



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
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Previous Review:	Not applicable – first review
Security Classification:	Official

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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	Criteria Description
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.

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.

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

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.

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 UHC

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 a 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.

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.

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