Velindre NHS Trust
Transforming Cancer Services in South East Wales

Strategic Outline Programme
Engagement Project Final Report
June 2015

Executive Summary
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1 Introduction

Velindre NHS Trust has developed a Strategic Outline Programme (SOP), which describes its ambitions to work with patients, families, carers and a wide range of partners to transform the delivery of Cancer Services in South East Wales.

The Trust undertook a period of intensive engagement with staff and external stakeholders during March, April and May 2015. The objective was to test the assumptions and principles that underpin the SOP and to seek views on the proposed Service Model (Figure 1). Over 400 people took part directly, either through Experience Based Design (EBD) workshops for Velindre staff, patients and carers, Accelerated Design Events (ADE) for staff, partners and stakeholders or at meetings of external stakeholders where the SOP was a formal part of the agenda.

The engagement process was well received by participants. There was strong support for the assumptions and principles described in the SOP. Over two thirds of participants at the three main workshops agreed that ‘the Service Model is on the right track even if there is more work to be done’ (Figure 2).

As part of the co--design element of the engagement process participants suggested a number of opportunities, challenges, priorities and outstanding questions that they believed needed to be addressed. Most had already been identified within the SOP although there were some new suggestions and questions as well as some reframing that will feed into the next stage of the planning process.

This report describes the process and outcomes of the engagement project.

2 Strategic Outline Programme objectives

The Strategic Outline Programme (SOP) was the focus for the engagement project. The SOP has the following core investment objectives:

- To provide patients with high quality services that deliver optimal clinical outcomes.
- To continuously improve clinical outcomes by being a leader in research, development and innovation.
- To achieve all national cancer and clinical and practice standards that are considered to be best in class internationally.
- To deliver Cancer Services to the population in the most cost effective, efficient and productive manner.
- To deliver a high quality and sustainable service.
Central to the achievement of these investment objectives is the development of an integrated Service Model that achieves outcomes comparable with the best elsewhere in a sustainable manner.

A significant amount of work has been undertaken to date to develop a high-level Service Model within the Trust.

The development of the Service Model had been initially been undertaken by the Velindre NHS Trust (VNHST) Programme Team. The next stage was to test the initial thinking across a wider range of stakeholders, both internal and external, with a view to learning more about the strengths and challenges of the initial service design, and how it could be improved.

One of the key principles within the SOP is that of ‘co-design and co-production’ including patients, carers and professionals, together with a new sense of common purpose and co-ownership of system improvement. This stage of the project provided an opportunity for the Velindre NHS Trust to test the way it hopes to work with partners and the wider community in the future.

3 The engagement project

The engagement project was designed to bring the principles of co-design to life and to help demonstrate to stakeholders that the Trust is committed to turning intent into practice from the start of the engagement process.

The project used two main methodologies for engagement:

- Three one day Accelerated Design Events (ADEs) for the Trust’s key partners, stakeholders and staff. A total of 290 people attended the workshops, which took place during April 2015. Participants were briefed on the Service Model and then worked in groups to test core design principles and to explore a set of Challenge Topics synthesised from a pre-event survey and the key issues identified by the SOP.

- Two Experience Based Design (EBD) workshops – the first for Trust staff had 54 participants and the second for patients, carers and staff together had an attendance of 49. Participants had the opportunity to map the current patient pathway within Velindre and to identify opportunities for improvement from both a staff and patient perspective.

In addition the SOP was presented to and discussed by three national groups — the Directors of Planning, Directors of Nursing and Medical Directors.

4 The emerging themes for the Trust

The majority of participants were very positive about both the Service Model and the engagement process. There was little challenge to the ambitions described in the SOP although participants were keen to understand how the
**Emerging Model would be implemented. The most common questions were about the geographical and pathway scope of the proposals and how the leadership across the partner organisations could be most effectively achieved.**

The feedback from all the engagement activities has been very positive about the Model being proposed by the Trust. Over two thirds of participants in the three ADEs agreed that the Trust was ‘on the right track with its proposals even if there was more work to be done’ to develop the Model and implementation approach. A further third felt there was ‘more work to do before I can commit myself one way or another’. Only 2% of participants were ‘not happy with the Model’. Most participants left the workshops feeling optimistic and encouraged.

The benefits participants saw for the proposals and their priorities were well aligned with the SOP. These are show below in figures 4 and 5. These are broken down in more detail in Annex B.

![Figure 4 — High—level priorities from ADEs](image)

![Figure 5 — High—level ambitions from ADEs](image)

In three separate meetings with Directors of Planning, Directors of Nursing and Medical Directors from across Wales there was strong support for the analysis of the drivers described in the SOP and the need for there to be a more coordinated approach to the transformation of cancer services in Wales. As would be expected from groups with a view across Wales there was agreement that it was the responsibility of the LHBs to make the connections across the country in order to ensure consistency and alignment. The need for a clear governance structure was acknowledged. There were however, as might be expected at this stage in the programme, more questions than answers but also a commitment to collaboratively finding answers to those questions.

"On the right course but needs all areas to be recognised as providing a high standard of care not just Velindre if this is to improve collaboration."

"Important to link with all sectors involved in patient pathway/plan: all Wales approach needed looking at full pathway not just treatment."
Two groups of overarching themes emerged from the engagement project.

The first group of themes relate to how the Trust Board manages scope and expectations and strikes a considered balance within its projected capability and capacity that allows it to:

- Maintain and improve current quality and performance during the planning and implementation process
- Undertake the transactional elements of the Business Case including procurement, implementation and build
- Undertake internal pathway redesign activities to develop the new internal pathway model
- Influence the redesign of those parts of the pathway that are outside the direct control of Velindre but which are critical to the success of the internal redesign
- Lobby for, and actively participate in, national procurement on turn---key elements such as IT
- Influence the wider pathway to deliver the new Service Model within which the Velindre offer fits.

The second group of themes relate to the detail and practicalities of implementation, which are the responsibility of the Programme Board. These are the sort of things that are on the minds of front line staff and managers. They emerge largely from an analysis of what groups thought was working well, what they saw as the barriers and their priorities. They can be see as key factors for the Velindre NHS Trust Programme Board to address as they decide the detail of implementation.

4.1 The role of the Trust Board on managing scope and expectations

Across all of the responses to the challenge topics a number of common themes emerged. Most of these themes are closely interlinked and set an agenda for leadership discussions both within Velindre and between Velindre and key stakeholders in Wales – in particular the Welsh Government (WG) and Local Health Boards (LHBs). They are properly the responsibility of the Trust Board to lead on. We have framed themes as a core question and a recommendation to the Trust Board.

4.1.1 Leadership

What is the leadership role/model of co-ownership that needs to develop in order to shape the strategic developments and influence the development and implementation of those parts of the pathway and Service Model outside the span of its direct control?

Identified in the SOP, participants reinforced this theme in their discussions. They were looking for a clear sense of shared leadership and co-ownership between Velindre and its partners to remove any existing barriers or constraints to change.
The Velindre NHS Trust Board will need to agree with WG and LHBs an achievable leadership/co---ownership model and how it will develop over the extended time---period.

4.1.2 Geographical scope

What is the geographical scope of the proposals and how do they align with South West and North Wales?

The SOP makes clear reference to South East Wales constituting the geographical scope. The SOP also identifies the opportunities and potential available to integrate or align cancer services across Wales as part of this process of improvement and share knowledge, experience and value with all. Participants also identified this as a key theme at each event.

The Velindre NHS Trust Board will need to design and agree with WG and LHBs the geographical staging of the development and implementation of the new clinical Service Model and the supporting elements such as education and training and research and development.

4.1.3 Pathway scope

What is the initial scope of the pathway redesign required to support the core Velindre priorities?

Participants explored the new Service Model and the pathways that will span it. The ambition to redesign the pathways around the patient, described by the SOP was strongly supported by participants. However we would suggest that priorities need to be matched to the capability and capacity within the wider system to deliver the necessary changes.

The Trust Board will need to identify and agree those elements of the pathway external to Velindre Cancer Centre (VCC) that are critical to the VCC development and its plan for co-owning/influencing them.

4.1.4 Governance

What is the governance model that will best support and align the development of the Service Model and the pathways that span that Model?

The Programme has established effective governance arrangements to lead and deliver the programme elements that are within the direct span of control of the Trust. The SOP also identified the need for wider discussions about governance models that supported implementation of those parts of the Service Model that were not within the direct span of control of the Trust. Again participants identified this as an important theme at all three events.

Governance will need to be further reviewed and flexed following discussions with LHBs and other partners as the phasing of the various projects and the implementation of the service model becomes finalised.
4.1.5 Expectations and engagement

How are realistic expectations set, shared and managed throughout the lifetime of the programme amongst staff, patients and carers and other cancer care partners?

The SOP sets out a very ambitious vision for the future of Cancer Services in South East Wales. Participants were engaged and enthused by that vision. However participants did question how long this would take, reflecting on experience of how long it had taken to deliver other service changes in the past. There is a need to match the realities of the pace of delivery with the expectations of key stakeholders in order to keep them engaged and positive.

The Trust Board needs to continue to discuss and define its leadership/co-ownership role, pathway scope and governance mode with partners. The resulting ‘road map’ must be communicated effectively and regularly if it is to manage expectations and keep its partners engaged for what will be a long journey.

4.2 The role of the Programme Board in scoping the practicalities of implementation

These themes relate to participants views on the detail of implementation – the practical opportunities and barriers to the development of the Service Model and pathway redesign. In each case the topics were already identified within the SOP but the way the participants viewed and articulated them provides a valuable insight into their priorities and concerns.

These are topics that the Programme Board is already preparing to address as part of its role in partnership with the wider cancer delivery system.

4.2.1 Information and IT

If the patient is to be the ‘hub’ of the new Service Model then there is a need for the care planning and treatment record to be aligned around the patient rather than organisationally fragmented as it is now. Groups strongly supported this theme in the SOP and made the following suggestions:

- There is a requirement for a single accessible Cancer Care Plan and Treatment record for each patient with patient articulated outcome goals at its core. This would allow the system to introduce a more specific measure of the proportion of patients who are meeting their own outcome goals.
- Pathway redesign and management needs to be supported by good quality and timely capacity and demand data.

The Programme Board will need to act as a catalyst for wider discussions with partners across Wales about the options for developing and meeting the requirement for a single Cancer Care Plan and Treatment Record and for improved data for redesign.
4.2.2 Communication and networks

Many groups supported the need identified in the SOP for improved communications and networking within their feedback – partly based on the opportunity that the events had provided for them to network and engage with other partners in the cancer pathway.

_The Programme Board will need to work with partners and Cancer Networks etc. to agree the priorities for network development that align with the priorities in the Service Model and how to design, implement and sustain those networks._

4.2.3 Partnership and collaboration

Prudent health, co-design and co-production are central and repeated principles within the SOP. The participants in the events strongly endorsed this approach. There was a widespread desire for improved partnership and collaboration including the more active engagement of patients and carers. We have identified two areas within this theme for the Programme Board to consider.

- Broadening individual perspectives on the pathway – The Programme Board should promote opportunities for Velindre staff and partner organisations to take part in exchanges and shadowing across the pathway – in particular in Primary and Community Care settings. This will build relationships and promote altered perspectives and a deeper understanding of others’ roles and challenges.

- Common models of collaboration and improvement – there should be a common agreed ‘Change Model’ which is used by all participants to underpin the redesign the pathway and implement the Service Model.

_We suggest it is for the Programme Board to promote a discussion with partners to develop an agreed ‘change’ model that underpins partnership and collaboration – for example the ‘Guiding Coalition’ model described in Kotter’s Dual Operating Model1 might be a useful starting point._

4.2.4 Equity

Participants strongly identified with the SOP theme of equity of access both in terms of geographical access and access to a consistent quality of treatment and support. There was a keen sense of the need for equity of access – regardless of geography, culture and social status.

_The Programme Board should consider including an ‘equity impact assessment’ as part of planning for each project within the programme._

4.2.5 Maintaining patient confidence and trust in the new service model

The ‘Village’ terminology used with the SOP to describe the spokes of the Service Model had mixed responses from participants with patients welcoming it and a number of partners less enthusiastic. A good suggestion was to simply build on [1]

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the brand recognition for Velindre Cancer Centre and use the terminology ‘Velindre at...’ (i.e. Velindre at Gwent) linking the Velindre name with the geographical location.

The Velindre ‘brand’ had strong connotations of a place of safety and of access to excellent treatment and support. It is currently firmly attached to a place – the Velindre Cancer Centre. The Service Model proposes that there is more focus on Velindre as a service in a number of geographical locations rather than focused on one place.

*The Programme Board should consider the terminology used in describing the services offered i.e. the term ‘Village’ and recommend to the Trust Board whether it should be changed to a similar alternative – ‘Campus’ was one suggestion for the spokes of the Service Model.*

*The Programme Board should consider more clearly defining the use of the ‘Velindre brand’ to mean tertiary and complex services provided by Velindre whether at the spokes of the Service Model or at a patient’s home. This would also help maintain the integrity of the Velindre brand in the eyes of patients and carers. This must be considered carefully as it needs to also accentuate the NHS Wales brand and values to ensure both are enhanced and synonymous with excellence.*

### 4.3 Next steps for engagement

This project has demonstrated both to Velindre staff and other stakeholders that the Trust is prepared to think differently about how it engages in co-design and co-production. It is acting out and testing out the core principles it has described in the SOP and in doing so has engaged over 400 participants in intensive review of key elements of the SOP in a short period of time. This is now a good time to pause, reflect on the learning from that process and frame the next steps in a continuing dialogue.

#### 4.3.1 Ensuring alignment between the SOP and strategic improvement in cancer services across Wales

The next steps in the engagement programme need to be framed by the scope of the proposed development. We recommend that the Trust now takes the opportunity to discuss with LHBs and the Welsh Government in the first instance, how it can further align the programme with the wider cancer agenda and use this to inform the next stage in the engagement process.

#### 4.3.2 Building a formal engagement programme

A formal engagement and communication plan needs to be developed to underpin the next stages in the process and build on the experience of this stage of the project. The guiding principles are:

- Using methodologies that embody co-design and co-production – developing new ‘habits’ of engagement
- Embodying the Service Model concept of ‘patient as hub’ and complex services ‘closer to home’ by bringing the engagement to the patient and carer and to more local settings rather than vice-versa

("Challenge of integrating this and reconciling with other Wales organizations. Not just Velindre – all Wales.")
• Reflecting the revised scope to ensure realistic expectations of what is achievable

• Tailoring activity to engage harder to reach groups of stakeholders such as Primary Care

• Building a carefully planned rhythm of engagement aligned with the key stages in development programme.

4.3.3 Equipping staff with the skills and support to engage

The challenge for the Trust now is to take the new co-design and co-production approach and make it a new ‘habit’ embedded within the ‘way we do business’.

This will involve training and coaching staff to use different engagement methodologies such as EBD, ADE, Open Space, World Café and ‘Scan, Focus, Act’. The aim should be to develop the confidence in these techniques until it becomes a productive habit not a step into the unknown.