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Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Full Business Case: March 2023

new Velindre Cancer Centre

Management Case

MANAGEMENT CASE

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1 INTRODUCTION

Approach

- 1.1 The OBC laid out a proposed Project Management structure and governance approach to ensure the effective delivery of the nVCC Project. This included recruiting and developing a number of skilled and experienced project officers to meet the future demands relating to the implementation of the nVCC Project.
- 1.2 A resourced structure has been in place to guide the project through the commercial set up, pre-qualification, competitive dialogue and successful participant phases, these arrangements have now been refreshed to support the implementation phase of the nVCC Project.
- 1.3 As previously set out in the Strategic Case the nVCC Project is one of seven projects that make up the Transforming Cancer Services (TCS) Programme. This Programme has the responsibility to ensure effective co-ordination and congruence with the other elements of the TCS Programme and wider Trust.
- 1.4 This FBC provides an update to the management arrangements to cover the construction, post-construction and evaluation phases of the nVCC Project to time, cost and quality. This FBC Management Case outlines the approach to the following and is supported with a range of detailed appendices:
 - Project Management arrangements;
 - External advisors;
 - Use of specialist advisors within NHS Wales;
 - Project scrutiny and assurance;
 - Procurement and contracts management;
 - Change control;
 - nVCC project plan;
 - Benefits realisation;
 - Communication and engagement;
 - Risk management; and
 - Arrangements for post-project evaluation.

2 PROJECT MANAGEMENT ARRANGEMENTS

Introduction - Project Leadership

- 2.1 This section of the Management Case provides an overview of the Project Management structure and individual roles and responsibilities as detailed in Appendix **FBC/MC1**.
- 2.2 Velindre has recruited (and largely retained) a Project Leadership team to deliver the procurement phase of the project. The aim (as set out in this FBC) is to refresh and confirm this structure to cover the effective management of the construction, post-construction and post-project evaluation phases of the nVCC Project.
- 2.3 The key individual roles and responsibilities in this structure are set out in Table 1 below:

Table 1 - nVCC Project Leadership Team and Roles and Responsibilities

Role	Name/Status	Responsibility
Senior Responsible Owner (SRO)	Steve Ham	The SRO is accountable for the success of the nVCC Project and the wider TCS Programme. The SRO is responsible for enabling the organisation to exploit the new environment resulting from the nVCC Project, meeting the new business needs and delivering new levels of performance, benefit, service delivery and value. The SRO owns the vision for the nVCC Project and is required to provide clear leadership and direction.
Project Director	David Powell	The Project Director reports to the SRO and is accountable for the nVCC Project delivery to time cost and quality. The Project Director will provide leadership and positive team working to create an environment that facilitates effective project delivery across all phases of the project.
Assistant Project Director (APD)	Mark Ash	A senior role that provides professional advice and support to the nVCC Project Director. Responsible for the financial and commercial aspects of the nVCC Project. This includes the financial planning for the project, financial reporting, and financial risk management. This role leads on management of the Mutual Investment Model (MiM) Project Agreement, Service Level Specifications and the Annual Service Payment mechanism.

2.4 The Project also contains specialist support roles as shown in Table 2 below.

Table 2 - nVCC Project – Specialist Support Roles

Role	Name/Status	Responsibility
Strategic and Commercial Director	Huw Llewellyn	This role provides support and advice on commercial issues as well as providing a bridge to the equipment and digital elements of the TCS Programme.
Technical Director	Phil Morgan (MDA Consult Ltd)	This post oversees the technical elements of the project and ensures oversight of the Developer’s technical solutions. This role also links across to the enabling works project within the TCS Programme.
Technical Support Managers	To be Appointed in due course	The Technical Support Managers will report to the Technical Director and have responsibility for monitoring elements of the construction and commissioning of the nVCC and ensuring compliance with all technical obligations.

2.5 The Project Team includes clinical/operational leads as shown in Table 3 below.

Table 3 - nVCC Project - Clinical and Service Leads

nVCC Clinical Leads	Prof Tom Crosby and team	The nVCC Project has a clinical lead responsible for leading a group of clinicians in order to ensure clinical focus on the nVCC Project and that patient experience and quality is always a primary consideration. The role includes ‘sense-checking’ design solutions and cross-checking these to service requirements, service developments and initiatives elsewhere.
nVCC Service Transformation Director	Andrea Hague and team	The nVCC Project has a Service Transformation Director who will be responsible for delivering the operational requirements of the project. This role, will work closely with the clinical lead and includes responsibility for leading on equipment, digital and hospital transition and commissioning.

Project Management (The Methodology)

2.6 The delivery of the nVCC Project is managed in accordance with PRinCE2 (‘Projects in a Controlled Environment’) methodology suitably adapted for local circumstances (in order to meet the needs of this Project).

2.7 The nVCC Project follows a set of principles contained within the TCS Programme Execution Plan (PEP) and Project Initiation Document (PID), these principles are:

- Consideration of the views and interests of patients, staff and all stakeholders in all decision-making;

- Compliance with corporate governance and policy;
- Compliance with good project management practice;
- Open and regular reporting of Project progress and performance.
- Effective monitoring/review processes (continuous Quality Assurance (QA));
- Effective change/issues/problem management;
- Comprehensive acceptance procedures;
- Appropriate documentation and record keeping.

Project Governance and Management

- 2.8 The nVCC Project controls and co-ordinates a series of workstreams that are updated to reflect each phase of project delivery.
- 2.9 The nVCC Project also looks outwards to the TCS Programme, Velindre's Corporate Governance arrangements and that of Welsh Government's sponsorship, scrutiny and approvals process. In particular, focus is on timely approvals and the effective escalation of risks and issues to senior sponsors.
- 2.10 The Project Governance Arrangements work on three levels:
- Welsh Government (Strategy & Policy) – **Level 1**
 - Velindre University NHS Trust (Corporate) – **Level 2**
 - Velindre University NHS Trust (Operational / Project) – **Level 3**
- 2.11 The details of the Project Governance Arrangements are in Appendix **FBC/MC2**.
- 2.12 The governance arrangements include a TCS Programme Scrutiny Sub-Committee that provides assurance to the Trust Board. The terms of reference of this sub-committee are included in Appendix **FBC/MC3**.
- 2.13 An Integrated Assurance and Approvals Plan (IAAP) for the nVCC Project sets out all the required approvals for the Project and the governance route for each key deliverable. This enables alignment of approval decisions with the Trusts' governance schedule of meetings. The IAAP (v3.0) is set out in Appendix **FBC/MC4**.

Project Management Office (PMO): Roles and Responsibilities

2.14 The nVCC Project has a central Project Management Office (PMO) to control and co-ordinate activities. The roles within this team are set out in Table 4 below.

Table 4 - Project Management Office (PMO) and Administration Specific Roles and Responsibilities

Role	Name / Status	Responsibility
Principal Project Manager (PPM)	Andrew Davies	<p>The Principal Project Manager has overall responsibility for the delivery of all sub projects/workstreams to time, cost and quality. The Principal Project Manager also ensures the project is aligned to the overarching TCS Programme.</p> <p>Key to the success of this role is the efficient and effective recruitment and use of project resources, the identification and management of, interdependencies, risks and issues, benefits delivery, providing project assurance and ensuring effective decision making through VUNHST internal governance and Welsh Government governance structures.</p>
Authority Construction Surveyor (ACS)	To be confirmed	<p>The Authority Construction Surveyor will oversee delivery of the nVCC Projects construction works in accordance with the Trust's requirements. The ACS will monitor the work of contractors and subcontractors and notify the Client's Agent (CA), Independent Tester / Certifier and contractor of any potential issues. The ACS will review the quality of works on site taking into consideration workmanship, building in accordance with the design/specification, overseeing the commissioning etc and will be the daily site liaison officer with all site stakeholders.</p>
Senior Project Managers (SPM)	Peter Sowerby <i>(Additional recruitment TBC)</i>	<p>The Senior Project Managers have the responsibility for supporting the sub-project leads with the initiation, planning, execution, monitoring, controlling and eventually closure of their sub-projects. They provide a structured approach to support the delivery of the key deliverables and provide an escalation route for risks. They report professionally to the Principal Project Manager.</p>
Project Managers (PM)	Craig Salisbury; Hannah Moscrop; Michelle Pearce <i>(Additional recruitment TBC)</i>	<p>The Project Manager(s) are responsible for supporting the PPM with the delivery, monitoring, controlling and eventual closure of the nVCC Project. As with the SPM, they will provide a structured approach to support the delivery of the key products and provide an escalation route for risks.</p>
Finance Business Partner	Eurwen Williams	<p>The Finance Business Partner will provide financial accounting, planning, management and governance advice along with support and information to the Project.</p>

Role	Name / Status	Responsibility
Project Support Officer (PSO)	Jenny Welsby	The Project Support Officer will provide project support and administration services. This will include co-ordinating meetings, capturing issues, decisions and actions. The post-holder will act as a configuration management librarian and oversee all document control.
Project Administrator (PA)	Sue Poole; Stefan Dale; Ellie Gregory; Jessica Jenkins	The Project administrator's duties include scheduling meeting times and locations, taking meeting minutes, capturing action points and arranging training for project staff. In addition, the project administrators participate in budget administration, providing analysis and maintaining project records and facilitating procurement.

Other Roles

2.15 There are a range of ancillary roles within the nVCC Project which are set out in Table 5 below.

Table 5 - Other Roles

Role	Overview
Project MIM Transactor	The Transactor is a Welsh Government (WG) Officer responsible for Government oversight of the project and managing the interface of the nVCC Project with the WG team.
Chief Digital Officer	The Chief Digital Officer is responsible for delivering the enabling digital requirements for the nVCC ensuring congruence with Velindre and Welsh NHS digital strategies and initiatives.
Communication	The Communication Lead is responsible for managing internal and external communications during the construction, post-construction and evaluation phase.
Engagement	The Engagement Lead is responsible for managing engagement activities with staff, patients, public and key stakeholders.
Estates & FM	The Estates and Facilities Management (FM) Lead is responsible for ensuring the Project addresses the operational requirements of Velindre.

Project Delivery Model

- 2.16 nVCC Project's delivery will be managed through a series of workstreams, each supported by a Terms of Reference, led by a member of the nVCC Project Leadership Team as set out in Table 6 below:

Table 6 - Project Delivery Model (workstreams)

Workstream	Lead
Construction Monitoring	Project Director
Hospital (Design Management)	Project Director
Commercial / Legal	Assistant Project Director
Community Benefits	Assistant Project Director
Facilities Management	Assistant Project Director
Transition & Commissioning (All)	nVCC Service Transformation Director
Equipment	nVCC Service Transformation Director
Digital	nVCC Service Transformation Director
Post Project Evaluation / Benefits Realisation	Project Director
Management Forum	Assistant Project Director
Communication & Engagement	Assistant Director of Communications
Enabling Works Alignment	Project Director

- 2.17 The Project Management Office (PMO) will support the project delivery workstreams. Their roles will migrate through the next stages of the nVCC Project to include all matters pertaining to the implementation and commissioning.

TUPE and Employment Matters

- 2.18 It is not anticipated that there will be any Velindre University NHS Trust staff transfers under the "Transfer of Undertakings (Protection of Employment) Regulations (TUPE) 2006" as amended by the "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014" to Project Co (or its Sub-Contractors) in respect of the Project.
- 2.19 This assumption has been made as a result of detailed discussions with service leads within the existing Velindre Cancer Centre and by using their local and detailed knowledge of future service changes and advancement of clinical treatments.
- 2.20 As the project approaches Financial Close, the Authority will continue to monitor all workforce assumptions, including those relating to TUPE.
- 2.21 If there are any non-Trust staff identified as being at risk at the end of the 25-year period when the building's ownership is handed over to the NHS the Trust will act in accordance with the TUPE legislation that is applicable at that time.

Project Tolerances and Delegated Authority

- 2.22 The nVCC Project tolerances have been approved by the Trust Board as part of the approval of the procurement strategy and will be monitored throughout the project lifecycle. These are set out in Table 7 below:

Table 7 - Project Tolerances

Description	Category	Measure	Escalation trigger
Overall project completion date	Time	Plan as approved by Programme Delivery Board	+3months or moves 1 st Patient to beyond 4 th quarter of 2025
Overall annual cost of solution	Cost	Unitary Charge approved in OBC	+5%
Project capital costs	Cost	Capital cost approved in OBC	+5%
Project transaction costs	Cost	Project costs as approved by WG	+5%

- 2.23 In addition to the approved tolerances the nVCC Project has a delegation framework, which allows for streamlined approvals and the effective escalation of risks and issues to a level where senior sponsors can intervene as necessary. Any expected breach of the tolerances outside of those specified above will be escalated to the Strategic Capital Board (SCB), or a higher authority.
- 2.24 Delegation of authority is integrated within, and aligned to, the Trusts' governance arrangements. This will provide clarity in respect of delegated authority for the Leadership Team and ensure that the nVCC Project Board and Trust Board have the appropriate level of scrutiny, oversight and control during the process, and overall accountability throughout the lifecycle of the project.

Equipment and Digital Procurement, Commissioning and Implementation

- 2.25 The Director of Strategic Transformation, Planning and Digital is the Project Director for Digital and Equipment for the nVCC Project.
- 2.26 During implementation, oversight of the digital and equipment commissioning process is provided by an Equipment Committee. This Committee is prescribed in the Project Agreement and supported by the Successful Participant, Equipment Advisors, suppliers and NHS Wales Shared Services Partnership (NWSSP) Specialist Estates Service. The Equipment Committee will deal with the detailed planning, coordination and implementation of all equipment at the nVCC.

- 2.27 A detailed Digital Activity Plan has been produced to set out the full range of activities required to ensure the digital capability of the new Velindre Cancer Centre. The Digital Activity Plan is included within appendix **FBC/MC5**.
- 2.28 The equipment for the nVCC divides into a range of groups 1 to 5, each equipment group has different specification, procurement and installation responsibilities which are aligned to the commercial deal with the Successful Participant (SP). A copy of the draft Key Clinical Equipment Outline Commissioning Programme (KCEOCP) is set out at appendix **FBC/MC6**.
- 2.29 The groups of equipment 1-5 and their respective descriptions and responsibilities are set out below:

Group 1A

This equipment is specified by the Authority and provided and installed by the SP – the programmes and processes for selection and installation are included in the SP’s commissioning programme.

Group 1B

This equipment is specified, provided and installed by the SP – the programmes and processes for selection and installation are included in the SP’s commissioning programme.

Group 2A

This equipment is provided and installed by the Authority – this relates mainly to the Trusts Integrated Radiotherapy Solution (IRS) equipment. This element of equipment is subject to an interface agreement as laid out in the commercial case. The Authority’s IRS team will oversee the management of the commissioning process and use the Equipment Committee to deal with planning and interface issues.

Group 2B

This equipment is specified, procured and delivered by the Authority, but installed by SP. The Trust in collaboration with the relevant procurement frameworks will seek to further enhance the standard framework terms and conditions to include a stronger commercial link with the MiM Project Agreement.

Group 2C

This equipment is specified, procured by the Authority but delivered and installed by the SP. The Trust in collaboration with the relevant procurement frameworks will seek to further enhance the standard framework terms and conditions to include a stronger commercial link with the MiM Project Agreement.

The project procurement documents cover a set of principles in relation to this element of equipping (The SP letter confirms these principles (see appendix **FBC/MC7**).

Group 3

This equipment is provided and commissioned by the Authority. This breaks down into 3 principle groups:

- **IRS Equipment:** as described above, the IRS equipment co-ordination and installation (mainly Group 2a) will be overseen by the IRS Implementation Board.
- **Furniture and Fittings:** due to the interface with interior design, the Authority design team will oversee the procurement and installation of this element.
- **Miscellaneous equipment including FM equipment:** the Authority equipment team will oversee the procurement and commissioning of this category. It will require co-ordination with the furniture and fittings workstream.

Group 4

This equipment group is predominantly low-cost equipment that often does not have a requirement for fitting or are consumable in nature. This equipment is the responsibility of the Trust to specify and procure. Some Group 3 and 4 equipment will be suitable to transfer.

Group 5

All Group 5 equipment is equipment, that is being transferred from the existing VCC and is further split into two subgroups 5A and 5B

- **5A** – The Authority is responsible for the delivery and installation, via a sub-contractor eg IRS Linacs.
- **5C** – SP is responsible for the delivery and installation and initial technical commissioning eg CT SIMS.

Management of Programme Interdependencies

- 2.30 There are a number of key programme interdependencies that need to be managed to ensure successful delivery of the nVCC Project. This relates especially to the major equipment interface.
- 2.31 These, and other dependencies, currently sit under the TCS Programme overseen by the TCS Programme Delivery Board (PDB). This arrangement has been in place from the inception of the nVCC planning. However, Velindre is currently refreshing these governance arrangements to reflect new Board Structures set out in Table 8 below, as the Trust moves into the implementation phase of the programme:

Table 8 – TCS Governance future arrangements

Strategic Capital Board (SCB) (former PDB)	Velindre Futures
Project 1 – Enabling Works	Project 3a IRS (Implementation)
Project 2 – nVCC	Project 4 – RSC (Clinical Service model only)
Project 3a – IRS (Capital aspects only)	Project 5 – Outreach (Clinical Service Model)
Projects 3b & c – Equipment (Clinical and Non-clinical)	Project 6a – Design of nVCC Clinical Model
Project 4 – RSC infrastructure only	Project 6b – nVCC Clinical Model delivery
Project 5 – Outreach (Capital aspects only)	Nuffield Recommendations for VCS
Projects 7 – VCC Decommissioning	
<i>Digital (content and scope TBC)</i>	
Project 6c Transition to nVCC (to report into both VF and SCB)	

- 2.32 The interdependencies and project alignment will be reviewed monthly against the Master Programme, with regular risk reviews and exception reporting also being undertaken.
- 2.33 The Integrated Assurance and Approval’s Plan (IAAP) (see appendix **FBC/MC4**) allows the nVCC Project Board and overarching TCS Programme Delivery Board to coordinate key deliverables and Programme interdependencies with the required levels of scrutiny and governance.

- 2.34 In order to maintain co-ordination and alignment of these connected initiatives the nVCC Leadership Team have direct links into both projects. The overarching Programme Plan, which includes the nVCC Project, identifies the connections between each Project and the critical path of dependent activities. All the Project Directors are members of the current TCS Programme Delivery Board.
- 2.35 The design of the IRS Project (and the resultant IRS Contract) relates to all facilities. The project also supports the maintenance of operational services at the existing Cancer Centre through the transitional period into the new operating arrangements. Interfaces between each of the projects are monitored and risks managed at both project and programme level. The current TCS Programme Plan sets out the critical interdependencies between the respective Projects within the TCS Programme, this is regularly reviewed for alignment and to ensure that the respective projects are on track.
- 2.36 The nVCC Project also interfaces with projects within Velindre's service change initiative the Velindre Futures Programme, where there are also critical interdependencies.

3 CHANGE CONTROL AND CHANGE MANAGEMENT

Introduction

- 3.1 This section of the Management Case sets out the approach to change control and change management.

Change Control

- 3.2 The Change Control process is managed by the Project Management Office (PMO). The Change Control administration comprises of:
- Change Control Management Document - which gives guidance of version control in regard to documents and the change control procedure;
 - Change Management Log - captures all version controlled PMO documents/products;
 - Change Form - formal process staff are required to follow to request change to a version-controlled document/products; and
 - Change Log - this captures all change requests.
- 3.3 The Project Team, and external contractors, are expected to comply fully with the Change Control Procedure.

Change Management Principles

- 3.4 The Change Management principles of the framework are to:
- Recognise the need to maximise the benefits of the change for patients, who should be at the heart of the changes made;
 - Take advantage of the time required to complete the development to start the change process immediately and avoid risks related to a 'big bang' approach;
 - Test and prove the changes through careful piloting of any aspects of the new models and processes that can be implemented before the new facility is finally commissioned;
 - Work in partnership with staff and other stakeholders both within and outside VCC to engage all those involved in the delivery of care in the change process; and
 - Focus on staff skills and development required so staff are both capable and empowered to deliver healthcare effectively and to a high-quality standard in the new facility through new models of care.

The Project Change Management Approach

- 3.5 The PMO has designed a change management approach that encompasses the framework and principles outlined above.
- 3.6 The change management process was implemented alongside the development of the OBC.
- 3.7 Where proposed changes to service impact on the workforce, the NHS Wales Organisational Change Policy will apply. This document makes clear the onus upon the service to consult with staff affected and their individual employment rights.

The Change Management Plan

- 3.8 A Change Management Plan will be developed. Once the FBC has been approved, three actions will occur:
- The Core Plan will be reviewed to identify other relevant areas that need to be included;
 - Detailed plans will be developed for each of the tasks in the Core Plan; and,
 - A change timetable will identify the high-level milestones.
- 3.9 Table 9 below sets out the core plan and the main tasks identified to date.

Table 9 - Change Management Plan

Area	Planned tasks
Planning phase	<ul style="list-style-type: none"> ✓ Appoint key Project roles and Change Managers, confirming responsibilities and leadership ✓ Confirm stakeholders and interested parties both within and outside VCC ✓ Develop core plan in more detail, identifying high level milestones for the Change Management Plan, mapped to the overall Project Plan ✓ Confirm involvement of HR, managers and other individuals/groups in the process
Communications and stakeholder engagement	<ul style="list-style-type: none"> ✓ Confirm communications lead and protocols (route and timing of approval of communications) ✓ Develop communications routes, including face to face briefings bulletins, intranet pages ✓ Formulate and agree key communications messages against high level milestones ✓ Set up stakeholder map and engagement plan ✓ Launch change Programme ✓ Ongoing communications work

Area	Planned tasks
Training and development	<ul style="list-style-type: none"> ✓ Complete detailed workforce planning to identify 'shadow' structures, roles and competencies for those roles ✓ Work with staff through workshops and other training to clarify the workings of the new Service Models and how these will impact in practice ✓ Identify training and development required to fulfil roles and competencies ✓ Develop training plan, aligned to pilot work and overall milestones in implementation plan ✓ Link training and development into communications plan
Piloting	<ul style="list-style-type: none"> ✓ Identify and confirm areas where piloting of new models and practice will be implemented ✓ Confirm schedule of pilot work, mapped against high level project and change management milestones ✓ Agree feedback arrangements from pilots and how this links into training/development, communications and overall change management plan ✓ Execute pilots, feedback and report progress
Full Implementation	<ul style="list-style-type: none"> ✓ Identify scheduling/phasing of full implementation at VCC ✓ Using results of piloting and training work, develop detailed implementation and transition plan, mapped to project phasing ✓ Discussion and agreement with key staff ✓ Execute implementation and transition plans

- 3.10 Detailed planning to manage the transition of the current service and operations at the existing Velindre Cancer Centre to the new site will form the basis of a dedicated project (Project 6c Service Transition) under the direction of the Director of Transformation.
- 3.11 Project 6c reports jointly to both the Velindre Futures Programme Board and Strategic Capital Board to ensure alignment and consistency of planning.
- 3.12 A comprehensive Transition Plan will be developed as part of this project.
- 3.13 Assurance of the transition process will also be provided via a Gate 4 Review: Readiness for Service which will be undertaken after the project has been approved as ready for service.

4 EXTERNAL ADVISORS

- 4.1 This section sets out the external consultant arrangements that support the delivery of the nVCC Project and their respective roles.
- 4.2 The contract management arrangement for external advisors is set out in the Procurement Section of this Management Case.
- 4.3 Table 10 below sets out the Project’s external advisory team:

Table 10 - External Advisors

Technical Advisors

Consultant	Roles and Responsibilities	Trust Lead
MDA Limited	Engineering design advice and services	Project Director
JCA Limited	Architectural advice and services	Project Director
Phil Roberts	Design and sustainability consultancy	Project Director
Mott MacDonald	Facilities Management and Energy advice	APD
Hulley & Kirkwood	Mechanical Engineering advice and support	APD
Macgregor Smith	Provide Landscape advice and support	APD
Phil Jones	Environmental design support	APD
Urbanists	Planning advice for the nVCC and associated access	APD
WSP	Civil and Structural engineering support	APD
Simon Fenoulhet	Arts consultancy	APD

Professional Advisors

Consultant	Roles and Responsibilities	Trust Lead
Pricewaterhouse Coopers	Financial and modelling advice	APD
DLA Piper	Provide legal and procurement advice	APD
Willis Tower Watson	Provide specialist insurance advice and services	APD
Archus UK Limited	Business Case and economic modelling services	APD
Faithful & Gould	Cost consultancy	APD

Other Advisors

Consultant	Roles and Responsibilities	Trust Lead
Down to Earth	Environmental design and community benefits advice	APD
Channel 3	Digital advice and support	APD

*APD – Assistant Project Director

5 USE OF SPECIALIST ADVISORS WITHIN NHS WALES

5.1 The nVCC Project utilises a number of specialist advisors provided via the NHS Wales Shared Services Partnership (NWSSP) and other areas of the NHS in Wales.

5.2 These include the following:

- NWSSP – Specialist Estates Services;
- NWSSP – Procurement Services;
- NWSSP – Legal and Risk Services;
- Health Education and Improvement Wales (HEIW); and
- Digital Health and Care Wales (DHCW)

6 EXTERNAL PROJECT SCRUTINY AND ASSURANCE

6.1 To provide project assurance, a range of external reviews and audits will take place. These fall into the following categories:

- Gateway Reviews or Project Assurance Reviews;
- Commercial Approval Points (Mutual Investment Model); and
- Internal Audit.

Gateway Reviews

6.2 The Infrastructure Projects Authority (IPA) Gateway Review process examines Projects at key decision points in their lifecycle. As part of this process, an independent expert team assesses the delivery confidence of a Project or Programme.

6.3 The different gates are identified below in Table 8 and are as follows:

Table 8 - Gateway Review Themes

Gate	Scenario
0	Strategic Fit (Programmes Only)
1	Business Justification
2	Delivery Strategy
3	Investment Decision
4	Readiness for Service
5	Operations Review and Benefits Realisation

Commercial Approval Points (CAPs)

6.4 The Welsh Government MIM assurance framework includes Commercial Approval Points (CAPs).

6.5 A CAP considers the impact of project-specific commercial factors in relation to:

- Affordability;
- Value for Money;
- Deliverability; and
- Commercial and compliance aspects of a Project.

6.6 The sequence and stage of Commercial Approval Points (CAP's) are set out in the Table 9 overleaf.

Table 9 - CAP Sequence

Description of Procurement Activity	CAP No.
Pre OJEU	1
Pre-Competitive Dialogue	2
Mid Dialogue	3
End of Dialogue	4
Pre-Financial Close	5

Internal Audit

- 6.7 NHS Wales Shared Services Partnership provides Internal Audit services to Velindre. The nVCC Project forms an integral part of the Trust’s annual audit cycle due to its significance to the organisation.
- 6.8 There is a continuous stream of Internal Audit reviews of the Project and Internal Audit attend the nVCC Project Board.
- 6.9 Table 10 below sets out the audit and assurance reviews that have been undertaken on the nVCC Project to date. A Gate 3 review “Investment Decision” is due to coincide with the Welsh Government scrutiny of this Full Business Case (see appendix **FBC/MC8** for Welsh Government Gate 2 (Critical Friend Review) report undertaken in April 2018).

Table 10 - Assurance Reviews Summary and Outcomes

Assurance Review	Stage / Title	Date	Outcome
Commercial Approval Point	1	February 2021	Proceed
	2	July 2021	Proceed
	3	February 2022	Proceed
	4	May 2022	Proceed
	5	Feb/Mar 2023	tbc
Gateway	1	N/A*	N/A*
	2	January 2017	Amber
	2 (Critical Friend Review)	April 2018	Amber
	3	Feb/Mar 2023	tbc
	4	tbc	tbc
	5	tbc	tbc
Internal Audit	MIM Procurement	June 2022	Substantial Assurance

*Note * - Gateway 2 in January 2017 was the first gate review of the project.*

7 PROCUREMENT AND CONTRACT MANAGEMENT

Introduction

7.1 This section of the Management Case describes the Trust’s approach to managing the procurement of the nVCC. It will cover the following areas:

- The managerial and governance approach to delivering a successful MIM Competitive Dialogue process;
- Scope of all procurements relating to nVCC;
- The management and oversight of the construction period; and
- The Trust’s organisation to manage contractual arrangements during the operational phase.

Procurement Scope

7.2 The overall scope of procurements required to deliver the nVCC are outlined in Table 11.

Table 11 – Scope of Procurements

Project	Procurement Arrangements
Construction of nVCC	Supported by NWSSP – Procurement Service and External Advisors Route OJEU/FTS Process 1. Project Agreement and Procurement Documents; 2. Competitive Dialogue; 3. Preferred Bidder
Clinical and Non-Clinical Equipment	Supported by NWSSP – Procurement Service and Capital Equipping Team Route OJEU for Integrated Radiotherapy Solution Procurement (<i>See Radiotherapy solution PBC</i>) Other Major Equipment (OJEU or Framework)
IM&T	Supported by NWSSP-Procurement Service and Capital Equipping Team Route Exploit existing IM&T Frameworks

New Velindre Cancer Centre (nVCC)

- 7.3 The nVCC will be funded, procured and maintained via Welsh Government's MIM. This model has a standard form Project Agreement (PA) which requires the Trust to personalise it (within agreed parameters) to meet the needs of the specific nVCC Project.
- 7.4 As outlined in the Commercial Case, the nVCC launched the procurement via an Official Journal of the European Union (OJEU)/ Find a Tender Service (FTS) advertisement.
- 7.5 The method of procurement was via a Competitive Dialogue process where bidders competed against one another to improve on a reference design. Final tenders were submitted from the bidders and Acorn consortium was selected as the Successful Participant (SP).
- 7.6 The Acorn consortium team includes Kajima Partnerships, Sacyr, Aberdeen Investment, and Kier Facilities Services.

Method and Approach

Process to Financial Close

- 7.7 Following appointment of the SP, Acorn and Velindre are working together to secure the following:
- Determination of Reserved Matters;
 - Completion of Design to Stage 3;
 - Completion of competent set of enabling works;
 - Refinement and completion of PA;
 - Confirmation of financial and commercial terms;
 - Funder sign-off.
- 7.8 Following these actions, the Trust and Acorn will execute a Financial Close and sign the PA.

Contract Management during Construction

- 7.9 The Successful Participant will develop agreed plans for the nVCC, have submitted a Reserved Matters application in October 2022 and will commence construction after Financial Close.
- 7.10 Due to the size and complexity of the build there will be the need to consider the management of change controls throughout the construction. Issues will

arise, whether these are simply points of clarity, unforeseen design challenges, or omissions in the original design. The Project Agreement makes provision for the formal notification of changes during construction.

- 7.11 All change controls and early warnings must follow the specified governance arrangements which will remain in place for monitoring and approval purpose throughout the construction, post-construction and evaluation phases.
- 7.12 To fully control this process the Trust has purchased the Asite sharing portal which was successfully used during the procurement phase. It is proposed Asite will be used to manage all construction change controls as it is a fully auditable system that allows for the mark-up of architect's drawings, recording early warning notifications and compensation events.
- 7.13 The Trust will provide an internal team to liaise and monitor the performance and delivery of the MIM contractor:
- i) The nVCC Project Director (supported by the Project Team) will be accountable for managing all change controls during construction, post-construction and evaluation phases and early warning notifications, thus ensuring the best possible balance of time, cost and quality is achieved.
 - ii) The team will meet regularly with the MIM contractor to review:
 - a. Programme;
 - b. Change Controls;
 - c. Compliance with external site restrictions imposed;
 - d. Equipment Commissioning;
 - e. Medical Equipment Commissioning; and
 - f. The Independent Tester / Certifier reports.
- 7.14 The Trust will support the team by the appointment of:
- i) The Trust's Legal and Financial Advisors (to advise on any change controls or early warning notifications).
 - ii) A "Shadow Design" team (to provide engineering, architectural and design consultancy advice) who will be at the Trust's disposal during the construction period to advise on any change controls or early warning notifications.
 - iii) The Trust will also have access to Shared Services, Specialist Estates Services to provide input into any issues around the Technical functionality of the Design, as and when required, and to provide assurance during the commissioning of the hospital facility working with / alongside the Independent Tester/ Certifier.

Role of the Independent Tester / Certifier

- 7.15 The project will use an Independent Tester / Certifier in accordance with the MIM guidance, which is set out in Schedule 13 of the Project Agreement. The Project Agreement specifies the certification requirements, informed by lessons learned from other major schemes such as Edinburgh Schools.
- 7.16 The role of the Independent Tester / Certifier is to ensure that the project meets completion tests in accordance with the requirements of the contract. The Authority Construction Surveyor will monitor the quality of the work and align closely with the Independent Tester.
- 7.17 It is a core requirement of Welsh Government that a specialist team of advisers are in place to provide additional levels of assurance. They will undertake an appropriate level of due diligence during the design and construction of the hospital to ensure all aspects are being delivered in accordance with the requirements and terms of the Project Agreement.
- 7.18 The level of due diligence to be applied will be determined through an informed assessment of the associated risk and the implications of non-compliance.
- 7.19 The team structure will be developed around the core structure in Figure 1 to ensure robust contract management, record keeping, reporting, escalation and communications protocols are in place:

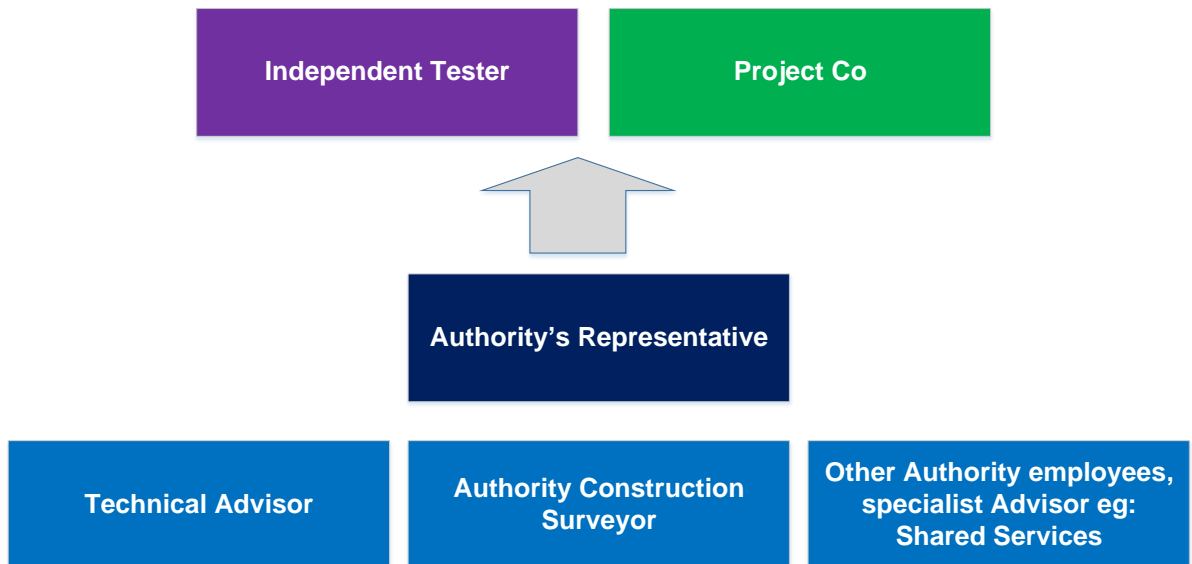


Figure 1 - Structure around Independent Tester / Certifier

In-life Contract Management

- 7.20 The Trust has assessed the anticipated requirements of the In-life Contract Management and has formulated a management structure that will ensure the effective management of the operational contract to ensure it is efficient, effective and achieves optimal performance. The Trust has identified the competence and capacity to achieve this, which is set out in Appendix **FBC/MC9**.
- 7.21 The Trust has recognised that the implementation of this new way of working will require a change in functional capability and structure within the Trust. The Trust will ensure that the knowledge, capacity and expertise to manage the contract and hold the supplier to account is provided through dedicated individuals within the new management team.
- 7.22 The roles of the team will vary from individuals with technical knowledge of the delivery of services, through to individuals with the knowledge and experience of contract management and have the appropriate and suitable negotiation skills to ensure that the contract is run to its optimal level.
- 7.23 The Team will be supported by external advisors (as and when required) and agreed reports from the Independent Tester. This will be in addition to the continuous support from colleagues in NWSSP Specialist Estates Services.
- 7.24 The management of the contract will be mindful of the agreed standards and the monitoring regime required to comply with:
- i) Schedule 12, the Service Level Specifications.
 - ii) Thermal Energy and Efficiency Testing Procedure (Green Credentials).
 - iii) Building Information Modelling (BIM) requirements.
 - iv) Community Benefits.
 - v) Change Procedures.
 - vi) Hand back Procedures.
 - vii) Helpdesk performance
- 7.25 The in-life management team will be fully conversant with the administration and application of the pay mechanism associated with the contract. Agreed protocols for deductions or increases will be agreed with the Welsh Government prior to implementation.
- 7.26 The management structure will ensure continuous liaison with colleagues in the Welsh Government, to develop protocols around medium to large change procedures within the contractual agreements of the MIM contract and to report on the effective and efficient delivery of the contract.

8 nVCC PROJECT PLAN

Introduction

8.1 This section sets out:

- The Project Stage Boundaries;
- Project Planning Methodology;
- High Level Planning Assumptions; and
- Estimated Construction Timeline.

8.2 All Projects are effectively split into stages; these stages often reflect the key activities that are being undertaken during the defined time period. Stage Boundaries provide useful review and authority to proceed to points in the Project.

8.3 The nVCC Project comprises five defined stages that are described in the Figure 2 below that illustrates an estimated timeline.

Project Stages	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026				
Design & Planning (Stage 1)	PS1																												
Procurement & Enabling (Stage 2)			Project Stage 2																										
Construction (Stage 3)										Project Stage 3																			
Commissioning & Operational (Stage 4)																					PS4								
Consolidation & Closure (Stage 5)																								PS5					
* Table in calendar years / quarters	Q1 - January to March Q2 - April to June Q3 - July to September Q4 - October to December																												

Figure 2 - Project Stage Boundaries

Project Planning Methodology

8.4 To achieve a baseline Project Plan major areas of delivery have been scoped and estimated timescales have been derived with advice from the Trust's technical advisors and Welsh Government colleagues. This has allowed baseline activity durations to be developed. This planning process, based on estimated "earliest time to complete" has allowed the development of a baseline Project Planning position.

8.5 This project planning methodology has not had any adjustment for optimism bias or schedule risk analysis and therefore provides an optimistic project timeline.

8.6 The key milestones of the nVCC Master Programme and enabling projects are outlined in Table 12 overleaf.

Table 12 - nVCC Project – Key Milestones (Quarters refer to *calendar year not financial year*)

Key tasks	Target Completion Date	Complete
Planning Application for the nVCC approved by Cardiff City Council's Planning Committee	December 2017	✓
nVCC OBC approved by commissioners	April 2018	✓
nVCC OBC approved by Trust Board	July 2019	✓
nVCC OBC submitted to Welsh Government	July 2019	✓
Asda's Development Agreement approved by Welsh Government	December 2019	✓
Pre-procurement activities: Issue Prior Information Notice (soft market testing) for nVCC Project	January / February 2020	✓
Asda planning process "triggered"	February 2020	✓
nVCC Project Agreement and Procurement Documents approved	February 2020	✓
Planning Application for Asda (access) approved by CCC	September 2020	✓
SRO requests CAP1 for nVCC Project	Quarter 4 2020	✓
Planning Application for Asda access - Reserve Matters and Judicial Review completed	Quarter 4 2020	✓
Welsh Government scrutiny of nVCC OBC completed	Quarter 4 2020	✓
Welsh Government scrutiny of Enabling Works OBC completed	Quarter 4 2020	✓
Easements and land matters (excluding Utilities) complete	Quarter 1 2021	✓
nVCC CAP 1	Quarter 1 2021	✓
Ministerial Approval of nVCC OBC	Quarter 1 2021	✓
Ministerial Approval of Enabling Works OBC	Quarter 1 2021	✓
nVCC OJEU publication issued	Quarter 1 2021	✓
ITPD Issued	Quarter 3 2021	✓
ITSFT Issued	Quarter 2 2022	✓
Enabling Works – Phase 1	Quarter 1 2023	✓
nVCC Competitive Dialogue concludes (Financial Close)	Quarter 1 2023	
Commencement of nVCC construction	Quarter 2 2023	
nVCC open (First Patient)	Quarter 3 2025	
nVCC Fully Operational after Transition	Quarter 4 2025	

Construction Timeline

8.7 The construction timeline has been developed by Acorn. The current construction timeline is 25 months; this overall timeline includes handover of the Imaging Block to happen after 22 months, followed by 5 months of major equipment commissioning. The first patients will be treated at the nVCC in Quarter 3 2025; however other non-clinical areas will still be being finalised up until the 27-month timeline (see appendix **FBC/MC10**).

8.8 Figure 3 below sets out the Project plan for Construction and Commissioning.

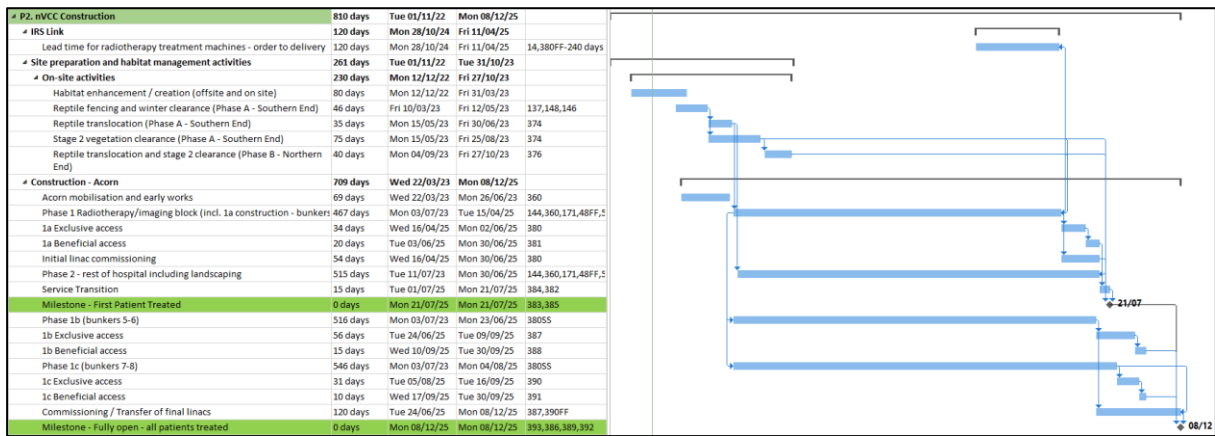


Figure 3 - The Project Plan for Construction and Commissioning

8.9 The Trust is continually reviewing the Master Project Plan for the nVCC Project, part of the TCS Programme, and is in regular contact with the Welsh Government and key stakeholders regarding this matter (see Appendix **FBC/MC11**). There are a range of potential risks that could threaten the current timeline that are currently being mitigated.

9 BENEFITS REALISATION AND ARRANGEMENTS FOR POST-PROJECT EVALUATION

Introduction

- 9.1 This section of the Management Case will describe how the Trust will manage the delivery of the benefits associated with the nVCC Project.
- 9.2 The Outline Business Case outlined the approach to quantified benefits. The quantification of benefits relating to the nVCC include macro benefits / societal benefits from the wider TCS Programme but only where they can be directly attributable to the re-provisioning of the Velindre Cancer Centre, or care pathway attributed to Velindre as an organisation. The Full Business Case assesses the validity of these benefits.

Wider Project Success Measures

- 9.3 The project has recognised that benefits of successful implementation of the nVCC Project extend further than those articulated/directly quantified in the Economic Case. The project also recognises the value of prospective evaluation (i.e., not waiting until after the Project is complete). This has led the nVCC Project and the TCS Programme Delivery Board to design a dynamic process to evaluate a set of 34 success measures that cover:
- Design outcomes
 - Quantifiable benefit outcomes
 - Community benefit outcomes
 - Commercial outcomes
 - Process
- 9.4 The nVCC Project Initiation Document includes details of these benefits, outcome descriptors, SMART measurement methods, and data sources. They are drawn from the project vision and objectives articulated in the Outline Business Case, Procurement Documents, and the Design Brief.

Dynamic Evaluation and Post-Project Evaluation

- 9.5 The nVCC Project has established a Research, Development and Innovation (RD&I) group which will lead on the dynamic evaluation of the project during its lifetime as well as facilitating additional benefits arising from the project.
- 9.6 The RD&I group has already launched a range of projects in partnership with local research institutions. The RD&I group will continue to launch projects during the construction, commissioning and bedding-in phases of the project. The current projects (November 2022) are appended (see **FBC/MC12**).

- 9.7 The project will capture the results of this evaluation process in a Benefits Register. The project will build this register throughout the stages of the project and disseminate learning to all interested parties. The register will include the quantified benefits analysed in the economic case as well as the wider benefits (see **FBC/MC13**).
- 9.8 The RDI group reviews the projects in delivery, future opportunities and the project list at its monthly meetings.
- 9.9 The RD&I group reports into the nVCC Project Board.
- 9.10 Once the project has completed the construction phase, it will undertake a Gate 5 review to review this work.
- 9.11 The nVCC Project Director will be responsible for delivery of the post-project evaluation (PPE). The Assistant Project Director will be responsible for day-to-day oversight of the PPE process, reporting to the nVCC Project Director.

10 COMMUNICATION AND ENGAGEMENT

Introduction

- 10.1 Following the development of the Programme Business Case and the nVCC Outline Business Case, the project developed a communication and engagement strategy (Appendix **FBC/MC14**).
- 10.2 The strategy identified a list of key stakeholders including the following groups:
- Patients, families and carers;
 - Staff and staff representatives;
 - Health Boards;
 - Higher Education Institutions;
 - Potential strategic/commercial partners;
 - Local community groups;
 - The Local Authority;
 - Local Politicians; and
 - Welsh Government Ministers.
- 10.3 The project issues monthly update reports on engagement. The Project Team presents these reports to the Project Board.
- 10.4 The Programme Team incorporates the project engagement plans into an overall Programme report.
- 10.5 As part of the approach to Future Generations, the Project Team has referenced all the project activities and objectives to the Future Generations Act.
- 10.6 The project has tied the Future Generations objectives including method and depth of engagement into its RD&I workstream.

11 RISK MANAGEMENT PLAN

Introduction

11.1 This section of the nVCC FBC sets out the Projects approach to risk and issues management and presents:

- Risk Management Overview;
- Issue Management and Risk Management Philosophy;
- Recording and Assessment of Risk;
- Risk Management Framework;
- Responsibility for Managing Risk Registers;
- Risk Mitigation;
- Review and Escalation of Risk; and
- Current Risk Register.

Risk Management Overview

11.2 The nVCC Project utilises its governance structure and arrangements to ensure the effective management of risk. The governance structures allow for risks to be escalated from project groups and subgroups, through to the nVCC Project Board, Strategic Capital Board (which replaces the PBD) and onto the TCS Programme Scrutiny Sub-Committee and / or the Trust Board as appropriate.

11.3 All risk registers (which are present in all levels of the nVCC project) are regularly reviewed and updated. A monthly risk report is presented at the nVCC Project Board and Strategic Capital Board. This risk report will highlight new risks, the movement in existing risks and issues and where appropriate it will recommend the closure of resolved risks or issues. Risks and Issues are escalated to the Strategic Capital Board, if applicable.

11.4 The TCS Programme Scrutiny Sub-Committee, upon receiving the nVCC risk register (via the SRO), will consider if the mitigating actions are sufficient and if the identified risks are receiving the right level of treatment. The TCS Programme Scrutiny Sub-Committee will consider the escalation of nVCC Project Risks onto the Trust Risk Register as appropriate, using Datix. The remainder of this section sets out the detailed management of risks and issues.

Issue Management and Risk Management Philosophy

11.5 The nVCC Project Board's philosophy for managing risks is by adopting a holistic approach, seeing effective risk management as a positive way of achieving the project's wider aims. The nVCC Project Board regards risks as the mirror opposite of benefits. Inadequate risk management would therefore reduce the potential benefits to be gained from the delivery of the nVCC Project.

11.6 Effective Risk Management supports the achievement of wider aims, such as:

- Effective Change Management;
- Enhanced use of resources;
- Better Project Management;
- Minimising waste and fraud; and
- Innovation.

11.7 The Project utilises the Trusts' Risk Management Framework to systemically identify, actively manage and minimise the impact of risk. This is achieved by:

- Identifying possible risks before they manifest themselves and put stringent mechanisms in place to minimise the likelihood of them materialising with adverse effects on the project;
- Putting in place robust processes to monitor risks and report on the impact of planned mitigating actions;
- Implement the right level of control to address the adverse consequences of the risks if they materialise into issues; and
- Having strong decision-making processes supported by a clear and effective framework of risk analysis and evaluation.

11.8 Once risks are identified, the response for each risk will be one or more of the following types of action:

- **Prevention**, where countermeasures are put in place that either stop the threat or problem from occurring, or prevent it from having an impact on the project;
- **Reduction**, where the actions either reduce the likelihood of the risk developing or limit the impact on the project to acceptable levels;
- **Transfer**, where the impact of the risk is transferred to the organisation best able to manage the risk, typically a third party (e.g., via a penalty clause or insurance policy, or contractual responsibility);
- **Contingency**, where actions are planned and organised to come into force as and when the risk occurs; and
- **Acceptance**, where the nVCC Project Board decides to go ahead and accept the possibility that the risk might occur, believing that either the risk will not occur or the potential countermeasures are too expensive. A risk may also be accepted on the basis that the risk and any impacts are acceptable.

- 11.9 The nVCC Project Board will adopt a proactive approach to the identification, assessment and management of risks throughout the whole project lifecycle. The effective management of risk and the prevention of issues arising will support the timely delivery of the nVCC Project, by preventing delays, avoiding costs and ensuring quality is upheld.
- 11.10 The management of nVCC Project risk will be in accord with the principles of the Trust's Risk Management Policy.

Recording and Assessment of Risk

- 11.11 The nVCC Project will have a Risk Register, which will be updated with all new identified risks being assessed. All risks will have an individual identifier, an assigned owner and be scored using the standard impact v likelihood criteria to ascertain the risk-rating colour.
- 11.12 It is worth reiterating that as set out in the Commercial Case a number of the risks associated with the MIM procurement will be wholly either transferred or shared with the Successful Participant partner.
- 11.13 In developing the preferred solution, the Project Management Office examined three categories of risks for each option. These are set out in Table 13 below, together with a summary of how these were assessed.

Table 13 - Risk areas

Area	Description	How assessed
Capital Risks	Capital risks relate to unknown or unidentifiable factors that increase the cost and time of the project construction.	Qualitative and quantitative risks assessed by Quantity Surveyor and / or through workshops.
Optimism Bias	Optimism bias is the demonstrated Systemic tendency for appraisers to be over optimistic about key project parameters. This creates a risk that predicted outcomes do not fully reflect likely costs	Standard methodology to identify extent of optimism bias, with mitigating factors confirmed through nVCC Project assessment
Revenue Risks	These are risks relating to everyday management encompassing cost and activity as well as external environmental factors	Risks identified, with quantitative and qualitative assessment through workshop

- 11.14 The risk values for the shortlisted options were identified and evaluated as part of the assessment process in choosing the preferred option in the Economic Section. Although the focus of this section is on the approach to managing the risks of the preferred solution, the scope of Risk Management will continue to cover all three areas of risk.

Risk Management Framework

- 11.15 Velindre University NHS Trust have designed a Risk Management Framework that focuses on identification, reporting and management of risk.
- 11.16 The Project Management Office (PMO), led by the nVCC Principal Project Manager (PPM), will oversee the operation of the Risk Management Framework and will be the Risk Management Lead for the Project. It will be the responsibility of the PPM to coordinate the Risk Management Sub-Group and to liaise with project's risk champion to ensure individual risk owners actively manage risk mitigations
- 11.17 Although overseeing the Risk Management Framework the PPM will not be responsible for the actually taking forward risk mitigating actions (this will be the nominated risk owner). The risk management roles are set out in Table 14 below.

Table 14 - Risk Management Roles

Role	Responsibility	Reporting & accountability
Risk Management Lead	Manages the process for identifying and addressing risk, maintaining the risk register on a day-to-day basis	SRO and Project Board
Risk Management Sub-Group	Brings together key risk owners to co-ordinate the identification and assessment of risks plus the management of key risks	Project Team and Project Board
Risk Owner	Individual or group responsible for developing and implementing risk mitigation measures for individual risks they are responsible for	Risk management lead and Risk Management Sub-Group

- 11.18 The Trust has recognised and acted upon its responsibility for leading effective risk management throughout each stage of the nVCC project. This is particularly important at FBC stage, to ensure that the risks associated with the preferred solution have been identified and addressed. The paragraphs below set out the work completed to date, demonstrating the proactive approach to risk management.

Responsibility for Managing the nVCC Project Risk Register

- 11.19 The nVCC Project Director is accountable for ensuring that there is robust and proportionate risk management for all their accountable projects. To do this it is important that the relevant information on risk is available. The responsibility for managing the nVCC Project Risk Register lies with the nVCC Principal Project Manager who will review the Risk Register and where necessary hold Risk Reduction Meetings as and when required. Otherwise, the Risk Register will be issued monthly with updated changes.
- 11.20 The Risk Register will be updated and reviewed continuously throughout the course of the nVCC Project lifecycle and capture the following information for each risk:
- Risk Register Risk number (unique within the Register);
 - Risk type Author (who raised it);
 - Date identified;
 - Date last updated;
 - Description (of risk);
 - Likelihood / Impact;
 - Interdependencies (between risks);
 - Expected impact;
 - Cost;
 - Bearer of risk;
 - Mitigating actions; and
 - Risk status (action status).
- 11.21 All the risks identified in the Strategic Case and Economic Case sections of the nVCC Project must be accounted for within the nVCC Project Board Risk Register (see Appendix **FBC/MC15**).

Quantification of Project Risks

- 11.22 The build of quantified risk has been developed in a number of areas within this FBC. Capital risks have been completed as part of the capital risks utilising expert advice from advisors such as PWC.

Mitigation of Risk

- 11.23 The nVCC Project Board risk register will be formally reviewed monthly at the Project Board meetings. All Project Groups and Sub-Groups will also have their individual risk registers. All Risk Registers must have mitigating actions associated with them. All risks will then be re-evaluated after considering the effect of the mitigating actions, resulting in a post mitigation risk score.

Review and Escalation of Risk

- 11.24 The Project Groups and Sub-Groups will consider and mitigate risk and maintain those, which can be actively managed by the Sub-Group. However, when a risk is deemed so potentially severe post mitigation that it could affect the overall delivery of the nVCC (to time, cost or quality) the risk will be escalated to the nVCC Project Board for more senior oversight. The nVCC Project Board will manage risk that directly affects their prescribed deliverables. The members of the nVCC Project Board will review the Risk Register at each meeting adding, reassessing, escalating or closing risks as necessary.

Issue Management

- 11.25 Issues are Risks that have materialised. Similar to risk, the nVCC Project Board will hold an Issues Register and follow the same escalation path (see Appendix **FBC/MC16**).
- 11.26 All issues should have an owner and an allied action plan, will be reviewed during all nVCC Project Board meetings, and are categorised as high, medium and low priorities.
- 11.27 Issues will be regularly reported to the nVCC Project Board and escalated to the TCS Programme Scrutiny Sub-Committee and Trust Board as appropriate.
- 11.28 Issues that are outside the scope or authority of the nVCC Project Board will be referred to the Strategic Capital Board and / or the Trust Board as appropriate.

12 APPENDICES

For Information

The following Appendices are available in support of this Case:

Appendix Reference	Title
FBC/MC1	Project Management Structure – Roles and Responsibilities
FBC/MC2	TCS Project Governance Arrangements by Committee or Board
FBC/MC3	nVCC TCS Programme Scrutiny Sub-Committee, Programme Delivery Board and Strategic Capital Board – Terms of Reference
FBC/MC4	Integrated Assurance and Approvals Plan
FBC/MC5	Digital Activity Plan
FBC/MC6	Key Clinical Equipment Outline Commissioning Programme (KCEOCP) – <i>Acorn's draft submission on 16.01.2023,</i>
FBC/MC7	Successful Participants Clarification Issues
FBC/MC8	Welsh Government Gate 2 Report (NB - Gate 3 to follow)
FBC/MC9	In-Life Contract Management Role and Responsibilities
FBC/MC10	Acorn Construction timelines
FBC/MC11	MIM Project Plan
FBC/MC12	Benefits Realisation and Project Evaluation
FBC/MC13	Benefits Register
FBC/MC14	Communication and Engagement Plan
FBC/MC15	Project Board Risk Register (February 2023)
FBC/MC16	Project Board Issues Register (February 2023)