

VELINDRE NHS TRUST BOARD

Velindre Radiotherapy Satellite Centre Project – Site Location Evaluation

Meeting Date:	13 July 2017
Author:	Rhidian Dafydd, Principal Programme Manager, Transforming Cancer Services Programme
Sponsoring Executive Director:	Carl James, Director of Strategic Transformation, Planning, Performance and Estates
Report Presented by:	Phil Hodson, Assistant Director of Planning & Performance
Committee/Group who have received or considered this paper:	Velindre NHS Trust Planning & Performance Committee

Trust Resolution to: (please tick)							
Approve:	✓	Endorse:		Discuss:	✓	Note:	
 The Board is asked to consider the Radiotherapy Satellite Site Evaluation Guidance Document (appendix 1) and to: Approve the attached Radiotherapy Satellite Centre site evaluation report (appendix 2). Consider the two options presented in section 3 and determine the preferred way forward. 			site				

This report supports the following Trust objectives as set out in the Integrated Medium Term Plan: (please tick)			
Equitable and timely services	✓		
Providing evidence based care and research which is clinically effective	✓		
Supporting our staff to excel	✓		
Safe and reliable services	✓		
First class patient /donor experience	✓		
Spending every pound well	✓		

1. Introduction / Background:

1.1 The TCS Programme clinical service model has been developed following an extensive programme of engagement with patients, their families and carers, Velindre staff, local Health Boards, voluntary sector and other partners.

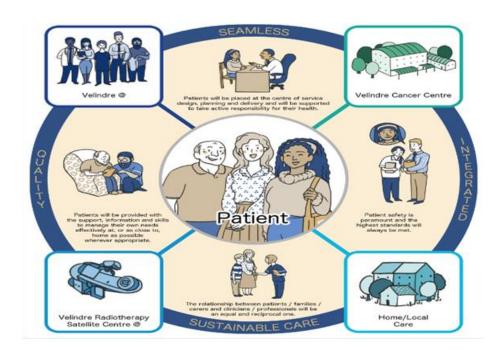


Fig 1. TCS Programme Clinical Service Model

- 1.2 A key enabler for the successful implementation and delivery of the clinical service model is the development of a Radiotherapy Satellite Centre (RSC). The RSC will assist the Trust in meeting forecast radiotherapy service demand whilst reducing travel times for patients, carers and their families. It is anticipated that the RSC will provide 20% of Velindre's future radiotherapy activity from 2021/22 onwards.
- 1.3 In determining the preferred location of the RSC the Trust initially asked all Health Boards in South East Wales for expressions of interest in hosting the RSC. Two University Health Boards, Aneurin Bevan and Cwm Taf, expressed an interest and proposed a range of possible locations on the Nevill Hall Hospital and Prince Charles Hospital sites respectively. Following an estate based 'test for fit' assessment undertaken by the Trust's appointed Technical Advisors, Mott MacDonald, two potential sites for the RSC from each Health Board were identified for further evaluation.
- 1.4 Between January and May 2017 Velindre engaged with both Health Boards through the establishment of joint RSC Planning Groups. A key output from these groups was the development of an evaluation methodology which was approved by Velindre NHS Trust and both Health Boards (appendix 1). The Trust appointed Capita to provide Health Care Planning advice for the RSC Project. As part of their appointment Capita undertook an independent review of the agreed RSC evaluation methodology and confirmed it would deliver the stated outputs of the evaluation process.

1.5 An overview of the scoring methodology, and the areas covered, is presented below:

Overall Evaluation
Score (100%)

Non-Financial
Assessment (70%)

Service &
Strategic
Alignment (40%)

Part A - Service
Alignment (25%)

Part B - Strategic
Alignment (75%)

Fig 2. Site Evaluation Scoring Methodology.

Source: Radiotherapy Satellite Site Evaluation Guidance Document (appendix 1)

- 1.6 The specialist support and professional advice used by the Trust to develop the four elements of the evaluation are set out below:
 - Patient Journey Time Analysis NHS Wales Informatics Service (NWIS) and Velindre Informatics Team:
 - Service and Strategic Alignment External representation on the assessment and evaluation panels from clinical experts, Community Health Councils, Welsh Government, Wales Cancer Network:
 - Site Feasibility Mott MacDonald, Health Board Estates Managers;
 - Financial Assessment Mott MacDonald, Health Board Estates Managers.

Note: Technical reports produced in relation to each of the four elements are available upon request.

1.7 The outputs from the four elements above were collated into a comprehensive evaluation report (*appendix 2*) and considered by the evaluation panel whose membership comprised:

Niall Thomson, Healthcare Planner, Capita;

Patricia Fisher, Clinical Director, Weston Park Hospital, Independent Member;

Jane Barrett OBE, Clinical Oncologist, Independent Member;

Hywel Morgan, Wales Cancer Network;

Stephen Allen, Chair, Wales Community Health Council;

Carl James, Director of Strategic Transformation, Planning, Performance and Estates, Velindre NHS Trust;

Tom Crosby, TCS Clinical Lead, Velindre NHS Trust;

Andrea Hague, Director of Cancer Services, Velindre NHS Trust;

Phil Hodson, Assistant Director of Planning and Performance, Velindre NHS Trust;

Jacinta Abraham, Clinical Director, Velindre NHS Trust;

Bernadette McCarthy, Radiotherapy Services Manager, Velindre NHS Trust;
Geraint Lewis, Head of Medical Physics, Velindre NHS Trust;
Michael Ellery, Infrastructure Programme Manager, Velindre NHS Trust;
Stephen Gardiner, Assistant Director Estates and Facilities, Velindre NHS Trust; and

1.8 The panel convened on 20th June 2017 and approved the evaluation report and the recommendation as set out in section 3.2.

Emma Powell, Head of Information, Velindre NHS Trust.

1.9 Alongside the development of RSC the Trust will continue to work closely with both Health Boards to develop outreach services, including SACT and outpatient services, across both Health Boards.

2. Timing:

- 2.1 The evaluation report is due to be considered by the Velindre NHS Trust Board on the 13th July 2017.
- 2.2 Velindre will work with the relevant University Health Boards to jointly prepare and submit an Outline Business Case for the RSC. It is currently assumed that the new RSC will open during 2021.

3 Description:

3.1 The output of the evaluation is summarised in figure 3 below.

Fig 3. Site Evaluation Scoring.

		Health Board / Hospital Site			
Evaluation element	Overall Score	Cwm Taf Cha	Prince rles	Aneurin Bevan Nevill Hall	
		Site 2	Site 3	Site 6	Site 8
Travel times	35%	32.06	32.06	35.00	35.00
Service and strategic alignment	40%	32.00	32.00	30.00	30.00
Site feasibility	25%	18.38	18.96	16.88	19.40
Total non-financial evaluation score	100%	82.44	83.02	81.88	84.40
Weighted non-financial evaluation score	70%	57.71	58.11	57.31	59.08
Total financial evaluation score	100%	97.48	99.75	96.67	100.00
Weighted financial evaluation score	30%	29.24	29.92	29.00	30.00
Total weighted evaluation score	100%	86.95	88.03	86.31	89.08
Ranking		3	2	4	1

- 3.2 The evaluation panel identified the preferred site location as Nevill Hall (site 8).
- 3.3 Subsequently Trust officers have identified the following two options as the most logical for the Board to consider.

Option 1 – Take forward the highest scoring site (Nevill Hall – site 8) / 1 site for further detailed analysis as part of the Outline Business Case process; and

Option 2 – Take forward the two highest scoring sites (Nevill Hall – site 8 and Prince Charles – site 3) for further detailed analysis as part of the Outline Business Case process.

3.4 A summary assessment of the two options is set out below.

Fig 4. Assessment of Options.

	Option	Pros	Cons
	Progress the highest scoring	Velindre Trust and Health Board able to produce OBC at a lower cost than other option.	Decision based without revenue costs being identified.
1	site / one site option for inclusion within	Clarity for both Health Boards as per original timeline.	No alternative site in the event that outline planning application is rejected.
	the Outline Business Case	Reputation enhanced based on delivering an output on time with an agreed process.	
	Progress the two highest scoring sites / two sites for inclusion within the Outline Business Case	Outline Business Case process will identify full lifecycle revenue and capital cost requirements.	Significant additional resource requirements for both Health Boards and Trust.
		Decision based on more granular information leading to a more informed decision e.g. more detailed design.	Reputational damage with stakeholders.
2		More sites in consideration, especially if one site is not granted planning permission.	Health Boards may not agree / unable to support Velindre in authoring an OBC.
		The evaluation to date has shown very little difference between the two most preferred sites and taking them both to the next level of detail will allow for a more informed decision.	Risk that the TCS and Health Board teams will not have the capacity to undertake the additional work.
			Duplication of site feasibility work already undertaken (at cost).

- 3.5 It is important to note that there will be no impact on the TCS Programme and timescales regardless of which option is selected. There will be additional costs associated with the development of the Business Case for option 2. Whilst the Trust is unable to quantify these costs at this stage, they relate to, *inter alia*:
 - Additional advisor fees relating to the economic appraisal (benefits and costs) for two sites as opposed to one; and
 - The cost for the PMO and both Health Boards to provide the required inputs to the Outline Business Case.

4 Financial Impact:

- 4.1 Approval of a preferred site(s) is not a commitment to the building of the RSC but only the identification of site(s) for inclusion within an Outline Business Case. The Business Case, which will be developed in partnership, will in turn seek capital and revenue funding to support the development of the RSC.
- 4.2 The immediate financial impact is the cost of preparing and submitting the Outline Business Case.

5 Quality, Safety and Patient Experience Impact:

- 5.1 Stakeholder feedback has been integrated into the evaluation method through the weight given to:
 - Reducing travel times;
 - Providing car parking close to the RSC;
 - Providing good views and environment;
 - Providing easy access to facilities such as refreshments; and
 - Access to public transport, e.g. proximity to bus stops.
- 5.2 Quality and Patient safety were integrated into the evaluation method through the consideration given to:
 - Access to the range of medical services on the host hospital site;
 - Floor space required for the proposed level of services;
 - The alignment of the host Health Board's strategy with the achievement of quality services; and
 - The resolution of any potential site specific risks such as flooding.

6 Considerations for Board / Committee.

- 6.1 The Board is asked to consider the attached report *Radiotherapy Satellite Site Evaluation Guidance Document (appendix 1)* and to:
 - Approve the attached 'Radiotherapy Satellite Centre site evaluation report' (appendix 2);
 and

• Consider the two options presented in section 3 and determine the preferred way forward.

7 Next Steps:

7.1 The next steps will be to take forward the preferred option identified by the Board and communicate the outcome with all stakeholders.