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Summary report

Background

- 1 In accordance with the Well-being of Future Generations (Wales) Act 2015 (the Act) the Auditor General for Wales (the Auditor General) is statutorily required to examine public bodies to assess the extent to which they have acted in accordance with the sustainable development principle when:
 - a. setting their well-being objectives; and
 - b. taking steps to meet them.
- 2 The Act defines the sustainable development (SD) principle as acting in a manner: ‘...which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs’.
- 3 The Auditor General must provide a report on his examinations to the National Assembly for Wales at least a year before each Assembly election. The first such report must be published by 2020, before the 2021 Assembly election.
- 4 In May 2018, the Auditor General published a preliminary report, [Reflecting on Year One – How have public bodies responded to the Well-being of Future Generations Act \(2015\)](#). He concluded that public bodies support the principles of the Act and are taking steps to change how they work.
- 5 During 2018 and 2019, the Auditor General has undertaken examinations across the 44 bodies covered by the Act to inform his 2020 report to the National Assembly. In developing the approach to undertaking the examinations, we engaged with a range of stakeholders and carried out pilot work during 2017-18. We have also worked closely with the Future Generations Commissioner.
- 6 The preliminary work we undertook in 2017 included a consideration of how public bodies had set their well-being objectives. The principal focus of our 2019 work is the way in which public bodies are taking steps to meet their well-being objectives.
- 7 We undertook our review at Velindre University NHS Trust (the Trust) between July and October 2019.

Focus of the work

- 8 We reviewed the extent to which the Trust is:
 - applying the SD principle and the five ways of working to do things differently;
 - embedding the SD principle in core arrangements and processes; and
 - involving and working with citizens and stakeholders to deliver its well-being duty.
- 9 We carried out a high-level review of how the Trust has continued to develop its corporate arrangements since our baseline work in 2017 to inform the Auditor General’s one-year commentary in 2018. We also examined the extent to which the Trust is acting in accordance with the SD principle and applying the five ways

of working through a step being taken to meet a well-being objective. Specifically, we reviewed the application of the SD principle and the five ways of working in the design of the TCS Programme clinical service model set out within the Transforming Cancer Services (TCS) Programme and supporting infrastructure projects (described in [Appendix 1](#)). Our work should not be considered as a review of the TCS Programme or its management arrangements. When reviewing the way in which the Trust collaborated with others, we considered only its collaboration with delivery partners and stakeholders in the design of the TCS Programme clinical service model. We did not consider wider communications with the Welsh Government.

- 10 **Exhibit 1** summarises the five ways of working as defined in the Welsh Government’s **[Well-being of Future Generations \(Wales\) Act 2015 – The Essentials](#)** document. **Appendix 2** outlines positive indicators for each of the five ways of working that we have identified and used as part of our examination.

Exhibit 1: the ‘five ways of working’ as defined by the Welsh Government

The Five Ways of Working
<p>Long term – The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.</p> <p>Prevention – How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.</p> <p>Integration – Considering how the public body’s well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.</p> <p>Collaboration – Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.</p> <p>Involvement – The importance of involving people with an interest in achieving the well-being goals and ensuring that those people reflect the diversity of the area which the body serves.</p>

- 11 This report sets out our findings on the Trust’s corporate approach to embedding the SD principle and how the five ways of working have been applied through its work on the ‘TCS Programme clinical service model and supporting infrastructure’ (the step).

Main findings

- 12 Our examination found that **the Trust is applying the SD principle when designing and developing the Transforming Cancer Services Programme but more work is needed to ensure it is embedded in core business and performance management arrangements.**
- 13 We reached this conclusion because:

- The Trust has taken some steps to embed the SD principle, but more work is needed to ensure it is reflected in core business and performance management arrangements; and
- The Trust is applying the SD principle when designing and developing the TCS Programme clinical service model and supporting infrastructure, but there are opportunities to further strengthen its approach.

14 Our findings are discussed in detail in Parts 1 and 2 of this report.

Opportunities for action

- 15 As the main provision of the Act came into force in 2016, it is inevitable that public bodies will need time to fully effect that change. We recognise that this is a transition period and that all public bodies are on a learning path. In addition, the Trust is still developing the TCS Programme.
- 16 We presented our findings at a workshop of key representatives who have been involved in the TCS Programme in October 2019. At this workshop, the Trust considered our findings, identified opportunities for action and began to consider a more detailed response.
- 17 **Exhibit 2** sets out the Trust's opportunities for further action, which are intended to support continued development and embedding of the SD principles and five ways of working.

Exhibit 2: Opportunities for further action

Opportunities for further action	
Corporate Arrangements	
A1	The Trust should continue to embed the SD principle within its core arrangements by reviewing its existing well-being objectives and exploring opportunities to better align them with strategic objectives to maximise their priority and focus.
A2	The Trust should continue to embed the SD principle within its core arrangements by articulating the steps it is taking to deliver the well-being objectives and introduce an effective mechanism to monitor performance and report progress towards delivering them.
A3	The Trust should continue to embed the SD principle within its core arrangements by ensuring better focus and ownership of the Well-being of Future Generations Act and SD principle at divisional levels throughout the organisation.

Opportunities for further action

Prevention

- A4 **Improving outcomes for patients** – The Trust should consider how it could contribute more to promoting healthy lifestyles and educating the patients it sees to help prevent reoccurrences of cancer.
- A5 **Educating the population served by Velindre Cancer Centre (VCC)** – Whilst not a statutory function, the Trust could have a key role in educating the population it serves and promoting healthy lifestyles to help prevent cancer (or educate other health providers to do so).

Long term

- A6 **Capacity to deliver** – The Trust is a small organisation, and so the complexity of the programme has stretched the capacity and capability of staff to deliver the TCS Programme. The Trust should regularly review the composition of the TCS Programme delivery team to ensure that skillmix and capacity is appropriate.

Integration

- A7 **Wider benefits** – The Trust should consider how the TCS Programme can continue to identify and deliver wider benefits as the programme progresses to ensure it has a positive impact on social, economic, environmental and cultural well-being.

Collaboration

- A8 **Better collaboration with primary care** – Some patients leaving the care of VCC have expressed the desire to have ongoing support in their local communities. The Trust could explore opportunities to provide education and training to primary care professionals, including GPs, to help them provide support and advice to patients post VCC treatment.

Involvement

- A9 **Communication** – The Trust felt it could have provided more regular feedback to the people and groups it engaged with, particularly to confirm when there was nothing new to report since previous communications. Going forward, the Trust should ensure that it provides regular updates to all stakeholders.
- A10 **Involving the local community** – The Trust felt that local communities could be more involved in decisions on how to use the new VCC hospital as a community asset. At an appropriate time, the Trust should ensure it involves local community groups that could make use of the facility to determine the best ways to use the VCC hospital for the benefit of patients, staff and the local community, particularly for activities that help to improve wellbeing.

18 The Trust's management response is provided in [Appendix 3](#).

Detailed report

Part 1 – Corporate arrangements

The Trust has taken some steps to embed the sustainable development principle, but more work is needed to ensure it is reflected in core business and performance management arrangements

- 19 Prior to examination of work in relation to the TCS Programme clinical service model and underpinning TCS Programme and supporting infrastructure, we wanted to understand how the Trust's corporate arrangements support delivery of that work.
- 20 The Trust developed its first set of well-being objectives in 2017. Our review of the Trust's well-being objectives found they aligned well with the national well-being goals. However, there is limited alignment between the Trust's well-being objectives and its strategic objectives and the Trust has not set out the steps it intends to take to deliver its well-being objectives.
- 21 The Trust completed a self-reflection of progress towards meeting its well-being objectives for the Future Generations Commissioner's Office in early 2019. In the submission, the Trust acknowledges that less attention has been applied to some well-being objectives that traditionally would have been considered to fall outside the organisations remit.
- 22 The Trust recognises it needs to do further work to ensure the Act underpins service development set out in its Integrated Medium Term Plan. The Trust told us that this will be achieved, in part, through the development of a Trust' Strategic Planning Framework and supporting Trust strategies. These are programmed to be completed during 2020. As part of this work, the Trust intends to review its existing well-being objectives and better align them with its strategic objectives.
- 23 In particular, we wanted to understand whether the Trust is responding to the SD principle and the five ways of working by:
 - doing things differently to deliver change;
 - developing core arrangements and processes; and
 - involving citizens and stakeholders.
- 24 Our findings are set out in [Exhibit 3](#).

Exhibit 3: embedding the SD principle and the five ways of working

Doing things differently to deliver change

The Trust is taking steps to apply the SD principle but recognises there is more work to do to identify opportunities to do things differently

- The Trust has formed a Strategy, Planning and Performance Management Group and a Well-being of Future Generations Group. The groups' functions are to monitor the Trust's contribution and progress in applying the SD principle, as well as raising awareness of the Act, the national well-being goals and the Trust's well-being objectives. The Trust is reviewing its governance and management arrangements alongside the development of the Trust's strategic framework.
- The Trust is considering the SD principle when developing its main strategic programmes, in VCC, the TCS programme and in the Welsh Blood Service (WBS), the National Blood Health Plan and Blood Supply Chain 2020.
- WBS is aiming to incorporate the SD principle into the next phase of the Blood Supply Chain 2020 programme and resulting service changes.
- The Trust told us it is considering how it can exploit existing partnerships to a greater extent, and develop new relationships within the health sector and beyond, to maximise its contribution to A Healthier Wales¹ and to support others in doing the same.

Developing core arrangements and processes

The Trust is taking steps to embed the SD principle throughout its core business but could do more to integrate the SD principle within performance management arrangements

- The Trust is developing a SD Strategy and plans to use it to embed the SD principle.
- Responsibility for delivering the Act and embedding the SD principle sits within the Strategic Transformation, Planning and Digital Division, but the Trust informed us that current capacity within the team to deliver the requirements of the Act is limited.
- The Trust recognises the need to merge or better align, its well-being objectives and strategic objectives.
- The Trust will be developing a strategic planning framework in 2020, with the aim of ensuring that the Act genuinely underpins all service development work and the Trust's Integrated Medium Term Plan. All planning activity throughout the Trust will utilise this framework in order to ensure that the SD principle is fully embedded across the organisation. The Trust intends for all investment proposals to demonstrate how they align to the Act. The Trust is currently undertaking work to create a more systematic approach to tracking and monitoring progress. Currently, specific 'progress' against well-being objectives and the five ways of working are not explicit within the Trust's performance management framework and the annual report used to report progress against the Act is not fit-for-purpose.
- The SD principle is referenced in the Trust Board's and supporting committees' Terms of Reference.

Involving citizens and stakeholders

The Trust proactively engages with citizens and stakeholders when developing services

- The Trust is actively identifying ways to improve how it engages with citizens, stakeholders, patients and donors when developing its services. For example, donor surveys are used to support clinic planning for the Welsh Blood Service and the Donor Health Strategy, and the Patient Leadership Group have assisted in engaging with service users in the development of the TCS Programme.
- The Trust considers patient and donor engagement to be one of its strengths in delivering the SD principle.
- The Trust is exploring possibilities for collaborating with other health bodies to develop a public health promotion agenda.

¹ The Welsh Government's long-term plan for health and social care.

Part 2 – Examination of the Trust’s design of the Transforming Cancer Services Programme clinical service model and supporting infrastructure

The Trust is applying the sustainable development principle when designing and developing the TCS Programme clinical service model and supporting infrastructure, but there are opportunities to further strengthen its approach

- 25 The Trust is transforming the way it provides cancer services for the population of South East Wales. The Trust has developed a new clinical service model for the delivery of cancer services. The TCS Programme clinical service model and supporting infrastructure is the Trust’s response to increasing demand and complexity of non-surgical cancer services. Key aims for the TCS Programme clinical service model include:
- ensuring access to care in the patient’s preferred location, either at home or in the local community (where possible); and
 - supporting patients to achieve personal goals during treatment and when living with the impact of cancer.
- 26 The TCS Programme aims to ensure fully integrated local community services, ensuring a high proportion of patients receive their treatment, care and support within a local healthcare facility without the need to attend the new VCC hospital. More care delivered at home or in the local community will be achieved by:
- utilising homecare, telehealth and telemedicine to deliver care at home;
 - developing a new radiotherapy satellite centre based at Nevill Hall Hospital in partnership with Aneurin Bevan University Health Board (Aneurin Bevan UHB); and
 - utilising local community services and health board facilities to provide systematic anti-cancer therapies, outpatient services and a range of therapeutic support services.
- 27 The TCS Programme must deliver key infrastructure to create capacity to meet forecasted future demand and improve outcomes for patients. Required infrastructure includes the:
- development of a new VCC in Whitchurch, Cardiff;
 - development of a new radiotherapy satellite centre in Nevill Hall Hospital, Abergavenny;
 - development of outreach centres in collaboration with local health boards across South East Wales;

- implementation of a range of digital services to connect the health community and service users; and
- implementation of medical equipment such as MRI scanners and linear accelerators.

28 Further information on the step is set out in [Appendix 1](#).

The new TCS Programme clinical service model has a clear preventative focus, but there are opportunities to educate patients and the wider community on healthier lifestyles to help prevent cancer

29 We looked for evidence of:

- a thorough understanding of the nature and type of problem the step could help prevent from occurring or getting worse;
- resources allocated to ensure preventative benefits will be delivered; and
- monitoring and review of how effectively the step is preventing problems from occurring or getting worse.

30 Strengths:

- The Trust is working with its partners to improve earlier diagnosis rates so that patients are able to start their treatment earlier. This will help to improve patient outcomes and increase survival rates.
- The Trust is increasing its research and innovation functions and working with academia and industry to undertake more clinical trials and to identify and test new technology to develop services and improve treatments. Accessing the most effective treatments will help to reduce complications, the likelihood of secondary cancers and the health consequences associated with suboptimal treatment and associated social care costs.
- The Trust's intention is that the new VCC hospital will support best clinical practice and improve safety standards by overcoming the problems associated with the existing VCC hospital, which, in the near future, will not be fit for providing the highest quality care.
- Both by expanding the capacity of services, and delivering more care in the community, the Trust and partners aim to reduce inequality of access to services and improve the patient experience by providing choice about the location of care (where possible).
- The Trust anticipates that improved clinical processes will lead to a reduction in costs of comparable activity for clinical services currently delivered by VCC and thereby improve the sustainability of services.
- The Trust has introduced a standardised process for procuring high capital value radiotherapy equipment items, and by jointly procuring equipment with

Aneurin Bevan UHB will achieve economies of scale and prevent costs from exceeding approved capital budgets.

- Delivering more care at home and close to home will have a positive impact on patient well-being while also reducing travel time for patients. The Trust is also seeking to provide different options for sustainable travel to the new VCC hospital, thereby achieving an environmental (preventative) benefit, and demonstrating the Trust's commitment as a sustainable provider of services.

31 Opportunities for action:

- **Improving outcomes for patients** – The Trust could contribute more to promoting healthy lifestyles and educating the patients it sees to help prevent reoccurrences of cancer.
- **Educating the population served by VCC** – Whilst not a statutory function, the Trust could have a key role in educating the population it serves and promoting healthy lifestyles to help prevent cancer (or educate other health providers to do so).

The TCS Programme clinical service model and supporting infrastructure has a strong long-term focus based on a sophisticated understanding of current and future needs

32 We looked for evidence of:

- a thorough understanding of current and long-term needs and the associated challenges and opportunities;
- planning over an appropriate timescale;
- resources allocated to ensure long-term benefits; and
- appropriate monitoring and review.

33 Strengths:

- The TCS Programme clinical service model has been designed to deliver, short, medium and long-term benefits, and to meet the Trust's long-term vision and well-being objectives.
- The starting point in establishing the TCS Programme and in identifying the supporting infrastructure requirements was to work with patients, their families, the workforce and other health and public service partners to better understand how best to deliver clinical services across South East Wales in order to achieve improved patient outcomes.
- The development of the TCS Programme and supporting infrastructure has taken account of increasing demand for non-surgical cancer services. This has been achieved by undertaking:
 - sophisticated analysis of cancer prevalence forecasting and population needs analysis; and

- research to understand potential future treatments (in recognition that new treatments are likely to be more complex).
 - The development of the TCS Programme business case and the new VCC outline business case has helped the Trust understand the direct and indirect benefits that the proposed changes to the clinical service model could deliver. A rigorous evidence-based approach was used to identify, evaluate and quantify the benefits of the TCS Programme over a 60-year appraisal period beginning 2015-16.
 - The Trust is open to new ways of working to improve outcomes for patients, for example it is using industry expertise to test and pilot new technologies (such as Artificial Intelligence).
 - The TCS Programme aims to ensure that VCC has access to innovative technology and treatment, enabling it to become a leader in research and development. This will create opportunities to attract and retain a high calibre workforce to support the delivery of high quality and sustainable cancer services.
- 34 Opportunity for action:
- **Capacity to deliver** – The Trust is a small organisation and so the complexity of the programme has stretched the capacity and capability of staff to deliver the TCS Programme. The Trust should regularly review the composition of the TCS Programme delivery team to ensure that skillmix and capacity is appropriate.

The Trust is working in an integrated way to design and develop the TCS Programme and supporting infrastructure and has considered how it can deliver wider benefits

- 35 We looked for evidence of consideration of:
- how the step could contribute to the seven national well-being goals;
 - how delivery of the step will impact on the Trust's well-being objectives and wider priorities; and
 - how delivery of the step will impact on other public bodies' well-being objectives.
- 36 Strengths:
- The new TCS Programme clinical service model is critical to the Trust achieving its medium and long-term strategic objectives (for VCC), its well-being objectives and supporting the achievement of the national well-being goals.
 - Trust staff involved in the programme recognise the cross-organisation dependencies of achieving ambitions.

- The Trust is engaging and working with health boards to support the implementation of the new all Wales single cancer pathway which will reduce the time taken to diagnose cancer and for patients to start their treatment.
- The TCS Programme clinical service model aims to integrate services provided by the Trust and health boards.
- The Trust has developed evaluation criteria for the new VCC based upon the Act. Consortia bids for designing, building and financing the new VCC will be evaluated against the extent to which proposals respond to the five ways of working and national well-being goals. This approach will also be used for any future major capital investment decisions made by the Trust.
- The Trust has considered some of the wider benefits that could be brought about through the TCS Programme, for example:
 - The Trust is challenging contractors to develop a sustainable approach for construction that will achieve Building Research Establishment Environmental Assessment Method standards and so reduce environmental impact (for example, by procuring sustainable materials and introducing waste targets for materials).
 - Through the design and construction of the new VCC hospital, various employment opportunities, direct and indirect, will be created.
 - Implementing the TCS Programme and supporting infrastructure will enhance VCC's reputation, will provide employment opportunities and attract the best candidates for NHS Wales employment opportunities.
 - The Trust anticipates that improvements in treatment and support for people living with the impact of cancer will increase the individual well-being of patients, of which some will return to work sooner, providing wider economic benefits.

37 Opportunity for action:

- **Wider benefits** – The Trust should consider how the TCS Programme can continue to identify and deliver wider benefits as the programme progresses to ensure it has a positive impact on social, economic, environmental and cultural well-being.

The Trust is collaborating well with partner organisations across South East Wales to develop and improve cancer services

38 We looked for evidence that the Trust:

- has considered how it could work with others to deliver the step (to meet its well-being objectives, or assist another body to meet its well-being objectives);
- is collaborating effectively to deliver the step; and
- is monitoring and reviewing whether the collaboration is helping it, or its stakeholders meet well-being objectives.

39 Strengths:

- A TCS Programme Commissioner Leadership Group² consisting of health boards who commission cancer services from VCC helps collaboration in respect of:
 - developing a common framework for delivering cancer services to achieve shared outcomes;
 - agreeing funding for VCC's services, and identifying and agreeing where to invest in cancer service developments; and
 - discussing and securing agreement on TCS Programme priorities and deliverables.
- The Trust has supported the development of the all Wales single cancer pathway and is supporting health boards to implement it.
- The TCS Programme and its supporting infrastructure is focused on place, community and outcomes, rather than organisational boundaries, which is facilitating partnership working.
- The Trust works in collaboration with other non-surgical cancer centres in Wales to identify best practice, improve outcomes for patients and are collectively seeking to develop a universal approach to delivering services in Wales.
- Through delivering improvements in oncology services the Trust recognises how it could inform and drive best practice across NHS Wales.
- The Trust has identified opportunities to share processes with Aneurin Bevan UHB in the procurement and commissioning of equipment for the new VCC hospital and radiotherapy satellite unit to achieve procurement economies of scale.
- The Trust has started to work with primary care partners to develop education and briefing sessions relating to oncology.

² The Commissioner Leadership Group was established in 2018 in recognition of the need to improve communication and collaboration between VCC's health board commissioners and the Trust when developing plans for the new hospital and associated work.

40 Opportunity for action:

- **Better collaboration with primary care** – Some patients leaving the care of VCC have expressed the desire to have ongoing support in their local communities. The Trust could explore opportunities to provide education and training to primary care professionals, including GPs, to help them provide support and advice to patients post VCC treatment.

The Trust has involved a range of stakeholders in the design and development of the TCS Programme and supporting infrastructure, but should ensure regular progress feedback is provided

41 We looked for evidence that the Trust has:

- identified who it needs to involve in designing and delivering the step;
- effectively involved key stakeholders in designing and delivering the step;
- used the results of engagement to shape the development and delivery of the step; and
- sought to learn lessons and improve its approach to involvement.

42 Strengths:

- In designing the TCS Programme and supporting infrastructure, the Trust is involving patients, their families and carers, staff, health boards, the third sector and other partners. This engagement has helped the Trust to understand the needs and values of stakeholders to inform the programme design.
- The Patient Leadership Programme was introduced at VCC during 2018, in collaboration with Public Health Wales and the Centre for Patient Leadership, to provide patients with a voice. The programme encourages self-management skills, boosts confidence and facilitates peer-to-peer support. It is involved at all stages to engage patients and citizens activity to support the design of TCS Programme.
- The Trust has used patient experience information captured in engagement events in a meaningful way to help shape the design and development of the TCS Programme clinical service model and supporting infrastructure model.
- During engagement events stakeholders are provided with appropriate information to help inform them of the various options available.
- The Trust set up a Clinical Advisory Board comprising appropriate expertise from across the UK to provide challenge during the design and development of the TCS Programme clinical service model and supporting infrastructure.
- The Trust is involving the Community Health Council and Design Commission for Wales to provide challenge during the development of the TCS Programme clinical service model and supporting infrastructure.

43 Opportunity for action:

- **Communication** – The Trust felt that it could have provided more regular feedback to the people and groups it engaged with. Going forward, the Trust should ensure that it provides regular updates to all stakeholders.
- **Involving the local community** – The Trust felt that local communities could be more involved in decisions on how to use the new VCC hospital as a community asset. At an appropriate time, the Trust should ensure it involves local community groups that could make use of the facility to determine the best ways to use the VCC hospital for the benefit of patients, staff and the local community, particularly for activities that help to improve wellbeing.

Appendix 1

The Step

Information provided by the Trust: Design of the Transforming Cancer Services Programme clinical service model and supporting infrastructure

Why is the Trust doing this?

- 44 Currently, VCC serves a population of approximately 1.6 million people across South East Wales, providing services at VCC's hospital in Cardiff, numerous other sites in its catchment area and in patients' homes. VCC's existing hospital was built in 1956 and, over time has been extended to increase capacity. However, the Trust recognises the current hospital has numerous deficiencies and is no longer fit for purpose, these being:
- the patient environment is sub-optimal and does not promote patient recovery and well-being;
 - there are insufficient parking spaces;
 - a high proportion of the accommodation is non-compliant with statutory requirements and creates challenges in maintaining required levels of patient safety; and
 - there is no space for expansion, limiting the potential increase capacity in response to increasing demand for clinical services.
- 45 The number of people who are diagnosed with cancer is increasing each year. In the UK, one in two people born after 1960 will be diagnosed with some form of cancer during their lifetime³. In Wales, over 19,000 people are diagnosed with cancer every year, and this is expected to continue to grow by 2% per year until 2030 when it is expected that 250,000 people living in Wales will have had a cancer diagnosis⁴. The increase in demand is due to people living longer and a growing exposure to risk factors. As cancer incidences increase, so too will the number of referrals to VCC.
- 46 Clinical research is leading to the development of new treatments that provide better outcomes for patients. However, many of the new treatments are more complex, and thus increased staff time to deliver treatments may be required. Therefore, in addition to the anticipated increase in number of patients referred to VCC, treatment time per patient is also increasing. The Trust, in collaboration with patients and families, citizens, health boards and other key stakeholders,

³ Ahmad A.S., Ormiston-Smith N. & Sasieni P.D. (2015). Trends in the lifetime risk of developing cancer in Great Britain: comparison of risk for those born from 1930 to 1960. *British Journal of Cancer*.

⁴ Macmillan (2015) *Statistics fact sheet*.

developed the TCS Programme clinical service model to support the transformation of cancer services in South East Wales. The clinical service model aims to meet future predicted demand, improve survival rates and the quality of life of current and former patients, and the experiences for patients, carer's families and staff.

- 47 The TCS Programme clinical service model aims to treat more patients at home or in their local community. Patients will only be required to travel to the new VCC hospital for specialist treatments. The clinical service model is aiming to;
- be seamless, integrated and consistent;
 - reduce inequality of access to services;
 - deliver care at a place and time suitable to patients' needs;
 - meets individual patient's expectations;
 - optimise the use of technology;
 - avoid duplication, variation of care, harm and waste; and
 - provides maximum value.
- 48 The TCS Programme commenced in 2014, and comprises seven projects;
- construction of a new cancer centre;
 - enabling works to deliver access and facilities to the new cancer centre site (pre-build);
 - decommissioning of the existing cancer centre;
 - development of a new radiotherapy satellite centre at Neville Hall Hospital ;
 - procurement of clinical and digital equipment;
 - delivery of more outreach services; and
 - clinical service transformation.
- 49 The TCS Programme involves the building of a new VCC hospital in Whitchurch, Cardiff, a radiotherapy satellite radiotherapy unit at Nevill Hall Hospital (with Aneurin Bevan UHB) and extending the amount of care provided in the local community through the development of cancer outreach centres.
- 50 The Trust's ambition is to deliver a world-class hospital providing unrivalled care for cancer patients across South East Wales. VCC aims to not only provide a range of core cancer services for patients but also aims to be an international focal point for research, technology and innovation.

What is the Trust doing to achieve this step?

- 51 In designing the new TCS Programme clinical service model, the Trust has engaged extensively with patients, their families and carers, staff, health boards, the third sector and other partners. The Trust has held a range of engagement events and workshops to understand the needs of stakeholders in the delivery and provision of cancer services. Stakeholder events have included;
- design workshops;

- experience based workshops;
 - health engagement workshops;
 - patient focus groups;
 - VCC workforce workshops; and
 - community health council meetings.
- 52 The Welsh Government identified the replacement of the existing VCC hospital as a key commitment within its 'Programme for Government'. The new VCC hospital will be funded by the Mutual Investment Model (MIM), a partnership between the Welsh Government and the private sector to deliver infrastructure projects. Deriving community benefits during and throughout the operation of capital projects is an integral part in the delivery of MIM and aligns to the SD principle.
- 53 The Trust has identified several potential opportunities for realising community benefits in the design of the new VCC hospital including:
- involving the local community in aspects of the design of the new VCC;
 - encouraging community groups, schools, charities and other institutions to help design and create flexible outdoor spaces and facilities at the new VCC;
 - considering if space can be made available for local community groups to use, for example drama groups and choirs (with potential for patients at VCC to watch performances or participate in activities);
 - introducing an apprenticeship programme during the construction and operational phases, supporting the local workforce and the development of skills;
 - integrating sustainable transport into the design of the new VCC, and encouraging the use of sustainable travel; and
 - considering how adopting a 'time bank' approach during the construction and operation phases of the programme will help contribute towards enhancing community interventions relating to the hospital's wider activities. This could involve enhancing education programmes run by the hospital at schools, providing time that allows staff to brief new apprentices or work experience students, or contributing towards the hours it takes to install and maintain measures to improve the outdoor environment at the hospital.
- 54 The outline planning application for the new VCC hospital was approved by Cardiff City Council in December 2017 and the Trust has developed a reference design for the new facility. The TCS Programme will also involve the decommissioning of the current VCC and ensuring that the site can be used for other purposes in the future.

Appendix 2

The Five Ways of Working

The table sets out 'positive indicators' for each of the five ways of working that we have identified and used to help inform our assessments of the extent to which bodies may be applying the SD Principle. We do not intend the indicators to be used as a 'checklist'. We have used them as 'indicators' to help us to form conclusions, rather than 'determinants' of the extent to which a body is acting in accordance with the SD Principle in taking steps to meet its well-being objectives.

Exhibit 4: the five ways of working

What would show a body is fully applying the long-term way of working?

- There is a clear understanding of what 'long term' means in the context of the Act.
- They have designed the step to deliver the well-being objective/s and contribute to the long-term vision.
- They have designed the step to deliver short or medium-term benefits, which are balanced with the impact over the long-term (within the project context).
- They have designed the step based on a sophisticated understanding of current and future need and pressures, including analysis of future trends.
- Consequently, there is a comprehensive understanding of current and future risks and opportunities.
- Resources have been allocated to ensure long-term as well as short-term benefits are delivered.
- There is a focus on delivering outcomes, with milestones/progression steps identified where outcomes will be delivered over the long term.
- They are open to new ways of doing things which could help deliver benefits over the longer term.
- They value intelligence and pursue evidence-based approaches.

What would show a body is fully applying the preventative way of working?

- The body seeks to understand the root causes of problems so that negative cycles and intergenerational challenges can be tackled.
- The body sees challenges from a system-wide perspective, recognising and valuing the long-term benefits that they can deliver for people and places.
- The body allocates resources to preventative action that is likely to contribute to better outcomes and use of resources over the longer term, even where this may limit the ability to meet some short-term needs.
- There are decision-making and accountability arrangements that recognise the value of preventative action and accept short-term reductions in performance and resources in the pursuit of anticipated improvements in outcomes and use of resources.

What would show a body is taking an 'integrated' approach?

- Individuals at all levels understand their contribution to the delivery of the vision and well-being objectives.
- Individuals at all levels understand what different parts of the organisation do and proactively seek opportunities to work across organisational boundaries. This is replicated in their work with other public bodies.
- Individuals at all levels recognise the cross-organisation dependencies of achieving the ambition and objectives.
- There is an open culture where information is shared.
- There is a well-developed understanding of how the well-being objectives and steps to meet them impact on other public sector bodies.
- Individuals proactively work across organisational boundaries to maximise their contribution across the well-being goals and minimise negative impacts.
- Governance, structures and processes support this, as do behaviours.

What would show a body is collaborating effectively?

- The body is focused on place, community and outcomes rather than organisational boundaries.
- The body has a good understanding of partners' objectives and their responsibilities, which helps to drive collaborative activity.
- The body has positive and mature relationships with stakeholders, where information is shared in an open and transparent way.
- The body recognises and values the contributions that all partners can make.
- The body seeks to establish shared processes and ways of working, where appropriate.

What would show a body is involving people effectively?

- Having an understanding of who needs to be involved and why.
- Reflecting on how well the needs and challenges facing those people are currently understood.
- Working co-productively, working with stakeholders to design and deliver.
- Seeing the views of stakeholders as a vital source of information that will help deliver better outcomes.
- Ensuring that the full diversity of stakeholders is represented, and they can take part.
- Having mature and trusting relationships with its stakeholders where there is ongoing dialogue and information is shared in an open and transparent way.
- Ensure stakeholders understand the impact of their contribution.
- Seek feedback from key stakeholders and use it to learn and improve.

Appendix 3

The Trust’s management response to improvement opportunities

The Trust considered our findings at the workshop held in October 2019 and agreed several improvement opportunities regarding the design of the TCS Programme and its supporting infrastructure. The following table presents the actions that the Trust has identified in response.

Exhibit 5: management response to improvement opportunities

Opportunities for improvement	Actions, responsibilities, timescales
Corporate Arrangements	
<p>A1 The Trust should continue to embed the SD principle within its core arrangements by reviewing its existing well-being objectives and exploring opportunities to better align them with strategic objectives to maximise their priority and focus.</p>	<p>The Trust, through the development of a revised Trust strategy, will review and refresh its wellbeing objectives to ensure better alignment with the both the Trusts strategic objectives and the Act. Completion date: July 2020 Responsible officer: Carl James</p>
<p>A2 The Trust should continue to embed the SD principle within its core arrangements by articulating the steps it is taking to deliver the well-being objectives and introduce an effective mechanism to monitor performance and report progress towards delivering them.</p>	<p>The Trust will refresh and strengthen performance reporting arrangements in respect of sustainability activities. This will include the integration of SMART key performance indicators relating to sustainability within the Trust’s Performance Management Framework. Performance against each of these key performance indicators will be reported through the Executive Management Board, Planning and Performance Committee and the Board. Completion date: May 2020 Responsible officer: Carl James</p>

Opportunities for improvement	Actions, responsibilities, timescales
<p>A3 The Trust should continue to embed the SD principle within its core arrangements by ensuring better focus and ownership of the Well-being of Future Generations Act and SD principle at divisional levels throughout the organisation.</p>	<p>The Trust will develop and implement a revised strategic planning framework which will support the organisation in embedding SD principles within our core arrangements. For example, all service plans and business cases will have to demonstrate that they are underpinned by the seven goals and five ways of working identified in the Act. Completion date: May 2020 Responsible officer: Carl James</p>
Prevention	
<p>A4 Improving outcomes for patients – The Trust should consider how it could contribute more to promoting healthy lifestyles and educating the patients it sees to help prevent reoccurrences of cancer.</p>	<p>The Trust will work in collaboration with Public Health Wales NHS Trust to undertake a strategic review of our contribution to the wider public health agenda. Completion date: January 2021 Responsible officer: Carl James</p>
<p>A5 Educating the population served by VCC – Whilst not a statutory function, the Trust could have a key role in educating the population it serves and promoting healthy lifestyles to help prevent cancer (or educate other health providers to do so).</p>	<p>The Trust will work in collaboration with Public Health Wales to undertake a strategic review of our contribution to the wider public health agenda. Completion date: January 2021 Responsible officer: Carl James</p>
Long term	
<p>A6 Capacity to deliver – The Trust is a small organisation and so the complexity of the programme has stretched the capacity and capability of staff to deliver the TCS Programme. The Trust should regularly review the composition of the TCS Programme delivery team to ensure that skillmix and capacity is appropriate.</p>	<p>Each of the projects within the TCS Programme have dedicated resources attached. The Trust will continue to undertake regular workforce reviews, both internally and externally led, to ensure that there continues to be sufficient capacity and capability to support the TCS Programme. These will be articulated within the revised TCS Programme Business Case. Completion date: December 2020 Responsible officer: Carl James</p>

Opportunities for improvement	Actions, responsibilities, timescales
Integration	
<p>A7 Wider benefits – The Trust should consider how the TCS Programme can continue to identify and deliver wider benefits as the programme progresses to ensure it has a positive impact on social, economic, environmental and cultural well-being.</p>	<p>The Trust will work with local health boards to establish a collaborative leadership group which will be responsible for maximising a range of benefits relating to the TCS Programme. Completion date: March 2020 Responsible officer: Carl James</p>
Collaboration	
<p>A8 Better collaboration with primary care – Some patients leaving the care of VCC have expressed the desire to have ongoing support in their local communities. The Trust could explore opportunities to provide education and training to primary care professionals, including GPs, to help them provide support and advice to patients post VCC treatment.</p>	<p>The Trust will integrate education sessions for primary care professionals as part of our medical education programme. The Trust will work collaboratively with primary care by providing opportunities for GPs to undertake sessional work at VCC within a cancer clinic. Completion date: December 2020 Responsible officer: Dr Jacinta Abraham</p>
Involvement	
<p>A9 Communication – The Trust felt it could have provided more regular feedback to the people and groups it engaged with, particularly to confirm when there was nothing new to report since previous communications. Going forward, the Trust should ensure that it provides regular updates to all stakeholders.</p>	<p>The Trust will review and refresh the TCS Programme communication strategy and implement the strategy once approved by the Trust Board. Completion date: April 2020 Responsible officer: Lauren Fear</p>

Opportunities for improvement	Actions, responsibilities, timescales
<p>A10 Involving the local community – The Trust felt that local communities could be more involved in decisions on how to use the new VCC hospital as a community asset. At an appropriate time, the Trust should ensure it involves local community groups that could make use of the facility to determine the best ways to use the VCC hospital for the benefit of patients, staff and the local community, particularly for activities that help to improve wellbeing.</p>	<p>The Trust is committed to involving the local community, as per the VCC communication plan, at key milestones within the competitive dialogue process. The purpose will be to seek feedback on the design proposals being considered and to use this feedback to influence future designs and the evaluation of the final design proposals.</p> <p>Completion date: August 2021 Responsible officer: David Powell</p>

We will monitor the Trust’s progress in implementing these actions, and the extent to which they address the issues we have identified in our findings, through our future programmes of work.

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