

**P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre, Correspondence – Petitioners to Committee, 07.12.20**

Janet Finch-Saunders MS

Chair, Petitions Committee

7<sup>th</sup> December 2020

Dear Mr Francis,

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

Enclosed our response to your email of 30/11/20. We ask that all of the documents we have already submitted to support the petition to accompany this response together with the Nuffield advice (1/12/20). **We urge the need to undertake an immediate independent inquiry.**

**1. Responses from consultees (save Velindre University NHS Trust) – terms of reference**

With the exception of Cardiff and Vale Health Board and Vaughan Gething, all other health boards and the Chair of the HSCC&S committee in their responses refer to Nuffield engagement as a “review” or “view”. Nuffield did not conduct a review but provided “independent advice”. Their aim was only to manage or recommend risk reduction on the existing proposal. This engagement was only announced by Velindre University NHS Trust moments before the last Petitions Committee debate despite months of public and medical pressure to do so, and only after they were instructed to do so by the Chief Medical Officer. In itself, this should cause concern.

**2. Responses from Health Trust consultees – the need to assess the proposed clinical model**

The health trust responses are overwhelmingly supportive of the need to question the clinical model (**save Velindre University NHS Trust**) and all supported the need for review (rather than just advice). Steve Moore, of Hywel Dda University Health Board also pointed out the need for equality of care for those in West and Mid Wales as well as South Wales; therefore, requiring consideration of site location. This does not fall within the ambit of the Nuffield advice.

It is of note that at no point were any of the stakeholders consulted on the decision for a standalone centre, let alone site location. It is also a matter of significant concern that Velindre appears not to have proactively engaged relevant Community Health Councils at appropriate times in the development of their plans as they are required to by Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010. We are investigating this further with relevant CHCs but the level and timing of engagement and informal and statutory consultation on the clinical consequences of the Velindre proposal is now a matter that demands proper scrutiny in light of the Nuffield findings.

**3. Response from Prof Donna Mead Velindre University NHS Trust dated 25/11/20**

- a. Question One from the Petition Committee (safety concerns raised over clinical model)
- Professor Mead fails to address that the health boards had not been notified/consulted about the need to reassess the proposed clinical model since the Trust Board approved the TCS Business Case in 2017. Professor Mead doesn't acknowledge the letters from medical staff from the Trust expressing their concerns about reliance on an outdated clinical model.

**These were obtained via FOI request and are appended at the end of this letter.**

Further, the Nuffield advice page 6/56 says *“There are significant opportunities from planning all cancer services in a more integrated way rather than the silos that currently exist. The planning approach for cancer services in South East Wales needs to be reviewed and improved. In particular, the coordination of strategy, the use of a common dataset and the leadership of the process all need to be strengthened.”* This demonstrates the failings in the current proposed plans and highlights the need for fresh leadership within the Trust TCS project which is obviously lacking. An independent, urgent inquiry would do just that.

- b. Question Two (a) and (b) (whether within the last five years have there been preventable deaths at Velindre, or during transfer to acute site due to lack of onsite anaesthetist or of critical care facilities; or whether patients have died at Velindre whilst waiting for a 999 ambulance).
- Professor Mead again submitted the Trust's standard response to this question - which is misleading through selective wording claiming that “no serious incidents have been reported... due to lack of onsite facilities/waiting for an ambulance”. A similar claim recently made in the South Wales Echo by Prof Mead. The wording is carefully chosen to reassure members of the public that there are no concerns over onsite deaths. In contrast, a freedom of information

request (25/8/2020) revealed details of an unexpected death which was not reported, on the Trust's account because "it did not meet the threshold for reporting". Further, in that FOI response when detailing the cause of that death, the Trust claimed that EMRTS and WAST were in attendance. This is false. EMRTS were not in attendance. The fact that the response is so carefully particularised, and apparently false in some respects, demonstrates lack of transparency even now, to the Petitions Committee and in itself demands accountability. The fact of the death is not mentioned in the Nuffield advice, presumably because they were not told of it by the Trust, and it is not reported. How could Nuffield therefore know?

Question Two (c) (patients waiting for more than 30 mins for an ambulance) and (d) (number of patient transfers required). It is of grave concern that Prof Mead cannot answer this question because the Trust do not keep any such records. Frankly that is astonishing. Despite Prof Mead's assertion that there is no problem, the Nuffield advice, page 4 remarks "***The VCC model should not admit patients to VCC who are at risk of major escalation. Changes in the admission criteria and overnight cover are currently being developed. Admissions and transfers to acute care should be kept under regular review and refined.***"

- c. Question Three (breakdown of money spent to date and overview of the financial model). Shows a spend to date of £19,999,239 despite this being still in preliminary stages. There are no plans of the building to be seen only artists' impressions. Planning conditions are not yet satisfied. In the Velindre Trust Committee meeting on 26 November 2020, a further £3 million expenditure has been approved by WG, without it seems any scrutiny. It is clear - if the public and clinicians had not intervened to date, millions of public money would have been spent on an out-of-date project. It is not too late to take this in hand and have an urgent, independent inquiry. The Nuffield advice comments "***However, our expert panel and a number of interviewees raised the question about the desirability of a co-located model in which all VCC services would be moved to be next to University Hospital of Wales (UHW). In Appendix 1, we look at this question and our analysis is that this will not be an option for some considerable time, but may be possible as part of a redeveloped University Hospital of Wales (UHW) in the longer term. We also found that there are future strategic opportunities created by the development of a new Velindre Cancer Centre and the proposed UHW2 that the health system should look to exploit. With careful design investing in a high capacity ambulatory treatment centre is a sensible strategy in a number of different scenarios.***"

This provides hard evidence for the need to review the business case and clinical model immediately. It cannot be seriously proposed that the public spend £200million (estimated build

costs in 2013) on a hospital for a 15-20-year review basis. Nuffield advice: ***“In 15 years, the next generation of linear accelerators at a new VCC will have reached the end of their useful life. At this point there may be an opportunity to strategically review service configuration across the region, and between Cardiff LHB and Velindre University NHS Trust”***

This may well undermine the current business case (which we have requested under FOI for public scrutiny but has been withheld by Welsh Government) particularly since Welsh Government is proposing a Mutual Investment Model – a form of PFI that is likely to see the public paying for any new hospital for 25-30 years – well beyond its useful life according to the Nuffield advice. It would make sense for an inquiry to drive a complete assessment of the local health provisions to deliver recommendations that will be sustainable in the long term.

- d. Question Four (copy of the review the committee was told was undertaken by Dr Jane Barrett in 2017)

Professor Mead does not address this question and appears to be referring to a business review. Again, that raises the issue of transparency. In a document produced by the Trust 21 July 2020, the public were told that this model was subject to an “external review” conducted by Dr Jane Barrett as clinical lead. Dr Barrett has subsequently confirmed that she did not undertake a review of a standalone cancer centre, as proposed, or even redevelopment of Velindre, but merely a paper review of satellite centres in South Wales. The email is attached as an addendum as is the public document from the Trust claiming Dr Barrett conducted external review. Those documents, subsequently challenged by STNM and clinicians, have been withdrawn or changed by the Trust. What is happening in the Trust TCS management that can result in them publishing factually wrong and misleading documents and why would the Trust obfuscate in relation to such a fundamental issue as to the clinical rationale for a £200m new hospital (on which they have already spent £20m)?

- e. Question Five (a copy of any terms of reference/scoping for the advice sought from the Nuffield Trust)

In Nuffield’s own words ***“First, this is not and has never claimed to be a wholesale independent review of the project. The scope of this report is tightly defined and relates specifically to the clinical management of the planned network model for non-surgical tertiary cancer services and new cancer centre....The report does not seek to offer a view on other important issues such as environmental concerns, impact on inequalities or financial or cost considerations.”*** Alone, this establishes the need for independent business and medical

scrutiny, including sites. There are many other sites in South Wales, including co-location outside Cardiff that may provide the suitable options and equality of care for others in Wales. The Trust have never considered them.

- f. Question Six (requesting scale footprint of the proposed nVCC and Whitchurch Hospital Site for comparison)

The Trust have not provided the documents requested although they exist, produced by their own architects from a report (see attached). This plan, if we take note of the roads and car parks disproves the mollifying claim by Velindre that 60% of the meadow will be left untouched (“undeveloped”). It is obvious the footprint of the whole Whitchurch Hospital Site and land, together with the Grange land, is more than large enough to accommodate the size of the nVCC plans with roads and services already in place. It’s clear that the real, underlying plan and the purpose of the architect report for Grange and Whitchurch Hospital was to discount any prospect of re-using the land. The plan is obviously to sell that for houses. The hospital site is secured by perimeter fencing & measures which cost £561k to install and between April 2019 – March 2020 cost Cardiff and Vale NHS Trust £411k to maintain (from FOI requests). Again, this expenditure highlights the urgent need for independent inquiry.

### Conclusion

The Nuffield advice highlights the many failings that clearly exist in the current proposals for the New Velindre Cancer Centre. It has thrown a spotlight on the need for full inquiry and demands it, by highlighting a range of unanswered questions. It is perhaps no surprise to read the following from Nuffield advice p13 *“Cancer outcomes in the UK are behind those in other developed countries and South East Wales has some of the worst in the UK and Europe for one-, five- and ten-year survival across all cancer types. The general health status and significant deprivation of a number of communities in South East Wales have a negative impact on the effectiveness of prevention measures, the uptake of screening, early presentation with symptoms, access to treatment and so on.”*

Nuffield advice page 12 *“It is very important to stress that this advice is being given on the proposed model and is not an option appraisal of all the different permutations for siting or distributing services across South East Wales. This also means that we are not making any judgement about the decision to site the new VCC on the Northern Meadows. Such a large-scale option appraisal exercise is not only well beyond our terms of reference but is*

*fundamentally about values and the choices that need to be assessed and taken by all involved. It cannot be outsourced.”*

An independent inquiry need not take long. It would not have the constraints Nuffield was subject to. Wales has a specific body in the Healthcare Inspectorate Wales designed for this very purpose. Full external reviews were conducted into strikingly similar proposals in locations as diverse as Liverpool (Clatterbridge), Suffolk (Mt Vernon) and Glasgow (Beatson) – all reaching conclusions about the importance of co-location of cancer and acute services. Why do Welsh patients and clinicians deserve any less? It can only result in a better outcome for the clinicians and staff who work so hard and for members of the public of South Wales who deserve better cancer care and the best value for money. It cannot be right that because the Trust have taken so long to undertake this now outdated work, we simply go along with it. It is a poor reflection on the TCS Project management and design, that it has taken so many years and public pressure for the Trust to concede the need for advice.

The findings alone warrant, demand and justify immediate urgent action to be taken by the Petitions Committee and the Welsh Government to resolve this tragic, expensive mess by holding an independent inquiry.

Yours sincerely,

Save The Northern Meadows

#### Attachments

1. Letter sent to Mr Gething by concerned clinicians, dated 19 August 2020 page7-10
2. Letter sent to Mr Gething, Dr Atherton, Dr Lloyd and Mr Davies from Velindre, dated 13 October 2020 containing multiple letters sent by concerned clinicians over various dates, to Velindre pages 11-16
3. Trust Document dated 21 July 2020, “Why not build a new Velindre Cancer Centre on another hospital site?” page 17
4. Email from Jane Barrett confirming the extent of her considerations (not redevelopment of Velindre) page 18
5. [Whitchurch-Hospital-Commentary.pdf \(transformingcancerservices. wales\)](#) Report by John Cooper Architects 24 June 2020 page 19
6. [Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#) extract containing site acreage page 20
7. [Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#) plan showing the original redevelopment proposals page 21

**Mr Vaughan Gething MS**

**Minister for Health and Social Services**

19th August 2020

Dear Mr Gething,

We are writing to highlight our deep concern regarding the clinical model that is proposed with the development of a new cancer centre on a stand-alone site. We are committed to transforming cancer care for patients in South East Wales and believe there is an exceptional opportunity to get this right. We are requesting a review of the current model, particularly as it relates to urgent care for cancer patients and future proofing the rapidly developing cancer therapeutics field.

Our concerns relate to:

- a) Patient safety.
- b) Concern of sustainability and viability of a standalone centre in the context of the rapidly changing medical and scientific developments in cancer care which will be
  - a. a huge investment in a model that is not fit for purpose
  - b. unattractive to oncology teams of the future, including attracting trainees to Wales
  - c. a significant limitation to research opportunities in Wales for the foreseeable future.
- c) Lack of service transformation and a lost opportunity for the population of SE Wales.

The ability to deliver new therapies such as immunotherapy, CAR-T and new anti- cancer therapy in the context of early phase research requires timely multidisciplinary specialist care with immediate access to high dependency or intensive care. It is already clear that the recent introduction of immunotherapies, whilst transforming outcomes for some patients with cancer, can result in severe morbidity including endocrine, autonomic,

autoimmune and life threatening complications. As the development of new cancer treatments brings new opportunities for patients, the need to support them with oncology, medical, surgical, interventional radiology and intensive care teams working together, on-site is imperative.



The limitation of the proposed approach has already been apparent through review of other stand-alone cancer centres e.g. Mount Vernon where an independent review identified that in order to provide modern oncology care, “comprehensive medical and surgical support services, including Intensive Treatment Unit (ITU) are needed. Acutely unwell patients require inpatient, multidisciplinary management including for multisystem toxicities from increasing use of immunotherapies.”

It was these concerns that led another stand-alone cancer hospital, Clatterbridge, to put their new build on the Royal Liverpool Hospital site exactly because they understood the need to be able to access acute services.

Co-location of acute cancer care would also afford a significant enhancement of training and education opportunities for all members of the multidisciplinary team. Training in Acute Oncology is part of the core curriculum and a cancer centre aligned with the University and a major teaching hospital would provide a clear opportunity to make Wales a leading centre within Europe for Cancer care.

A major innovation in Cancer treatment – CAR T therapy, has been commissioned by WHSSC and will be based at the UHW site in alignment with the Haematological malignancy service. Indications for Advanced Cell Therapies are expected to expand beyond haematological malignancies and so the opportunity exists for haematology and solid tumour Oncology services to work synergistically in one clinical area. The inability of a new standalone cancer hospital to deliver CAR T will severely diminish the ability of Cardiff to attract Oncology trainees which will lead to the detriment of clinical cancer services in SE Wales.

As clinicians with a major role in cancer care we now request an external independent review of the planned development and proposed model of care. We would welcome the opportunity to contribute constructively to this review. We are concerned that there is no clarity regarding how the proposal for the siting of VCC as a stand-alone cancer centre was reached originally and what other options were explored and appraised.

We are aware that a review has previously taken place (the Barrett Report 2017). Whilst the landscape of cancer care has changed significantly since this review, we have not been able to obtain a copy. We request that an un-redacted copy of this review is made public.

Thank you for your consideration.

Yours sincerely,

The undersigned:

**(REDACTED – SECTION 40)**

Mr. Vaughan Gething, Minister for Health &  
Social Services  
Dr. Frank Atherton, Chief Medical Officer for Wales  
Dr. Dai Lloyd, Chair, Health, Social Care and  
Sport Committee  
Mr. Andrew RT Davies, Shadow Health Minister

Velindre Cancer Centre  
Velindre Road  
Whitchurch  
Cardiff  
CF14 2TL

via e-mail to: [...]Redacted

13th October, 2020

Dear Mr. Gething, Dr. Atherton, Dr. Lloyd and Mr. Davies,

### **Concerns regarding stand-alone model for new Velindre Cancer Centre**

We are writing to make sure that you are aware of two recent letters, each supported by more than 30 senior members of clinical staff within Velindre, raising concerns within the Trust about the proposed 'stand-alone' clinical model for the new Velindre Cancer Centre. They were sent on behalf of a multidisciplinary group of Velindre consultants and senior nurses to the Chair, Chief Executive and Medical Director.

You may already be aware of the existence of these letters but perhaps not their content nor the diverse professional expertise of those expressing concerns. We therefore attach each of the letters.

Together with a letter from our 57 external clinical colleagues that has been referenced publicly by yourselves, there are now more than 90 senior clinicians in the region who strongly feel that the proposed 'stand-alone' model in the proposed location, away from an acute hospital site, will not be suitable for a world class, future proofed 21st century cancer centre.

We trust that this level of professional concern will be appropriately reflected in further public discussion and decision-making on an important issue that will affect the health and well-being of the population of SE Wales for decades to come.

Yours sincerely,

[...] Redacted

*[redactions to this email as received]*

**From:** address redacted

**Date:** Wednesday, 29 July 2020 at 10:58

**To:** Steve Ham, Jacinta Abraham

**Cc:** 83 addresses redacted

**Subject:** Independent external expert review of proposed new location of Velindre Cancer Centre

Dear Jaz and Steve,

Many thanks for your e-mail messages, last Friday (24<sup>th</sup> July).

As I believe you are aware, at the time of your messages, a multi-disciplinary group had been preparing a document expressing concern about the clinical case for a stand-alone location of the new Velindre Cancer Centre at Coryton, rather than co-location with an acute hospital site. The letter urged an independent, external expert review of that single aspect of the TCS process, whilst acknowledging the many strengths of other aspects. We had been collecting the final few signatures, before sending, when your messages arrived.

At that time, 38 clinicians had confirmed their wish that their signatures should be added. These included 17 consultant oncologists, 4 consultant radiologists, 3 consultants in palliative care and 14 senior nurses at Velindre.

We are keen to keep the conversation flowing, but many of the confirmed signatories are now on leave. Therefore, rather than amending the letter to take into account the points which you raised, re-circulating to all the previous signatories, and awaiting confirmation that they still wish to sign, we attach the letter, unaltered but unsigned.

This will hopefully give you the confidence that our voices are not adversarial, but indeed are those of allies who hope to work with you to build the best cancer centre possible. We believe that by understanding the strength of opinion, across the spectrum of cancer patient care in the Centre, the TCS teams and working groups will be able to focus first and foremost on addressing our pressing concern.

We hope that taking this approach will avoid additional delays and facilitate the continuation of the open dialogue and constructive engagement that we all wish to share.

With that in mind, I would be grateful if you could respond to all those copied here.

**Signature redacted**



Mr. S. Ham  
Chief Executive  
Velindre University NHS Trust

Velindre Cancer Centre  
Velindre Road  
Whitchurch  
Cardiff  
CF14 2TL

Via e-mail to: [...] Redacted

24<sup>th</sup> July 2020

Dear Steve,

**Re: the new Velindre Cancer Centre**

We wish to express our concern that recent events clearly demonstrate fundamental problems with the clinical case for the proposed location of the new Velindre Cancer Centre. We request, as a matter of urgency, a new, independent external review of this crucial aspect of the proposed model for Transforming Cancer Services (TCS) in South East Wales.

Since the inception of TCS, various new pieces of information have entered the public domain which strengthen the consensus that the best model for integrated cancer care is as a collocated cancer centre on an acute hospital site with immediate access to specialist medical, surgical, clinical imaging and interventional radiology services, and to intensive care facilities, as necessary. Direct (as opposed to virtual) input from these key care partners is becoming increasingly essential to state-of-the-art cancer care which achieves the best possible outcomes for our patients.

We believe that the currently proposed model of a stand-alone cancer hospital, remote from key professional colleagues, can not adequately meet the key requirements of the modern, world-class, comprehensive cancer centre that the population of South East Wales deserves.

Persisting with the current model risks undermining other excellent work conducted within TCS, a failure to fulfil the strategic vision set for the Centre and damage to the reputation of the Trust.

The current model will not, in our view, be sufficient to ensure the safety of important subgroups of patients treated with both current and emerging cutting-edge treatments and, additionally, does not represent the best model to deliver optimum outcomes and quality of care for a broad range of other cancer patients. Nor is it the best location for a regional approach to integrated, regional management of our sickest patients with major complications of either their disease or their treatment (Acute Oncology). This key group requires timely specialist medical and/or critical care outreach review which is not rapidly available on a separate site.

In addition, our ability to continue delivering world-leading clinical research involving increasing numbers of emerging state-of-the-art treatments will be significantly limited if we are not collocated with appropriate facilities. Systemic therapies, and innovative drug-radiotherapy, vaccine and early phase clinical research, now routinely mandate immediate access to high dependency and intensive care input. The recent coronavirus pandemic has emphasised the need for joined-up, flexible approaches to cancer care and the crucial

importance of team-work for rapid response to novel research challenges. This includes the need for proximity to fellow NHS and academic professionals from other oncological specialties and from clinical and translational researchers.

Furthermore, as a direct result of the UK Shape of Training report, there are imminent changes in the training curricula for both clinical and medical oncology, with a particular emphasis on Acute Oncology. These changes reflect the need to develop a highly skilled, adaptable workforce for safe management of the changing and occasionally severe toxicities which can result from increasing numbers of new oncology treatments. Trainees will be expected to have broad experience of integrated, multi-modality cancer care, and exposure to complex cases presenting as unscheduled care events. These UK-wide curriculum updates necessitate the development of seamless working relationships with a wide range of specialties, which colocation would allow.

Finally, in addition to the changing clinical, research and training issues outlined above, the major reconstruction of University Hospital Wales (UHW) planned by the Cardiff and Vale University Health Board (CVUHB) at the Heath Park site, offers a once-in-a-generation opportunity for an alternative vision for the location of our Cancer Centre. We strongly believe there is an urgent need to re-appraise the location of the cancer centre and to embrace the unique potential for a shared building project which would extend, rather than compromise, the excellent, innovative work already undertaken on TCS.

On this basis, we believe that the most appropriate location for the new Velindre Cancer Centre is at the Heath Park campus. Co-location with University Hospital Wales would promote the integration of Velindre's widely-admired, non-surgical oncology services with the region's other specialist oncology services and research facilities, alongside relevant acute medical services and immediately available facilities for urgent escalation of care, up to and including intensive care.

We believe that this alternative model of a single-site, comprehensive cancer centre will undoubtedly bring greater benefits to cancer patients and their families, in both the short and longer term. It will:

- ensure safety for our acutely unwell patients
- facilitate the introduction of an enhanced, regional model for Acute Oncology services.
- increase the critical mass of oncological expertise, maximising opportunities for multiprofessional interaction and shared education with specialist colleagues in surgical oncology, haemato-oncology, paediatric oncology, pathology and medical imaging
- facilitate interactions with the large cohort of clinical and non-clinical CVUHB and Cardiff University cancer researchers at Heath Park, generating genuine critical mass and thereby enhancing our reputation for world-class cancer research
- more easily meet the requirements of imminent and future changes to the training curricula of oncology trainees, attracting to Wales a broader range of top-class applicants who will be the region's future oncology consultants
- provide an enriching training opportunity for CMT and GP trainees which will more easily facilitate full staffing of our junior doctor rotas
- be more attractive in recruiting, motivating and retaining the very best medical and nonmedical oncology professionals, increasing the influx of high-calibre talent into Wales
- bolster the confidence and professional fulfilment of a substantial majority of consultants and other health care professionals who will practice at the new facilities
- maintain our credibility beyond Wales, ensuring that Velindre Cancer retains our hardearned reputation as a modern centre of excellence for cancer care and research

We are agreed that co-location with other oncological and acute services at Heath Park need not and must not invalidate the great majority of the excellent proposals contained within the package of proposals encompassed by TCS. Much of the important work already done remains entirely valid. There should be no impediment to close co-operation with our health board and primary care partners, and priority would still be afforded to treatment and care of patients as close to home as appropriate to individual circumstances.

Nor do we believe that this approach would jeopardise the autonomy of Velindre or compromise its ability to focus on the necessity of preventing, diagnosing and treating cancer.

We feel certain that, with appropriate backing from Welsh Government and NHS Wales, guarantees could be secured of organisational independence in funding and decision-making for cancer services.

Overall, we feel that a re-consideration of the best and most enduring model of cancer care for South East Wales is imperative, and that understandable concerns regarding delays to the essential up-dating and up-grading of the region's cancer services should not risk missing a one-off, time-limited opportunity to implement a truly transformative change for our region's population. It should be possible, through appropriate discussions with partners in CVUHB and around the region, to implement change rapidly, through close collaboration with willing, likeminded clinical and managerial colleagues.

We welcome the recent open-ness of medical managers within the Trust to extend discussions on these issues and their willingness to listen to an increasing body of senior clinical opinion.

This group includes, critically, the voices of consultants who have been relatively recently appointed, and of trainees who will soon be appointed, many of whom will be central to a sustainable model of excellence.

Following on from these discussions, we feel that it is essential that there should be a thorough, new review which goes beyond the Trust and the previously-constituted Clinical Advisory Group. We strongly believe that the review should involve a range of independent, expert oncological opinion from outside Wales, alongside representatives from our Health Board and primary care partners, as well as members of local communities in both Cardiff and other areas of South East Wales.

We remain committed to the ethos of patient focus, togetherness and mutual support which has been the hallmark and strength of Velindre Cancer Centre, for many years. We believe that serious re-consideration of this crucial issue will benefit from this much-envied team spirit and, ultimately, strengthen and extend it to professional colleagues with whom we desire to work more closely.

We look forward to hearing your views.

Yours sincerely,

*[...] Redacted*

Velindre Cancer Centre  
Velindre Road  
Whitchurch Cardiff  
CF14 2TL

2<sup>nd</sup> September, 2020

c/o Dr Nikki Pease  
Chair, LNC Velindre UNHS Trust

Dear Professor Mead, Mr Ham and Dr Abraham,

**Re: stand-alone model for new Velindre Cancer Centre**

Thank you for your e-mails detailing the additional processes that have been put in place to ensure the Transforming Cancer Services program and new Velindre Cancer Centre meet the needs of the population of South East Wales.

Having considered these, and contributed to the discussions and working groups, concerns remain about the ability of a stand-alone cancer centre to provide a safe and effective model for world-class, 21<sup>st</sup> century patient care. These genuine and significant reservations have been expressed, in writing, both within our organisation, and by a multi-specialty, wide ranging cohort of our medical, surgical, general practice, nursing and allied health professional colleagues.

We therefore request, in the interests of openness and accountability, an independent, expert review, available for scrutiny by all stakeholders and those with public, private or personal interest. We hope it goes without saying that this would give us the reassurance that the model is sustainable and optimal for patient care, and we would of course support the outcomes of the independent expert review, regardless of our current viewpoints.

Yours sincerely,

*[...] Redacted*



Trust Document dated 21 July 2020, “Why not build a new Velindre Cancer Centre on another hospital site?”

Trin mwy. Byw yn hirach.  
Treating more. Living longer.

Outline planning for a new Velindre Cancer Centre was approved in 2018.

Our approach, based on a more integrated care model with the development of Velindre units in other hospitals to support planned and acute care, has also been subject to regular scrutiny and independent review.

The clinical lead in an external review of the project, carried out in 2017, was Dr Jane Barrett OBE, an eminent UK clinical oncologist and past President of the Royal College of Radiologists.

In addition, we also established a Clinical Advisory Group which had senior clinical representation from health boards and from the Wales Cancer Network. The remit of this group was to ensure that the service model was clinically robust and to provide multi-disciplinary and organisational advice and challenge to the Trust.

The new cancer centre in Whitchurch will be ideally located to provide specialist cancer services to patients whether they are travelling from Bridgend, Barry, Brecon or Chepstow.

We treat tens of thousands of patients at the cancer centre every year and fewer than thirty patients a year on average need an unplanned emergency transfer.

Of these thirty patients, fewer than ten patients a year are critically unwell and have access to the Emergency Medical Retrieval and Transfer Service (EMRTs) who can assess and transfer these unwell patients to the University Hospital of Wales (UHW). UHW is less than three miles away and can be reached within minutes.

Email from Jane Barrett confirming the extent of her considerations (not redevelopment of Velindre)

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**From:** BARRETT, Jane (NHS ENGLAND & NHS IMPROVEMENT - X24)  
**Sent:** 22 August 2020 22:16  
**To:** [REDACTED]  
**Subject:** Re: Proposed new development of Velindre Cancer Centre

Dear Dr Roberts

Thank you for your email.

You are correct that I was involved in the review into the siting of satellite centres in South Wales. However it was not a review into the redevelopment of Velindre.

As far as I know there is no stand alone report but the decision was based on presentations and papers received. I imagine Velindre still has the relevant papers.

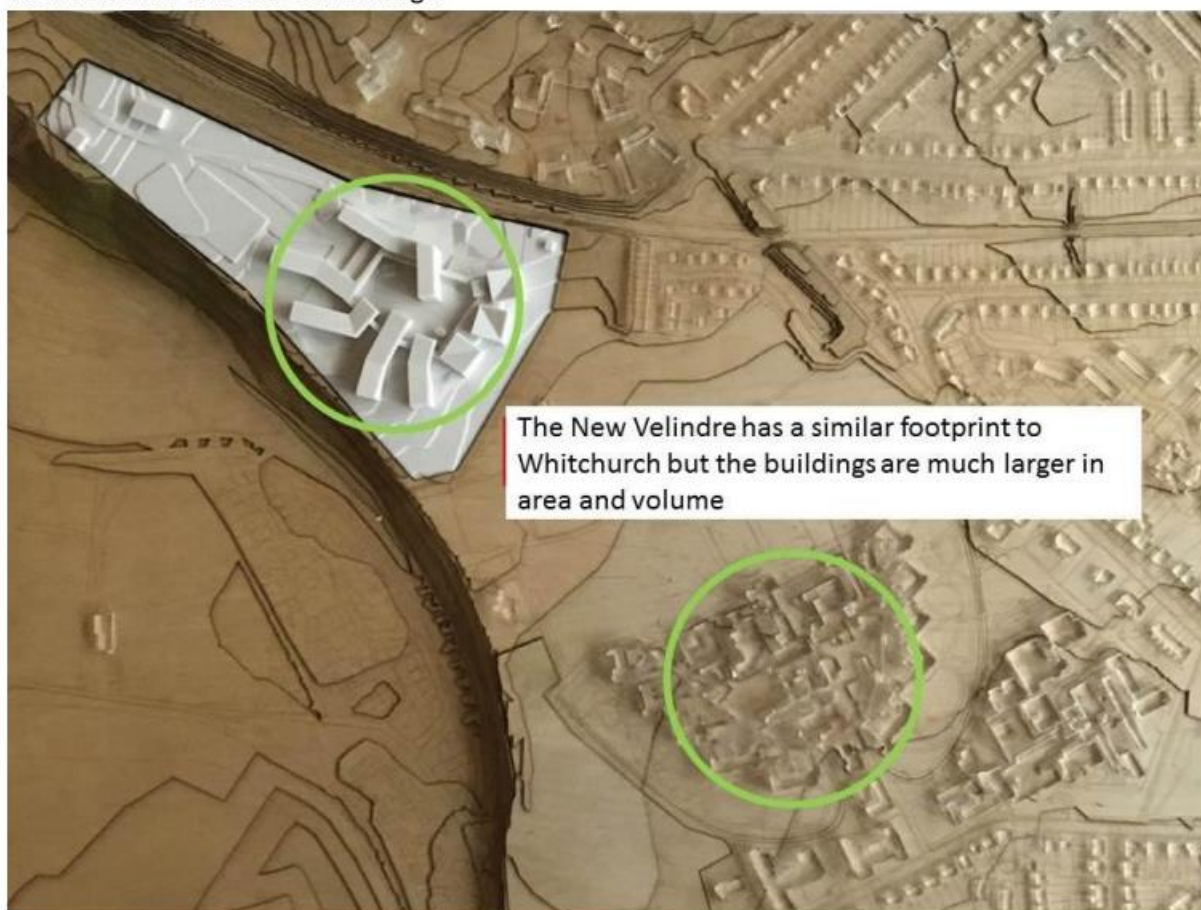
Please can I refer you to Lauren Fear [Lauren.Fear@wales.nhs.uk](mailto:Lauren.Fear@wales.nhs.uk) for the outcome of the review I participated in.

Best wishes

Jane

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Report by John Cooper Architects 24 June 2020



### 3. Healthcare and Conservation

Using the existing information it would appear that the ten Whitchurch ward blocks provide approximately 13 600m<sup>2</sup> of accommodation on two floors and the central spine provides a further 12 000m<sup>2</sup> of accommodation in one and two story blocks. In addition to this there is around 2000m<sup>2</sup> of circulation space which makes the total floor area of the Whitchurch Hospital approximately 27 600m<sup>2</sup>.

The agreed floor area for the New Velindre Hospital is approximately 32 000m<sup>2</sup>.

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### 1. Residential - Existing Velindre Cancer Centre

The masterplan proposes residential development within the south of the former hospital campus to link into the existing adjacent residential streets. This development plot comprises the existing Velindre Cancer Centre which would suit redevelopment as a residential estate due to being surrounded primarily by housing and lying within easy reach of Whitchurch's shops and amenities. The development would be accessed from Velindre Road and would benefit from, and link to Whitchurch Library Gardens.

Initial calculations have estimated capacity based upon an average density of 38 dwellings per hectare with a mix of 2, 3, 4 and 5 bed dwellings including semi-detached, detached and short terraced dwellings. Higher densities are likely to be considered for both sites in line with the local plan. We have assumed that 10% of the site may be required for Public Open Space although it is possible that contributions to off-site improvements would be likely given the proximity of Whitchurch Green open space and Whitchurch Library Gardens.

This site has also been appraised as being suitable for retirement type use. 0.6 hectare/s/ 1.5 acres has been allocated for a retirement home, which could accommodate an estimated 45-60 beds, depending on market demand.

Site Area: 2.95 ha / 7.3 acres

Standard Density to higher densities of mid-range housing with 20% affordable housing provisions.

Number of homes at 38 homes p/h = 90no.

### 2. Residential - Brownfield site west of Whitchurch Hospital

The masterplan allocates residential land use to this development plot that offers views west across the river valley and east into the Grade II Listed Whitchurch Hospital site.

This site is bounded to the south and west by mature TPO woodland that slopes steeply towards the Glamorgan Canal. Views of the iconic hospital water tower and formal parkland planting in the hospital gardens suggest that this site would be attractive to both residential developers and homebuyers.

The site is accessed via Velindre Road, a narrow residential street, past a vacant stone built gatehouse and a number of mature parkland TPO trees. There is opportunity to have a pedestrian and cyclist access into Whitchurch Green open space from the north of the site. This route would also be constructed to suit vehicular traffic as a secondary emergency access route to other areas of the site, if required. Access at this northern point would not be available to residents to prevent it becoming a "rat run" and it would likely be controlled remotely for use during emergencies.

Site Area: 2.63 ha / 6.5 acres

[Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#)



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