

Shaping Our Future Hospitals Committee

Wed 13 October 2021, 09:00 - 11:00

MS Teams

Agenda

1. Standing Items

Rhian Thomas

1.1. Welcome & Introductions

1.2. Apologies for Absence

1.3. Declaration of Interest

1.4. Minutes of previous committee meeting - 21st July 2021

 1.4 - Public Minutes - SOFH - 21.07.21 - v1.pdf (9 pages)

1.5. Action log following the previous meeting - no action log

2. Items for Review & Assurance

2.1. Programme Overview - verbal update

Abigail Harris

2.2. Outcomes of Welsh Government Meeting – 27/08/2021 and update on Gateway review recommendations

Edward Hunt

 2.2 - Outcomes WG Meeting.pdf (3 pages)

2.3. Business Case Review

Abigail Harris

 2.3 - Business Case Review.pdf (2 pages)

2.4. Stakeholder Engagement updates

Abigail Harris

 2.4 - Stakeholder.pdf (2 pages)

 2.4 - Stakeholder Update 20210928 Anon.pdf (1 pages)

2.5. Infrastructure Report

Edward Hunt

- The CEF Infrastructure Report for WG can be found in separate documents folder.

- The OFH PBC addendum can be found in the separate documents folder.

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📄 2.5 - Infrastructure Report.pdf (2 pages)

2.6. Risk Register / Risk Overview

Edward Hunt

📄 2.6 - Risk.pdf (2 pages)

📄 2.6 - Risk Register 202108121.pdf (3 pages)

3. Items for Approval / Ratification

4. Items for Information and Noting

4.1. Programme Board Minutes – 23.07.21

Edward Hunt

📄 4.1 UHW2_Programme Board_Minutes 20210723.pdf (2 pages)

4.2. Lifesciences Commercial Opportunities - Verbal Update

Edward Hunt

5. AOB

6. Review and Final Closure

6.1. Items to be deferred to Board / Committee

Rhian Thomas

6.2. To note the date, time and venue of the next Committee meeting:

Wednesday 12th January 2021 at 9.00am

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**Minutes of the Shaping Our Future Hospitals Committee
Held On 21st July 2021 at 9:00am
Via MS Teams**

Chair:		
Rhian Thomas	RT	Independent Member – Capital & Estates / Committee Chair
Present:		
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
David Edwards	DE	Independent Member – ICT
Edward Hunt	EH	Programme Director - Redevelopment
Gary Baxter	GB	Independent Member – University
Nicola Foreman	NF	Director of Corporate Governance
Stuart Walker	SW	Executive Medical Director.
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Charles Janczewski	CJ	UHB Chair
Len Richards	LR	Chief Executive Officer

Item No	Agenda Item	Action
SOFH 21/07/001	Welcome & Introduction The Committee Chair (CC) welcomed everybody to the meeting	
SOFH 21/07/002	Apologies for Absence Apologies for Absence we noted.	
SOFH 21/07/003	Declarations of Interest Independent Member – University declared an interest of being employed by Cardiff University who are a partner and stakeholder in SOFH	
SOFH 21/07/004	Stakeholder Engagement updates The Executive Director of Strategic Planning (EDSP) advised the committee that the Programme Business Case (PBC) had been completed in record time and had been delivered in the timeframe that was required. It was noted that about one month had been lost due to procurement and the time that had taken to finalise. The EDSP advised the committee that since the submission to Welsh Government (WG) in March 2021, the Gateway review had taken place. It was noted that in relation to Stakeholder engagement, the project was not just important to Cardiff and Vale University	

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Health Board (CVUHB), but to multiple partners and stakeholders as well as WG.

For clarity, it was noted that 85% of activity at the University Hospital of Wales (UHW) is Cardiff and the Vale activity.

It was noted that to keep stakeholders engaged, the EDSP, the CEO, the Executive Medical Director (EMD) and the Programme Director – Redevelopment (PDR) had met with partnership organisations and all partners had sent endorsement letters.

It was noted that some important points had been considered which included:

- Cardiff University showing strong support and indicating intent to invest £200m - £300m in Health Park West
 - c£17m to date in purchasing the land and c£3m more over the coming year
- Cardiff Council eye a large regeneration opportunity
- Wide Welsh Government participation in our Gateway 0 review
- Key messages over next period to the NHS family in South Wales
 - Case for change is strong
 - Awaiting WG scrutiny outcome
 - Not predetermined any shape/form/location of scheme
 - Looking forward to working together on service planning and life sciences
- Search for new allies within Cardiff & Vale of Glamorgan who are aware of our strategy?
- Publication of a brochure/prospectus

It was noted that it presented the opportunity for UHW to be the anchor institution for economic growth in Wales. Not just about providing wards and bed and a new A&E department, it was so much more than that.

The EDSP advised the committee that she and the PDR had met with Cardiff University as they had recently purchased the land next door to UHW and now had possession of that.

Cardiff Council see itself as a leading city from a European context and also a UK context. Real regeneration opportunities linked to this development.

It was noted that in the endorsement letter from Cardiff Council they had said that the redevelopment of the hospital would be the biggest economic regeneration offer that would happen in the City.

The EDSP highlighted that they met with Cardiff University and it was noted that the Programme Business Case was a really good and thorough document and an excellent piece of work

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	<p>but felt it would be useful to produce a prospectus for Cardiff University to articulate the benefits for this.</p> <p>IM-U reiterated that WG had not handled an investment of such scale before and asked if any approvals beyond WG would be required, for example, Whitehall?</p> <p>The Executive Director Finance (EDF) responded that they were unsure at this stage and that it all depended on the funding route. She stated that if it's something WG can manage with a consortium of partners and different funding sources, then it can be held in Wales. If they're relying additional support that requires treasury approval then that would require further scrutiny and approvals outside of Wales.</p> <p>The CC noted that the EDSP had mentioned that it was not just a health and social care issue as this would affect a number of different portfolios of work and asked if there was a plan for that or is there an assumption that Health & Social care representatives would be doing the advocating work for them.</p> <p>The EDSP responded that in terms of stakeholders they would work with the Health & Social care representatives during the preparatory work but most importantly was the scope of the PBC was agreed with them. She stated that they took it upon themselves to ensure they held discussions with key officials:</p> <ul style="list-style-type: none"> • Simon Brindle – The Director, Covid Recovery and Restart reconstruction. • Simon Jones – The Director of Economic Infrastructure. • Department of Health & Social Services and finance colleagues. <p>The Shaping Our Future Hospitals Committee resolved:</p> <p>a) During the pre-PBC endorsement period, Seek to increase the level of advocacy for the programme amongst stakeholders</p>	
<p>SOFH 21/07/005</p>	<p>Welsh Government meeting outcomes.</p> <p>The PDR advised the committee that a meeting had been held with WG on 22/6/21 to have the first opportunity to discuss their thoughts on the SOFH PBC.</p> <p>It was noted that it had been attended by key NHS Wales executives led by Andrew Goodall, plus most of the executive team from C&V, the VC of Cardiff University, Chief Exec of Cardiff Council and MD of WHSSC.</p> <p>The PDR noted that Andrew Goodall, the Chief Executive NHS Wales (CENW) had said the CVUHB had achieved a lot and were on a good trajectory and were exemplars in many different areas.</p> <p>It was recognised by the CENW that doing nothing would not be an option and would involve spending significant amounts of</p>	

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money and that the new minister was aware of the PBC where conversations were also had with the new minister discussing that investment at this scale would be required.

It was noted that WG had stated that currently there was no governance in place for a project of this size.

The CENW had asked the PDR, the EDSP and the Director of Capital, Estates and Facilities (DCEF) for an action to explain what the next 10 years could look like from the CVUHB perspective and that without a line of sight to a new UHW there are significant issues and what they are such as:

- Backlog maintenance
- Blocked pipes
- Aged electrical distribution boards

The PDR added that they also need to consider the areas where they are also deficient in such as:

- Bone Marrow transplantation
- Critical Care

The PDR highlighted that their wards are not HBN compliant and an exercise was done to see that if the wards were brought up to compliance then a 38 bed ward would become a 19 bed ward.

Since the meeting CVUHB have had a note back from WG post scrutiny feedback which included:

- Whilst the PBC went into more detail than they expected, the scrutiny has asked for a copious amount of detail on the implications of the CVUHB clinical model and draw that out into a more thorough options appraisal.
- WG also wanted a more thorough economic analysis
- WG want them to go in and quantify what the transformation opportunity was.

It was noted that the EDSP and the PDR would prepare a response and have a meeting with WG urgently.

The CC stated that she had found it challenging that a scope had been agreed at the beginning of the year which was delivered to and then there is now an alternative perspective provided post submission of the PBC.

She asked what could be done to avoid duplication of work and that path and ensure delivery of what is exactly needed.

The EDSP responded that it has to be a partnership with WG and CVUHB as they fundamentally know that UHW is coming to the end of its life and that doing nothing is not an option and would require significant funding if they continually repair it. She stated that they would need to regularly go back and test

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	<p>their assumptions with Welsh Government and ensure they keep an open dialogue.</p> <p>IM-U queried if there is a clear sense of what WG officials are doing now and whether they are committing a team to working on this project?</p> <p>The EDSP stated that this is the question they need to be asking and that the desire for the PDR and herself is to meet with key officials is really important as within the gateway review this is an action that needs to be done in a particular timeline. She highlighted that there will be different views from different officials and that WG would all need to understand the PBC and provide their definitive overall view on it rather than taking views of multiple government officials.</p> <p>The Shaping Our Future Hospitals Committee resolved:</p> <p>a) Note the meeting notes and actions.</p>	
<p>SOFH 21/07/006</p>	<p>JLL Report</p> <p>The PDR advised the committee that as part of the consortium that Grant Thornton bid around Christmas time, there were various other partners brought on board with various types of specialisms such as property and health planning.</p> <p>He stated that they were motivated by the investment that Cardiff University were making in Heath Park West predominantly. We felt it was courteous to give Cardiff University a view if likely they would stay at UHW or if other options exist.</p> <p>The PDR advised the committee that they had commissioned a small independent piece of work to understand were 22 hectare sites existing in Cardiff</p> <p>JLL undertook that work and list of around 25 sites which was shocking in Cardiff and the Vale. It was noted that when simple criteria was applied, the numbers rapidly diminished.</p> <p>The PDR stated that there are 3 options:</p> <ul style="list-style-type: none"> • Current UHW site • Associated British Ports owned Cardiff Bay Site • Culverhouse Cross Site. <p>It was noted that the Culverhouse Cross site would most likely be pushed out due to economical regeneration opportunity that existed there.</p> <p>It was highlighted that Cardiff Council were excited about the development on the original UHW site but when they saw the opportunity for Cardiff Bay further interest was generated as they saw an enormous regeneration opportunity on the site on</p>	

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	<p>top of what was already seen. He added that they had perceived an investment in the current Heath site as a stimulus of the life sciences industry whereas Cardiff Council would perceive the opportunity in doing that but also stimulating investment in things such as housing and further regeneration.</p> <p>The PDR informed the committee that Cardiff Council have agreed to undertake a small piece of work to further understand what the regeneration opportunity of the area would be.</p> <p>The Shaping Our Future Hospitals Committee resolved:</p> <p>a) Note the content of the report and that further site search work will be undertaken in subsequent stages</p>	
<p>SOFH 21/07/007</p>	<p>Gateway 0 Report</p> <p>The PDR advised the committee that a Gateway 0 review was held between 21/06/2021 and 23/06/2021. The outcome of the review had been provided as a paper to this committee along with the final SRO response.</p> <p>The PDR highlighted that when they received the results of the review in regards to the delivery confidence assessment they received an amber/red status. This meant that successful delivery of the programme was in doubt with major risks or issues apparent in a number of key areas which came as a surprise to the PDR and EDSP.</p> <p>He stated that the findings were based largely on affordability but also some other factors that were raised that also needed to be addressed such as:</p> <ul style="list-style-type: none"> - Difficulties in regional health planning - Ownership and participation from WG <p>The PDR highlighted that during his interview he was asked about conversations had with WG and it was noted that WG had proposed a higher sum of monies than what the Health board had discussed since the start of their conversations which began in 2019.</p> <p>The PDR stated that the recommendations suggested help push WG towards a mandate and that they were asked to strengthen their case for change at UHW as they would like to see more work in regards to the digital strategy.</p> <p>He highlighted that they were also asked to go through the further options appraisal with the long and shortlisting, which he felt should be undertaken at a strategic outline case stage rather than being undertaken now.</p> <p>The PDR highlighted that there were further suggestions around the wider governance on bringing in partners particularly around academic health sciences as the</p>	

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stakeholders involved are quite broad and influential i.e. department of trade, council, university.

The PDR stated that the recommendations were helpful as it highlighted work that they want to do but are things they wish to do at a strategic outline stage as opposed to a business outline case.

In terms of implications for work that needs to be completed he stated that it points to what is referred as project 1 in the programme business case meaning that they need to proceed with the clinical transformation and the associated digital implications of that.

The PDR informed the committee that although work is being done with some of the projects what is not available is the cost implications of the works and also informed the committee in regards to governance the Academic Health Sciences feasibility work would also need to be undertaken.

The PDR stated that they would be writing back to WG and meet with them from which they would be able to take their points from the letter, the Gateway 0 recommendations and have more robust conversations with WG to discuss when the best time would be to undertake this in the next stage.

The EDF highlighted to the committee in regards to the funding, affordability, and the request for the “do nothing” option. She stated that what is being suggested is that on one hand a figure has been presented and on the other there is another large figure which they must deal with and will have a sub optimal outcome if “x” amount is spent.

The EDF stated that they must be pragmatic in their approach and consider the quality of their costing in the original £2 Billion.

The CC queried if considerations have been made to determine things that do not need to be updated/renewed.

The PDR responded that the programme business case did consider the do nothing / do minimum options but they did not work it through as it would leave potential grey areas between replacements and do minimums. He stated that this is done at strategic outline stage.

The CC asked to change the recommendations on the report and confirmed a new recommendation.

The Shaping Our Future Hospitals Committee resolved:

- a) **Acknowledge** the recommendations made in the report

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	<p>b) Note that further discussion will be held with Welsh Government to agree implementation of recommendations to achieve endorsement of the PBC.</p>	
<p>SOFH 21/07/008</p>	<p>Programme Overview</p> <p>No Further points were raised</p> <p>The Shaping Our Future Hospitals Committee resolved:</p> <p>a) Note the position of the programme and the intent to seek WG endorsement of the PBC as soon as practical to allow progress to be made on our three identified projects.</p>	
<p>SOFH 21/07/009</p>	<p>Risk Register / Risk Overview</p> <p>The PDR stated that they have already discussed the current issues in progressing the business case and the risks identified around unintentional delays between stages were captured in the original risk register that was submitted with the programme business case.</p> <p>He informed the committee that they were not spending as a result of these delays by having to maintain teams that are potentially not in use</p> <p>He highlighted that funding would always be a risk due to the value and the options being quite complex.</p> <p>The EDSP highlighted when considering to proceed with the development of the programme business case, one of the areas that they had concerns about was the engagement with the clinical frontline. She informed the committee that they received an unexpected and overwhelming amount of responses back with hundreds of clinicians attending the workshops. The EDSP stated that she perceived a buoying of the workforce being able to influence change.</p> <p>The DCG informed the committee that discussions were already held with the PDR in regards to the format of the register to ensure there is some consistency within the organisation and to avoid different styles being introduced.</p> <p>The DCG stated that the committee oversees and scrutinises the work of the programme board so it would be better to see the top level risks rather than all the risks so that way they are sighted on them to be able to provide assurance to the board.</p> <p>The Shaping Our Future Hospitals Committee resolved:</p> <p>a) Note the risks b) Amend any existing risks c) Add any new risks</p>	
<p>SOFH 21/07/010</p>	<p>Shaping Our Future Hospitals Committee – Terms of Reference</p>	

	<p>The DCG informed the committee that the Terms of reference was taken to the Board meeting in May and highlighted that going forward this will need to be under constant review and development.</p> <p>The Shaping Our Future Hospitals Committee resolved:</p> <p>a) Review and Note the Terms of Reference as set out</p>	
SOFH 21/07/011	<p>Annual Workplan 21-22 – Shaping Our Future Hospitals Committee</p> <p>The DCG stated that this need to remain a fluid document at the moment as the role of the committee is to have oversight and scrutiny of the programme boards work and at the moment will take them through the programme business case, strategic outline case, outline business case, and the final business case and holding the programme board to account on delivery of those business cases to provide assurance to the board.</p> <p>The Shaping Our Future Hospitals Committee resolved:</p> <p>a) Review and Approve the Committee Work Plan for 2021/22</p> <p>b) Recommend Approval to the Board on 30th September 2021</p>	
SOFH 21/07/013	<p>AOB</p> <p>No other business was noted.</p>	
SOFH 21/07/014	<p>Review of meeting</p> <p>The CC asked if attendees were satisfied with the business discussions and format of the meeting, and all Committee members confirmed it was a positive meeting with an appropriate level of Independent Member challenge and scrutiny.</p>	
SOFH 21/07/015	<p>Date & time of next Meeting</p> <p>October 13th 2021 at 9am via MS Teams</p>	

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Report Title:	Outcomes of Welsh Government Meeting – 27/08/2021 and update on Gateway review recommendations			Agenda Item no.	2.2
Meeting:	SOFH Committee			Meeting Date:	13/10/21
Status:	For Discussion	For Assurance	For Approval	For Information	
Lead Executive:	Abi Harris				
Report Author (Title):	Ed Hunt				

Background and current situation:

The SOFH PBC was submitted to WG on 1/3/21 and scrutiny feedback was provided on 16/7/21. A meeting was held with WG to discuss a response to WG's scrutiny points and the next steps that would see PBC endorsement.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

It was Welsh Government's view that the PBC contains too much information that they cannot endorse. In their view this was the selection of a preferred way forward of a rebuild of UHW and refurbishment of UHL (and associated capital cost) and the assessment that led to this conclusion.

A scope had been agreed with Welsh Government between December 2020 and January 2021 and the feedback received is different from what was asked for. Nevertheless, the way forward had been agreed to strip out an options assessment in the Economic Case and re-work the Financial Case to present affordability options (without a capital estimate). The options can remain in the business case, but stating that they are non-exhaustive. As a result of this approach, the removal/amendment of where previous conclusions ripple through the document will be addressed.

Given the passage of time, the inclusion of the outcome of the SOCS public engagement was included along with the Infrastructure report provided to WG at the request of the NHS Wales Chief Exec on 22/6/21. Finally, where scrutiny answers had been provided, these have also be added.

In summary, the business case will present a case for change and request endorsement to explore the solutions that would address that case, i.e. resources for clinical transformation (and digital & workforce implications), a SOC and Academic Health Sciences feasibility study.

Gateway Review

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Given the delivery confidence assessment of amber/red, a follow up review to re-assesses in light of the recommendations is usual. This is normally carried out 10 – 12 weeks after the original Gateway Review. The Gateway review acknowledged that the scheduling of the re-assessment should be considered alongside the PBC scrutiny points. It is recommended that feedback is sought from WG officials on the re-submitted PBC before holding another review.

A brief overview of the 8 recommendations status is below.

1. Regional planning – Alive and being executed through partnerships with Swansea Bay, Cwm Taf and Velindre in particular.
2. Infra case for change – Report produced and included in updated PBC - Complete
3. Digital case – CVUHB had previously proposed that digital case should be informed by the clinical model.
4. Long list for regional service provision– taken out of PBC, therefore will be considered in the next stage. An initial longlist only remains in the revised PBC.
5. Long list for infrastructure – taken out of PBC, therefore will be considered in the next stage. An initial longlist only remains in the revised PBC.
6. Affordability – setting out initial options in the revised PBC and welcome dialogue with WG on this matter.
7. Design an organization to develop whole system & anchor ambitions – CVUHB had previously commented that this will be partially covered upon development of the initial part of the Academic Health Sciences project.
8. Establishing WG Leadership was fed back by officials as being a matter for WG

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

A further meeting with WG will happen w/c 4/10/21 to discuss the re-submission of the PBC and next steps.

There is a risk that the re-submission will require a prolonged period of scrutiny.

Recommendation:

Note the re-submission of the business case.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care	x

		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click [here](#) for more information

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								



Report Title:	Business Case Review			Agenda Item no.	2.3
Meeting:	SOFH Committee			Meeting Date:	13/10/21
Status:	For Discussion		For Assurance	X	For Approval
Lead Executive:	Abigail Harris				
Report Author (Title):	Edward Hunt				

Background and current situation:

An amended version of the PBC is due to be submitted to WG on 1/10/21 following discussion with officials after their scrutiny points were published in July 2021.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The view of WG was that our PBC went into too much detail to be endorsed: they felt it went further than an PBC but not as far as a SOC. They felt that the options assessment which led to an initial preferred way forward and a capital estimate didn't explore all possible options and therefore couldn't be endorsed. The business case however made clear that options would be re-explored in the next stage.

It was agreed that in order to make progress, the options and capital should be removed from the business case and re-submitted. The re-submitted business case will be sent with an accompanying letter to ask for the resource to progress.

Given the passage of time, the SOCS engagement report and Infrastructure Report (written as an action from WG meeting of 22/6/21) were added along with answers that were prepared to WG scrutiny. In place of capital figures, funding options are presented and a point emphasized that CVUHB would like to work with WG to assess what is feasible.

Forward Look:

- It is expected that the business case will be subject to Infrastructure Investment Board scrutiny. A meeting with WG on 4/10/21 will be used to attempt to put timescale put on that.
- Associated with the submission of the PBC will be an ask for resources and it is expected to be as per the March 2021 ask of c£4.7m to give a scale. It is suggested that a scope be agreed with WG for the next stage to ensure the content they would like to see is included and re-visit our planning to ensure the resulting delivery and resource plan is appropriate, costed and can be supported within CVUHB.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The resubmission of the PBC with a request for resource should see forward momentum resume.

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Recommendation:

The Committee are requested to:

Note the position of the programme and the intent to seek WG endorsement of the PBC as soon as practical to allow progress to be made on our three identified next step projects.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable
If “yes” please provide copy of the assessment. This will be linked to the report when published.

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Report Title:	Stakeholder Engagement updates			Agenda Item no.	2.4
Meeting:	SOFH Committee			Meeting Date:	13/10/21
Status:	For Discussion		For Assurance	X	For Approval
Lead Executive:	Abigail Harris				
Report Author (Title):	Edward Hunt				

Background and current situation:

Since submission of the PBC, there has been a continued updating to stakeholders of status.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

As stated at last committee engagement with stakeholders has taken place with messaging including:

- Status of PBC scrutiny
- The case for change remains strong and urgent
- We remain committed to developing the scheme in partnership with our S Wales NHS colleagues

A brochure will be written to 'market' the opportunity.

Forward Look:

- The status of the PBC will drive any messaging to stakeholders over the next period.
- Messaging will be tailored accordingly.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

To ensure the programme is developed in a way that is beneficial such that stakeholders want this scheme to progress as much as C&V and advocate proactively.

Recommendation:

The Committee are requested to:

During the pre-PBC endorsement period, seek to increase the level of advocacy for our programme amongst your stakeholders.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
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2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:	<p>Yes / No / <u>Not Applicable</u> <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i></p>								

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Stakeholder engagement summary

Messaging: A big case for change;
opportunity; nothing predetermined;
awaiting scrutiny outcome

Organisation name	Engagement channel	C&V Engagement Lead	Core presentation required?	Proposed date	In the diary?	Completed?	Message	Notes
Cardiff University	University Joint Steering Group	LR, AH, SW				Y		Possible joint working on brochure.
NHS Wales	One-to-one	AH				Y		Way forward on PBC progress agreed.
Cardiff Public Services Board	Letter	LR				Y	Update provided on status	EH has been in touch with AG regarding JLL work.
Aneurin Bevan HB	Letter	LR				Y	Update provided on status	
Cwm Taf Morgannwg HB	Letter	LR				Y	Update provided on status	
Velindre Cancer Centre	Letter	LR				Y	Update provided on status	
Velindre Cancer Centre	Collaboration group on Cancer	LR, AH, SW				Y	Update provided on status	
Swansea Bay UHB	RSSPPP meeting	AH				Y	Update provided on status	1st workshop held on Tertiary planning during mid Sept.
Swansea Bay UHB	Letter	LR				Y	Update provided on status	
Cardiff and Vale of Glamorgan Community Health Council	T&D Day	AH, LR				Y		Request made for EH to present to CHC on status in December.
MS/MPs	One-to-one	LR						To be discussed.
Welsh Health Specialised Services Committee	Letter	LR				Y	Update provided on status	Letter written To contributed to our case for change action from WG
Bevan Commission and Life Sciences Hub	Letter	LR, SW, AH				Y	Update provided on status	Letters written
Vale of Glamorgan Council	Letter	LR, AH				Y		Letter written
Future Generations Commissioner for Wales	One-to-one or invitation to workshop	AH			Y			Meeting with WBFG rep for CVUHB scheduled.
Hywel Dda UHB	Ad-Hoc	AH, VLG			Y		Shared learning from business case process.	Meeting with LD scheduled for Oct
Welsh Government	One-to-one	AH						SB off work and expected back in September
Welsh Government	one-to-one	EH				Y	Open regarding future sites and want to work with WG	SJ has left WG TH been recommended as a contact.
Welsh Government	one-to-one	AH, EH				Y		Meeting on 1/9
Aneurin Bevan HB	Letter	LR				Y	Update provided on status	

Independent Members

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Report Title:	Infrastructure Report			Agenda Item no.	2.5
Meeting:	SOFH Committee			Meeting Date:	13/10/21
Status:	For Discussion	For Assurance	For Approval	For Information	
Lead Executive:	Abi Harris				
Report Author (Title):	Ed Hunt				

Background and current situation:

An action from the 22/6 meeting with WG has seen the production of a report highlighting the issues associated with our current hospital estate with a focus upon UHW: the investment that would have to go into UHW to maintain services.

The intended use was to illustrate to officials and the Minister that doing nothing wasn't a cost free nor risk free option.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

At the request of officials, the originally submitted PBC made a very broad case for change and did not major on estate issues.

To answer the request from WG officials, the report contains:

- A view of Must-Do schemes – a selection of schemes that must be considered for development should SOFH not happen.
- Case for change of infrastructure – based upon demographic, non-demographic growth & clinical developments
- Functional suitability- examples of current issues, e.g. critical care with the risk being carried
- Decaying Fabric – concrete, windows, lifts, tunnels, mechanicals, electrics, etc.

The 'must-do' schemes do not all come with business cases or formally quoted solutions, however a High/Medium/Low assessment was given against each where High represented schemes > £101m. It could be reasonably estimated that must-do schemes over the next decade could add up to over £700m and leave UHW still sub-optimal.

The report has two parts:

1. The Director of Capital and Estates contributed heavily and produced a report which went into detail on the decaying fabric in particular.
2. Taking the Director of Capital's report, an overarching document was produced which layered on the additional information mentioned above.

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Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The aggregate risk contained in this document is to be reflected in the corporate risk register.

At the time of writing WG have not provided a response. CVUHB believe that discharging this action also answers a recommendation for setting out the estates case for change recommended as part of the June 2021 Gateway 0 review.

The report will be added as an appendix to the re-submitted SOFH PBC.

Recommendation:

It is recommended that the Committee note this report.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Equality and Health Impact Assessment Completed:

Yes / No / **Not Applicable**

If "yes" please provide copy of the assessment. This will be linked to the report when published.

Kind and caring
Caredig a gofudd

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Report Title:	Risk Register / Risk Overview			Agenda Item no.	2.6
Meeting:	SOFH Committee			Meeting Date:	13/10/21
Status:	For Discussion		For Assurance	X	For Approval
Lead Executive:	Abigail Harris				
Report Author (Title):	Edward Hunt				

Background and current situation:

A risk register was created for SOFH at the time of submission of the PBC representing a current view of the long term programme risks that could impact the scheme development. It was presented to the July Committee and a request made to format it into the accepted UHB format.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:

The risks have not changed in a significant way since submission of the PBC and were rechecked by the programme director during July 2021.

The submitted risk register to the Committee reflect the top risks only for the programme, i.e. those with the highest likelihood and impact.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

The programme is in its early stages and none of the risks are having a material impact at this stage except when looking through the lens of time and using the period since the submission of the PBC on 1/3/21 against C&V's desire to progress at pace as a potential predictor of future progress.

Recommendation:

The Committee are requested to:

1. Note the Risk Register and the actions being undertaken to manage those risks

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care	X

		sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click [here](#) for more information

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:	Yes / No / <u>Not Applicable</u> <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>								

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RISK REGISTER TEMPLATE

CLINICAL BOARD/CORPORATE DIRECTORATE:

SPECIALITY/DEPARTMENT:

Risk Ref.	Strategic Objective	Date risk added dd/mm/yyyy	Risk	Exec Lead	Initial Risk Rating			Controls	Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When	Target Risk rating			Date of next review	Assurance Co
					Consequence	Likelihood	Total			Consequence	Likelihood	Total						Consequence	Likelihood	Total		
1.10	4	01/03/2021	Programme Delays - Programme delivery is delayed by internal or external factors	Abi Harris	5	4	20	Regular internal and external stakeholder management which should reduced the risk of this arising. Strong project management, deploying extra resources where needed, being adaptable. There remains an external risk that cannot be managed – that COVID-19 and its aftermath continues to adversely impact the NHS beyond current forecasts.	Monthly progress check-in through a dedicated programme board. Submission of a OBC to Welsh Government has kicked off a formal consideration process.	5	4	20	Political pressure to want the scheme to happen.	Official mechanisms from WG to progress as a programme.	27/8/21 meeting with WG to discuss initial scrutiny response and Gateway 0 review.	Ed Hunt	27/08/2021	2	2	4	30/09/2021	Future Hos
1.7	4	01/03/2021	Funding - All necessary funding is not available for the proposed capital schemes	Catherine	5	4	20	Early, direct and ongoing engagement with the Welsh government to understand what is possible. Affordability considered in detail in next stages.	Gateway 0 recommendation to work with WG to determine what is affordable and realistic investment.	5	5	25	It is early in the process, but WG have not collectively considered affordability on the scale of this scheme		27/8/21 meeting with WG to discuss initial scrutiny response and Gateway 0 review.	Catherine Phillips		2	2	4	30/09/2021	Future Hos
1.9	4	01/03/2021	Enabling Programmes - Elements that are out of scope of this programme that it is dependent on cannot deliver their enabling changes as planned (e.g. requisite changes to services moving from hospital into the community not achieved)	Abi Harris	5	4	20	Programme scope and the implications and timing of plans in relation to any dependencies to be kept under regular review PMO (Change Hub) being set up to monitor all programmes and projects, understand and evaluate risks and identify when issues may arise so action can be taken.	SOFH is a strategic programme for C&V and is covered as part of a fortnightly strategy session with executives. So too is the @Home and SOCS programme. Work is underway to understand and subsequently monitor and control how transformation will impact hospital infrastructure - a dependencies matrix.	5	3	15	Operation of a strategic programme office to make monitoring and controlling BAU.		Complete the matrix of contributing programmes and have it adopted by the UHB through the strategic meetings.	Abi Harris	01/10/2021	2	2	4	30/09/2021	Strategy&D
3.10	4	01/03/2021	Activity Assumptions - Assumptions about activity moved out to different settings are too optimistic, resulting in insufficient hospital capacity	Stuart Wa	5	4	20	Assumptions to be tested at the SOC stage, including sensitivity analysis Robust planning of the clinical transformation required. E.g. demand mgt Contributing programme definition and benefits articulation required for ongoing monitoring and control.	Early stages as our assumptions require a thorough road test at SOC stage. However a dependencies matrix is being created to monitor and control execution against target transformation work.	5	4	20			Complete the matrix of contributing programmes and have it adopted by the UHB through the strategic meetings.	Nav Masani/Victoria Le Gry	01/10/2021	2	2	4	30/09/2021	Strategy&D
1.2		01/03/2021	Business Case Approvals - PBC or subsequent business cases not approved resulting in additional time and resource to rectify	Abi Harris	4	4	16	Ongoing liaison with Welsh Government to ensure expectations for each business case are aligned; Following HM Treasury Green Book guidance and Better Business Case guidance when preparing the business cases PBC submitted in March 2021 is the first version and will be updated. Ensure programme is realistic and allows sufficient time for each business case to be developed to the requisite standard.	Monthly progress check-in through a dedicated programme board. Submission of a OBC to Welsh Government has kicked off a formal consideration process.	4	5	20	Committed timetable from WG	Gateway 0 recommended a WG sponsoring group, governance and working arrangements.	Meeting WG on 27/8 to discuss. Created an estates case for change showing the burning platform, delivered to WG on 6/8/21.	Abi Harris	27/08/2021	2	2	4	27/08/2021	Future Hos

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2.5	4	01/03/2021	Conflicting Strategies - The ambition of the clinical model requires digital solutions that are right for CVUHB at the right time for our strategy deployment, not necessarily when decisions are made for the rest of Wales	Allan Ward	4	4	16	Adherence to national architectures Play a pinioneer role to assist the rest of Wales Build consensus with other Health Boards on solutions WG buy-in of our whole system approach.	Check with Allan/David	4	4	16	Check with Allan/David	Check with Allan/David	Check with Allan/David	Allan Wardhaugh		0	30/09/2021
2.7	4	01/03/2021	Primary & Community Infrastructure - Infrastructure in primary and community care insufficient to support the proposed clinical model	Abi Harris	4	4	16	Development of the Community programme alongside this programme to ensure it completed prior to activity being moved out into the community Additional community requirements to be identified during development of SOC/OBC and planned appropriately. Liaison with primary care practitioners to understand what infrastructure may be required over and above what is in place and produce a plan to fund it. @Home	Strategic programmes steering gro	4	4	16					0	30/09/2021	
3.3	4	01/03/2021	Construction Market Capacity - Insufficient capacity and capability in the construction market to run a competitive procurement process resulting in reduced Value for Money on the construction contract or creating additional risks to delivery	Abi Harris	4	4	16	Market assessment and engagement to be undertaken prior to going out to procure a contractor Discussion with Welsh Government whether there is a possibility to run an open procurement instead of appointing off the Building for Wales framework, if this does not generate sufficient competition		4	4	16			Via Archus, Ed Hunt to have early meetings with some construction industry players to understand generally where the market is at given the infrastructure build schemes across the UK and labour shortages.	TBD	0	30/09/2021	
3.6	4	01/03/2021	Planning Permission - Not being able to obtain planning permission for chosen site results in delays or in having to choose a different site.	Abi Harris	4	4	16	Ease of obtaining planning to be included as a criterion in the site selection process Early engagement to take place with the planning authority to ensure we understand and are able to meet the requirements CVUHB has appointed JLL to support on site and planning matters which will be taken into account in options appraisal and evaluation of the sites. Work closely with Cardiff and Vale of Glamorgan Councils.		4	3	12			Involved Cardiff Council and Vale of Glam Council in initial site search outcome.	01/07/2021	0	30/09/2021	
1.15	4	01/03/2021	Digital Architecture Review - Failure to deliver on the Digital Architecture Review to allow rapid development of patient and clinician facing applications locally and in partnership with third parties .	Allan Ward	5	3	15	Ongoing liaison with NWIS and NHS Wales to establish the timescales for completion of the review; consider putting additional mitigation plans in place if this does not match the timescales for delivery of the programme.	Check with Allan/David	5	3	15					0	30/09/2021	
1.3	4	01/03/2021	Programme Support - Inability to obtain external support for the programme (from NHS Wales, Welsh Government, neighbouring Health Boards and other key external stakeholders), resulting in Board not securing capital funding or incurring delays.	Abi Harris	5	3	15	Stakeholder management and engagement plan in place and continuously reviewed to ensure key stakeholders are engaged with. Maintain regular liason with WG, NHS Wales and other stakeholders to understand needs, monitor availability of capital and requirements for business cases.	Consideration of a stakeholder gro	5	3	15			Written to stakeholders on 12/8/21 with a holding letter stating progress and we remain committed to working with them on their clinical strategy.	17/08/2021		30/09/2021	
1.6	4	01/03/2021	New Ways Of Working - Staff reluctance to move to necessary new ways of working results in delays.	Stuart Wa	5	3	15	Clinicians are fully involved in the design of the new model of care so that they can become advocates for the proposed changes. Knowing the demands on clinicians there remains a risk that they will not have the capacity to engage sufficiently for this to happen as planned. Stakeholder engagement plan has been developed which includes engagement with staff. This will be developed further at the next stage with regular staff engagement.		5	3	15			Define clinical strategy and implications through SOCS	Upon funding		30/09/2021	

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2.6	4	01/03/2021	Patient Outcomes - Clinical strategy does not deliver improved patient and clinical outcomes anticipated.	Stuart Wa	5	3	15	Final list of benefits to be agreed with clinical staff to determine what can feasibly be delivered Set out ways to measure benefits and monitor them throughout the programme to ensure these are being delivered CVUHB has appointed clinical advisers with experience of delivering major clinical transformation programmes. Robust planning of the clinical transformation required	Strategic programmes steering gro	5	3	15			Run SOCS programme		Upon funding					30/09/2021
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University Hospital Wales 2 Programme

Programme Board Notes

23rd July 2021, 12:30 – 14:00

Attendees: Abi Harris (Chair), Stuart Walker, Catherine Phillips, Ed Hunt, Lidia Vorontsova, Nicola Foreman, Dev Biddlecombe, Allan Wardhaugh, Ian Weeks

Apologies: Rhiannon Williams

1 Standing items

- | | | |
|-----|--|------------|
| 1.1 | Chair's welcome | Abi Harris |
| 1.2 | Apologies for absence <ul style="list-style-type: none"> • Rhiannon Williams | Abi Harris |
| 1.3 | Minutes from Previous Meeting <ul style="list-style-type: none"> • Accepted on proviso it is recorded that Nicola Foreman was in attendance. Informed through Teams Chat rather than verbally at meeting. • Actions 1 and 3 completed – carry over Action 2 – response written and will be sent out. | Abi Harris |

2. Items for consideration

- | | | |
|-----|---|------------|
| 2.1 | SRO response to Gateway 0 report | Abi Harris |
| | SRO response was provided to programme board members. Will meet with Welsh Government to discuss the recommendations. | |

3 Items for Discussion

- | | | |
|-----|---|-----|
| 3.1 | Letter from WG regarding high level PBC scrutiny – opinion sought from Programme Board members | All |
| | <p>Programme board members expressed concern that the feedback indicated that the PBC may not have been read in detail. It was felt that therefore the response was disappointing and we should push back, particularly noting we provided the requisite detail that was required when referring to the scoping document agreed with WG.</p> <p>Message to WG should be that we need to move quickly to SOC.</p> <p>Members agreed that pace is important given the condition of UHW and that pace can be achieved whilst still enduring due governance is in place. There are good reasons to proceed at pace to help the local economy, improve patient case and play our part in the net zero challenge.</p> | |

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A response has been drafted to WG for sending once a date is in the diary to meet to discuss this and the Gateway 0.

LR will write an accountable officer to accountable officer letter also.

Action 1: Write to WG to formally respond to their scrutiny and send the Gateway 0 report. EH to draft.

Action 2: Arrange a meeting with WG to discuss scrutiny and Gateway 0. AH to arrange. Send action 1 to WG when a date is set.

Action 3: Draft an accountable officer to accountable officer letter from LR to Andrew Goodall.

A brochure needs to be created to be used to market the opportunity to stakeholders. Cardiff University and Cardiff Council will be asked to contribute to the production in a tangible way.

Action 4: EH to ask Grant Thornton to scope up the brochure.

It was discussed that senior leaders in WG outside of DHSS need to be updated.

Action 5: Directors of COVID Recovery, Infrastructure and Climate Change will be approached by EH and AH.

4 Items for Approval/Ratification

N/A

5 DONM

5.1 27/8/21 Abi Harris

Action Summary

Action 1: Write to WG to formally respond to their scrutiny and send the Gateway 0 report. EH to draft.

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