GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Canolbarth a Gorllewin Iachach

Cenedlaethau'r dyfodol yn byw bywydau iach

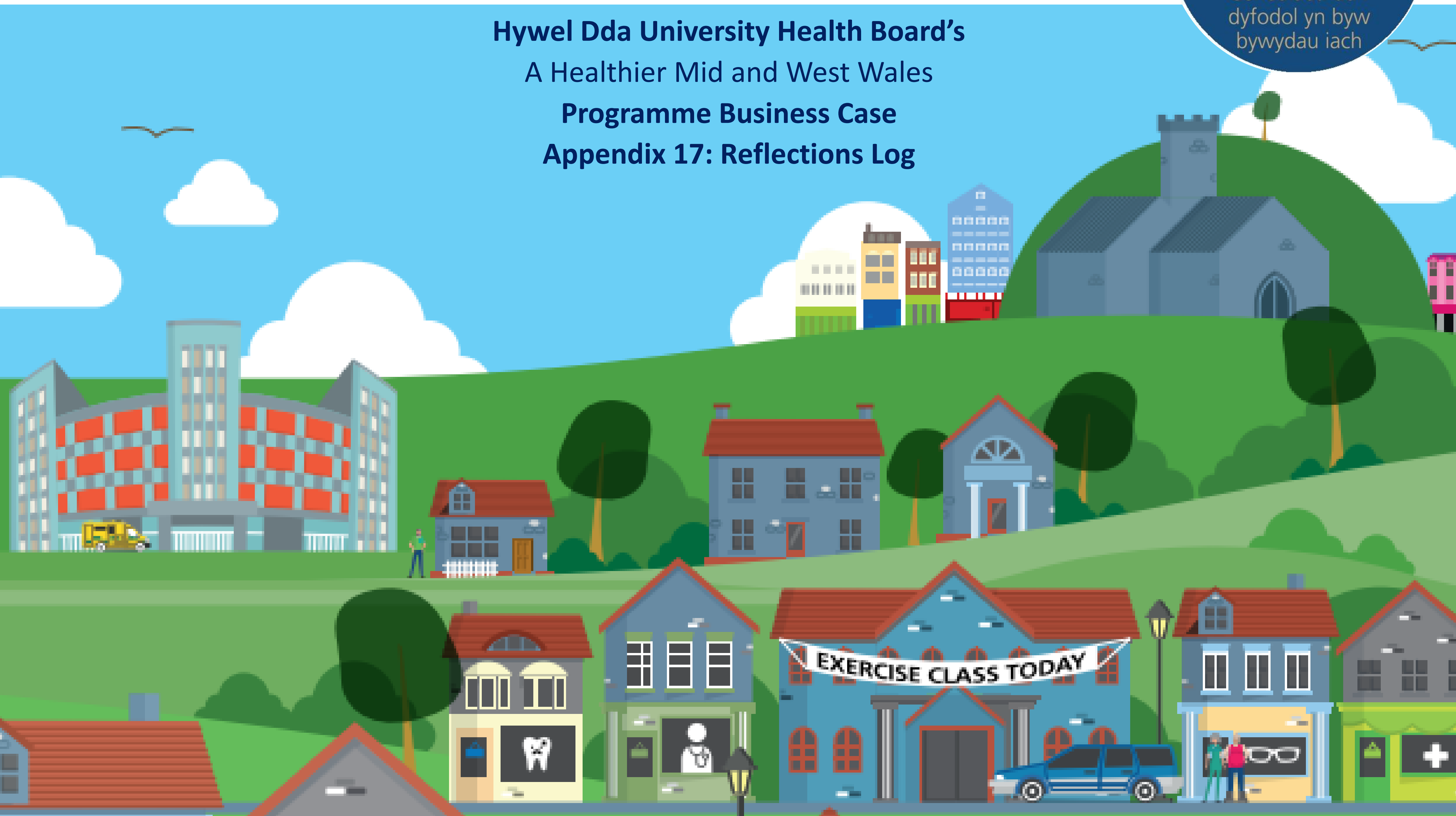
Date: January 2022 **DRAFT V2 18.1.22**

Hywel Dda University Health Board's

A Healthier Mid and West Wales

Programme Business Case

Appendix 17: Reflections Log



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Hywel Dda University Health Board – Programme Business Case, Reflections Log (last updated 06.01.22)

Issues Raised	Reflections, Actions and Considerations	Links / comments
Lessons learnt from 'The Grange' Aneurin Bevan University Health Board		
Business Case Development and Value Engineering		
Timescales from inception to delivery Ensure that the planning timescales are realistic for delivery building in both time and cost contingency	Noted and further consideration as we develop OBCs.	
Value Engineering For future projects, hold a contingency amount due to the risk of re-introducing items which might have been value engineered out in the early stages.		
Good Governance – Programme Management and Assurance		
Formal Programme and Project Management Structure Due to the size and complexity of the Clinical Futures Programme, a full programme structure was set up with clear lines of reporting and accountability. The programme would not have worked as effectively if this was not set up. Individual project structures should also be set up again with clear lines of accountability and reporting for any issues to be raised or decisions to be made.	Gap analysis has been undertaken on the internal resource requirements to deliver this programme. On PBC endorsement funding of resource schedules required to deliver next stage business cases will need to be discussed with WG.	
Executive Director as workstream sponsor This has ensured that there was momentum around the workstreams and progress was being made.	Programme governance structure has been set up led by CEO and structure will be reviewed upon PBC endorsement.	

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The Build Project		
Relationships with SCP and external advisors Good relationships have been key to the success of the build. Although relationships have sometimes been challenging, issues have been worked through professionally and as a whole team.	Noted.	
Design for Manufacture and Assembly (DfMA) Although overall the DfMA process has been successful, considerations should be given to the pros and cons identified, in order to pre-empt any potential issues which may present in relation to the construction.	Noted.	
Building design Clinical input has been fundamental to the design and key to services 'owning' their areas. Where services have not had as much involvement, there were some issues which needed to be worked through within the parameters which have already been agreed.	SAG has been in place to ensure appropriate clinical input. Membership will be reviewed as we progress to next stages of business case development.	
Radiology Diagnostic services were high risk in relation to design issues .	Noted and specific resource requirements for diagnostic input has been included in our gap analysis.	
Change Control Process A formal change control process was set up and helped significantly in the management of any changes and keeping control on the budget.	Noted.	
Service Redesign and Readiness		
Leadership	Requirement for strong clinical leadership is acknowledged and has been included in the resource gap analysis.	

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Appointed an Associate Director of Service Redesign to lead the clinical redesign, to ensure service models are developed appropriately and are in line with the overall strategy. This also extended to clinical leadership from both a consultant and nursing perspective to guide the overall planning.		
Use of Data Data has been the prime source of evidence when developing the clinical models. Using this as an evidence base has been fundamental in the design aspects or any potential challenge in relation to the service requirements.	Activity Modelling Group has been set up and will form a key part of any pathway redevelopment work being undertaken as part of the programme.	
Holding the Line' There will be concerns and challenges relating to design as the process nears completion, the key learning throughout this has been as long as there is a clear plan and clarity on the key risks and issues, the plans should be assessed appropriately on that basis.	Noted.	
Workforce and Transformation		
Staff Consultation Due to the volume of staff queries, it was challenging to respond to queries within the 2 week timeframe. There were elements of the process which would have benefited from future timescales, which would be considered for future projects	Communication and Engagement Plan in place. Continuous engagement process with public and staff.	
Staff Change Process The formal staff change process required extensive and robust pre-engagement and consultation. There were a number of lessons learnt which should be considered as part of any future substantial change processes.	Noted. Communication and Engagement Plan and Organisational Development Team will need to be involved in any changes to clinical pathways.	
Organisational Development	OD team in place that will form a key part of designing and assessing resources for any	

Issues Raised	Reflections, Actions and Considerations	Links / comments
Due to the sheer scale of the OD programme, it would have been valuable to be able to invest in more OD resources to support a transformation programme of this scale.	change process of the organisation moving forward.	
Communications and Engagement		
Dedicated Support As this is large scale transformation it is recommended to have a level of dedicated support / service from communications and engagement specialists.	Additional Communication and Engagement Resources have been identified in our gap analysis.	
Informatics		
Resource For future projects, ensure that there is sufficient Informatics support for the scale of the project, from a service and capital perspective.	Informatics Resources have been identified in our gap analysis.	
Engagement With services – essential to have closer engagement with services to ensure ICT/ services are prepared for implementation. With Supply Chain Partner – suggested a member of IT is part of the procurement team when appointing a supplier, in order to address any queries/ issues at the outset.	Noted.	
Planning Thorough planning needs to take place, including reviewing lessons learnt from other projects, to ensure, as far as possible, that everything is included and the right amount of contingency is applied.		
Operational Commissioning		
Leadership – Command and Control Ensure that the right stakeholders are involved with the operational commissioning to ensure all services/ organisations are ready and clear in their roles.	Our gap analysis has identified that we need clinical and non-clinical input on all sites as these projects are developed and implemented.	

Issues Raised	Reflections, Actions and Considerations	Links / comments
Sequence of Moves The regime of how the moves were planned and undertaken, were down to the success of how command and control managed the process. This process is recommended for any future hospital moves	Noted.	
Financial Planning		
Financial Assumptions It is recommended that future projects of this type look to assess the following three factors, in particular assessing the cash-releasing savings that will be achieved – • Additional service models • Supporting infrastructure (e.g. transport) • Reduced savings	Noted.	
Capital Strategy The Governance Structure which was set up allowed for the project to be successfully delivered on time and within budget.		
Revenue Strategy Risks associated with the potential for service model changes and time delays should be factored in at an early stage.		
Other learning Clear mechanisms need to be established to move from the 'project' into 'core' business responsibility and financial/budgetary ownership. For major programmes/projects dedicated financial expertise is recommended.	Noted.	
Other discussions / learning through discussion		

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Consideration was given to space requirements for staff amenities including multifaith areas and these require careful planning to ensure they are sufficient	Noted.	
Importance of Clinical Engagement from start of business case.	Noted. Strategic Advisory Group established.	
Be aware of the likelihood and impact of any unintended patient flows.	We will ensure communication of patient pathway changes especially with public.	
Importance of early engagement in implementation of pathway changes.		
Being clear where the efficiency drivers are expected to be delivered.	Noted.	
Transport Dedicated project manager for this element is helpful early on to look at: • Transport arrangements, identification of appropriate vehicle requirements • Modelling of patients flows on likely transport activity levels Key data that will help this work includes: - The anticipated number of patients that will step up / step down between each site on a daily basis; - The anticipated number of patents that will be discharged from each site in a daily basis; - The complexity of those patients requiring step up / step down to assess the most appropriate vehicle types to support a transfer. - The likely staffing requirement needed to support the discharge and transfer service - Communications planning to support public messaging on where to attend that is most appropriate etc.	Being considered by transport workstream.	

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Reference: Discussion paper July 2020 Lessons from the last hospital building programme, and recommendations for the next – Nuffield Trust		
PLANNING		
Assumptions about reducing length of stay or changes in outpatient attendances were based on crude benchmarking – often without case-mix adjustment or allowing for the fact that different localised practices or facilities could be distorting those assumptions	All of these will be considered as we progress into the next stage of business development.	
Planning was at times based on managing demand or reducing length of stay without any real support or investment in community and other services – sometimes in ways that did not reflect the available evidence		
Hospital activity, rather than demand or need, was often used as the basis for forecasting		
Static forecasts were used instead of modelling flow dynamics within the hospital or the wider health and social care system – in particular experts noted a neglect of the impact of constraints imposed by imaging, discharge or other processes, and neglect of the potential for supply-induced demand.		
Planning for routine elective care was carried out with an inadequate knowledge of the level of demand.		
Limited thought was put into plans to fill the gaps in community-focused buildings that could integrate primary and community care and form a community hub. In many cases projects failed to join up with local authority services such as children's services.		
Even where planning was done well, processes for ensuring that plans were followed through, or organisational memory to ensure they were enacted, were not always in place.		
Identify a small group with the credibility to provide planning and clinical input and to manage user engagement responsible for decision making, reconciling competing demands and driving standardisation.	Introduction of Strategic Advisory Group	

	Implementation of the pathway changes needs to be aligned to the development of the capital business cases. Communication and Engagement Strategy to be/has been developed.	
Make connections to a network of those involved in similar schemes.	Linking in with colleagues in Aneurin Bevan, Velindre.	Jersey and Torbay Business Cases
Avoid letting long debates on clinical strategy delay the development of the scheme – it is likely that the details of this will have changed by the time the building is commissioned – focus on methods to allow flexibility of approach ICSs/STPs.	Our clinical strategy has been agreed and tested against covid. Transformation Programme Office validating PBC is aligned to recommendations of consultation and Board Reports in 2018.	
Test clinical models and pathways across organisational and sectoral boundaries against current and future practice	Introduction of Strategic Advisory Group	
Explore innovations nationally and internationally that might be relevant in the next 5–10 years	Links with Research and Innovation Team Explore the impact of Digital Hospital	
Move quickly. Notwithstanding the need to plan and develop at a system level, experience suggests that delays cost money, may endanger the viability of schemes and the best can be the enemy of the good	Noted.	
Ensure that the whole-system lifecycle cost is considered in a systematic way, including impacts on social, community and primary care as well as wider issues of sustainability	Considerations for financial and economic cases as the programme moves on.	
Rigorously challenge planning assumptions to ensure they are evidence based, avoid optimism bias and are not reverse-engineered to fit the budget	We will re -test the design assumptions used for the consultation are still valid. (Query do we need to amend / change/ delete / add)?	

	We need to also test the assumptions made around provision of services on site for the activity modelling.	
Test future system designs for high-level resilience, safety, affordability and flexibility, building in surge capacity.	Noted for OBC.	
SKILLS & EXPERTISE		
Appoint a project director with experience beyond project management and link them to others in the field	Resourcing Plan for process being developed.	
DESIGN		
Design flexibility into build • Soft space • Interstitial floors • Building shell • Building for planned expansion • going for larger rooms at the planning stage to future proof against future changes Pressure to scale down on costs by value engineering things that would promote sustainability Combined design and build contracts resulted in the best design team not always appointed	Considered as we progress into the next stage of business development.	
Be prepared to resist demands for idiosyncratic designs for departments or functions.	Managed engagement by the Design Team as the OBC/FBC progresses.	
BUILDING QUALITY		
that there is often a trade-off between speed and quality		
UNDER-EXPLOITED OPPORTUNITIES		
• Technology/digital/robotics • Workforce changes can take longer than building programmes	Will be considered as we progress into the next stage of business development	

• Sustainability – cost reduction took priority over environmental impact of buildings • Therapeutic environment – daylight & views use of art • Single rooms		
Make links to local authorities, housing and voluntary sector organisations as well as relevant industry sector partners to ensure that investment potential is maximised and the development contributes to wider and the local economy	Social Value and Community Benefits / Foundational economy. Regional Partnership Board and Public Service Boards. Wellbeing of Future Generations Wales Act. HDUHB Planning Objective 4L and 5H (social model for health, community and primary care developments).	
COVID-19		
• Importance of reconfigurable space • Attention to constraint - access to shared resources e.g., diagnostics • Size of outpatients • Need for office space for remote consultation • Need for improved shower, changing facilities for staff	Noted.	

Gateway™ Programme Assessment Review (PAR)		
The SRO and team might review the draft Strategic and Economic Cases to ensure that they confirm the earlier work but focus on the robustness of that solution against the here and now.	Meeting with Welsh Government on 15/10/21 to confirm content of the strategic and economic cases in line with their expectations.	
PBC should make clear that this is not a stand-alone capital project but has dependencies with developments in the community	The need to ensure the alignment of changes to service models to reflect the social model for health and implementation of pathway changes with outline business case progression.	
The communications and engagement plan in development should identify the additional resource required now and subsequently for the more targeted approach to the next stage	A communication and engagement plan will be developed for the programme.	
The Review Team recommends that processes are mandated and documented to ensure continuity of joined up working and mitigate the risks around the communications and engagement teams being in separate directorates.	Communications and Engagement workstream is a combined workstream and jointly chaired by Head of Communications and Head of Engagement. A communication and engagement plan will be developed for the programme.	
The terms of reference, mandate, governance and roles and responsibilities should be reviewed before the next stage	Noted. The Health Board will work with 'NWSSP Audit and Assurance Services'.	
The SRO should ensure that there is gap analysis and assessment of the resource requirement and that a business case for resources is produced before the start of the next phase.	Resource Plan developed for November 2021.	