

# Shaping Our Future Hospitals Committee Meeting

Wed 12 January 2022, 09:00 - 11:00

MS Teams - Virtual Meeting

## Agenda

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### 1. Standing Items

#### 1.1. Welcome & Introductions

*Rhian Thomas*

#### 1.2. Apologies for Absence

*Rhian Thomas*

#### 1.3. Declarations of Interest

*Rhian Thomas*

#### 1.4. Minutes of the previous Committee meeting – 13th October 2021

*Rhian Thomas*

 1.4 - SOFHC Minutes 131021MD.pdf (9 pages)

#### 1.5. Action log following the previous meeting – No Action Log

*Rhian Thomas*

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### 2. Items for Review and Assurance

#### 2.1. Verbal feedback on Infrastructure Investment Board

*Abigail Harris*


#### 2.2. Lifesciences Commercial Opportunities

*Edward Hunt*

 2.2 - Life Sciences Commercial Opportunities.pdf (2 pages)

#### 2.3. Update on scoping of the SOC and the work of Grant Thornton

*Abigail Harris*

 2.3 - Update on scoping of the SOC and the work of Grant Thornton.pdf (3 pages)

#### 2.4. Service Lines for the Clinical Transformation

*Abigail Harris*

 2.4 - Service Lines for the Clinical Transformation.pdf (3 pages)

#### 2.5. Update on the Survey of the Infrastructure

Mohamed Saad  
01/07/2022 12:04:49

*Edward Hunt*

- 📄 2.5 - Update on the Survey of the Infrastructure 1.pdf (2 pages)

## **2.6. Operational Lead Update**

*Geraldine Johnston*

- 📄 2.6 - SOFH - Update from Operational Lead December 2021.pdf (2 pages)

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## **3. Items for Approval / Ratification**

### **3.1. Committee Terms of Reference - 2022/23**

*Nicola Foreman*

- 📄 3.1 Covering report for Terms of Reference.pdf (2 pages)
- 📄 3.1a Terms of Reference - March 2021 - Final draft.pdf (8 pages)

### **3.2. Committee Workplan - 2022/2023**

*Nicola Foreman*

- 📄 3.2 Covering report for SoFH workplan.pdf (2 pages)
- 📄 3.2a Copy of Committee Work Plan 2022.23.pdf (1 pages)

### **3.3. Committee Annual Report - 2021/22**

*Nicola Foreman*

- 📄 3.3 - SOFH Annual report 21-22 (002).NF.pdf (7 pages)

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## **4. Items for Information and Noting**

### **4.1. Programme Board Minutes**

*Edward Hunt*

- 📄 4.1 - Programme Board Minutes 20211102.pdf (3 pages)

### **4.2. Review Programme Risk Register**

*Abigail Harris*

- 📄 4.2 - Review Programme Risk Register.pdf (2 pages)
- 📄 4.2a - Risk Register 20220113.pdf (4 pages)

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## **5. Any Other Business**

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## **6. Review and Final Closure**

### **6.1. Items to be deferred to Board / Committee**

*Rhian Thomas*

- 6.2. To note the date & time of the next meeting: 9th March 2022 at 9.00am**

Mohamed Sarah  
01/07/2022 12:44:49

**Minutes of the Shaping Our Future Hospitals Committee  
Held on 13<sup>th</sup> October 2021 at 9am  
Via MS Teams**

<b>Chair:</b>		
Dr Rhian Thomas	RT	Independent Member – Capital & Estates
<b>Present:</b>		
Gary Baxter	GB	Independent Member for University
John Union	JU	Independent Member for Finance
David Edwards	DE	Independent Member for ICT
<b>In Attendance:</b>		
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
Edward Hunt		Programme Director – Strategic Planning
Nikki Foreman	NF	Director of Corporate Governance
<b>Secretariat:</b>		
Nikki Regan	NR	Corporate Governance Officer

Item No	Agenda Item	Action
SOFHC 13/10/001	<b>Welcome and Introductions</b>	
SOFHC 13/10/002	<b>Apologies for Absence</b>  <b>The Shaping Our Future Hospitals Committee resolved that:</b>  a) No apologies for absence were noted.	
SOFHC 13/10/003	<b>Declarations of Interest</b>  The Independent Member – University declared an interest of being employed by Cardiff University who are a partner and stakeholder in SOFH  <b>The Shaping Our Future Hospitals Committee resolved that :</b>  a) Subject to the above declaration of interest, no further declarations of interest were noted.	
SOFHC 13/10/004	<b>Minutes of the previous Committee meeting – 21<sup>st</sup> July 2021</b>  <b>The Shaping Our Future Hospitals Committee resolved that :</b>  a) The minutes of the meeting held on 21 <sup>st</sup> July 2021 were agreed as a true and accurate record.	
SOFHC 13/10/005	<b>Action log following the previous meeting – No Action Log</b>	

### Programme Overview – verbal update

The Executive Director of Strategic Planning (EDSP) gave a verbal update on the following matters :-

- Observations have been made from Welsh Government (WG) regarding further work required in relation to the programme business case.
- WG's view was that the business case contained too much detail.
- Edward Hunt (EH) had worked hard to update the business case and the same had been resubmitted to WG.
- A date for the pre-infrastructure investment meeting was confirmed for 3<sup>rd</sup> December.
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- Due to significant pressures, doing nothing was not an option.
- Testing through cardiology & diabetes services had taken place.
- Geraldine Johnson was to be seconded into a role of senior operational lead in light of her clinical and operational background. The purpose of the role was to think about the principles from an "experience" point of view.
- The way wards were currently set out did not help to aid recovery, and provision of staff should be considered.

The Executive Director of Finance (EDF) supported the points highlighted by the EDSP. Key posts had been recruited to in advance of WG's confirmation of the funding.

The Independent Member for Digital (IMD) questioned if there was a good understanding of the scale, ambition and costs associated with the building of the proposed new hospital? The EDSP answered with the following points –

- UHW was a tertiary centre for a large number of services in South Wales and included the Children's Hospital for Wales.
- Hywel Dda UHB had bid for a new acute hospital. They proposed to develop on a new site with a hub for A&E in Aberystwyth. Their price tag for 400 beds is £1 billion.
- A £2billion budget was required for UHW 2, which the First Minister was aware of.
- When the Grange Hospital for Aneurin Bevan Health Board was developed, they had encountered some issues. The SOFH team would have regard to any lessons learnt from other recent new build hospitals.

The EDSP mentioned that one option was to build hospital blocks in phases if the preferred option was to remain on the current site. That option could be more expensive, although if the funding was provided over a 10 year period, it could be more affordable. A further challenge was to contribute to the zero emissions.

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	<p><b>The Shaping Our Future Hospitals Committee resolved that:</b></p> <p>a) The verbal update provided by the Executive Director of Strategic Planning was noted.</p>	
<p><b>SOFHC 13/10/007</b></p>	<p><b>Outcomes of Welsh Government Meeting – 27/08/2021 and update on Gateway review recommendations</b></p> <p>EH gave a brief update following the meeting with Welsh Government (WG).</p> <ul style="list-style-type: none"> <li>• Some useful recommendations were received from WG but some had already been negated by the recent re-submission of the business case.</li> <li>• The team would ask for some further feedback from WG to ensure the Health Board was moving in the right direction.</li> <li>• The response received so far on the draft had been positive.</li> </ul> <p>The EDSP noted that Andrew Goodall had been appointed as the Permanent Secretary. Judith Paget had been appointed as his replacement for 18 months.</p> <p>EH commented that the Gateway Review was still on going and he was keen to move forward with a better delivery assessment.</p> <p>The Independent Member for University (IMU) asked for clarification of the dates that were referred to in the covering report. EH clarified that on 27<sup>th</sup> August a meeting with WG took place in order to get a definitive way forward in relation to the programme business case. They suggested reference to some of the economical appraisal and the capital figure £2billion were removed from the outline business case. A resubmission date for 1<sup>st</sup> October was agreed. The updated business case provided on 4<sup>th</sup> October was well received by Simon Dean.</p> <p>IMU noted that the revised case was submitted on 1<sup>st</sup> October and a meeting was held 3 days later. He queried if that was enough time to process all the information? EH explained the following –</p> <ul style="list-style-type: none"> <li>• Conversations had taken place with key stakeholders before 1<sup>st</sup> October where a draft was provided and feedback was received. .</li> <li>• WG proposed 3<sup>rd</sup> December for an investment board.</li> <li>• The updated business case was a in a completed draft form for submission.</li> <li>• It was in a draft form subject to ~WG’s endorsement.</li> <li>• WG had suggested a meeting to go through the updated business case and deal with any questions that had arisen in respect of the same.</li> </ul> <p>The IMU appreciated there would be conversations going on behind the scenes and he wanted to be clear what was happening regarding the iteration of documents.</p>	

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	<p>The Independent Member for Finance (IMF) queried if the Committee would receive a summary of changes? EH confirmed he would provide a summary.</p> <p>The EDSP stated that it was important for the Committee to be clear with regards to the sequence of meetings and that the Committee should see the revised business case.</p> <p>The EDSP commented that the Executive summary had not changed greatly, although it did not include the price. It was felt appropriate to submit the business case to keep the momentum going.</p> <p>The Chair noted the proposed meeting would take place on 3<sup>rd</sup> December. EDSP commented that the programme business case would be on the agenda. She suggested a 45 minutes presentation would be given at the meeting and she suggested that Stuart Walker, Meriel Jenney, Catherine Phillips attended with Abigail Harris. A copy of the presentation would be shared with the Committee Members.</p> <p><b>The Shaping Our Future Hospitals Committee resolved:</b></p> <p>a) The Committee noted the re-submission of the business case.</p>	
<p><b>SOFHC 13/10/008</b></p>	<p><b>Business Case Review</b></p> <p>EH gave an update on the business case review, which included the following points: –</p> <ul style="list-style-type: none"> <li>• With the re submission of the business case, the intention was only to make the requested changes to the PBC.</li> <li>• The economic analysis was carried out for the options which were evaluated and a preferred way forward was recommended.</li> <li>• The capital figures and implementation were removed and the list would be reviewed at the next stage.</li> <li>• WG thought the original options were not definitive.</li> <li>• 5 options were considered. Since the submission of the business case, the SOFH engagement had taken place which had identified a strong mandate from the public.</li> <li>•</li> <li>• A mutual investment model could be considered to resource the project, and that could consider phasing in order to make the scheme more affordable.</li> <li>• Director of Capital and Estates had given feedback on the daily maintenance at UHW. A clinician gave a clinical risk update from a clinical stand point.</li> <li>• There was a project for redevelopment of hospital restructure.</li> <li>• Documents could be shared with the Committee so the changes could be seen.</li> </ul> <p>The Chair agreed that a one page summary would be helpful.</p>	

	<p>The Independent Member for Finance (IMF) commented that he assumed that the figure of £4.7 million for resources was to undertake the work required to get the business case completed. Was there a list to show where that was being accounted for in the Health Board's budget?</p> <p>EH responded that the figure given referred to the estimated costs for internal and external resource that would be required, and had assumed WG would fund the same.</p> <p>EH commented that the feedback received from Simon Dean was that WG do not normally fund clinical activity.</p> <p>The EDF supported that comment. Funding was expected from WG to enable the Health Board to get to the SOC phase.</p> <p>The Chair questioned if the £4.7 million would be for the SOC phase and not for the PBC? She also queried when would that funding get approved?</p> <p>The EDSP responded that : –</p> <ul style="list-style-type: none"> <li>• Following the Infrastructure Board meeting, a recommendation would be put to the Minister to endorse.</li> <li>• The concern was that WG would view the £5million as too much.</li> <li>• There was a view that the Health Board may have to pull back on some of the work.</li> <li>• To signal that the SOC was a separate piece of work was not helpful as the SOC was a fundamental piece of work.</li> <li>• She would talk to Simon Dean informally and explain more benchmarking had been done.</li> <li>• Simon Dean was leaving WG in December.</li> </ul> <p>The Chair queried what the current status with external partners was and whether they had been engaged upon a retainer basis?</p> <p>EH confirmed that the Health Board had engaged a company on a sub retainer basis. They had been engaged in a couple of areas and had provided a response and review of the business case. The Health Board wanted to do a brochure with Cardiff University &amp; Cardiff Council to promote the opportunity.</p> <p><b>The Shaping Our Future Hospitals Committee resolved:</b></p> <ol style="list-style-type: none"> <li>a) 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 the three identified next step projects, was noted.</li> </ol>	
<p>Mohamed.Sayid@nhs.uk 01/07/2022 11:49</p> <p><b>SOFHC</b> <b>13/10/09</b></p>	<p><b>Stakeholder Engagement updates</b></p> <p>EH gave an update which included the following points :–</p>	

	<ul style="list-style-type: none"> <li>• All main stakeholders were sent a letter signed by Stuart Walker &amp; Len Richards to explain the programme business case.</li> <li>• Conversations had taken place with WG and the Director of Climate Change.</li> <li>• A meeting was due to take place that day with Transport colleagues.</li> </ul> <p>The EDSP stressed the need to keep wider stakeholders updated. She queried if that should include WHSSC, Valandra &amp; Welsh Ambulance NHS Trust? The Programme Board should give some thought to that. She also raised the need to do an equality and health impact assessment and continue to keep the same under review. The EDSP further commented that 85% of patients who attend UHW were Cardiff residents using the services and 15% of patients access the specialists &amp; tertiary services.</p> <p>The IMU commented that it was too early to have wide spread public engagement, but queried if the CHC had given any indication on how it would like to see public engagement undertaken in relation to this project?</p> <p>The EDSP responded as follows: –</p> <ul style="list-style-type: none"> <li>• The Health Board had presented a high level overview to the CHC.</li> <li>• The engagement regarding the clinical services plan was important and had a strong mandate – that was, healthcare should be delivered in hospital where it cannot be delivered in the community.</li> <li>• A public consultation would need to be completed.</li> <li>• At SOC stage it was recognised that the Health Board may not have answers to all questions.</li> <li>• If there was a strong clinical view, that should be set out.</li> <li>• This was an important work stream for communication and engagement.</li> <li>• There was an active Heath Residents Association and the Health Board should start to communicate with local residents.</li> </ul> <p><b>The Shaping Our Future Hospitals Committee resolved:</b></p> <p>a) The level of engagement with key stakeholders carried out to date, was noted.</p>	
<p><b>SOFHC 13/10/010</b></p> <p>Mohamed, Sarah 01/07/2022 12:04:49</p>	<p><b>Infrastructure Report</b></p> <p>EH provided a brief overview with regards to the infrastructure covering report –</p> <ul style="list-style-type: none"> <li>• There were two reports, one was written by Geoff and set out the day to day maintenance of UHW and the other considered clinical risk.</li> <li>• A business case (Academic Avenue) was rejected because of UHW 2.</li> </ul>	

	<ul style="list-style-type: none"> <li>• It had been suggested that critical care should undertake an IT transformation.</li> <li>• Academic Avenue was going to cost over £100million, and the capital required for digital transformation was up to £200million.</li> <li>• Financial resource was required.</li> <li>• In summary, the report detailed the clinical risk and why something needed to change. A strategic outline case was required to address such matters.</li> </ul> <p>The Chair noted it was an important piece of work, particularly. In terms of scene setting for public engagement.</p> <p>The IMD asked over what period was £200 million needed for digital transformation. EH confirmed a timescale had not been confirmed. He added that costing for the buildings and additional cost for IT had been worked up.</p> <p>The EDSP added that it was important to note that it had been acknowledged that the solution was not to wait 10 years to get new infrastructure. The Health Board should ensure that each phase of the business case was being future proofed. Digital technology in healthcare was moving forward – for example, automation, and robotics.</p> <p>DE commented that £200million was not enough and whilst he understood the point relating to digital transformation, he queried where would the funding come from?</p> <p>The IMF commented that digital technology would take the hospital forward. One aspect of the report had shown that the digital infrastructure of UHW was poor.</p> <p>The EDSP commented that most of the UHW buildings had a schedule of works. The inspections of the same had resulted in expenditure that had not been predicted. There was a business case for a hybrid theatre and the electrical inspection was not positive.</p> <p><b>The Shaping Our Future Hospitals Committee resolved:</b></p> <p>a) The Infrastructure Report was noted.</p>	
<p>SOFHC 13/10/011</p>	<p><b>Risk Register / Risk Overview</b></p> <p>EH explained that the risks had not changed significantly. There had been delays in terms of the business case. The covering report had set out the top risks to the scheme.</p> <p>The EDSP commented that her team had learnt from PBC phase and that some phases were undertaken in a short time frame. More time would be given if options were set out for appraisal. One option would be to talk with WG about what was not being progressed. There was a risk that they were looking to the Health Board for the regional service plan. There</p>	

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	<p>was a need to tease out what the specialist and tertiary services would look like.</p> <p>EH commented that the principle deadlines had been challenging to produce a realistic piece of work. He had visited a previous new build site that had taken 9 years to complete.</p> <p><b>The Shaping Our Future Hospitals Committee resolved:</b></p> <p>a) The Risk Register and the actions being undertaken to manage those risks was noted.</p>	
	<b>Items for Approval / Ratification</b>	
<b>SOFHC 13/10/012</b>	<p><b>The Shaping Our Future Hospitals Committee resolved:</b></p> <p>a) No items were noted for approval.</p>	
	<b>Items for Information and Noting</b>	
<b>SOFHC 13/10/013</b>	<p><b>Programme Board Minutes – 23.07.21</b></p> <p><b>The Shaping Our Future Hospitals Committee resolved:</b></p> <p>a) The Programme Board minutes in relation to the meeting held on 23 July 2021 were agreed and noted.</p>	
<b>SOFHC 13/10/014</b>	<p><b>Lifesciences Commercial Opportunities – Verbal Update</b></p> <p>EH raised that he would like to progress an opportunity with academic health sciences. Approval had been received for Genomic Services to be relocated into a specialist business park and discussions were taking place with regards to what other services could move there. He commented that the Health Board should work with Cardiff University. It was anticipated that a workshop would be facilitated by Grant Thornton to explore the matter further. A date for November had been arranged, although this would be postponed.</p> <p>EH agreed to provide an update at the next Committee.</p> <p><b>The Shaping Our Future Hospitals Committee resolved:</b></p> <p>a) The verbal update relating to Lifesciences Commercial Opportunities was noted.</p>	EH
<b>SOFHC 13/10/015</b>	<p><b>AOB</b></p> <p>The EDF said it would be useful to understand what were the milestones and associated timelines to be met next year and how resources could best be deployed to meet the same? The Chair suggested that at the Committee's next Agenda Setting meeting, Members could consider the key milestones for 2022. The Committee agreed.</p> <p>The Chair noted that the Committee might want David Thomas to attend a future Committee meeting to discuss digital capital.</p>	

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	<p>The IMU want to endorse something that was raised regarding engagement &amp; communications. Engagement was important and hence it was vital to ensure that (i) the engagement strategy was appropriate and (ii) the right people were engaged in order to produce the right result.</p> <p><b>The Shaping Our Future Hospitals Committee resolved:</b></p> <p>a) AOB was noted by the Committee.</p>	
<p><b>SOFHC</b> <b>13/10/016</b></p>	<p><b>Items to be deferred to Board / Committee</b></p> <p><b>The Shaping Our Future Hospitals Committee resolved:</b></p> <p>a) The proposal to bring the PBC to the next Committee meeting, was noted.</p>	
<p><b>SOFHC</b> <b>13/10/017</b></p>	<p><b>Date and Time of Next Meeting:</b></p> <p>11<sup>th</sup> January 2022 at 9am Via MS Teams</p>	

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<b>Report Title:</b>	Life Sciences Commercial Opportunities			<b>Agenda Item no.</b>	2.2
<b>Meeting:</b>	SOFH Committee			<b>Meeting Date:</b>	12/1/22
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b> X
<b>Lead Executive:</b>	Abigail Harris				
<b>Report Author (Title):</b>	Edward Hunt				

### Background and current situation:

The SOFH PBC presented a vision for a new clinical model with research at its heart: The research hospital of the future containing a learning health system. This might involve collaboration and/or partnership with Cardiff University and industry partners from the life sciences sector. How do we achieve the research hospital of the future practically however? A piece of work has been commissioned to begin to understand the steps.

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

CVUHB would like to explore how a potential hospital redevelopment will stimulate the growth of Life Sciences regionally and nationally, alongside any new facilities – in a way that preferably would benefit our patients and population and realise the research hospital of the future.

Three workshops are scheduled to begin the shaping of this. We want to start at the beginning and consider from the ground up what the proposition could be. The first workshop is scheduled for 21/12/21 and the intent is to gather information on the current state in Wales/S Wales with respect to life sciences, establish our ambition and opportunities that might be beginning to emerge. In the later two workshops we'll develop a strategic direction and what a delivery programme framework could look like.

It is intended that this work will conclude before the end of Q4 21/22. Further work will be required to develop the opportunity for inclusion in the SOC and funding has been requested from WG to conclude a full feasibility.

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

It is important that a ground up approach is taken to this subject. Questions such as what are our research ambitions need to be answered; what are the university's; to what extent do these ambitions align with Government strategy, funding, interest from life sciences organisations; what would the governance need to look like; how would a programme be developed? These are just some of the answers that will begin to be tackled to help the UHB understand whether there is an opportunity.

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**Recommendation:**

The Committee are requested to **note** development of this work.

**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	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		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		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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<b>Report Title:</b>	SOFH Pre-SOC Preparation Work			<b>Agenda Item no.</b>	2.3
<b>Meeting:</b>	SOFH Committee			<b>Meeting Date:</b>	12/1/22
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	X	<b>For Information</b>
<b>Lead Executive:</b>	Abi Harris, Exec Dir Strategy				
<b>Report Author (Title):</b>	Ed Hunt, PD SOFH				

**Background and current situation:**

Given the positive tone of discussions with WG regarding SOFH progression, with an Infrastructure Investment Board (IIB) presentation on 3/12/21 and an intent for officials to create a cabinet paper for the end of January 2022, it is recommended that the UHB commence detailed scoping and planning for the SOFH SOC along with making an early start on key items of the work which will be contained in the SOC. The reason these items of work are being recommended to start now is because the steps to endorsement will take time and the space between now and endorsement can be usefully utilised.

**Management Executive are asked to endorse the approach advocated in this paper.**

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

CVUHB procured Grant Thornton and consortium to write the PBC. The intent of the procurement was that should CVUHB choose, the same consortium could be used in subsequent stages of business case development. Grant Thornton held the pen on the PBC and the product was of high quality. Given this track record, it is proposed that they are used again for SOC (subject to assurance from procurement).

Using a working assumption that endorsement of the PBC will come no earlier than February 2022, it is also therefore reasonable to assume that starting work on the SOC won't happen until spring 2022 (perhaps 1<sup>st</sup> April 2022 or even later). The months between now and then can be usefully filled with preparation activity and getting a head start on the SOC work.

The suggested work to be undertaken before the end of Q4 follows. Note that at the time of writing, CVUHB leads are aware of these lines of enquiry and the exact outputs will be worked up.

SOC Scope: Led by Ed Hunt

CVUHB propose to WG officials the content for the SOC at a detailed level, debating this proposal. The purpose of this is to have a scope agreed of what the end product will look like in an attempt to avoid the issue of the PBC going too far in terms of content (despite delivering against scope). Ian Gunney in WG has agreed to open up these discussions which will require the input of many parts of Welsh Government.

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**The output will be a detailed scoping document and a delivery plan.** Strategic advice would also be covered in this work.

Delivery by 31/3/22

Clinical Transformation: Led by Victoria Le Gry

The clinical transformation presented in the PBC will be taken to the next layer of detail. 14 service lines have been identified (cardiology, dermatology, neurology, etc.) and 2 will be chosen for early progression.

**The output will be 2 x pathway packs containing: internal system changes, external system changes, workforce changes (capability, education & training), infrastructure requirements (inc digital), execution roadmap. In addition, training the CVUHB team to undertake such reviews ourselves.**

Delivery by 31/3/22

Using the developed thinking emerging from the above work, provide **output of a reshaped UHB digital strategy and provide a roadmap for next steps of implementation.**

Delivery by 31/3/22

Buildings Survey Specification: Led by Geoff Walsh

A survey of our hospital infrastructure to create a baseline of facts around structure condition, engineering, asbestos, etc from which options will be derived during SOC, e.g. are existing structures able/not able to be reused. The earlier this information is available; the more time is available to consider options which may be complex. The delivery of this work will not be undertaken by Grant Thornton and will need to be procured.

**The output will be an engineering survey.**

Delivery by TBC, est. early 2022

**Further Q4 Work:**

The SOC content and clinical transformation will be subject to engagement/consultation. Hywell Dda University Health Board have benefited from advice on the complexities of choosing a site for their proposed scheme. It is currently envisaged that an engagement exercise will have to be run and inform the SOC and it is suggested that Q4 21/22 is used to prepare the UHB for what engagement/consultation will be required and the means and timescales to receive that feedback which forms part of the SOC plan and content. Grant Thornton had not been asked for this service, therefore using an appropriate procurement route for a suitable advisor will be required.

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

**Next Steps:**

1. Work with procurement to ensure the correct processes are laid out and followed

2. Fully scope and agree Q4 work with internal stakeholders
3. Receive a formal quotation from suppliers
4. Seek approvals for the work packages
5. Commence

**Risk**

- There is a risk that the pressure on the procurement team at this time will delay progress on securing this pre-SOC work and limit what deliverables can be realised by 31/3/22.
- There is a risk that if WG don't endorse the business case, the utility of the deliverables generated through this work will be lessened.
- There is a risk that if WG don't endorse the business case, the regaining of momentum achieved through undertaking the above work will get lost .

**Recommendation:**

The SOFH Committee are asked to **note** the approach described above and note the advantage that early delivery of output can provide the UHB whilst the PBC awaits endorsement.

**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		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.

<b>Report Title:</b>	Service Lines for the Clinical Transformation			<b>Agenda Item no.</b>	2.4
<b>Meeting:</b>	SOFH Committee			<b>Meeting Date:</b>	12/1/22
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b> X
<b>Lead Executive:</b>	Abigail Harris				
<b>Report Author (Title):</b>	Edward Hunt				

### Background and current situation:

As part of the Q4 21/22 pre SOC work described in agenda item 2.4, two clinical 'service lines' will have their transformation articulated in a greater level of detail than produced at PBC, so it is in a form commensurate with a SOC.

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

Our advisors Grant Thornton, have identified 14 service lines that they recommend are investigated at SOC stage. They are:

1. Cancer
2. Neurological/neurosurgery
3. Cardiovascular
4. MSK
5. Paediatrics
6. Women's
7. Urological
8. Renal
9. Ophthalmology
10. Respiratory/thoracic
11. Endocrinological
12. Gastroenterological/hepatic
13. Head & neck
14. Dermatology

Two of the above will be chosen for progression in Q4 in order to:

- Undertake research in the service line looking at the science, technology and policy to understand the current status against national and international best practice and identify exemplars;
- Review and prepare the Grant Thornton/AHS improvement and transformation methodologies for the workshops and pathway development groups. This will combine a science-driven approach with change methodology, such as AGILE or scrum, and a rigorous programme management approach, in a combination to be agreed with yourselves;

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- Facilitate three workshops at the start, middle and end of the process with relevant clinicians and service line managers in the Health Board;
- Consider the digital and technology implications for the service line;
- Run an agreed follow up series of pathway development groups, with the relevant Health Board clinical and executive leaders, to prepare pathways for implementation;

This work will require clinical buy in and will be owned by CVUHB, but the intent is to use Grant Thornton to help us deliver this work, using a method they have used with other clients pursuing hospital infrastructure programmes.

Use will also be made of data analytics produced by Lightfoot Solutions where this is available and relevant.

**The deliverables will be:**

- Current status of the service line in respect to national and international best practice;
- Opportunities for improvement – these may be in relation to outcomes, greater integration, waiting lists or others) and we will identify opportunities by whether they are short or medium term;
- An overview of what a redesigned service would look like;
- An indicative timeframe for achieving the opportunities identified.

The deliverables from these two service lines should be concluded by 31/3/21 on the assumption of an early start in Q4.

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

Undertaking two of the 14 service lines provides an opportunity to assess the approach described above and adjust if necessary to maximise benefit from working through the other 12.

At the time of writing, Dr Nav Masani and Victoria Le Gryns are considering which service lines to take forward in Q4, striking a balance between availability of front line colleagues given current pressures and the lines most likely to provide the UHB with high quality insight into the implications of transformation. A preference for one of the service lines is cardiology, though this is to be confirmed.

**Recommendation:**

The Committee are requested to **note** development of this work.

**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		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
<b>Equality and Health Impact Assessment Completed:</b>	<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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<b>Report Title:</b>	Update on the Survey of the Infrastructure			<b>Agenda Item no.</b>	2.5
<b>Meeting:</b>	SOFH Committee			<b>Meeting Date:</b>	12/1/22
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	Abigail Harris				
<b>Report Author (Title):</b>	Edward Hunt				

#### Background and current situation:

As part of the Q4 21/22 pre SOC work described in agenda item 2.4, it is suggested that an initial survey of the UHW infrastructure is carried out.

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

The UHW infrastructure is extremely complex. The longevity of the infrastructure could influence the nature of the re-provision of UHW and even the location.

The Director of Capital, Estates and Facilities has specified work to be undertaken to understand the civil and structural state of buildings on the UHW estate. In addition, the state of the Mechanical, Electrical & Plumbing. An indication of the likely life left in the estate is a finding that is required along with further surveys to be conducted to be able to draw definitive conclusions and the opportunities and challenges presented with respect to the net zero agenda.

The output of this survey won't be definitive.

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

Given the vastness of the estate, this survey will provide an initial report that will help guide further investigation work. In addition, it will help inform the kind of options that will be assessed in the SOC CVUHB hope to commence in spring 2022.

The work described above requires procuring and the Director of Capital, Estates and Facilities is leading on this matter. It is expected that the report will be delivered by 31/3/22.

#### Recommendation:

The Committee are requested to **note** development of this work.

#### 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		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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<b>Report Title:</b>	SOFH – Operational Lead Update			<b>Agenda Item no.</b>	2.6
<b>Meeting:</b>	Shaping Our Future Hospitals Committee			<b>Meeting Date:</b>	12/1/22
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	X
<b>Lead Executive:</b>	Abi Harris				
<b>Report Author (Title):</b>	Geraldine Johnston				

### Background and current situation:

Operational Lead appointed to a 12 month secondment to provide an operational lens in relation to the SOFH Programme.

Purpose of this briefing is to provide an update to the Committee on the work being undertaken by the Operational Lead for SOFH Programme during Q4 (21/22)

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

Focus during Q4 is on the following areas:

#### Linking Strategic & Operational Conversations:

- Connecting strategic conversations and plans with operational teams so that they are sighted, engaged and actively involved
- Connecting the Strategic Programmes to operational forums to provide alignment

#### New Hospital Builds – Gather Intelligence

- Hospitals built over last 5 years – What are their lessons learned?
- Hospitals being built within next 5 years – What is their approach?

#### Exploring Design Principles e.g.

- Intelligent/Smart hospitals – Digitally enabled
- %'age of single rooms
- Sustainability – Net Zero Carbon (NZC)
- Modern Methods of Construction (MMC) – flexible footprints to future proof space
- Disabled Friendly Environment
- Equality
- IP&C good practice principles
- People Centred Environments – support wellbeing of staff, patients, families, visitors

#### Shaping Our Future Clinical Services (SOFCS)

- Contribute to Shaping our Future Clinical Services Programme

#### Communication & Engagement

- Work with 4PI Production to develop the 'Showcase' - virtual showcase which will be an interactive, experiential virtual walkthrough which will immerse participants in aspects of

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current and the future of healthcare at the UHB. This could be a 'vehicle' for our community and stakeholder (internal and external) engagement .

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

It is essential that there is engagement and involvement of all stakeholders as the Shaping Our Future Hospitals Programme evolves

**Recommendation:**

The Committee to note the work planned for Q4 21/22

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

Not Applicable  
*If "yes" please provide copy of the assessment. This will be linked to the report when published.*



<b>Report Title:</b>	<b>Shaping Our Future Hospitals Committee – Terms of Reference</b>				
<b>Meeting:</b>	Shaping Our Future Hospitals Committee			<b>Meeting Date:</b>	12 <sup>th</sup> January 2022
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<input checked="" type="checkbox"/>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>				
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>				
<b>Background and current situation:</b>					
<p>In line with the UHB's Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.</p> <p>This report allows Members of the Shaping our Future Hospitals Committee to review the Terms of Reference prior to submission to the Board for approval. The Terms of Reference were originally developed by the Director of Corporate Governance after input from the Programme Director, the Executive Director for Strategic Planning, Independent Member Capital and Estates and the Chair of the Board.</p> <p>This Committee has been established as a Committee of the Board in order to scrutinise the work of the Programme Board and to provide assurance to the Board on Shaping Our Future Hospitals.</p>					
<b>Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:</b>					
<p>These Terms of Reference were last approved by the Board in March 2021 therefore there are only a small number of changes highlighted in red for ease of reference.</p>					
<b>Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):</b>					
<p>The Terms of Reference will need to be kept under review due to the nature of the Committee and the fact that the Programme for Shaping our Future Hospitals will develop, evolve and deliver over a number of years.</p>					
<b>Recommendation:</b>					
<p>The Shaping Our Future Hospitals Committee is asked to:</p> <p>(a) <b>Ratify</b> the changes to the Terms of Reference for the Shaping Our Future Hospitals Committee and</p> <p>(b) <b>Recommend</b> the changes to the Board for <b>Approval</b>.</p>					
<p><b>Shaping our Future Wellbeing Strategic Objectives</b></p> <p><i>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</i></p>					

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1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
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		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		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		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		Long term	x	Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	<p>Yes / No / Not Applicable  <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i></p>								





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Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# Shaping Our Future Hospitals Committee

## Terms of Reference

**Reviewed by SOFH Committee: 12<sup>th</sup> January 2022**  
**Approved by the Board:**

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# Our Future Hospitals Committee

## Terms of Reference

### 1. INTRODUCTION

- 1.1 The Cardiff and Vale University Health Board (UHB) Standing Orders provide that: “The Board may and, where directed by the Welsh Government must, appoint Committees or sub Committees of the Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.
- 1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the Our Future Hospitals Committee. The detailed terms of reference and operating arrangements set by the UHB Board in respect of this committee are set out below.

### 2. PURPOSE

- 2.1 The Committee will oversee the development of the overall Our Future Hospitals Programme by:
- Providing assurance that the leadership, management and governance arrangements are robust and appropriately discharged to deliver the outcomes and benefits of the programme.
  - Providing oversight and scrutiny of project business cases, including oversight of external advisors engaged to support UHB.
  - Reviewing and where appropriate, approving reports, papers and business cases prior to them being submitted to the UHB Board and Welsh Government.
  - Scrutinising the progress of the programme and providing the UHB Board with assurance that any deliverables and outputs are produced on time, to budget and in accordance with all professional standards.

### 3. DELEGATED POWERS AND AUTHORITY

The Our Future Hospitals Committee will carry out the following duties and responsibilities:

- Provide assurance to the UHB Board that Our Future Hospitals Programme has a clear and consistent strategic direction of travel, which is aligned to Shaping our Future Wellbeing and Wellbeing of Future Generations act; strong and effective leadership; transparent

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lines of accountability and responsibility; and effective and timely reporting to key internal and external decision-makers.

- Consider and approve the overall scope of Our Future Hospitals Programme and its delegated authority to make decisions.
- Scrutinise and recommend approval to the Board relevant Our Future Hospitals Programme decisions in particular those decisions which are outside the delegated authority limits (decisions over £500k) of the Programme Board.
- Scrutinise Our Future Hospitals Programme to ensure the direction of the programme remains within the scope set by the UHB Board and is consistent with wider system plans and political environment.
- Review and approve the stakeholder management strategy and specific plans to ensure buy-in from key internal and external stakeholders.
- Review and approve, where necessary, business cases for Our Future Hospitals programme and provide assurance to the UHB Board that they will be delivered within the time, cost and to required quality, as specified by the UHB Board and the Welsh Government, and in line with the Health Board's capital governance arrangements.
- Recommend approval to the Board and monitor the ongoing progress of:
  - (a) The overall programme plan, including objectives, key milestones, resource plan and performance monitoring for key deliverables
  - (b) Appointment of all external project advisors and contractors where the value exceeds the delegated limit of the Programme Board
  - (c) All procurement decisions where the value exceeds the delegated limit of the Programme Board
  - (d) It will seek explanations and remedies for any deviation from the timelines and report any concerns to the UHB Board as and when necessary.
- Ensure that an effective risk management system is in place and regularly scrutinise key Programme risks.
- Scrutinise and assure that the Board that Programme expenditure against the budget allocated is appropriate and managed effectively.

#### 4. AUTHORITY

- 4.1 The Committee is authorised:

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- To seek any information it requires, or request attendance at a meeting, from an employee of the UHB or any other person in order to effectively discharge its duties;
- To obtain professional advice on any matter within its terms of reference, subject to Management Executive approval. UHB Procurement team will be consulted prior to procurement of external advice;
- To appoint sub-committees or Working Groups with such membership and terms of reference as the Committee may determine, and delegate any of its responsibilities to such a sub-committee or working group.

## **5. ACCESS**

5.1 The Chair of Our Future Hospitals Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## **6. SUB COMMITTEES**

6.1 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

## **7. MEMBERSHIP**

### **7.1 Members**

The Committee is appointed by the UHB Board to ensure representation by key stakeholders involved in the programme development, as well as representation of the views of service users and staff.

A minimum of four (4) Independent Members, comprising:

Chair	Independent Member – Capital and Estates
Vice Chair	Independent Member - Finance
Members	A minimum of 2 other Independent Member of the Board

At the invitation of the Committee Chair any Independent Member who is not a member of the Committee is entitled to attend Committee meetings.

### **7.2 Attendees**

The following officers to be in attendance:

- Chief Executive;
- Executive Director of Strategic Planning

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- Executive Medical Director;
- Executive Director of Finance
- Programme Director for Our Future Hospitals Programme;
- Director of Corporate Governance.

#### **7.4 By invitation:**

The Committee Chair may extend invitations to appropriate persons to attend Committee meetings as required from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

#### **7.5 Secretariat**

Secretary: as determined by the Director of Corporate Governance.

#### **7.6 Member Appointments**

The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair.

#### **7.7 Support to Committee Members**

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

### **8. COMMITTEE MEETINGS**

#### **8.1 Quorum**

The quorum for meetings is **3** members, including either the Chair or the Vice Chair.

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Two Executive Directors should also be in attendance to include either the Chief Executive or Deputy Chief Executive. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the duties or powers vested in or exercisable by the Committee.

## **8.2 Frequency of Meetings**

The Committee will meet quarterly and the agenda will be agreed by the Chair and Executive Lead with agenda and papers to be circulated 7 working days before the meeting, unless by exception and agreed with Chair of meeting in advance. The Chair can agree extraordinary meetings if an urgent item of business needs to be considered.

## **8.3 Withdrawal of individuals in attendance**

The Committee may require any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **8.4 Decisions and disputes**

Decisions will normally be reached by consensus. In the event of a disagreement, a member vote will be taken. In the event of a tie, the Chair will have the casting vote.

In the event of further disagreement, decisions will be referred to the Board.

## **9. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability. The Committee is directly accountable to the UHB Board for its performance in exercising the functions set out in these terms of reference.

9.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

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- 9.3 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

## 10 REPORTING AND ASSURANCE ARRANGEMENTS

10.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the UHB Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of an annual report;
- bring to the UHB Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters.

10.2 The UHB Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example, AGM, or to community partners and other stakeholders, where this is considered appropriate, for example, where the Committee's assurance role relates to a joint or shared responsibility.

10.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

## 11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

11.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- **Quorum**
- **Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).**
- **Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the**

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**papers supporting the public part of the agenda (unless specified otherwise in law).**

## **12. REVIEW**

- 12.1 These terms of reference and operating arrangements shall be reviewed on an annual basis or as required by the Committee with reference to the Board.

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<b>Report Title:</b>	<b>Annual Workplan 22-23 – Shaping Our Future Hospitals Committee</b>				
<b>Meeting:</b>	<b>Shaping Our Future Hospitals Committee</b>			<b>Meeting Date:</b>	12 <sup>th</sup> January 2021
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<input checked="" type="checkbox"/>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>				
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>				

### Background and current situation:

The purpose of the report is to provide Members of the Shaping Our Future Hospitals Committee with the opportunity to review the Work Plan 2022/23 prior to presentation to the Board for approval.

The work plan for the Committee should be reviewed on an annual basis to ensure that all areas within its Terms of Reference are being delivered.

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

The work plan for Shaping Our Future Hospitals Committee 2022/23 has been based on the requirements set out within the Terms of Reference.

The Work Plan should be kept under review to ensure appropriate reporting requirements are met.

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

The Work Plan provides a structure for reporting to ensure that the requirements set out within the Terms of Reference are met.

### Recommendation:

For Members of the Shaping Our Future Hospitals Committee to:

- (a) **Review** the Committee Work Plan for 2022/23 and
- (b) **Recommend** approval to the Board on 31<sup>st</sup> March 2022.

### 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	<input type="checkbox"/>	6. Have a planned care system where demand and capacity are in balance	<input type="checkbox"/>
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2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		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		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		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		Long term	x	Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	<p>Yes/No/ Not Applicable  <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i></p>								



Future Hospitals Committee Work Plan 2022-23				
App -Approval Ass. - Assurance Inf. - Information	Exec Lead	28-Jun	13-Sep	13-Dec
<b>Agenda Item</b>				
<b>Items for Review &amp; Assurance</b>				
Review of Future Hospitals Programme Update: - Objectives - Milestones - Resource Plan - Performance monitoring of key deliverables	AH	Ass.	Ass.	Ass.
Review Programme Risk Register	AH	Ass.	Ass.	Ass.
Oversight of external advisors engaged to support the programme	EH	Ass.	Ass.	Ass.
Oversight and scrutiny of Project Business Cases (as required)	EH	Ass.	Ass.	Ass.
Review programme budget and expenditure ( when available)	AH	Ass.	Ass.	Ass.
<b>Items for Approval</b>				
Communications Strategy for Programme	AH		App	
Stakeholder Management Strategy for Programme	AH		App	
Recommend appointment of contractors, consultants and advisors to the Board where value more than £500k (as required)	AH	App	App	App
Review procurements decisions and recommend approval to the Board (as required)	EH	App	App	App
Review Business Cases, recommend approval and provide assurance to the Board regarding delivery, cost and quality in line with UHB and Welsh Government approvals (as required)	AH	App	App	App
<b>Items for Noting and Information</b>				
To be agreed				
<b>Future Hospitals Committee Governance</b>				
Annual Work Plan	NF			App
Committee Self assessment of effectiveness	NF			
Review Terms of Reference	NF			App
Produce Shaping Our Future Hospitals Committee Annual Report	NF			App
Minutes of Shaping Our Future Hospitals Committee Meeting	NF	App	App	App
Action log of Shaping Our Future Hospitals Committee Meeting	NF	App	App	App

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<b>Report Title:</b>	Draft Annual Report 2021/22 – Our Future Hospitals Committee					
<b>Meeting:</b>	Our Future Hospitals Committee				<b>Meeting Date:</b>	12.01.2022
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	X	<b>For Information</b>	
<b>Lead Executive:</b>	Director of Corporate Governance					
<b>Report Author (Title):</b>	Corporate Governance Officer					

### Background and current situation:

An Annual Report from the Committee is produced to demonstrate that it has undertaken the duties set out in its Terms of Reference and to provide assurance to the Board that this is the case.

The purpose of the report is to provide Members of the Future Hospitals Committee with the opportunity to discuss the attached Annual Report before being submitted to the Board for approval by the end of March 2021.

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

The Committee has achieved an overall attendance rate of 83% from the period 1st April 2021 to 12<sup>th</sup> January 2022 and have met on three occasions during the year.

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

The attached Annual Report 2021/22 of Our Future Hospitals Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

### Recommendation:

The Audit and Assurance Committee is asked to:

- **REVIEW** the draft Annual Report 2021/22 of the Future Hospitals Committee
- **RECOMMEND** the Annual Report to the Board for approval.

### 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		6. Have a planned care system where demand and capacity are in balance	
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		8. Work better together with partners to deliver care and support across care	

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

**Five Ways of Working (Sustainable Development Principles) considered**

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

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





GIG  
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WALES

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Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# Annual report of Our Future Hospitals Committee 2021/22

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## 1. Introduction

In accordance with best practice and good governance, our Future Hospitals Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

## 2. Membership

The Committee membership is a minimum of three Independent Members. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Strategic Planning, Executive Medical Director, Executive Director of Finance, Programme Director for Our Future Hospitals Programme, Director of Corporate Governance. Other Executive Directors will attend as required by the Committee Chair. At the invitation of the Committee Chair any Independent Member who is not a member of the Committee is entitled to attend Committee meetings.

## 3. Meetings & Attendance

The Committee met three times during the period 1<sup>st</sup> April 2021 to 12<sup>th</sup> January 2022.

This is in line with its Terms of Reference. The quorum for meetings is 2 members, including either the Chair or the Vice Chair and 2 Executive Directors to include either the Chief Executive or Deputy Chief Executive.

The Future Hospitals Committee achieved an attendance rate of **83%** is considered to be an acceptable attendance rate during the period 1<sup>st</sup> April 2021 to 12<sup>th</sup> January 2022 as set out below:

	21/07/2021	13/10/2021	12/01/2022	Attendance
Dr Rhian Thomas (Chair)	✓	✓	TBC	100%
John Union (Vice Chair)	X	✓	TBC	50%
Abigail Harris (Executive lead)	✓	✓	TBC	100%
Total	75%	100%	TBC	83%

## 4. Terms of Reference

The Terms of Reference are due to be reviewed and approved by the Committee on the 12<sup>th</sup> January 2022 and will be approved by the Board on 31<sup>st</sup> March 2022.

## 5. Work Undertaken

As Set out in the Committee Terms of Reference the purpose of the Committee is to:  
Provide assurance to the Board that;

- Our Future Hospitals Programme has a clear and consistent strategic direction of travel, which is aligned to Shaping our Future Wellbeing and Wellbeing of Future Generations act; strong and effective leadership; transparent lines of accountability and responsibility; and effective and timely reporting to key internal and external decision-makers.

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- Consider and approve the overall scope of Our Future Hospitals Programme and its delegated authority to make decisions.
- Scrutinise and recommend approval to the Board relevant Our Future Hospitals Programme decisions in particular those decisions which are outside the delegated authority limits (decisions over £500k) of the Programme Board.
- Scrutinise Our Future Hospitals Programme to ensure the direction of the programme remains within the scope set by the UHB Board and is consistent with wider system plans and political environment.
- Review and approve the stakeholder management strategy and specific plans to ensure buy-in from key internal and external stakeholders.
- Review and approve, where necessary business cases for Our Future Hospitals programme and provide assurance to the UHB Board that they will be delivered within the time, cost and to required quality, as specified by the UHB Board and the Welsh Government, and in line with the Health Board's capital governance arrangements.
- Recommend approval to the Board and monitor the ongoing progress of:
  - (a) The overall programme plan, including objectives, key milestones, resource plan and performance monitoring for key deliverables
  - (b) Appointment of all external project advisors and contractors where the value exceeds the delegated limit of the Programme Board
  - (c) All procurement decisions where the value exceeds the delegated limit of the Programme Board
  - (d) It will seek explanations and remedies for any deviation from the timelines and report any concerns to the UHB Board as and when necessary.
- Ensure that an effective risk management system is in place and regularly scrutinise key Programme risks.
- Scrutinise and assure that the Board that Programme expenditure against the budget allocated is appropriate and managed effectively.

During the financial year 2021/22, Our Future Hospitals Committee reviewed the following key items at its meetings:

### **Our Future Hospitals Committee**

#### **July and October 2021**

Papers presented to the private session of Our Future Hospitals Committee were as follows:

- Stakeholder Engagement Updates
- Welsh Government Meeting Outcomes
- JLL Report
- Gateway Zero Report
- Programme Overview
- Risk Register
- Business case review
- Infrastructure report

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## **Our Future Hospitals Committee – set agenda items**

### **21<sup>st</sup> July 2021**

- **Stakeholder Engagement Updates**

The future hospitals stakeholder engagement was discussed at the July and October 2021 committee meetings. The committee was advised that the programme business case had been completed in record time and had been delivered in the timeframe that was required. Cardiff University had shown a strong support and intent to invest £200m - £300m in Heath Park West. The Executives had met with partnership organisations to increase the level of advocacy for the programme amongst stakeholders.

### **13<sup>th</sup> October 2021**

- **Stakeholder Engagement Updates**

The committee were advised that all main stakeholders were sent a letter signed by Stuart Walker and Len Richards to explain the programme business case. Conversations had taken place with Welsh Government and the Director of Climate Change.

- **Welsh Government meeting outcomes**

Following a meeting held with Welsh Government on the 27<sup>th</sup> August 2021, it was noted that the definitive way forward in relation to the programme business case was discussed. The Welsh Government suggested reference to some of the economical appraisal and the capital figure £2 billion were removed from the outline business case. A resubmission date for the 1<sup>st</sup> October was agreed.

- **Business case review**

The business case review was discussed at the October 2021 meeting. It was noted that since the submission of the business case, the shaping our future hospital engagement had taken place which had identified a strong mandate from the public. A mutual investment model could be considered to resource the project, and that could consider phasing in order to make the scheme more affordable.

## **6. Reporting Responsibilities**

The Committee reports to the Strategy and Delivery Committee.

### **Opinion**

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The Committee is of the opinion that the draft Our Future Hospital Committee Report 2021/2022 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

**Dr Rhian Thomas**

**Committee Chair**

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**Minutes of the SOFH Programme Board  
Held on 2/11/21 at 10:30  
Via MS Teams**

<b>Chair:</b>		
Abi Harris	AH	Exec Director Strategy & Planning.
Dev Biddlecombe	DB	Estates Director, Cardiff University
Catherine Phillips	CP	Finance Director
Ian Weeks	IW	PVC College Biomedicine & Life Sciences, Cardiff University
Nicola Foreman	NF	Director, Corporate Governance
Ed Hunt	EH	Programme Director, SOFH
Lidia Vorontsova	LV	Associate Director, Grant Thornton
<b>In Attendance:</b>		
<b>Observers:</b>		
<b>Secretariat:</b>		
<b>Apologies:</b>		
Rhiannon Williams	LR	Director, Grant Thornton
Allan Wardhaugh	AW	Chief Clinical Information Officer
David Thomas	DT	Director, Digital
Stuart Walker	SW	Interim Chief Exec

Item No	Agenda Item	Action
SOFH 21/10 1.4 & 1.5	<p>Minutes from previous meeting were accepted</p> <p>Actions review.</p> <p><b>Completed Actions</b></p> <p><b>Action:</b> IW to provide a contact in the School of Engineering to EH – <u>Complete</u>. Conversation held with Mo Naim and two papers were shared which will be sent to programme board members.</p> <p><b>ACTION:</b> EH to capture new risk that lack of continuity in WG might mean delay in making progress. <u>Complete</u>.</p> <p><b>ACTION:</b> EH to discuss cost with CL of Life Sciences and Brochure work. <u>Complete</u>. Costs approved.</p> <p><b>Carried Forward Actions</b></p> <p><b>Action:</b> EH to pick up with IW on logistics when the [Life Sciences] workshops are being formed. <u>Carry forward</u> as date still being secured.</p>	EH

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	<p><b>ACTION 20211101/1:</b> EH and LV draw out comparisons with England with respect to benchmarking approaches to SOCs. <u>Carry forward</u> as Catherine suggested also looking in to the last tranche of PFIs. Use David Powell.</p> <p><b>Action 20211101/2:</b> EH to summarise papers provided by Cardiff University on partnerships in construction and flexibility in buildings.</p>	
<p><b>SOFH</b> 2/11 3.1</p>	<p><b>Proposed Approach To IIB</b></p> <p>A rough draft of a slide deck was shown to Programme Board members along with a suggested running order. It was agreed that the complex set of speakers was appropriate for an IIB presentation.</p> <p>It was suggested as many images as possible are used as opposed to words. Use photos as much as possible including those provided by Geoff Walsh from summer '21 infrastructure report.</p> <p>Add in slide on net zero and on the principles we wish to carry through the life of the scheme.</p> <p>WHSSC should have a role and Dr Karen Pardy.</p> <p>The University noted that prospective students are commenting on the quality of accommodation and how it is lagging behind other Universities. In their slide, they will be bringing out these lost opportunities.</p>	
<p><b>SOFH</b> 2/11 3.1</p>	<p><b>External stakeholder reference groups</b></p> <p>A slide deck was presented highlighting three stakeholder groups likely to be set up once SOC work has commenced: Academic Health Sciences (AHS), a Cardiff PSB group and a Clinical stakeholder group.</p> <p>IW suggested UK R&amp;I could be a stakeholder in AHS. IW also stated that investment more likely to find a home if based on patient need rather than research for research sake.</p> <p>EH explained that discussions have been held with Director of Comms on public stakeholder management and may be the subject to a future programme board item.</p> <p><b>ACTION 20211101/3:</b> EH to present on stakeholder management at future Board.</p>	
<p><b>SOFH</b> 2/11 4.1</p>	<p><b>Preparing to resource the SOC</b></p>	

	A list of internal roles to be recruited was presented. CP asked if they could be prioritised into those needed sooner than others.	
5	<b>AOB</b>  <b>Action 20211101/4:</b> Ed ensure Dafydd Evans from WG included in Life Sciences workshop.	
6.2	<b>Date and Time of Next Meeting:</b>  15/12/21 @ 10:30 Via MS Teams	
6.3	<b>Date and Time of Next Committee Meeting</b>  12/1/22 @ 09:00 Via MS Teams	

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<b>Report Title:</b>	Risk Register / Risk Overview			<b>Agenda Item no.</b>	4.2
<b>Meeting:</b>	SOFH Committee			<b>Meeting Date:</b>	13/1/22
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	X	<b>For Approval</b>
<b>Lead Executive:</b>	Abigail Harris				
<b>Report Author (Title):</b>	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 but have been updated on the latest actions.

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 risks
2. **Amend** any existing risks
3. **Add** any new 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 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
<b>Equality and Health Impact Assessment Completed:</b>	<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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**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. 3/12/21 - presentation to IIB to flush out any questions from officials prior to a cabinet paper being written and considered by Ministers scheduled for the end of January 22. Endorsement of the PBC and approval to proceed to SOC stage is requested and expected in spring 22.	Ed Hunt	31/03/2022	2	2	4	30/09/2021	Future Ho
1.7	4	01/03/2021	Funding - All necessary funding is not available for the proposed business cases and 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. 5/1/22 - WG officials writing a cabinet paper for consideration at the end of January seeking Ministerial endorsement of PBC and funding for SOC (expect decision 31/3/22). UHB funding pre SOC work to gain a head start in anticipation of endorsement.	Abi Harris	31/03/2022	2	2	4	30/09/2021	Future Ho	
1.9		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 (complete) and have it adopted by the UHB through the strategic meetings (change hub). Setting up of programme office within SOFH and the change hub in the wider UHB.	Abi Harris	31/03/2022	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 (Action complete) and have it adopted by the UHB through the strategic meetings through the change hub.	Nav Masani/Victoria Le Grys	31/03/2022	2	2	4	30/09/2021	Strategy&D
1.2	4	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.	Abi Harris	31/03/2022	2	2	4	27/08/2021	Future Hos
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 War	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.	Programme Board, SOFH Committ	4	4	16		Likely that work will be con	David Thomas	31/03/2022			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 programme.	Strategic programmes steering gro	4	4	16		@Home picked up programme and has commissioned work for completion before 31/3/22 to prepare ground for the N Cardiff and Barry OBCs. This will not fully resolve the risk, but demonstrates @Home programme progressing on health planning.	Cath Doman	31/03/2022			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	

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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. No further action required as of 1/22.		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 War	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.		5	3	15		How SOFH SOC is spec'd to include the digital transformation is expected to be addressed in Q4 21/11	David Thomas	31/03/2022	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 liaison with WG, NHS Wales and other stakeholders to understand needs, monitor availability of capital and requirements for business cases.	Consideration of a stakeholder group	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. GT commissioned to write brochure demonstrating the opportunity of SOFH for stakeholders to understand.		31/03/2022		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. First service lines being considered by 31/3/22 to begin to flush out the implications of change.		31/03/2022		30/09/2021
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 group	5	3	15		Define clinical strategy and implications through SOCS. First service lines being considered by 31/3/22 to begin to flush out the implications of change.		31/03/2022		30/09/2021

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