

Agenda

1. Standing Items

Rhian Thomas

1.1. Welcome and Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes of the previous Committee meeting – No Minutes

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

2. Items for Review and Assurance

2.1. Stakeholder Engagement updates

Abigail Harris

- 📄 2.1 - Stakeholder Engagement updates.pdf (2 pages)
- 📄 2.1.1 - Committee Slides.pdf (13 pages)
- 📄 2.1.2 - Post PBC Stakeholder Plan 2021.03 to 2021.06.pdf (1 pages)

2.2. Welsh Government Meeting Outcomes

Edward Hunt

- 📄 2.2 - Welsh Government Meeting Outcomes.pdf (2 pages)
- 📄 2.2.1 - WG meeting Outcomes.pdf (3 pages)
- 📄 2.2.2 - WG presentation - Appendix 1.pdf (18 pages)

2.3. JLL Report

Edward Hunt

- 📄 2.3 - JLL Report.pdf (2 pages)
- 📄 2.3.1- JLL report - C&V Site Search Report 24.06.2021.pdf (39 pages)

2.4. Gateway Zero Report

Abigail Harris

- 📄 2.4 - Gateway 0 Report - cover sheet.pdf (2 pages)
- 📄 2.4.1- Gateway 0 Report.pdf (18 pages)

2.5. Programme Overview



Abigail Harris

- 📄 2.5 - Programme Overview.pdf (2 pages)

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2.6. Risk Register / Risk Overview



Edward Hunt

-  2.6 - Risk Register + Risk Overview.pdf (2 pages)
 -  2.6.1 - Risk Register.pdf (1 pages)
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3. Items for Approval / Ratification

3.1. Review Committee Terms of Reference

Nicola Foreman

-  3.1 - Covering report for Terms of Reference.pdf (2 pages)
-  3.1.1 - Terms of Reference - March 2021 - Final draft.pdf (7 pages)

3.2. Committee Work Plan

Nicola Foreman

-  3.2 - Covering report for SoFH workplan.pdf (2 pages)
-  3.2.1 - Committee Work Plan 2021.22.pdf (1 pages)

3.3. Induction Support For New Committee Members

Nicola Foreman

VERBAL

4. Items for Information and Noting

NO ITEMS

5. AOB

6. Review and Final Closure

6.1. Items to be deferred to Board / Committee

Rhian Thomas

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

Wednesday 13th October 2021 at 9:00am

Khan.Raj
07/15/2021 10:12:35

Report Title:	Stakeholder Engagement updates				Agenda Item no.	2.1
Meeting:	SOFH Committee				Meeting Date:	21/07/21
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Executive Director of Strategic Planning - Abigail Harris					
Report Author (Title):	Programme Director - Redevelop, Strategic Planning - Edward Hunt					

Background and current situation:

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

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

Ongoing engagement with stakeholders required over the next period with messaging including:

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

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

To ensure stakeholders want this scheme to progress as much as C&V and advocate proactively.

Recommendation:

The Committee are requested to:

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

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
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

Khan, Raj
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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 <i>Please tick as relevant, click here for more information</i>			
Prevention	X	Long term	X
Integration	X	Collaboration	X
Involvement	X		
Equality and Health Impact Assessment Completed:	Yes / No / <u>Not Applicable</u> <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>		

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Shaping our Future Hospitals



SOFH Committee – 21/7/21

Khan Raj
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Stakeholder Engagement Highlights

- Broad engagement with Health Boards and Trusts
- Cardiff University showing strong support and indicating intent to invest £200m - £300m in Health Park West
 - c£17m to date in purchasing the land and c£3m more over the coming year
- Cardiff Council eye a large regeneration opportunity (see JLL report)
- Wide Welsh Government participation in our Gateway 0 review

Khan Raji
07/15/2021 10:16 AM

Stakeholders – Forward Look

- Key messages over next period to the NHS family in S Wales
 - Case for change is strong
 - Awaiting WG scrutiny outcome
 - Not predetermined any shape/form/location of scheme
 - Looking forward to working together on service planning and life sciences
 - Ambitious but prudent
 - Will keep you updated
- Search for new allies within Cardiff & Vale of Glamorgan who are aware of our strategy?
- Publication of a brochure/prospectus

Khan Raj
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WG Meeting 22/6 Summary

- Andrew Goodall Summary
 - Cardiff & Vale have been on a good trajectory and are exemplars
 - Doing nothing doesn't mean UHW doesn't need investment
 - AG had spoken to Minister about investment and there is Ministerial interest
 - Governance for such a major project will need to be created
 - What are short term estate issues that cannot be deferred (10 year horizon)
- Partners
 - Very strong support articulated from Council & University
- Simon Dean Summary
 - Indications PBC not what they were expecting despite agreeing scope – example being a presented preferred way forward
 - Business case says until full economic appraisal has been completed, we cannot confirm a preferred way forward

Scrutiny feedback due this week –meeting requested also

- Action to report on estates replacement that will take place over next 10 years

Khan Raj
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Gateway 0 Report

- **Amber/Red** = Successful delivery is in doubt
- Major issue is SOFH appears to be unaffordable and WG have not considered how it could afford it
- Further work recommended on the PBC regarding the estates case for change and options longlisting
 - More work needed on assumptions for regional, tertiary and specialist clinical models and tertiary repatriation
- No negative comments on running of programme
- Report was responded to on 30/6/21
- Overall observation is that review has neglected the scoping document agreed with WG in Jan 2021.

C&V accept the recommendations (with clarifications), they will need discussing and resourcing with WG, but have stated amber/red status is harsh at this stage as agreed by the SOFH Programme Board.

Khan Raj
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Gateway 0 Recommendations

Recommendations	Urgency	Actions/Response
Work with Welsh Government, WHSSC and other South and West Wales Health Boards to develop strategic regional population based assumptions covering regional, tertiary (including repatriation from England), specialist, and local services	Critical	Seek clarity with WG on how a meaningfully and practically this can be achieved and who is best placed to lead.
Set out more clearly the infrastructure case for change particularly the current functional unsuitability of UHWC	Critical	Update business case. Geoff Walsh team to articulate an interim position. Estate failures; functional suitability/clinical risk; commissioning aspiration/lost opportunities to be set out. Aim completion by 16/7 for providing to WG by 23/7. <u>Assessing the condition of our estate (survey) was suggested as part of SOC (Part project 2).</u>
Develop the digital case for change with DHSC and others and set how this project will be developed alongside building infrastructure	Critical	<u>Was stated as to be covered in SOC named as Project 1, though this would articulate strategy alongside clinical services rather than building infrastructure not yet designed. Need to progress on basics in the meantime – one example might be EPR.</u>
Revisit the long-listing of options and consider what further options should be considered from the impacts of regional and specialist population and service planning	Critical	To discuss with WG the pragmatism of progressing versus continuing more work on the PBC. <u>A full economic analysis (options appraisal) was suggested as part of Project 2: SOC.</u>

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Gateway 0 Recommendations (Cont)

Recommendations	Urgency	Actions/Response
Review the long-list of options and consider further infrastructure options, including any others for the current UHW site, and other service site options	Critical	To discuss with WG the pragmatism of progressing versus continuing more work on the PBC. <u>A full economic analysis (options appraisal) was suggested as part of Project 2: SOC.</u>
Develop an approach with Welsh Government to understand what is possible as an affordable and realistic level of infrastructure investment for this programme	Critical	To be addressed at meeting with WG
Set out the organisational design and related development activities with partners to develop CVUHB's whole system and anchor ambitions	Essential	Design a stakeholder Board <u>Governance of Academic Health Sciences was due to be a recommendation from Project 3</u>
Establish leadership arrangements in WG for the proposed programme including a sponsorship group, and more detailed governance and working arrangements between an individual WG named sponsor and the programme SRO	Critical	To be addressed at meeting with WG

Conclusions

- The gateway review recommendations aren't unhelpful, but feedback received has not taken into account the agreed PBC scope
 - PBC should start the debate on configuration and therefore affordability – requested scale provided in PBC
 - England are developing SOCs are large expense as their first stage
 - Have stated to review team the amber/red classification was harsh given the PBC was to start the debate on size and scale
 - Recommendations accepted but to discuss timing and resourcing with WG
- Project 1 – clinical transformation, IT implications and workforce implications are advocated in part (digital)
- A subset of Project 2 – SOC would have put a cost against estate condition
- Project 3 – Academic Health Sciences feasibility study would better inform the stakeholder organisational model recommendation

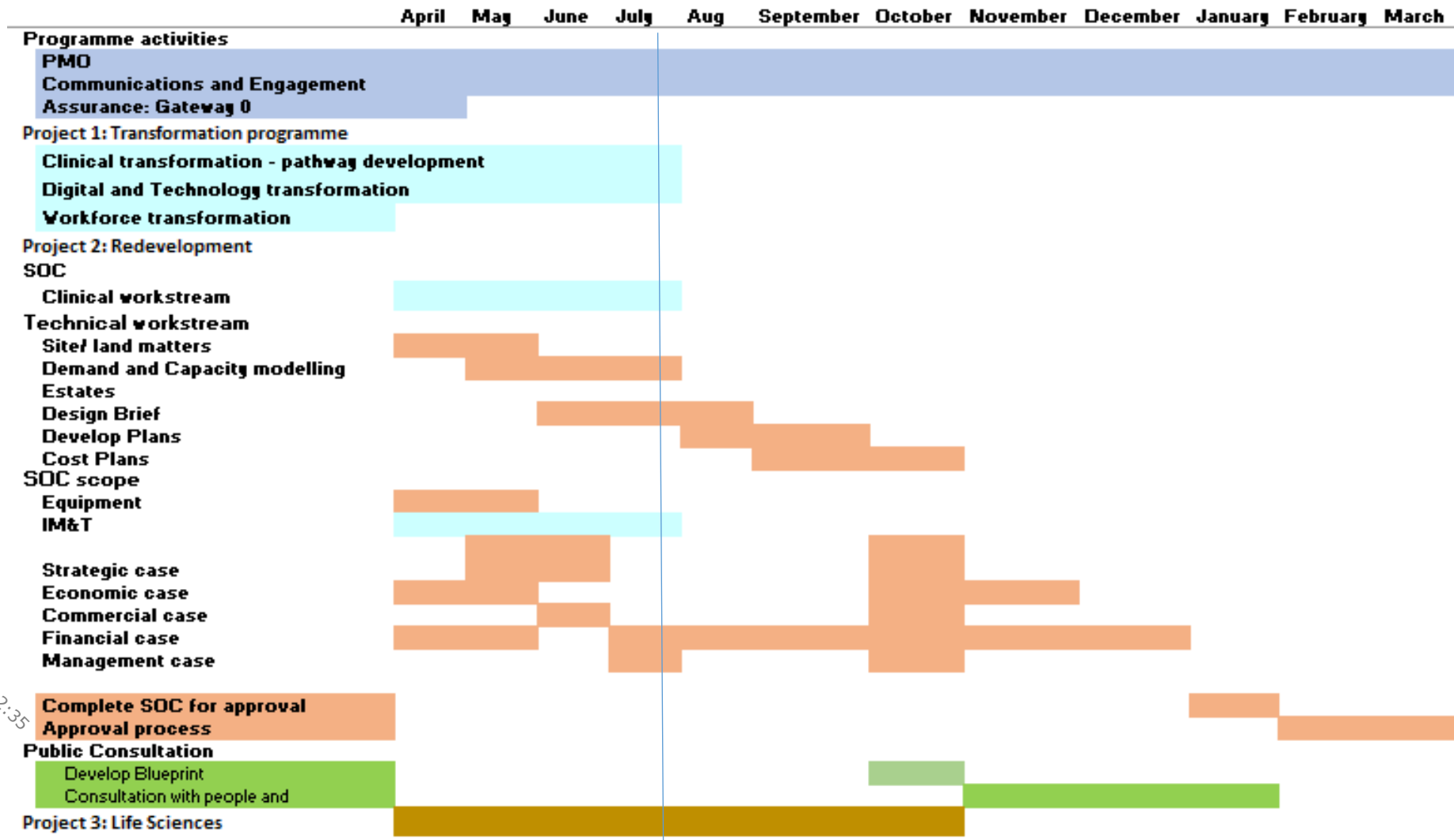
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Next Steps

- At time of writing, have responded to Gateway report
 - Send to copy WG
- Letter sent to WG sent to acknowledge actions from 22/6 meeting
 - % of activity in UHW and UHL undertaken for C&V population and for other health board population
 - View on estate expected to fail within 10 years will be provided by end July
 - WG to set date for C&V to meet with Simon Dean, Samia Saeed-Edmonds and Ian Gunney to follow up
 - Clarify where PBC might need to change/go through an iteration
 - Taking on board the sequencing of Gateway 0 recommendations
- Meet with WG to discuss positioning within Government and Ministers

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12 Month Plan Published In PBC



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Progress Prevention Factors

- WG do not want us to progress with SOC until PBC has completed scrutiny
 - Though balance with Gateway recommendations
- Scale of the programme unprecedented in WG and thought required on their approach
 - Boosting the case for change will help
- WG however know doing nothing is not an option

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Impact

- The plan published in the PBC was very ambitious
- The major impacts of the current status are:
 - The transformation programmes required to bring the clinical strategy to life would have been completed this summer
 - These would have informed the long term direction of the workforce and digital strategy also – as an enabler to the clinical strategy
 - Likely slipped Business case production
- The Gateway 0 recommendations advocate undertaking work on clinical, digital and elements of life sciences & estates strategy, but we should require WG to assess these in the context of PBC scrutiny
 - The balance of moving on versus being stuck on the PBC

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Top Risks

Risk	Mitigation
Programme delivery is delayed by internal or external factors	<p>Regular internal and external stakeholder management which should reduce the risk of this arising.</p> <p>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.</p>
All necessary funding is not available for the proposed capital schemes	<p>Early, direct and ongoing engagement with the Welsh government to understand what is possible.</p> <p>Affordability considered in detail in next stages.</p>
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)	<p>Programme scope and the implications and timing of plans in relation to any dependencies to be kept under regular review</p> <p>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.</p>
Assumptions about activity moved out to different settings are too optimistic, resulting in insufficient hospital capacity	<p>Assumptions to be tested at the SOC stage, including sensitivity analysis</p> <p>Robust planning of the clinical transformation required. E.g. demand mgt</p> <p>Contributing programme definition and benefits articulation required for ongoing monitoring and control.</p>
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.	<p>Adherence to national architectures</p> <p>Play a pioneer role to assist the rest of Wales</p> <p>Build consensus with other Health Boards on solutions</p> <p>WG buy-in of our whole system approach.</p>

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Broad engagem										
Organisation name	Individual name	Engagement channel	C&V Engagement Lead	Core presentation required?	Proposed date	In the diary?	Completed?	Message	Notes	
Cardiff University	Ian Weeks (Dean of Clinical Innovation for College of Biomedical and Life Sciences), Colin Riordan (VC)	University Joint Steering Group	LR, AH, SW		26/05/2021 30/6/21 in the guise of the joint steering group	Y	Y	Update on next steps	Colin and Ian attended the 22/6 meeting with WG. Both issued strong support for UHW2 - Colin told AG that its obvious facilities have to be upgraded. Ian showed strong support for Academic Health Sciences. At 30/6 steering group, Colin suggested writing a brochure.	
NHS Wales	Simon Dean	One-to-one	AH			Y	Y	Progress on scrutiny	SD previewed the meeting with WG scheduled for 15/6. Landed well, but high complex and requires the right scrutiny. On 22/6 Simon was cautious in his language about progressing and that Long hand notes written.	
NHS Wales & Welsh Governme	Dr Andrew Goodall plus team	Post PBC Meeting	LR		22-Jun	Y	Y	Proceed to next stage?	AG says something needs to be done. SD wants to remove work from PBC and add work	
Cardiff Public Services Board	Paul Orders (CEO) Hugh Thomas (Leader)		AH		14 April	Y	Y	Update on next steps		
Aneurin Bevan HB	Mererid Bowley (Director of Public Health and Strategic Partnerships)	South East Wales Regional Meeting	AH		14 April	Y	Y	Update on next steps	24th May alternative	
Cwm Taf Morgannwg HB	Clare Williams (Director of Planning and Performance)	South East Wales Regional Meeting / Partnership Meeting	AH		14 April	Y	Y	Update on next steps	Clare was invited to be part og Gateway 0, but she was on leave. Vicki has met with Cwm taff to share clinical strategy and structures. Intent to work together and to create a prioritisation framework to cover unsustainable services and how work can be moved into CT. CT have employed GT for their clinical strategy.	
Velindre Cancer Centre	N/A	Collaboration group on Cancer	LR, AH, SW		23-Apr	Y	Y	Update on next steps	Steve Ham attended Green Health Wales.	
Swansea Bay UHB	Sian Harrop-Griffiths (Director of Strategy)	RSSPPP meeting	AH		19-Apr	Y	Y	Update on next steps	Vicki has met with Swansea on sharing SOCS. Ian Langfield appointed to both Cardiff and Swansea in a Tertiary development role.	
Cardiff and Vale of Glamorgan Community Health Council	Malcolm Latham (Chair, South Glamorgan CHC Council) Steven Allen (Chief Officer) Valerie Evans-Tomlinson (Cardiff Local Committee) Cllr Christine Cave (Vale Local Committee)	T&D Day	AH, LR		05-May	Y	Y	Update on next steps	Copy of Exec Summary sent to Stephen. No response yet.	
MS/MPs	Jo Stevens (Cardiff Central - MP) Jenny Rathbone (Cardiff Central – MS) Anna McMorrin (Cardiff North – MP) Julie Morgan (Cardiff North – MS) Stephen Doughty (Cardiff South and Penarth – MP) Kevin Brennan (Cardiff West – MP) Alun Cairns (VoG – MP) Jane Hutt (VoG – MS)	One-to-one	LR						To be discussed. Noting that recess is coming up.	
Vale Public Services Board	Rob Thomas (Managing Director) Neil Moore (Leader)	Presentation at meeting	AH		30-Apr	Y	Y	Update on next steps		
Cardiff City Council	Hugh Thomas (Leader) Neil Hanratty (Director of Economic Development) Andrew Gregory (Planning)	One-to-one	LR, AH			Y	Y	Update on next steps	Paul Orders attended 22/6 meeting with WG and stated string support with an emphasis on the economic opportunity of Life Sciences. Andrew Gregory and Neil Hanratty excited about Bay site opportunity and have been discussing it with Council colleagues. They will produce a view on the regeneration potential of a Bay development.	
Welsh Health Specialised Services Committee	Sian Lewis(MD)/Karen Preece (Director of Planning)	Management Board	LR		20-May	Y	Y	Update on next steps	Sian attended 22/6 meeting. Karen Preece was an interviewee for Gateway review. Currently in touch with Karen about potential lost repatriation opportunities to follow up 22/6 meeting.	
Bevan Commission and Life Sciences Hub	Professor Sir Mansel Aylward (Chair) Helen Howson (Director)	One-to-one	LR, SW, AH				Y	Update on next steps	Abi has been in touch with Chris Martin. Message to Ministers on importance of life sciences.	
Vale of Glamorgan Council	Rob Thomas (Managing Director) Neil Moore (Leader)	One-to-one	LR, AH				Y	Update on next steps	Ed met with Marcus Goldsworthy about Culverhouse Cross. Tom Bowring also been met to discuss Sustainability and invite Sophie Howe presented at Green Health Wales. Sophie's team are in touch with Ed about Sustainability. Messages from Sophie are about levelling up which play particularly at the moment to our clinical services strategy around prevention and wellness in situ.	
Future Generations Commissioner for Wales	Sophie Howe	One-to-one or invitation to workshop	AH			N				
Hywel Dda UHB	Libby Ryan-Davies (Director Transformation)	Ad-Hoc	AH, VLG				Y	Update on next steps	Vicki has met with HD to share SOCS and hear their strategy.	
Welsh Government	Simon Brindle	Gateway 0	EH				N	Update on next steps	Simon was invited to our Gateway 0, but he didn't find the time.	
Cardiff Capital Region	Kellie Beirne (Director of the City Deal)	One-to-one	EH				Y	Update	CCR have a new starter on 27/7 who could work with us on life sciences. This contact was made by Jess Lancashire.	
Welsh Government	Chris Jones	Gateway 0	SW			Y	Y		Chris had a chance to give his view as part of the Gateway review. He had been commenting why another acute hospital is needed when the drive was to move more into the community. SW says he knows why UHW2 is needed.	
Welsh Government	Jonathan Price (Chief Economist)	Gateway 0					Y		Messaging was anonymous, but expect Jonathan to have argued for wider longlisting	
Welsh Government	Matthew Wellington (Treasury)	Gateway 0					Y		Messaging was anonymous but expect Matthew to have said the scheme was unaffordable.	

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Report Title:	Welsh Government Meeting Outcomes				Agenda Item no.	2.2
Meeting:	SOFH Committee				Meeting Date:	21/07/21
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Executive Director of Strategic Planning - Abigail Harris					
Report Author (Title):	Programme Director - Redevelop, Strategic Planning - Edward Hunt					

Background and current situation:

A meeting was held with WG on 22/6/21 to have the first opportunity to discuss their thoughts on the SOFH PBC. It was attended by key NHS Wales executives led by Andrew Goodall, plus most of the executive team from C&V, the VC of Cardiff University, Chief Exec of Cardiff Council and MD of WHSSC.

In the absence of scrutiny comments from WG, this meeting provided the opportunity for feedback.

C&V gave a presentation to pitch the PBC to WG and a discussion followed.

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

There was an acknowledgement from WG that Doing Nothing to UHW wasn't a cost free option and would require considerable sums spent.

WG stated that the business case was not what they were expecting, indicating more work was done than they would have anticipated. This is despite the PBC fulfilling what was agreed when it was scoped in December 2020 and January 2021.

Cardiff University and Cardiff Council gave strong input into the need for change and the opportunity that the development could present South Wales and the life sciences sector.

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

With such a large scheme, it was clear that WG are in new territory and said that governance would have to be created for a scheme such as SOFH. The Minister is said to be aware.

1. WG said they would send on scrutiny comments – at the time of writing, these have not been received as they are awaiting approval.
2. That there will be a meeting to discuss those comments – at the time of writing, this has not been arranged.
3. There will be a separate meeting to discuss how to position within WG
4. C&V were asked to provide a view on the likely estates failures over the next 10 years. This will be provided to WG by the end of July 2021.

Recommendation:

The Committee are requested to:

NOTE the meeting notes and actions.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Yes / No / Not Applicable

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

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Notes – C&V/WG SOFH PBC Meeting – 22/6/21

Actions Summary:

- How much of our activity across UHW and UHL is for C&V residents v CT v Swansea v AB, etc? Ed ask David Thomas for informatics help.
- C&V write to WG to follow up on the meeting and the actions:
 - Including the view on estate issues (10 year view) at UHW which can't be deferred. Ed arrange meeting with Geoff and Marie. Scheduled for Friday AM.
- C&V meet with Simon, Samia and Ian regarding scrutiny outcomes.
- Questions C&V could ask in that letter? Can we receive written scrutiny response; can you describe the process you'll go through regarding scrutiny; could we jointly aim for a point in time to complete PBC scrutiny; could we get help to develop the proposal in the meantime (e.g. clinical strategy)? For debate

Attendees:

- Welsh Gov: Andrew Goodall, Simon Dean, Samia Saeed-Edmonds, Ian Gunney, Nicola Powell, Gareth Howells
- C&V: Len, Abi, Stuart, Catherine, Nav, Ed, Karen, David T, Steve C, Ruth
- Partners: Sian (WHSSC), Paul (Council), Ian & Colin (Uni)

Presentation Given by C&V – Appendix 1



WG presentation
Final 20210622.pptx

Andrew Goodall's reflection post presentation:

- Direction of travel of C&V over time has made sense, bringing a Healthier Wales to life and being exemplars.
- Recognised our proposal was holistic in context (the whole system) and had something interesting beyond the NHS. Alliances that we had brought out were welcome and like the anchor concept.
- Said 'do nothing' doesn't mean not spending a significant amount of money given the state of facilities.
- Question is however that if you were to invest £2.5bn in S Wales, would you put that level of money into health or elsewhere to get best return.
- SOFH would be the biggest Welsh capital scheme, much bigger than the Grange.
- Ministers knew SOFH would be a big ask and business case confirmed that.

Simon Dean's reflections:

- He thought we should have separated the 'what' from the 'how': didn't think it was appropriate to come up with a preferred way forward. He doesn't at this stage to conclude that a replacement of UHW on the UHW site is the answer.
- We are one of several proposed schemes (Swansea and HD) so there is a wider planning discussion across S Wales about regional planning.
- Wants to ensure protected elective at a regional level e.g. Swansea and CT.

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- Sees the project as being long term.
- Thinks the PBC goes beyond a PBC and will need to take a step back.

C&V Response to Simon's reflections:

- It was answered that we are resolving fragile services in partnership with Swansea and likewise with the Cancer collaboration. This will continue.
- Things don't need to take as long as the Grange or Velindre necessarily. The climate emergency for example creates a need for speed and we should question what we lose by taking too much time.
- *Ed note: PBC guidance indicates that a PBC would have a preferred option selected. Also, the WG scoping meetings we had at Xmas requested us to provide a capital range. To provide figures, we had to base those figures on something that was credible, hence the preferred way forward.*

Paul Orders contribution:

- Endorses ambition.
- Indicated capacity the City could bring to bear.
- Reflected on partnership working being stronger than ever.
- Liked our place based approach to SOFH.
- Life sciences is a competitive advantage for Cardiff and CCR with UHW2 at the centre of a strategy.

Colin Riordan/Ian Weeks contribution:

- Obvious that facilities need to be upgraded.
- Cardiff have raised funds to develop Heath Park West showing strategic commitment and an appetite.
- Ian Weeks pointed out the opportunity of academic health science campus next to UHW as a big opportunity complimentary with Cardiff Edge/Lower Taff Valley.

Andrew Goodall's closing reflections:

- Had a conversation this morning with Minister about investment alternatives and borrowing.
- There is Minister Interest in SOFH.
- He needs to reach out to economic colleagues on this.
- For this, WG would have to invent a governance process.
- Recognises we can't carry on as is.
- **Action: What are short term estates issues (within 10 years) that cannot be deferred to advise Minister?**
- There will be blended investment options to be considered (not WG picking up whole tab?)
- Action: Meet on next steps with Simon, Samia and Ian.

Simon Dean's closing remarks:

- PBC comments will be provided

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- He thinks there is a need to carry on and do something, but too premature to determine anything.
- He sees more thought needing to be put into commissioner/provider relationship; covid opportunities; regional planning opportunities.

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Shaping our
Future Wellbeing



Shaping our Future
Clinical Services



Shaping our Future
Community Care



Shaping our Future
Hospitals



Future Hospitals Programme

List of Attendees



Len Richards – CEO



Abi Harris – Exec
Director of Strategic
Planning



Dr Sian Lewis –
MD WHSSC



Prof Ian Weeks –
Cardiff University,
Pro-VC Bio Medicine
& Life Sciences



Prof Colin Riordan –
Cardiff University, Vice
Chancellor



Paul Orders – Cardiff
Council, Chief Executive



Edward Hunt –
Programme Director,
SOFH



Dr Nav Masani –
Assistant Medical
Director, Clinical
Strategy



Dr Karen Pardy –
SW Cluster Lead



Stuart Walker –
Deputy CEO and
Medical Director



Catherine Phillips –
Finance Director



David Thomas –
Director, Digital



Steve Curry - COO



Khan Raj
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The Case for Change

Our population...

A Growing Population



5000,000+, further **20%** within **10 years**

Self Isolation

25% of vulnerable people in our area report loneliness, associated with reduced mental wellbeing and life expectancy



Premature death due to unhealthy lifestyles

For example, cancer and circulatory diseases



An Ageing Population

85+ rising by **40%** within 10 years



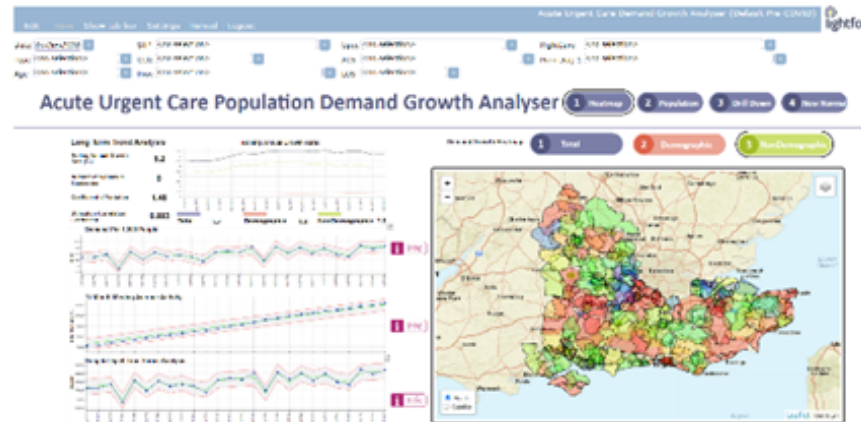
Health and social inequalities

Some of the most and least deprived areas in Wales

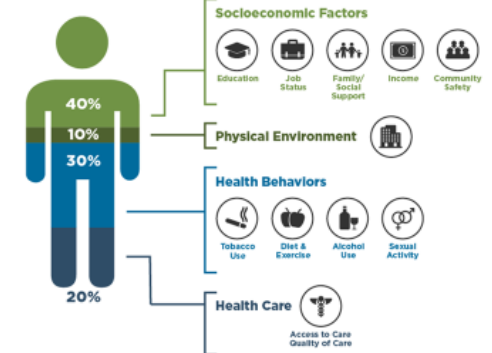


Increasing long-term illness and mental ill health

Associated with worse physical health, poor education and unemployment



What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgepan Group

The Case for Change

Health care is evolving rapidly:

- Increased specialisation with network collaborative delivery models – e.g. hub and spoke
- The Learning Health System – data driven, digitally enabled, evidence and intelligence informed; personalised medicine, precision risk stratification and treatment, from ‘repair shop’ to active prevention, early intervention and improved outcomes
- Research based, rapid development and adoption of clinical innovation including AI, robotics, novel treatments , point-of-care testing
- Changing demand - burden of disease consequential and novel diseases
- Consequences for our infrastructure – UHW overcrowded, poor functional suitability, less than 5% single rooms, inflexible design



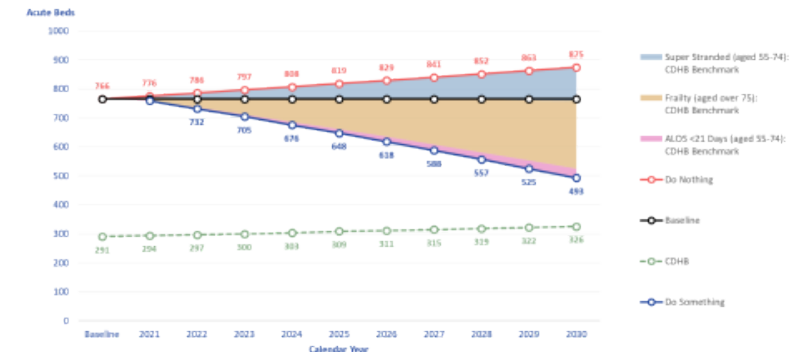
Workforce as a driver:

- Routes into work → high value jobs; magnet for recruiting, and retaining people in the region.
- Integrated workforce, collaboration to deliver new service models
- Skills, teaching, training, research, career paths
- Embracing diversity and inclusivity

The wider context:

- Economic outlook - ↑ health and life science sector key to foundation economy in South Wales; anchor institution (one of the biggest health care organisations in Europe – 15,000 staff 75% of whom live in Cardiff and Vale); Cardiff City Region Deal and Cardiff Edge Development
- Climate emergency
- Post pandemic recovery and reconstruction

Acute Medical Bed Projection for Patients Aged Over 55

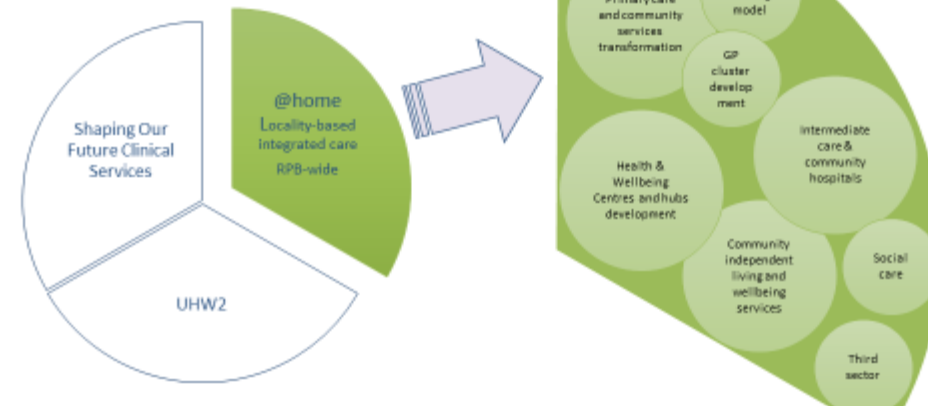
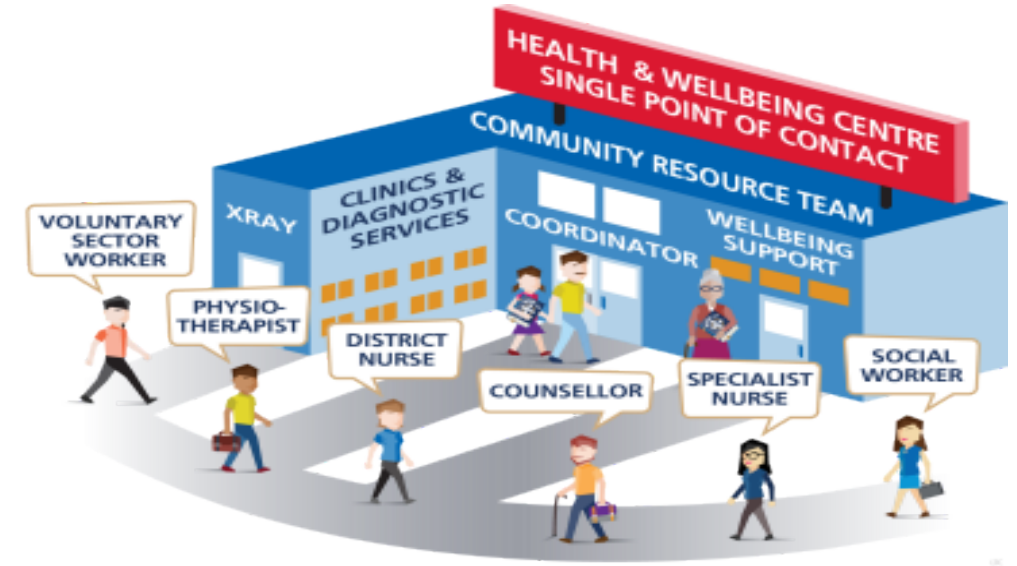
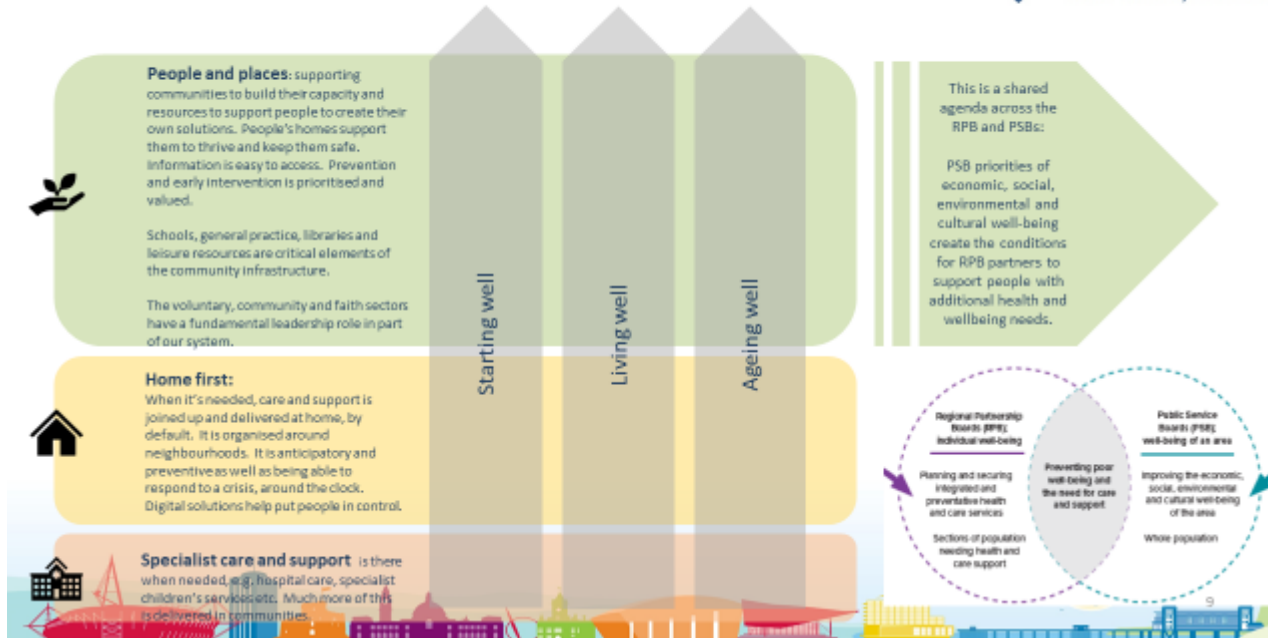




Shaping our Future Community Care

@ home, locality place-based model of care

Integrated Care – population health focused on people and places



- Collaborative approach across the whole partnership**
- General practice
 - Community and independent living services
 - Housing and housing support
 - Third sector
 - Community health services
 - Social care
 - Health and wellbeing centres and hubs
 - Community hospitals
 - Intermediate care (CRT/VCRS)
 - Universal services



Shaping our Future Clinical Services

Facilitating redesign and transformation...

- Led by clinicians: doctors, nurses, therapists, scientists...
- Designed for, and with, patients and carers
- Based on care pathways: home-to-home patient journeys
- In partnership and with seamless integration
- Guided by best practice, scientific evidence and highest standards of care
- High levels of staff engagement, support and very positive feedback
- Redesigning clinical pathways: **aligning** to, **augmenting** and **accelerating** our COVID Recovery
**the consequences of delay*
- Establishing future models of care: **planning** for change now, **implementing** change ASAP



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Shaping our Future Wellbeing



Shaping our Future
Population Health



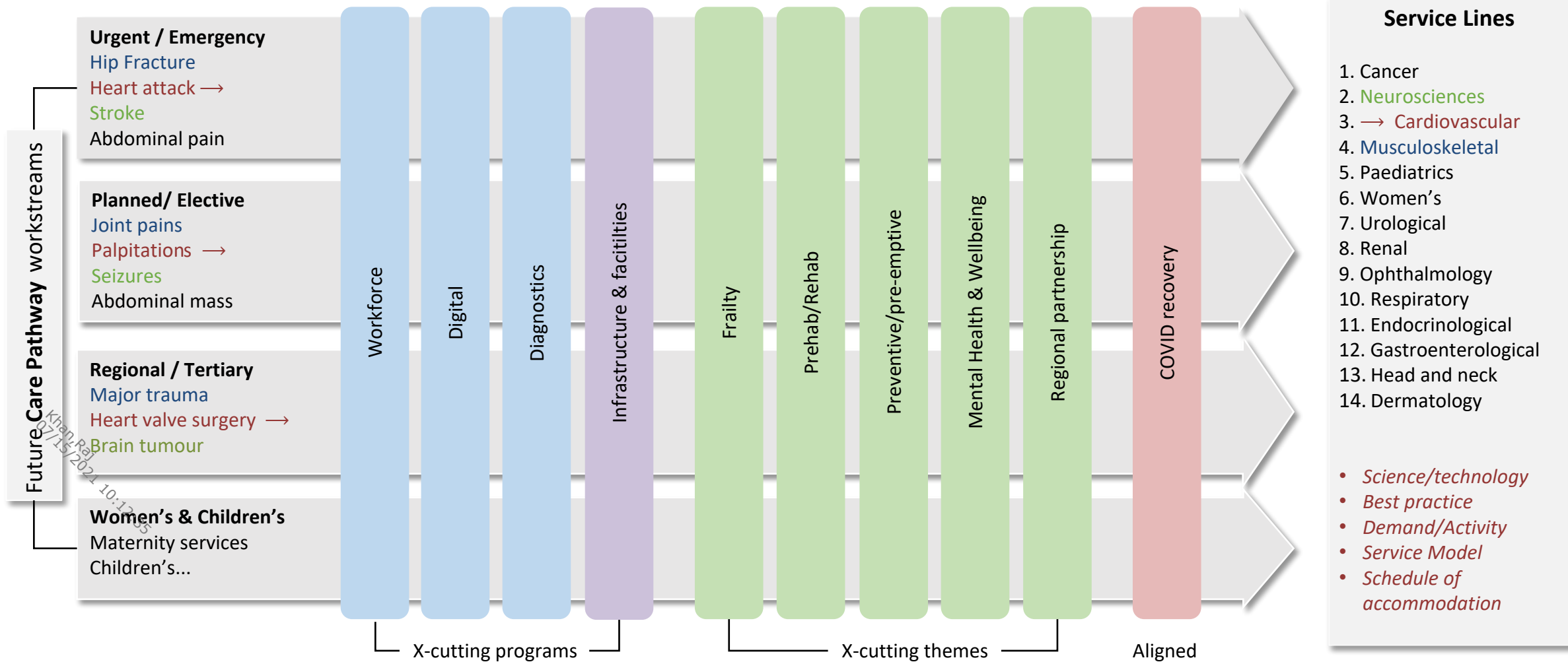
Shaping our Future
Clinical Services



Shaping our Future
Community Care



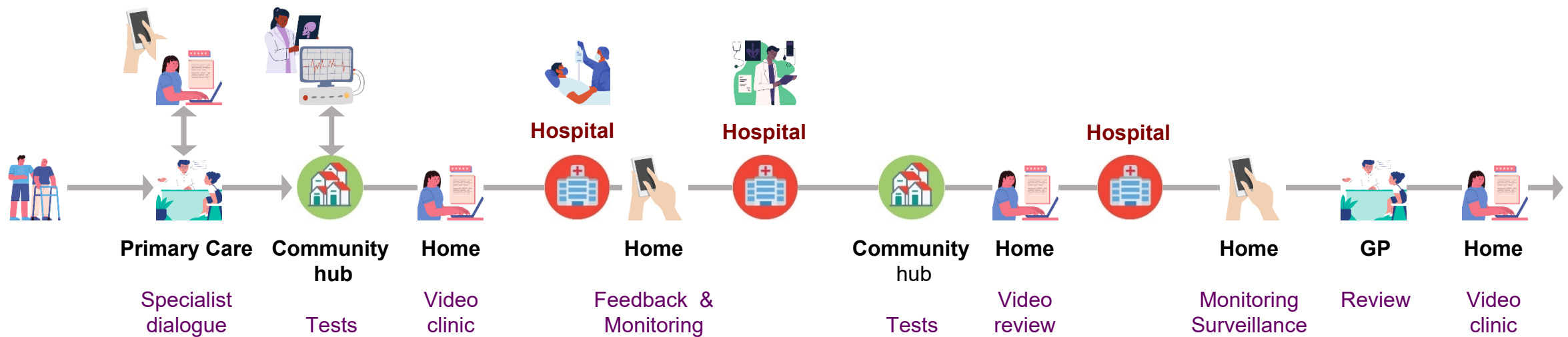
Shaping our Future
Hospitals



Future clinical pathways: **Planned, Elective Care**

Investigation, treatment, monitoring that is arranged and planned

New onset or long-term conditions e.g. painful hip, abdominal pain, breathlessness, cough



Benefits to Patients

- Rapid access to efficient, protected diagnostic / treatment pathways:
Pre-clinic tests, prehab-rehab model, DOSA
- Minimising cancellations / delays
- Services at home/community, incl. monitoring of long-term conditions
- Coordinated care for patients with complex needs

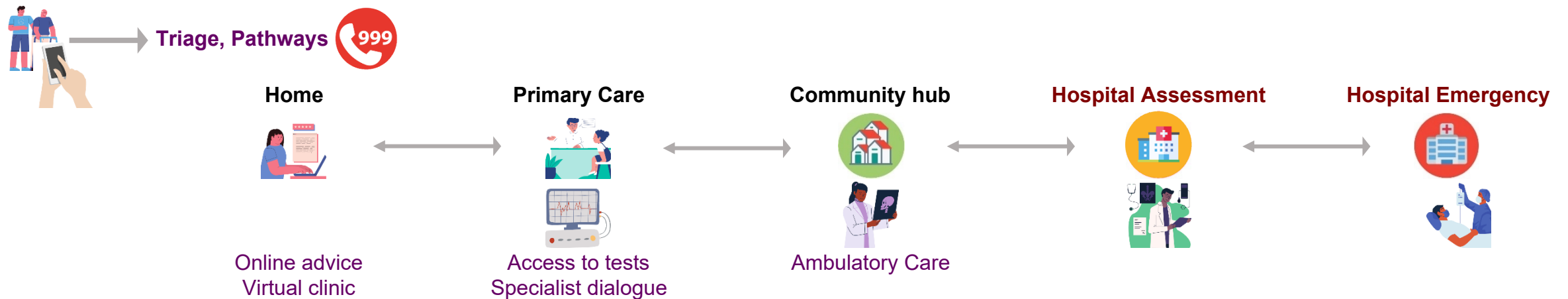
Benefits to the Integrated Healthcare System

- ↓ 22% out patient attendances
70% (medical) 30% (surgical) virtual consultations
- ↓ 22% urgent admissions*
↓ 22% emergency theatre cases
- ↓ 15% elective beds
- 22% shift from inpatient to day case

Future clinical pathways: Urgent, Emergency Care

People with a problem that needs attention the same day

Potentially life-threatening or life-changing health conditions that need rapid and/or intensive treatment, e.g. severe chest pain, mental health crisis, falls



Benefits to Patients

- Systems which direct patients to the right service, in the right place, at the right time
- Effective integration of GP/Community and Specialist teams offering services in the community
- Preventing unnecessary hospital admission in frail, elderly people
- New ways for our staff to provide safe care 24 hours a day, 7 days a week

Benefits to the Integrated Healthcare System

- ↓ 22% urgent admissions*
- ↓ 22% emergency theatre cases
- ↓ admission for investigation
- ↓ frail, elderly patients' admissions



Shaping our Future Hospitals

Two centres of excellence with clearly defined, complementary roles...

University Hospital Llandough (UHL)

A thriving hospital specialising in exceptional care for planned, elective and non-acute clinical pathways

- Protected, safe, efficient pathways for patients who need planned surgery and procedures
- Patients who need specialist rehabilitation
- Patients who need hospital care but are stable
- Patients requiring inpatient mental health services
 - Orthopaedic and Spinal Surgery, Breast Surgery
 - Care of the Elderly
 - Brain and Spinal injuries, Vascular, Stroke Rehabilitation
 - Cystic Fibrosis, specialised medicine

University Hospital of Wales (UHW)

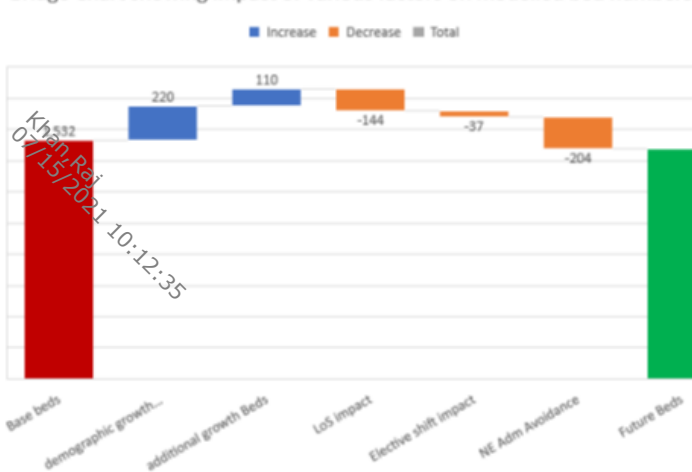
A large teaching hospital serving our local population and a specialist facility serving the whole of Wales

- Urgent/emergency complex care, high risk, high acuity patients
- 24/7 acute and hyper-acute diagnostic and treatment services
- Interdependent clinical specialities, diagnostics, support services
- Highly specialised, regional critical care centre
 - Emergency Medicine, Emergency Surgery
 - Major Trauma, Neurosurgery, Acute Stroke, Vascular, Cardiac
 - Nephrology and Transplantation, Haematology, Women's & Children's services.

Our vision is for a state-of-the-art, energy efficient and sustainable facility that will provide:

- High quality, highly specialised clinical services
- An ideal **healing environment** for the sickest patients
- An optimal **learning environment** for teaching and research
- A rewarding **working environment** promoting staff wellbeing and development
- The **anchor institution** at the hub of an **academic health sciences** campus, working in partnership across Wales

Bridge Chart showing impact of various factors on modelled bed numbers



A University Hospital *for* Wales

World class specialised healthcare for Wales

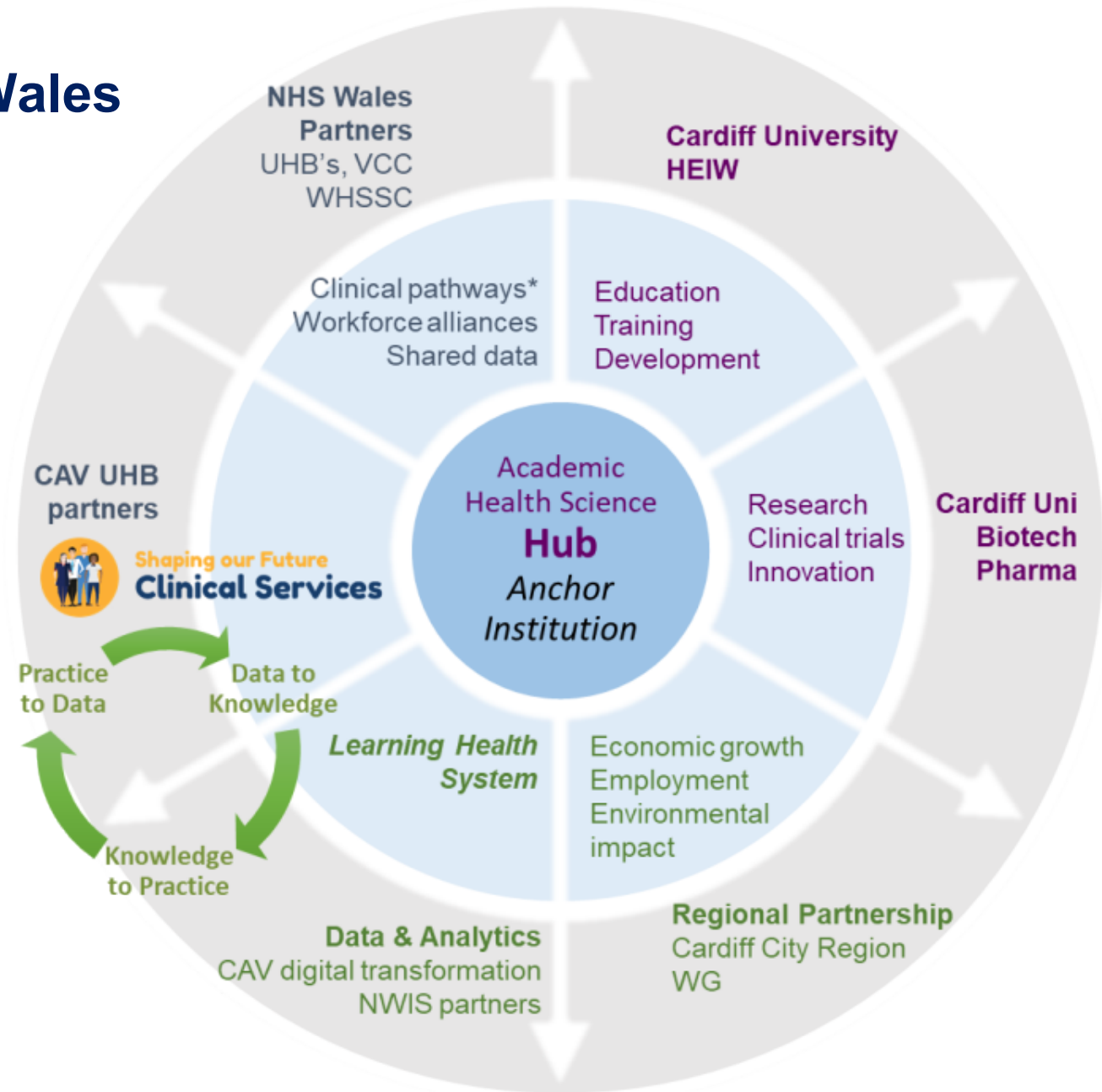
- Providing high quality care, with outstanding outcomes
- Promoting excellence in education, training and opportunity
- Supporting innovation and research
- Delivering in partnership across Wales

Responding to advances in medical science, with NHS Wales regional partners*

- Heart attack and cardiac arrest, vascular, major trauma
- Cancer, acute oncology, bone marrow transplantation, CAR-T/ AMT's
- Advanced respiratory care, infectious diseases

The Anchor Institution: *moving beyond the 'repair shop' function, leveraging specialist expertise and analytic capacity*

- Support patient choice and self-management
- Support primary and community care's enhanced role in initial diagnosis and risk stratification
- Effect a net reduction in hospital usage, especially for the acute deterioration of Long-term Conditions
- Link to place-based planning for more predictive demand and capacity planning
- Play a lead 'anchor' role in the Integrated Care System



Partnerships, Patients & Population

Early Support from Partners

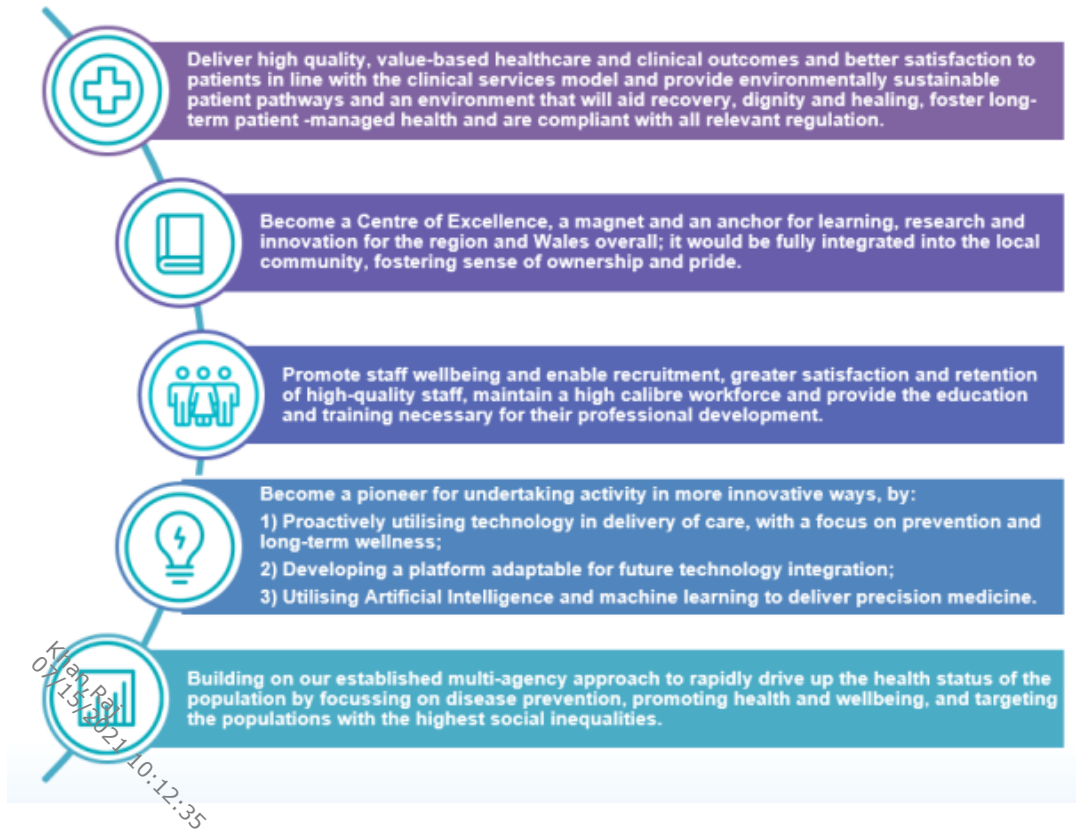
Velindre	Aneurin Bevan	Swansea Bay
Cwm Taf Morgannwg	WHSSC	Bevan Commission
Life Sciences Hub	Cardiff University	Cardiff Council
	Vale of Glamorgan Council	

The Voice of Patients - Shaping Our Clinical Services Engagement

- Overwhelmingly agree with our proposed model of care and that clinical service delivery needs to change
- Outcomes, timeliness and seeing the right specialist are most important to patients
- Patients are comfortable with the idea of telemedicine

Khan Raji
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Site Agnostic Proposal



Options
Appraisal



Preferred Way Forward

- Replace UHW and refurbish UHL
- With Regional Academic Health Sciences

Do Maximum

- Single site development
- With Super Regional Academic Health Sciences

BAU, Do minimum, less ambitious to be taken forward also

Benefits

Patient Benefits

- Improved clinical outcomes
- Improved patient experience
- Improved health of the population

CVUHB Benefits

- Improved patient outcomes and experience
- Improved NHS productivity
- Reduced spend on ailing infrastructure
- Improved sustainability
- Increased staff satisfaction

Programme Benefits

Wider Societal Benefits

- Advances in research and innovation
- Financial and business investment into the region
- Improved productivity
- Creation of an anchor institution
- Economic growth
- Reduced inequalities
- Improved environmental sustainability

Staff Benefits

- Improved working environment
- Improved ways of treating patients
- Increased staff wellbeing and satisfaction
- Better recruitment and retention
- Improved learning and training location

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Estimated Costs

Cost breakdown	New build single site £m		Split Site £m	
	From	To	From	To
Forecast construction cost range (incl. Risk, VAT and inflation)	1,486.8	1,643.3	1,603.5	1772.3
Net Zero Carbon cost range 6% 15%	89.2	246.5	96.2	265.8
Modern Methods of Construction cost range 0% 10%	0	164.3	0	177.2
Digital range 5% 10%	74.3	164.3	80.2	177.2
Total estimated capital cost range	1,650.3	2,218.4	1779.9	2,392.5

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Next Steps - Quantifying the Opportunity

The proposed programme is comprised of the following constituent projects:

Project 1: Clinical service transformation in line with a new clinical model and vision, which underpin the physical elements of the programme. It will deliver world-leading services, while investing in creating much more coordinated and effective population health management.

Develop the transformation strategy further.

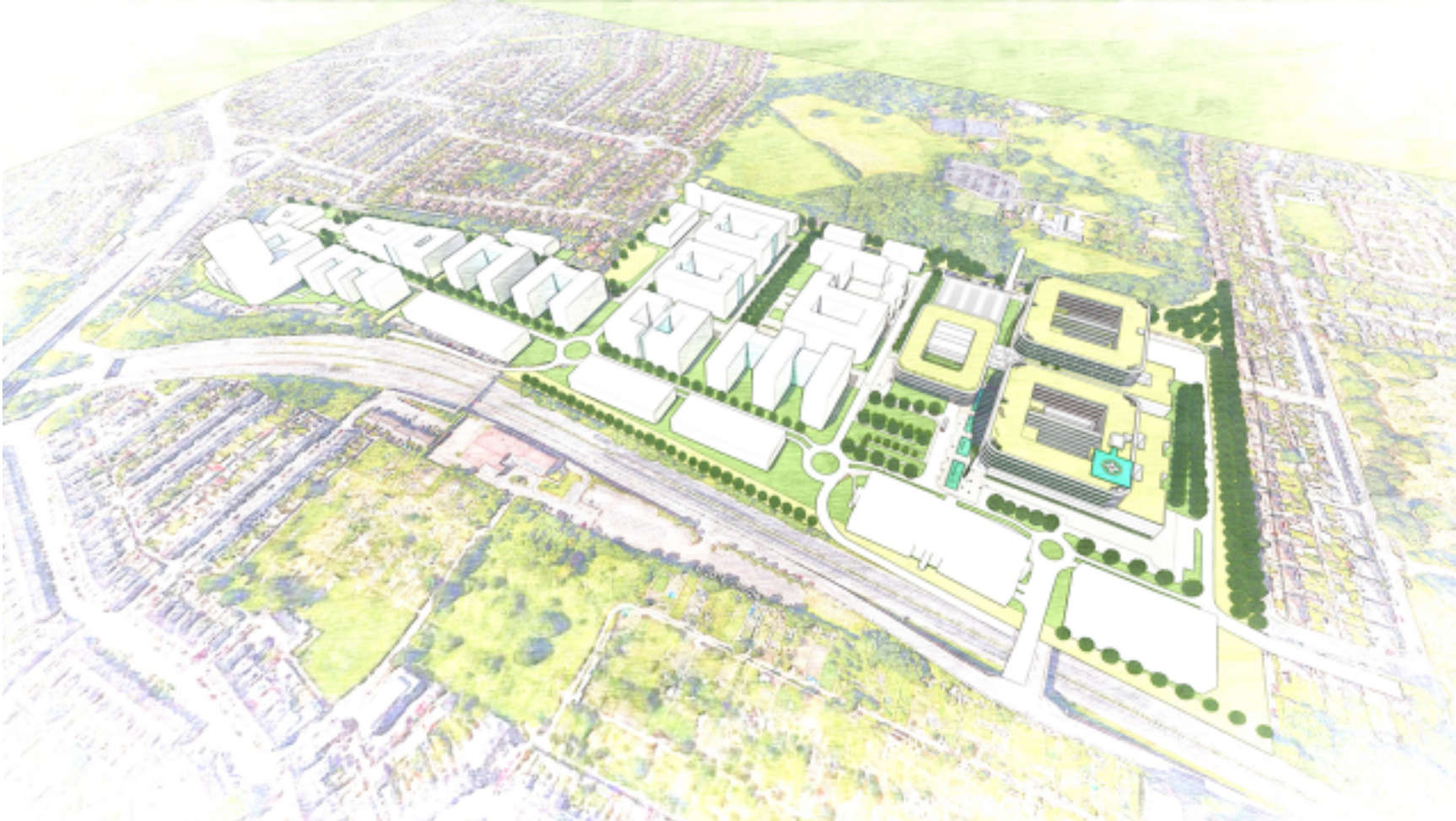
Project 2: Redevelopment of hospital infrastructure at University Hospital Wales (UHW) and University Hospital Llandough (UHL) sites, enabling net zero carbon and including associated improvements to IT and digital infrastructure and medical equipment. Produce a Strategic Outline Case (SOC).

Project 3: Development of an Academic Health Sciences Hub and a Life Sciences Ecosystem to allow CVUHB, Cardiff University and industry players to collaborate and support innovation, research, and development.

S Wales focus.

Develop feasibility study.

Conclusion



Khan Raj
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Report Title:	JLL Report				Agenda Item no.	2.3
Meeting:	SOFH Committee				Meeting Date:	21/07/21
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Executive Director of Strategic Planning - Abigail Harris					
Report Author (Title):	Programme Director - Redevelop, Strategic Planning - Edward Hunt					

Background and current situation:

WG have been clear that it should not be assumed that any redevelopment of UHW will take place on the UHW site and that all options should be considered.

JLL were commissioned (part of the Grant Thornton strategic advisor consortium) to undertake a desk-based independent search of possible locations for a new acute hospital. A report has been produced and provided to this Committee.

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

Not only for the intelligence of C&V, an early view of the potential options was considered a sensible step given Cardiff University's partnership and investment in the Heath Park West site and indicating whether or not other site options might exist. This transparency is courteous as Cardiff University are shortly considering the master planning of this site.

Cardiff University have indicated an investment so far of £17m, an additional £3m - £4m over the next 12 months and between £200m - £300m for a full site redevelopment.

Cardiff University have received a copy of the report.

It is clear that options beyond the current UHW site exist.

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

The report highlights three potential sites out of an initial search of over 20.

- The current UHW site
- A potential site in Cardiff Bay
- A potential site in Culverhouse Cross (Vale of Glam)

The search undertaken was 'desk' based. A full and thorough site assessment will be required in subsequent business cases and under SOC it is proposed this process starts, including the undertaking of surveys and realistic availability of any land. This would be in addition to considering the options available on the UHW site such as refurbishment.

This review did not assess the economic/regeneration potential of one site against another and this would be suggested as a step to undertake in subsequent work.

Recommendation:

The Committee are requested to:

NOTE the content of the report and that further site search work will be undertaken in subsequent stages.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Yes / No / Not Applicable

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

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07/15/2021 10:12:36



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



JLL

*Achieve
Ambitions*

United Kingdom | June 2021

Site Search Report

Cardiff & Vale UHW2 Site Search

Khan Raj
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- Appendix A – Long list of potential sites
- Appendix B – Assessment of high-level suitability
- Appendix C – Shortlist of sites

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1 Introduction

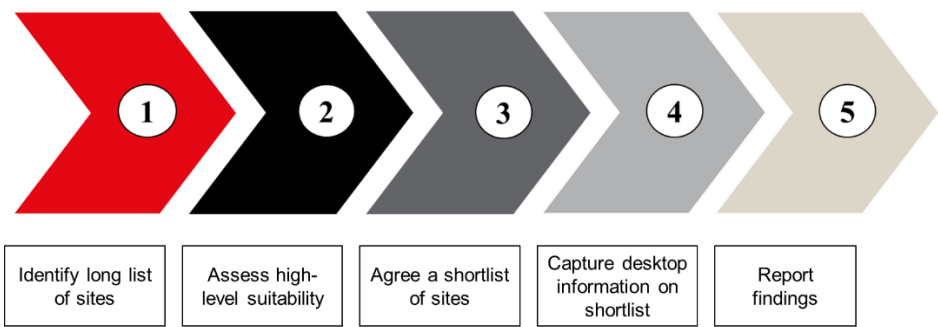
Cardiff and Vale University Health Board (the Client) has instructed us to undertake a desktop search to identify potential sites within Cardiff and the Vale of Glamorgan. This exercise is based on a single site solution for replacement of the current UHW, Heath site.

The minimum site area for our search is 20 hectares (50 acres), which is based on the approximate existing site area of the Heath site.

We understand that our research will be used to inform strategic thinking in relation to an optimal property approach in support of our client’s transformation agenda and associated business case.

Please note that our brief would need to be extended where either multi-site solutions are being considered (as this may give rise to additional longlist sites), or where our client wishes to consider the potential consolidation of both the current UHW and UHL sites.

The key stages of our instruction are summarised below:



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2 Methodology

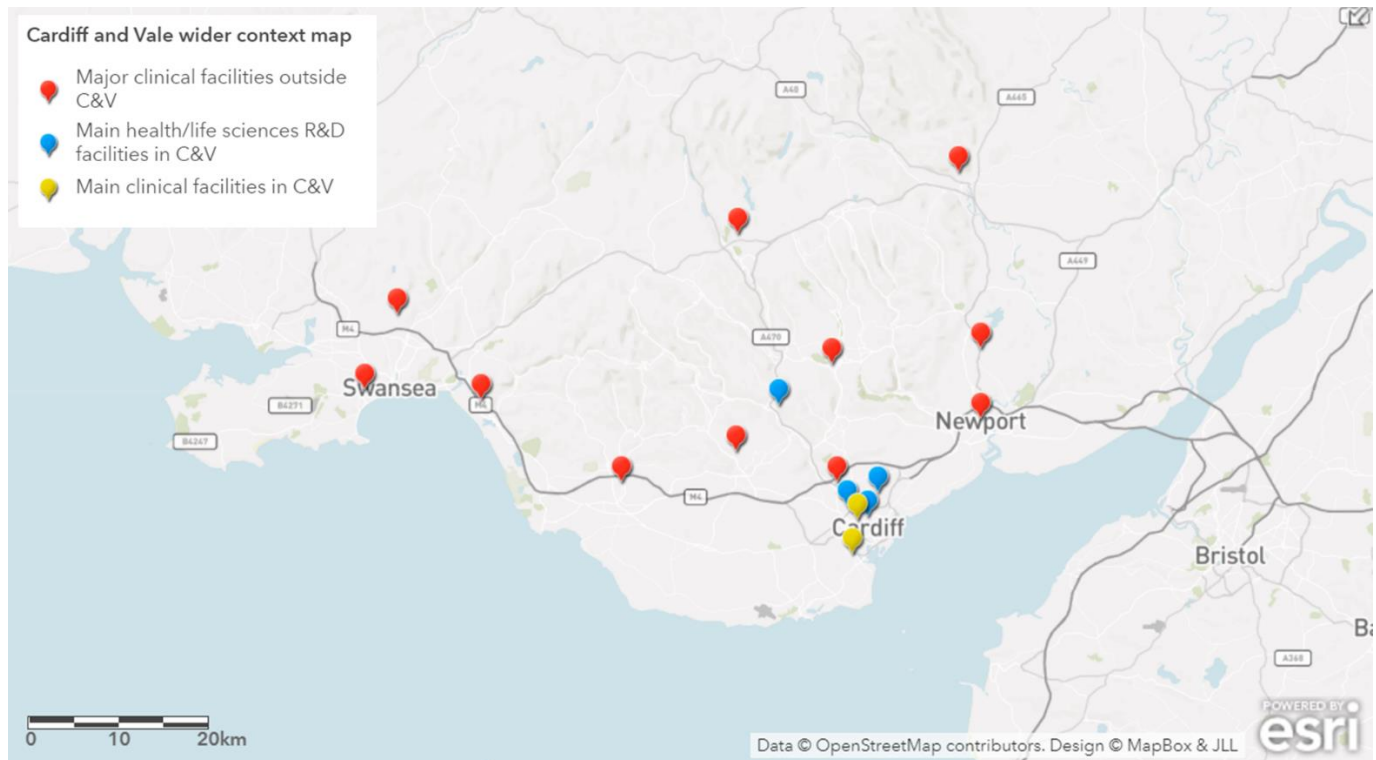
2.1 Overview

To undertake this desktop site search exercise, we have adopted a 3-stage approach:

- Stage 1: Identify long list of sites
- Stage 2: Assess high-level suitability
- Stage 3: Undertake desktop research on shortlisted sites

We consider that the approach outlined above provides a methodical process to ensure we capture as many potential sites as possible before applying a filtering process.

For context purposes, we are aware of the existing major healthcare and life science infrastructure, both inside and outside of Cardiff and the Vale of Glamorgan. The map below provides an overview:



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2.2 Stage 1: Identify long list of sites

During Stage 1 of our site search exercise we identified any potentially suitable sites within the Cardiff and Vale of Glamorgan search area. To do this we consulted the following information sources:

- Cardiff Local Development Plan 2006 - 2026 (adopted February 2016)
- Cardiff Local Plan Evidence Base (2011):
 - Alternative Site Register
 - Candidate Site Register
 - Business and Industrial Land Bank Monitoring Report
 - Business Class Office Development Monitoring Report
 - Local Housing Market Assessment Update Report
 - Cardiff Employment land Study Stage 1 Audit Supply Report
 - Strategic Planning for the Cardiff City Region Report
- Vale of Glamorgan Local Development Plan 2011 - 2026 (adopted June 2017)
- Vale of Glamorgan Evidence Base (2007):
 - Local Development Plan Candidate Site Search Register (as at May 2007)
 - Local Development Plan Candidate Site Search Register Addendum 1 (as at August 2007)
 - Local Development Plan Candidate Site Search Register Addendum 2 (as at November 2007)
 - Local Development Plan Candidate Site Search Register Addendum 3 (as at March 2008)
- Online property searches:
 - EG Property Link search (residential and commercial land within a 15-mile radius of Cardiff > 10 hectares)
 - CoStar search - (land in Cardiff >10 hectares)
- JLL market intelligence
- General desk-based map search to identify potential sites
- Engagement with relevant senior officers at Cardiff City Council
- We understand that the Client has had an initial discussion with Vale of Glamorgan Council with positive feedback received on one of the shortlisted sites. We would suggest that we engage in further dialogue going forward.

The results of Stage 1 generated our initial long list of potential sites, which is attached as Appendix A.

Please note our research during this stage considered any sites which had a site area of approximately 10 hectares (25 acres) or more, to ensure that the long list didn't miss any potential sites which were marginally smaller than the 20 hectares (50 acres) target size.

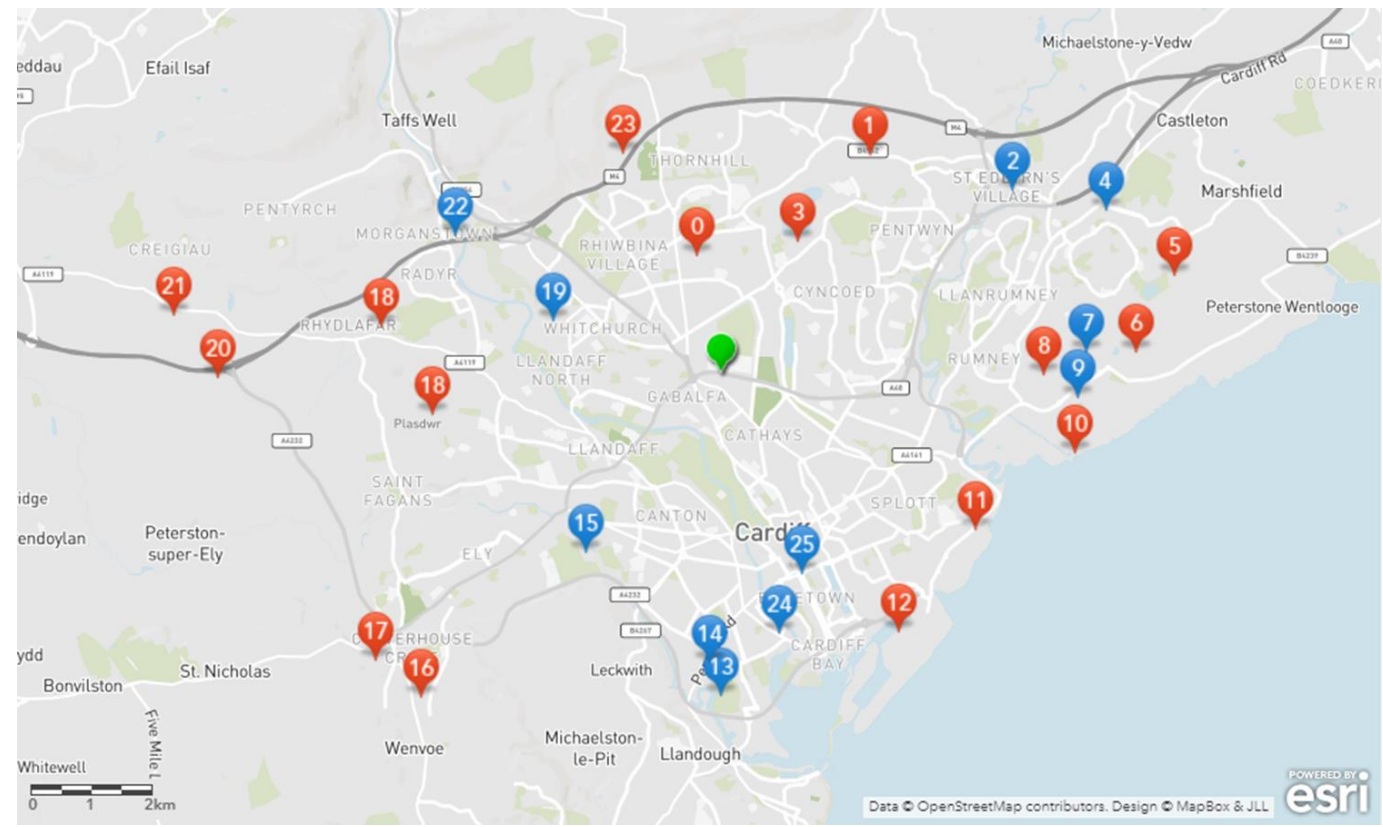
2.3 Stage 2: Assess high-level suitability

To assess the high-level suitability of the initial long list of potential sites we applied a two-stage filtering process, as below:

- 1) Filter the sites based on a minimum site area of 20 hectares (50 acres) or more
- 2) Score the remaining sites based on a common set of criteria

Step 1 applied a Yes / No approach which immediately discounted a number of sites based on size.

The map below illustrates the long list of sites following the Step 1 filtering process. The sites identified with a blue marker are those that were discounted on a site area basis. The sites identified by a red marker (including the existing site) were carried forward to the Step 2 filtering process.



NB. The site reference numbers on the above map correlate with the site reference numbers in Appendix A.

Step 2 adopted a more analytical approach which generated an overall score out of a total of 14 points for each site. To derive these scores, we adopted a RAG Rating, as per the below:

RED	Poor	0
AMBER	Average	1
GREEN	Good	2

We applied the above RAG rating/score to the criteria detailed in the table below to form a hierarchy of potential sites. Please note that the criteria were discussed and agreed with the client during a series of project update meetings.

Criteria	Key Considerations
Surrounding land uses	We have considered the existing and proposed uses (where known) and the potential compatibility and/or desirability of these coexisting with a hospital environment.
Deliverability (ownership)	<p>Is the site held in public or private ownership?</p> <p>Is the site held in a single ownership or multiple interests?</p> <p>Based on previous knowledge/experience is the landowner likely to be a willing seller?</p> <p>Are there any other interests in the land which may affect its deliverability (e.g. leasehold interests)?</p>
Deliverability (planning/technical)	<p>Is the site allocated within the adopted Local Plan? If so, what for and how could this work for/alongside a hospital?</p> <p>Any known planning history?</p> <p>Any known desk-top technical constraints (such as flooding or ground conditions)?</p>
Location within catchment	We have considered the geographic centrality of the potential sites within the Cardiff and Vale of Glamorgan catchment.
Accessibility (public transport)	<p>Utilising GIS mapping and Acorn Profile Data together with our knowledge of the area we have considered the existing public transport infrastructure and where appropriate any proposed public transport improvements to inform the accessibility of the sites at a high level.</p> <p><i>NB. Where we have considered proposed public transport infrastructure improvements, we reserve the right to amend our findings should these proposals materially change and thus impact our suitability assessment.</i></p>
Accessibility (car)	<p>Utilising GIS mapping and Acorn Profile Data together with our knowledge of the area we have considered the existing road network and where appropriate any proposed improvements to inform the accessibility of the sites at a high level.</p> <p><i>NB. Where we have considered proposed road network improvements, we reserve the right to amend our findings should these proposals materially change and thus impact our suitability assessment.</i></p>
Proximity to Areas of Deprivation	Utilising GIS mapping and Acorn Profile Data together with our knowledge of the area we have considered levels of deprivation within the areas surrounding the potential sites.

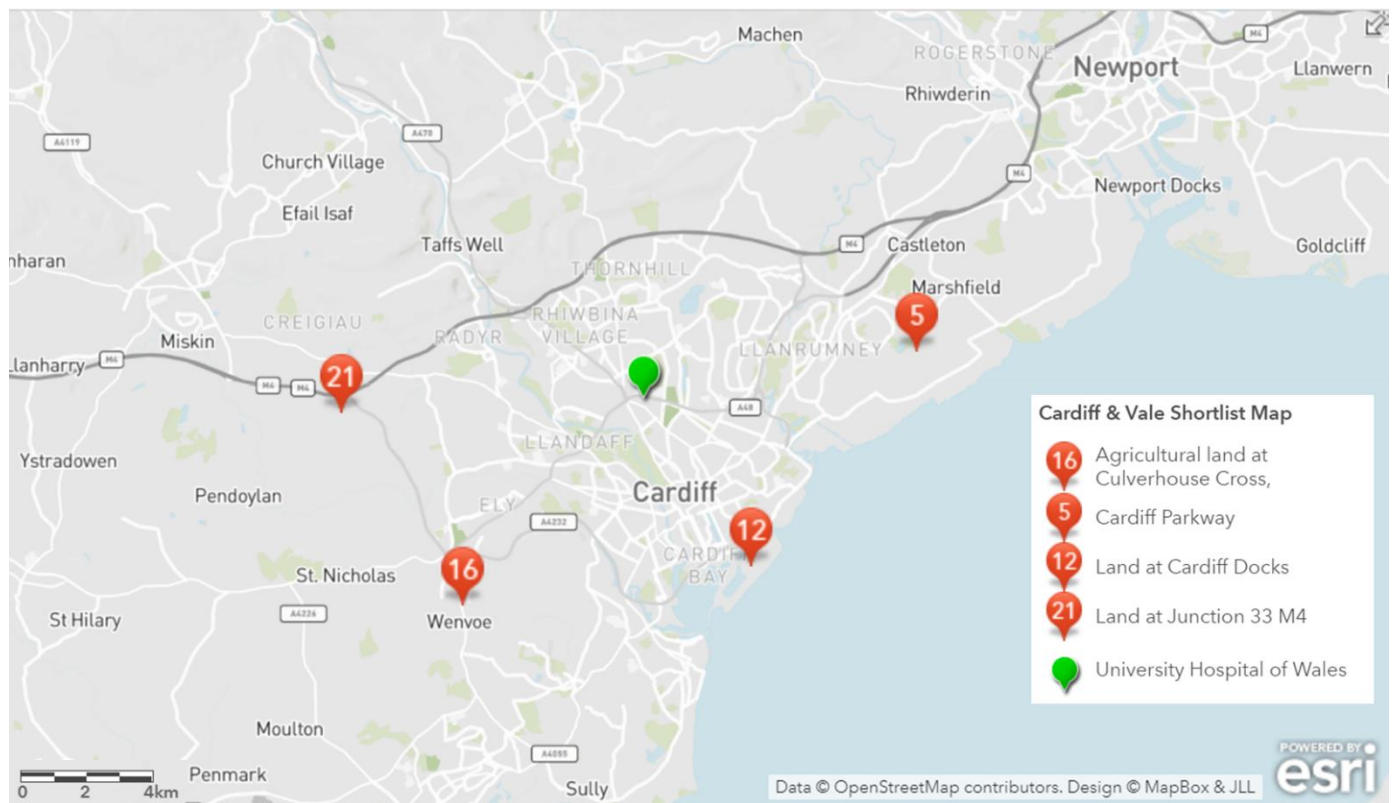
The results of Step 2 RAG rating/score are attached as Appendix 2.

To determine the sites to be carried forward to Stage 3, we shortlisted those potential sites with a score of 10 or more (out of the maximum 14 points). Those sites which scored above this threshold are set out below:

- University Hospital of Wales (including adjacent Cardiff University site) – 13/14
- Land at Cardiff Docks – 12/14
- Agricultural land at Culverhouse Cross – 12/14
- Cardiff Parkway – 10/14
- Land at Junction 33 M4 – 10/14

The detailed shortlist of sites is attached as Appendix C.

It should be noted that this is not an exhaustive list and we would be happy to review any additional sites from the long list as the project progresses (for example where certain short listed sites are quickly dismissed based on further due diligence), or upon request from the Board.



NB. The site reference numbers on the above map correlate with the site reference numbers in Appendix B.

2.4 Stage 3: Desktop research on shortlisted sites

To provide further information and specific details on the shortlisted sites we have undertaken desktop analysis for each of the shortlisted sites. We have also incorporated GIS Mapping data in relation to Public Transport Accessibility, Drive Times, and Deprivation Data within our analysis. The results are set out below in Proformas 1 – 5.

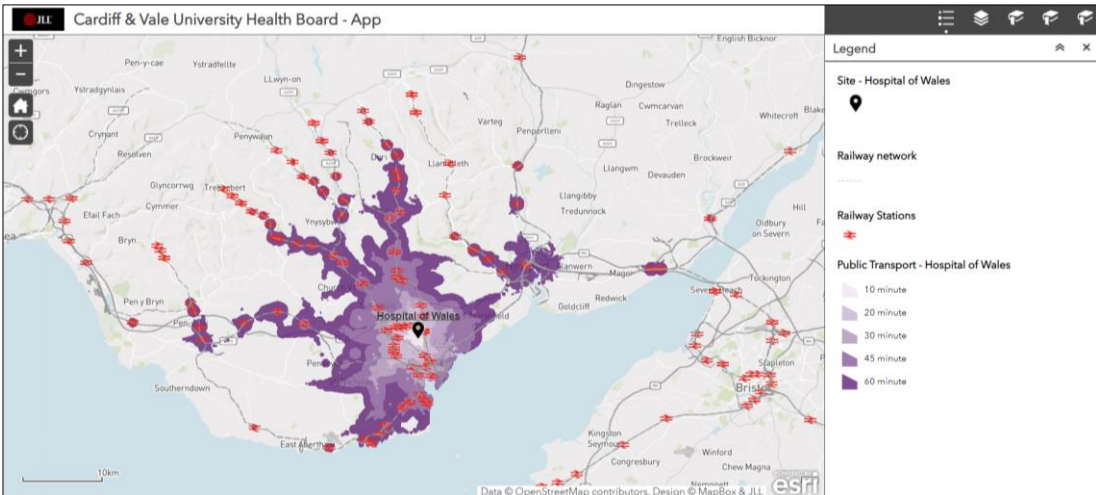
2.4.1 Proforma 1 – Existing UHW Site (including adjacent Cardiff University site)

Site Address University Hospital of Wales, Heath Park Way, CF14 4XW	Suitability Assessment Score 13/14	Approx. Site Area 24 ha (59 ac.)	Local Authority Area: Cardiff City Council
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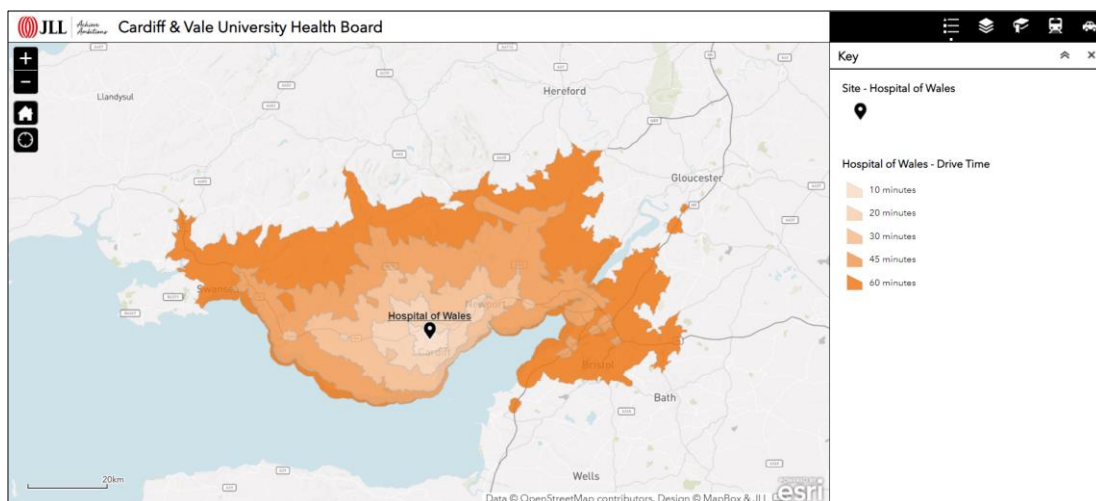


Source: LandInsight

Current Use	Part hospital and part offices.
Description of Site & Surrounding Context	<p>The existing site is located to the north of Cardiff city centre, accessed via the A48.</p> <p>The site is relatively level in topography and shape. The existing site is bordered by residential dwellings to the east and west and Heath Park to the north. The southern boundary of the site runs parallel with the A48.</p>
Planning Context – Policy & History	<p><u>Cardiff Local Development Plan 2006 – 2026:</u></p> <p>We are not aware that the site has been submitted to any Call for Sites in relation to the adopted Cardiff LDP.</p> <p>There are no site-specific policies or allocations within the LDP.</p> <p><u>Planning History:</u></p> <p>There are multiple planning applications in relation to the ongoing use of the site as an operational hospital, but we are not aware of any planning applications for any non-healthcare purposes.</p>
Designations / Constraints	<p><u>Land Based Designations (MAGIC Mapping, DEFRA):</u></p> <p>There are no Land Based Designations.</p> <p><u>Flooding (Natural Resources Wales):</u></p> <p>Parts of the site are at a low, medium, and high risk of flooding from Surface Water and Small Watercourses.</p>

	<p>Listed Buildings & Conservation Areas:</p> <p>The site is not located within a Conservation Area. Roath Park and Gardens Conservation Area is located to the east of the site.</p> <p>The site is not subject to any listings, according to the publicly available CADW database.</p>																
Ownership	<p>Split ownership:</p> <ul style="list-style-type: none"> Cardiff and Vale University Health Board (FH - WA943154) Cardiff University (FH - WA869886) 																
Proximity to Major Health Infrastructure	<table border="1"> <thead> <tr> <th>Facility</th><th>Distance</th></tr> </thead> <tbody> <tr> <td>The Royal Gwent, Newport</td><td>12.1 miles</td></tr> <tr> <td>The Grange, Cwmbran</td><td>16.4 miles</td></tr> <tr> <td>Morrison, Swansea</td><td>43 miles</td></tr> <tr> <td>Singleton, Swansea</td><td>42.8 miles</td></tr> <tr> <td>Princess of Wales, Bridgend</td><td>26.5 miles</td></tr> <tr> <td>Royal Glamorgan, Pontyclun</td><td>18.8 miles</td></tr> <tr> <td>Total</td><td>159.6 miles</td></tr> </tbody> </table>	Facility	Distance	The Royal Gwent, Newport	12.1 miles	The Grange, Cwmbran	16.4 miles	Morrison, Swansea	43 miles	Singleton, Swansea	42.8 miles	Princess of Wales, Bridgend	26.5 miles	Royal Glamorgan, Pontyclun	18.8 miles	Total	159.6 miles
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Morrison, Swansea	43 miles																
Singleton, Swansea	42.8 miles																
Princess of Wales, Bridgend	26.5 miles																
Royal Glamorgan, Pontyclun	18.8 miles																
Total	159.6 miles																
Accessibility – Public Transport	 <table border="1"> <thead> <tr> <th>Public Transport Travel Time (Minutes)</th><th>Population as at 2020</th></tr> </thead> <tbody> <tr> <td>10 min</td><td>23,162</td></tr> <tr> <td>20 min</td><td>149,191</td></tr> <tr> <td>30 min</td><td>316,896</td></tr> <tr> <td>45 min</td><td>479,589</td></tr> <tr> <td>60 min</td><td>908,946</td></tr> </tbody> </table>	Public Transport Travel Time (Minutes)	Population as at 2020	10 min	23,162	20 min	149,191	30 min	316,896	45 min	479,589	60 min	908,946				
Public Transport Travel Time (Minutes)	Population as at 2020																
10 min	23,162																
20 min	149,191																
30 min	316,896																
45 min	479,589																
60 min	908,946																

Accessibility - Car



Drive Time (Minutes)	Population as at 2020
10 min	223,079
20 min	518,771
30 min	953,409
45 min	1,464,267
60 min	2,714,259

Car Ownership*

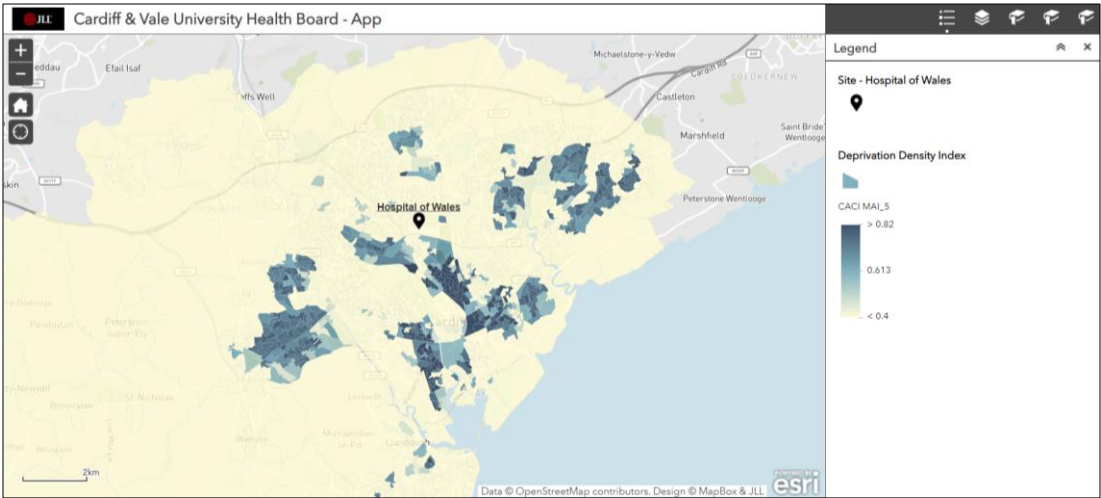
The below Car Ownership data utilises the above Drive Time segments:

Drive Time (Minutes)	Households as at 2011	No Car	1 Car	2 Car +
10 min	84,618	23,376	36,224	25,018
20 min	202,042	54,326	86,542	61,174
30 min	376,217	96,557	160,743	118,917
45 min	586,707	146,076	251,653	188,978
60 min	1,083,233	265,325	467,005	350,903

**Please note that the above Car Ownership data is based on 2011 Census information and therefore is dated. This data will need to be updated/refreshed when the 2021 Census data is released.*

Khan Raj
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Population Density
and Deprivation



Acorn Profile 2020	Within 10 min Drive Time	Within 20 min Drive Time	Within 10 min via Public Transport	Within 20 min via Public Transport
Financially Stretched (number of households)	26,242	63,590	1,467	16,618
Urban Adversity (number of households)	8,194	30,012	219	3,178

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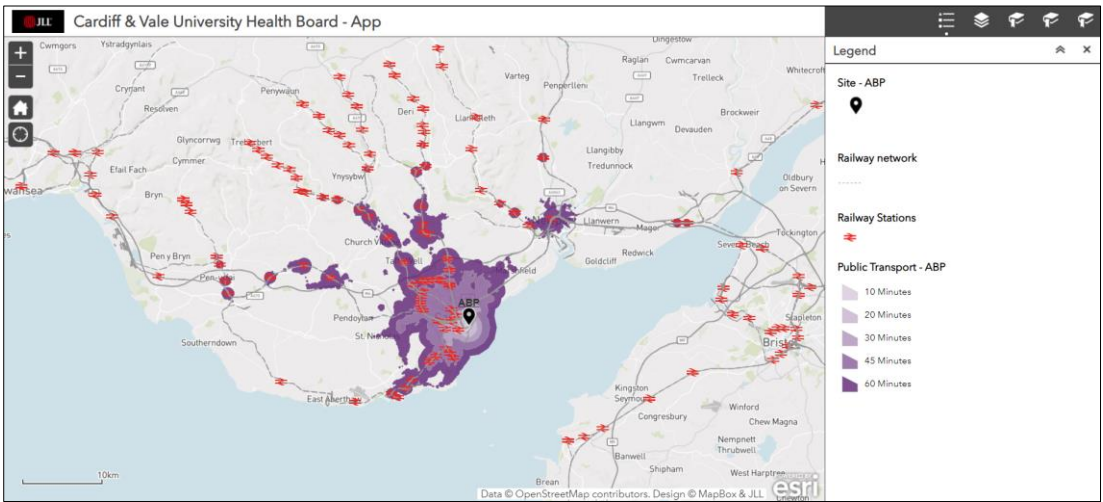
2.4.2 Proforma 4 – Land at Cardiff Docks

Site Address. Land at Cardiff Docks (ABP), Cardiff Docks, CF10 4ED	Suitability Assessment Score 12/14	Approx. Site Area 54ha (133ac)	Local Authority Area: Cardiff City Council
 <p>Source: LandInsight</p>			
Current Use	Docks (Associated British Ports).		
Description of Site & Surrounding Context	<p>The site is located just south east of Cardiff city centre and is accessed via Rover Way from either the A4232 or Rover Way travelling from the A48.</p> <p>The site is generally level in topography and is irregular in shape, wrapping around Queen Alexandra Dock and Roath Dock. The site runs parallel with the water to the south eastern boundary.</p> <p>The site is made up of predominantly light industrial and trade users with occupiers including Wild Water Group, P&P timber and HDM Tubes. To the northern, eastern, and western boundaries the site immediately neighbours further industrial users. The BBC drama village is in Porth Teigr on the opposite side of the Queen Alexandra Dock.</p> <p>Extending further to the north west over the Roath Basin is Cardiff Bay, a mixed-use area offering a range of Government, office, leisure, and residential uses.</p> <p>We understand that ABP are currently undertaking a masterplanning exercise which we understand is due to conclude in December. We recommend early engagement with ABP if this site is of interest. It should also be noted that Welsh Government own land at Porth Teigr which could provide additional land (e.g. for a Life Sciences campus) to sit alongside any future hospital in this location.</p>		

Planning Context – Policy & History	<p><u>Cardiff Local Development Plan 2006 – 2026:</u></p> <p>The site is allocated as existing employment land under Policy EC1.2 - Cardiff Port (& Heliport and Surrounds)).</p> <p>Two areas of the site are identified as Sand Wharf Protection Areas.</p> <p><u>Planning History:</u></p> <p>We are not aware of any recent planning applications related to the operational use of the site or redevelopment.</p> <p>The site to the south east was granted planning permission in January 2017 (Planning Ref. 16/02730/MJR) for commercial development (B1, B2 and B8).</p>																
Designations / Constraints	<p><u>Land Based Designations (MAGIC Mapping, DEFRA):</u></p> <p>There are no land-based designations.</p> <p><u>Flooding (Natural Resources Wales):</u></p> <p>Minimal areas of the site are subject to a low risk of flooding from Surface Water and Small Watercourses. No parts of the site are at risk of flooding from the Sea or Rivers.</p> <p>We understand that Cardiff City Council are undertaking a review of the existing Flood Risk Plan, the findings of which should be monitored. Flooding is a constraint that would need to be explored in detail during the next stage of the process as it will form an important part of business planning and any associated planning application on the site.</p> <p><u>Listed Buildings & Conservation Areas:</u></p> <p>The site is not located within a Conservation Area. There are two Conservation Areas (Pierhead and Mount Stuart Square) located to the west of the site.</p> <p>The site is not subject to any listings, according to the publicly available CADW database.</p>																
Ownership	Associated British Ports (CYM388797, CYM370532 and CYM737625)																
Proximity to Major Health Infrastructure	<table border="1"> <thead> <tr> <th>Facility</th><th>Distance</th></tr> </thead> <tbody> <tr> <td>The Royal Gwent, Newport</td><td>13.9 miles</td></tr> <tr> <td>The Grange, Cwmbran</td><td>18.3 miles</td></tr> <tr> <td>Morrison, Swansea</td><td>46.6 miles</td></tr> <tr> <td>Singleton, Swansea</td><td>46.4 miles</td></tr> <tr> <td>Princess of Wales, Bridgend</td><td>23.4 miles</td></tr> <tr> <td>Royal Glamorgan, Pontyclun</td><td>15.7 miles</td></tr> <tr> <td>Total</td><td>164.3 miles</td></tr> </tbody> </table>	Facility	Distance	The Royal Gwent, Newport	13.9 miles	The Grange, Cwmbran	18.3 miles	Morrison, Swansea	46.6 miles	Singleton, Swansea	46.4 miles	Princess of Wales, Bridgend	23.4 miles	Royal Glamorgan, Pontyclun	15.7 miles	Total	164.3 miles
Facility	Distance																
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Total	164.3 miles																

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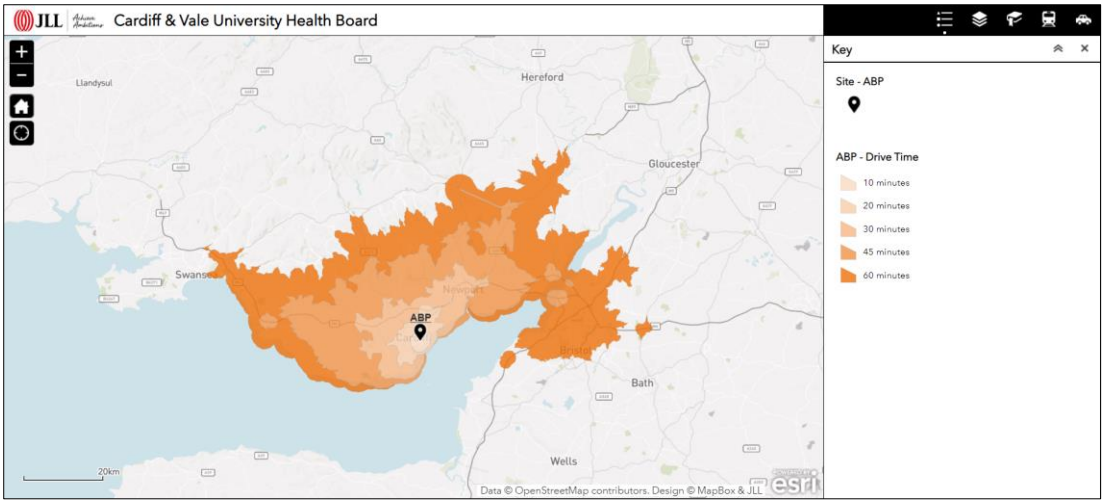
Accessibility –
Public Transport



Public Transport Travel Time (Minutes)	Population as at 2020
10 min	0*
20 min	16,300
30 min	71,343
45 min	314,143
60 min	630,272

* The 10-minute commute from ABP doesn't capture any population as it is too short of a time to commute anywhere on public transport from the point of origin, hence why it is 0.

Accessibility - Car



Drive Time (Minutes)	Population as at 2020
10 min	59,445
20 min	288,270
30 min	598,878
45 min	1,068,540
60 min	2,095,796

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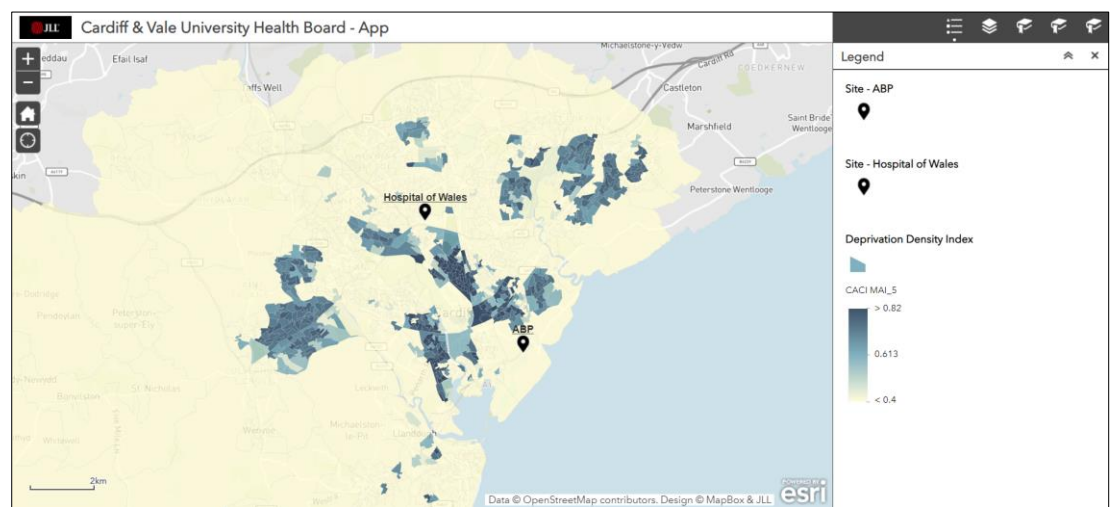
Car Ownership*

The below Car Ownership data utilises the above Drive Time segments:

Drive Time (Minutes)	Households as at 2011	No Car	1 Car	2 Car +
10 min	22,895	9,760	9,748	3,387
20 min	108,949	33,596	46,981	28,372
30 min	234,707	65,316	100,506	68,885
45 min	423,302	104,578	180,614	138,110
60 min	830,174	203,618	358,359	268,197

**Please note that the above Car Ownership data is based on 2011 Census information and therefore is dated. This data will need to be updated/refreshed when the 2021 Census data is released.*

Population Density and Deprivation



Acorn Profile 2020	Within 10 min Drive Time	Within 20 min Drive Time	Within 10 min via Public Transport	Within 20 min via Public Transport
Financially Stretched (number of households)	8,518	35,937	0*	1,559
Urban Adversity (number of households)	6,469	19,272	0*	2,534


**The site scores 0 for two reasons:*

- The score is linked to the Public Transport Drive Time data that records a score of 0 for the 10-minute Public Transport Drive Time. For this reason, the data records that 0 households can be reached via a 10-minute public transport commute.*
- The site itself does not fall within a high deprivation density area.*

This is not to say though that it is not close to 'deprivation hubs' as per the above map.

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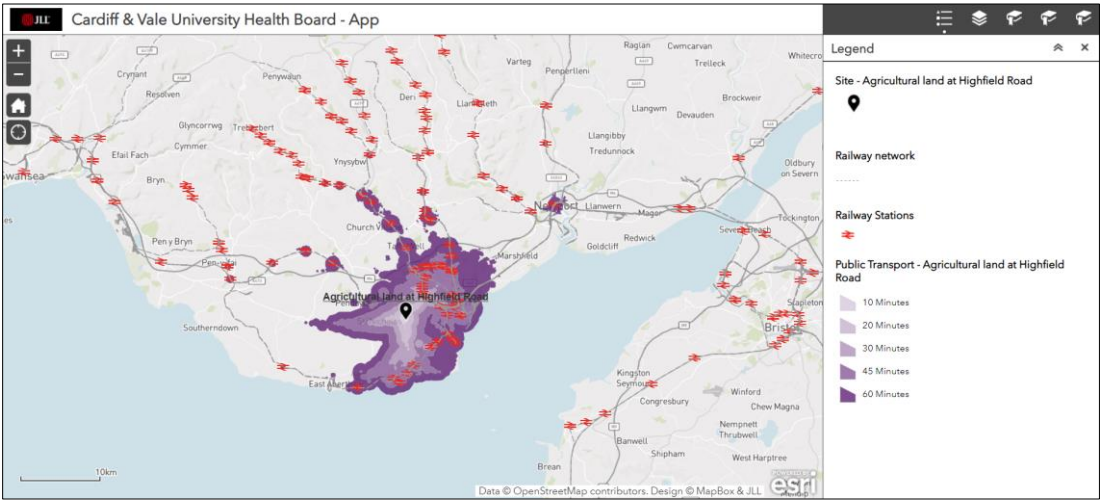
2.4.3 Proforma 3 – Agricultural Land at Culverhouse Cross

Site Address Agricultural land at Highfield Road, Culverhouse Cross, CF5 5TR	Suitability Assessment Score 12/14	Approx. Site Area 24 ha (59ac)	Local Authority Area: Cardiff City Council
 <p style="text-align: center;">Source: LandInsight</p>			
Current Use	Agricultural land.		
Description of Site & Surrounding Context	<p>The site is located to the west of Cardiff city centre and would be accessed from the A4050/ Port Road leading from the A4232 or from Caerlau Lane.</p> <p>The site has a slight incline in topography and is regular in shape.</p> <p>The retail area of Culverhouse Cross is located to the north west of the property, surrounding the Culverhouse Cross roundabout. Occupiers include retailers and supermarkets including Aldi, M&S, B&M and Tesco Extra.</p> <p>Greenfield and agricultural land borders the site to the east, south and south west. The northern boundary comprises a new build residential housing estate and further north over the A4232 are the residential areas of Caerau, Michaelston-Super-Ely and Ely.</p>		
Planning Context – Policy & History	<p><u>Vale of Glamorgan Development Plan 2011 – 2026</u></p> <p>The site falls within a Green Wedge area (MG18 (3)). Please note that we have been unable at this stage to discuss with the Vale of Glamorgan planning team how difficult or otherwise it is to develop land within a Green Wedge area. This therefore should currently be treated as a potentially serious risk to delivery, subject to further due diligence.</p> <p>Part of the site falls within a Mineral Safeguarding Limestone Zone 1 area and the whole site falls within a Safeguarding Limestone Zone 2 area.</p>		

	<p>To the east of the site is a Quarry site (Policy SP9) and Quarry Site Buffer Zone (Policy MG23).</p> <p>The site falls outside of the Culverhouse Cross Settlement Boundary (Policy MD5).</p> <p>The areas to the east and west of the site are identified as Special Landscape Areas (Policy MG17 (5)).</p>																
Designations/ Constraints	<p><u>Land Based Designations (MAGIC Mapping, DEFRA):</u></p> <p>A small section of the northern boundary is identified under the National Forestry Inventory as Assumed Woodland. There are no other land-based designations.</p> <p><u>Flooding (Natural Resources Wales):</u></p> <p>The site is not at risk of flooding from Rivers or the Sea. Most of the site is also not at risk of flooding from Surface Water and Small Watercourses, except for a small section to the south east of the site.</p> <p><u>Listed Buildings & Conservation Areas:</u></p> <p>The site is not located within a Conservation Area.</p> <p>The site is not subject to any listings, according to the publicly available CADW database.</p>																
Ownership	The site is owned by Penllyn Estates LLP (CYM646481 and WA357550).																
Proximity to Major Health Infrastructure	<table border="1"> <thead> <tr> <th>Facility</th><th>Distance</th></tr> </thead> <tbody> <tr> <td>The Royal Gwent, Newport</td><td>20.4 miles</td></tr> <tr> <td>The Grange, Cwmbran</td><td>24.8 miles</td></tr> <tr> <td>Morrison, Swansea</td><td>40.2 miles</td></tr> <tr> <td>Singleton, Swansea</td><td>40 miles</td></tr> <tr> <td>Princess of Wales, Bridgend</td><td>16.9 miles</td></tr> <tr> <td>Royal Glamorgan, Pontyclun</td><td>9.2 miles</td></tr> <tr> <td>Total</td><td>151.5 miles</td></tr> </tbody> </table>	Facility	Distance	The Royal Gwent, Newport	20.4 miles	The Grange, Cwmbran	24.8 miles	Morrison, Swansea	40.2 miles	Singleton, Swansea	40 miles	Princess of Wales, Bridgend	16.9 miles	Royal Glamorgan, Pontyclun	9.2 miles	Total	151.5 miles
Facility	Distance																
The Royal Gwent, Newport	20.4 miles																
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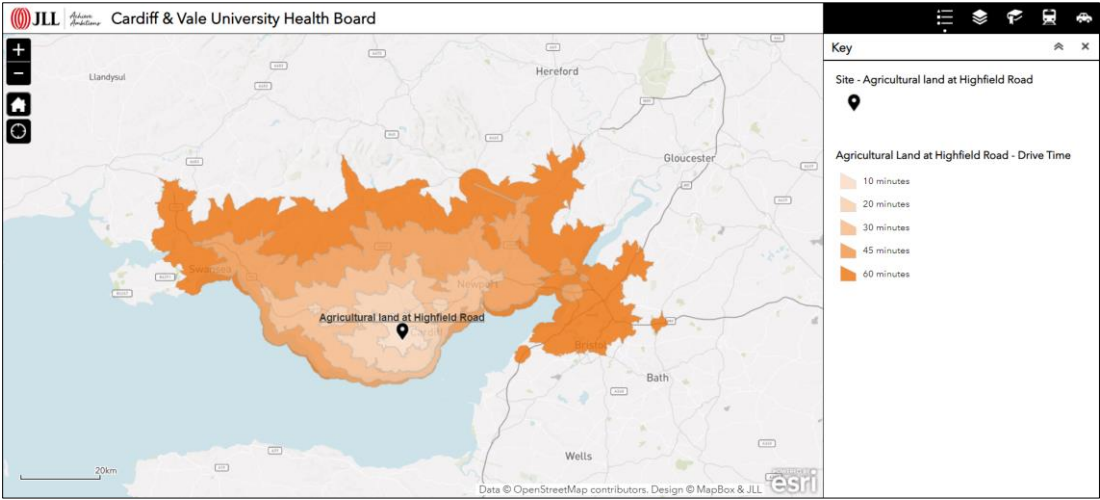
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Accessibility –
Public Transport



Public Transport Travel Time (Minutes)	Population as at 2020
10 min	1,260
20 min	20,899
30 min	81,822
45 min	291,209
60 min	537,892

Accessibility - Car



Drive Time (Minutes)	Population as at 2020
10 min	81,669
20 min	503,594
30 min	950,480
45 min	1,471,345
60 min	2,562,460

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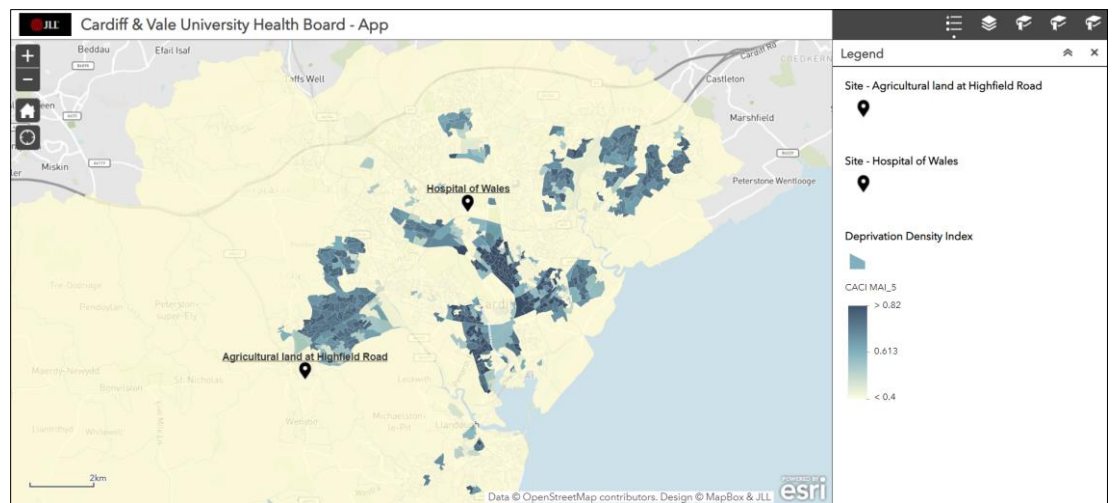
Car Ownership*

The below Car Ownership data utilises the above Drive Time segments:

Drive Time (Minutes)	Households as at 2011	No Car	1 Car	2 Car +
10 min	32,837	10,250	14,664	7,923
20 min	195,747	49,914	83,907	61,926
30 min	375,269	94,846	160,329	120,094
45 min	592,699	150,241	254,300	188,158
60 min	1,025,180	254,967	442,873	327,340

**Please note that the above Car Ownership data is based on 2011 Census information and therefore is dated. This data will need to be updated/refreshed when the 2021 Census data is released.*

Population Density and Deprivation




Acorn Profile 2020	Within 10 min Drive Time	Within 20 min Drive Time	Within 10 min via Public Transport	Within 20 min via Public Transport
Financially Stretched (number of households)	9,317	56,715	77	4,531
Urban Adversity (number of households)	9,124	26,463	0*	2,585

**The site scores 0 as no Urban Adversity households can be reached via a 10-minute Public Transport Drive Time.*

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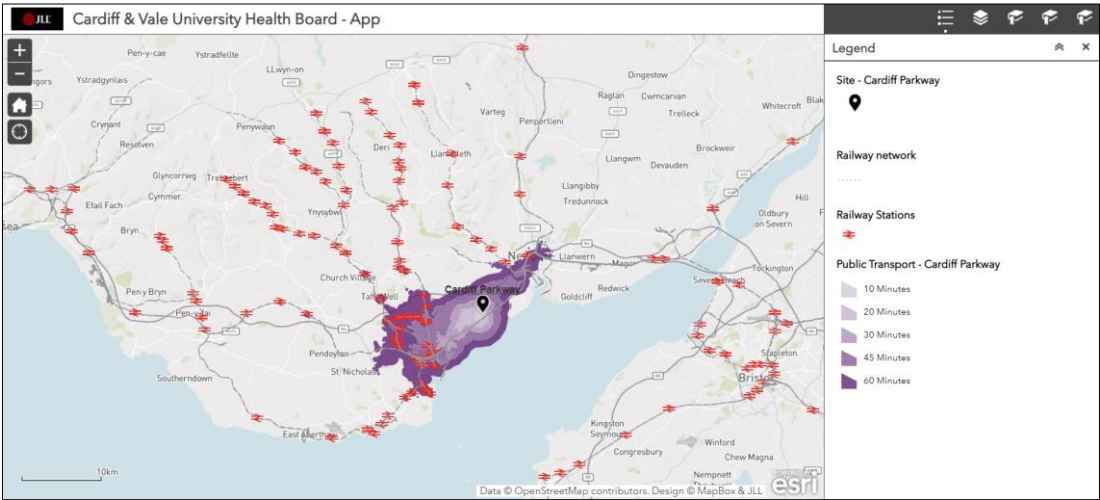
2.4.4 Proforma 2 – Cardiff Parkway

Site Address Cardiff Parkway, east of Cypress Drive, St Mellons, CF3 0RG	Suitability Assessment Score 10/14	Approx. Site Area 71 ha (175 ac)	Local Authority Area: Cardiff City Council
 <p>Source: LandInsight</p>			
Current Use	Agricultural land.		
Description of Site & Surrounding Context	<p>The site is located to the east of Cardiff city centre, accessed via Cypress Drive from the A48.</p> <p>The site is generally level in topography and regular in shape.</p> <p>The northern boundary of the site borders the southern boundary of St Mellons Business Park, a mixed-use location including multi-let offices, light industrial and R&D facilities. Occupiers on the business park include Welsh Water, The BBC, Olympus Surgical and Natural Resources Wales.</p> <p>The eastern and southern boundaries of the site border greenfield and agricultural land. The western boundary borders residential dwellings which make up the main residential area in St Mellons, also accessed via Cypress Drive. Hendre Lake Park is situated to the south of the residential area.</p> <p>The main South Wales train line travels through the centre of the site in the directions of Swansea and London.</p>		
Planning Context – Policy & History	<p><u>Cardiff Local Development Plan 2006 – 2026:</u></p> <p>The site was submitted to the Cardiff Call for Sites in 2011 for a railway station, park & ride, hotel, retail, business park and landscaping. The site was allocated as a strategic employment site under Policy KP2 (H) (Strategic Site H - South of St Mellons Business Park).</p> <p>To the south the site bounds the Wentloog Levels Special Landscape Area (Policy EN3).</p>		

	<p><u>Planning History:</u></p> <p>We are not aware of any planning applications in relation to the development of Strategic Site H.</p>																
Designations/ Constraints	<p><u>Land Based Designations (MAGIC Mapping, DEFRA):</u></p> <p>The site falls within a Site of Specific Scientific Interest (SSSI) area. There are no other land-based designations.</p> <p><u>Flooding (Natural Resources Wales):</u></p> <p>Parts of the site are subject to a low risk of flooding from Surface Water and Small Watercourses. The entire site has a low risk of flooding from the Sea and the northern part of the site falls within an area with a low risk of flooding from Rivers.</p> <p>We understand that Cardiff City Council are undertaking a review of the existing Flood Risk Plan, the findings of which should be monitored. Flooding is a constraint that would need to be explored in detail during the next stage of the process as it will form an important part of business planning and any associated planning application on the site.</p> <p><u>Listed Buildings & Conservation Areas:</u></p> <p>The site is not located within a Conservation Area. Located further afield to the west of the site is the Old St Mellons Conservation Area.</p> <p>The site is not subject to any listings, according to the publicly available CADW database.</p>																
Ownership	<p>The overall site is held in multiple ownerships:</p> <ul style="list-style-type: none"> • Cardiff County Council (CYM391113, CYM389958 and CYM389876) • Clarke Willmott Trust Corporation Ltd (CYM708645, CYM216658 and CYM726424) • Wales and West Utilities (WA303743 and WA146517) • Private owners (CYM421493, CYM421419, WA151037, CYM437846, CYM687096, CYM691329, CYM480798, WA516388 and CYM709073) • Parcel of unregistered land to the south of the site. 																
Proximity to Major Health Infrastructure	<table border="1"> <thead> <tr> <th>Facility</th><th>Distance</th></tr> </thead> <tbody> <tr> <td>The Royal Gwent, Newport</td><td>7.2 miles</td></tr> <tr> <td>The Grange, Cwmbran</td><td>12.8 miles</td></tr> <tr> <td>Morriston, Swansea</td><td>48.7 miles</td></tr> <tr> <td>Singleton, Swansea</td><td>48.5 miles</td></tr> <tr> <td>Princess of Wales, Bridgend</td><td>25.4 miles</td></tr> <tr> <td>Royal Glamorgan, Pontyclun</td><td>17.7 miles</td></tr> <tr> <td>Total</td><td>160.3</td></tr> </tbody> </table>	Facility	Distance	The Royal Gwent, Newport	7.2 miles	The Grange, Cwmbran	12.8 miles	Morriston, Swansea	48.7 miles	Singleton, Swansea	48.5 miles	Princess of Wales, Bridgend	25.4 miles	Royal Glamorgan, Pontyclun	17.7 miles	Total	160.3
Facility	Distance																
The Royal Gwent, Newport	7.2 miles																
The Grange, Cwmbran	12.8 miles																
Morriston, Swansea	48.7 miles																
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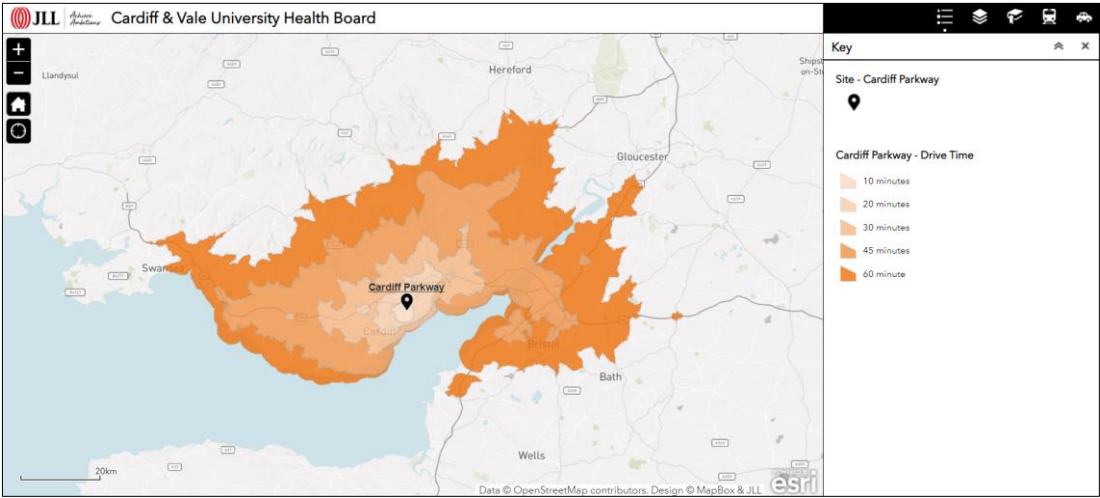
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Accessibility –
Public Transport



Public Transport Travel Time (Minutes)	Population as at 2020
10 min	4,066
20 min	27,671
30 min	63,431
45 min	219,692
60 min	448,240

Accessibility - Car



Drive Time (Minutes)	Population as at 2020
10 min	35,931
20 min	301,435
30 min	704,708
45 min	1,426,380
60 min	2,656,583

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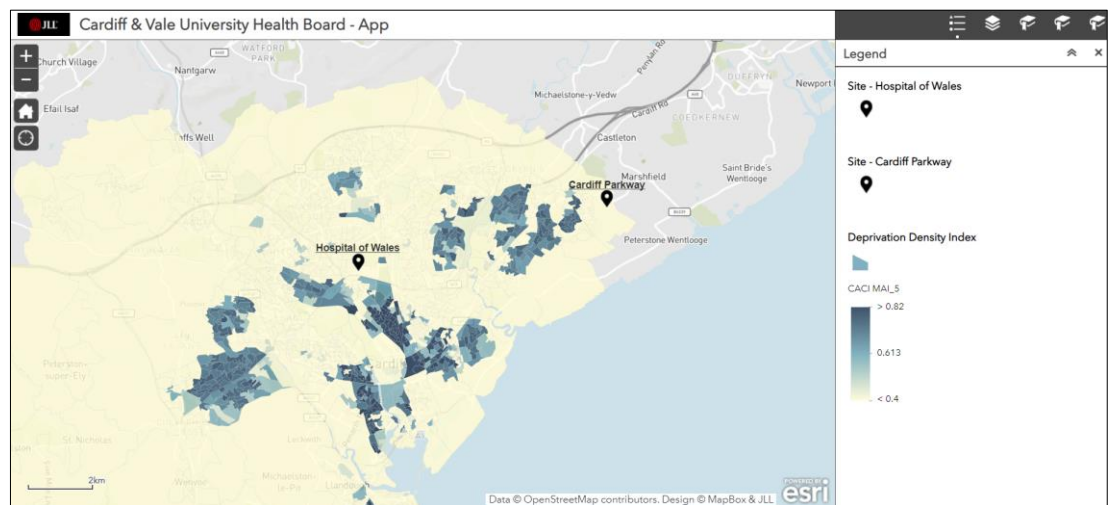
Car Ownership*

The below Car Ownership data utilises the above Drive Time segments:

Drive Time (Minutes)	Households as at 2011	No Car	1 Car	2 Car +
10 min	13,542	3,974	5,534	4,034
20 min	115,583	33,676	47,552	34,355
30 min	277,404	74,830	118,174	84,400
45 min	562,888	136,955	240,758	185,175
60 min	1,055,280	249,700	453,850	351,730

**Please note that the above Car Ownership data is based on 2011 Census information and therefore is dated. This data will need to be updated/refreshed when the 2021 Census data is released.*


Population Density and Deprivation



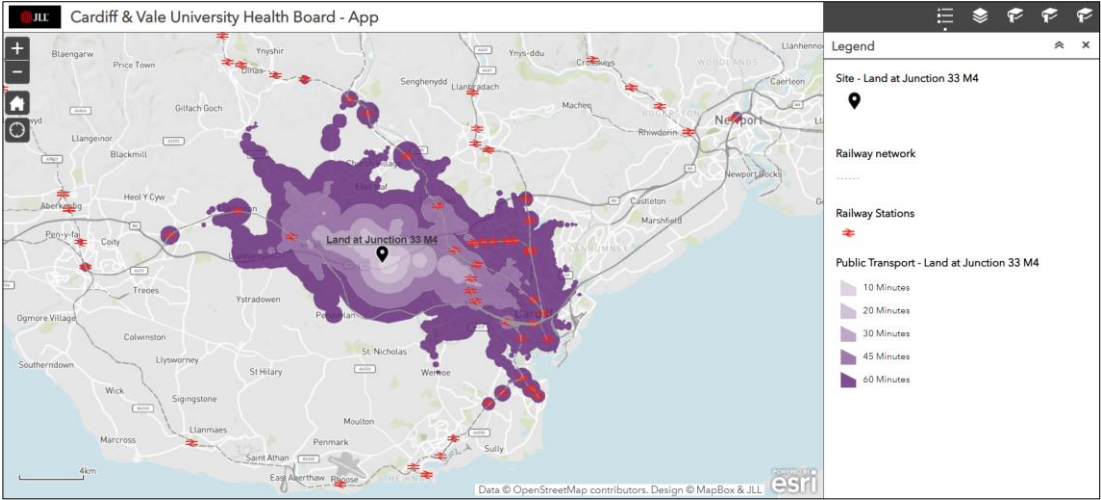
Acorn Profile 2020	Within 10 min Drive Time	Within 20 min Drive Time	Within 10 min via Public Transport	Within 20 min via Public Transport
Financially Stretched (number of households)	5,525	40,093	103	4,858
Urban Adversity (number of households)	3,262	22,140	431	2,456

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2.4.5 Proforma 5 – Land at Junction 33 M4

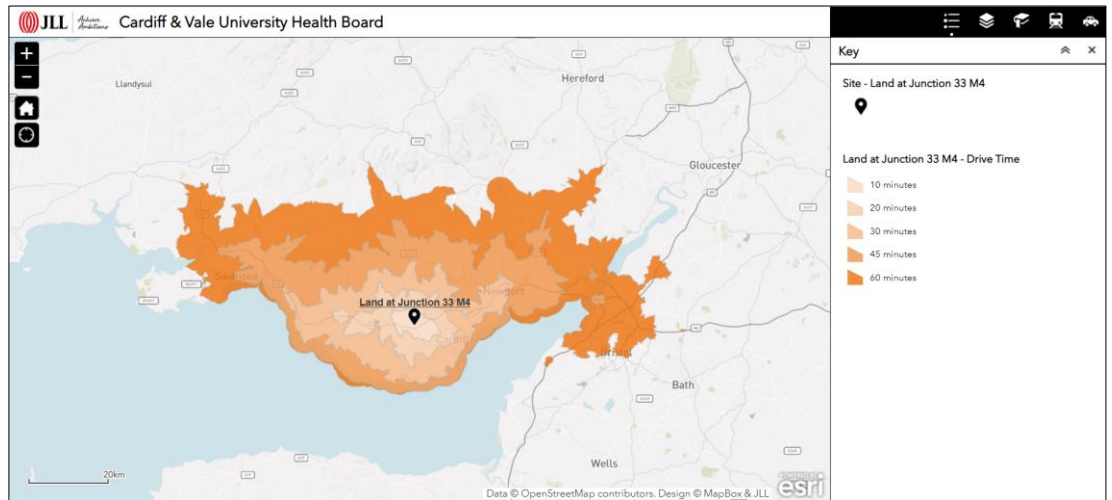
Site Address Land at Junction 33 M4, Pontyclun, CF72 8SA	Suitability Assessment Score 10/14	Approx. Site Area 80ha (198 ac)	Local Authority Area: Cardiff City Council
 <p style="text-align: center;"><i>Source: LandInsight</i></p>			
Current Use	Agricultural land.		
Description of Site & Surrounding Context	<p>The site is located to the north of Cardiff city centre, running parallel to the M4 motorway, adjacent to Junction 33. At present access to the site is provided via the northern boundary from the A4179/ Llantrisant Road.</p> <p>The site is generally level in topography.</p> <p>To the north of the site, development has begun on the Persimmon residential scheme which follows the northern boundary.</p> <p>To the east, south and west the site is surrounded by greenfield and agricultural land which surrounds the motorway road on all sides.</p> <p>To the north east boundary sits Pencoed House Estate, a Grade II listed property.</p> <p>The southern site boundary borders the Moto Cardiff West service station which has direct access from J33 of the M4.</p>		
Planning Context – Policy & History	<p><u>Cardiff Local Plan 2006 - 2026:</u></p> <p>The site was submitted to the Cardiff Call for Sites in 2011 for mixed-use development. It was allocated as Strategic Site D (Policy KP2 D - Land to the North of Junction 33, M4) which comprises a mixed-use development of approximately 2,000 homes, employment, other associated community uses and a strategic park and ride site.</p>		

	<p>Immediately to the west of the site there is the Strategic Site D Potential Future Expansion site (Land West of the Strategic Site North of Junction 33). To the north east the side is bounded by a Green Wedge (Policy KP3(A)) and a Special Landscape Area (Policy EN3).</p> <p><u>Planning History:</u></p> <p>In 2017 the Development Consent Order (DCO) (Planning Ref. 14/00852/DCO) was permitted for the following development:</p> <p><i>'Comprehensive development of 'land to the north of junction 33 of the m4' to create a new community containing: a range of new homes (use classes c2 and c3), a park and ride facility and transport interchange or hub community facilities including a new primary school and community centre (use class d1), a local centre including shops (use class a1), financial and professional (use class a2), food and drink (use class a3) and a clinic or surgery (use class d1), new offices, workshops and research and development facilities (use classes b1 with ancillary b2 and b8), a network of open spaces, areas for informal recreation, new roads, parking areas, accesses and other ancillary uses including site preparation, the installation or improvement of services and infrastructure, the creation of drainage channels, improvements/works to the highway network.'</i></p> <p>Persimmon Homes have submitted the following Reserved Matters applications in relation to the above DCO:</p> <ul style="list-style-type: none"> • Planning Ref. 18/00696/MJR - 'Residential development of 374 dwellings with associated works including parking provision, land re-profiling, landscaping and open space.' (Approved August 2019). • Planning Ref. 19/03264/MJR - 'Single dwelling house and pumping stations with associated infrastructure and landscaping within phase 1 of the wider development.' (Approved May 2020). • Planning Ref. 19/03293/MJR - 'Infrastructure associated with the spine road and park and ride facility at the land to the north of junction 33 of the m4 - the site location plan to the application has been amended.' (Not yet determined but includes providing access to the development off Junction 33 of the M4). • Planning Ref. 21/00808/MJR - 'Residential development of 173 dwellings with associated works including land re-profiling, pumping station, landscaping and open space.' (Not yet determined). <p>A number of conditions have also been discharged during this time in relation to the DCO and subsequent Reserved Matters applications.</p>
Designations / Constraints	<p><u>Land Based Designations (MAGIC Mapping, DEFRA):</u></p> <p>Parts of the site are identified by the National Forest Inventory (2014) as areas of Broadleaved and Mainly Mixed Broadleaved woodland. There are no other land-based designations.</p> <p><u>Flooding (Natural Resources Wales):</u></p> <p>The site is not at risk of flooding from Rivers or the Sea. Aspects of the site are at a low, medium and high risk of flooding from Surface Water and Small Watercourses.</p> <p><u>Listed Buildings & Conservation Areas:</u></p> <p>The site is not located in a Conservation Area. Further afield to the north east of the site are the Penttyrch Conservation Areas (Craig y Parc and Gwaelod y Garth).</p> <p>The site is not subject to any listings, according to the publicly available CADW database. The site borders Pencoed House Estate to the North East which is subject to a Grade II listing.</p>
Ownership	<p>Multiple ownerships:</p> <ul style="list-style-type: none"> • Persimmon Homes Ltd (CYM759230, CYM617059, WA236356, WA265130, WA166935, WA157323 and WA156961) • Railway Paths Ltd (CYM193862) • Country Weddings (Cardiff) Ltd (WA931906)

	<ul style="list-style-type: none"> Bruchmen No2 Ltd (WA342526) Private owners (CYM228228, CYM517497, CYM629074, CYM662158 and WA286929) 																
Proximity to Major Health Infrastructure	<table border="1"> <thead> <tr> <th>Facility</th><th>Distance</th></tr> </thead> <tbody> <tr> <td>The Royal Gwent, Newport</td><td>16.6 miles</td></tr> <tr> <td>The Grange, Cwmbran</td><td>21 miles</td></tr> <tr> <td>Morrison, Swansea</td><td>36.7 miles</td></tr> <tr> <td>Singleton, Swansea</td><td>36.5 miles</td></tr> <tr> <td>Princess of Wales, Bridgend</td><td>13.5 miles</td></tr> <tr> <td>Royal Glamorgan, Pontyclun</td><td>5.8 miles</td></tr> <tr> <td>Total</td><td>130.1 miles</td></tr> </tbody> </table>	Facility	Distance	The Royal Gwent, Newport	16.6 miles	The Grange, Cwmbran	21 miles	Morrison, Swansea	36.7 miles	Singleton, Swansea	36.5 miles	Princess of Wales, Bridgend	13.5 miles	Royal Glamorgan, Pontyclun	5.8 miles	Total	130.1 miles
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Accessibility - Car



Drive Time (Minutes)	Population as at 2020
10 min	46,839
20 min	332,772
30 min	897,008
45 min	1,463,301
60 min	2,377,582

Car Ownership*

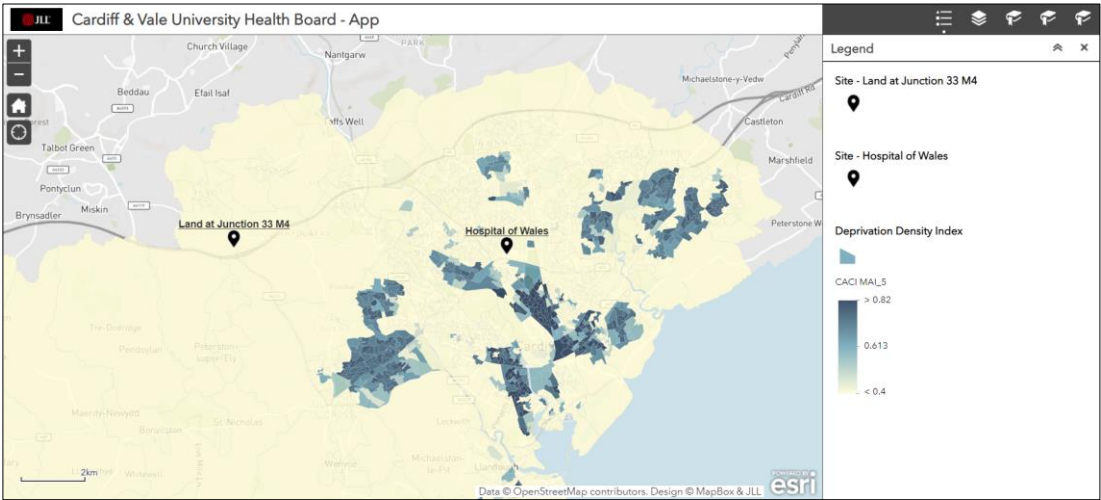
The below Car Ownership data utilises the above Drive Time segments:

Drive Time (Minutes)	Households as at 2011	No Car	1 Car	2 Car +
10 min	18,767	3,411	7,687	7,669
20 min	126,628	29,426	53,502	43,700
30 min	355,366	90,388	152,142	112,836
45 min	589,727	151,230	253,204	185,293
60 min	952,461	239,910	410,490	302,061

**Please note that the above Car Ownership data is based on 2011 Census information and therefore is dated. This data will need to be updated/refreshed when the 2021 Census data is released.*

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Population Density
and Deprivation



Acorn Profile 2020	Within 10 min Drive Time	Within 20 min Drive Time	Within 10 min via Public Transport	Within 20 min via Public Transport
Financially Stretched (number of households)	4,148	38,570	0*	0*
Urban Adversity (number of households)	1,685	11,995	0*	0*

*These scores are 0 for the following two reasons:

a) The score is linked to the Public Transport Drive Time data that records a score of 0 for the 10-minute Public Transport Drive Time. For this reason, the data records that 0 households can be reached via a 10-minute public transport commute.

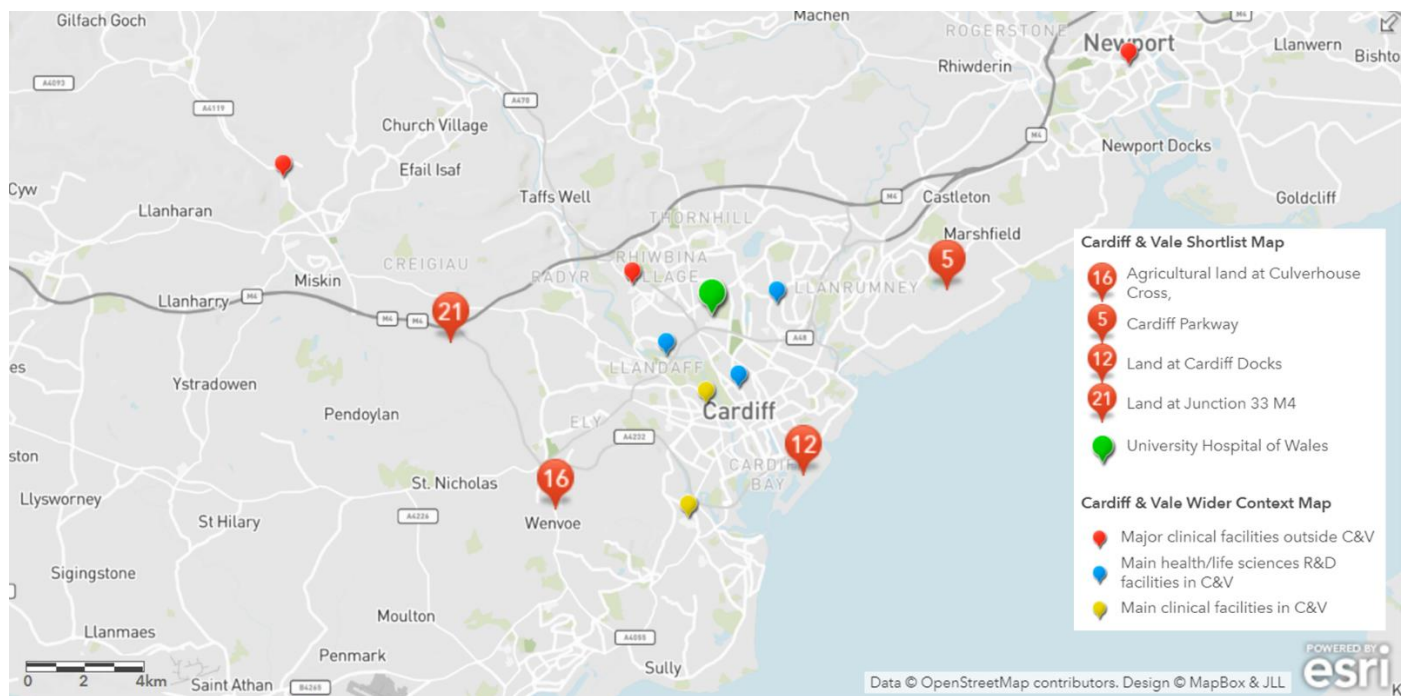
b) The site itself does not fall within a high deprivation density area.

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3 Conclusions

3.1 Conclusions

As part of this commission we have assessed a range of information sources to prepare a robust long list of potential UHW2 sites across Cardiff and the Vale of Glamorgan (assuming a single solution to replace the UHW site). We have then applied a list of agreed criteria to each potential site using a RAG rating/score. Lastly, we have prepared a high-level site proforma for the top 5 sites (in terms of consolidated score) using available desktop information. These 5 sites are set out on the map below:



This initial exercise illustrates that the existing UHW site together with the adjacent University land currently scores highest on the criteria we have adopted. However, we note that redevelopment of the existing UHW site will involve logistical issues in terms of redeveloping an operational hospital estate. The addition of the adjacent University land will begin to mitigate these challenges (subject to further technical review).

This exercise has also demonstrated that there are alternative options to be considered as part of the Business Case process.

From the initial exercise we consider it unlikely that further shortlisted sites will be available within the Vale of Glamorgan. We would however recommend we continue to pursue a strategic conversation with the Council to ensure that we have exhausted all possible opportunities.

Lastly, please note that we have adopted assessment criteria following discussion and agreement with the client. These have been considered on a desktop basis only at this stage. There may be other new criteria to be considered as part of the site assessment process going forward.

3.2 Next Steps

The client to appraise the findings of this exercise. Once an agreed shortlist of potential sites is identified we would recommend further commercial due diligence (non-technical) per shortlisted site to cover the following:

- Town planning context
- Sustainability and environmental considerations
- GIS analysis e.g. demographic/deprivation/accessibility
- Life sciences suitability commentary
- Strategic assessment of commercial deliverability/timescale
- Anticipated land acquisition tone (estimated price)
- Initial engagement with the owner/agent where appropriate (the issue of confidentiality will need to be discussed further including for example the use of NDAs)
- Vacant possession strategy – understanding the existing tenancies on the UHW and other shortlisted sites

In addition, technical site due diligence to be advanced at the appropriate stage (e.g. ground conditions, utilities, highways, flooding/water/drainage, ecology etc.). This would need to be prepared by an appropriate specialist advisor(s). For example, an initial technical appraisal of each site may be prudent as part of the emerging UHW2 Strategic Outline Case.

We hope that this report has been value of you, and should you have any queries or wish to discuss the contents of this report then please do not hesitate to contact Justin Millett or David Roberts at JLL.

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Appendix A – Long List of Potential Sites

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Appendix A - Long list of Potential Sites

Sites in excess of 10 ha (25 ac)

Site Ref	Approx Size (Ha)	Address	Current Use	Proposed	LDP Status	Adopted LDP Ref
Green Marker	c.20	Existing Hospital site	Hospital	N/A	N/A	N/A
Green Marker	c.24	Existing Hospital site with neighbouring University land	Hospital and offices	N/A	N/A	N/A
0	7.5	Former Tax office, Ty Glas Road, Llanishen	Former tax office	N/A	Not allocated	N/A
1	238	North East Cardiff (all)	Agricultural land	Mixed use	Allocated	Strategic Site F
2	81	Land east and west of Church Road and north and south of Bridge Road, St Mellons	Agricultural/part industrial	Mixed use	Allocated	Strategic Site G
3	36.5	Llanishen reservoir	Reservoir (current status to be confirmed)	Residential, watersports, wetlands, educational/community centre and open space	Not allocated	N/A
4	13	Goitre Farm, St Mellons	Grazing land	Mixed use	Not allocated	N/A
5	71	Cardiff Parkway, east of Cypress Drive, St Mellons	Agricultural land	Rail station, park and ride, hotel, retail, business and landscaping	Allocated	Strategic Site H
6	28.3	Wentloog Corporate Park	Vacant land	B1, B2 & B8	Not allocated	N/A
7	18.8	Land at areas 9-12, St Mellons	Informal grazing land	Residential	Allocated	H1.1 Land at 9-12 St Mellons
8	35	Trowbridge Mawr - land west of Trowbridge Road, south of Greenway Park and north of Wentloog Road	Informal grazing land	Mixed use	Not allocated	N/A
9	14	Land adjoining Capital Business Park	Vacant land	B1, B2 & B8	Allocated	Existing Employment Land (EC1.4) Wentloog Road
10	60	Land south of Wentloog Avenue, Wentloog	Waste management operations including waste transfer station and soil blending facility	Waste management facility included within defined settlement boundary and removed from SSSI	Allocated	Special Landscape area
11	23.86	Pengam Green	Vacant	B1, B2 & B8	Not allocated	N/A
12	15	Roath Basin South, Porth Teigr	Former operational docks	Mixed use	Allocated	Roath basin
12a	54	Land at Cardiff Docks (ABP)	Docks/industrial	N/A	Allocated	EC1.2 Cardiff Port (& Heliport and Surrounds)
13	13.94	Gas Works, Ferry Road	Gas works	Residential	Allocated	Strategic Site B
14	14.41	Royal Mail building, Penarth Road	Industrial	N/A	N/A	N/A
15	22.34	Land at Ely Bridge	Unused	Mixed use	Allocated	Arjo Wiggins
16	c.24	Agricultural land at Highfield Road, Vale of Glamorgan, Culverhouse Cross	Agricultural land	N/A	N/A	N/A
17	25.62	Tesco, M&S and surrounding land, Vale of Glamorgan, Culverhouse Cross	Retail units and Agricultural land	N/A	N/A	N/A
18	278	Land to the West of Cardiff	Farmland and disused former railway line	Mixed use	Allocated	Strategic Site C
18	56.77	Strategic Site C potential expansion site	Agricultural land	N/A	Allocated	Potential expansion site
19	24.91	Whitchurch Hospital	Hospital	N/A	N/A	N/A
20	80	Land to the North of Junction 33, M4	Agricultural land	Mixed use	Allocated	Strategic Site D
21	37.7	Land south of Creigiau	Agricultural land	Residential	Allocated	Strategic Site E
22	10.5	Land at Gelynis Farm, Morganstown	Grazing, access land, nursery & railway land	Residential	Not allocated	N/A
23	157	Land at Briwnant	Grazing land	Mixed use	Allocated	Green Wedge and Special Landscape Area
24	13.52	Vastint Land	Industrial	N/A	Allocated	Strategic Site A
25	2.86	Rapport sites	Mixed use	N/A	Allocated	Strategic Site A

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Appendix B – Assessment of high-level Sustainability

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Appendix B - Assessment of high-level suitability

Step 2 Scoring Criteria: 2 1 0

Site Ref	Approx Size (Ha)	Address	Current Use	Proposed	LDP Status	Adopted LDP Ref	Step 1	Step 2							Final Score (Step 2) /14
							Size Yes/No	Surrounding Land Uses	Deliverability (Land)	Deliverability (Planning)	Location within Catchment	Accessibility (Public Transport)	Accessibility (Car)	Proximity to Areas of Deprlvation	
Green Marker	c.20	Existing Hospital site	Hospital	N/A	N/A	N/A	Y	2	2	2	2	1	2	2	13
Green Marker	c.24	Existing Hospital site with neighbouring University land	Hospital and offices	N/A	N/A	N/A	Y	2	2	2	2	1	2	2	13
0	7.5	Former Tax office, Ty Glas Road, Llanishen	Former tax office	N/A	Not allocated	N/A	Y	2	0	1	2	1	1	1	8
1	238	North East Cardiff (all)	Agricultural land	Mixed use	Allocated	Strategic Site F	Y	2	1	1	0	0	2	1	7
2	81	Land east and west of Church Road and north and south of Bridge Road, St Mellons	Agricultural/part industrial	Mixed use	Allocated	Strategic Site G	N	DISCOUNTED - NOT BIG ENOUGH AS MUCH OF LAND ALREADY BROUGHT FORWARD							N/A
3	36.5	Llanishen reservoir	Reservoir (current status to be confirmed)	Residential, watersports, wetlands, educational/community centre and open space	Not allocated	N/A	Y	2	1	0	0	1	1	1	6
4	13	Goitre Farm, St Mellons	Grazing land	Mixed use	Not allocated	N/A	N	DISCOUNTED - NOT BIG ENOUGH							N/A
5	71	Cardiff Parkway, east of Cypress Drive, St Mellons	Agricultural land	Rail station, park and ride, hotel, retail, business and landscaping.	Allocated	Strategic Site H	Y	2	2	2	0	1	2	1	10
6	28.3	Wentloog Corporate Park	Vacant land	B1, B2 & B8	Not allocated	N/A	Y	0	2	1	0	1	1	2	7
7	18.8	Land at areas 9-12, St Mellons	Informal grazing land	Residential	Allocated	H1.1 Land at 9-12 St Mellons	N	DISCOUNTED - NOT BIG ENOUGH							N/A
8	35	Trowbridge Mawr - land west of Trowbridge Road, south of Greenway Park and north of Wentloog Road	Informal grazing land	Mixed use	Not allocated	N/A	Y	1	2	0	0	1	1	2	7
9	14	Land adjoining Capital Business Park	Vacant land	B1, B2 & B8	Allocated	Existing Employment Land (EC1.4) Wentloog Road	N	DISCOUNTED - NOT BIG ENOUGH							N/A
10	60	Land south of Wentloog Avenue, Wentloog	Waste management operations including waste transfer station and soil blending facility	Waste management facility included within defined settlement boundary and removed from SSSI	Allocated	Special Landscape area	Y	0	2	0	0	1	1	2	6
11	23.86	Pengam Green	Vacant	B1, B2 & B8	Not allocated	N/A	Y	1	2	0	1	1	1	2	8
12	15	Roath Basin South, Porth Teigr	Former operational docks	Mixed use	Allocated	Roath basin	N	DISCOUNTED - NOT BIG ENOUGH							N/A
12a	54	Land at Cardiff Docks (ABP)	Docks/industrial	N/A	Allocated	EC1.2 Cardiff Port (& Heliport and Surrounds)	Y	1	1	2	2	2	2	2	12
13	13.94	Gas Works, Ferry Road	Gas works	Residential	Allocated	Strategic Site B	N	DISCOUNTED - NOT BIG ENOUGH							N/A
14	14.41	Royal Mail building, Penarth Road	Industrial	N/A	N/A	N/A	N	DISCOUNTED - NOT BIG ENOUGH							N/A
15	22.34	Land at Ely Bridge	Unused	Mixed use	Allocated	Arjo Wiggins	N	DISCOUNTED - NOT BIG ENOUGH							N/A
16	c.24	Agricultural land at Highfield Road, Vale of Glamorgan, Culverhouse Cross	Agricultural land	N/A	N/A	N/A	Y	2	2	1	2	1	2	2	12
17	25.62	Tesco, M&S and surrounding land, Vale of Glamorgan, Culverhouse Cross	Retail units and Agricultural land	N/A	N/A	N/A	Y	2	0	1	2	1	2	1	9
18	278	Land to the West of Cardiff	Farmland and disused former railway line	Mixed use	Allocated	Strategic Site C	Y	2	2	1	1	1	1	1	9
18a	56.77	Strategic Site C potential expansion site	Agricultural land	N/A	Allocated	Potential expansion site	Y	2	1	1	1	1	1	1	8
19	24.91	Whitchurch Hospital	Hospital	N/A	N/A	N/A	N	DISCOUNTED - NOT BIG ENOUGH (IN TERMS OF AVAILABLE LAND)							N/A
20	142.80	Land to the North of Junction 33, M4	Agricultural land	Mixed use	Allocated	Strategic Site D	Y	2	2	1	1	1	2	1	10

21	37.7	Land south of Creigiau	Agricultural land	Residential	Allocated	Strategic Site E	Y	2	2	1	1	1	1	1	9
22	10.5	Land at Gelynis Farm, Morganstown	Grazing, access land, nursery & railway land	Residential	Not allocated	N/A	N	DISCOUNTED - NOT BIG ENOUGH							N/A
23	157	Land at Briwnant	Grazing land	Mixed use	Allocated	Green Wedge and Special Landscape Area	Y	2	2	0	1	1	1	1	8
24	13.52	Vastint Land	Industrial	N/A	Allocated	Strategic Site A	N	DISCOUNTED - NOT BIG ENOUGH							N/A
25	2.86	Rapport sites	Mixed use	N/A	Allocated	Strategic Site A	N	DISCOUNTED - NOT BIG ENOUGH							N/A

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Appendix C – Shortlist of Sites

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Appendix C - Initial shortlist of sites (excluding those deemed too small)

Step 2 Scoring Criteria: 2 1 0

Final Score (Step 2) /14	Site Ref	Approx Size (Ha)	Address	Current Use	Proposed	LDP Status	Adopted LDP Ref	Step 1	Step 2						
								Size Yes/No	Surrounding Land Uses	Deliverability (Land)	Deliverability (Planning)	Location within Catchment	Accessibility (Public Transport)	Accessibility (Car)	Proximity to Areas of Deprlvation
13	Green Marker	c.20	Existing Hospital site	Hospital	N/A	N/A	N/A	Y	2	2	2	2	1	2	2
13	Green Marker	c.24	Existing Hospital site with neighbouring University land	Hospital and offices	N/A	N/A	N/A	Y	2	2	2	2	1	2	2
12	12a	54	Land at Cardiff Docks (ABP)	Docks/industrial	N/A	Allocated	EC1.2 Cardiff Port (& Heliport and Surrounds)	Y	1	1	2	1	1	2	2
12	16	c.24	Agricultural land at Highfield Road, Vale of Glamorgan, Culverhouse Cross	Agricultural land	N/A	N/A	N/A	Y	2	2	1	2	1	2	2
10	5	71	Cardiff Parkway, east of Cypress Drive, St Mellons	Agricultural land	Rail station, park and ride, hotel, retail, business and landscaping.	Allocated	Strategic Site H	Y	2	2	2	0	1	2	1
10	20	80	Land to the North of Junction 33, M4	Agricultural land	Mixed use	Allocated	Strategic Site D	Y	2	2	1	1	1	2	1
9	17	25.62	Tesco, M&S and surrounding land, Vale of Glamorgan, Culverhouse Cross	Retail units and Agricultural land	N/A	N/A	N/A	Y	2	0	1	2	1	2	1
9	18	278	Land to the West of Cardiff	Farmland and disused former railway line	Mixed use	Allocated	Strategic Site C	Y	2	2	1	1	1	1	1
9	21	37.7	Land south of Creigiau	Agricultural land	Residential	Allocated	Strategic Site E	Y	2	2	1	1	1	1	1
8	0	7.5	Former Tax office, Ty Glas Road, Llanishen	Former tax office	N/A	Not allocated	N/A	Y	2	0	1	2	1	1	1
8	11	23.86	Pengam Green	Vacant	B1, B2 & B8	Not allocated	N/A	Y	1	2	0	1	1	1	2
8	18	56.77	Strategic Site C potential expansion site	Agricultural land	N/A	Allocated	Potential expansion site	Y	2	1	1	1	1	1	1
8	23	157	Land at Briwnant	Grazing land	Mixed use	Allocated	Green Wedge and Special Landscape Area	Y	2	2	0	1	1	1	1
7	1	238	North East Cardiff (all)	Agricultural land	Mixed use	Allocated	Strategic Site F	Y	2	1	1	0	0	2	1
7	6	28.3	Wentloog Corporate Park	Vacant land	B1, B2 & B8	Not allocated	N/A	Y	0	2	1	0	1	1	2
7	8	35	Trowbridge Mawr - land west of Trowbridge Road, south of Greenway Park and north of Wentloog Road	Informal grazing land	Mixed use	Not allocated	N/A	Y	1	2	0	0	1	1	2
6	3	36.5	Llanishen reservoir	Reservoir (current status to be confirmed)	Residential, watersports, wetlands, educational/community centre and open space	Not allocated	N/A	Y	2	1	0	0	1	1	1
6	10	60	Land south of Wentloog Avenue, Wentloog	Waste management operations including waste transfer station and soil blending facility	Waste management facility included within defined settlement boundary and removed from SSSI	Allocated	Special Landscape area	Y	0	2	0	0	1	1	2

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Report Title:	Gateway 0 Report				Agenda Item no.	2.4
Meeting:	SOFH Committee				Meeting Date:	21/07/21
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Executive Director of Strategic Planning - Abigail Harris					
Report Author (Title):	Programme Director - Redevelop, Strategic Planning - Edward Hunt					

Background and current situation:

A Gateway 0 review was held between 21/06/2021 and 23/06/2021. The outcome of the review has been provided as a paper to this committee along with the final SRO response.

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

The affordability of SOFH was the major finding from the review. This is a pressing matter to resolve with WG.

The recommendations contained in the report are welcome. The SRO response to the review team states that the timing of the execution of these recommendations require discussion with WG. There is a wish to balance providing extra useful information with a prolonged period of updating the PBC and not progressing with the next stage of the development.

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

A suggested approach to the execution of the recommendations that might point to requiring additional PBC work are that these should be undertaken at and resourced by WG at SOC stage instead (this was suggested in the PBC) with an in parallel update to the PBC to reflect the fact that the PBC will be a living document.

Recommendation:

The Committee are requested to:

Concur that the execution of the recommendations in the first instance require WG funding and are best undertaken as part of a SOC in detail.

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		7. Be a great place to work and learn	

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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	
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 <i>Please tick as relevant, click here for more information</i>			
Prevention		Long term	
		Integration	
		Collaboration	
		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>		

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OGC Gateway™ Review 0: Strategic assessment

Programme Title:	Shaping Our Future Wellbeing: Future Hospitals Programme
IAH ID number:	AH/21/52

Version number:	Draft v0.5
Senior Responsible Owner (SRO):	Abigail Harris
Date of issue to SRO:	23/06/2021
Department/Organisation of the Programme	Cardiff & Vale University Health Board
Review dates:	21/06/2021 to 23/06/2021
Review Team Leader:	Martin Dove
Review Team Members:	Paul Casey Ian Howard Rachel Stephens
Previous Review:	Not applicable – first review
Security Classification:	Official

This assurance review was arranged and managed by:

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1.0 Delivery Confidence Assessment (DCA)

Delivery Confidence Assessment:	Amber / Red
<p>This is the initial Gateway Assurance review of the first Cardiff and Vale University Hospital Board's (CVUHB) Shaping Our Future Wellbeing: Future Hospitals Programme proposal. In assurance delivery terms, this is assessed as a very high risk programme.</p> <p>The Delivery Confidence Assessment for CVUHB's Future Hospitals Programme is Amber / Red which means that successful delivery of the programme is in doubt with major risks or issues apparent in a number of key areas. Delivery Confidence reflects: specific issues that threaten delivery to time, cost and quality and jeopardise the delivery of benefits; the Review Team's professional judgement of the likelihood of the project or programme succeeding even though there may be no definitively clear evidence either way; and the resilience of the project or programme to overcome identified shortcomings or threats.</p> <p>The Future Hospitals Programme is a major flagship transformative project for Cardiff and Vale CVUHB and partner organisations, for the NHS in Wales and for Welsh Government (WG). The scale of early indicative investment requirements included in the Programme Business Case (PBC) (a range of £1.6bn to £2.5bn for two options with material cost exclusions) are very substantial and initially appear unaffordable, given current conventional health capital allocation levels and extant alternative funding options. It is also likely to be very challenging on a value for money basis and benefits to costs ratio, primarily based on health benefits, although supplemented by wider benefits (net zero carbon, economic, societal).</p> <p>This level of investment proposed in the PBC is likely to need WG Cabinet consideration, alongside other WG priorities. There are as yet no indications as to how this major investment and funding challenge can be progressed to identify what realistic level of resources there might be a possibility of securing. This represents a massive hurdle for the programme and until WG can work through a process to confirm affordability planning assumptions, the programme will remain largely theoretical. Progress on this is key to developing a robust set of options in any subsequent infrastructure project SOC.</p> <p>CVUHB have been working with a new clinical strategy since 2015. CVUHB have prepared a first draft PBC, which sets out CVUHB's dual role as a healthcare provider and anchor institution. The PBC has been submitted to WG with the first presentation of the PBC by CVUHB to WG taking place at the same time as this review. WG are working on the scrutiny of the PBC, with scrutiny comments to be provided to CVUHB once this is completed.</p> <p>The Review Team considers that any endorsement of PBC scope and business justification and an approval in principle to proceed with the design and delivery of the hospital infrastructure project is likely to take some time to achieve and potentially with a need for significant further work. This reflects the programme scale and importance, the nature of the first PBC submission, the early stage of the programme, the real possibility of an unaffordable investment position, and WG needing to ensure a thorough examination of scope and justification prior to a decision to authorise full programme start-up and initiation of further design work. WG will need to give careful attention to this</p>	

process and timeline and consider how and when CVUHB should be authorised and financially supported to proceed with further discovery activities in parallel with PBC review and scrutiny.

The PBC is a substantial document, prepared in line with a WG & CVUHB scoping document, and usual PBC guidelines. The PBC content goes significantly beyond what might be expected in an early stage PBC, for example, including coverage of a number of areas more normally included in a SOC. It has been prepared with support from external advisors with global healthcare expertise, and proposes CVUHB's ambition to be a top 10 health system globally, providing a university hospital as an anchor institution in the wider integrated health and care system. It sets out CVUHB's role as a provider of local, regional and specialist (tertiary) services to populations, indicating that these three lenses can be used to view the three projects in the PBC of clinical service transformation, redevelopment of hospital infrastructure and the development of an Academic Health Sciences Hub and a Life Sciences Eco-system. For the three projects identified in the PBC, we found that:

- Clinical service transformation is making progress with good clinical traction and momentum including support for early stage healthcare planning assumptions and evolving new clinical models for the CVUHB population. However, more work is needed by CVUHB with WG, WHSSC, other tertiary and HB partners, on assumptions for regional, tertiary and specialist service transformation and clinical models, and the scale of tertiary repatriation opportunities from England, to provide a more complete population based commissioning approach.
- Redevelopment of hospital infrastructure requires more development and clarification. While there is an acceptance that something needs to be done about current hospital infrastructure, more work is needed to ensure a broader and shared understanding of the scale of University Hospital of Wales (UHW) current estate condition and functionality suitability challenges. This forms the basis of the assumption in the PBC of a requirement to replace UHW with a UHW2, recognising the latter is not intended to be a like for like rebuild. The PBC identified backlog maintenance costs which are very low in relation to the illustrative levels of new investment. Separately, demonstrating consideration of a broader longlist of possible infrastructure options is recommended, as is including in the PBC more examples of what whole systems delivery and a specialist hospital of the future could look like in a post-pandemic world.
- Within the clinical transformation and redevelopment of hospital infrastructure projects is a proposed major digital investment, identified at £100m in the PBC. The scale of the current digital deficit is clear and addressing this soon is critical to more immediate clinical transformation. Further focus and prioritisation for this project is needed alongside other projects in the programme.
- The scope of the Academic and Life Sciences project is currently unclear and to be developed through a feasibility study which will be commissioned later in the year. This part of the programme proposes a much wider academic and economic opportunity and the feasibility study should include an assessment of wider WG interest in supporting this.

Clinical engagement in the clinical strategy work and support and momentum in CVUHB is clear, as is the desire to take forward the learning and ability to change generated from different ways of working in response to the pandemic. PBC proposals have been shared with key partners and stakeholders to enlist initial early stage support and endorsement.

With CVUHB's broader health system and anchor ambitions, consideration will be need to be given to the organisational design of these partner working arrangements. Some aspects of the programme will require direct partner ownership and engagement in programme development.

As a major programme, WG have a key role to play in strategic clinical and healthcare planning, senior leadership and sponsorship, and, of course, approvals. This is the first health programme of this magnitude to be considered by WG. This is likely to need sponsorship arrangements, including a WG sponsor group, and developing individual appointment, governance and working arrangements between a WG sponsor and the programme SRO. For wider WG this is a major programme, which will attract interest and compete with other wider priorities such as education and housing. It will also need to meet any requirements for the governance of major projects.

The PBC has been developed through intensive working during the pandemic period by the SRO and the Executive Team, the Programme Director and the programme team, with advisor support and the extensive engagement of clinicians and others. This review has identified a number of major issues to be addressed, particularly around scope, business justification and affordability. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.

The Delivery Confidence assessment RAG status uses the definitions below.

RAG	<u>Criteria Description</u>
Green	Successful delivery of the programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Amber/Green	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
Amber/Red	Successful delivery of the programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
Red	Successful delivery of the programme appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The programme may need re-baselining and/or overall viability re-assessed.

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2.0 Summary of Report Recommendations

The Review Team makes the following recommendations which are prioritised using the definitions below.

Re f. No	Recommendation	Urgency (C/E/R)	Target date for completion	Classification
1.	Work with Welsh Government, WHSSC and other South and West Wales Health Boards to develop strategic regional population based assumptions covering regional, tertiary (including repatriation from England), specialist, and local services	C- Critical	Do now	8.2 Scope
2.	Set out more clearly the infrastructure case for change particularly the scale of the current functional unsuitability of UHWC	C- Critical	Do now	8.2 Scope
3.	Develop the digital case for change with DHSC and others and set how this project will be developed alongside building infrastructure	C- Critical	Do now	8.2 Scope
4.	Revisit the long-listing of options and consider what further options should be considered from the impacts of regional and specialist population and service planning	C- Critical	Do now	8.3 Business Case
5.	Review the long-list of options and consider further infrastructure options, including any others for the current UHW site, and other service site options	C- Critical	Do now	8.3 Business Case
6.	Develop an approach with Welsh Government to understand what is possible as an affordable and realistic level of infrastructure investment for this programme	C- Critical	Do now	5 Financial Planning and Management
7.	Set out the organisational design and related development activities with partners to develop CVUHB's whole system and anchor ambitions	E- Essential	Do by 09/2021	2.3 Relationship Management across Organisational Boundaries
8.	Establish leadership arrangements in WG for the proposed programme including a sponsorship group, and more detailed governance and working arrangements between an individual WG named sponsor and the programme SRO	E- Essential	Do by 09/2021	10.1 Leadership Capability

Critical (Do Now) – To increase the likelihood of a successful outcome it is of the greatest importance that the programme should take action immediately

Essential (Do By) – To increase the likelihood of a successful outcome the programme/ project should take action in the near future.

Recommended – The programme should benefit from the uptake of this recommendation.

3.0 Comments from the SRO

I would like to thank the review team for the considerable time and effort that has gone into the review of our Shaping Our Future Hospitals programme, and for the constructive manner in which the review was undertaken.

We accept the review team's judgement on the programme's Delivery Confidence Assessment, recognising how early in the programme we are. We also accept the recommendations and will need to work with Welsh Government colleagues to agree how best to take these recommendations forward. Having agreed the scope of the PBC with WG, we have yet to receive scrutiny feedback so we will need to determine with WG whether the additional information/work you recommend is undertaken as an update to the current version of the PBC. This is important so that we avoid being in a prolonged period of updating the PBC document. We agreed with the WG that the document would remain 'live' – updated at key milestones (different phases as we agreed with our Shaping Our Future Wellbeing in the Community PBC) so we need to determine how we do to this in a sensible way. A number of the recommendations relate to WG so early discussion with WG will be required to determine how the necessary action will be progressed.

There are a couple of further observations we would wish to make.

Timing

As we discussed during the feedback sessions, the timing of the review comes at the point between the PBC being submitted to WG and the WG having had the opportunity to review, scrutinise and provide feedback, and it is important that the Review findings don't replace the need for the scrutiny to be completed on the submitted PBC. We have been discussing the SOFH programme discussed with Welsh Government for a number of years, with these discussions becoming more intensifying following the development of our Estates Strategy in 2018. At this stage there is no formal commitment from Government regarding any infrastructure rebuild definitely happening nor what shape it would take, but an acknowledgement that something needs to be done to an asset reaching its end of life. Business cases for critical clinical infrastructure have not been approved given our forthcoming proposals for infrastructure to replace UHW ('Academic Avenue'). Over the last 18 months in particular Cardiff & Vale have been actively engaging with Welsh Government on the matter, with the publication of a strategy document (December 2019) setting out the scale of the potential programme and agreeing the scoping of a service led programme business case (December 2020 and January 2021) to conform to Green Book standards with light touch Financial and Commercial Cases. The agreed PBC scope included a request for the size and scale of the potential replacement and is one that is service change based rather than estates based.

Affordability

We recognise that at this early stage in the process, WG has not yet considered the issue of affordability as the PBC has not yet been scrutinised and considered formally. We would not have expected WG to have formally considered this at this stage as, until the PBC was submitted, the potential scale of investment required was unknown. We know that a development of the scale likely to be required will need whole WG support, and that a range of funding options will need to be tested and considered. We would be looking for early commitment from WG to progress these discussions having received the PBC.

Comments on Recommendations

- Recommendation 1 and Recommendation 4: The PBC recognised the need to revisit our options as part of a full economic appraisal in Project 2 – SOC development and we will discuss with Welsh Government this intent and also the ownership of the regional planning recommendation. Resources are required for C&V to develop Project 2.
- Recommendation 2: We will set out our current view based upon 1) the failures we experience regularly today; 2) functional suitability and risk for modern healthcare; 3) the lost opportunity to repatriate services. Our intent is to provide this information to Welsh Government at the end of July 2021 as a result of a separate request. At Project 2 (SOC stage), we would like to undertake a detailed infrastructure survey to provide further evidence of the estate case for change and also further flesh out our infrastructure options.

- Recommendation 3. We have a digital strategy today which a) requires business cases to implement important elements before any new infrastructure is available e.g. EPR, but b) we believe should be significantly enhanced and developed as a product of our developing clinical strategy (Shaping Our Future Clinical Services) and eventual infrastructure operations. Our intent was that further strategy enhancement and development is integral to our Project 1 proposed in the PBC. Overall we believe that an accelerated investment is required to reach digital maturity quickly in order to achieve the clinical model on which SOFH depends.
- Recommendation 5: This recommends considering more infrastructure options, but our agreed PBC scope was not for an infrastructure business case. Again, we recognised that options would require revisiting as part of a full economic appraisal as part of Project 2 – SOC and we will pick up on this recommendation with Welsh Government.
- Recommendation 7: We note that recommendation 7 would be partially facilitated by the completion of Project 3.

Thank you once again for the review and setting out the recommendations which are helpful. Following discussions with WG we will prepared the necessary action plan to complete the recommendations within the timescales you recommend, or if this is not deemed possible, update on the rationale for this.

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4.0 Background

The aims of the programme

CVUHB provides healthcare services to local, regional and national populations; its role can be viewed through three lenses: (1) Provision of services to the local population of Cardiff and Vale of Glamorgan; (2) Provision of services to the regional population of South East Wales; (3) Provision of specialised healthcare services to the supra-regional and national populations.

The vision of CVUHB is to ensure that everyone living in Cardiff and the Vale of Glamorgan has the same chance of leading a healthy life.

The vision for this programme is focused on three key themes:

- Delivering better clinical services – radically changing the way in which clinical services are delivered.
- Delivering a stronger health economy by accelerating the health and life sciences sector in Wales.
- Delivering empowerment and co-ordination by harnessing the talent and commitment of CVUHBs people and using data to drive improvement.

This programme is focused on transformational change in the way Cardiff and Vale University Health Board delivers its clinical services to the local and national population, and the associated infrastructure and service changes that need to take place to support the implementation of the clinical strategy and vision.

The spending objectives for the programme are to:

- Deliver high quality value-based healthcare and clinical outcomes.
- Become a Centre of Excellence, a magnet and an anchor for research and innovation for the region and Wales overall.
- Promote staff wellbeing and enable recruitment, retention and training of high quality staff.
- Become a pioneer for undertaking activity in more innovative ways using and developing technology and AI.
- Focus on disease prevention, access to mental health and target social inequality.

The proposed programme is comprised of the following constituent projects:

- **Clinical service transformation** in line with the new clinical model and vision, which underpin the physical elements of the programme. It will deliver world-class services, while investing in creating much more co-ordinated and effective population health management.
- **Redevelopment of hospital infrastructure** at University Hospital Wales and University Hospital Llandough sites, including associated improvements to IT and digital infrastructure and medical equipment.
- **Development of a Life Sciences Quarter** to act as a space for CVUHB, Cardiff University and industry players to collaborate and support innovation, research and development.

The driving force for the programme

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The overriding reason for wanting change is driven by a desire to adopt innovative and modern clinical models, ones that move away from a being a reactive service to focusing on prevention and understanding the underlying disease. These are proven to improve health outcomes. This PBC has been produced with reference to the following key drivers for change:

- Growth in patient numbers (demographic pressures).
- Chronic health conditions.
- Novel health challenges.
- New opportunities in health and social care.
- The prevention opportunity.
- Public expectations.
- Sustainability.
- Understanding the benefits of a Learning Health System.

These drivers for change have been assimilated into six key case for change areas explored in the strategic case of this PBC: growth, inequalities, clinical transformation, IT and digital, estates and teaching, research and development.

Benefits in the PBC include– better patient outcomes and experience, better value, better staff experience, more environmentally sustainable, better economically, more research contribution,

The procurement/delivery status

The programme is in pre-start-up at the business justification phase and hence any procurement delivery activities are in the future. A procurement has been undertaken for delivery of the initial PBC.

Current position regarding previous assurance reviews

This is first IAH assurance review of this programme.

5.0 Purposes and conduct of the OGC Gateway Review

The primary purposes of a Gateway Review 0: Strategic assessment are to review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to Ministers' or the departments' overall strategy.

Annex A gives the full purposes statement for a Gateway Review 0.

Annex B lists the people who were interviewed during the review.

6.0 Acknowledgement

The Review Team would like to thank the SRO, Programme Director and all interviewees for their support and openness, which contributed to the Review Team's understanding of the Programme and the outcome of this review. Particular thanks to Carys Prentis for helping with all the logistical arrangements for this remote review.

7.0 Scope of the Review

This is the first Gateway 0 review of the programme which includes looking at the justification for the programme and a particular providing assurance that:

- The scope and purpose has been adequately researched.
- There is shared understanding by key stakeholders of the objectives.
- There is good fit with policy and strategy.
- There is a realistic possibility of securing the financial and other resources needed.
- Procurement takes account of prevailing government policy.
- Workstrands are organised to deliver the overall objectives.
- Programme governance, management, structure, planning, monitoring, and resourcing arrangements are appropriate.
- Stakeholder expectations of the programme are realistic in terms of costs, risks, outcomes, resource needs, timetable and general achievability.

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8.0 Review Team findings and recommendations

8.1: Policy and business context

Much of the context is included above under the background section. The PBC includes extensive referencing to wider national and health policy requirements, such as the Wellbeing of Future Generations Act Wales, climate change. It is from these that the context for a whole range of planning assumptions including population and health care planning are drawn. We heard substantial evidence about the healthcare services that CVUHB provides to local, regional and national populations. From the PBC we understand the vision of CVUHB is to ensure that everyone living in Cardiff and the Vale of Glamorgan has the same chance of leading a healthy life.

This programme is focused on transformational change in the way CVUHB delivers its hospital services to the local and national population, and the associated infrastructure and service changes that need to take place to support the implementation of the clinical strategy and vision. Alongside this sits other elements of the over-arching clinical strategy of the HB and the supporting four design pillars to capture the wider aims of the programme including the population health requirements of citizens through the three lenses noted earlier. There is a clear close interdependence with the Shaping our Future Wellbeing: Community PBC, which impacts particularly on the scale of moving work off main hospital sites to other community, local and home settings.

The clinical strategy was developed through significant consultation with clinicians, facilitated by the programme team with external support. This work also needs to link to the national clinical pathways so that the supra-regional provision of care is undertaken in standardised manner. Initial healthcare planning has been undertaken looking at current and projected activity levels to provide indicative bed requirements.

We heard of learning from site visits to other modern state of the art hospitals, although this is not readily articulated or visible in the PBC. The incorporation of this learning and state of the art design and thinking for post pandemic hospitals will be important in the next stage.

The PBC identifies issues which require consideration about the arrangements for the organisation and distribution of tertiary services between hospitals in Cardiff and Swansea and a need to find whole system solutions to some of these. It is encouraging to see that CVUHB have a joint working arrangements in place with Swansea Bay University Hospital Board for tertiary services. We also heard of the potential for CVUHB to develop tertiary network relationships with other providers in England and of the potential scale of tertiary work for Welsh residents currently carried out in England. The latter is substantial in relation to the current level of tertiary services in Cardiff and, if repatriated represents a substantial expansion of activity and potential hospital space. The process and timescale for moving to a point where clear decisions can be made about future scale and location of tertiary services need to be established. This is a key part of any future hospital development. We also heard that there were similar issues with a number of regional specialist services, which require consideration. One example where such work has been undertaken and completed is

for major trauma services, with the major trauma unit based at UHW and a network across South and West Wales.

Whilst there is support for the programme from some HBs and wider organisations along the south and west Wales corridor these relationships need to be expanded and cemented to ensure full engagement. Building on the letters of support from HBs, work to incorporate the clinical programme for the regional work and beyond will need to engage with a wider range of clinical and patient stakeholders. Work with WHSSC and other Health Board commissioners should encompass an understanding of how service commissioning is likely to develop over the next few years and the impact this will have on the right sizing of the infrastructure to support service delivery.

Recommendation 1: Work with Welsh Government, WHSSC and other South and West Wales Health Boards to develop strategic regional population based assumptions covering regional, tertiary (including repatriation from England), specialist, and local services

Linked to this is the need to recognise that this size of programme will require substantial PBC scrutiny by wider WG and, potentially, Welsh Ministers. Understanding of WG expectations about the requirements, processes and time needed for the scrutiny processes should be adequately represented within the timeline for the programme. How to increase engagement between CVUHB and WG on this programme is considered later in this report.

8.2: Business Case and stakeholders

Business case

The nature of the business case

There has been a concerted effort to agree with Welsh Government the nature of the business case to be developed at this stage, including signing off a comprehensive scoping document. Despite this, we found that some WG stakeholders were anticipating a shorter and less detailed PBC. In some areas it contains a depth of analysis that is more appropriate to a SOC or even an OBC. It is stated in the scoping document that the PBC “will be used as a ‘living document’ for the programme and will be updated as material new information becomes available and submitted alongside each project business case.” It is important that there is an agreement with Welsh Government about the nature of the next iteration of the PBC, and about how it will be updated through the lifetime of the programme. Following receipt of WG scrutiny comments CVUHB need to review the extent and scale of the PBC and agree with WG how best to present additional information which is required.

The PBC includes three projects; the third of which is a proposal for the Academic Health Sciences hub and a Life Science Ecosystem. This is being championed by Cardiff University, with the intention of creating a triple helix bringing in private sector and other research partners. This project is at an earlier stage of development and we understand a feasibility study is requested in order to shape the scope of requirements and the extent of any necessary co-location requirements with the hospital infrastructure. A later iteration of the PBC will need to pick up the results of this and the impact on infrastructure needs.

Case for change

We found a need for the programme business case to incorporate more detail and consideration of the population health needs of Cardiff and the Vale of Glamorgan and how this links into the primary and community care business cases. We heard views that the hospital infrastructure could be smaller, if the investment in primary and community care elements was more extensive.

In the infrastructure case for the change, there is information about backlog maintenance and lack of functional suitability for clinical services. The reported level of backlog maintenance is very low in relation to the indicative new investment requirements and the extent of the functional suitability challenge is not quantified. Similarly there are some relatively new substantial facilities on the site, such as the Children's Hospital. We found at one level, a general acceptance that something needs to be done with the infrastructure, but not that this necessarily leads directly to a case for change for a whole replacement of UHW with UHW2. More estate information to justify the current issues with UHW is needed to establish the severity of the case for change.

Recommendation 2: Set out more clearly the infrastructure case for change particularly the scale of the current functional unsuitability of UHWC

We found strong support for the importance of digital change to enable the clinical strategy, given the case for change highlights a substantial digital deficit. The PBC includes £100m for digital investment, which is potentially a large project in its own right. The need for digital change to be enacted quickly as clinical improvements are required now, ahead of future digital requirements needed in any refurbishment / build options.

Wider digital changes should incorporate (and potentially lead) the wider digital development that is taking place nationally and fit within the national solution rather than developing a bespoke CVUHB solution, for example, for an electronic patient record. The supporting digital work appears to be progressing with the digital enablement of clinical care work being chaired by an AMD with full support of the digital team. Digital enablement requires further articulation in the programme business case as much of this work needs to be undertaken regardless of the approach to the infrastructure refresh or rebuild. Consideration should be given as to how this project is developed and delivery accelerated to enable the design and delivery of clinical models which future hospital infrastructure will need to support.

Recommendation 3: Develop the digital case for change with DHSC and others and set how this project will be developed alongside building infrastructure

Economic Case including option appraisal

It is clear that a lot of work has been done on the economic case, and on the identification of appropriate criteria for option appraisal. However relatively few options are considered at the long-listing stage, and this does not meet the requirement that "a wide range of realistic and possible options for the delivery of the programme must be identified." As a result, the reader cannot see the reasons that options which appear from the outside to be plausible – such as having more than two acute sites, or leaving some services on the Cardiff site while undertaking a smaller new build elsewhere – are not realistic.

In particular the service solutions assessment for hospital infrastructure jumps straight from a repair and maintain option, which deals only with backlog and compliance, to options that entail the full re-build of UHW. Indeed we found a strong view from some that the PBC appeared to jump to solving one problem – replacing an ageing asset with the PBC articulating a proposal for an new hospital (UHW2). It would appear that there are a range of possible options in between, involving a combination of refurbishment and new build. Options in this territory would be able to be delivered as a phased programme and may be more affordable, and need to be fully explored.

It is also important that the options appraisal is re-visited once the work on the impacts of regional and specialist population and service planning referred to earlier in this document is completed.

Recommendation 4: Revisit the long-listing of options and consider what further options should be considered from the impacts of regional and specialist population and service planning

Recommendation 5: Review the long-list of options and consider further infrastructure options, including any others for the current UHW site, and other service site options

Affordability

It is recognised by all parties that, regardless of the eventual source or sources of funding, affordability is a fundamental issue for the programme. The judgement about the possible scale of funding likely to be available will shape what options are realistic to take forward. It is therefore critical at this early stage in the development of the scheme that an approach is developed with Welsh Government to explore this area to a conclusion sufficient to allow the programme to proceed.

Recommendation 6: Develop an approach with Welsh Government to understand what is possible as an affordable and realistic level of infrastructure investment for this programme

Stakeholders

In production of the PBC, the CVHB team have spoken to and discussed with a wide range of stakeholders, including Partner Groups (such as WHSSC), Contributor Groups (such as DHCW) and a Core Group (including Health Boards). Many of these stakeholders have provided statements of support to the programme. In developing the next stage business case, there is a need for wider stakeholder consultation around services for South and South West Wales. Further discussions with the stakeholder groups will be required to ensure a complete approach is developed which takes account of wider views and reflects and reinforces the partnership approach across the region. Careful attention to all stakeholder requirements will be needed to help ensure successful delivery of the Programme benefits, given the desired change to whole system and anchor type arrangements.

Recommendation 7: Set out the organisational design and related development activities with partners to develop CVUHB's whole system and anchor ambitions

The team has produced a stakeholder plan and map which details the organisations who need to be involved in the Programme and assigns owners to those stakeholders. We heard that the stakeholders worked well with the CVUHB team across a range of projects and delivery. The inclusion and management of these stakeholders will need to be carefully considered as the Programme develops.

Although some consultation with the general public and local residents has taken place, we heard that the CVUHB team consider, it too early in the process for wider consultation. Engagement with the general public will need to be carefully handled as the Programme develops and should be included on the Programme Risk Register. A wider Stakeholder Strategy and associated communications plan, which makes use of key forums such as those involved in the South Glamorgan Community Health Council should be developed as part of the programme documentation and discussed at Board level.

8.3: Risk management

The PBC mentions risks throughout and we heard that the team has a good picture of the overall risks for the programme. There is a programme risk register which splits the risk categories into Service, External and Business. The register was last updated in February 2021 and will need further work when the PBC is updated following discussions with the WG. This will need to include the risks around and additional options that are considered as part of wider service provision.

Risk 1.10 is about programme delays by internal or external factors and states mitigation measures as regular engagement and strong project management. The mitigation mentioned that Covid-19 recovery cannot be completely managed or predicted. There is no separate risk around Covid, but we heard that this was being dealt with elsewhere.

We understand that the CVUHB team are fully aware of the future PPM requirements and the PBC acknowledges that full risks and benefits have not yet been produced. The team will need to ensure that the Programme and each Project has separate risk registers with designated owners which are discussed at the relevant board and re-assessed when required. Constant attention will be needed to ensure risks do not materialise into major issues during delivery. For instance as recognised in the risk register, there is a considerable amount of construction planned in Wales and elsewhere in the coming years and the construction industries' capacity to meet this demand should be recognised in the risk register.

We found that CVUHB have plans to set up a Board Assurance sub-committee on Shaping Our Future Hospitals, which will provide additional assurance to delivery of the programme, including risk management.

8.4: Readiness for the next phase

It is unclear to the Review Team how long the current initial phase of scrutiny and securing agreement to scope, justification, affordability and an approval to proceed with the programme will last. Readiness for the next phase will need to be appropriately considered once there is a clearer view on the way forward.

What is clear is that a major project of some sort will be needed and that will require an organisational design and subsequent leadership and resourcing which matches this. Any such project will also need to take into account any emergent WG Major Projects governance and approval requirements.

With a level of acceptance of this, even at this early stage, consideration should be given to establishing more formalised WG leadership and sponsorship arrangements for this programme, to bring a specific focus to the work with CVUHB, around policy, strategy, population and clinical planning aspects, as well as WG responsibilities for scrutiny processes and approval recommendations.

Recommendation 8: Establish leadership arrangements in WG for the proposed programme including a sponsorship group, and more detailed governance and working arrangements between an individual WG named sponsor and the programme SRO

9.0 Next Assurance Review

A Gateway Review with a Red or Amber / Red DCA is followed by an Assurance of Action Plan Review (AAP). An AAP is a short review which re-assesses the DCA in the light of the proposed actions drawn up in response to the Gateway Review. The overall purpose of an AAP is to ensure Delivery Confidence is raised to an appropriate level that will enable delivery of aims to time, cost and quality. This review is normally conducted ten to twelve weeks after the Gateway Review. For this programme, the scheduling of this should be considered alongside the timing of any actions needed by CVUHB in response to WG PBC scrutiny comments and considerations.

The PBC includes an initial Integrated Assurance and Approvals Plan which indicates a series of Gateway 1 to 5 reviews. For a programme of this scale, regular assurance reviews of the overall programme are likely to be needed, in addition to any specific project assurance reviews as and when projects develop. Repeat Gateway 0 reviews are typically held on an annual basis or earlier, if there is a key decision point. The timing of the next Gateway 0 for this programme should be considered further, once there is more clarity around PBC progression, with a further review in summer 2022, if not before.

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ANNEX A

Purposes of the OGC Gateway Review 0: Strategic assessment

- Review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to overall strategy of the organisation and its senior management.
- Ensure that the programme is supported by key stakeholders.
- Confirm that the programme's potential to succeed has been considered in the wider context of Government policy and procurement objectives, the organisation's delivery plans and change programmes, and any interdependencies with other programmes or projects in the organisation's portfolio and, where relevant, those of other organisations.
- Review the arrangements for leading, managing and monitoring the programme as a whole and the links to individual parts of it (e.g. to any existing projects in the programme's portfolio).
- Review the arrangements for identifying and managing the main programme risks (and the individual project risks), including external risks such as changing business priorities.
- Check that provision for financial and other resources has been made for the programme (initially identified at programme initiation and committed later) and that plans for the work to be done through to the next stage are realistic, properly resourced with sufficient people of appropriate experience, and authorised.
- After the initial Review, check progress against plans and the expected achievement of outcomes.
- Check that there is engagement with the market as appropriate on the feasibility of achieving the required outcome.
- Where relevant, check that the programme takes account of joining up with other programmes, internal and external.
- Evaluation of actions to implement recommendations made in any earlier assessment of deliverability.

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ANNEX B

Stakeholders interviewed during the review

Name	Organisation and role
Abi Harris	C&V Exec Dire Strategy & Planning & SOFH SRO
Ed Hunt	C&V Programme Director
Len Richards	C&V CEO
Jonathan Price	Welsh Government Chief Economist
Matthew Wellington	Welsh Government Strategic Budgeting
Catherine Phillips	C&V Finance Director
Rhian Thomas	C&V Independent Member Capital & Estates. Chair Shaping Our Future Hospitals Committee
Samia Saeed-Edmonds	NHS Wales Planning Programme Director
Simon Dean	NHS Wales Deputy Chief Executive
Prof Ian Weeks	Cardiff University Pro Vice Chancellor College Biomedicine & Life Sciences
David Thomas	C&V Director Digital & Health Intelligence
Anthony Davis	WG Director Senior Policy Manager, Population Health Directorate
Chris Jones	WG Deputy Chief Medical Officer
Stuart Walker	C&V Medical Director
Dr Nav Masani	C&V Assistant Medical Director Clinical Transformation
Victoria Le-Grys	C&V Programme Director Shaping Our Clinical Services
Ian Gunney	WG Deputy Head of Capital Estates Facilities

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Report Title:	Programme Overview				Agenda Item no.	2.5
Meeting:	SOFH Committee				Meeting Date:	21/07/21
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Executive Director of Strategic Planning - Abigail Harris					
Report Author (Title):	Programme Director - Redevelop, Strategic Planning - Edward Hunt					

Background and current situation:

A preferred post PBC plan was published in the SOFH PBC and the Committee Chair has asked for a report on progress against it.

At this point should the plan have proceeded, around 6 clinical service lines would have been reviewed, outputting the internal transformations; external implications (e.g. on other UHBs); digital implications; workforce implications. This would have informed a public consultation that could be constructed and run during the autumn.

In parallel, the critical success factors and spending objectives would have been tested with a wide group of stakeholders and considerable thought have been put into the feasibility of developing on the UHW site versus other options.

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

WG have agreed to meet to discuss the PBC scrutiny and the outcomes of the Gateway 0 review. C&V will be advocating providing what is necessary for the PBC to be deemed complete at this stage to enable endorsement and undertake the Gateway 0 recommendations as part of SOC (funded by WG).

In a letter, WG had communicated that no funds to progress SOC's will be provided until there is an endorsed PBC. Advanced investment would create a risk therefore for the UHB.

Once endorsed, it is still intended to proceed at pace with an ambition to produce a SOC in around an elapsed year.

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

The ongoing development plan should be agreed with WG to ensure there is a meeting of the need for pace against the need for the right governance on such a complex scheme. This would include the Gateway 0 recommendations.

Recommendation:

The Committee are requested to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Yes / No / Not Applicable

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

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Report Title:	Risk Register / Risk Overview				Agenda Item no.	2.6
Meeting:	SOFH Committee				Meeting Date:	21/07/21
Status:	For Discussion		For Assurance	X	For Approval	For Information
Lead Executive:	Executive Director of Strategic Planning - Abigail Harris					
Report Author (Title):	Programme Director - Redevelop, Strategic Planning - 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.

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

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

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

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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 <i>Please tick as relevant, click here for more information</i>			
Prevention	X	Long term	X
		Integration	X
		Collaboration	X
		Involvement	X
Equality and Health Impact Assessment Completed: Yes / No / <u>Not Applicable</u> <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>			

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Future Hospital Programme Programme Risk Register Risk register																
ID	Risk Title	Risk Description	Project	Risk Owner	Risk Category	Likelihood	Impact	Score	Mitigation	Mitigation owner	Adjusted likelihood	Adjusted impact	Post mitigation score	Status	Last updated	Notes
		Programme delivery is delayed by internal or external factors							Regular internal and external stakeholder management which should reduce the risk of this arising							
1.10	Programme Delays		Overarching	Ed Hunt	Service	4	5	20	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.	Ed Hunt	5	3	15	Open	05/07/2021	The programme has not proceeded at the pace set out in the PBC as the business case has not completed scrutiny and resources have not been made available to progress. Although this is impeding progress, no sums of money nor commercial risk is being realised.
1.1	Business as Usual	Programme distracts from business as usual delivery and impacts on availability and performance.	Overarching	Abi Harris	Service	2	3	6	Internal and external facilitation and resource used to support CVUHB to enable CVUHB staff to run programme while still completing day jobs.	Abi Harris / Nav Masani	2	2	4	Open	05/07/2021	
1.11	Staff Perception	Staff do not believe their wellbeing is being taken account of	Overarching	Len Richards	Service	2	3	6	Set up governance and programme team arrangements to ensure sufficient resource and decision making for the programme The Workforce and OD plan will be updated to include a retention and recruitment plan in parallel with the programme development	Nav Masani	2	2	4	Open	05/07/2021	
1.11	Clinical Requirements	Clinical requirements move on in time it takes to complete programme leaving some of the investment obsolete	Overarching	Stuart Walker	Service	2	4	8	Consistent staff engagement throughout the programme Both facility and technology solutions will need to include elements of flexibility in design to allow them to be future proofed – this is being built into the design process	Stuart Walker	1	4	4	Open	05/07/2021	Reviewed, no update.
1.12	UHB Capacity and Capability	Insufficient capacity and capability within the Health Board to run the programme through to completion results in delays.	Overarching	Abi Harris	Service	3	4	12	UHB have undertaken a review of existing resource and scoping exercise for the next stage following submission of the PBC to establish the resource required to successfully deliver the programme.	Ed Hunt	3	3	9	Open	05/07/2021	Reviewed, no update. This has been realised as we have not yet started on the clinical transformation work. Efforts are being put in place to start cardiology however to set out the new model.
1.13	Policy Changes	Changes in government, system or Board management affecting the programme due to policy or strategy change	Overarching	Abi Harris	External	3	3	9	Monitoring of the policy landscape and ongoing discussions with the Welsh Government to adapt to any new legislation, policy or strategy	Abi Harris	3	3	9	Open	05/07/2021	
1.14	Programme Affordability	Programme projects go over budget or become unaffordable partway through	Overarching	Catherine Phillips	Service	3	4	12	Detailed financial model to be prepared at SOC/IBC stages for each programme Budgets for various contracts to be informed by the model Possibility to use IMM to fund some aspects of the programme Robust analysis of programme costs together with sensitivity and switching analysis to assess the affordability assumptions	Catherine Phillips	3	3	9	Open	05/07/2021	Reviewed, no update.
1.15	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	Overarching	Alan Wardhaugh	External	3	5	15	Ongoing liaison with 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.	Alan Wardhaugh	3	3	9	Open	05/07/2021	
1.2	Business Case Approvals	PBC or subsequent business cases not approved resulting in additional time and resource to rectify	Overarching	Abi Harris	External	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	Ed Hunt	4	4	16	Open	05/07/2021	
1.3	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	Overarching	Abi Harris	External	3	5	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.	Ed Hunt	3	5	15	Open	05/07/2021	
1.4	Benefits Realisation	The Board is not able to achieve the financial and economic benefits set out in the project business cases.	Overarching	Catherine Phillips	Service	3	4	12	Benefits realisation plan is in place to ensure there is rigor and accountability in the process. Benefits to the Board if needed	Catherine Phillips	2	3	6	Open	05/07/2021	Focus to be maintained on attitudes.
1.5	Facilities and Infrastructure	Facilities and infrastructure designed will not enable the new clinical services model to be delivered.	Overarching	Stuart Walker	Service	2	5	10	Any issues and risks associated with benefits realisation to be escalated to the Programme Board or to the Board if needed Close working between clinical dialogue and technical workstreams needs to continue throughout the project and keep testing this	Stuart Walker	2	4	8	Open	05/07/2021	Reviewed, no update.
1.6	New Ways of Working	Staff reluctance to move to necessary new ways of working results in delays	Overarching	Stuart Walker	Service	3	5	15	Define clear requirements from the clinical workstream Appoint architects with experience in designing tertiary referral hospitals. CVUHB has already appointed Archus, who are the leading healthcare planners in England. Clinicians are fully involved in the design of the new model of care so that they can become advocates for the proposed changes.	Stuart Walker	3	4	12	Open	05/07/2021	Indications are that people want to the change hence moving forward in a DfV fashion on Cardiflow. This has been a subject of conversation with WG on 27/21. Very early stages but WG have expressed concern about costs. Principal who benefits, pay off break out the parts that reduce the figure, like the IT transformation and
1.7	Funding	All necessary funding is not available for the proposed capital schemes	Overarching	Catherine Phillips	Service	4	5	20	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, mainly direct and ongoing engagement with the Welsh government to understand what is possible. Affordability considered in detail in next stages.	Catherine Phillips	4	5	20	Open	05/07/2021	
1.8	Technology	Technology cannot deliver the step change anticipated.	Overarching	Alan Wardhaugh	Service	3	4	12	Close monitoring of medium term projected impacts of new clinical model and any capital scheme implications Understand robust assessment of technology and benefits Appropriate training throughout Hb	Alan Wardhaugh	2	3	6	Open	05/07/2021	
1.9	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)	Overarching	Abi Harris	Service	4	5	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 escalate issues and identify when issues may arise so action can be taken.	Ed Hunt	2	5	10	Open	05/07/2021	Work progressing on tracking dependent project contributions to the scheme.
2.1	Digital and IT Solution	Adopted digital and IT solution not able to support the Board's clinical and digital aspirations	Project 1: Clinical Transformation	Alan Wardhaugh	Service	2	4	8	Proposed approach to digital and IT assumes clinical strategy will inform the proposed solution Digital and IT solution to be developed alongside the Board's IT department, CIO and clinical staff to ensure it is aligned to their aspirations	Alan Wardhaugh	1	4	4	Open	05/07/2021	
2.2	Clinical Model Agreement	New clinical strategy and model that meets CVUHB strategy cannot be agreed delivering delivery of the programme	Project 1: Clinical Transformation	Stuart Walker	Service	2	4	8	CVUHB have appointed clinical advisers and technology digital advisers with requisite experience to know which solutions have been effective in other healthcare organisations and know the strengths and weaknesses. Internal & external facilitation, harnessing internal enthusiasm will be used to support strong leadership from within CVUHB on this. There will also be regular engagement and cross-checking from emerging proposals back to strategy. Chair to lead development of clinical models, involvement workshops with clinicians. Build consensus over time and understand concerns when they arise. Working closely with technical advisers to develop best value for money scheme	Nav Masani / Vicki LeGrys	1	4	4	Open	05/07/2021	Reviewed, no update.
2.3	Clinical Model Affordability	Clinical delivery model is not affordable in the long term	Project 1: Clinical Transformation	Catherine Phillips	Service	3	4	12	At SOC undertake robust modelling of the clinical model from demand and capacity, cost modelling and financial forecasting to understand the financial consequences of the clinical model.	Catherine Phillips	2	5	10	Open	05/07/2021	
2.4	Staff Recruitment and Retention	Not recruiting/gaining sufficient number of staff to operate the new facilities/deliver the new clinical model	Project 1: Clinical Transformation	Rachel Gidman	Service	3	4	12	The Workforce and OD plan will be updated to include a retention and recruitment plan in parallel with the programme development Consistent staff engagement throughout the programme	Rachel Gidman	3	4	12	Open	05/07/2021	
2.5	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.	Project 1: Clinical Transformation	Alan Wardhaugh	Business	4	4	16	Ensuring the benefits the programme is going to deliver for staff (better estate plus better research and career opportunities) are published in recruitment Workforce transformation has been identified as a project requiring resource and focus. Adherence to national architectures Play a pioneer role to assist the rest of Wales Build consensus with other Health Boards on solutions WG buy in of our whole system approach. Final list of benefits to be agreed with clinical staff to determine what can feasibly be delivered	Alan Wardhaugh	2	4	8	Open	05/07/2021	Reviewed, no update.
2.6	Patient Outcomes	Clinical strategy does not deliver improved patient and clinical outcomes anticipated	Project 1: Clinical Transformation	Stuart Walker	Service	3	5	15	Set out ways to measure benefits and monitor them throughout the programme to ensure estate are being delivered CVUHB has appointed clinical advisers with experience of delivering major clinical transformation programmes. Robust planning of the clinical transformation required 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/IBC and planned appropriately.	Stuart Walker	2	4	8	Open	05/07/2021	Reviewed, no update.
2.7	Primary and Community Infrastructure	Infrastructure in primary and community care insufficient to support the proposed clinical model	Project 1: Clinical Transformation	Abi Harris	Service	4	4	16	Assumptions to be tested at the SOC stage, including sensitivity analysis Robust planning of the clinical transformation required. E.g. demand mg	Abi Harris	3	4	12	Open	05/07/2021	Reviewed, no update.
3.10	Activity Assumptions	Assumptions about activity moved out to different settings are too optimistic, resulting in insufficient hospital capacity	Project 2: UHW2 and UHL Redevelopment	Stuart Walker	Service	4	5	20	Contributing programme definition and benefits articulation required for ongoing monitoring and control.	Stuart Walker	2	5	10	Open	05/07/2021	
3.1	Decant	Not identifying an appropriate decant plan prevents start on site	Project 2: UHW2 and UHL Redevelopment	Geoff Walsh	Service	2	5	10	Decant to be included as a consideration in site selection Begin developing a detailed decant plan as soon as a site is selected	Geoff Walsh	3	4	12	Open	05/07/2021	
3.11	Net Zero Carbon	Constructed facility does not meet the Welsh Government's and the Board's Net Zero Carbon aspirations	Project 2: UHW2 and UHL Redevelopment	Geoff Walsh	Service	2	4	8	Appointment of experienced technical advisers - health planners / architects and cost planners to ensure that the feasibility of the work is tested fully. Joint working with clinical team. Net Zero Carbon to be included as one of the key requirements when awarding any construction / IMM contract and specialist advice to be obtained Useful survey of conditions surrounding the construction site prior to construction	Geoff Walsh	1	4	4	Open	05/07/2021	Reviewed, no update.
3.2	Below Ground Conditions	Unplanned delays arise during demolition/alteration/construction works due to below ground conditions	Project 2: UHW2 and UHL Redevelopment	Geoff Walsh	Service	3	4	12	Develop a strategy for managing any potential issues, including appropriate time and cost contingencies Market assessment and engagement to be undertaken prior to going out to procure a contractor	Geoff Walsh	3	4	12	Open	05/07/2021	
3.3	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	Project 2: UHW2 and UHL Redevelopment	Claire Salisbury	External	4	4	16	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 Communicate all decisions and reasons with the public in a transparent and timely manner (via media and Board/committee minutes)	Claire Salisbury	2	4	8	Open	05/07/2021	Reviewed, no update.
3.4	Redevelopment Location and Design	Board's development location or design attracts negative public scrutiny and publicity	Project 2: UHW2 and UHL Redevelopment	Abi Harris	Business	3	4	12	Undertake comprehensive public consultation once there is clarity on specific service changes, design and site Not pre-determined that UHW will be the site. Had engaged JLL to undertake a desk based site search and potential options have arisen.	Abi Harris	2	4	8	Open	05/07/2021	Reviewed, no update.
3.5	Disruption to Hospital Operations	Disruption to day-to-day UHW/UHL operations caused by construction or decant	Project 2: UHW2 and UHL Redevelopment	Geoff Walsh	Service	3	3	9	Prepare a clear construction and decant plan that minimises impact on clinical services through engagement with clinicians and the public	Geoff Walsh	3	3	9	Open	05/07/2021	
3.6	Planning Permission	Not being able to obtain planning permission for chosen site results in delays or in having to choose a different site	Project 2: UHW2 and UHL Redevelopment	Geoff Walsh	Service	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.	Geoff Walsh	3	4	12	Open	05/07/2021	
3.7	University Co-location	Negative impact on relationship with Cardiff University in the event that the new facilities cannot be co-located	Project 2: UHW2 and UHL Redevelopment	Abi Harris	Service	3	3	9	Co-location to be considered in the site selection process Continue liaising with Cardiff University to develop mitigation plans to continue the existing relationship in the event that the University and the new hospital cannot be co-located	Abi Harris	2	3	6	Open	05/07/2021	
3.8	Schedules of Accommodation	SOAs and clinical functional content designed in a way that does not meet all future clinical requirements.	Project 2: UHW2 and UHL Redevelopment	Stuart Walker	Service	2	4	8	CVUHB have appointed leading healthcare planners, Archus to deliver the SOA. Going forward ensure close working relationship between planners and clinical workstream. Set up multiple touchpoints and working groups with clinicians to involve them in bed modelling and design work	Stuart Walker	2	3	6	Open	05/07/2021	Reviewed, no update.
3.9	Resident Disruption	Construction causes disruption to nearby residents or businesses	Project 2: UHW2 and UHL Redevelopment	Geoff Walsh	Service	3	4	12	Robust evaluation of the contractors proposals undertaken by Hb & experienced advisers. Engage with the population and local businesses once there is clarity around site and construction process to explain the level of disruption, how long it will last, and allow for input to be provided into these plans	Geoff Walsh	2	4	8	Open	05/07/2021	
4.1	Health Sciences Market	Lack of interest in developing life sciences with and around UHW2	Project 3: Health Sciences	Len Richards	Service	2	4	8	Produce a detailed construction plan to minimise the disruption Market testing will be a key part of developing the proposition in this regard and a stepped approach is planned where some development will lead to a further development over time.	Len Richards	1	4	4	Open	05/07/2021	Reviewed, no update.
4.2	University Hospital Ranking	CVUHB and Cardiff University fails to achieve its goal of becoming a top 10 University Hospital worldwide, resulting in loss of socio-economic and financial benefits	Project 3: Health Sciences	Len Richards	Business	3	3	9	Detailed roadmap to be put in place to maximise the chance of achieving this Work closely with University to achieve objective Careful tracking of benefits	Len Richards	3	3	9	Open	05/07/2021	Reviewed, no update.
4.3	Industry Partnerships	Failure to secure a sufficient number of industry partnerships results in project not being worthwhile to undertake	Project 3: Health Sciences	Len Richards	Service	3	4	12	Early engagement with the market to understand the appetite and lock partnerships in as early as possible	Len Richards	2	4	8	Open	05/07/2021	Reviewed, no update.

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Report Title:	Shaping Our Future Hospitals Committee – Terms of Reference					
Meeting:	Shaping Our Future Hospitals Committee				Meeting Date:	21/07/2021
Status:	For Discussion		For Assurance		For Approval	
					For Information	x
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					
Background and current situation:						
<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 the newly formed Shaping our Future Hospitals Committee to review the Terms of Reference which were approved by the Board in March 2021. The Terms of Reference were 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>						
Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:						
<p>These Terms of Reference were approved by the Board but are presented for Committee Members to review them as it is a newly established Committee.</p>						
Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):						
<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>						
Recommendation:						
<p>The Shaping Our Future Hospitals Committee is asked to:</p> <p>(a) REVIEW and NOTE the Terms of Reference as set out.</p>						

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





GIG
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WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Our Future Hospitals Committee

Terms of Reference

Approved by the Board: 25th March 2021

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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 three (3) Independent Members, comprising:

Chair	Independent Member – Capital and Estates
Vice Chair	Independent Member - Finance
Members	A minimum of 1 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 2 members, including either the Chair or the Vice Chair and 2 Executive Directors to include either the Chief

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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**

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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Report Title:	Annual Workplan 21-22 – Shaping Our Future Hospitals Committee					
Meeting:	Shaping Our Future Hospitals Committee				Meeting Date:	21/07/2021
Status:	For Discussion		For Assurance		For Approval x	For Information
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

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 2021/22 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 2021/22 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. There are some gaps in terms of dates for items to be presented and these will be agreed in liaison with the Executive Lead. It should also be noted that the Plan will need to remain fairly fluid as the Programme develops and evolves.

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:

- **REVIEW** and **APPROVE** the Committee Work Plan for 2021/22
- **RECOMMEND APPROVAL** to the Board on 30th September 2021.

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Shaping our Future Wellbeing Strategic Objectives

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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	
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	
Equality and Health Impact Assessment Completed:	<p>Yes / No / Not Applicable</p> <p><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 2021-22				
A -Approval D- discussion I - Information	Exec Lead	13-Oct	12-Jan	09-Mar
Agenda Item				
Itemes for Review & Assurance				
Review of Future Hospitals Programme Update: - Objectives - Milestones - Performance monitoring	AH	D	D	D
Review Programme Risk Register	AH	D	D	D
Review programme budget and expenditure (when available)	AH	D	D	D
Items for Approval				
Communications Strategy for Programme	AH			
Stakeholder Management Strategy for Programme	AH			
Recommend appointment of contractors, consultants and advisors to the Board where value more than £500k	AH			
Review Business Cases, recommend approval and provide assurance to the Board regarding delivery, cost and quality in line with UHB and Welsh Government approvals	AH			
Items for Noting and Information				
To be agreed				
Future Hospitals Committee Governance				
Annual Work Plan	NF			A
Committee Self assessment of effectiveness	NF			A
Induction Support for Committee Members	NF			I
Review Terms of Reference	NF			A
Produce Shaping Our Future Hospitals Committee Annual Report	NF			A
Minutes of Shaping Our Future Hospitals Committee Meeting	NF	A	A	A
Action log of Shaping Our Future Hospitals Committee Meeting	NF	D	D	D

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