks mitigated sufficiently to maintain the Amber Delivery Confidence Assessment or increase to Amber/Red.

Status (Trend)	Qualitative Measure	Previous Status - Amber	
Amber (↔)	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.	**Amber**	
	The main findings supporting the DCA are:	**Mitigating Actions:**	**Action Status:**
	A. Programme Scope requires review as a result of new delivery and governance arrangements. Programme Resources require review as the Programme moves from planning into its implementation phase.	A. The PDB have approved the Programme Stocktake and draft implementation plan. This has been further augmented into a Tranche Review. An informal briefing session has also been held with Independent Members.	A. The Tranche review has now been reviewed, with an updated version received at EMB Shape (Transformation Board) on 18th September 2023. The Tranche Review will be discussed at the TCS Scrutiny Sub-Committee on 26th October. Following approval of the Tranche Review, the Programme Resource Plan will be updated

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Amber	The main findings supporting the DCA are:	Mitigating Actions:	Action Status:
	B. A range of Project 2 (nVCC) risks have increased in relation to finalising several commercial matters which impacts upon the Project's ability to achieve Financial Close by end Oct 2023.	B. There has been a range of activities instigated to optimise the close out of the commercial aspects. i. Exec Directors given leadership responsibility for specific areas. ii. Mission Control Board and regular agile meetings are in place weekly. iii. Enhanced reporting (Programme to Financial Close paper) iv. Weekly FBC meetings have been convened to oversee and track progress ahead of financial close. v. Daily 'Red List' and 'FBC Close Out' Calls in place to track progress and 'troubleshoot' on a day-by-day basis	B. Updates as follows: i. Exec areas of responsibility agreed and support ongoing. ii. Weekly Mission Control Board (MCB) meetings ongoing and regular provided across a range of key matters. iii. Programme to FC paper provided fortnightly. Version 23 now in place. iv. Weekly FBC Co-ordination meeting ongoing and composite case completed and approved by Trust Board. Work now commencing to complete a near final FBC by October Trust Board. v. Daily 'Red List' and 'FBC Close Out' Calls in place and attended by Project Senior Leadership Team and Trust Executives (as required).

Key milestones / achievements in reporting period

The TCS Programme Master Programme Plan sets out the plan for delivery of the various key projects' deliverables and related activities. The following activities, set out in the table below, list the milestones achieved in the latest reporting period and identifies any missed milestones or any that are imminently forecast to be missed, which require escalation.

Master Programme Milestone	Project	Date	Is this on the Critical Path?	Achieved (Y/N)	Impact on Critical Path
Temporary Electrical installation to MIM site	1	~~17th April~~ ~~16th June~~ ~~31st August~~ November 2023	Y	N	Y
Completion of Project Co Proposals (PCPs)	2	~~30th June~~ ~~14th July~~ ~~22nd September~~ ~~13th October~~ 20th October	Y	N	Y
European Protected Species Licence (EPSL) Granted	2	28th September	Y	Y	Y

Key:

Red	Missed date, with no revised date for delivery
Amber	Missed date, but with revised date for delivery **OR** delivered late against original target date
Green	Delivered on time

b)   *TCS Programme Performance*

Programme Performance Areas to Highlight:

Project 1 Enabling Works

Asda Works
Development of the Asda Enabling Works is progressing, with the approval of the S278 by the Cardiff Council. Phase 2 of the water main diversion works is currently underway and are expected to be completed on 9th October 2023. The car park realignment and resurfacing works are ongoing. Negotiations have also begun on separating the S278 agreement from the Asda contract.

Velindre Works – nVCC Enabling Works Design & Build Contract (EW D&B)
The Velindre Enabling Works are making progress, with the bridge construction almost complete. The final painting of a listed pillar at the entrance to Whitchurch Hospital is also scheduled for October. Utilities, including electricity and drainage, are being addressed, with work on the electricity cable installation expected to start in October (pending receipt of the relevant license) and be completed by April 2024. The decommissioning of the site compound is finished, and restoration work on Lady Cory Field is ongoing. Regular public engagement sessions are being held, and the Communications Team is actively monitoring social media channels for Velindre Matters.

Project 2 nVCC

MIM Procurement – Progress towards Financial Close (FC)

Progress is being made towards the financial close of the MIM Procurement. Natural Resources Wales granted a European Protected Species Licence (EPSL). This was an essential pre-requisite to construction of the nVCC. Licences for habitat creation work were also granted by Cardiff City Council and Cardiff and the Vale UHB.
Acorn issued an updated list of Project Co Proposals, which are being reviewed and discussed in joint workshops.

Ideas & Hefyd

The Summer Jambori was successful and plans for autumn and Christmas Jambori's are underway. A meeting was held in September to initiate a patient and staff experience review of the nVCC, and a similar review is being conducted for the Project's engagement with the public throughout its duration.

Project 3a Integrated Radiotherapy Solution (IRS) and Project 4 Radiotherapy Satellite Centre (RSC) *(a Velindre Futures deliverable)*

Project 3a, the IRS Programme was designed in 3 phases.
- Phase 1 the installation of LINAC at the VCC site with adoption of new digital systems.

- Phase 2 the installation of 2 LINAC at the satellite unit.

- Phase 3 installation of remaining fleet at nVCC and transition of LINAC from VCC.

Project 4 (RSC) covered the collaborative work with ABUHB to build and make operational the RSC at Nevill Hall hospital, which includes phase 2 of IRS. This is also reliant on wider aspects of the IRS programme, and the accompanying operational service changes that are part of the service development associated with the move to the "integrated solution". Following patient engagement, the plan will be to call the unit the Satellite Radiotherapy Unit (SRU).

In the initial set up, the IRS Programme Board had oversight of the implementation of phase 1, the installation of LINAC at VCC, as well as phase 2, the installation of two LINAC at the SRU at Nevill Hall hospital. As work has progressed with ABUHB in planning the wider collaborative work for the build, commissioning, and the support services for treatment delivery, clearly there are considerable interdependencies between these phases and projects. As a result, the planning and governance have been aligned under the IRS governance through the Programme Board as well as through the individual workstreams. The collaboration with ABUHB on the SRU is being taken forward under a joint SRU Programme Board, chaired by the ABUHB Executive Director of Planning and attended by IRS programme staff and the Director of VCC. This reports through to the IRS Programme Board. An update on the RSU project is provided below in addition to the wider IRS programme.

A full review of the IRS programme risks is being undertaken in October to review, considering the experience to date, and the new planning tools as well as, alignment with SRU and nVCC transition.

The rating of the IRS programme is currently Amber as work is ongoing to finalise more detailed workforce plans to address the risk of insufficient workforce, however considerable work has been done and this is providing increased levels of assurance.

The rating of the SRU project is currently Green, and tolerances or delay to timelines is being established as part of the wider IRS capacity plans.

Phase 1 - LINAC and Digital Systems at VCC

The work plan includes a range of elements covering the physical refurbishment of the VCC site, the delivery and clinical commissioning of the LINAC as well as an extensive progress to install, commission and introduce new software to support the wider integrated solution.

The first LINAC installation is complete and operational for prostate patients with work being undertaken to enable the treatment of breast cancer patients. This pathway is the most complex and is also required for the establishment of the Satellite Radiotherapy Unit.

Work to refurbish the second bunker commences the 21st of October with an anticipated date for first patient treatment during the last week in January 2024. Replacement of the

third LINAC on the VCC site has now been agreed, and work will commence on the bunker at the end of January 2024, with an anticipated start of clinical commissioning at the beginning of May, with first patients being treated in July. We are using the experience of the implementation and commissioning to revisit and refine our testing framework to make it as efficient as possible for future use and ensure we capture our learning.

A key element in successful delivery is the paperless workflow across the pathway from referral to treatment, which will lead to improvements in the data available to shape and manage the service, as well as introducing opportunities to maximise efficiency. This work is being underpinned through a pathway improvement project which is looking at current opportunities as well as those facilitated by the new systems. The aim is to have a paperless workflow fully functional before the opening of the Satellite Radiotherapy Unit.

As we continue to work through the complexities of the overall IRS programme, we are learning more about the Varian systems and the interdependencies within the work plan that is required for successful delivery. There are areas where there has been an underestimation of the work required. As a result, a revised resource plan has been developed and is being considered as part of the modelling and financial review work that is detailed below.

The digital work programme has been scoped and requires work from digital colleagues across Varian, VUNHST and DHCW. Confirmation has been received from DHCW that they will be able to undertake the work that we require from them on systems and interfaces within the time scales planned within our programme.

A capacity modelling tool has been developed to enable us to project the required patient attendance sessions in line with our projected increase in demand, the seasonal variation in referrals, and to allow for the increase in complexity that we are experiencing. This tool is being used to ensure that the operational plans align to the implementation plans and enable sufficient operational capacity to be maintained. Alongside this capacity model for the LINAC is an associated model for staffing hours. This enables us to work with our staff to be flexible when required, but also to manage staff well-being by limiting requests for extended working wherever possible.

The programme has a workforce plan for each staffing group that continues to be adapted as more detail is planned for the phasing and implementation. This is enabling us to continue to develop approaches to mitigating the programme risk on the sufficiency or workforce to deliver the programme.

The overall planning is also considering the end-of-life dates on existing equipment and the associated work that needs to be maintained on legacy systems.

Working with the finance team, a comprehensive financial modelling tool has been developed that aligns the funding from the 3 sources that comprise the overall financial envelope. The tool aligns the capital expenditure for equipment and infrastructure with the staffing model, the associated revenue budgets, and activity. This comprehensive tool allows the implementation plan and the financial implications to be robustly aligned, planned, and monitored.

There are regular monthly meetings in place with Varian to cover the planning and operational day to day matters in an Operational Business Review Meeting. Monthly Programme Lead meetings with Varian keep track of programme planning and delivery. Quarterly formal contract management meetings are also in place. The IRS Contract

Management Board (IRS CMB) is the formal mechanism within the IRS Contract for joint Executive Management of the agreement for its complete term. Through these meetings we are establishing the data sets and indicators and ways of working and the rhythm of the partnership with Varian, recognising the importance of both the processes and culture we set.

The VUNHST Contract Manager is supporting the work that underpins these arrangements and has reviewed the current progress against the National Audit Office Framework for Best Practice in Contract Management, to enable us to ensure that we start with best practice at the core. This has provided a plan to guide our further development of ways of working.

Phase 2- Establishment of the Satellite Radiotherapy Unit at Nevill Hall.

The build of the unit is the responsibility of ABUHB and being built by Kier, with VUNHST Estates colleagues working collaboratively to ensure the design and build meet the specification required for us to deliver our service. The build is underway but has experienced a 10-week delay which has moved the opening of the unit to April 2025.

We continue to closely monitor these dates and their alignment with the wider IRS and nVCC plans through the overall programme plan and the capacity, workforce, and financial modelling tools.

A working group is developing the service level agreements with ABUHB for the wider services that will be required on site provided by the Health Board.

The VUNHST team have commenced digital enablement work on site and procurement of equipment such as the CT SIM has commenced.

Phase 3 - nVCC

Planning for nVCC is also underway to establish a transition plan to determine the detailed installation, technical assurance, and clinical commissioning of the radiation services equipment at nVCC and the alignment with Acorn and Varian. This includes timescales for the new LINACS and associated equipment to be installed in the nVCC as well as the relocation of the new equipment from VCC. These plans are being incorporated into the nVCC business case and agreed with Varian.

<u>**Project 5 Outreach**</u> *(Operational Delivery is a Velindre Futures deliverable)*

Good progress was made in expanding outreach services over a number of years to deliver the operational clinical model and TCS assumptions (45/45/10). The Covid pandemic significantly interrupted this with the majority of outreach services being delivered centrally for safety/capacity reasons. Following the end of the pandemic good progress has been made in re-establishing outreach services across SE Wales. The outreach project will build upon the changes that were introduced during/post pandemic to align the re-establishment of outreach services with a TCS operational model through the facilities at Prince Charles Hospital; Nevill Hall Hospital; and a small number of additional locations to be agreed with Health Board partners.

The current SACT capacity in outreach is set out below, and illustrates the solid progress in re-establishing outreach services to achieve the operational model e.g., 18 SACT chairs available in outreach in 2023: -

- VCC Chairs **30** (**7** chairs closed at VCC to accommodate NHH provision)
- NHH Chairs 7 (maximum amount due to space)
- PCH Chairs 11 (maximum amount due to space)
- CAV VCC acts as the outreach center for VCC.

The SACT capacity forecast has identified that there is a requirement for **32.5** SACT chairs by 2025/2026. Good progress has been made in achieving this to date.

To support delivery, the Outreach Project has been re-established and a review of the preparatory work and outputs delivered prior to the pandemic has been undertaken. This has been presented to EMB. Further work is now being undertaken to recalibrate and sensitivity check the strategic planning assumptions and principles that underpin the ambition set out in the TCS programme, and this is underway. The planning tools that were developed to support the TCS programme and the locally developed operational planning tool have both been reinstated.

To sensitivity check the underpinning operational model, the profile of appointment time and clinical requirements are being reviewed to take into consideration recent treatment developments. Changes in the boundary for CTMUHB and the health board plans for service delivery for that population are also being reviewed. This work will build on the review of the overall SACT position undertaken in 2022 as part of the Tranche Review.

This work will enable a restating and confirmation of the pan regional requirements as well as options for each of the health boards, aligning with their local cancer plans as well as at a regional level. Discussions are underway with each health board.

A planning meeting is taking place on 24th November with ABUHB. Regional discussions are planned through the SE Wales Regional Portfolio Delivery Board as outlined in section C below.

In addition to the strategic planning outlined above, work is being initiated to develop the concept of the Care Closer to Home element of the Outreach plan for TCS which will account for circa 10% of the provision of SACT services.

The regional provision of pharmacy technical services to support SACT delivery is a key dependency and links to the Transforming Access to Medicines Programme. Regional discussions are taking place on the service provision across the region while the establishment of the TrAMS South-East Wales Hub, led by NWSSP, is being decided by Welsh Government. Options such as outsourcing supply to third party suppliers are also being explored and expert advice has been sought to explore this option. Work is ongoing.

Project 6 Service Delivery, Transformation & Transition

Transition & Commissioning planning has commenced led by the Director of Service Change. This work will be required (in some detail yet to be agreed with Government) in the Management Case of the FBC. Some preparatory work has been undertaken with nVCC and the VCS Senior Leadership Team to map out the split of transition

responsibilities and commence a review of the necessary transition projects. Additionally, there are regular detailed discussions with ACORN regarding the phasing and Commissioning programme for the initial move into the new nVCC facility. There has been a particular focus on transition costs (including dual running) associated with the linac commission plan during this reporting period.

Following completion of the nVCC business case, the move to the next stage of transition planning will be aligned with the Velindre Futures Major Programmes and wider service transformation projects within VCS.

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

Area	Status (Trend)	Position	Action	Target Date
Strategic Alignment *(Reviewed Quarterly)*	**Green** **(↔)**	As part of the refresh of the nVCC Full Business Case a review of alignment of local, regional, and national strategies was undertaken. There were no issues identified during horizon scanning. The CCLG is also refreshing its regional governance arrangements and work Programme to ensure a strategically aligned approach across the region *(see section d) below)*.	The quarterly review of strategic alignment was undertaken in Sept 2023 and no material change/reason for misalignment are known. Next review in December 2023. The CCLG regional approach has now been approved by the SEW Programme Portfolio Oversight Group which includes establishing a regional cancer work programme as part of a regional planning approach, along with other specialisms such as orthopaedics, diagnostics, stroke, and ophthalmology. A proposal to start developing the cancer work plan was proposed at a meeting on 4th Oct. Resources as now being sought.	**Dec 2023**
Programme Scope *(Reviewed Quarterly)*	**Amber** **(↔)**	The TCS Programme Scope requires reconfirmation following the implementation of the new Trust governance arrangements.	The responsibility to deliver several projects has now transferred to the Velindre Futures. Further work is being undertaken to align reporting arrangements. The refreshed Tranche Review also contains recommendations regarding confirming the ongoing scope of the programme being considered at EMB in Sept.	**Oct 2023**
Programme Budget *(Reviewed Monthly)*	**N/K**	Finance report not available at time of writing this report but will be submitted to EMB Shape as part of the Transformation section.	N/A	**Nov 2023**

Governance and Approvals *(Reviewed Monthly)*	**Amber** **(↔)**	The Trust is implementing new governance arrangements which have seen the creation of a SCB and the migration of certain projects to Velindre Futures.	See mitigating actions for risk ID R360 *(Projects 'on hold')*, The new governance arrangements have been stood up from April 2023 as agreed by EMB. These will be reviewed alongside the Terms of Reference in Oct 2023 to ensure the new structure is operating as intended. Reporting arrangements alongside Velindre Future as now being refined.	**Nov 2023**
Progress against Programme Plan *(Reviewed Monthly)*	**Amber** **(↔)**	The Programme is currently performing to its approved plan for project 3a (now under Velindre Futures), but there is an anticipated delay of c.10 weeks in Project 4. The plan has been revised following the delay in the Kier programme and is almost complete, allowing for reporting of timescales as Green Projects 1 & 2 have experienced a range of risks and issues which have impacted upon the project plan, and Project 2 financial close dates.	Project Risk activities usually overseen by the TCS Planner and Risk Advisor are now being undertaken by the Project teams.	**Regularly monitored**
Processes for Managing Risks and Issues *(Reviewed Monthly)*	**Amber** **(↔)**	Programme Risk and Issues are regularly reviewed and have mitigations and owners. There is the consistent use of risk and issue methodologies across the Programme. Given the scale, maturity, and complexity of the Programme the level of risk is relatively stable and commensurate with the activities being undertaken. See more detailed risk and issue review in sections I and J.	The TCS Planner and Risk Advisor has left the Trust as of the end of July. Interim arrangements are in place to ensure continuity of risk reporting; however, these will not extend to the full scope of the TCS Planner and Risk Advisor role within the Programme. Project Risk activities usually overseen by the TCS Planner and Risk Advisor are now being undertaken by the Project teams, where appropriate. Recruitment for a permanent risk role has now commenced.	**Regularly monitored**
Benefits *(Reviewed Quarterly in Tranche 2)*	**Amber** **(↔)**	The Programmes' projects are mainly in the planning and procurement phases and therefore implementation and benefits delivery has not yet commenced but are quantified. One member of the PMO team has recently attended a management of benefits course. The Programme benefits register was reviewed as part of the nVCC Full Business Case development. As with risk and issues above, the disparate nature of the programme means tracking benefits is increasing complex without clear line of sight reporting and a clear scope and mandate of the programme.	Benefits Realisation Plan has been reviewed with no changes.	As per Benefits Realisation Plans within Programme and project business cases

c) External Programme Stakeholder Communication & Engagement

The SE Wales Collaborative Cancer Leadership Group (CCLG)

In 2019, the four South-East Wales Health Boards and Velindre University NHS Trust, in conjunction with other stakeholders including Public Health Wales and the Wales Cancer Network (WCN), established the South-East Wales Collaborative Cancer Leadership Group (CCLG). The CCLG was established to oversee Collaborative Cancer Programmes across the South-East Wales region, providing leadership and coordination with a focus on benefit delivery for patients.

In early 2023, Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, Aneurin Bevan UHB and Velindre NHS University Trust Chief Executives agreed to consider aligning the regional cancer planning agenda currently taking place via the CCLG with the wider regional planning arrangements delivered through the South East Wales Regional Oversight Board in order to further optimise regional collaboration.

SE Wales CEO's have subsequently agreed the proposal to include the CCLG (described as a SE Wales Cancer Programme) within the SE Wales Regional Portfolio Delivery Board alongside regional programmes for orthopaedics, ophthalmology, diagnostics and stroke.

This arrangement commenced in August 2023 although the SE Wales Cancer Programme Board has not been stood up yet as programme resources are currently being identified to manage it. The SE Wales Regional Portfolio Delivery Board met on 4th Oct where it received the latest Nuffield Progress Report in place of the CCLG, who previously oversaw this reporting.

It is envisaged that the regional cancer programme will be develop through the same process adopted by the other regional programmes. This is likely to include a series of collaborative regional workshops to design, develop, articulate, and prioritise the future cancer programme (and the development of an associated regional delivery plan). It is anticipated that these new arrangements will commence late 2023.

Please see also separate Communication and Engagement paper for a detailed update on comms & engagement activities.

d) Change Controls or Exception Reports in reporting period

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

Programme Benefits Realisation

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

3.2   The Programme is now transitioning into the implementation phase, and this will allow the anticipated benefits to start to be realised.

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

Programme or Project	Not Required Currently	Deliverables set out in Project Brief	Benefits Quantified with Owner(s)	Benefits Being Delivered
Programme Overall		⚑	⚑	Still in planning stage
Project 1 - Enabling Works	⚑	⚑	⚑	In implementation stage
Project 2 - nVCC		⚑	⚑	Still in planning stage
Project 3a - IRS		⚑	⚑	Early benefits being delivered-new LINAC. Wider benefit plan being developed by Contract Manager
Project 4 - RSC		ABUHB	⚑	Still in planning stage, being managed by VF & ABUHB
Project 5 - Outreach		⚑		Still in planning stage, being managed by VF
Project 6 - Service Delivery		⚑		Still in planning stage
Project 7 - Site Decommissioning	⚑	⚑		Still in planning stage

e) *Project Status*

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

	Project Director/ Responsible	Plan	Budget	Quality	Scope	Project Resource	Overall Status	Proposed Action	Due Date
Project 1 – Enabling Works	David Powell	**Amber**	**Amber**	**Green**	**Green**	**Green**	**Amber** ↔	*The project team are in the process of drafting an FBC addendum to cover additional costs associated with the enabling works project.*	*Nov 2023*
Project 2 – nVCC	David Powell	**Amber**	**Red**	**Green**	**Green**	**Red**	**Amber** ↔	*Consideration to budget constraints, pending FBC approval, will inform recruitment going forward.*	*Nov 2023*
Project 3a – IRS	Cath O'Brien	**Amber**	**Green**	**Green**	**Green**	**Amber**	**Amber** ↔	*Wider workforce plan being developed. Reprofiling of spend for staffing to ensure best solutions and maximum recruitment and retention was signed off at June Programme Board awaiting approval for recruitment.*	*N/A*
Project 4 – RSC	Cath O'Brien	**Green**	**Amber**	**Green**	**Green**	**Green**	**Green** ↔	*Updates for the RSC Project are also noted in the Velindre Futures Assurance Report.* *Some delay is anticipated in the project timeline. Forecast completion is now circa April 2025 following receipt of Kiers' revised plan.*	*N/A*
Project 5 – Outreach	Cath O'Brien	*Updates for the Outreach Project are noted in the Velindre Futures Assurance Report*						*Project activities commenced with review of clinical assumptions, modelling and workshop set up with ABUHB November 24th 2025*	*Project plan being refreshed with key milestone dates to be established*

Project 6 – Service Delivery	Andrea Hague	Service change work being taken forward within Velindre Futures and business as usual service developments	**Paused: No current rating** ↔	*Change control approved at March PDB meeting to transfer this project to Velindre Futures Programme. Highlight reporting arrangements to comment from Nov 2023.*	Nov 2023
Project 7 – Site Decommissioning	David Powell	To commence 12-18 months prior to opening of nVCC	N/A	*N/A*	N/A

f) Programme Master Plan and Critical Path

5.1 The Programme Master Plan sets out the key activities and milestones across the Projects and Programme allowing for greater understanding of the various dependencies / enablers and is reviewed monthly to ensure ongoing ownership and management of the milestones and dependencies. In light of the delay to nVCC Financial Close and as such delay to approval of the FBC and onward impact of this across the Programme and other Workstreams a thorough review and update of the Programme Master Plan is required. It is expected that this can be undertaken in the next reporting period as updated key dates become clearer as a result of ongoing discussions with WG, HSB, NRW and Acorn.

5.2 The key dependencies on the Programme Master Plan which are currently a focus for priority, risk and issues management are set out in the table overleaf:

Summary of Dependencies & Associated Risks

Key Milestone	Description of Dependency	Linked Risk / Issue ID	Comment	Status (RAG)
Project 1 EW – Asda Construction	Should the Asda Enabling Works not complete on time, the impact would be that the Northern Access would not be available for the nVCC construction and as such could lead to the extension in overall construction time of the nVCC and potential	R206 / I063 / R428 / R439	Due to the delay of nVCC Financial Close the likelihood of the Northern Access being available for start of construction is now currently looking more likely than not. As a result, the status of this dependency has de-escalated, with the likelihood now rated 'Possible' and the impact 'Moderate'.	**AMBER** ↔

			Both the Water Main diversion works is ongoing, and the McDonalds layby consent has completed in this reporting period and a result this dependency remains stable.	
Project 1 EW – Velindre EW Main Contract	There are a number of elements to the Velindre Enabling Works, all of which lead to the site being prepared and accessible for the construction of the nVCC. Should the Velindre Enabling Works not complete on time, the impact would be that the access & facilities would not be available for MiM construction and as such could lead to the extension in overall construction time and potentially ultimate completion and opening of the nVCC and wider Programme activity including the IRS Implementation.	R395 / R400 / R403	The Northern Access completion continues to be estimated to be at a 6-month delay from original date, however works are progressing well and on schedule to meet re-casted completion date. In relation to the Northern Access, the likelihood of this scenario has reduced to 'Possible' and the impact remains at 'Moderate'.	**AMBER** ↔
Project 1/ 2 – Planning Matters	The importance of the Planning matters being resolved for the nVCC Project to progress would mean that if they are not resolved the impact would be felt across the TCS Programme, impacting several dependencies including construction of the nVCC and therefore ultimately the planned opening date and planned workforce, digital and equipment dependencies and deliverables and the IRS implementation. Worst case would see the need for re-design of nVCC scheme leading to major delays and likely cost increases.	R438	The approval of the McDonalds layby planning application has been completed in this reporting period. A new risk has been raised relating to potential planning expirations prior to completion of construction as a result of current delays. Based on the latest status regarding the outstanding Planning matters the likelihood of this dependency scenario would currently remain as 'Possible' and the impact 'Moderate'.	**AMBER** ↔

3.6 **Programme Risks –** from **7th September – 6th October 2023.**

6.1 As part of the monthly reporting cycle for the Transforming Cancer Services Programme there is a Risks and Issues Management process that is followed and is set out below. Monitoring and updating of risks and issues is also dealt with on a day-to-day basis with the Risks and Issues Registers being live documents.

Risk / Issue Process	Completed by
Review of Risk Register undertaken by Risk Advisor	Completed by Programme Support Office whilst Risk Advisor role is recruited.
Risks sorted and Risk Owners asked to review and update by deadline	Ongoing
Updated Project Risk Registers received from Risk Owners and/or meeting held with Risk Owners and Risk Advisor to review and update	Completed
Programme Risk & Issues Register Updated	Completed
Change Log Updated	Completed
Datix Updated	Completed
Data & updates from Projects & Risk Owners analysed and input into PDR where required (also check back with Risk Owners for clarification where required)	Completed
Extract report from Datix for Risk appendices	Completed
Complete manual updates to Risk and Issues appendices to ensure requirements and accuracy met for EMB & PSSC	Completed
Check of Risk & Issues appendices to ensure all data is accurate as per reporting period timescale	Completed

6.2 A risk checklist has been developed to ensure that the Risk and Issues Management process is being adhered to and to provide QA for accurate monthly reporting. The checklist can be found in **Appendix B** to this report.

Corrigan Jessica
26/10/2023 08:46:21

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

Inherent →	Current Ratings				
			Likelihood		
Impact	5. Certain	4. Likely	3. Possible	2. Unlikely	1.Rare
5. Catastrophic	11 → 1				
4. Major					
3. Moderate		52 → 38			
2. Minor			21 → 30		
1. Insignificant				0 → 4	

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

	New	Closed	Escalated	De-escalated	Transferred	Total changed risks / Issues
Risks	0	10	3	7	0	20
Issues	2	0	1	0	0	3

6.5   There have been 0 **new** risks with a rating of 15 and above across the programme and projects during this reporting period.

6.6   There has been 1 private risk with a rating of 15 and above where the risk score has **increased** during this reporting period.

6.7 2 risks have been **de-escalated** from a 15 and above during this reporting period. As the Risk Rating Score is now below a 15 this risk no longer meets the reporting threshold for TCS Scrutiny Sub-Committee but has been included below to illustrate the rationale for reduction.

6.8 The other de-escalated risk will be reported in the private session. All other de-escalated risks do not meet the reporting threshold for this Committee.

ID	Description of Risk	Direction of Travel	Current Rating	Action Status
R446	**Transferring new equipment and operational disruption** There is a risk that delay to opening of the nVCC will lead to the necessity of transferring new equipment which has been procured in the interim leading to greater operational disruption, prolonged commissioning period and costs.	⬇	Likelihood 4 Impact 3 Overall 12 *Previous risk rating* Likelihood 3 Impact 5 Overall 15	**Risk Owner – Andrea Hague** 1) Determine impact and seek WG support for revised cash flow **Ongoing** 2) Exercise has been undertaken with the service regarding assessment of the likelihood of replacing the non RT equipment on the current nVCC site. **Ongoing** 3) Review of RT through the IRS Project Board has identified the need for a third linac to be replaced on the current VCC site. This has been communicated with WG and built into the Commissioning programme for the nVCC **Ongoing**

6.9 2 risks that were **closed** during this reporting period are now issues and will be reported in the private session.

6.10 All risks which require escalation in accordance with the Trust Risk Management Framework (current rating '15' and above) are also input and updated on the Datix system.

6.11 There are no public risks above the reporting threshold, therefore no public risk register is appended.

Programme Issues - from **7th September – 6th October 2023.**

6.12   There are 7 issues noted on the Issue Register, 2 of which are new 'high' rated issues and 1 issue has been escalated to a 'high' rating, these will be reported in the private session.

6.13 The Public Issues Register can be seen in **Appendix D** to this report.

j.   **Programme Look Forward**

8.1   The key milestones expected in the upcoming months are:

Milestone	Project	Date	Critical Path
October 2023			
Restoration of Lady Cory Field with associated path and cycle ways is due to complete in October.	2	October 2023	N
Phase 2 of the DCWW water main diversion works (commenced on 29th August) due to complete on 9th October.	1	9th October 2023	N
Completion of Northern Access Bridge	1	October 2023	Y
The LA5 bunker completion	3	21 Oct 2023	N

4.   SUMMARY OF MATTERS FOR CONSIDERATION

4.1   The TCS Scrutiny Sub Committee is asked to **NOTE** the contents of the TCS Programme Director's Report and the Amber DCA rating.

4.2   Discuss whether the DCA moves from Amber to Amber/Red based on further information of key actions/delivery with regard to the Project 2 (nVCC) and Project 3a (IRS implementation).

5.   IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)

If yes - please select all relevant goals:

- Outstanding for quality, safety and experience ☒
- An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations ☒
- A beacon for research, development and innovation in our stated areas of priority ☒
- An established 'University' Trust which provides highly valued knowledge for learning for all. ☒
- A sustainable organisation that plays its part in creating a better future for people across the globe ☒

RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	**Choose an item** All TCS risks 15 and above are escalated on the Trust risk register		
QUALITY AND SAFETY IMPLICATIONS / IMPACT	**Select all relevant domains below**		
	Safe	☒	
	Timely	☒	
	Effective	☒	
	Equitable	☒	
	Efficient	☒	
	Patient Centred	☒	
	The implementation of the Trusts Clinical Operating Model as set out in the TCS programme will impact on all of the above metrics.		
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information: https://www.gov.wales/socio-economic-duty-overview*	Not required		
	[In this section, explain in no more than 3 succinct points why an assessment is not considered applicable or has not been completed]. **Click or tap here to enter text**		

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	Choose an item
	If more than one Well-being Goal applies please list below:
	The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated
	If more than one wellbeing goal applies please list below: Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	The implementation of the TCS Clinical Operating model requires substantial investment in infrastructure to support clinical delivery. This has been broken down into a range of business cases and requires a mixture of Government, Commissioner and Trust Funding. Including innovative funding from the Welsh Government Mutual Investment Model. **Source of Funding**: Other (please explain) Please explain if 'other' source of funding selected: Mutual Investment Model **Type of Funding:** **Revenue** **Scale of Change** Please detail the value of revenue and/or capital impact: **Type of Change**

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	Major Programme
	Please explain if 'other' source of funding selected:
	Click or tap here to enter text
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Yes - please outline what, if any, actions were taken as a result
	The TCS Programme has an existing Equality Impact Assessment
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Click or tap here to enter text
	There are multiple commercial contracts required to deliver the infrastructure elements of the TCS Programme.

6. RISKS

Please see programme risk and issues section (h) and (i) for detailed analysis.

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below
WHAT IS THE RISK?	See programme risk and issues sections (h) and (i) for detailed analysis.
WHAT IS THE CURRENT RISK SCORE	All risks scoring >15 are entered into Datix to meet corporate reporting requirements.
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	*See above.*
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	*See above*
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Yes - please detail below
	Resource, Cost, Time
All risks must be evidenced and consistent with those recorded in Datix	

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Appendix A – Delivery Confidence Assessment

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

Item	Yes / No (Further Comment)	Checked by:	QA by:
All Risks / Issues have an Owner	Yes	CD	GB
All Risk / Issues Descriptions are clearly written	Yes	CD	GB
All Mitigations / Actions have an Owner	Yes	CD	GB
All Mitigations / Actions are clearly written (SMART)	Yes	CD	GB
All Risks / Issues have been reviewed and updated by Owners	Yes	CD	GB
All Risks / Issues have correct Next Review Date / Next Action Due Date	Yes	CD	GB
All Risks / issues have been correctly recorded as Private & Confidential	Yes	CD	GB

*Please note that **ALL** risks for October are in Private

17/10/2023

Issue	Date Raised	Prog / nVCC Proj	Owner	Description (cause)	Description (effect)	Priority (High, Med, Low)	Reported by	Reported to	Status (what is being done about this issue?)	Target issue resolution Date
I092	04-Sep-23	Enabling Works	Alex Bowles	**Asda S278 Land Ownership** There is a delay to the agreement of the S278 due to an area of land owned by the Secretary of State for Wales that requires transferring.	This will cause a delay to the completion of the S278 agreement. Therefore, delay to completion of the S278 works.	**Medium**	Alex Bowles	nVCC and Enabling Works Project Board	1. VUNHST to de-couple the S278 package of works from the Walters/Asda contract. These will become a stand-alone works package. **Ongoing** 2. VUNHST negotiating the current DA with Asda to ensure construction access remains whilst the S278 works continue. **Ongoing**	Nov-23

TRANSFORMING CANCER SERVICES PROGRAMME SCRUTINY SUB COMMITTEE

Refreshed TCS Programme Tranche Report (Stocktake)

DATE OF MEETING	26/10/2023

PUBLIC OR PRIVATE REPORT	Public

IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT

REPORT PURPOSE	INFORMATION / NOTING

IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO

PREPARED BY	Gavin Bryce, Associate Director of Programmes Carys Jones, Senior Programme Delivery & Assurance Manager TCS Cory Davies, TCS Programme Support Officer
PRESENTED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital
APPROVED BY	Carl James, Executive Director of Strategic Transformation, Planning and Digital

EXECUTIVE SUMMARY	This paper provides a refreshed position, as of October 2023, against the Transforming Cancer Services (TCS) Programme 'End of Tranche Review'.

RECOMMENDATION / ACTIONS	TCS Scrutiny Sub-Committee are asked to **note** the contents of the report

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
TCS Programme Delivery Board *(Stocktake presentation slide deck)*	13/07/22
Executive Review *(of Tranche Review, incl. Stocktake)*	21/10/22
TCS Scrutiny Sub-Committee Independent Members only Discussion *(of Tranche Review, incl. Stocktake)*	10/11/22
Executive Management Board Shape	18/09/2023
Strategic Capital Board	17/10/2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS Previous iterations of this report were noted at Boards/Committees stated above.	

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed. **N/A**	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	**Select Current Level of Assurance** *Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the **"How to Guide for Reporting to Trust Board and Committees"***

APPENDICES	
N/A	N/A

1.   SITUATION

1.1   This paper provides a refreshed position, as of August 2023, against the Transforming Cancer Services (TCS) Programme *'End of Tranche Review'*, originally completed in October 2022.

2

1.2 The original End of Tranche Review incorporated sixteen TCS Stocktake recommendations approved by the TCS Programme Delivery Board in July 2022, together with specific additional analysis, requested by Independent Members (IMs) of the TCS Scrutiny Sub-Committee, in relation to Outreach Services/capacity.

1.3 Since the Tranche Review was originally considered by the Executive Management Team and IMs in October 2022, there have been a range of developments, including progress in several areas, necessitating a refresh of the original Tranche Review.

1.4 This report sets out the position against each of the recommendations.

2. BACKGROUND

2.1 The Programme Tranche Review provides an assessment of progress towards delivery of the TCS Programme at the end of the second tranche. It set out a number of recommendations which were agreed by the TCS Programme Delivery Board to support the successful delivery of the remainder of the Programme.

2.2 This report provides an updated position and is set out in the following four sections.

Part A: **The TCS Programme: what it set out to achieve (additional information provided in Annex A).**

Part B: **The dependencies between the projects and forecast demand and capacity (additional information provided in Annex B)**

Part C: **Progress to date.**

Part D: **What we need to do to increase the likelihood of successful delivery (additional information provided in Annex C).**

3. ASSESSMENT

Part A: The TCS Programme: What it set out to achieve.

3

3.1   The TCS Programme was established in 2015 with the following Programme Spending Objectives (PSOs) as set out in Fig. 1 below.

Fig.1 Approved TCS Programme Spending Objectives (PSOs)

	Spending objective description
PSO 1	To provide patients and carers with quality services that deliver optimal clinical outcomes.
PSO 2	To deliver sustainable cancer services to the population in the most effective way.
PSO 3	To be a leader in education, research, development, and innovation.
PSO 4	To comply with all relevant standards.

3.2   The Programme Business Case (PBC) identified two phases of delivery within the TCS Programme:

Phase 1:   **Improving non-surgical tertiary oncology services.**

This includes the provision of more care and treatment at home or within the local community; the development of a Radiotherapy Satellite Centre@; the provision of consultant oncologists working in local hospitals with multi-disciplinary teams on a planned daily basis and the development of a comprehensive acute oncology service across Southeast Wales; and,

Phase 2:   **Seeking to add further value across the whole pathway of services in relation to cancer.**

These include public health and prevention; early diagnosis and detection; and the management of patients in acute settings. These are areas of work where VCC currently has some involvement in, working with partners, but where the Trust believes, subject to support from our partners, that we could support the system to improve further. For example, increasing awareness of healthy lifestyles and positive role-modelling, providing support to General Practitioners (GPs) to develop enhanced skills to detect cancer at the earliest opportunity and the provision of fast-track diagnostic tests to aid early diagnosis.

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3.3   Further information relating to the programme and its constituent projects is set out in Annex A.

Part B:

a.   The high-level dependencies between the projects

4.   The TCS programme was developed using a range of planning assumptions (clinical and non-clinical) with the basic premise that the increased demand will be serviced by optimising the existing model of care.

4.1   This will see the forecast activity (2018 –2031, base year 2016) being serviced at home; in an outreach setting; with highly specialised activity carried out at the new Velindre Cancer Centre.

4.2   For this to occur successfully, a critical path was established which can be summarised as follows (at a high level (there is a detailed master programme containing dependencies and critical path): -

TIMELINE PROGRESS - TCS PROGRAMME

TASK	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028

Design & Clinical Model

Attraction and retention of the required workforce

Development of increased levels of care at home

Provision of a new fleet of linear accelerators

Development of increased levels of care in outreach settings

Development of a regional Acute Oncology Service

Provision of Radiotherapy Satellite Centre (RSC)

Provision of new Velindre Cancer Centre

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4.3 The TCS programme (and master programme) is complex and contains several dependencies and inter-dependencies. One of the key dependencies is the Clinical Operating Model i.e.

- o The new Velindre Cancer Centre was sized on the assumption that the clinical model (Home; Outreach; Radiotherapy Satellite Centre; and new Velindre Cancer Centre) would be implemented.

- o It is important to note that:

  - *Home:* delivery was already established with patients using telehealth/telemedicine; oral/home delivery of SACT and on-line outpatient appointments etc.

  - *Outreach:* the model could function effectively with the existing arrangements i.e., a number of delivery sites in LHB areas. However, the desired increase in the quality and experience of care for patients would be achieved with the development of more bespoke outreach facilities (V@ locations).

b. **Forecast Demand and Activity**

4.4 The previous iteration of the Programme Tranche Review sought to answer a range of specific questions in relation to capacity and demand i.e., to test that the predicted forecast demand would be serviced by the predicted forecast capacity created with full implementation of the clinical operating/delivery model (i.e., at home; in outreach; in the radiotherapy satellite centre; and at the nVCC). It also sought to examine what headroom the nVCC would have on the day of opening and thereafter.

4.5 Detailed analysis was undertaken to determine whether sufficient capacity is contained within the planned arrangements based upon the planning assumptions; actual activity; and projected future demand. This is set out on Annex B.

4.6 A summary of the conclusions for each of the key services is provided below.

i. *Radiotherapy Capacity*

Based upon the forecast demand, activity, and capacity assumptions (together with activity to date as of October 2022), there is likely to be sufficient radiotherapy capacity at the nVCC to service the forecast demand.

ii. *Systematic Anti-Cancer Therapy (SACT) Capacity*

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The planning assumptions for SACT up to 2022 were robust given the level of activity over that period. Good progress was made in servicing the activity in accordance with the clinical operating model (45% in Outreach and 45% at VCC) up until the Covid-19 Pandemic. The Pandemic required a centralisation of services to ensure patient/staff safety and improved service resilience.

Plans are in place and being implemented to return to the levels of SACT outreach services in 2019 (37%) and then progress to achieving the 45% ambition contained within the TCS Clinical Model.

Based on the current assumptions and scenario modelling undertaken at this point a number of important aspects are evident:

Day of nVCC opening: 2025/6

i.   the nVCC has sufficient SACT capacity on the opening day (2025/6). The modelling identifies the need for 12 or 15 SACT chairs and the nVCC will have 20 available.

ii.   the worst-case scenario on opening in 2025 (i.e., that no activity is delivered in outreach) identified the need for a maximum of 29.2 SACT chairs. The provision on Day 1 2025 could potentially cope with that as it has 20 SACT chairs and 15 clinical trials spaces (which could be used flexibly) to deliver SACT. The likelihood of this scenario is considered to be very low.

iii.   The service is continuing to work towards re-establishing outreach in line with the TCS recommendations and planning assumptions. The Outreach Project is also now being taken forward as part of the Velindre Futures Programme.

Looking Ahead: 2031

vi.   The longer-term SACT capacity at nVCC is also resilient based upon the current modelling with 19 SACT chairs required in 2031 based on the worst-case scenario i.e., 5% forecast demand from 2024 onwards. This is supported by the availability of the additional 15 clinical trials spaces.

vii.   It is important to note that the clinical operating model will seek to deliver as much care locally in outreach as possible in the future in accordance with patient's needs. Notwithstanding this, if further capacity is required at nVCC there are a range of ways this could be achieved e.g., longer working days, more days of the week etc. This provides further resilience/surge capacity if required.

4.7   Further work was undertaken as part of the nVCC Full Business Case update (Strategic Case, Section 5) which is also included at Annex C. Looking forward, further planning work will undertaken in a number of key areas:

i.   demand/capacity work will be undertaken as part of the outreach project and the development of the IMTP 2024 – 2027 to continue to test the overall requirements and ensure they are sufficient i.e., capacity is sufficient to meet forecast demand.   This will also include new treatments (i.e., immunotherapies) to ensure a detailed understanding of future capacity requirements.

ii.   delivery of the infrastructure to support the clinical operating/delivery model:

-    Tracking progress on the delivery e.g., 10% at home

-    Delivery of the physical outreach locations e.g., Radiotherapy satellite centre; outreach facilities (Nevil Hall; Prince Charles etc).

    If either of these change significantly, a range of additional delivery options may be required to service the forecast demand.

Part C: Progress to date

5.   The TCS Programme is being delivered in a series of Programme Tranches and the following deliverables have been achieved by Tranche.

Deliverables achieved in Tranche 1 (Planning)

- Development of Programme Office
- Development of a 10-year cancer strategy
- Business Case Development
    - Programme Business Case for TCS
    - Programme Business Case for IRS
    - Outline Business Cases for Enabling Works; nVCC; Integrated Radiotherapy; and Radiotherapy Satellite Centre
    - Full Business Cases Enabling Works; Integrated Radiotherapy Solution; and Radiotherapy Satellite Centre
    - Programme Business Case and Full Business Case developed.
    - Southeast Wales Acute Oncology Service
- Detailed modelling:
    - Forecast demand.
    - Forecast capacity, workforce, and financial modelling.
- Procurement of Technical Team and Advisors
- Development of a Clinical Model following extensive engagement
- Delivery of a Reference Design and Schedule of Accommodation for nVCC
- Development of MiM Contract (Project Agreement)
- Securing of Access Arrangements / Easements with Asda, Cardiff City Council and Cardiff and the Vale University Health Board

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- Issue of procurement Prior Information Notice (PIN) and Market Engagement
- Design of Competitive Dialogue nVCC
- Land Transfer (subject to final agreement)

Deliverables achieved in Tranche 2 (Procurement and Mobilisation)

- nVCC Competitive Dialogue completed and Successful Participant secured
- IRS Competitive Dialogue complete and contract executed
- Enabling works procurement complete and contract awarded (Velindre works)
- Enabling works procurement complete and contract awarded (Asda works)
- Clinical Model implementation:
    - V@UHW Unscheduled care: pathways designed and implementation*
    - CAVUHB and Velindre Haemato-oncology workstream progressing*
    - Unscheduled care pathways reviews and a range of quality* improvements made in support of Nuffield Trust report e.g., admission criteria; support services available from LHBs via Service Level Agreements*
    - Assessment Unit opened at Velindre Cancer Centre
- Regional Acute Oncology Services*
    - Year 1 implementation achieved (Regional and Velindre Cancer Services) *
    - Years 2 & 3 implementation planned, and recurrent funding secured*.
- Velindre Cancer Services: Assessment Unit opened and expanded.
- Nuffield Trust report commissioned, and recommendations agreed by regional partners. Regional implementation progressing*
- SACT Outreach services:
    - Initial scoping work and modelling undertaken
    - Supported Aneurin Bevan UHB in developing scoping of local cancer centre
    - Re-establishment of outreach services and ramping up at Prince Charles Hospital; plans for re-establishment at Aneurin Bevan (Nevill Hall and potentially Royal Gwent) – in support of post-covid recovery of outreach services and overall delivery of the TCS clinical operating model and planning assumptions (45% SACT delivered in outreach settings)
- Radiotherapy services
    - Various new techniques implemented
    - Procurement of LA6 replacement
    - Radiotherapy satellite centre in Nevill Hall under construction
- Research, Development, and Innovation
    - Research strategy published.
    - Velindre@UHW implementation well progressed

- Cardiff Cancer Research Hub

    - Service specification developed
    - Heads of Terms agreed between Cardiff University, Cardiff and Vale Health Board and Velindre University NHS Trust
    - Branding agreed
    - Strategic Outline case developed

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- Bone Marrow Transplant Strategic Outline Case developed by Cardiff and Vale Health Board and submitted to the Welsh Government (included Research Hub infrastructure requirements)
- Velindre School of Oncology*
    - Initial scope developed and Programme established*
    - Business case developed going to Trust Board 28th September 2023 for approval.

Note: Various elements delivered in Tranche 2 were not included in the original TCS Programme scope but have emerged during Tranche 1 due to 'scope creep'. These are noted with an asterisk (*).

External Audit, Assurance and Scrutiny activities delivered in Traches 1 & 2

- nVCC CAP 1, 2, 3 and 4 successfully achieved
- Various internal audits
- Various Gateway Reviews on nVCC; IRS; RSC (successfully completed and recommendations discharged to enable progress to next 'gate')
- Various external reviews i.e., Deloitte and critical friend reviews
- Welsh Government Infrastructure Investment Board approval of:
    - nVCC Enabling Works (2021)
    - Integrated Radiotherapy Solution (October 2022)
    - Radiotherapy Satellite Centre (October 2022)
    - RSC AEDET (Achieving Excellence in Design Toolkit)

Part D: What we need to do to optimise the existing programme arrangements to support the increased likelihood of successful delivery.

5.1 Since the establishment of the Programme, sustained progress has been made and a wide range of deliverables have been secured (as outlined in Section C above).

5.2 The programme is now moving into a new tranche which focuses on delivery of the Clinical Service Model and the required supporting infrastructure.

5.3 It is a complex and high value programme requiring regular maintenance and attention in respect of its reporting arrangements, deliverables, scope, performance against plan and benefits delivery.

5.4 The original TCS programme scope has evolved, incorporating additional projects (such as V@UHW, Nuffield Trust Recommendations, AOS etc) and transferring the clinical service and operational aspects to the Velindre Futures Programme. As such, the associated governance and reporting arrangements have also evolved and are reflected within Annex C.

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5.5 The outcome of the Stocktake / Tranche Review has demonstrated that there has been notable scope creep and realignment of roles and responsibilities. As a result, there is a need to agree a mandate for the revised scope and realign the oversight and reporting arrangements with other projects and programmes.

5.6 It is proposed that the following matters need addressing to provide the mandate to make the necessary changes for successful delivery of the final stage.

5.7 These recommendations have been updated and refreshed since the original Tranche Review in October 2022.

5.8 The Programme Tranche report demonstrates the progress made to date in the TCS programme. It also provides assurance that based on the forecast demand/capacity projections to date, together with the scenarios modelled, that the nVCC will have sufficient RT and SACT capacity and headroom on the day of opening and for the foreseeable future; based upon the information available at this time. These will be retested as part of the IMTP planning process 2024 – 2027 e.g., forecast demand for services and capacity available.

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Table 1   Recommendations to improve the likelihood of delivery.

ID	Area	Recommendation	Target Date	Responsible Officer(s)	Comments
1	**Programme Scope**	Review and update the TCS Programme Scope to take account of: - New work e.g., Nuffield, AOS, BMT, CCRH, Nevill Hall Cancer Unit - Wider system developments and relationship with Cancer Collaborative Leadership Group successor arrangements	31 Oct 2023 30 Sept 2023	Chief Executive Officer (SRO) Director of Strategic Transformation, Planning and Digital	**Complete** All projects attached to a Programme i.e., BAU; VF; or TCS) **Complete** (CCLG moved into SE Wales Portfolio Programme from August 2023)
2	**Programme Scope / Alignment**	Agree final scope of Velindre Futures Programme – to include clinical / service projects which are best delivered locally and should be transferred from the TCS Programme e.g.,	31 Oct 2023	Chief Operating Officer	**Complete (with review planned to determine alignment)** VF Programme to scope agreed and all projects identified with

		Nuffield Trust Recommendations, Acute Oncology Service (AOS) Implementation, IRS implementation.			former TCS projects transferred (IRS and AOS implementation and Outreach on 16th March 2023 via Programme Delivery Board)
3	**Leadership & Accountability**	Review and refresh the Programme leadership and accountability arrangements. For the Programme & each project, confirm the Executive lead / SRO and Clinical lead, including their role and responsibilities.	31 Oct 2023	Chief Executive Officer (SRO)	**Complete** TCS and VF have SROs. All Projects have an agreed Project Director.
4	**Programme Organisation**	Review and rationalize the Programme reporting arrangements/flows in line with the Trust new ways of working. (i.e., EMB Shape: Transformation, Velindre Futures Programme; and the Strategic Capital Board)	October 2023	Programme Director & Director of Corporate Governance	**Majority Complete (final alignment between VF and assuring Committees required) by November 2023** Programme reporting agreed with reports going to Executive Management Board; Strategic Capital

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					Board; and VF which are aligned and complimentary. PD reports now include VF projects.
5	**Planning assumptions (Re-baseline)**	Review the TCS Planning Assumptions regarding planned/forecast capacity (RT/SACT) – up to 2022/2023	November 2022	Executive Director of Transformation, Planning and Digital	**Complete** Initial review undertaken of RT and SACT with modelling undertaken in Oct 2022. Demonstrated initial forecasts still within expected capacity limits of current/planned clinical operating delivery model. **Further work** being undertaken as part of IMTP process 2024 – 2027.
6	**Planning assumptions (Projections)**	Set out planning assumptions for 2023/2024 and onwards (forecast demand etc)	December 2023	Director of Cancer Services / Chief Operating Officer	**Annual planning activity:** required to forecast forward to 2027/2028 in line with the 2024 – 2027 Integrated Medium Term Plan to ensure

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					sufficient capacity available in planned operating/delivery model
7	**Forecast demand, capacity, and activity modelling**	Undertake routine (annually) demand/activity/capacity modelling to ensure forecast demand and capacity assumptions and actuals will support delivery of the clinical operating model up to 2026.	October 2024 and annually	Director of Cancer Services / Chief Operating Officer	**Annual planning activity:** work will be undertaken to forecast forward to 2027/2028 in line with the 2024 – 2027 Integrated Medium Term Plan to ensure sufficient capacity available in planned operating/delivery model.
8	**Programme / Project Resources**	Review and refine the resourcing requirements for the TCS and Velindre Futures Programmes (capital and revenue) to ensure they are appropriately resourced to include: - clinical / nursing / professional sessions - management and professional time (e.g., Programme/project	January 2023 January 2024	Chief Executive SRO	January 2023 Initial review undertaken and various projects resourced. January 2024 **Further work** required in accordance with business case approvals and IMTP to review/revise resource

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		management; planning; business analysis)			plans to deliver TCS/VF projects

6. SUMMARY OF MATTERS FOR CONSIDERATION

6.1 The TCS Scrutiny Sub-Committee are asked to:

- **NOTE** the contents of the Tranche Report

- **NOTE** the progress made against the recommendations.

- **RECEIVE** further reports on through the appropriate reporting arrangements e.g., TCS/VF reports.

Annex A   Current programme arrangements

Projects within the Programme

The TCS programme consists of 7 projects as set out in Fig. 1

Fig.1: TCS Projects
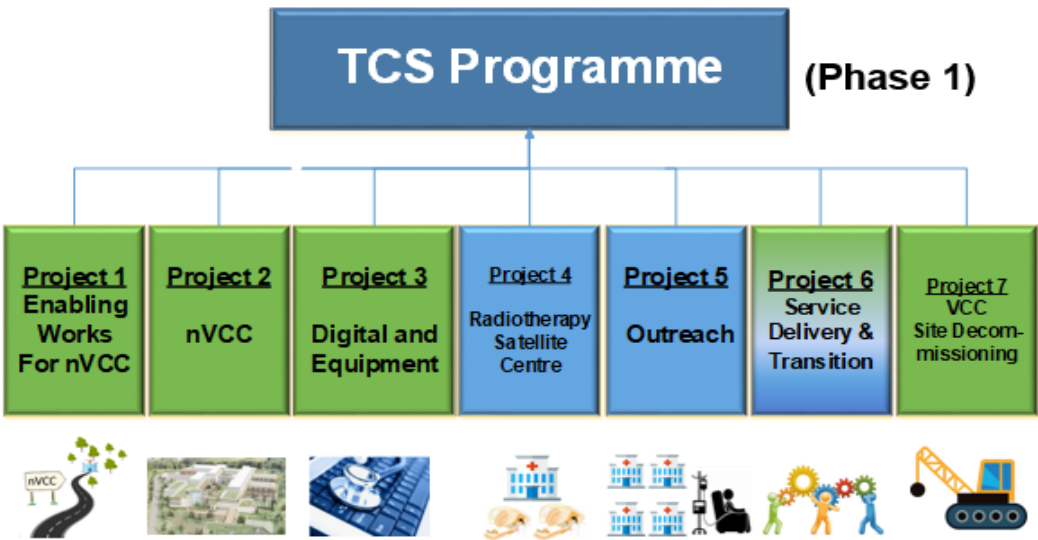
The required outputs of each project are set out in Fig.2

Fig. 2: TCS Responsibility Matrix and Outputs (as of October 2023)

Project	Director Responsible	Required outputs	By when
1	David Powell	Road and bridge to nVCC	May 2023
2	David Powell	New Velindre Cancer Centre	2026
3	Carl James (Digital) Matt Bunce (Equipment)	Integrated Radiotherapy Solution (procurement) VCC: Major equipment Other equipment Digital (infrastructure, applications, and technology)	2022 2025/26
4	Cath O'Brien	Radiotherapy satellite centre in Nevill Hall	2025

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5	Cath O'Brien	Outreach services across SE Wales	December 2025
6	Andrea Hague	Transition from VCC to nVCC	December 2025
7	David Powell	Decommissioning of VCC site	TBC

Programme Benefits

The PBC identified a wide range of benefits that will be delivered by the programme. These include but are not limited to:

- Improved quality of care
- Improved safety
- Improved patient experience
- Improved survival rates
- Improved access to care locally
- Reduction in waiting times
- Reduced patient travel frequency and travel time
- Capacity to meet predicted demand for services up to 2031
- Reduced length of stay for patients
- Improved access to research and clinical trials
- Ability to attract and retain the best staff into South Wales / Wales
- Creation of jobs and employment locally during construction phase and also permanently.

Forecasting future demand

The programme worked with a range of stakeholders to forecast and model future demand for specialist non-surgical tertiary oncology services. The Welsh Information Cancer Surveillance Unit (WICSU) were commissioned to provide forecast cancer demand up until 2032. This was used as the basis for a complex modelling exercise, supported by GE Healthcare, which identified future demand between 2017 and 2031.

The activity growth assumptions were set across two-time frames. The first-time frame was 2016/17 - 2022/23 where the Trust had a fair degree of certainty in terms of forecasting future activity. The second timeframe is from 2023/24 - 2031/32 where there is less certainty when forecasting future demand (e.g., stratified approach for SACT versus greater incidence of cancer) and the Trust has therefore opted to revert to the forecast incidence of cancer (2%) as provided by WCISU. The Trust has chosen to take this long-term approach to forecasting activity to try and ensure that there is sufficient service capacity to meet future demand.

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VCC core service clinical growth assumptions

Fig.3:   *TCS Annual Growth Assumptions RT and SACT*

Service	Annual growth assumption/years	
	2016/17 - 2022/23	2023/24 – 2031/32
Radiotherapy	2%	2%
SACT	5%	2%

Fig.4:   *TCS Annual Growth Assumptions Other Services*

Service	Annual growth assumption/years	
	2016/17 - 2022/23	2023/24 – 2031/32
Inpatients	2%	2%
Outpatients and Ambulatory Care	2%	2%
Radiology (CT & MRI) and Nuclear Medicine	9%	2%

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Servicing the Demand

A clinical model was developed through wide engagement with patients, families/carers, Local Health Boards, CHCs and 3rd sector organisations. The model is set out in Fig.5.

Fig.5: TCS Clinical Model
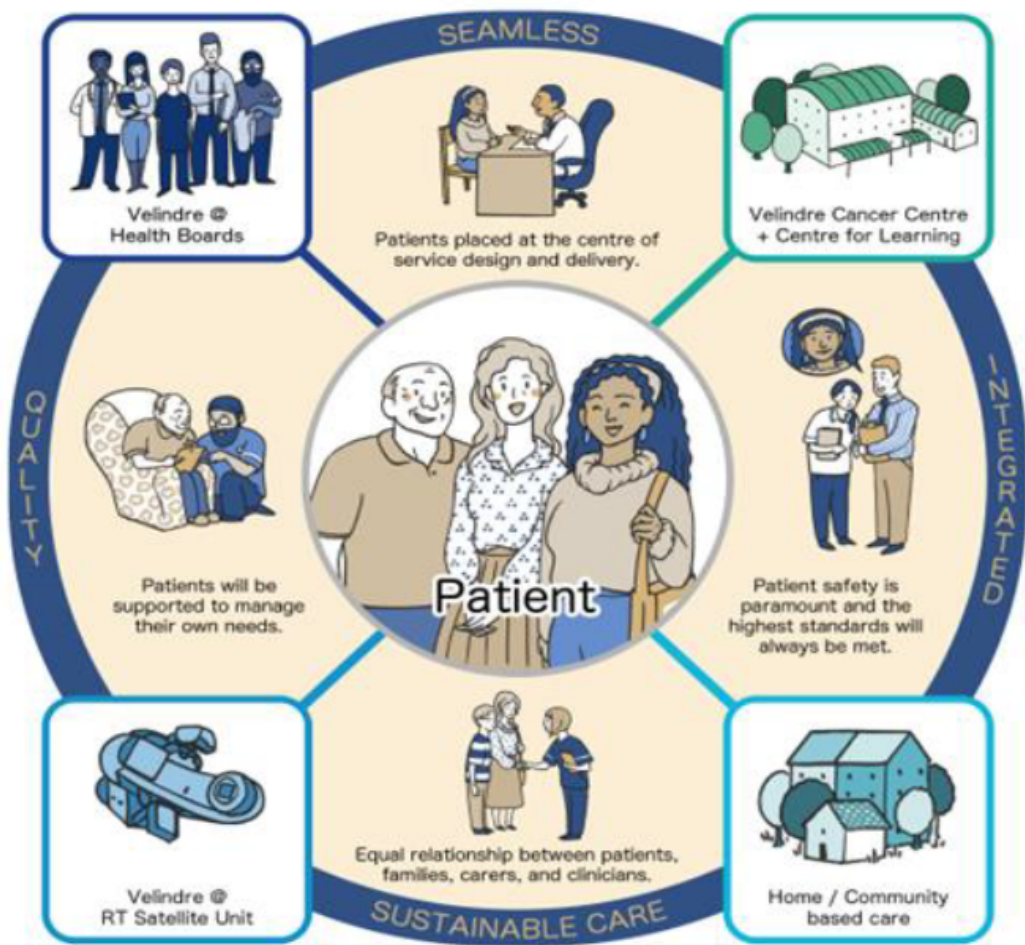
21

Moving care from right to left

UK healthcare policy has focused on a strategic shift of care from 'right to left' i.e., moving care and treatments that was historically provided in a hospital setting to local communities and in the home. This provides a better experience for patients and is more cost effective.

Through implementation of the Service Model care will be provided in the following locations:

- Home/Local Care: patients will be able to receive elements of care at their place of residence or in their local community.
- Velindre@ these facilities will provide SACT / Outpatients and ambulatory care within Local Health Boards.
- Health Boards: Velindre senior clinical staff will deliver planned support to Local Health Board inpatient services and Acute Oncology Services (AOS).
- Velindre Radiotherapy Satellite Centre@ this facility will provide Radiotherapy treatment and other related services; and
- Velindre Cancer Centre: the Cancer Centre will provide specialist and complex cancer treatment including SACT, Radiotherapy and specialist palliative care, inpatient facilities, and outpatient services.

The TCS clinical model was developed in accordance with this strategic shift as set out in Fig. 6

Fig.6: TCS Outpatient Assumptions

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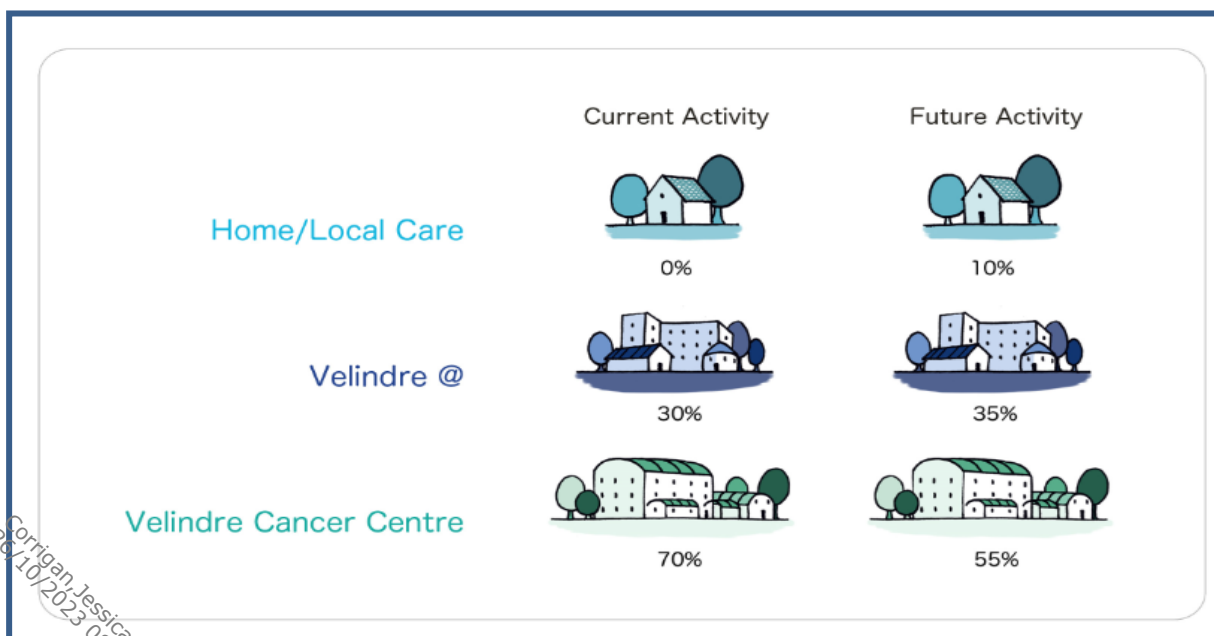
Fig.7: TCS SACT Assumptions
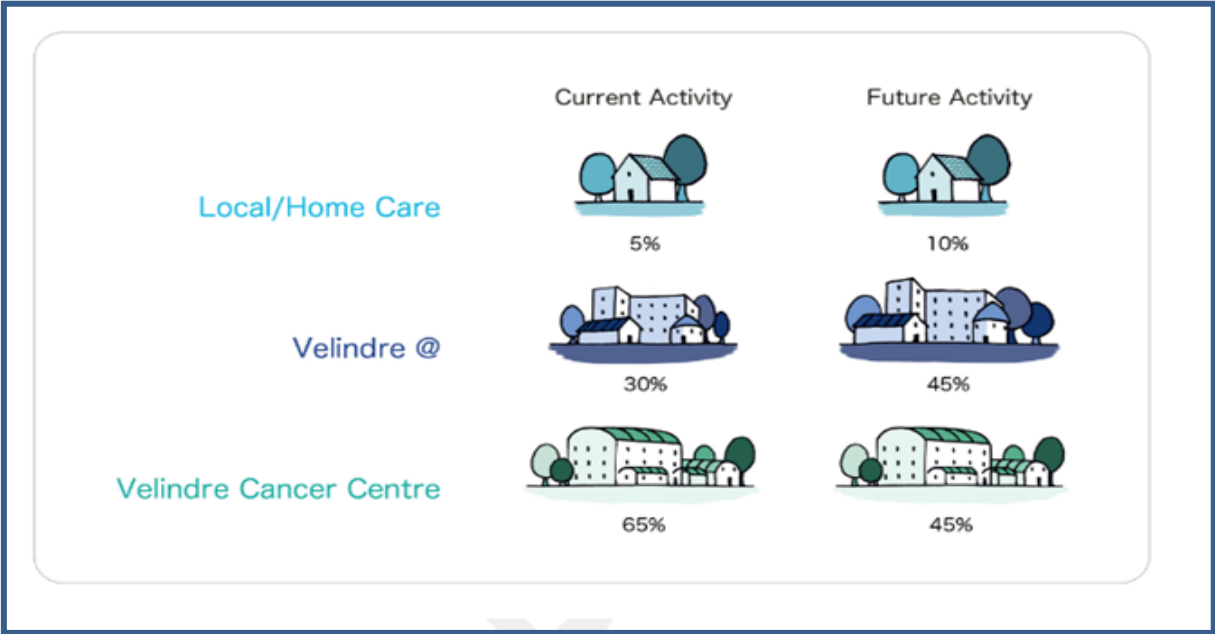
Fig.8: TCS RT Assumptions
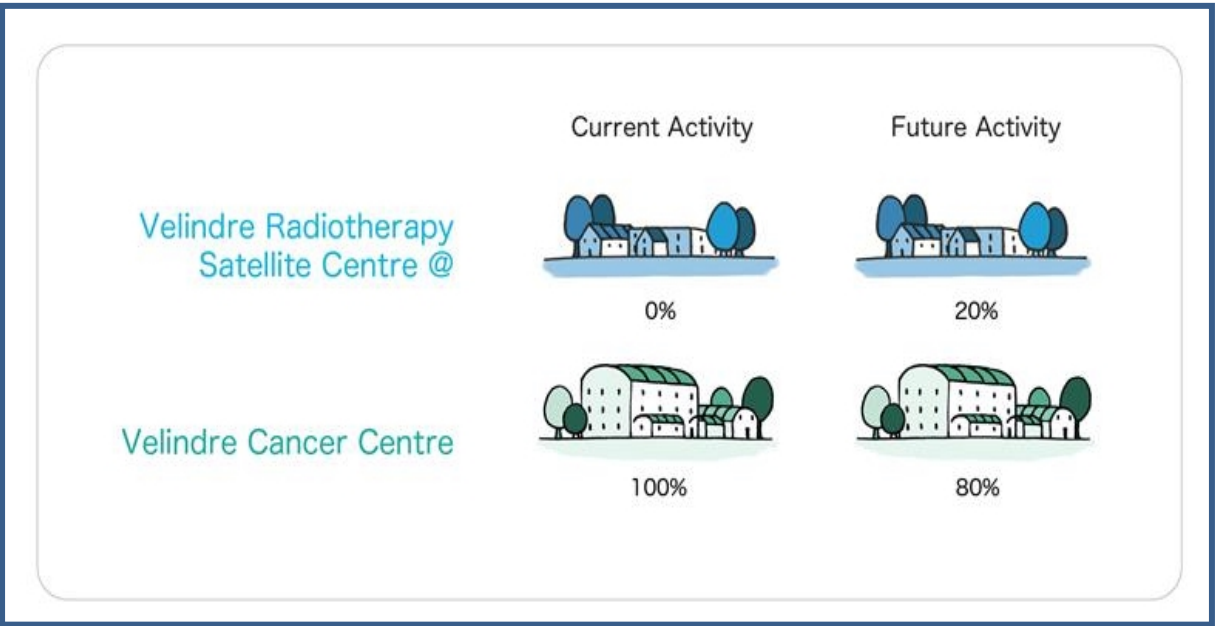
The level of complexity within the TCS programme is significant given the different elements to it i.e.

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- A regional programme of work across Southeast Wales
- Clinical Operating Model which spans the Southeast Wales region
- High capital and commercial value of the projects within the programme (Integrated Radiotherapy Solution; Major Medical Equipment; Radiotherapy Satellite Centre; new Velindre Cancer Centre)
- nVCC: use of the new Mutual Investment Model innovate funding policy
- Approvals: with 6 Local Health Board commissioners and the Welsh Government
- Delivering the programme whilst the organisation continues to deliver 'business as usual' activities

Since the establishment of the Programme, sustained progress has been made and a wide range of deliverables have been secured as outlined in Section C. The programme is now moving into a new tranche which focuses on delivery of the service model and required infrastructure 2024 – 2027). The SRO and the Executive Team have been examining what areas / changes to the current programme and organisational arrangements would further strengthen the programme and ensure successful delivery over the next 3 years.   The Executive Team have reviewed the TCS programme with a view to identifying any additional actions that could be taken to strengthen arrangements to improve the likelihood of successful delivery.

In parallel, the Executive Team have been progressing a range of organisational developments which will support the overall strategic direction, capacity, and capability of the Trust to deliver its key strategic priorities. This has included work undertaken in partnership with the Q5 Consultancy and wider organisational development work within the Building our Future Together programme (BOFT) which is being supported by the TCS Programme Team.

Following the conclusion of these activities, the Executive Team identified a set of actions which would increase the likelihood of successful programme delivery. These were originally included as part of the TCS Stocktake presentation to the TCS Programme Delivery Board in July 2022.

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Annex B   Modelling from original Tranche Review (as at October 2022) (will be refreshed in IMTP modelling 2024 – 2027)

Forecast Demand and Activity

8.   The Trust adopted a long-term approach to forecasting demand/activity/capacity to try and ensure sufficient flexibility within the fixed infrastructure (buildings) to cope with changes in demand and types of treatment. Cleary, long-term planning assumptions can only provide indicative forecasts which are useful but cannot be relied upon for scientific certainty.

9.   The activity growth assumptions were set across two-time frames. The first-time frame was 2016/17-2022/23 where the Trust had a fair degree of certainty in terms of forecasting future activity.

10.   The second timeframe is from 2023/24-2031/32 where there was less certainty when forecasting future demand (e.g., stratified approach for SACT versus greater incidence of cancer) and the Trust has therefore opted to revert to the forecast incidence of cancer (2%) as provided by WCISU and Cancer Research UK. The demand planning assumptions for Radiotherapy and SACT are set out in Fig. 1.

Fig. 1   Forecast demand assumptions

Service	Annual growth assumption/years	
	2016/17 - 2022/23	2023/24 – 2031/32
Radiotherapy	2%	2%
SACT	5%	2%

11.   Outputs from the finance, activity, capacity, and workforce modelling were used to forecast the level of capacity required to service the forecast demand/ and activity and turned into:

- building sizes/footprint – (schedules of accommodation SOA)

- number of Linacs

- number of SACT chairs

- future workforce requirements

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What did we forecast and where are we currently?

Radiotherapy

What did we plan for?

12.   As referred to on the previous page the growth assumptions for radiotherapy were set universally to 2%. This was reduced from an initial 4% as the actual activity did not present as forecast.

What capacity do we have now and require in the future?

13.   The current capacity is 8 Linear Accelerators at VCC, and the modelling work undertaken identified the need for 10 machines by 2025/2026 (at the opening of the nVCC).

What happened?

14.   Fig. 2 sets out the forecast fractions estimated in the TCS model, together with the actual fractions (up until 2022).

15.   Whilst there are year-on-year fluctuations, the 2% forecast demand assumption has been supported by actual fractions/activity of 2% (on average) up to 2019/2020.

16.   The Covid-19 pandemic, commencing in March 2020, caused a significant fall in activity to a number of factors including:

- reduced presentations to GP's

- reduced LHB referrals

- disruption to routine screening

- and reduced capacity due to social distancing, increased infection control procedures and reduced workforce to deliver services.

17.   The demand for radiotherapy has increased strongly since March 2021 and is expected to continue to climb over the next year(s).

18.   The Radiotherapy demand has been regularly reviewed over the past three years due to the ongoing Integrated Radiotherapy Solution (IRS) Procurement, as this procurement needed to inform bidders of the likely demands being placed on the service so that they could shape their solutions.

Are we on Track to deliver the requirements of the TCS Clinical Model?

19.   The forecast future demand and activity up to 2031 will be managed within the capacity secured by the approval of the Integrated Radiotherapy Solution business cases. This is set out in Figs 2 and 3 below.

20.   The implementation of the Radiotherapy Satellite Centre (RSC) at Nevill Hall will also enable the achievement of the TCS planning assumption i.e., 80% of activity delivered at nVCC and 20% in the community.

21.   It should be noted that this will be achieved without the implementation of 7 day working which was not progressed as commissioners did not wish to pursue this currently.   This offers up further potential capacity in the future, subject to commissioner support and workforce availability, which is a UK wider challenge currently.

22.   Further capacity increases will be driven by the efficiency benefits delivered by the new IRS solution, which will be fully realised when all new machines are operational.

Summary of position

23.   In summary, based upon the forecast demand, activity, and capacity assumptions, together with the activity to date, there is likely to be sufficient radiotherapy capacity at the nVCC to service the forecast demand.

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Fig.2   Forecast capacity requirements

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32
Fractions TCS model	51,915	52,953	54,012	55,092	56,194	57,318	58,464	59,634	60,826	62,043	63,284	64,550	65,841	67,157	68,500	69,870
Fractions IRS - Actual	53,948	51,229	54,997	54,899	36,861	40,507										
Mins required (fractions)	1,014,635	959,784	1,034,120	995,121	712,897	810,699	826,913	876,528	894,059	911,940	930,179	948,782	967,758	987,113	1,006,855	1,026,992
TCS Model Capacity without 7 day working	8.1	8.2	8.4	8.6	8.7	8.9	9.1	9.3	9.5	9.6	9.8	10.0	10.2	10.4	10.7	10.9

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Fig.3 RT - Forecast capacity requirements based on 2% Growth

RT Capacity Requirements - Setting out Required Linacs based on 2% growth

Legend: ■ TCS Model Capacity without 7 day working

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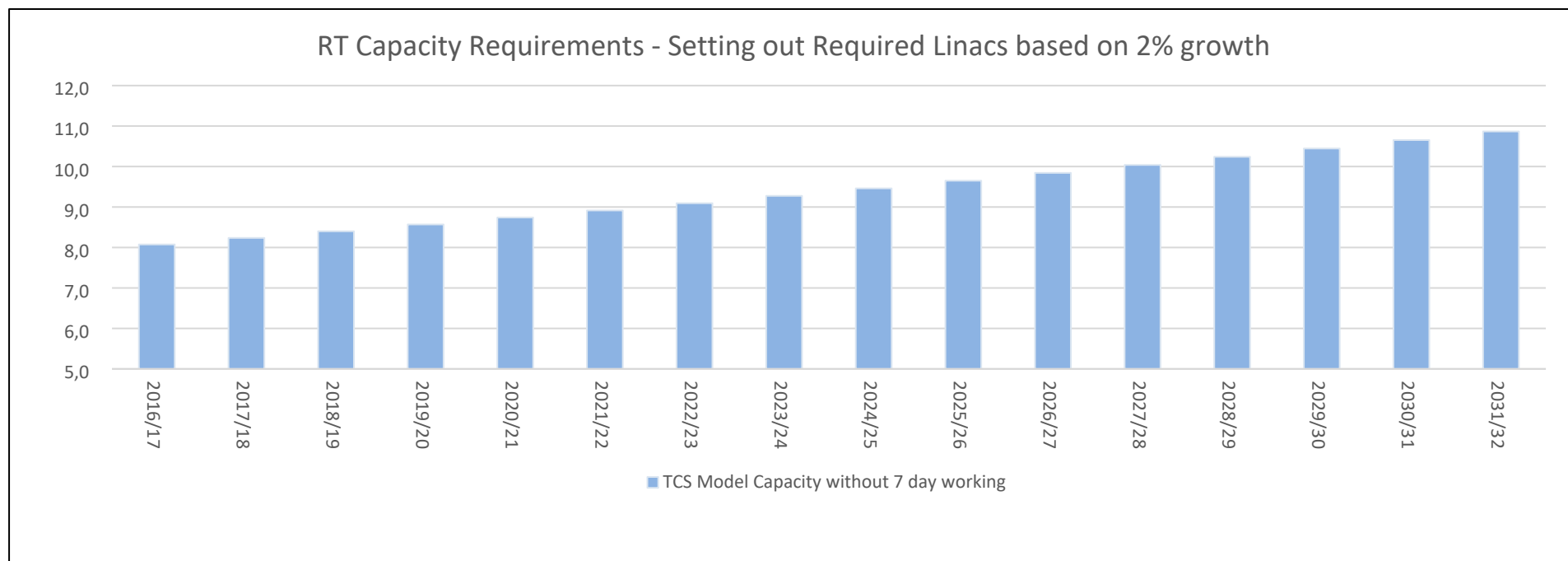
Systematic Anti-Cancer Therapy (SACT)

What did we plan for?

24.   The forecast SACT demand assumptions were 5% per annum until 2022/2023 based on the evidence/intelligence available at the time and during subsequent years. Post 2022/2023 the planning assumption was to revert to 2% in line with cancer incidence forecasts as set out previously.

25.   The capacity requirements were modelled based on a number of assumptions e.g., working hours, utilisation rates etc. Additionally, the TCS Clinical Model had ambitions of delivering in different treatment environments, more SACT at home (10%), in outreach facilities (45%) and at nVCC (45%). The current capacity is set out below together with the forecast capacity required to achieve this ambition. This is set out in number of SACT chairs.

26.   The forecast demand based on the assumptions is set out in Fig.4.

What capacity do we have now and require in the future?

27.   The initial modelling work in 2018 identified the forecast SACT capacity (numbers of chairs) and where they need to be located to achieve the 45% in outreach and 45% in nVCC clinical operating model. This is set out in Fig. 4.

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Fig. 4. Forecast SACT capacity 2018

	2023	2024	2025	2026	2027	2028	2029	2030	2031
GE Model - Total	30826	31443	32072	32713	33367	34035	34715	35410	36118
GE Model - VCC	13872	14149	14432	14721	15015	15316	15622	15934	16253
GE Model - Outreach	13872	14149	14432	14721	15015	15316	15622	15934	16253
GE Model - Home	3083	3144	3207	3271	3337	3403	3472	3541	3612
GE Model - % VCC	12.6	12.9	13.1	13.4	13.7	13.9	14.2	14.5	14.8
GE Model - % Outreach	12.6	12.9	13.1	13.4	13.7	13.9	14.2	14.5	14.8
GE Model - % Home	2.8	2.9	2.9	3.0	3.0	3.1	3.2	3.2	3.3
Total	28.0	28.6	29.2	29.8	30.4	31.0	31.6	32.2	32.9

28.   Review of the planning assumptions is undertaken annually via the Intermediate Medium-Term Planning (IMTP) process to ensure understanding of future demand, activity, and capacity requirements as we move through the implementation phase up to programme end in 2026. In accordance with this and as part of this stocktake a range of scenarios have been run to stress test the SACT delivery model with regards to the opening of the nVCC in December 2025 i.e., to determine that it has sufficient capacity to manage forecast demand. The following scenarios were tested:

Baseline Position: applies a forecast demand 2% **forecast demand** from 2023 onwards. It assumes 12 hours working in VCC in 2022 and beyond.

Scenario 1: applies a **12%** forecast demand increase for 2022/2023 (the assumption within the Integrated Medium-Term Plan 2022/2025) and an **8%** forecast demand in for 2023/2024 (working planning assumption for Integrated Medium-Term Plan 2023/2026) respectively and to take account COVID-19 recovery and other short term operational plans. From 2024/2025 onwards, it forecasts a 2**%** forecast demand. It assumes 12 hours working in VCC in 2022 and beyond.

Scenario 2: applies a **12%** forecast demand increase for 2022/2023 (the assumption within the Integrated Medium-Term Plan 2022/2025) and an **8%** forecast demand in

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for 2023/2024 (working planning assumption for Integrated Medium-Term Plan 2023/2026) respectively and to take account COVID-19 recovery and other short term operational plans. From 2024/2025 onwards, it forecasts a 3**%** forecast demand. It assumes 12 hours working in VCC in 2022 and beyond.

Scenario 3: applies a **12%** forecast demand increase for 2022/2023 (the assumption within the Integrated Medium-Term Plan 2022/2025) and an **8%** forecast demand in for 2023/2024 (working planning assumption for Integrated Medium-Term Plan 2023/2026) respectively and to take account COVID-19 recovery and other short term operational plans. From 2024/2025 onwards, it forecasts a 4**%** forecast demand. It assumes 12 hours working in VCC in 2022 and beyond.

Scenario 4: applies a **12%** forecast demand increase for 2022/2023 (the assumption within the Integrated Medium-Term Plan 2022/2025) and an **8%** forecast demand in for 2023/2024 (working planning assumption for Integrated Medium-Term Plan 2023/2026) respectively and to take account COVID-19 recovery and other short term operational plans. From 2024/2025 onwards, it forecasts a 5**%** forecast demand. It assumes 12 hours working in VCC in 2022 and beyond.

29.   The outcome of this modelling work is set out in Fig. 5

Fig. 5. Outcome of SACT Modelling October 2022

Scenarios	Location	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Baseline: Forecast Growth		**2%**	**2%**	**2%**	**2%**	**2%**	**2%**	**2%**	**2%**	**2%**	**2%**
Baseline position 2% after 2022	*VCC*	*11.2*	*11.4*	*11.6*	*11.9*	*12.1*	*12.3*	*12.6*	*12.8*	*13.1*	*13.4*
	Outreach	*11.2*	*11.4*	*11.6*	*11.9*	*12.1*	*12.3*	*12.6*	*12.8*	*13.1*	*13.4*
	Home	*2.5*	*2.5*	*2.6*	*2.6*	*2.7*	*2.7*	*2.8*	*2.9*	*2.9*	*3.0*
	Total	***24.8***	***25.3***	***25.8***	***26.4***	***26.9***	***27.4***	***28.0***	***28.5***	***29.1***	***29.7***
Scenario 1: Forecast Growth		**12%**	**8%**	**2%**	**2%**	**2%**	**2%**	**2%**	**2%**	**2%**	**2%**
Scenario 1: Forecast 2% 2024/2025 onwards	*VCC*	*12.3*	*13.3*	*13.5*	*13.8*	*14.1*	*14.3*	*14.6*	*14.9*	*15.2*	*15.5*
	Outreach	*12.3*	*13.3*	*13.5*	*13.8*	*14.1*	*14.3*	*14.6*	*14.9*	*15.2*	*15.5*
	Home	*2.7*	*2.9*	*3.0*	*3.1*	*3.1*	*3.2*	*3.3*	*3.3*	*3.4*	*3.5*
	Total	***27.3***	***29.5***	***30.0***	***30.6***	***31.3***	***31.9***	***32.5***	***33.2***	***33.8***	***34.5***
Scenario 2: Forecast Growth		**12%**	**8%**	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**	**3%**
Scenario 2 Forecast 3% 2024/2025 onwards	*VCC*	*12.3*	*13.3*	*13.7*	*14.1*	*14.5*	*14.9*	*15.4*	*15.8*	*16.3*	*16.8*
	Outreach	*12.3*	*13.3*	*13.7*	*14.1*	*14.5*	*14.9*	*15.4*	*15.8*	*16.3*	*16.8*
	Home	*2.7*	*2.9*	*3.0*	*3.1*	*3.2*	*3.3*	*3.4*	*3.5*	*3.6*	*3.7*

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	Total	**27.3**	**29.5**	**30.3**	**31.2**	**32.2**	**33.1**	**34.1**	**35.2**	**36.2**	**37.3**
Scenario 3: Forecast Growth		12%	8%	4%	4%	4%	4%	4%	4%	4%	4%
	VCC	12.3	13.3	13.8	14.3	14.9	15.5	16.1	16.8	17.4	18.1
	Outreach	12.3	13.3	13.8	14.3	14.9	15.5	16.1	16.8	17.4	18.1
Scenario 3 Forecast 4% 2024/2025 onwards	Home	2.7	2.9	3.1	3.2	3.3	3.4	3.6	3.7	3.9	4.0
	Total	27.3	29.5	30.6	31.9	33.1	34.5	35.8	37.3	38.8	40.3
Scenario 4: Forecast Growth		12%	8%	5%	5%	5%	5%	5%	5%	5%	5%
	VCC	12.3	13.3	13.9	14.6	15.3	16.1	16.9	17.8	18.6	19.6
	Outreach	12.3	13.3	13.9	14.6	15.3	16.1	16.9	17.8	18.6	19.6
Scenario 4: Forecast 5% 2024/2025 onwards	Home	2.7	2.9	3.1	3.2	3.4	3.6	3.8	3.9	4.1	4.4
	Total	**27.3**	**29.5**	**30.9**	**32.5**	**34.1**	**35.8**	**37.6**	**39.5**	**41.4**	**43.5**

What has actually happened?

30. The actual SACT activity is set out in Fig. 6. Whilst there have been year-on-year fluctuations, the overall planning assumption of 5% up to 2022 has been supported by the actual attendances between 2012 and 2020; with the average growth over the period being 4%. The special cause variation between 2020 and 2022 has been the Covid-19 pandemic and is highlighted in Fig. 6.

Fig.6   SACT forecast demand and actuals (up to 2021)

SACT Assumption Validations against Actual Activity	2016	2017	2018	2019	2020	2021
GE Model Forecast	22552	23680	24864	26107	27412	28783
Actual SACT - Total	22685	22426	23796	26282	20618	26001
Variation	133	-1254	-1068	175	-6794	-2782
Actual Growth - Total	3%	-1%	6%	10%	-22%	26%

31. The implementation of the clinical operating model over this period, pre-covid, also demonstrates good progress towards achieving the 45% outreach/45% VCC delivery. 37% of SACT activity being delivered in an outreach setting and 5 – 6% of oral SACT at home in 2019 (Fig. 7).

Fig. 7. Split of SACT delivery % by Location

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Actual % VCC	66%	57%	55%	56%	57%	56%	56%	57%	57%	78%	80%
Actual % Outreach	28%	36%	42%	40%	38%	38%	38%	36%	37%	17%	16%
Actual % Home	6%	7%	4%	5%	4%	6%	6%	6%	6%	5%	4%

32. The Covid pandemic, and subsequent period, required the centralisation of services for safety/resilience reasons and this saw the split between outreach and VCC change significantly; with 80% of SACT being delivered at VCC in 2021.

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Are we on Track to Deliver the Clinical Operating Model?

33. Based on the scenarios (1 to 4) modelled (Fig. 5) the total number of SACT chairs required are:

By 2025

- total system (ranges from 26.4 to 32.5)
- in outreach (ranges from 11.9 to 14.6)
- in nVCC (ranges 11.9 to 14.6)

By 2031

- total system (ranges from 29.7.5 to 43.5)
- in outreach (ranges from 13.4 to 19.6)
- in nVCC (ranges from 13.4 to 19.6)

34. On the day of opening, 2025 and into 2026, the nVCC requires between 12 and 15 SACT chairs; assuming that the 45% outreach / 45% nVCC SACT delivery targets are achieved.

35. The design of the nVCC includes a number of SACT chairs (which have been increased over and above the initial GE Model estimates based on growth and provision of additional surge capacity (Fig. 8).

Fig.8   SACT chairs in nVCC on day of opening

Function	Number in nVCC on day of opening	Total possible capacity	Capacity excluding Trials
SACT Chairs	20	35 chairs	+5 to +8
Clinical Trial Chairs	15		

36. There is currently functional capacity 20 SACT chairs in the nVCC together with 15 clinical trials spaces which are co-located and designed to provide flexibility of use and access e.g., to allow any future service design/delivery changes and also provide for 'headroom / surge capacity' within the nVCC. It is important to note that the use of clinical trials spaces would reduce the ability to undertake trials and is not the expectation of what will happen in

36

practice. To provide context, there are currently 8 SACT trials chairs in VCC and 4 trials beds.

Returning to Outreach

37. With the Covid pandemic now in the 'recovery' stage, service plans are in place to return SACT outreach services over the coming months. There are currently 6 SACT chairs in outreach (as at 12 October 2022) and agreed plans with LHB partners will see a step up to 17 SACT chairs in outreach by the end of 2022 as set out in Fig.9.

Fig.9. SACT Outreach Chairs planning 2022/23

Location	Chairs	Hours	Days per week	Total hrs
Prince Charles	10	8	5	400
Royal Glamorgan	0	0	0	0
YYF	0	0	0	0
YAB	0	0	0	0
St David's	0	0	0	0
Princess of Wales	0	0	0	0
Tenovus Bus Cwmbran stadium	0	0	0	0
Nevill Hall	7	8	3	168
Total	**17**	**16**	**8**	**568**

38. This demonstrates the progress made in reversing the centralisation of services caused by the Covid-19 Pandemic. As the TCS and Velindre Futures Programme progresses further work is planned to determine additional outreach locations for SACT delivery in collaboration and partnership with Local Health Board partners. The total capacity will need to increase further to achieve the required level of throughput i.e., increase to the 12-hour sessions in accordance with the TCS Planning Assumptions.

39. The work undertaken to date identified a number of areas where SACT outreach provision could be located e.g., South Gwent; Cwm Taf to pick up the Bridgend population etc.

Summary of Position

40. The planning assumptions for SACT up to 2022 were robust given the level of activity over that period. Good progress was made in servicing the activity in accordance with the clinical operating model (45% in outreach and 45% at VCC) up until the Covid-19 Pandemic. The Pandemic required a centralisation of services to ensure patient/staff safety and improved service resilience.

41. Plans are in place and being implemented to return to the levels of SACT outreach services in 2019 (37%) and then progress to achieving the 45% ambition contained within the TCS Clinical Model.

42. Based on the current assumptions and scenario modelling undertaken at this point a number of important aspects are evident:

Day of opening: 2025/2026

i. the nVCC has SACT sufficient capacity on the opening day (2025/2026). The modelling identifies the need for 12 or 15 SACT chairs and the nVCC will have 20 available.

ii. the worst-case scenario on opening in 2025 (i.e., that no activity is delivered in outreach) identified the need for a maximum of 29.2 SACT chairs. The provision on day 1 2025 could potentially cope with that as it has 20 SACT chairs and 15 clinical trials spaces (which could be used flexibly) to deliver SACT. The likelihood of this scenario is considered to be very low.

iii. the impact of the Covid-19 resulted in centralisation of SACT services with SACT in outreach settings and resulted in only 16% being delivered in outreach in 2021. This is also the current performance up to September 2022.

iv. There are plans in place to return to SACT outreach services by the end of 2022 which will see 17 SACT chairs in Prince Charles and Nevill Hall; albeit not at 12 hours. This level of delivery will take the Trust back to similar levels of provision to March 2019 with further plans to be developed with Health Board partners in other locations over the next month's/years. This provides a good level of confidence that the 45% outreach ambition can be achieved by 2025 and potentially surpassed if required.

v. It is important to note that the planning for provision of SACT outreach capacity post-covid/medium term must be undertaken in accordance with the principles of the TCS clinical model e.g., care as close to home as possible; equity of access across the region; consistent level of care for all irrespective of where it is delivered. The development of other locations across the region as part of the Velindre Futures programme is important in ensuring these principles are achieved.

Looking ahead: 2031

vi.   The longer-term SACT capacity at nVCC is also resilient based upon the current modelling with 19 SACT chairs required in 2031 based on the worst-case scenario i.e., 5% forecast demand from 2024 onwards. This is supported by the availability of the additional 15 clinical trials spaces.

vii.   It is important to note that the clinical operating model will seek to deliver as much care locally in outreach as possible in the future in accordance with patient's needs. Notwithstanding this, if further capacity is required at nVCC there are a range of ways this could be achieved e.g., longer working days, more days of the week etc. This provides further resilience/surge capacity if required.

Annex C: *Governance and Reporting Structure*

Trust Board

Quality, Safety & Performance (QSP) Committee

Strategic Development Committee (SDC)

TCS Scrutiny Sub-Committee

Direct reporting line to Trust Board

Executive Management Board (EMB) Shape*
Incl. Transformation Board

Change Team*
*Provides capability development, and collated assurance for EMB.

Strategic Clinical & Scientific Board

Strategic Capital Board*
*To incl. other WBS and TCS Capital projects

Velindre Futures Programme Board*
*To incl. other VF projects

VCS SLT

Project 1 Enabling Works for nVCC

Project 2 nVCC

Project 3a IRS (Capital)

Projects 3b & c Equipment

Project 6c Transition VCC to nVCC

AoS – VCS implementation

Project 3a IRS (Implementation)

Project 6a Design of nVCC Clinical Model

Project 6b nVCC clinical model delivery

Project 5 Outreach (Capital)

Project 7 VCC De-commissioning

Project 4 Radiotherapy Satellite Centre

Digital* *(content & scope tbc)*

Nuffield Recommendations for VCS

Project 4 RSC (Clinical service model)

Project 5 Outreach (Clinical Service Model)

External regional forums receiving updates from TCS:

Collaborative Cancer Leadership Group (CCLG)

Partnership Boards

Key:
- – – – Indirect reporting
- ———— Direct reporting line
- ———→ For Clinical Input as required
- TCS Projects
- TCS Sub-Projects
- Corporate Governance (Managed by HQ)
- Recommended new team from OfD workstream

TCS and Velindre Futures

Project Arrangements

July 2023

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TCS Spending Objectives

- ✓ **Investment Objective 1:** To provide patients with high quality services that deliver optimal clinical outcomes

- ✓ **Investment Objective 2:** To continuously improve clinical outcomes by being a leader in research, development and innovation

- ✓ **Investment Objective 3:** To achieve all national cancer and clinical standards and practice which are considered to be best in class internationally

- ✓ **Investment Objective 4:** To deliver cancer services to the population in most cost effective, efficient and productive manner

- ✓ **Investment Objective 5:** To deliver a high quality and sustainable service

Corrigan Jessica 26/10/2023 08:46:21

TCS Programme Business Case (2016)

Projects contributing to achievement of TCS Programme and Spending Objectives

Project	Name
TCS projects (original)	
	1 Enabling works
	2 nVCC
	3 Digital and equipment
	4 Radiotherapy Satelite Centre
	5 Outreach services
	6 Transition
	7 Decommissioning of VCC
Projects (emerged during the programme)	Acute oncology services
	Cardiff Cancer Research Hub
	Bone Marrow Translant
	Unscheduled Care / Delivering Emergency Care Services (national programme)

TCS Programme Business Case (2016)

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Velindre Cancer Centre

GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

TCS Programme

Project		New projects that have emerged
TCS projects (original)		
	1 Enabling works	Acute oncology services
	2 nVCC	Cardiff Cancer Research Hub
	3 Digital and equipment	Bone Marrow Transplant
	4 Radiotherapy Satelite Centre	Unscheduled Care / Delivering Emergency Care Services (national programme)
	5 Outreach services	
	6 Transition from VCC to nVCC	
	7 Decommissioning of VCC	

Responsible Programme

TCS	Velindre Futures	Projects to be assigned
1. Enabling works	Acute oncology services	Cardiff Cancer Research Hub
2. nVCC	5. Outreach services/service implementation	Bone Marrow Transplant Case (Cardiff and Vale UHB) project)
3. Digital and equipment	4. Radiotherapy Satellite Centre (service implementation)	
4. Radiotherapy Satellite Centre (construction)	3a. IRS implementation (phase 1 -2)	
6. Transition from VCC to nVCC (planning phase)		
7. Decommissioning of VCC		
	Unscheduled Care / Delivering Emergency Care Services (national programme)	

ness Case (2016)