

Shaping Our Future Hospital Committee

Wed 09 March 2022, 09:00 - 11:00

Agenda

1. Standing Items

Rhian Thomas

1.1. Welcome and 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 – 12th January 2022

Rhian Thomas

 DRAFT - SOFHC minutes 120122MD.NF. RT.pdf (10 pages)

1.5. Action Log following the previous meeting – 12th January 2022

Rhian Thomas

 Draft SOFHC - Action Log 090322MD.NF.pdf (1 pages)

2. Items for Review and Assurance

2.1. Review of Hospitals Programme Update:

Abigail Harris

2.1.1. General Update

Abigail Harris

2.1.2. Outcome of Strategy Workshop

Abigail Harris

3. Items for Approval / Ratification

4. Items for Information and Noting

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4.1. Review of Programme Risk Register

Abigail Harris

- 📄 4.1 Risk covering report.pdf (2 pages)
 - 📄 4.1a - Risk Register 20220309.pdf (7 pages)
-

5. Agenda for Private Meeting:

- i) Update on Workshop
-

6. Any Other Business

7. Review and Final Closure

7.1. Items to be deferred to Board / Committee

Rhian Thomas

7.2. To note the date, time and venue of the next Committee meeting: **Wednesday 28th June 2022 at 9.00am**

8. Declaration

Rhian Thomas

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

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**Minutes of the Shaping Our Future Hospitals Committee
12th January 2022 at 09.30am
Via MS Teams**

Chair:		
Rhian Thomas	RT	Independent Member - Estates
Present:		
John Union	JU	Independent Member - Finance
Gary Baxter	GB	Independent Member - University
David Edwards	DE	Independent Member - IT
Attendees:		
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Edward Hunt	EH	Programme Director – Strategic Planning
Navroz Masani	NM	Clinical Board Director
Catherine Phillips	CP	Executive Director of Finance
Geraldine Johnson	GJ	Operations Director for Future Hospitals Programme
Observer:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat		
Nikki Regan	NR	Corporate Governance Officer

Item No	Agenda Item	Action
SOFHC 12/01/001	Welcome & Introduction The Chair thanked Navroz Masani (NM) for joining the Committee.	
SOFHC 12/01/002	Apologies for Absence The Committee resolved that: a) No apologies were given.	
SOFHC 12/01/003	Declarations of Interest The Committee resolved that: a) There were no Declarations of Interest.	
SOFHC 12/01/004	Minutes of the previous Committee meeting – 13th October 2021 Edward Hunt noted some minor amendments were required and that he would send the same through to the Corporate Governance team. The Committee resolved that:	

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	<p>a) Pending the above amendments, the minutes from the meeting held on 13th October 2021 were agreed as a true and accurate record.</p>	
<p>SOFHC 12/01/005</p>	<p>Action log following the previous meeting – No Action Log</p> <p>The Committee resolved that:</p> <p>a) There was no Action Log.</p>	
<p>SOFHC 12/01/006</p>	<p>Verbal feedback on Infrastructure Investment Board</p> <p>The EDSP gave a verbal update on the Infrastructure Investment Board which included the following points: –</p> <ul style="list-style-type: none"> • There was a Welsh Government (WG) panel which received business cases. That panel included colleagues that sat in other departments. • The team was grateful to WG who had put in place a dedicated schedule of meetings. • A detailed presentation was given on the scheme. • Responses were provided to all questions which had been raised in advance. <p>The EDSP noted that all questions regarding transport, affordability, balance of potential cost of the scheme were answered. Clinical members of staff have said that the current building did not best meet the needs of patients.</p> <p>No formal feedback following the meeting with WG had been received yet.</p> <p>Edward Hunt (EH) noted the need for NHS Wales to benefit from the project.</p> <p>Navroz Masani (NM) and the Interim Executive Medical Director (IEMD) put forward the current issues with UHW to highlight the case for a new hospital as opposed to “making do” with the existing hospital.</p> <p>The Executive Director of Finance (EDF) noted the difficulty with reaching a funding solution. In particular, there was a lot of old estate at the UHW.</p> <p>The Independent Member for University (IMU) questioned the scope and the remit of the meeting and queried whether any partner organisations had been represented at the meeting?</p> <p>The EDSP answered the following: –</p> <ul style="list-style-type: none"> • It was agreed not to overcrowd the meeting and thus two primary partners had attended (the University and WHSSC). 	

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- It was noted that the University had its own capital schemes and they were not able to say if it was the UHW site that was to be redeveloped at this stage.
- WHSSC attended given the Health Board's role as a specialist and tertiary provider.
- Due to the affordability and challenges across Wales it was questioned how can the Health Board could help Government.
- One suggestion was to have set out a 15-20-year structure plan. It would help to shape that on an all Wales basis.

The Independent Member for Digital (IMD) noted the effect a new hospital would have on a patient's welfare. He expressed concern should there be a significant delay with building the new hospital. He queried what more could be done and at what point should a different approach be taken.

The EDSP noted the need to follow the five-stage business case model and that it was important to get the Programme Business Case (PBC) endorsed. She noted further that it was the Strategic Outline Case (SOC) which would unlock the timescales and set out the options.

The EDSP noted further that: –

- It was the SOC that would take the team through the pathways.
- Bone marrow transplant and critical care needed to be addressed.
- We would need a plan for BMT.

NM noted there was work to be done on why the infrastructure was failing and the need to make the infrastructure fit for purpose. The Health Board should increase its Critical Care services urgently.

The EDSP suggested that NM worked with EH to consider matters and the importance of engaging with the stakeholders (e.g. WHSSC and the University) and other Health Boards with regards to the regional delivery of services.

The EDSP commented that a report was due to go to the WG Cabinet and that her team had hoped to have more information on Friday. She had understood that the paper to be presented on Friday would be to support the endorsement of the PBC.

The Committee resolved that:

- a) The verbal feedback regarding the Infrastructure Investment Board was noted.

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Lifesciences Commercial Opportunities

EH provided an update which had included the following points: –

- The PBC had proposed a research hospital for the future.
- Even though the PBC had not yet been endorsed by WG, the decision was made to do some early work on the matter.
- Hence Grant Thornton had been engaged and they had proposed to run 3 workshops, with the first workshop held on 21st December 2021.
- The feedback from the first workshop had been positive.
- The next workshop was due next month.

The Independent Member for University (IMU) said he was pleased to have seen the notion for a research hospital being strengthened.

The IMU noted that Grant Thornton were running a series of workshops. He questioned what experience Grant Thornton had and what other developments had they been involved with.

EH noted that their experience includes Cambridge, UCLH (University College London Hospitals) and Manchester.

The IMU noted the University had identified all the commercial life sciences operations in the South Wales region. He queried who could be involved in the opportunity?

The EDSP noted the following: –

- It represented a unique selling point.
- Part of the work was to tease out the government strategy.
- The strategy listed 8 areas of population health interest.
- The work was accelerating on the City Edge Life Sciences Park and in relation to the relocation of the Genomics and the laboratories.

EH questioned how the development of UHW 2 could stimulate growth.

The IMU suggested the need to focus upon the hospital as a facility not just for delivery of high-class healthcare but to enable and support clinical and basic Life Science research.

The Committee resolved that:

- a) The Committee noted the development of the Life Sciences Commercial Opportunities work.

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Update on scoping of the SOC and the work of Grant Thornton

EH provided an update with regards to the scoping of the SOC and the work of Grant Thornton. He highlighted the 4 areas of work, namely: –

- SOC Scope.
- Clinical Transformation.
- Buildings Survey Specification – the Health Board’s Director of Capital and Estates and Facilities would commission a survey.
- Digital Strategy refresh.

The Chair questioned how Grant Thornton were being funded. EH confirmed they were being funded from the from the reduction in expenditure due to COVID.

The Chair questioned whether a pot of money would be released when the PBC was approved. The Executive Director of Finance noted if the SOC was funded, it was not clear when the Health Board would receive the money. If it was received during Quarter 1, it would give some flexibility.

The Chair questioned how Grant Thornton were being evaluated in relation to providing value for money.

EH responded that: –

- The PBC was excellent.
- The Health Board did not have the capacity in house and thus were creating capacity by buying in the expertise.
- The Health Board was looking to maintain the modelling from Light Foot.

The EDSP explained that in relation to the next stages her team would be working closely with Procurement colleagues. The Health Board was also working closely with Hywel Dda Health Board as they were using an external consultant.

EH explained that the Independent Members had been contacted given that the spend had increased beyond what was originally envisaged and that spend had been confirmed by Executive colleagues.

The Committee resolved that:

- a) The approach described in the covering report was noted together with the advantage that early delivery of output could provide the Health Board whilst endorsement of the PBC was awaited.

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**SOFHC
12/01/009**

Service Lines for the Clinical Transformation

Navroz Masani gave a presentation and highlighted the following points: –

- There were 6 steps and noted that the seventh step would be the output.
- The Health Board did not have a specific Cancer Clinical Board, although conversations with Velindre would take place.
- The team would pick two service lines to work with and Grant Thornton would play a part to help move that forward.
- The major interventional groups were technology, workforce change, pathway improvement and channel change. That was work the Health Board could not do themselves without significant delay or investment.
- Specific implications – these were the same priorities that the team had identified as cross cutting themes.
- The intervention plan should align with work that the team were already doing.
- Grant Thornton did not want to take away existing plans.

The Chair noted there was an opportunity to discuss what would be done over the next few years.

The EDSP commented that the work that should be done irrespective of the SOC. Grant Thornton had made comments which were positive. Engagement was very important and her team would ensure that the patient’s voice was heard in the development of the pathways.

The Committee resolved that:

- a) The development of the Service Lines for Clinical Transformation work was noted.

**SOFHC
12/01/010**

Update on the Survey of the Infrastructure

The Committee received the update on the Survey of the Infrastructure report.

EH provided an update on the following: -

- Conversations had taken place with the Capital Estates and Facilities team to provide an initial report regarding the structural state of the UHW site.
- There were particular areas of concern, with one being the tunnels under the hospital building.
- The hurdle to demolish buildings would be challenging and the possibility to re-use some of the buildings.
- Thought would be required with regards to how the buildings would meet “net zero” in terms of sustainability.

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	<p>The Committee resolved that:</p> <p>a) the development of the Survey of the Infrastructure work was noted.</p>	
<p>SOFHC 12/01/011</p>	<p>Operational Lead Update</p> <p>Geraldine Johnson (GJ) presented to the Committee and commented upon the following matters:</p> <ul style="list-style-type: none"> • The focus would be upon multiple areas – <ul style="list-style-type: none"> - New hospital. - Shaping our Future Clinical Services (SOFCS) - Exploring design principles. • The team were looking to start communication and engagement. • Work was being undertaken for transformation centres. • There was a plan to gather intelligence in relation to new hospitals which had been built over the last 5 years and ones that would be opening in the next 5 years. • Careful thought was required to future proof and to support the SOFCS programme. <p>The Chair queried what were the priorities in Quarter 4.GJ responded that during the next Quarter a key issue was to ensure engagement with frontline staff.</p> <p>The IMU asked at what point should there be engagement with local residents. EH commented that the team had liaised with colleagues in Hywel Dda HB and they had engaged with their population around sites and had asked for nominations on sites. He stated the Health Board were proposing to undertake some engagement later in the year.</p> <p>The IMU commented that he would not want local residents to find out via the media.</p> <p>EH responded that nothing could be released at the moment as a site had not been confirmed but he would liaise with the Communications team again.</p> <p>The EDSP commented that her team were liaising with the Consultation Institute to guide the Health Board with its engagement strategy. She noted that if the PBC was endorsed, the Health Board would have to be ready with appropriate “comms”.</p> <p>The Committee resolved that:</p> <p>a) The work planned for Quarter 4 2021/22 was noted.</p>	

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<p>SOFHC 12/01/012</p>	<p>Committee Terms of Reference - 2022/23</p> <p>The Director of Corporate Governance (DCG) noted the Terms of Reference (ToR) were presented to the Committee every year for review. There had been no significant changes to the ToR.</p> <p>The DCG noted that a slight amendment to the ToR would be made in order to show how the Programme Board reported to the Committee.</p> <p>The IMU noted that the word “Shaping” had been introduced on the title page but had been omitted in the body of the document.</p> <p>The DCG said she would update the draft ToR to reflect the comments made.</p> <p>EH noted there were terms of reference for the Programme Board and that he would liaise with the DCG to ensure the purpose of both sets of terms of reference were aligned.</p> <p>The Chair noted the delegated powers to the Committee via the ToR. That included to review and approve and provide assurance to the Board. She queried if there was sufficient control for the Committee. The DCG noted the Committee did not have sight of the business cases coming forward. The Committee should consider how those could be reported to the Committee.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) Pending the amendments to be made by the DCG, - <ul style="list-style-type: none"> (i) The changes to the Terms of Reference for the Shaping Our Future Hospitals Committee were ratified; and (ii) The changes were recommended to the Board for approval. 	<p>NF</p>
<p>SOFHC 12/01/013</p>	<p>Committee Work plan - 2022/23</p> <p>The DCG presented the draft Committee’s draft Annual Work Plan 2022/23.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> a) The Committee work plan for 2022/23 was reviewed; and b) It would be recommended to the Board for approval on 31 March 2022. 	
<p>SOFHC 12/01/014</p>	<p>Committee Annual Report - 2021/22</p> <p>The Committee noted the report stated 3 Independent Members but ToR stated 4 members.</p> <p>The Committee resolved that:</p>	

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	<p>a) The draft Annual Report 2021/22 of the Future Hospitals Committee was reviewed; and</p> <p>b) The said Annual Report was recommended to the Board for approval.</p>	
SOFHC 12/01/015	<p>Programme Board Minutes – 02.11.2021</p> <p>EH noted that the Programme Board in December had not taken place, although the minutes from November’s Programme Board meeting were presented to the Committee.</p> <p>The EDF suggested that it would be helpful to have a brief update report presented to the Committee rather than minutes.</p> <p>EH agreed to provide a brief update report instead of the minutes of the Programme Board’s meetings.</p> <p>The Committee resolved that:</p> <p>a) The programme Board minutes from November 2021 were noted.</p>	EH
SOFHC 12/01/016	<p>Review Programme Risk Register</p> <p>The Committee received the Review Programme Risk Register.</p> <p>The Committee resolved that:</p> <p>a) The Programme Risk Register was noted.</p>	
SOFHC 12/01/017	<p>AOB</p> <p>The Chair requested the slides that were shown to the Investment Board were shared with the Committee.</p> <p>The Chair noted that as a future agenda item it would be helpful to have a session which explained the purpose of the SOC, terminology relating to the green book business model etc. The DCG suggested that it would be a useful session for all Board members and that she recommended the session be delivered at a future Board Development Session.</p> <p>The Independent Member for Digital (IMD) commented that he would like to see a very high-level plan outlining potential timescales for such a large project.</p> <p>The Committee resolved that:</p> <p>a) Any Other Business was discussed and noted.</p>	AH NF
SOFHC 12/01/018	Items to be deferred to Board / Committee	

	The Committee resolved that:	
	a) No items were deferred.	
	To note the date, time and venue of the next Committee meeting: Wednesday 9th March 2022 at 9.00am	

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Public ACTION LOG
Following Shaping Our Future Hospitals Committee
12th January 2022
(For the Meeting 9th March 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
SOFHC 12/01/012	Committee Terms of Reference	Nicola Foreman to update the draft Terms of Reference to reflect the changes proposed by members at during the last Committee meeting.	31st March 2022	Nicola Foreman	COMPLETED – draft Terms of Reference to go to Board for approval in March 2022.
SOFHC 12/01/015	Programme Board Minutes 02.11.2021	Edward Hunt to provide a brief report on the Programme Report instead of the minutes standing item on the agenda).	9 th March 2022	Edward Hunt	COMPLETED. Summary of matters discussed in Programme Board to be reported, in report format, to future Committee meetings.
Actions In Progress					
SOFHC 12/01/017	Presentations slides to Investment Board	Abigail Harris to share a copy of the slides which were presented to the Investment Board with the Committee	9 th March 2022	Abigail Harris	Update to be provided at the next Committee meeting
Actions referred to Committees of the Board/Board Development					
SOFHC 12/01/017	Training session on the five stage/Green Book business case – referred to Board Development Session	Nicola Foreman to arrange an appropriate date for Board members to receive a training session on the five stage/Green Book business case model.	28 th April 2022	Nicola Foreman	Date for a Board Development Session to include this item to be agreed and will be confirmed to this Committee.

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Report Title:	Shaping Our Future Hospitals Risk		Agenda Item no.	4.1	
Meeting:	SOFH Committee	Public	X	Meeting Date:	9/3/22
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	Information	X	
Lead Executive:	Abi Harris, Executive Director of Strategic Planning				
Report Author (Title):	Ed Hunt, Programme Director -SOFH				

Main Report

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 has been updated in the time since submission to represent current circumstances.

Executive Director Opinion and 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 with 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.

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 on the attached risks register and the actions being taken to mitigate the same.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Impact Assessment:									
<i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes/No									
SOFH Risk Register updated.									
Safety: Yes/No									
Financial: Yes/No									
Workforce: Yes/No									
Legal: Yes/No									
Reputational: Yes/No									
Socio Economic: Yes/No									
Equality and Health: Yes/No									
Decarbonisation: Yes/No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

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Format of the Workbook	COMPLETING THE RISK REGISTER
	Risk assessment prior to them being added to the Risk Register
	Risk
	Strategic
	Date Risk Added: Please enter in the format dd/mm/yyyy.
Accepted or Closed Risks Once risks are removed or accepted they should be cut and	Risk
	Description
	Executive
	Initial Risk
	Controls:
	Assurance
	Current
	Gaps In Control: These are controls which are required to reduce the risk but which are current
	Actions: This is a bulleted list of the actions needed to provide/increase/improve controls or
	Who is leading on these actions and When are they expected to be achieved?
Target	
Review Date: The Risk Management and Board Assurance Framework Strategy (UHB 470) d	
Assurance Committee: For assurance purposes a UHB Board Committee should be assigned	

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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.	3/3/22 - Possible consideration of PBC by Ministers in June. Executing a stakeholder management drive in the lead-up.	Ed Hunt	30/04/2022	2	2	4	30/09/2021	Future Hos
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. 3/3/22 - PBC not yet endorsed. Possible consideration in June 22. WG have opened the possibility of revenue funding for pre-SOC work.	Abi Harris	30/04/2022	2	2	4	30/09/2021	Future Hos
1.9	4	01/03/2021	Enabling Programmes - Elements that are out of scope of this programme that it is dependent on cannot deliver their enabling changes as planned (e.g. requisite changes to services moving from hospital into the community not achieved)	Abi Harris	5	4	20	Programme scope and the implications and timing of plans in relation to any dependencies to be kept under regular review PMO (Change Hub) being set up to monitor all programmes and projects, understand and evaluate risks and identify when issues may arise so action can be taken.	SOFH is a strategic programme for C&V and is covered as part of a fortnightly strategy session with executives. So too is the @Home and SOCS programme. Work is underway to understand and subsequently monitor and control how transformation will impact hospital infrastructure - a dependencies matrix.	5	3	15	Operation of a strategic programme office to make monitoring and controlling BAU.	Complete the matrix of contributing programmes (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	30/04/2022	2	2	4	30/09/2021	Strategy&D	

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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	30/04/2022	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	30/04/2022	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 Ward	4	4	16	Adherence to national architectures Play a pinoneer 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 Commitment	4	4	16		Likely that work will be completed	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 group	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.		3/3/22 - No further action at this time.			0	30/09/2021
1.15	4	01/03/2021	Digital Architecture Review - Failure to deliver on the Digital Architecture Review to allow rapid development of patient and clinician facing applications locally and in partnership with third parties .	Allan Ward	5	3	15	Ongoing liaison with NWIS and NHS Wales to establish the timescales for completion of the review; consider putting additional mitigation plans in place if this does not match the timescales for delivery of the programme.		5	3	15	How SOFH SOC is spec'd to include the digital transformation is expected to be addressed in spring 22	David Thomas	31/05/2022			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 liason 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	3/3/22 - Updated stakeholder management approach to be executed seeking advocacy from stakeholders.		31/05/2022				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 Ward	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 in Spring 22 to begin to flush out the implications of change. 3/3/22 - Given late procurement will extend into April.		30/04/2022				30/09/2021
2.6	4	01/03/2021	Patient Outcomes - Clinical strategy does not deliver improved patient and clinical outcomes anticipated.	Stuart Ward	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 Spring 22 to begin to flush out the implications of change. 3/3/22 - Given late procurement will extend into April.		30/04/2022				30/09/2021
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Accepted or Closed Risks

Risk Ref.	Strategic Objective	Date risk added (to original risk register)	Risk	Exec Lead	Initial Risk Rating			Controls
					Consequence	Likelihood	Total	

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Assurances	Current Risk rating			Gaps in Control	Gaps in assurance	Actions	Who	When
	Consequence	Likelihood	Total					

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Target Risk rating			Accepted or Closed?	Date accepted/closed	Rationale	Review date (if applicable)
Consequence	Likelihood	Total				

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