Hywel Dda University Health Board's
A Healthier Mid and West Wales
Programme Business Case
Appendix 15: Programme Group and Programme Team Terms of Reference
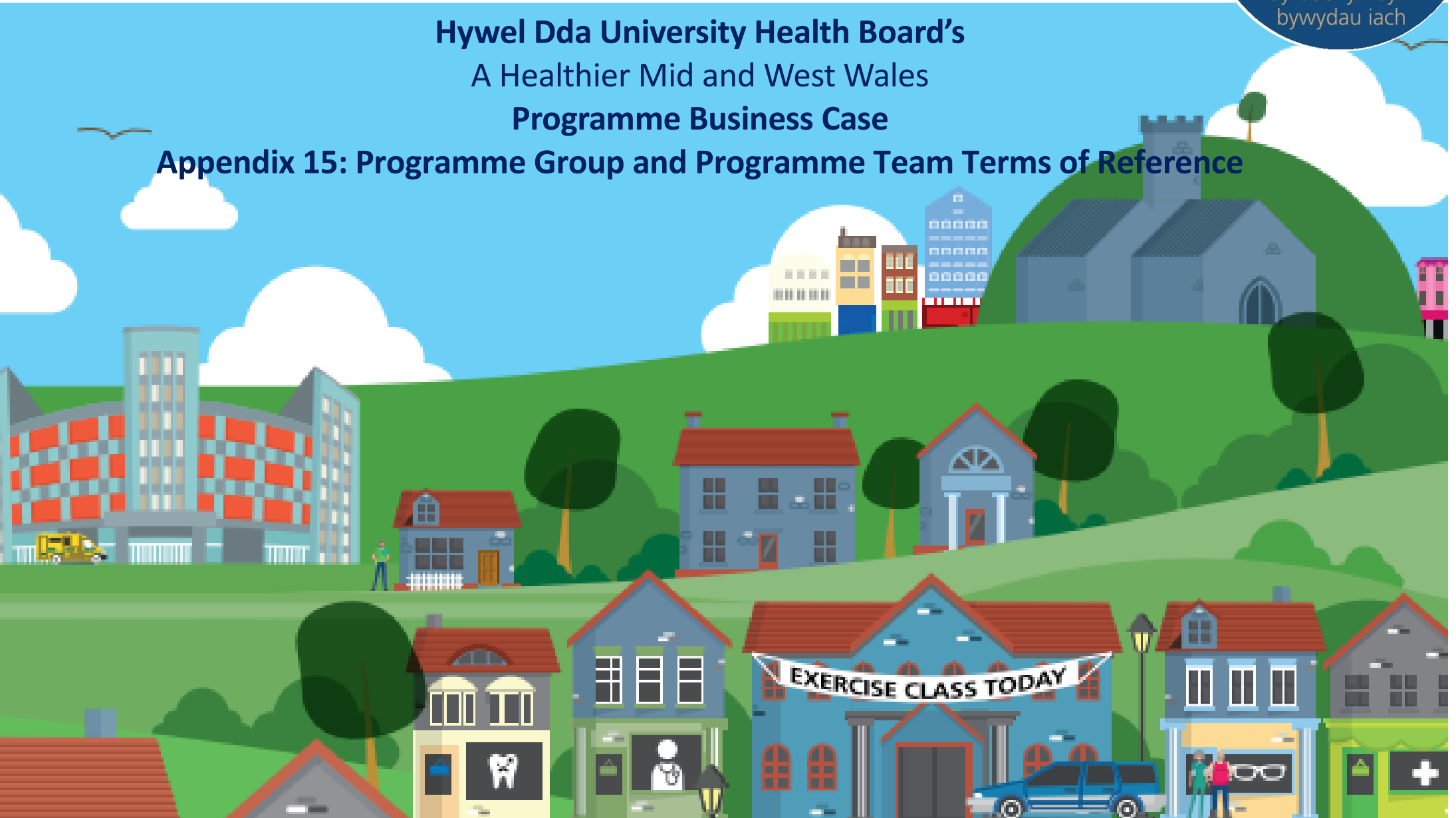
A HEALTHIER MID AND WEST WALES

TERMS OF REFERENCE

PROGRAMME BUSINESS CASE (PBC) PROGRAMME GROUP

1. **Constitution**

1.1. The Health Board's strategic objective number 5: 'Safe, sustainable, accessible, kind care' requires the delivery of the following planning objective:

- The Health Board will produce a final business case by March 2024 for the implementation of a new   hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID pandemic, the plan should be focused on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay

- Ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay

- Full Business Case for the repurposing of the Glangwili General Hospital and Withybush General Hospital sites completed and submitted by March 2024, in line with the strategy published in November 2018

1.2. Note should also be made of other relevant planning objectives namely:

- The need to ensure that locality plans include a review of resources to ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multi-professional workforce that enables new ways of working

- Development with relevant partners a plan by 2024 to address access, travel transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID pandemic

- Develop a plan and begin implementation within the next 3 years to make all Health Services carbon neutral by 2030 and establish Green Health initiatives across the estate building on the work currently underway.

1.3. The Programme Business Case (PBC) Programme Group (the Group) was established as a task and finish group. The group is constituted as a group for the purpose of producing a PBC which will set out a range of options for the infrastructure enabling schemes required to deliver the Health Boards Strategy 'A Healthier Mid and West Wales'.

1.4. The group is allied with various groups, sub-committees and committees across Hywel Dda University Health Board (HDUHB) and external organisations and stakeholders who have responsibilities to produce products and provide approvals for the Programme as required.

2. Membership

2.1. The membership of the Group shall comprise (see table overleaf).

2.2. Other attendees will be invited to join for specific agenda items/meeting to ensure key tasks are progressed in a timely manner.

2.3. Members listed will provide a deputy if they are unable to attend.

Name	Designation	Programme Role
Core Membership	***Based on current guidance to reflect Transformation Steering Group. Consideration to the wider Executive portfolios is required.***	
Steve Moore	Chief Executive Officer, HDdUHB	Chair & Senior Responsible Officer (SRO)
Paul Williams	Assistant Director of Strategic Planning, HDdUHB	Programme Manager (PM)
Andrew Carruthers	Director of Operations, HDdUHB	Business Change Manager Operations. (BCM)
Lisa Gostling	Director of Workforce and OD, HDdUHB	Business Change Manager Workforce and OD (BCM)
Phil Kloer	Medical Director/deputy CEO, HDdUHB	Business Change Manager Clinical (BCM)
Huw Thomas	Director of Finance, HDdUHB	Business Change Manager Resources (BCM)
Libby Ryan-Davies	Transformation Director, HDdUHB	Business Change Manager Transformational (BCM)
Anthony Tracey	Assistant Director of Digital Services, HDdUHB	Business Change Manager Digital (BCM)
Anna Bird	Assistant Director Strategic Partnerships	Business Change Manager WFGA and Equality compliance (BCM)
Yvonne Burson	Assistant Director Communications, HDdUHB	Business Change Manager Communications (BCM)
Rebecca Griffiths	Head of Engagement, HDdUHB	Transformation & Engagement Programme
Rob Elliott	Director of Estates, Facilities and Capital Management, HDdUHB	Estates Professional Lead
Eldeg Rosser	Head of Capital Planning, HDdUHB	Capital Planning/Programme Lead and support to Programme Manager

Community Health Council Representative to be nominated	Hywel Dda Community Health Council	Stakeholder
In attendance		
Other service leads as and when required		
Meeting Service Support	Capital Planning	Programme Group/PBC secretariat support

3. Principal Duties

3.1. The prime purpose of the Group will be to drive the programme forward and deliver the PBC for approval by the Health Board and subsequent submission to Welsh Government by the end of June 2021.

3.2. Members will provide resource and specific commitment to support the SRO, who is accountable for the successful delivery of the PBC.

3.3. The Group members must take the lead in supporting the authority and control of the SRO over the PBC as a whole, including ensuring the appropriate coordination across projects and activities that comprise the PBC.

4. Responsibilities

The Group will, in respect of producing an approvable PBC for HDUHB:

4.1   Identify risks, issues and mitigations for the successful completion of an approvable PBC.

4.2   Ensure the PBC delivers within its agreed boundaries (e.g. cost, organisational impact and adoption, expected actual benefits realisation).

4.3   Identify solutions and problems in relation to the production of the PBC.

4.4   Monitor production progress and timelines.

4.5   Escalate risks and issues to the SRO/Sponsoring Group (The Board).

4.6   Scrutinise the content of the PBC and production process.

4.7   Resolve strategic and directional issues, which need input and agreement of senior stakeholders to ensure the progress of the PBC.

4.8   In exercising its responsibilities ensure due regard has been taken in relation to Public Sector Equality duties and socio-economic impact of the PBC

4.9   Maintain focus on alignment with the AHMWW Strategy (The Blueprint).

4.10   Ensuring compliance with relevant standards and guidance.

4.11   Making resources available for planning and delivery purposes.

5. **Standing Items**

    5.1   PM's report to include:
          - PBC status summary
          - Programme & key milestones

- Risks
- Governance
- Communications & Engagement
- Key issues for resolution

6. Agenda and Papers

6.1 The Programme manager (PM) is responsible for drafting agendas.

6.2 The agenda will be based around the PBC Programme Plan, matters arising and requests from Group members. Following approval, the agenda and timetable for papers will be circulated to all members.

6.3 The agenda and papers for meetings will be distributed three working days in advance of the meeting.

6.4 The minutes and action log will be sent to the chair within seven days to check the accuracy. The minutes must be an accurate record of the meeting which capture the discussions that take place.

7. Frequency of meetings

7.1 The Group will meet monthly (maximum meeting duration 1.5 hours). Additional meetings will be arranged as determined by the Chair.

7.2 Meetings will be held via Microsoft Teams unless otherwise required and agreed with the SRO. Microsoft Teams protocols to be followed.

8. Accountability, Responsibility and Authority

8.1   The Group shall be accountable to the SRO/Board (Programme Sponsoring Group)

8.2   The Group shall embed the University Health Board's vision, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8.3   The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Group.

9. Quoracy

9.1   A quorum shall consist of as a minimum the SRO and Programme Manager or delegated deputies and one other Executive Director of the Group.

10. Reporting

10.1 The Group, through its Chair and Members, shall work closely with the Board's other groups, including Committees, Sub and Joint, to provide assurance to the Board. Governance structure illustrated in Appendix 1.

10.2 In doing so, the Group shall contribute 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.

10.3 The Group Chair shall:

10.3.1 Report formally, regularly and on a timely basis to the SRO

10.3.2 Bring to the SRO specific attention any significant matter under consideration by the Group.

10.3.3 Ensure appropriate escalation arrangements are in place to alert the SRO/Board of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

A HEALTHIER MID AND WEST WALES (AHMWW) INFRASTRUCTURE ENABLING PROGRAMME
GOVERNANCE STRUCTURE LU 03.11.21
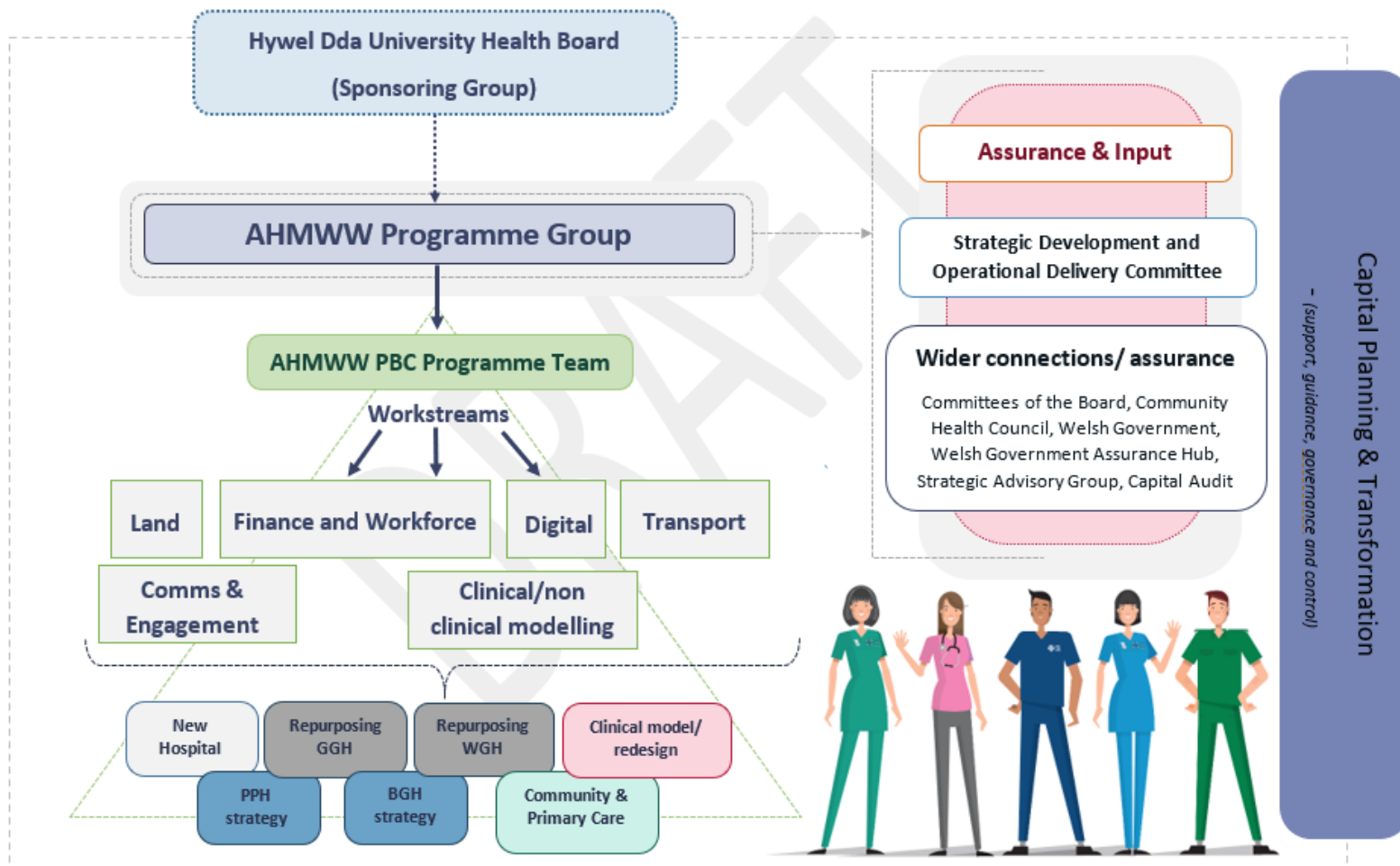
A HEALTHIER MID AND WEST WALES

TERMS OF REFERENCE

PROGRAMME BUSINESS CASE (PBC) PROGRAMME TEAM

1. Constitution

1.1 The Health Board's strategic objective number 5: 'Safe, sustainable, accessible, kind care' requires the delivery of the following planning objective:

- The Health Board will produce a final business case by March 2024 for the implementation of a new   hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID pandemic, the plan should be focused on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay

- Ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay

1.2 Note should also be made to other relevant planning objectives namely:

- The need to ensure that locality plans include a review of resources to ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multi-professional workforce that enables new ways of working

- Development with relevant partners a plan by 2024 to address access, travel transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID pandemic

- Develop a plan and begin implementation within the next 3 years to make all Health Services carbon neutral by 2030 and establish Green Health initiatives across the estate building on the work currently underway.

1.3   The Programme Business Case (PBC) Programme Group (the Group) was established as a task and finish group. The group is constituted as a group for the purpose of producing a PBC which will set out the preferred way forward for the infrastructure enabling schemes required to deliver the Health Boards Strategy 'A Healthier Mid and West Wales'. As such, the ToR will be reviewed following completion and approval of the PBC.

1.4   The Team is allied with various groups, sub-committees and committees across Hywel Dda University Health Board (HDUHB) and external organisations and stakeholders who have responsibilities to produce products and provide approvals for the Programme as required.

3.   Membership

3.1   The membership of the Team shall comprise (see table on next page).

3.2   Other attendees will be invited to join for specific agenda items/meeting to ensure key tasks are progressed in a timely manner.

3.3   Members listed will provide a deputy if they are unable to attend.

Name	Designation	Programme Role
Core Membership		
Paul Williams	Assistant Director of Strategic Planning, HDdUHB	Programme Manager (PM), Chair
Eldeg Rosser	Head of Capital Planning, HDUHB	Lead – PBC coordination, Project management Planning, HDdUHB
TBC following appointment	Estates Lead & Project Manager HDdUHB	Lead- Design, Project Management Estates, HDdUHB
Rhian Davies	Senior Business Partner (Finance) HDdUHB	Lead - Finance
Anthony Tracey	Assistant Director of Informatics HDdUHB	Lead – Digital infrastructure design/specification Lead - Activity and capacity modelling
Lee Elwell	Principle Project Manager, HDdUHB	Lead – Link to clinical service redesign
Tracey Walmsley	Senior Workforce Development Manage, HDdUHB	Lead - Workforce
Paul Williams	Head of Property Performance and Development, HDdUHB	Lead – Support for acquisition process (technical delivery perspective). Support for Estates Annexe/strategy development and decarbonisation agenda
Clive Ball	NWSSP SES Property Management	Land acquisition support
Scott Caldwell	Savills	External Lead – site selection and land acquisition
Andrew Weeks	Savills	External lead for site selection and land acquisition
Scott Matthews	Mace	External Lead – project management for development of Estates Strategy

Nick Durham	BDP	External Lead – Design/Architect
Greg Haddock	Price Waterhouse Coopers (PWC)	External Lead – PBC production and activities
Rebecca Griffiths	Head of Engagement	Lead - Transformation & Engagement
Sundeep Sehijpal	Communications Manager, HDdUHB	Lead - Communications
Emma Talla	SHP	External Lead – Development of functional brief
In attendance		
Other service leads as and when required		
Meeting Servicing	Capital Planning Department	Meeting and governance support

4. Principal Duties

4.1. The prime purpose of the Team will be to act as a delivery vehicle for the development and completion of the PBC under the direction of the Programme Group (PG)/Programme Manager (PM) for approval by the PG, the Health Board and subsequent submission to Welsh Government by the end of June 2021.

4.2. Members will provide resource and specific commitment to support the PM, who is accountable for the successful delivery of all tasks required for the delivery of the PBC.

4.3. The Team members must take the lead in supporting the authority and control of the PM to ensure the appropriate coordination across projects and activities that comprise the PBC.

5. Responsibilities

The Team will, in respect of producing an approvable PBC for Project Group be responsible for:

5.1 Identification of risks, issues that to arise that are likely to affect the delivery of the PBC and be part of the risk reduction process
5.2 Ensure all risks and issues are reflected in a Programme Risk register and Issue log
5.3 Escalation of risks as and when necessary to the PG
5.4 Producing information for programme documentation
5.5 Producing programme products as planned to the required level of quality, standards and to timescales
5.6 On behalf of the PG monitor progress against a programme of work to deliver the PBC
5.7 Review, progress and programme delivery against agreed objectives and outputs of the associated work streams
5.8 Receive reports in respect of the above from appointed work stream leads
5.9 Authorised by the PG, to undertake any activity within its ToR and to seek any information it requires from relevant stakeholders
5.10 Subject to direction given by the PM/PG, establish work streams, task & finish groups as appropriate and determine the membership and ToR of such
5.11 Monitor progress of the developing PBC against critical timelines and milestones for the team and each work stream
5.12 Contribute to and provide information required by the PM for delivery of programme progress reports to the PG
5.13 In exercising its responsibilities ensure due regard has been taken in relation to Public Sector Equality duties and socio-economic impact of the PBC

6. Standing Items

6.1 Standing agenda items will include
- PBC status summary
- Programme & key milestones
- Risks & Issues and mitigation
- Comms and Engagement

- Equality duties
- Key issues for resolution

7. Agenda and Papers

7.1 The Programme Manager (PM) is responsible for drafting agendas.

7.2 The agenda will be based around the PBC Programme Plan, matters arising and requests from Team members. Following approval, the agenda and timetable for papers will be circulated to all members.

7.3 The agenda and papers for meetings will be distributed three working days in advance of the meeting.

7.4 A formal action log will be sent to the chair within seven days to check the accuracy. The action log must be an accurate record of the meeting which capture the key discussions that take place and actions required.

8. Frequency of meetings

8.1 The Team will meet every two weeks (maximum meeting duration 1.5 hours). Additional meetings will be arranged as determined by the Chair.

8.2 Meetings will be held via Microsoft Teams unless otherwise required and agreed with the SRO. Members are requested to adhere to relevant user protocols.

9. Accountability, Responsibility and Authority

9.1 The Team shall be accountable to the PG

9.2 The Team shall embed the University Health Board's vision, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.3 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Team

9.4 In particular, the Team will adhere to the Health Board's requirements in respect of confidentiality on matters of business

10. Quoracy

10.1 A quorum shall consist of as a minimum the Programme Manager or delegated deputy and representation from each of the appointed Consultants.

11. Reporting

11.1 The Team, through its Chair and Members, shall work closely with the Board's other groups, including Committees, work streams and other organisations and programme partners as required, to provide assurance to the Board.

11.2 In doing so, the Team shall contribute 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.

11.3 The Team Chair shall:

11.3.1 Report formally, regularly and on a timely basis to the PG

11.3.2 Bring to the PG's specific attention any significant matter under consideration by the Team.

11.3.3 Ensure appropriate escalation arrangements are in place to alert the PG of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

A HEALTHIER MID AND WEST WALES (AHMWW) INFRASTRUCTURE ENABLING PROGRAMME GOVERNANCE STRUCTURE LU 03.11.21

Hywel Dda University Health Board (Sponsoring Group)

AHMWW Programme Group

AHMWW PBC Programme Team

Workstreams

- Land
- Finance and Workforce
- Digital
- Transport
- Comms & Engagement
- Clinical/non clinical modelling

- New Hospital
- Repurposing GGH
- Repurposing WGH
- Clinical model/ redesign
- PPH strategy
- BGH strategy
- Community & Primary Care

Assurance & Input

Strategic Development and Operational Delivery Committee

Wider connections/ assurance

Committees of the Board, Community Health Council, Welsh Government, Welsh Government Assurance Hub, Strategic Advisory Group, Capital Audit

Capital Planning & Transformation

- (support, guidance, governance and control)