

Janet Finch-Saunders MS
Chair, Petitions
Committee
By email to: petitions@senedd.cymru

25th November 2020

Dear Janet,

P-05-1001 Hold an Independent inquiry into the choice of site for the proposed new Velindre Cancer Centre

P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry.

I am writing to respond to the specific questions raised in your letter dated 17th September 2020. I have sought to address these questions below:

1. *For the Trust's response to concerns that have been **reported** in relation to the clinical model underpinning the development of a new cancer centre, and clarification as to whether safety concerns about the standalone cancer centre model have been raised by clinicians at any point during the process.*

Our plans were developed after engaging hundreds of clinicians, patients and partners in a number of meetings before they were supported by the health boards. This [engagement report](#), published on our website, gives an example of engagement with staff and external stakeholders during March - May 2015. The objective was to test the assumptions and principles that underlined the Strategic Outline Plan. Between July-December 2015 an additional 48 workshops were held. Hundreds of staff, health board staff and partners in higher education, industry and the third sector as well as patients and members of the public attended the meetings to develop our proposals further.

Further engagement has been undertaken since. A detailed [timeline](#)¹ outlining some of this is on our website – key points from this are included in the following overview:

- In 2017, we focused on developing our initial plans for the new Velindre Cancer Centre and pre-planning consultation with the public, before submitting our outline planning application.

¹ <http://www.transformingcancerservices.wales/new-velindre-cancer-centre-journey>

- Our Trust Board approved the TCS Programme Business Case, which includes the Clinical Model, and we submitted this to the Local Health Boards in south east Wales.
- We then utilised the engagement undertaken to date to inform our drafting of the OBC in 2018.
- Our new Project Director started in post in 2019 and commenced a programme of attending departmental team meetings within VCC to update staff on the work to develop a new Velindre Cancer Centre, and to take feedback and questions. This continued until March 2020, when the impact of COVID-19 meant that VCC priorities were focused elsewhere.
- An all-staff virtual 'Live Q&A about new Velindre Cancer Centre' event was held on 29th June 2020, followed by another virtual Q&A session for staff based in Whitchurch on 3rd August 2020.
- The new Velindre Cancer Centre Project Director joined the virtual Consultants meeting on 1st July 2020 and 7th October 2020 specifically to discuss the new Cancer Centre Project and the service model.
- A series of social distanced face-to-face and virtual engagement sessions hosted by the Chair and the CEO have been run since August 2020 -14 sessions to date. These are open to all Velindre Cancer Centre staff and they are planned to run over the autumn/winter, mindful of winter pressures and COVID19.

We always encourage our staff to speak openly and, more recently, some staff have contacted me directly regarding their concerns which I welcome and take seriously. We are working together to address them and are working closely and keeping open dialogue with our Local Partnership Forum partners and the Local Negotiating Committee of the BMA.

2. *Linked to this, we would be grateful to receive the following data:*

- a) *Within the last 5 years, have there been any preventable deaths at Velindre or during transfer to an acute hospital site due to the lack of an onsite anaesthetist or critical care facilities?*

The Trust has a duty to report any serious incidents that occur onsite (i.e. incidents in which serious harm or death has been caused) to the Welsh Government Patient Safety Team.

Over the past 5 years, no serious incidents have been reported to Welsh Government due to preventable deaths onsite relating to a delay in transfer to an acute hospital, or due to the lack of CCU/Anaesthetic support onsite.

- b) *Whether in the last 5 years, any patients have died at Velindre as a result of a medical emergency whilst waiting for a 999 ambulance?*

The Trust has a duty to report any serious incidents that occur onsite (i.e. incidents in which serious harm or death has been caused) to the Welsh Government Patient Safety Team

Over the past 5 years, no serious incidents have been reported to Welsh Government relating to patient deaths as a result of waiting for a 999 ambulance.

- c) *Have any patients at Velindre Hospital waited more than 30 minutes for an ambulance when one has been requested as an emergency?*

We do not have any specific data to indicate the timeliness of response to the emergency 999 calls by The Welsh Ambulance Service (WAST). We suggest that this information is requested directly from WAST.

- d) *How many patient transfers are required each year to acute sites and how many require critical care on arrival, including, for example, urgent and emergency surgical and medical assessment, as well as surgical, endoscopic and interventional radiology procedures?*

The Welsh Ambulance Service (WAST) provides both emergency and non-emergency transport for patients receiving care at VCC.

Non-emergency patient transport (NEPT) is a pre-booked service transporting patients to and from out-patient appointments and non-urgent transfers to other health care providers (for example, hospice, community hospital). This service is available between the hours of 09.00 and 17.00 Monday to Friday. Non urgent patient transport outside of working hours is arranged via the Emergency Medical Service (EMS), and this booking is generated through calling 999.

WAST has confirmed that they received 105 calls from the Velindre Cancer Centre using the 999 service during January to December 2019. However, as described, these include calls for non-urgent 'routine' out of hours transfers (for example, patient transfers to their homes/hospice)

When 999 calls are made to the Welsh Ambulance Service (WAST) from the Velindre Cancer Centre (VCC), WAST utilise their triage system to determine the priority status of the call. Any patient who would have been deemed to have required critical intervention e.g. CCU would have been categorised as a 'RED' call by WAST. The data received from WAST shows that in 2019, there were 11 999 calls to WAST from VCC which were triaged and assessed by WAST as being priority 'RED' calls (i.e. emergency situations which required an immediate WAST response).

Further detail (obtained from WAST) is shown below:

	RED	AMBER	GREEN
2015	0	8	11
2016	6	54	37
2017	13	60	26
2018	11	60	22
2019	11	69	25
2020	2	34	16

The data below, which was provided by the Welsh Ambulance Service Trust, shows the transfer of patients from Velindre Cancer Centre to local Care Providers. These transfers would have been for a variety of non-critical/non-emergency reasons. Patients requiring critical input are all transferred by WAST to UHW (as the nearest site to Velindre).

AS1 and AS3 are defined by WAST as follows:

AS1 – an emergency call/transfer which is prioritised via advanced medical priority based dispatch into Red, Amber and Green categories:

- Red: immediately life threatening,
- Amber: serious but not immediately life threatening, and
- Green: neither serious nor life threatening.

AS3 – a routine call carried out by the Emergency Medical Service not NEPTs. Although carried out by an emergency ambulance either due to timing or clinical need, these are very low level routine calls.

2018	AS1	AS3	Grand Total
University Hsp Of Wales	58	1	59
Royal Gwent Hsp Newport	3	3	6
Royal Glamorgan Hsp Pontyclun	2	3	5
Nevill Hall Hsp Abergavenny	2	3	5
Princess Of Wales Bridgend	3	2	5
Prince Charles Hsp Merthyr	2	2	4
Llandough Hsp	3		3
The New Barry Hsp		1	1
Grand Total	73	15	88

2019	AS1	AS3	Grand Total
University Hsp Of Wales	69	1	70
Royal Gwent Hsp Newport	5	5	10
Royal Glamorgan Hsp Pontyclun	3	6	9
Prince Charles Hsp Merthyr	2	4	6
Princess Of Wales Bridgend	2	3	5
Llandough Hsp	3	2	5
Nevill Hall Hsp Abergavenny	1	3	4
Morrison Hsp Swansea	2		2
Ysbyty Ystrad Fawr Hsp	1		1
County Hsp Pontypool		1	1
Marie Curie (Holme Towers)	1		1
Grand Total	89	25	114

2020	AS1	AS3	Grand Total
University Hsp Of Wales	25		25
Royal Glamorgan Hsp Pontyclun	5	2	7
Royal Gwent Hsp Newport	1	2	3
Nevill Hall Hsp Abergavenny	3		3
Prince Charles Hsp Merthyr	1	1	2
Llandough Hsp	1		1
Princess Of Wales Bridgend		1	1
Grand Total	36	6	42

3. For an overview of the proposed financial model for the development of the new cancer centre and a breakdown of the money spent to date under the Transforming Cancer Services programme.

The Mutual Investment Model (MIM) is a Welsh Government policy to finance major capital projects and support additional investment in social and economic infrastructure projects and help to improve public services in Wales.

As noted on the Welsh Government's website, "MIM schemes will see private partners build and maintain public assets. In return, the Welsh Government will pay a fee to the private partner, which will cover the cost of construction, maintenance and financing the project. At the end of the contract the asset will be transferred into public ownership."

Further technical information about the MIM process is available on the Welsh Government's website [here²](#).

A spreadsheet detailing the expenditure undertaken by Transforming Cancer Services is attached as Annex A. This is information we have previously released in response to a Freedom of Information request and is all we are able to release at this time.

4. *A copy of a review that the Committee has been told was carried out by Dr Jane Barrett around 2017.*

The Trust can confirm a review was carried out – known as a Gateway Review – which is a standard part of the business case process required by the UK Treasury for all large infrastructure projects. Its purpose was to provide assurance to the Senior Responsible Officer (SRO) in terms of the progress of the Transforming Cancer Services in South East Wales programme.

We can confirm the review was carried out in 2017 by a team appointed by Welsh Government.

We have been advised that Gateway Reviews are not published as a matter of course. We then sought legal advice and, as a result, we have concluded that the publication of a Gateway Review would "otherwise prejudice the effective conduct of public affairs."

5. *A copy of any terms of reference or scoping document for the advice sought from the Nuffield Trust.*

A copy of the Terms of Reference for the independent advice sought from the Nuffield Trust is attached as Annex B.

Additionally, the Nuffield Trust has published a dedicated [Project page³](#) on its website for this work.

6. *A to-scale footprint of the proposed new cancer centre and, if possible, for that to be projected onto the current Whitchurch Hospital site for comparison purposes.*

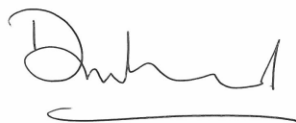
The dimensions that we provided for our outline planning applications provide an indicative footprint to which the planners provided the outline planning application against, within certain design parameters.

² <https://gov.wales/mutual-investment-model-infrastructure-investment>

³ <https://www.nuffieldtrust.org.uk/project/independent-advice-to-velindre-nhs-university-trust>

The proposed outline planning application reflects the business case needs in the specific context of the topography of the site and it is therefore difficult to extrapolate this design into another location. The Maximum Parameters Plan and Enabling Works plan is attached as Annex C.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Donna Mead', with a horizontal line underneath.

Professor Donna Mead, OBE, CStJ
Chair

Encs:

1. Spreadsheet detailing the expenditure undertaken by Transforming Cancer Services (Annex A).
2. Nuffield Trust Terms of Reference.pdf (Annex B).
3. Maximum Parameters Plan and Enabling Works.pdf (Annex C).

Annex A

	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend
	ALL YEARS	YEAR 2014 2015	YEAR 2015 2016	YEAR 2016 2017	YEAR 2017 2018	YEAR 2018 2019	YEAR 2019 2020
Programme Management Office	£1,246,342	£35,954	£157,447	£358,858	£318,378	£188,108	£187,597
Project 1 - Enabling Works	£6,191,572	£0	£353,035	£1,845,181	£735,584	£2,099,034	£1,158,737
Project 2 - nVCC	£9,249,167	£292,496	£1,391,398	£2,767,723	£2,046,565	£1,634,988	£1,115,996
Project 3 - Digital and Equipment	£369,009	£0	£0	£80,977	£1,584	£95,513	£190,935
Project 4 - RT Satellite	£297,498	£0	£0	£175,262	£60,577	£0	£61,658
Project 5 - Outreach Centres	£0	£0	£0	£0	£0	£0	£0
Project 6 - Service Delivery, Transformation and Transition	£2,645,652	£0	£496,568	£939,589	£746,374	£249,618	£213,503
Project 7 - Decommissioning	£0	£0	£0	£0	£0	£0	£0
Payroll - reallocated to projects	£0	£0	£0	£0	£0	£0	£0
Total	£19,999,239	£328,450	£2,398,448	£6,167,590	£3,909,063	£4,267,262	£2,928,426

**Nuffield Trust: Independent Advice to Velindre University NHS Trust on the
Planned Regionally Integrated Network Clinical Model for non-surgical tertiary
cancer services**

Terms of Reference

Aim: to provide independent advice to Velindre University NHS Trust on the planned regionally integrated network clinical model for non-surgical tertiary cancer services across South East Wales.

Scope:

Clinical: planned regionally integrated network clinical model for non-surgical tertiary cancer services

Geographical: South East Wales

Outputs:

- Provide a report and recommendations to Velindre UNHST taking account of the following questions
- What are the benefits of the planned regionally integrated network clinical model for non-surgical tertiary cancer services?
- What are the risks inherent in the planned regionally integrated network clinical model including the location of the main non-surgical tertiary cancer centre on the Northern Meadows? i.e. managing the acute care interfaces/optimising the quality and acuity of clinical support for cancer services across all networked sites.
- Are the strategies proposed to manage these satisfactory, and what else might be considered with regard to:
 - o additional opportunities to strengthen planned arrangements;
 - o prioritising/accelerating any specific areas of planned work;
- What are the risks and benefits of the planned regionally integrated network clinical model with regard to research, development and innovation?

- How does the network model support high quality research and development and promote innovation?
- How might any risks be mitigated?

- How could the benefits/opportunities be further optimised with learning from other health care systems? Are there any broader development opportunities related to cancer/related healthcare that could be considered to maximise the opportunity?

The work should take into account:

- Synthesis of existing international evidence;
- Emerging trends e.g. new medicines and technology; policy emphasis on improving access to services/reducing health inequalities; development of digital services; requirements for pandemic resilience.

Method

- Literature and evidence review across UK, Europe and international healthcare systems.
- Information and intelligence gathering.
- Interviews with a cross-section of interested parties.
- Interviews and consideration with external experts.

Timings

Commencement: September 2020

Completion: November 2020

Annex C map will be attached here.



REFERENCE MAP

NORTH



NOTES

- DO NOT SCALE DRAWINGS. WRITTEN DIMENSIONS GOVERN.
- ALL DIMENSIONS ARE IN MILLIMETRES UNLESS NOTED OTHERWISE.
- ALL DIMENSIONS SHALL BE VERIFIED ON SITE BEFORE PROCEEDING WITH THE WORK. HASSELL SHALL BE NOTIFIED IN WRITING OF ANY DISCREPANCIES.
- THIS DRAWING MUST BE READ IN CONJUNCTION WITH ALL RELEVANT CONTRACTS, SPECIFICATIONS AND DRAWINGS.

© COPYRIGHT OF THIS DRAWING IS VESTED IN HASSELL. 2014 HASSELL, LTD.

THIS DRAWING IS AN UNCONTROLLED COPY. UNLESS NOTED OTHERWISE.

DATE	DESCRIPTION	REV	STATUS
06/04/17	First Issue	A	PL

CONSULTANT
 HASSELL Limited CN 7545819
 LEVEL 2 PARK HOUSE
 GREYFRIARS ROAD
 CARDIFF CF10 3AF UNITED KINGDOM
 CARDIFF@HASSELLSTUDIO.COM
 T +44 29 2072 9071

HASSELL

CLIENT NAME VELINDRE NHS TRUST	ORIGINATOR NO 011282
--	--------------------------------

PROJECT
**VELINDRE CANCER CENTRE
 PARK ROAD, CARDIFF. CF14 7XB**

DRAWING TITLE
**MAXIMUM PARAMETERS PLAN AND
 ENABLING WORKS**

SUITABILITY STATUS Planning	SCALE 1 : 2000 @ A1
---------------------------------------	-------------------------------

PROJECT# | ORIGINATOR | VOLUME | LEVEL | TYPE | ROLE | NUMBER | STATUS+REV
011282-HSL-00-ZZ-DR-A-PL11-A