

Name of Sub-Committee:	Capital Sub-Committee
Chair of Sub-Committee:	Chair – Lee Davies, Director of Strategic Development and Operational Planning
Reporting Period:	24 March, 2023
Key Decisions and Matters Considered by the Sub-Committee:	
<p>Committee Key Actions The Sub-Committee noted the paper listing capital key actions from other committees for information. An action was noted from the Audit and Risk Assurance Committee in terms of the IT infrastructure and the costs of replacing aging assets.</p> <p>Self-Assessment of Capital Sub-Committee Effectiveness The Capital Sub-Committee endorsed the Capital Sub-Committee Annual Report 2022/23 for onward submission to SDODC (Agenda Item 7.2), subject to two agreed amendments.</p> <ul style="list-style-type: none"> Capital Sub-Committee Developments for 2023/24: SW suggested including the business as usual capital element in this section. The Sub-Committee membership will be reviewed to ensure it is still appropriate. <p>Capital Resource Limit and Capital Financial Management/ Discretionary Capital Programme 2022/23 and 2023/24 The Sub-Committee noted the following:</p> <p><u>Capital Resource Limit 2022/23:</u></p> <ul style="list-style-type: none"> The current CRL for 2022/23 has been issued with the following allocations: <ul style="list-style-type: none"> £27.778m – All Wales Capital Programme £5.290m – Discretionary Programme £0.150m – Disposal Proceeds £0.302m – International Financial Reporting Standards, 16 leases £33.520m – Total In terms of achieving CRL for 2022/23, there has been significant spend since the end of February; a total of circa £5m is remaining to be spent before the end of March 2023. There has been no requirement to vest equipment this financial year, which is in contrast to the circa £10m equipment vested in the last financial year. It was highlighted in the January 2023 Capital Sub-Committee report that there is a likely overspend against the total funding allocated for the Withybush General Hospital (WGH) Fire Precaution Works. HDdUHB has met with WG and it was agreed that an updated forecast will be provided in April/May 2023 highlighting the shortfall in funding and the amount required from WG to fund the outstanding work. <p><u>Capital Programme 2023/24</u></p> <ul style="list-style-type: none"> The Capital Programme for 2023/24 was reported to the Sub-Committee in January 2023 and approved by the Executive Team on 15 February 2023. SDODC endorsed the Capital Programme at the end of February 2023, for onward submission to Board on 30 March 2023 for ratification. 	

- As part of discussions at the Executive Team, the CEO has asked for work to be undertaken in terms of assessing risks of those areas where capital funding will not be prioritised. The Governance Team will pick this up through the Executive Risk Group and this may result in additional risks being added to the risk register.
- RE flagged the potential for recently identified issues, such as Reinforced Autoclaved Aerated Concrete (RAAC) to impact on the Programme. LD will be giving a verbal update to Board to highlight this risk.
- LD highlighted to Sub-Committee members that before the next Sub-Committee meeting, a decision must be made to utilise contingency funds in order to support surveys for the RAAC

The Sub-Committee noted the following:

- The Capital Resource Limit for 2022/23
- The endorsed Discretionary Capital Programme for 2022/23 and capital expenditure plan.
- The financial risks
- The proposed Discretionary Capital Programme for 2023/24
- The work being undertaken around the risks on the projects which cannot be funded from the 2023/24 Discretionary Capital Programme.
- The need to make a decision before the next Sub-Committee meeting in terms of utilising contingency to support surveys for the RAAC

Capital Governance – Capital Highlight Reports

The Sub-Committee noted the content of the report, in particular those projects currently reporting a red or amber RAG status as follows:

Projects with an overall red RAG status were reported as follows;

- Women & Children's Phase 2
- Fire Enforcement Work WGH

Projects with an overall amber RAG rating were reported as follows:

- Fire Enforcement Work Glangwili Hospital (GH)
- Chemotherapy Day Unit
- Sexual Assault Referral Centre
- Business Continuity (Major Infrastructure)
- Carmarthen Hwb

Other projects to note:

- Pentre Awel: ER noted that meetings have been held with service users and Carmarthenshire County Council regarding the footprint of Pentre Awel going forward.

Risk Update Report

The Sub-Committee endorsed the revised Terms of Reference for the Capital Sub-Committee which were reviewed to ensure appropriate assurance is provided to SDODC that the risks are being considered as part of the capital prioritisation process.

It was agreed that the revised Terms of Reference will be shared with SDODC as an attachment to the Committee update (Appendix A).

Welsh Government Dashboards Reports

The Sub-Committee noted the 2022/23 Month 10 Dashboard Reports submitted to WG in February 2023, covering projects to the end of January 2023.

A Healthier Mid & West Wales – Programme Business Case (PBC) Update

The Sub-Committee noted the contents of the report and the potential delay with the commencement of the Clinical Strategy Review.

Land Consultation Update

The Sub-Committee noted the progress being made with the Consultation which is almost half way through the process. A variety of staff and public engagement events have been held in person and online, with nearly 200 questionnaires completed to date on the land selection options.

Infrastructure Investment Enabling Plan

The Sub-Committee noted the contents of the Infrastructure Enabling Plan 2023/26 which is attached as Appendix B.

Programme Business Case (PBC) for Letter of Fire Safety matters at Bronglais Hospital (BH).

The Sub-Committee supported the submission of the Programme Business Case to the Board for onward transmission to Welsh Government for endorsement.

The Sub-Committee noted the following:

- The position of this PBC within the overall Health Board Fire Investment Programme.
- That further reports will be provided to the Sub-Committee as this programme progresses.

Any other business

The Sub-Committee were provided with an overview of the emerging Reinforced Autoclaved Aerated Concrete (RAAC) situation in the Health Board

Papers for Information

The Sub-Committee noted the following papers for information:

- Capital Review Meeting - Minutes of meeting held on 24 January 2023.
- Capital Monitoring Forum – Minutes of meetings held on 10 January, 14 February and 3 March 2023.
- Capital Planning Group – Minutes of meetings held on 13 January and 24 February 2023.

Matters Requiring Strategic Development and Operational Delivery Committee Level Consideration or Approval:

- To approve the Capital Sub-Committee Annual Report /Self-Assessment of Capital Sub-Committee Effectiveness 2022/23, Agenda item 7.2
- To approve the revised Terms of Reference for the proposed Capital Sub-Committee which is attached at Appendix A.
- To note the contents of the Infrastructure Enabling Plan 2023/26 which is attached as Appendix B.

Risks / Matters of Concern:**Capital Governance Highlight Reports**

The Sub-Committee noted those projects currently reporting a red RAG status.

Planned Sub-Committee Business for the Next Reporting Period:**Future Reporting:**

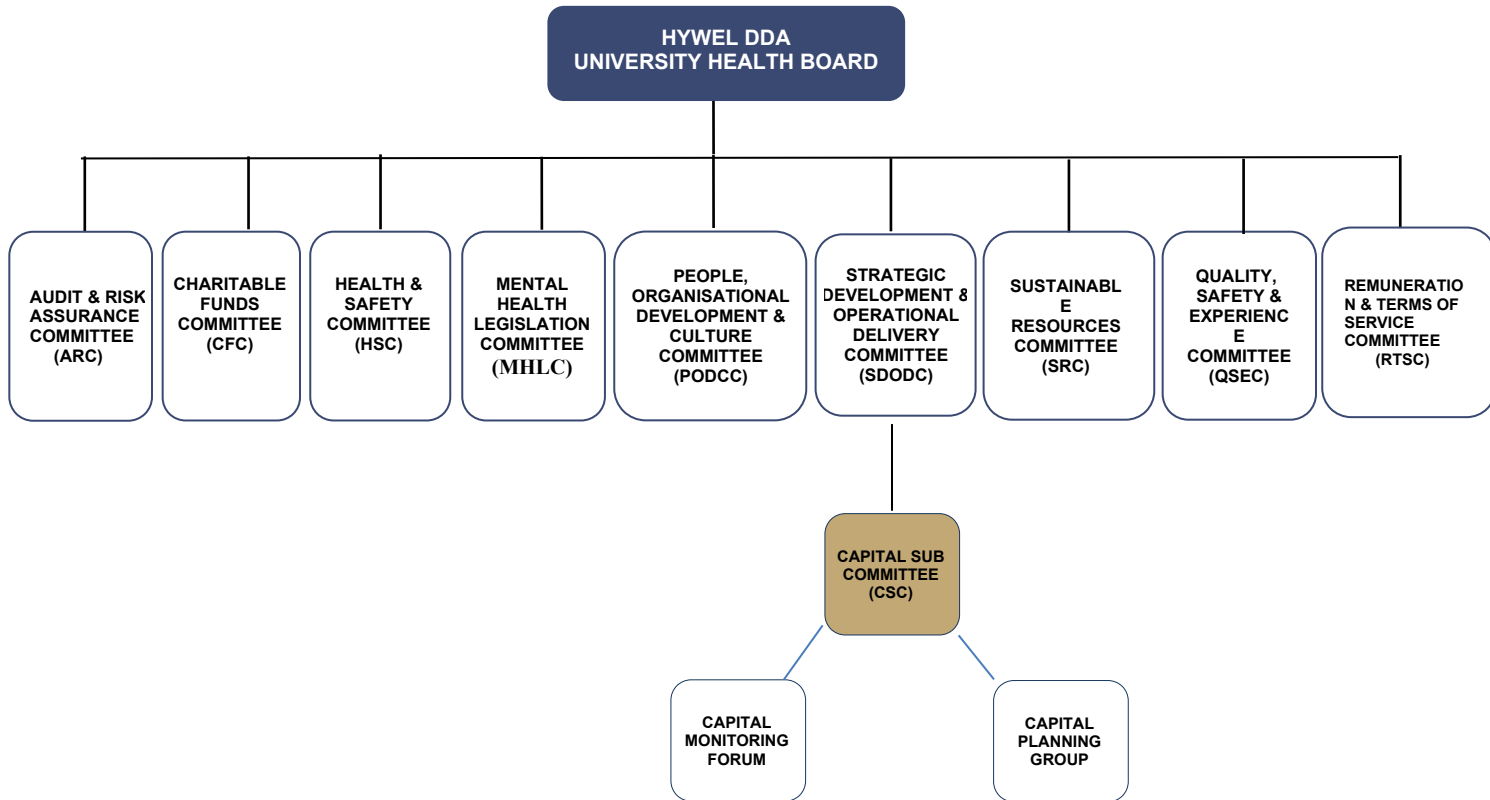
- Audit Update Report
- Operational and strategic issues:
 - DCP & CRL Update
 - Dashboard Report
- Capital Planning Developments
 - A Healthier Mid and West Wales PBC Update
 - Post Project Evaluation and Lessons Learnt
 - Infrastructure Investment Plan

Date of Next Meeting:

Thursday, 25 May, 2023

TERMS OF REFERENCE

CAPITAL SUB-COMMITTEE



Version	Issued to:	Date	Comments
V1	People Planning & Performance Assurance Committee	30 th June 2015	Membership additions
V2	Governance Team	July 2015	Aligned to Governance Review
V3	Capital, Estates & IM&T Sub Committee	July 2015	Membership additions and aligned to PPPAC ToRs – approved
V4	Capital, Estates & IM&T Sub Committee	February 2016	Membership and frequency revisions

V5	Capital, Estates & IM&T Sub Committee	August 2017	In conjunction with Corporate Governance Team TOR aligned to PPPAC TORs. Sections 7 & 8 updated
V6	People Planning & Performance Assurance Committee	24 th October 2017	Regional planning made more explicit
V7	Capital, Estates & IM&T Sub Committee	29 th January 2019	DRAFT Membership reviewed, updates to purpose of the sub-committee and sub-group reporting.
V8	People Planning & Performance Assurance Committee	19 th February 2019	Approval of amendments noted at CEIM&T 29/01/19
V9	Capital, Estates & IM&T Sub Committee	19 th November 2020	Approval given. Amendments made
V10	People Planning & Performance Assurance Committee	17 th December 2020	For approval
V9	Capital, Estates & IM&T Sub Committee	25 th November 2021	For discussion
V10	Capital, Estates & IM&T Sub Committee	27 th January 2022	Approved following amendments made
V11	Strategic Development and Operational Delivery Committee	24 th February 2022	For approval
V12	Capital Sub Committee	22 nd November 2022	Approved following amendments made
V13	<u>Capital Sub Committee</u>	<u>23rd March, 2023</u>	<u>Amendments to section 5.11</u>

CAPITAL SUB-COMMITTEE

1. Constitution

- 1.1. The Capital Sub-Committee (CSC) has been established as a Sub Committee of the Strategic Development and Operational Delivery Committee (SDODC) and constituted from 1st June 2015.

2. Membership

- 2.1 The membership of the Sub-Committee shall comprise:

Title
Director of Strategic Development and Operational Planning (Chair)
Assistant Director of Strategic Planning and Development (Sub-Committee Lead and Deputy Chair)
Independent Member
Director of Estates, Facilities and Capital Management
Assistant Director of Nursing, Infection, Prevention and Control
Senior Business Partner (Finance) (Delegated on behalf of the Director of Finance)
Head of Facilities Information and Capital Management
Assistant Director of Operations
Assistant Director, Medical Directorate (Delegated on behalf of the Medical Director)
Digital Director
Assistant Director of Primary Care
Assistant Director of Assurance and Risk
Head of Procurement
Head of Capital Planning
Director of Mental Health and Learning Disabilities
County Director - Carmarthenshire
County Director – Ceredigion
County Director - Pembrokeshire
Head of Radiology
General Manager, Women and Children's Directorate
Head of Pathology
Assistant Director of Therapies & Health Science
In Attendance
Committee Support/Secretary
Head of Capital Audit (three times a year/tri-annual)
Capital Programme Manager, Capital Planning
Project Manager, Capital Planning
Head of Property Performance

- 2.2 The membership of the Capital Sub-Committee will be reviewed on an annual basis.

3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than a third and must include as a minimum the Chair or Vice Chair of the Sub-Committee.
- 3.2 An Independent Member shall attend the meeting in a scrutiny capacity. The scrutiny role of Independent Members on Sub-Committees is to ensure their effectiveness in terms of processes and outcomes, and in particular that their work is organised and undertaken in accordance with their terms of reference, that they have clarity about the limits of their delegated powers and responsibilities, and that they understand fully their relationship with and reporting responsibilities to their parent Committee.
- 3.3 Any senior officer of the University Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 3.4 The Sub-Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 3.5 Should any member be unavailable to attend, they may nominate a suitably briefed deputy to attend in their place. Where attendance is delegated, the nominated representative is responsible for informing discussions where relevant and reporting back to the named member accordingly.
- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Capital Sub-Committee.
- 3.7 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Purpose

- 4.1 The purpose of the Capital Sub-Committee is to:
 - 4.1.1 Oversee the delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term).
 - 4.1.2 Recommend to the Board, via the Strategic Development and Operational Delivery Committee (SDODC), the use of the Health Board's Capital Resource Limit (CRL), in line with the HB's financial scheme of delegation
 - 4.1.3 Review, on an annual basis, the Discretionary Capital Programme (DCP) for the following financial year.

- 4.1.4 Oversee the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy for consideration by SDODC, prior to Board approval.
- 4.1.5 Oversee the development and delivery of implementation plans for the Estates Strategy agreeing corrective actions where necessary and monitoring its effectiveness.

5. Operational Responsibilities

- 5.1 Develop recommendations to the Board, via the SDODC and Executive Team, on the use of the Health Board's Capital Resource Limit (CRL), for approval.
- 5.2 Develop prioritised recommendations for discretionary capital sums and All Wales Capital Schemes and receive investment proposals, in response to an assessment of the organisation's risks, and to support the Health Board's A Healthier Mid and West Wales Strategy (including delivery plans) and vision for healthcare and its strategic objectives, including performance and financial improvement.
- 5.3 Provide a co-ordinated approach to overseeing delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term) enabling the Health Board to understand the overall delivery commitments and risks and proposing changes as appropriate.
- 5.4 Provide assurance that capital projects are managed and governed in accordance with mandatory requirements, best practice and the latest Welsh Government capital guidance, ensuring that revenue consequences associated with capital projects are explicit at project scoping stage.
- 5.5 Provide assurance around the effective management of the Health Board's CRL, ensuring expenditure is in line with Standing Orders and within the agreed programme.
- 5.6 Scrutinise and quality assure major capital business cases prior to submission to SDODC including those developed in partnership with other organisations such as, Local Authorities, GP partners and Third Sector organisations.
- 5.7 Ensure a robust disposal policy for redundant estate is in place.
- 5.8 Consider options for the acquisition or disposal of estate and agree recommendations for the Board, via the SDODC.
- 5.9 Review and recommend the appropriate delegated limits for capital expenditure authorisation and authorisation for other funding sources.

- 5.10 Make recommendations on capital expenditure in relation to Digital, medical & non-medical equipment, estates statutory and infrastructure, contingencies and other provisions.

~~5.11 Ensure arrangements are in place to assess and deliver benefits of the capital received. Provide assurance to SDODC that risks associated with capital investment for estates, medical and non-medical equipment and Digital services are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate)~~

5.11 Provide assurance to SDODC that risk is considered as part of prioritisation of capital expenditure items and that where risks are not addressed by capital funding, these risks have been reviewed to assess whether further mitigation actions should be taken (to minimise the impacts should the risk materialise), contingency measures can be strengthened (in case the risk materialises to minimise disruption) and reflect whether the risk is being tolerated or further treated.

- 5.12 Agree the Annual Capital Audit Plan and monitor action against recommendations contained within audit reports issued by Capital Audit.
- 5.13 To receive regular progress updates on the Housing with Care Fund and Integrated Rebalancing Capital Funds Capital bids and schemes being progressed
- 5.14 Agree issues to be escalated to SDODC with recommendations for action.
- 5.15 Agree an annual work plan for the Sub-Committee for review and approval by SDODC.

6. Agenda and Papers

- 6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Executive/Assistant Director at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Sub-Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Sub-Committee members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee members.
- 6.3 All papers should have relevant sign off before being submitted to the Sub-Committee Secretary.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.

- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Sub-Committee Secretary within the next **seven** days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.

7. Frequency of Meetings

- 7.1 The Sub-Committee will meet bi-monthly and shall agree an annual of meetings. Any additional meetings will be arranged as determined by the Chair of the Sub-Committee.
- 7.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

8. Accountability, Responsibility and Authority

- 8.1 The Sub-Committee will be accountable to the Strategic Development and Operational Delivery Committee for its performance in exercising the functions set out in these terms of reference.
- 8.2 The Sub-Committee shall embed the UHB's vision, corporate 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 UHB's Standing Orders are equally applicable to the operation of the Sub-Committee.

9. Reporting

- 9.1 The Sub-Committee, through its Chair and members, shall work closely with the Strategic Development and Operational Delivery Committee -and other committees, including joint /sub committees and groups to provide advice and assurance to the Board through the:
 - 9.1.1 joint planning and co-ordination of Board and Committee business;
 - 9.1.2 sharing of information.
- 9.2 In doing so, the Sub-Committee 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.

- 9.3 The Sub-Committee may establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The following groups have been established:
- 9.3.1 Capital Planning Group (CPG)
 - 9.3.2 Capital Monitoring Forum (CMF)
- 9.4 The Sub-Committee will receive an update following each Group's meetings detailing the business undertaken on its behalf.
- 9.5 The Sub-Committee will also receive updates from the regular Capital Review meetings held with Welsh Government representation.
- 9.6 The Sub-Committee Chair, supported by the Sub-Committee Secretary shall:
- 9.6.1 Report formally, regularly and on a timely basis to the Strategic Development and Operational Delivery Committee on the Sub-Committee's activities. This includes the submission of a Sub-Committee update report, as well as the presentation of an Annual Report within 6 weeks of the end of the financial year.
 - 9.6.2 Bring to the Strategic Development and Operational Delivery Committee's specific attention any significant matter under consideration by the Sub-Committee.

10. Secretarial Support

- 10.1 The Sub-Committee Secretary shall be determined by the Lead Director.

11. Review Date

- 11.1 These terms of reference shall be reviewed on at least an annual basis by the Sub-Committee for approval by the Strategic Development and Operational Delivery Committee

SAFE, SUSTAINABLE, ACCESSIBLE AND KIND



Hywel Dda University Health Board

Infrastructure Investment Plan 2023/26

V1.1. To support Annual Plan – March 2023

14/03/23



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1. INTRODUCTION

1.0.1 The NHS Wales Annual Planning Framework for 2023/24 does not specifically call out the requirement to produce an Infrastructure Investment Plan (IIP). The UHB however sees this document as a key enabler to the delivery of our:

- Strategic Objectives
- Planning objectives which include the University Health Board's (UHB) Health and Care Strategy, 'A Healthier Mid & West Wales; Our Future Generations Living Well'.
- Approach to the management of capital and infrastructure risks within the UHB

1.1 Strategic Objectives

1.1.1 Our 6 strategic objectives are shown below:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and wellbeing for our communities
5. Safe, sustainable, accessible and kind care
6. Sustainable use of resources

1.2 Planning Objectives associated with the IIP

1.2.1 The Planning Objectives within the Annual Plan have been refreshed for 2023/2024 and include the following detail that can be associated with this Infrastructure Enabling Plan:

"Our estates strategy is crucial to how we meet the requirements of our Strategy 'A Healthier Mid and West Wales' - we are currently developing a Strategic Outline Case (for the new Urgent and Planned Care Hospital) and a re-purposed Withybush and Glangwili). However, we are also cognisant of the on-going capital developments we require across the organisation; and how this plays into work on a regional basis with our partners through, for example, our developments are included in the Regional Partnership Board's 10-year capital plan and progressed via the Health and Social Care Integration and Rebalancing Fund"

Strategic Goal	Planning Objective
Strategic Goal 5: World Class Infrastructure	<p>5a: Estates Strategy</p> <p>Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:</p> <p>Progressing AHMWW to Outline Business Case stage (Q4) following PBC and SOC approval</p> <p>A 10-year regional capital plan agreed by the Regional Partnership Board and submitted to Welsh Government (Q2)</p> <p>A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board</p> <p>Fire and Business Continuity....</p> <p>Executive Lead: Lee Davies</p> <p>Lead Officer: Eldeg Rosser</p>

1.2.2 The detail included within Planning Objective 5a includes:

Programme Business Case (PBC)

The Programme Business Case (PBC) to implement our Health and Care Strategy was submitted to Welsh Government in February 2022. The capital infrastructure requirements contained within the PBC includes the following:

- Development of the Health Board Community infrastructure
- the repurposing or new build of Glangwili and Withybush
- implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears.
- Redevelopment of Prince Philip and Bronglais Hospitals

The PBC is based on the public consultation which concluded the need for a new Urgent and Planned Care Hospital (UPCH) in an identified geographic zone between Narberth and St Clears. The land appraisal process has continued during 2022/2023 to shortlist three sites which will be considered within a public consultation to commence in February 2023.

In addition to the consultation, the programme of work includes several workstreams to deliver the various requirements of the process:

- Technical land appraisal (including. negotiations with land owners and topographical surveys etc)
- Clinical review
- Development of a Strategic Outline Case (for the new UPCH and a re-purposed Withybush and Glangwili)
- Development of a Transport and Accessibility Strategy.

We will work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic and develop plans for all other infrastructure requirements in support of the health and care strategy.

Regional Business Cases

There are a number of regional business cases, particularly with Swansea Bay, that we are helping to develop. These include:

- Thoracic Surgical Services Centre
- Pathology Services
- South West Wales Cancer Care Centre
- Vascular Hybrid Laboratory
- Cardiac Catheterisation Lab

Regional Partnership Board (RPB) Programme for Government commitment to develop 50 integrated health and social care hubs and to support the rebalancing of the residential care market. Formal guidance has been issued to Regional Partnership Boards (RPBs) in respect of the Health and Social Care Integration and Rebalancing Fund (IRCF).

This fund will support RPB's and their partners (including the Health Board) to deliver a programme of local community hubs to co-locate front-line health and social care and other services. The assumption is that all the Community Infrastructure Projects detailed in our Programme Business Case will be included in the RPB 10-year capital plan and progressed via the IRCF route. Priority projects for 2023/24 include:

- Cross Hands Full Business Case (FBC); Fishguard, Aberystwyth & Llandovery Strategic Outline Case/Outline Business Case's
- Cylch Caron FBC and Carmarthen Hwb & Pentre Awel (although neither of these are Health Board led)

Business Continuity: the Interim Years

Business continuity schemes continue to be progressed against a significant estates and medical device backlog. Whilst discretionary capital is allocated to these areas, the limited available capital for 2023/24 mean that the allocations available make very little impact to the backlog. Large scale impact will require All Wales Capital Programme support.

The PBC for the Major Infrastructure work has been endorsed by Welsh Government. Work will now commence on agreeing the schedule of projects to progress with Welsh Government and the process of drawing down fees to develop the individual project business cases.

The following are the schemes currently included in our forward looking All Wales Capital Programme, recognising that these are a mixture of being in construction, in Business Case development stage, or still in scoping and to be agreed with Welsh Government.

Priority Actions for 2023/24:

Construction

- Fire Works Withybush and Glangwili; Asepsics Unit Withybush

Business Case

- Chemotherapy Day Unit Bronglais; Aberystwyth Sexual Assault Referral Centre (SARC); Mental Health and Learning Disabilities priority schemes (Tudor House & Preseli)

The Enabling Plan details the pressures associated with the backlog around Estate Infrastructure, Statutory Compliance, Equipment and Information Management and Technology (IM&T). We will need to prioritise discretionary capital on this and seek All Wales Capital support to have an impact at scale to ensure sustainability in the interim years pending strategic investment in new and repurposed hospital infrastructure. The scale should not be underestimated and will require the infrastructure and resources to manage the investment programme.

1.2.3 Other Planning Objectives can also be supported by Infrastructure Investment plans. These include:

Planning Objective 5c: Digital Agenda

Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner.

Planning Objective 6a: Clinical Services Plan

Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board.

NB This planning objective includes the consultation on the urgent & emergency paediatric services at Withybush and Glangwili General Hospitals. Capital requirements have been modelled to support each option within the consultation.

Planning Objective 7c: Social Model for Health and Wellbeing

In 2018 the Health Board committed to working towards becoming an organisation that delivered services aligned with the vision of a Social Model for Health and Wellbeing. At the time of publication 'A Healthier Mid and West Wales' called out the requirement to do further work on defining how that vision could be transformed to become an agreed, sustainable, and practical model, for use in all parts of the health and wellbeing System. Throughout 2021 and 2022 work progressed with a systematic review of the literature, a themed review of the conversations with a purpose.

For 2023/2024, objectives have been set to embed SMfHW into other major programmes of work, including AHMWW implementation and business case development.

Planning Objective 8a: Decarbonisation and Sustainability

Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition.

1.3 Risk management

- 1.3.1 The level of Discretionary Capital which is available to the UHB on an annual basis has not been increased for several years and provides us with a challenge and risk in trying to address the historical backlog we have in:
- Medical and non-medical equipment
 - Informatics and Digital infrastructure and equipment
 - Estates and Statutory infrastructure
- 1.3.2 Whilst the discretionary capital allocation has increased for 2023/24, there is still significant pressure on the **£6.533m** which will be our allocation in 2023/24.
- 1.3.3 Corporate Risk 1196 states:
- “There is a risk the Health Board is not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. This could lead to an impact/affect on our ability to deliver our strategic objectives, service improvement/development, statutory compliance (i.e. fire, health and safety) and delivery of day to day patient care”*
- 1.3.4 The prioritisation of our available capital resources ensures that we consider risk as a part of this process.
- 1.3.5 As part of the capital planning cycle the capital themed risks are issued to the Deputy Director of Operations, Director of Estates, Facilities & Capital Management and Digital Director at the start of the capital planning cycle so that this can inform the scoring on the capital prioritisation matrix.
- 1.3.6 As part of the DCP approval process the Sub Committee, Executive Team and SDODC are made aware of the projects/schemes and capital themed risks that are unable to be supported within the current capital allocation. The Health Board is therefore required to tolerate any risks associated with these projects/schemes.
- 1.3.7 Once approved by the Board, the Discretionary Capital Programme is issued to the Deputy Director of Operations, Director of Estates, Facilities & Capital Management and Digital Director so that they are aware of the schemes approved and can update their risk registers and mitigation plans accordingly.
- 1.3.8 As part of the reporting to Executive Team and SDODC for the 2023/24 DCP the details of the projects that cannot be progressed were called out and the CEO has asked for a piece of work to be undertaken in terms of assessing risks of those areas where capital funding won't be prioritised. The Governance Team will be picking this work up through the Executive Risk Group and this may result in additional risks being added to the risk register.

1.4 Review of 2022/2023

- 1.4.1 Delivery of the 2022/2023 capital programme has taken place against the continued backdrop of a challenging backlog position on maintenance and medical equipment.

Discretionary Capital Programme (DCP)

- 1.4.2 DCP allocations have reduced which has emphasised the importance of adequate prioritisation processes to ensure equity across the programme in assessing the most pressing needs.
- 1.4.3 The UHB has managed a DCP allocation of **£5.290m** which has been topped up through the awarding of end-of-year allocations (£1.212m) as well as designated funding to improve patient experience in emergency departments across the UHB to the tune of £0.457m.
- 1.4.4 Mid-year the UHB were informed of a new EFAB programme for 2023/2024 & 2024/2025 which has allowed for greater flexibility in planning the future DCP. Estates Infrastructure bids have been included within EFAB bids which sees 70% contribution from Welsh Government. The 30% contribution from DCP has been factored into future DCP planning.
- 1.4.5 Whilst the additional funding has been welcomed in year, again, it has proved challenging to initiate and deliver the additional schemes due to the relatively short window to year end.

Business Continuity / as usual

- 1.4.6 The Womens and Childrens Phase II scheme at Glangwili Hospital, Carmarthen (GGH) is reaching conclusion, with the remaining phases due for completion in July 2023
- 1.4.7 This is a major milestone given the significant delays experienced from the original programme which includes the impact from COVID-19.
- 1.4.8 The diagnostic imaging programme has continued during 2022/2023. A schedule of completion dates is included below as well as some examples of the completed schemes in GGH.

Plan	Completion Date
Complete Computerised Tomography (CT) WGH	June 2022
CT PPH	October 2022
CT BGH	February 2022
Digital Radiography (DR) PPH	October 2022
DR GGH	November 2022
DR WGH	December 2022
DR/Fluoroscopy BGH	March 2023
DR BGH	March 2023
PPH Mammography	March 2023



GGH CT Room

Full Refurbishment of CT Scanner Room and Equipment



GGH MRI Room

Full Refurbishment of MRI Scanner Room and Equipment

- 1.4.9 An underspend of £0.120m has been recycled into our CRL for 2022/2023 allowing additional schemes to take advantage of this. A post-project evaluation of the diagnostic imaging schemes will be conducted during 2023/2024.
- 1.4.10 The £20m Day Surgery unit scheme at Prince Philip Hospital has been completed. Originally due for handover in April 2022, delays were experienced due to technical engineering issues associated with the air handling unit which eventually resulted in a 26-week delay. Successful handover and commissioning of the unit took place in late November, with the facility opening its doors to patients on 5th December 2022.



- 1.4.11 The programme of essential Fire Safety precaution upgrades have continued during 2022/2023, the main projects within including the works at WGH and GGH.
- 1.4.12 Phase 1 of the work to the horizontal fire escape routes in WGH has progressed. The complexity of the project has seen the programme extended by 4 months to July 2023 to incorporate extensive additional works identified such as fire doors and fire stopping requirements. Phase 2 which includes all departments, ward areas and

room highlighted as risks will see the BJC completed during Q4 of 2022/2023. This will be supported by the decant ward which WG approved in November 2022 (£8.313m)

- 1.4.13 At GGH, Phase 1 subject to the same scope above continues to be delivered, due for completion in November 2023. Phase 2, subject to the same scope above is also developing a BJC, due for completion in August 2023. When considering the above and the normal WG scrutiny periods etc, the expectation is that Phase 2 works will mobilise December 2023/January 2024.
- 1.4.14 Mid and West Wales Fire and Rescue Service (MWWFRS) remain fully briefed and are supportive of this programme.
- 1.4.15 The Decarbonisation Delivery Plan continues to gather momentum. A number of key projects have already been delivered, as examples Hafan Derwen Solar Farm, the continued roll out of roof mounted PV solar at community sites, and the installation of a heat pump at Cardigan Integrated Care Centre.
- 1.4.16 All lists of current “live” projects are included within this IIP with an update on progress as well as timescales.

Implementing the Healthier Mid and West Wales Strategy

- 1.4.17 The Programme Business Case was submitted to Welsh Government in January 2022. Previous plans had indicated the hope to proceed to developing OBC's for the respective project business cases for the Urgent and Planned Care Hospital, and a repurposed GGH and WGH
- 1.4.18 Welsh Government have now requested that the UHB and Welsh Government commission a review of our Clinical Model and that a SOC be developed. The scope of these additional pieces of work have been agreed with WG.
- 1.4.19 Public consultation on the remaining shortlisted sites commenced in February 2023 and will run concurrently with additional work on the technical evaluation of land, the SOC development and review of the clinical model.

Cross Hands Health and Wellbeing Centre

- 1.4.20 The OBC was submitted to Welsh Government in May 2022, which has been followed by a period of scrutiny. Approval to progress to FBC was received in January 2023.

Other Community Schemes

- 1.4.21 Work has begun on the next tranche of community schemes that have been previously included in this IIP. Llandovery Community Hub, Fishguard Health and Wellbeing Centre and Aberystwyth Integrated Care Centre are all developing the early stages of project business cases. Healthcare planning appointments in February 2023 will further substantiate this work into 2023/2024.
- 1.4.22 Tenders for partner organisations to work with the UHB and Ceredigion CC on the Cylch Caron Scheme will be issued in early 2023.

- 1.4.23 The UHB is working with Carmarthenshire CC on the integrated projects at Pentre Awel and Carmarthen Hwb with both schemes currently scheduled for completion in 2024/25.

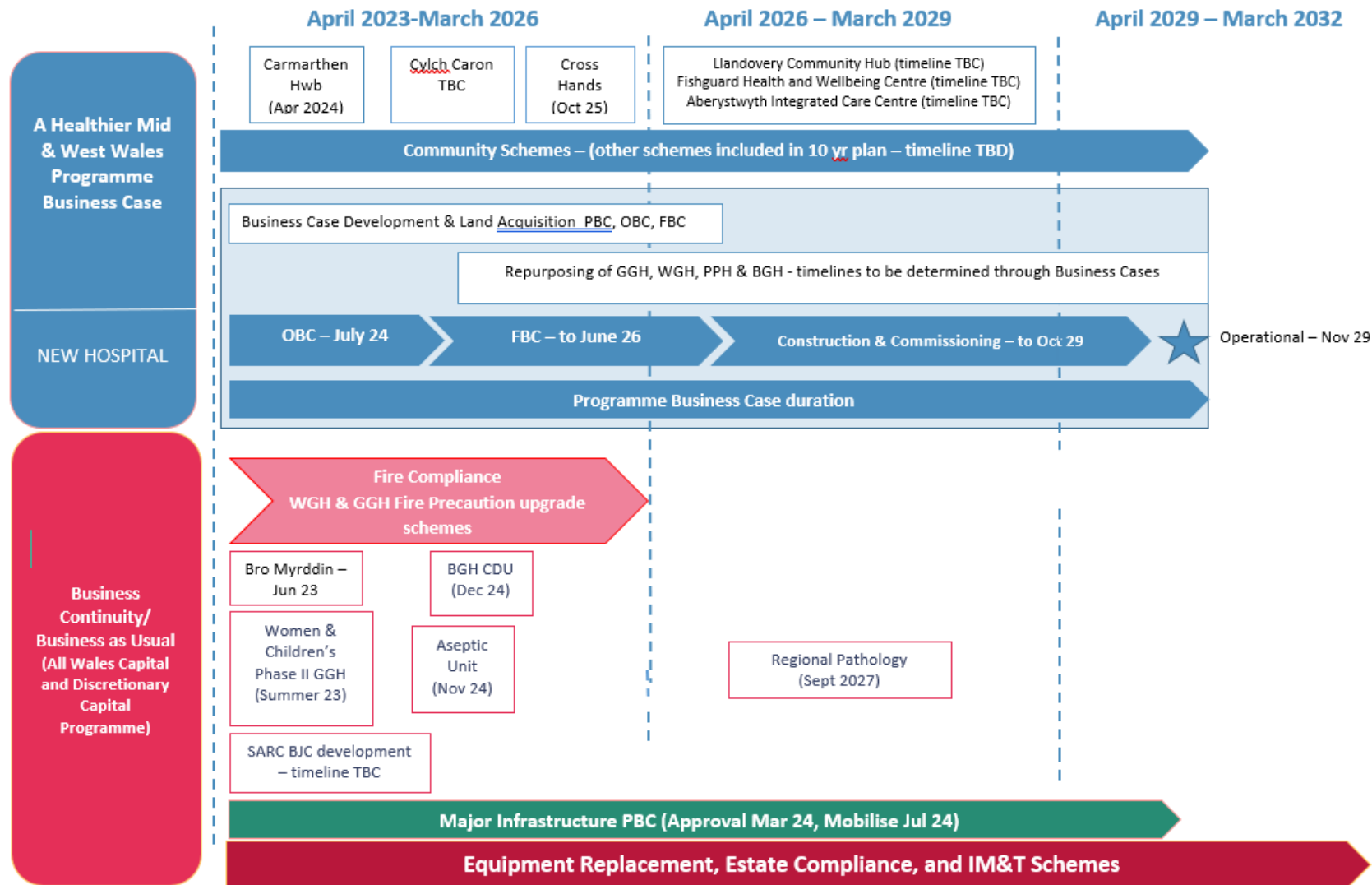
Transforming Mental Health

- 1.4.24 Previous iterations of this plan have included the capital and estate components of the Transforming Mental Health programme. This included the development of a PBC that was originally submitted to WG in 2019.
- 1.4.25 In July 2022, the board considered the position noted by the service to no longer require a PBC given the focus on the development of pathways for assessment and treatment services. In line with A Healthier Mid and West Wales: Our Future Generations Living Well, services will concentrate on developing the community pathways.
- 1.4.26 In September 2022, the Capital Sub-Committee received an update on the revised investment priorities for the wider directorate. This includes the funding of the Bro Myrddin redesign project, which will develop an alternative to hospital/discharge lounge provision for children and young people (CYP).

1.5 Approach to Capital

- 1.5.1 From a capital perspective we have split the portfolio of work into 3 categories:
1. Capital portfolio to support the implementation of the UHB's strategic and planning objectives which include the delivery of our **Health & Care Strategy** (All Wales Capital);
 2. Capital Schemes supporting operational **business continuity** in the interim years (All Wales Capital);
 3. Capital Schemes supporting '**business as usual**' resources through the UHB's Discretionary Capital Programme (DCP) and charitable funds.
- 1.5.2 This enabling plan will set out the key components of each of the above categories and reflect the UHB's Capital Investment Plans over a 3-year period, plus a 5-year Investment Plan for the known schemes along with identifying the likely All Wales Capital (AWC) requirements.
- 1.5.3 The key capital implications of the delivery of the capital portfolio including the delivery of our Health & Care Strategy are set out the "plan on a page":

Capital Programme Plan: Plan on a Page



2. GOVERNANCE

2.1 Context

2.1.1 The Infrastructure Investment Plan is delivered in line with national investment objectives outlined within the NHS Wales Infrastructure Investment guidance WHE (2018) 043 released in October 2018 as follows:

- *Supporting the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care;*
- *Support changes to streamlining and transforming healthcare provision, with a focus on prevention and supported self management, the provision of care closer to home, and the integration and coordination of service delivery with partners;*
- *Promote the maximum efficient utilisation of assets and to improve asset condition and performance; and*
- *Promote the use of innovation to improve the quality of care, to reduce costs and to deliver the necessary service change.*

2.1.2 In the developing the Health Boards infrastructure plans to deliver service proposals, projects must (via funding bids) clearly demonstrate alignment to the NHS Infrastructure Investment criteria i.e.:

- **Health Gain:** *improving patient outcomes and meeting forecast changes in demand;*
- **affordability:** *given the long term revenue assumptions, there should be explicit reference to reducing revenue costs;*
- **Clinical Skills and Sustainability:** *reducing service and workforce vulnerabilities, and demonstrating solutions that are flexible and robust to a range of future scenarios;*
- **Equity:** *where people of highest need are targeted first; and*
- **Value for Money:** *optimising public value by making the most economic, efficient and effective use of resources, including the delivery of savings.*

2.2 Capital Governance

2.2.1 The governance and assurance associated with capital schemes in the UHB is managed through the Capital Sub-Committee* (CSC) which reports into the Strategic Development and Operational Delivery Committee (SD&ODC) of the Board.

**NB Since the previous iteration of this IIP, a review of the Terms of Reference of the Capital Estates and IM&T Sub-Committee has taken place, and it was agreed to rename to the Capital Sub-Committee (CSC). This is to reflect that it has purely capital responsibilities. This was endorsed by the SD&ODC in February 2022. These are reviewed annually.*

2.2.2 During 2022/2023 the UHB has strengthened its capital governance by continuing to deliver the action plan of the Capital Governance review, for which there were twelve recommendations.

2.2.3 As part of these recommendations, the Capital Project Framework continues to be developed. This has included:

- The development of Project Directors guide, which contains useful information for Project Directors to assist with their leadership responsibilities for capital schemes
- The development of an internal scrutiny process for business cases
- The development of a standard template for Project Execution Plans which includes formal guidance on delegated approval limits and change management processes which have been the source of audit recommendations in the past.
- Continued with the programme of lessons learnt and post project evaluations. These have culminated in the creation of a lessons learnt log which will be included as a key reference within project management processes.
- A lessons learnt workshop with key stakeholders in capital projects to review the outputs of post project evaluations, is due to be held in Summer 2023. (Further post-project evaluations are due to be completed in 2023/24, this includes the PPH Day Surgery Unit)
- Changes to the format of project highlight reports to reflect current progress ratings and overall progress ratings. Noting that projects can be performing well despite an overall delay or cost overrun being known.
- The creation of a Capital Planning SharePoint page on the intranet, to raise awareness of the various capital programmes and to assist with staff engagement and providing useful information. Moving forward, these will include dedicated pages for capital project updates, benchmarking the approach taken by other Health Boards in Wales.
- Links to the Design Team SharePoint pages which will include the ability for colleagues to visualise future spaces to assist planning and design on capital projects.
- Capital Planning team members have taken the lead on the collation of capital project/programme management resources as part of the Planning community developed by HEIW. This includes a SharePoint repository of useful information co-ordinated through the Leadership Portal – Gwella.
- Further developments to the overall governance structure for AHMWW programme of work are anticipated during 2023/24

2.2.4 These all build on the improvements to Capital governance listed in the previous iteration of this plan.

3. NATIONAL POLICY AND FRAMEWORK

- 3.0.1 In line with the **NHS Wales Infrastructure Investment Guidelines 2018**, the UHB is required to consider how the ambitions of this Capital Infrastructure Plan align with those in the Wellbeing and Future Generations (Wales) Act 2015 and the Welsh Government Strategy “A Healthier Wales: Our Plan for Health and Social Care”, published in June 2018. The Plan also aligns with a number of other national policies and drivers including, but not limited to:

- *Services need to be delivered in the context of 4 harms – Harm from: COVID, an overwhelmed NHS, reduction in non-COVID activity, wider societal actions,*
- *Ministerial priorities of – reducing health inequalities, primary care, mental health, timely access to care, prevention*
- *Prudent healthcare principles to ensure that healthcare services are safe, effective and efficient and achieve best outcomes;*
- *The five ways of working for public bodies in Wales, which support partnership working to address long-term challenges (namely: long term, prevention, integration, collaboration and involvement);*
- *The Plan for a Primary Care Service for Wales which includes the key aim to improve the accessibility and sustainability of primary care services.*
- *Prosperity for All, the National Strategy, Taking Wales Forward, September 2017, which calls for co-location and integration of public services to be at the heart of capital investment decisions.*
- *NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030.*
- *A requirement to consider the socio-economic impact of strategic decisions made from April 2021*

- 3.0.2 The **NHS Wales Planning Framework** issued for 2023/26 has not specified a requirement for an infrastructure Investment Plan but does call out that any infrastructure schemes identified within the planning returns need to be

- focused on how they deliver against the Ministerial priorities
- clear around regional working opportunities if they exist
- prioritised with relevant committee and board sign off

3.1 NHS Planning Framework 2023-2026

- 3.1.1 The capital portfolio remains contextualised by the NHS Planning Framework which has recently been updated in for 2023-2026. It sets out the revised ministerial priorities as follows:

- Developing a closer relationship with local government in order to tackle the issue of delayed transfer of care
- Primary and Community Care – including a focus on improving access to general practice, dentistry, optometry and pharmacy. This will include the

ability for more self-referral to a wider range of community based allied health professionals

- Urgent and Emergency Care – implementing a 7-day service for SDEC and a dedicated 111 service for mental health
- Planned care and recovery – including regional diagnostics and treatment centres
- Mental Health and CAMH services – including plans to expand Tier 0/1 support for the general population

3.1.2 The ministerial priorities are familiar to all NHS organisations and provide the focus for the overarching policy context which stems from A Healthier Wales. This includes the longer-term focus on population health and prevention. The integrated plans including the delivery of A Healthier Mid and West Wales locally, are supported by the ambition in this IIP.

3.1.3 Our IIP also addresses priorities called out in the Programme for Government. With investments focused on rebalancing funding, workforce and other resources to support primary and community care, and plans demonstrating how their primary, community and secondary care services will be integrated. This shift is demonstrated in the ambition within the Infrastructure Investment Plan. The plan is a key enabler to the implement of the A Healthier Mid and West Wales Strategy.

3.2 Regional Capital

3.2.1 An important development within the past twelve months has been the formal guidance issued to Regional Partnership Boards (RPBs) in respect of the Health and Social Care Integration and Rebalancing Fund (IRCF)

3.2.2 The Health and Social Care Integration and Rebalancing Capital Fund (IRCF) is a new programme set up to directly support the Programme for Government commitment to develop 50 integrated health and social care hubs and to support the rebalancing of the residential care market.

3.2.3 The fund has been established to:

- Support a coherent approach to planning the co-location and integration of health and social care services within the community
- Support the rebalancing of adult residential care by increasing the delivery from within the not-for-profit sector
- Support the elimination of profit from the provision of children's residential care

3.2.4 This fund will support RPB's and their partners (including the UHB) to deliver a programme of local community hubs to co-locate front-line health and social care and other services.

3.2.5 The Regional Partnership Board (West Wales Care Partnership) will be the vehicle to deliver and develop a joined up 10-year plan for health, social care and housing capital investment to deliver care closer to home. Work is currently being undertaken to develop this plan in conjunction with colleagues from the West Wales

Care Partnership and Local Authority colleagues. The first draft of these plans will be issued to Welsh Government by the 1st April 2023 with the final plans being published in June 2023.

- 3.2.6 To support the delivery of this national programme, a £180m IRCF has been made available. The assumption in this Infrastructure Investment Plan is that the Community Infrastructure Projects detailed in our Programme Business Case will be included and progressed via the IRCF route.

3.3 Key policy considerations

- 3.3.1 The UHB remains committed to embodying the key policy considerations that will be recognised within each scheme that is included in this plan. These include:

- WG net zero carbon 2030 ambition contained in the NHS Wales Decarbonisation Strategic Delivery Plan 2020-2030
- Wellbeing of Future Generations (Wales) Act 2016
- Social Services & Wellbeing (Wales) Act 2014
- Socio-economic Duty
- The Foundational Economy in Health and Social Services 21/22 Programme
- Agile / hybrid working
- One Health developments

- 3.3.2 The UHB is committed to taking this agenda forward as it develops its Infrastructure Investment decisions.

Decarbonisation

- 3.3.3 Decarbonisation of the public sector by 2030 is a priority for Welsh Government and UHB, and in response, the UHB has developed its own Decarbonisation Delivery Plan to set out the plan to respond to this ambition and meet NHS specific targets set in Wales. It also responds to a planning objective for decarbonisation included in the Annual Plan.

- 3.3.4 A number of key projects have already been delivered, as examples, Hafan Derwen Solar Farm, the continued roll out of roof mounted PV solar at community sites, and the installation of a heat pump at Cardigan Integrated Care Centre, all contributing to reducing our energy consumption and carbon footprint across the estate.

- 3.3.5 Decarbonisation forms a key component of the UHB's draft Property Asset Strategy. To ensure investment is aligned to the Health Boards estate transformation plans. As part of the decarbonisation of the estate aims, a number of linked environmental agendas are also being targeted, as examples tackling climate change, supporting Biodiversity and Biophillic design when developing projects.

- 3.3.6 Moving forward, the UHB is continuing to scope a range of initiatives to deliver further projects, as an example working with public sector partners, Aberystwyth University, Ceredigion Local Authority and partners to scope and progress a Low Carbon District Heating scheme in Aberystwyth. In addition, the UHB is scoping the opportunity to procure a new Energy Performance Contract via the all Wales "Re:Fit

4" programme, to support with the delivery of further decarbonisation schemes in the future.

Biophilia

- 3.3.7 Biophilia is the belief that humans are genetically predisposed to be attracted to nature. The concept of biophilic design was introduced in 1984 by E.O Wilson.
- 3.3.8 The overall aim of biophilia is to increase the well-being of people, biodiversity and the environment using 3 interconnecting areas, that will focus on greening our estate, by greening our spaces, increasing access, enhancing biodiversity and wildlife habitats.
- 3.3.9 The UHB with the support of the Research and Innovation teams, alongside Swansea University has recently developed an action learning programme. This has aimed to develop the capability and raise awareness of the benefits of biophilic design and how this can be incorporated into current and future design of healthcare facilities, with particular emphasis on the Urgent and Planned Care Hospital.



<https://whitearkitekter.com/news/white-arkitekter-and-the-acorn-team-to-deliver-new-velindre-cancer-centre/>

- 3.3.10 Specific learning is also being gleaned from the design associated with the new Velindre Cancer Centre, which is now under construction. Biophilic principles have been incorporated into the design brief, with the new cancer centre aiming to be the greenest in the UK.

Arts in Health

- 3.3.11 The UHB has recently committed to sustain and develop an Arts in Health programme to promote and encourage the use of the arts in the healthcare environment to make a positive contribution to the well-being of our patients, service users and our staff.

- 3.3.12 This builds on a Memorandum Of Understanding between the Arts Council of Wales (ACW) and NHS confederation – with a vision for putting arts at the heart of service transformation.
- 3.3.13 Arts in health is any art intervention, commission or offer which is intended to improve health and wellbeing through arts engagement.
- 3.3.14 Successful examples have been seen on projects such as the Diagnostic Imaging schemes which include creative artwork and lighting in the Digital Radiography rooms on our acute sites.
- 3.3.15 The development of an Arts in Health strategy in the UHB will explore opportunities for Arts in Health to be prominent in future Infrastructure Investment decisions. Estates and Capital Planning teams are working closely with the Arts in Health Co-Ordinators to embed Arts in Health opportunities within individual schemes.

Transport and Accessibility

- 3.3.16 The UHB has committed to developing and addressing access, travel, transport, and the necessary infrastructure to support service re-configuration (Planning objective 5C)
- 3.3.17 This is part of the objective to develop business cases to support the repurposing of GGH and WGH as well as the implementation of the new urgent and planned care hospital.
- 3.3.18 This planning cycle will see the commencement of work to develop a Transport and Accessibility strategy. Driven by many concerns from the public on travel times and accessing services in the future configuration, there is also a burgeoning policy agenda driven by the creation of Llwybr Newydd: the Welsh Transport Strategy 2021 which provide the context.
- 3.3.19 Organisations like the UHB will be expected to include in their strategic developments how transport planning and the intentions of the strategy are being delivered. Again, much of this links to the environmental agenda, to tackle the climate change emergency and to decarbonise modes of transport.

4. HEALTH & CARE STRATEGY – A HEALTHIER MID AND WEST WALES: OUR FUTURE GENERATIONS LIVING WELL

- 4.0.1 The Health & Care Strategy transformation programme, 'A Healthier Mid and West Wales: Our Future Generations Living Well' (AHMWW), was approved by the University Health Board in November 2018 along with the 20-year vision for population health outcomes set out in 'Future Generations: Living Well - our Health and Wellbeing Framework'.
- 4.0.2 This model of service configuration supports the Board to meet its strategic goals of:



4.1 Background

- 4.1.1 The UHB has previously taken forward its Programme Business Case (PBC) which was submitted to Welsh Government in February 2022. This sets out the high-level intent to deliver the AHMWW strategy and to specifically:
- *The repurposing or new build of GGH and WGH*
 - *Implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears*
 - *Work with partners to develop and address access, travel, transport, and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic*
 - *Develop plans for all other infrastructure requirements in support of the health and care strategy.*
 - *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.*
 - *Implement the requirements of 'My charter' to involve people with a learning disability in our future service design and delivery.*
 - *Incorporate Biophilic Design Principles, learning from the best in the world, into the design of the new hospital and the repurposing of GGH and WGH*
- 4.1.2 The PBC is based on the public consultation which concluded the need for a new Urgent and Planned Care Hospital in an identified geographic zone between Narberth and St Clears. The vision for the Programme is:

- The integration of health and social care to deliver **an integrated community model**, based on an **integrated social model for health** and well-being (the model), at a pace.
- Working with social care and other partners, this will be a long term commitment, focused on **prevention, well-being, early intervention** and help build resilience to enable people to live well within their own communities.
- The development of a **plan for the existing Community Hospitals**, working with local communities.

4.1.3 This plan will be focussed on the provision of ambulatory care including out-patient services, diagnostics, treatment, observation, rehabilitation, and end of life care.

- A new **urgent and planned care hospital in the South of the Health Board area**;
- Acute medicine to continue at **Prince Philip General Hospital**;
- A **repurposed Glangwili General Hospital and Withybush General Hospital** offering a range of services to support a social model for health and well-being, designed with local people to meet their needs.
- **Implementation of the Bronglais Strategy**
- Development of our **Community Estate**

4.1.4 Following submission of the PBC to WG in February 2022, the programme of work has continued during 2022/2023. This has included:

- The continuation of the land appraisal process in order to ascertain the shortlisted sites to take forward for further consideration to locate the Urgent and Planned Care Hospital
- The subsequent workstreams within the land appraisal process, established within executive leadership – technical appraisal, clinical appraisal, workforce appraisal, finance, and economic appraisal
- The continued development of the Equality and Health Impact Assessment
- A programme of work on transport, which provided additional information needed to support the land technical appraisal.

4.1.5 The Board in August 2022 agreed considered the appraisal information provided and recommended that the 5 sites being evaluated be shortlisted further to 3 sites. The Board also agreed that 3 remaining sites, at St Clears and Whitland, would be the subject of a land consultation process to enable further evaluation and information gathering from stakeholders. A consultation plan was developed which will see the launch of the public consultation in February 2023.

4.1.6 Five pieces of work are now being progressed moving into 2023/24:

- Land consultation
- Land appraisal
- Strategic Outline Case
- Clinical review
- Transport Strategy

4.1.7 The following section describes key aspects of the programme governance.

4.2 Programme Overview and Governance

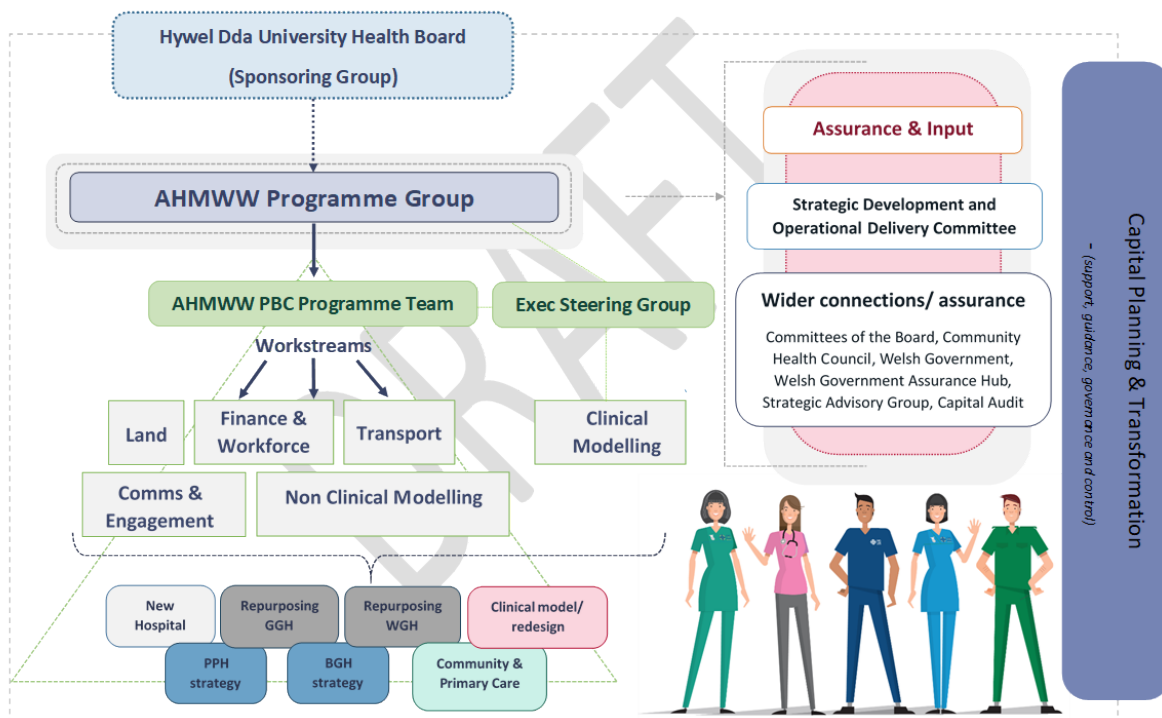
Capital assumptions

- 4.2.1 The capital assumptions associated with the Health & Care Strategy are set out in the PBC and range from £1.342m to £1.392m excluding optimism bias and between £1.677 and £1.740m with 25% optimism bias.
- 4.2.2 To achieve the above will require the delivery of the Business Cases for all of our strategic capital developments These will include community, our new urgent and planned care hospital, the re-purposing of GGH and WGH hospitals and any works required to PPH and BGH.
- 4.2.3 It should be noted that Board agreed in July 2022 to stand down the PBC which supported primarily, the development of Community Mental Health Centres.
- 4.2.4 Inpatient services are included within scope of the new urgent and planned care hospital and developments in pathways are supported by other directorate investment priorities as described in this plan further.

Terms of Reference

- 4.2.5 The Terms of Reference for the AHMWW Programme Group and structure have been updated to reflect the next stages of the workplan which are described below.
- 4.2.6 The PBC Senior Responsible Officer (SRO) is the Chief Executive, the lead Executive is the Director of Strategic Developments and Operational Planning. The Assistant Director of Strategic Planning and Developments is the Programme Manager.
- 4.2.7 The governance structure for the PBC is shown below:

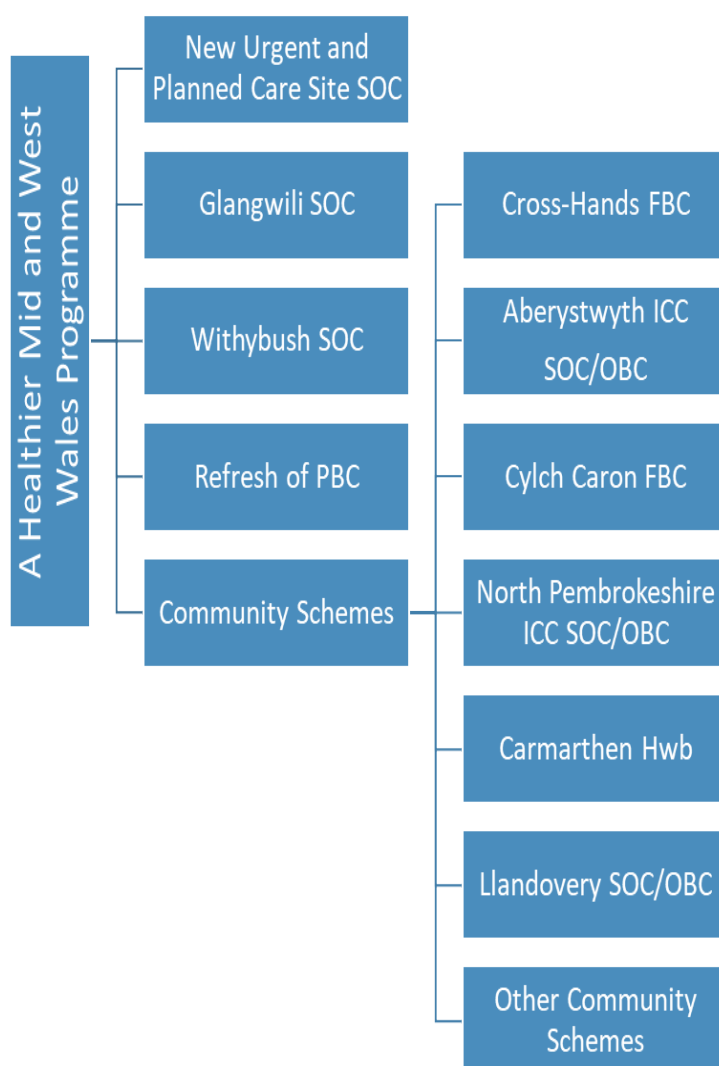
A HEALTHIER MID AND WEST WALES (AHMWW) INFRASTRUCTURE ENABLING PROGRAMME GOVERNANCE STRUCTURE LU 03.11.22



4.2.8 As noted from the Capital Governance Review, it is anticipated that the governance of the programme will be developed further during 2023/24.

Scope

4.2.9 The scope of capitals schemes included in the PBC can be seen on the graphic below:



Current stage and future work plans

- 4.2.10 The following sections describe the forward workplan which has been developed in light of the response to the PBC by WG and the ongoing work in respect of land appraisal.

Land consultation

- 4.2.11 The UHB will be consulting with stakeholders on the 3 shortlisted sites identified for the new Urgent and Planned Care Hospital during the spring of 2023. The outputs from the land consultation process will be presented to the Board in the summer of 2023/24.
- 4.2.12 It is anticipated that the Board will reduce this list of 3 potential sites to 2. The Health Board decision making will not be based solely on the consultation feedback but will consider other issues and elements that will be important to enable the Board to make an informed decisions on any site or sites taken forward following the public consultation. These will include the outcome of the 4 land appraisal workstreams which reported to Board in August 2022:

- Clinical
- Financial and Economic
- Technical
- Workforce

4.3.13 Additional information will also be available on

- Commercial negotiations and risks of deliverability
- Additional technical information

Land selection process

4.4.14 Ongoing discussions are being held with the owners of the nominated shortlisted sites to ensure that they are aware of the land acquisition process and the scope of any technical activities required on the land.

4.4.15 The technical team have also commenced their work to identify the topographical survey requirements for each site.

4.4.16 The outcome of which will be considered as part of the feedback to board along with the outputs from the land consultation process.

Review of the Clinical Model

4.4.17 To align with the governance of other major schemes across Wales, WG have requested an independent review of the clinical strategy as this underpins the Programme Business Case.

4.4.18 The terms of reference for the clinical review have now been agreed with WG who will now undertake the procurement of the review team.

4.4.19 The review will provide an independent assessment of the current outline clinical services plan and the model of care it articulates, with clear recommendations to inform the next stages of the development of the clinical model, and the SOC for the Urgent and Planned Care Hospital and the repurposing of Withybush and Glangwili Hospital, and associated business cases.

4.4.20 The planned completion of this review is during Q1 of 2023/2024.

Strategic Outline Cases

4.4.21 To ensure a consistent approach for all major capital schemes across Wales WG have requested that a Strategic Outline Case (SOC) be prepared. WG have agreed that a single Strategic Outline Case (SOC) will be acceptable to cover the new urgent and planned care hospital build, Glangwili Hospital and Withybush Hospital.

4.4.22 The development of the SOC is being supported by Price Waterhouse Coopers (PwC).

4.4.23 It is currently anticipated that the SOC will be completed during the summer of 2023.

Communications and Engagement

- 4.4.24 In the health and care strategy, A Healthier Mid and West Wales, the UHB made a commitment to continuous engagement and good communication with our population. This means we work together every step of the way with our staff, patients, carers, people who live and work in our communities, and people or organisations delivering or interested in health, care and well-being.
- 4.4.25 A communications and engagement plan will continue to be managed during 2023/2024 to ensure that:
- There is strong promotion and awareness of the Strategy, enabled by the PBC and programme of work
 - There is awareness of key milestones of progress
 - People are reminded of the Strategy and commitments, including how we have arrived at this point
 - We are demonstrating how the strategic objectives are delivering on the long-term strategy
 - Ongoing engagement is planned with patients, carers, staff, public and wider stakeholders
 - There is awareness of the opportunities to participate and share views – demonstrating that we are taking a continuous listening approach
 - We target the seldom heard and engage in ways that are sensitive and appropriate to their needs

Equalities and Health Impact Assessment

- 4.4.26 An Equality & Health Impact Assessment (EHIA) has been developed for the whole of the Programme Business Case. The EHIA includes an overview of the potential positive and negative impacts on people, and how the UHB will mitigate them and address equality duties. The EHIA has been updated as part of the appraisals undertaken when shortlisting site options for the new Urgent and Planned Care Hospital. The document will be continually updated moving forward. The UHB also plans to undertake focus groups with the public, and particularly with vulnerable or disadvantaged groups (referred to as people with protected characteristics) or people who may be affected by the building of a new hospital, for example those living close to the three potential sites. Information from these groups will be used in the EHIA as we learn more.
- 4.4.27 Importantly also, separate EHIAs will be produced for each community scheme as they progress.

Programme Timeline

Milestone	Urgent and Planned Care Hospital	Glangwili Hospital (new build)	Withybush Hospital (new build)
PBC Submission	End January 2022	End January 2022	End January 2022
PBC Endorsed (for purposes of progression)	March-May 2022	March-May 2022	March-May 2022
OBC team selected (BfW framework)	May – July 2022	May – July 2022	May – July 2022
Preferred site confirmed (potentially subject to consultation and heads of term)	By June 2022	Not applicable	Not applicable
Option to purchase	July/August 2022	Not applicable	Not applicable
Outline Planning Application*	Dec 2023	Dec 2023	By Dec 2023
OBC Submission	End January 2024	End January 2024	End January 2024
Outline Planning Approval	End May 2024	End May 2024	End May 2024
OBC Approval (WG)	Mid July 2024	Mid July 2024	Mid July 2024
Reserved Matters Discharged (Planning)	September 2025	By September 2025	By September 2025
FBC Submission	Mid March 2026	Mid March 2026	Mid March 2026
FBC Approval (WG)	Early June 2026	Early June 2026	Early June 2026
Purchase Site completion	Mid July 2026	Not applicable	Not applicable
Period of site preparatory/demolitions/ enabling works	Not applicable	July 2026 – July 2027	July 2026 – July 2027
Start on site	August 2026	August 2027	August 2027
Construction Completion	End May 2029	End June 2029	End June 2029
Commissioning	June – October 2029	July – October 2029	July – October 2029
Opening	End October 2029	End October 2029	End October 2029

4.3 Community infrastructure developments

- 4.3.1 The PBC includes a range of community initiatives which continue to be developed. These schemes are hugely significant to developing the community model as described in the Strategy.
- 4.3.2 In referencing the Social Care Integration and Rebalancing programme above, it is clear that this regional fund will present significant opportunities for our community infrastructure developments.
- 4.3.3 This fund will support RPB's and their partners (including the UHB) to deliver a programme of local community hubs to co-locate front-line health and social care and other services.
- 4.3.4 The West Wales Care Partnership (WWCP) will develop a 10-year Strategic Capital Plan (SCP) that brings together health, social care, housing, third sector, education and regeneration partners to develop integrated service delivery facilities and integrated accommodation-based solutions.

- 4.3.5 The following schemes will be included in the 10-year SCP with description and current progress included below:

Scheme	Description & current stage
Cross Hands ICC	<p>The development aims to provide a sustainable solution for the continued provision of primary and community health and social care in the area. The development also embraces a community development approach to health promotion. Recognising the specific needs of the area, the development will provide a 'hub' for the provision of bespoke information, advice and assistance to support and empower the local population to manage their own well-being needs. The development of a Health and Well-being Centre at Cross Hands will bring together the two local GP practices, Cross Hands and Tumble Medical Partnership and Meddygfa Penygroes Surgery. In partnership with Carmarthenshire County Council, the third sector and other public sector organisations, these will be co-located with other primary and community health and social care services and community / voluntary groups to form part of the integrated service network in the Amman Gwendraeth Locality.</p> <p>The project has received approval to proceed to FBC in December 2022.</p>
Fishguard Integrated Health & Wellbeing Centre	<p>Will address wider local health and community needs by developing an integrated Health and Care Centre for Fishguard in partnership with Pembrokeshire County Council and other Public Service Board partners.</p> <p>The project is currently at scoping stage, awaiting the appointment of a healthcare planner to support the workplan.</p>
Llandovery Community Hub	<p>The project offers excellent opportunities to integrate health and social care services alongside third sector services and community organisations. It focuses on the needs of specific client groups but also cross generational opportunities to promote the hub as a beacon for community development needs within Llandovery and the surrounding area. This alongside a bespoke proposal for rural educational opportunities, partnering with universities. There is a strong vision and desire for the project to succeed with significant buy in from key anchor organisations. The proximity of the existing hospital and GP practice to the Hub offers a unique opportunity to build on existing infrastructure to optimise the availability of services and initiatives in the area.</p> <p>The project is currently at scoping stage, awaiting the appointment of a healthcare planner to support the workplan.</p>
Aberystwyth ICC	<p>The project will deliver an Integrated Care Centre (ICC) in Aberystwyth which brings together a range of public services under one roof in an environment that is compliant with regulatory standards and is suitable for the delivery of twenty first century care.</p>

	The project is currently at scoping stage, awaiting the appointment of a healthcare planner to support the workplan.
Amman Valley	<p>The longer term focus for Amman Valley Hospital (AVH) is the opportunities as part of the wider aspirations for community hospitals in the Healthier Mid and West Wales strategy, and the emerging community model that the hospital and ancillary services would be a part of. Opportunities include enhancements in patient flow, increases in step up to AVH as an intermediate care facility, local ambulatory care, community development opportunities & to develop its role as part of the integrated community network.</p> <p>Timelines and a way forward have not been determined currently.</p>
Llandysul ICC	<p>The AHMWW Strategy and community model requires us to re-imagine our community estate to better meet the place-based needs of our population whilst connecting care across the region and between primary, community and secondary care.</p> <p>This includes the Lampeter Integrated Hub in South Ceredigion.</p> <p>Timelines and a way forward have not been determined currently.</p>
Lampeter ICC	<p>Working with partner organisations, potential site opportunities are being identified and assessed for suitability to provide sustainable local care requirements for the proposed Lampeter Integrated Care Hub. This is intended to be developed to include a range of proposed integrated community services.</p> <p>Timelines and a way forward have not been determined currently.</p>
Haverfordwest Health & Wellbeing Centre	<p>The Integrated Plan for Pembrokeshire identifies the 'do most option' for an Integrated Health & Wellbeing Centre in Haverfordwest as follows (further scoping needed):</p> <ul style="list-style-type: none"> • Integrated community team • Joint community archive and equipment store • Community clinics • Virtual community clinic hub • Community diagnostics and POCT • Review of branch site for GP Practice • Potential for a joint development with LA <p>Timelines and a way forward have not been determined currently.</p>
South Pembs rehabilitation centre	<p>The Integrated Plan for Pembrokeshire identifies the 'do most option' for a South Rehabilitation Centre for Excellence which will include (further scoping needed):</p> <ul style="list-style-type: none"> • Virtual community clinic hub & outpatient clinics • Radiology, community diagnostics & POCT • Community resourcefulness and green services hub including a wellbeing café • Community group, education and activity space

	<ul style="list-style-type: none"> • Outpatient rehabilitation suite • Inpatient rehabilitation suite including specialist neuro-rehab / stroke etc • Joint community archive and equipment store • Enhanced accessibility including lift replacement • Mortuary improvement & bereavement suite • Solar car port & panels <p>Timelines and a way forward have not been determined currently.</p>
Tenby Integrated Health & Wellbeing Campus	<p>The Integrated Plan for Pembrokeshire identifies the 'do most option' for an Integrated Health & Wellbeing Campus to be developed in Tenby. The development would include (further scoping needed):</p> <ul style="list-style-type: none"> • GMS • Community Pharmacy • Walk In Centre • Integrated Community Team • Virtual community clinic hub & outpatient clinics • Radiology • Community Dental • Community Optometry • Therapy clinics and services • Community diagnostics and POCT <p>Timelines and a way forward have not been determined currently.</p>
Pembroke Dock Health and Wellbeing Centre	<p>The Integrated Plan for Pembrokeshire identifies the 'do most option' for the Pembroke Dock Integrated Health & Wellbeing Centre as follows:</p> <ul style="list-style-type: none"> • Improved car parking – disabled access bays • Reception area access and improvement • Increasing clinic rooms • Improving office space to support flexible & virtual working • Solar panels <p>Timelines and a way forward have not been determined currently.</p>
Neyland Integrated Primary & Community Development	<p>The Integrated Plan for Pembrokeshire identifies the 'do most option' for the proposed Integrated Health & Wellbeing Centre in Neyland as follows (further scoping needed):</p> <ul style="list-style-type: none"> • GMS • Community Pharmacy • Virtual community clinic hub • Community diagnostics and POCT • Alignment with the Community Interest Company facility, the Local Authority extra care housing and the local junior school*

	<p>*The scheme will work in partnership with Pembrokeshire County Council and other partners, linking into a community hub and support model. The scheme is about co-location as the catalyst to deliver an integrated Community, Social Care and Health offer.</p> <p>Work continues with the local authority over the Windsor Garden development and the potential to use space there in the future.</p>
Narberth & Crymych	<p>The Integrated Plan for Pembrokeshire identifies the 'do most option' for Narberth and Crymych Integrated Health & Wellbeing Centre' as follows:</p> <ul style="list-style-type: none"> • extension of existing building (further scoping needed subject to final location of new hospital) • The work in Narberth aligned to the current GP practice and leased Health Centre. There is a requirement for minor refurbishment and possible extension. This requirement may change depending on the final agreement on land for the new hospital development • Crymych site we are not expecting to undertake any specific work here <p>Timelines and a way forward have not been determined currently.</p>
Milford Haven	<p>The Integrated Plan for Pembrokeshire identifies a 'do most option' for a Milford Haven Integrated Health & Wellbeing Centre as follows (further scoping needed):</p> <ul style="list-style-type: none"> • Joint community archive and equipment store • Community clinics • Virtual community clinic hub • Community diagnostics and POCT • Specialist nursing hub <p>Timelines and a way forward have not been determined currently.</p>
Schemes not led by the UHB	
Cylch Caron	<p>The project will deliver a new health and housing facility in Tregaron and is led by Ceredigion County Council (CCC) in collaboration with Hywel Dda University Health Board (HWDUHB), Tregaron Surgery, Tregaron Pharmacy, and Welsh Government. The vision is to replace the currently scattered unfit for purpose building with a purpose-built centre for the integrated delivery of health and social care services; together with specialist housing for individuals with care needs right at the heart of the deeply rural community of Tregaron.</p> <p>The project board has reconvened, with tenders issued to the market in early 2023</p>

Pentre Awel	<p>Pentre Awel is a landmark development forming the largest single site development proposed for Carmarthenshire. Pentre Awel is a c. £200 million development located across 86 acres of brownfield land and will co-locate public (local government, HB) academia, private and voluntary sectors and create an environment for leisure, education, research and development, business incubation and health promotion</p> <p>Zone 1 is due for completion in September 2024. The scoping of the Assisted Living component of Pentre Awel is underway. The design development of Zone 3 (lower need) is scheduled for completion by April 2023.</p>
Carmarthen Hwb	<p>The vision for the Carmarthen Hwb is for a modern and accessible centre in the heart of Carmarthen that will improve quality of life for people in Carmarthen and its surrounding area and drive economic resilience and growth in the town centre. It will promote preventative healthcare through better integrated, better connected services in a high quality setting, creatively linking these with culture, learning and leisure opportunities. Specifically, the project proposes dedicated spaces for Hywel Dda University Health Board and University of Wales Trinity St David; a Collections Centre, leisure activities and public services hub operated by Carmarthenshire County Council and shared space for collaborative and community use.</p> <p>The project is currently at RIBA Stage 3 and a planning application has been submitted during November 2022. The current timeline indicates an 8 week delay and the project should complete in May 2024.</p>

4.4 Transforming Mental Health developments

- 4.4.1 The review of 2022/2023 has already highlighted the previous PBC developed around the development of Community Mental Health Centres is no longer needed due to the focus post-pandemic on the development of pathways.
- 4.4.2 The overarching strategic context remains the same as referenced in previous capital and estate developments. Focus will now be shifted to the development of community pathways and any linkages to be explored via community infrastructure developments such as the Aberystwyth Integrated Care Centre. This includes service scoping for the Gorwelion CMHC, Integrated Psychological Therapies Service (IPTs), Community Drug and Alcohol Teams and Older Adult Mental Health Services.
- 4.4.3 Alongside this, the new Urgent and Planned Care Hospital PBC includes provision for mental health services.
- 4.4.4 During the interim years, focus will also be made on progressing wide ranging service initiatives across the wider Mental Health and Learning Disabilities (MH&LD) directorate which are important for the UHB to progress without delay.

- 4.4.5 Current estate condition has been identified as a limiting factor in progressing these initiatives, therefore, several interim projects have been scoped. These are 4 sites within the Specialist Child and Adolescent Mental Health Service (S-CAMHS) as priority areas for capital investment.

Scheme	Description
Bro Myrddin	<p>The purpose of this redesign project is to develop an alternative to hospital/discharge lounge provision for children and young people (CYP) based in Bro Myrddin, 79 Bro Myrddin, Carmarthen, SA31 3HF. This is a 12-month pilot project to test the concept, which will be funded by Welsh Government.</p> <p>Delivery of this scheme will commence during 2022/2023 and conclude in Q1 2023/2024.</p>
Tudor House	<p>Given the current estate need across the Directorate, discussions are taking place to agree the suitability of Tudor House to provide much needed additional clinical space for SCAMHS and IPTS. The redesign will facilitate more appropriate and additional office space alongside a multi-use therapy space. Tudor House is in need of investment and development and is currently unfit for purpose for both clinical and non-clinical activities. A Feasibility Report is currently being completed (expected early October), with full costings currently being agreed for capital, IT/infrastructure and furnishings. Early estimates show that expected costs will exceed £1 million and therefore any capital investment will require a WG Business Case.</p>
Preseli Centre	<p>The Preseli Centre is a demountable building based on Withybush General Hospital and houses the clinical, administrative and support staff. The internal condition of the demountable is in a poor state of repair with stained carpets and an unmaintained appearance. A Feasibility Report is currently being completed with full costings provided for the capital, IT/infrastructure and furnishings. Current options are being weighed which include a double demountable as well as identifying potential sites to purchase. Indicative costs for both options are between £1 million – £2 million, therefore the proposed capital works will require a WG Business Case.</p>
Office, Morlais Ward, Carmarthen	<p>The project proposed is for the relocation of the S-CAMHS Crisis Assessment Treatment Team (CATT) to be co-located on Morlais Ward. This will require the large unused office space at the front of the building to be re-purposed to enable the team to undertake further clinical work on site. The scheme has been added to the list to prioritise within the planning of the Discretionary Capital Programme.</p>

- 4.4.6 Progress of each of these projects will be considered by the Capital Sub-Committee.

- 4.4.7 Moving forward the Directorate will continue to work with Estates and Capital Planning colleagues to ensure that the future clinical direction is fully supported by a simultaneous review and investment strategy within the Estate. This will set out the capital and potentially revenue solutions to a range of clinical needs and also capture the disposal of any existing Estate necessary to achieve these goals.

5. BUSINESS CONTINUITY – THE INTERIM YEARS INCLUDING 5 YEAR CAPITAL PROGRAMME

- 5.0.1 To this point, we have discussed the estates and capital planning requirements of the transformation portfolio. In addition to these, and not part of those Programme Business Cases, we must ensure that we maintain and develop our essential service infrastructure where necessary for the interim period.
- 5.0.2 Our business continuity schemes are critical to the on-going service delivery across our organisation. Any deterioration in service delivery within the existing model will impact on clinical care and patient outcomes as well as affecting the ongoing engagement and positive relationship with our local population whilst non-maintenance of estate and equipment will also impact heavily on care delivery.
- 5.0.3 We need to ensure existing services are maintained with an infrastructure and estate which can last until the new hospitals and existing sites and community facilities are completed. These will be the subject of separate business cases to be developed and discussed with WG colleagues in the usual way. An example is the Major Infrastructure PBC, submitted to WG in 2020 which was endorsed in July 2021 for £89m (Feb 2020 prices).
- 5.0.4 A high level view of the scale of estate and medical devices backlog facing the organisation is as follows:

Area	Total Cost [2022/23]	Includes
Estates Backlog	£106.3m [including £90m to address areas categorised by Welsh Government as significant risk]	Glangwili Hospital - £48.4m Withybush Hospital - £26.8m Prince Philip Hospital - £13.5m Bronglais Hospital - £7.8m
Medical Devices Backlog	£31.7m	Replacement equipment recognised as overdue for replacement or due for scheduled maintenance/replacement

- 5.0.5 Whilst discretionary capital is allocated to these areas, All Wales Capital Programme (AWCP) support is required to make large scale impact. There are also service developments which will need to be supported by capital investment in the 'interim years'.
- 5.0.6 The following are schemes currently included in our forward look AWCP recognising that these are at mixed stages of development ranging from scoping/still to be agreed phase, to business case development to construction phase.
- 5.0.7 The table also notes completed projects prior to 2023/2024 for reference.

Description	Status	2023/24	2024/25	2025/26	Progress
Business Continuity Capital Schemes					
Women and Children's GGH Phase 2	Onsite	*			<p>Project now due for completion in summer 2023. Successful completion of the Labour ward in April 2022. Stage 3 currently underway. Obstetrics theatres due for commissioning in January 2023.</p> <p>There are significant delays from the original programme completion date and include the impact of Covid-19.</p>
<p>Diagnostic Imaging priorities 2022/2023</p> <p>Computerised Tomography (CT) WGH - June 2022</p> <p>CT PPH - October 2022</p> <p>CT BGH - February 2022</p> <p>Digital Radiography (DR) PPH - October 2022</p> <p>DR GGH - November 2022</p> <p>DR WGH - December 2022</p> <p>DR/Fluoroscopy BGH - March 2023</p> <p>DR BGH - March 2023</p> <p>Mammography equipment - March 2023</p>	Onsite	*	*		<p>In 2021/22 the UHB received All Wales Capital of £12.2m to deliver a programme of diagnostic equipment replacement across the 4 main acute hospital sites over a 2 year period. The CT replacement scheme in GGH was completed in 2021/22 and the schemes listed will be delivered during 2022/23.</p> <p>In November, WG have approved the go ahead to replace Mammography equipment at PPH along with supporting enabling works.</p> <p>The All Wales Diagnostic Imaging Board will continue to look at the equipment replacement needs in Wales. This has included Hywel Dda being allocated 6 replacement ultrasound scanners from surplus items procured by NHS Wales.</p> <p>There will be no Diagnostic Imaging allocations in 2023/24.</p>
PPH Day Surgery Unit	Complete	*			<p>The project overrun by 26 weeks to 5th December 2022. Included here for reference.</p>

WGH Fire Precaution Upgrade Scheme – BJC	On site Phase 1 BJC Phase 2				Phase 1 work is well underway and an extension has been granted to July 2023. Survey works to progress the Stage 2 BJC is continuing. This is a challenging scheme due to the nature of the work in a live operational acute building.
GGH Fire Precaution Upgrade Scheme – BJC	Phase 1 On site Phase 2 BJC	*	*	*	Phase 1 works planned to December 2022 will be extended to November 2023. Again, this reflects the challenging nature of works associated with an aging facility. The extension has been granted. Planning for Phase 2 BJC is underway. The Health board continues to work closely with MWWFRS on all aspects of fire related projects.
Major Infrastructure Programme Business Case	BJC's in development				Programme Business Case has been endorsed by Welsh Government. Funding has been allocated in 2022/23 to progress with the work required to align the UHB's risk registers and the packaging of schemes for the development of future BJC's. Work will now commence on agreeing the schedule of projects to progress with Welsh Government and the process of drawing down fees to develop the individual project business cases.
Aseptics	BJC	*			A BJC is being developed for a small-scale capital refurbishment of the Aseptic unit in WGH. Timelines have been planned for works on site from March 2023 with a completion in November 2024.

					This work complements the wider TRAMS PBC that is being developed on a regional basis.
Chemotherapy Day Unit BGH	RIBA Stage 2/3	*			Refurbishment of existing estate. Stage 1 & 2 completed. Stage 3 – Detailed / Technical Design is in progress. Project completion is expected in December 2024.
Aberystwyth Sexual Assault and Referral Centre (SARC)	BJC	*			<p>Estate solution to enable capacity increases for SARC cases in Aberystwyth, as well as bring facilities up to ISO accredited standards by October 2024.</p> <p>Discussions with WG and LA on Aberystwyth Accommodation principals/concept are ongoing to allow HoT and Lease agreement to be reached on the use of the LA Offices.</p> <p>BJC is in progress for submission to WG following internal HB scrutiny, timelines are dependent on the outcome of accommodation discussions and agreement.</p>
Business Case Development Programme					
Implementing the “A Healthier Mid and West Wales Programme”					
Programme Business Case	Complete				<p>The Programme Business Case was submitted to Welsh Government in January 2022. It was hoped that the business case route would follow an OBC and FBC as listed.</p> <p>WG have now requested that the UHB and WG commission a review of our Clinical Model and that a SOC be developed.</p> <p>The scope of these additional pieces of work are currently being agreed with WG.</p>
Strategic Outline Case – New Hospital Build	Scoping	*	*	*	
Strategic Outline Case – Repurposed GGH	Scoping	*	*	*	
Strategic Outline Case – Repurposed WGH	Scoping	*	*	*	

					Public consultation on the remaining sites will commence in January 2023 and will run concurrently with additional work on the technical evaluation of land, to SOC development and review of the clinical model.
Outline Business Case – New Hospital Build	TBC		*	*	Timelines have been drafted for the remainder of the programme based on typical durations of each stage as well as allowing additional time for scrutiny, approvals and other factors. The future programme will be confirmed in due course.
Outline Business Case – Repurposed GGH					
Outline Business Case – Repurposed WGH					
Full Business Case – New Hospital Build					
Full Business Case – Repurposed GGH					
Full Business Case – Repurposed WGH					
Community Infrastructure Developments					
Cross Hands Health & Wellbeing Centre	FBC	*	*	*	Ministerial approval to proceed to FBC was received in January 2023. The project is also being considered as part the economic growth plan with Carmarthenshire CC. The project is due to complete in autumn/winter 2025, the timeline will be reset as the project proceeds to FBC stage.
Aberystwyth Integrated Care Centre	SOC/OBC	*	*	*	These projects are being taken forward as part of a new tranche of community schemes whilst still retaining their own project structures. Timelines are not confirmed at this stage but they are expected to be progressed within the 10 year Strategic Capital Plan of the RPB and the Rebalancing & Capital Integration Fund. The business case route will see a combined SOC, OBC approach taken forward.
Fishguard Health and Wellbeing Centre					
Llandovery Community Hub					
Neyland Health and Wellbeing Centre	On hold				Work continues with the local authority over the Windsor Garden development and the potential to use space there in the future.

Bronglais Post Graduate Development (Aberystwyth Integrated Education & Research Centre)	Scoping		TBD	TBD	Options for early consideration at project scoping stage have been developed no further work has been undertaken from a capital planning perspective in 2022/23.
Mental Health & Learning Disabilities priorities					
Bro Myrddin	Onsite	*	Q1		To design an alternative to hospital / discharge lounge provision for children and young people. Fully funded by WG. Slippage into Q1 23/24 which is being managed by WG.
Tudor House, Carmarthen	Scoping				Redesign of Tudor House to provide additional clinical space for SCAMHS and IPTS. Early estimates indicate that expected costs will exceed £1m and therefore any capital investment will require a WG Business Case.
Preseli Centre, Pembrokeshire	Scoping				Demountable building based on WGH and houses the clinical, administrative and support staff. Poor condition of the facility means a feasibility report is being completed with full costings provided for two options. 1. A Double demountable or 2. Identifying sites for purchase.
Office, Morlais Ward, Carmarthen	Scoping				The project proposal is for the relocation of S-CAMHS Crisis Assessment Treatment Team to be co-located on Morlais Ward.
Schemes not led by the UHB					
Carmarthen Hwb	RIBA Stage 3		*	*	This scheme is being progressed by Carmarthenshire CC in partnership with HDUHB and UWTSD. The project is at Riba stage 3 and the planning application has been submitted in November 2022. Additional capital funding for the project is being explored with Welsh Government following an early warning notice and value engineering is currently being undertaken on the scheme. The current timeline indicates an 8 week delay and the project should complete in May 2024.

Pentre Awel	TBC				<p>Pentre Awel will create:</p> <p>£199.5 million of infrastructure including research and business development facilities, a learning academy, an Independence Centre of Excellence incorporating a state of the art care home and rehabilitation centre, extra care housing, a new leisure and aquatics centre with hydrotherapy pool, wellness hotel and outdoor leisure space.</p> <p>A multidisciplinary community health, care and research facility linked to HB services.</p> <p>The completion date for Zone 1 is September 2024. The scoping of the Assisted Living component of Pentre Awel is underway. The design development of Zone 3 (lower need) is scheduled for completion within the next 2 months.</p>
Cylch Caron Health and Wellbeing Centre, Tregaron	FBC		*	*	<p>The Project Board has reconvened Ceredigion CC and HDUHB will re-test the market for a housing partner. The tender documents are currently being reviewed and will hopefully be issued to the market in early 2023.</p>
Regional Cellular Pathology Services	OBC	*			<p>The site option appraisal has now concluded with a preferred way forward chosen for site location and service delivery model.</p> <p>Fees to progress the OBC have been agreed with WG.</p> <p>Current OBC timeline takes the project to August 2023.</p>

					This is a collaborative project being led by SBUHB.
Other projects					
Endoscopy suite improvements - BGH	TBC				The project would see one additional treatment facility in the existing suite which would be facilitated by the relocation of the Endoscopy washers to a centralised HSDU in BGH. Further scoping is required to quantify this scheme.
Cilgerran ward	TBC				There is a desire to explore reconfiguration of the existing footprint within the parameters of the fire scheme improvements. Further scoping is needed to clarify the opportunity and strategic alignment
Bandi Appeal	TBC				The Bandi appeal has raised c. £1.1m for improvements to children services. Given the condition of the existing outpatients areas in the childrens centre in GGH (Ty Arthur), scoping is underway for a refurbishment project which will require a small top up c. £0.4m. Further fundraising is also being explored with the Bandi trustees. Project feasibility is due to be completed in May 2023
Paediatric review outcome					The paediatrics consultation process will begin in May 2023 and will run for 12 weeks. Three options have been detailed, each with a “do mini”um” and “do maximum” options. The likely scenario which aligns to a “do minimum” has been costed at £35,000 for each option.
Other interim years ward refurbishments	TBC				The Major Infrastructure PBC has been adjusted to reflect the critical elements to ensure business continuity. This means that essential ward refurbishments to improve patient experience are outside of scope. It is likely that some requirements will be necessary for ward refurbishments during the interim years.

Anchor Point, North Dock, Llanelli	TBC				Substance misuse services. No capital implications for DCP or AWCP. £1.8m dedicated funding from WG. Further information needed.
WG office accommodation scheme	TBC				Scoping is taking place to relocate corporate functions into parts of the WG building on Picton Terrace, Carmarthen, within the context of the agile/hybrid working programme.
Improvement to access control across acute sites	TBC				In response to P.O 3L, access control improvements have been scoped across all acute sites. The approach is to target each acute site in a phased manner to ensure affordability from DCP.
BGH Lift shaft remedial works					The lift shaft at BGH has undergone investigatory works which has found significant issues relating to the external brickwork and wall ties. A remedial repair strategy will be developed which a range of options to be appraised. Whichever option is chosen is likely to require significant investment as a business continuity measure.
RAAC WGH	TBC				Further survey work will need to be instigated to evaluate the condition of individual planks; it is likely that here will be survey costs incurred in 2023/24

- 5.0.8 In addition to the schemes highlighted above, additional schemes may be reflected in the plans submitted from the County Teams, Women & Children's Directorate, Planned Care and Pathology.

5.1 Capital Programme Profiling 2023-2026

- 5.1.1 The forward look can also be profiled month by month, splitting out the various stages of the project.
- 5.1.2 The extract below illustrates this further:

	PBC			Strategic Outline Case				Outline Business Case				Full Business Case				Business Justification Case				Mobilisation and Works				Commissioning														
Year	2023/24												2024/25												2025/26													
Capital Project	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Business Continuity																																						
All Wales Capital Programme - APPROVED SCHEMES																																						
Women and Children's, Glangwili Hospital, Carmarthen Phase 2																																						
• Stage 1	COMPLETED																																					
• Stage 2	COMPLETED																																					
• Stage 3	COMPLETED																																					
• Phase 4	<div></div> COMPLETED																																					
PPH Day Surgery Unit	COMPLETED																																					
Diagnostic Imaging - CT Glangwili	COMPLETED																																					
Diagnostic Imaging - CT Replacement Withybush	COMPLETED																																					
Diagnostic Imaging - CT Replacement Bronglais	COMPLETED																																					
Diagnostic Imaging - CT Replacement Prince Philip	COMPLETED																																					
Diagnostic Imaging - DR Rooms	COMPLETED																																					
All Wales Capital Programme - BUSINESS CASES IN DEVELOPMENT																																						
Aseptic Unit , Withybush General Hospital	BJC												Mobilisation & Works										C	Completion														
Fire Compliance Withybush																																						
	Phase 1																																					
	Decant Ward																																					
	Phase 2			BJC																																		
Fire Compliance Glangwili																																						
	Phase 1																																					
	Phase 2			BJC																																		
Fire Compliance Bronglais - PBC																																						
	PBC																																					
Major infrastructure PBC	BJC												Mobilisation and Works																									
Regional Cellular Pathology services	OBC				FBC														Mobilisation and Works (to Jul 27)																			
Bronglais Post Graduate Development	DELIVERY PROGRAMME NOT YET AVAILABLE																																					
Chemotherapy Day Unit BGH																							C	Completion														
Aberystwyth Sexual Assault and Referral Centre (SARC)	TBC																																					
Other Potential Schemes (TBC use of DCP or via AWCP)																																						
Decontamination suite transfer	TBC																																					
Cilgerran ward refurb - TBC	TBC																																					
Other interim years ward refurbishments	TBC																																					
Anchor Point, North Dock, Llanelli	TBC																																					
WG accomodation scheme	TBC																																					
Improvements to access control across acute sites - TBC	TBC																																					
Projects with DCP Funding																																						
Bronglais Chemotherapy Day Unit (with majority of funding from Charitable Sources)													Mobilisation and Works										C	Completion														

CAPITAL PROJECTS DEVELOPMENT PROGRAMME 2023/24 - 2025/26																																						
			PBC			Strategic Outline Case			Outline Business Case			Full Business Case			Business Justification Case			Mobilisation and Works			Commissioning																	
Year			2023/24										2024/25										2025/26															
Capital Project			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Implementation of A Healthier Mid and West Wales; Our Future Generations Living Well																																						
Programme Business Case																																						
Urgent and Planned Care Hospital & repurposed WGH, GGH			SOC			OBC			FBC										Mobilisation and Works																			
Cross Hands Health and Wellbeing Centre			FBC										Mobilisation and Works										Commis		Completion													
Aberystwyth Integrated Care Centre			Combined SOC/OBC										FBC										Mob & Works															
Llandoverly Community Hub			Combined SOC/OBC										FBC										Mob & Works															
Fishguard Health and Wellbeing Centre			Combined SOC/OBC										FBC										Mob & Works															
South Pembrokeshire Health & Wellbeing Centre																																						
South East Pembrokeshire, Health & Wellbeing Centre, Tenby Hopsital																																						
Milford Haven & Neyland Community Services																																						
Narberth Community Services																																						
Neyland Integrated Primary & Community Services																																						
Pembroke Dock Integrated Health & Wellbeing Centre																																						
Haverfordwest Central																																						
Lampeter Community Services																																						
Llandysul Community Services																																						
Amman Valley																																						
Schemes not led by UHB																																						
Carmarthen Hwb			FBC										COMPLETION																									
Pentre Awel			TBC																																			
Cylch Caron			TBC																																			
Mental Health & Learning Disabilities developments (note. Previous PBC no longer required)																																						
Bro Myrddin																																						
Tudor House (subject to further scoping and business case development)			TBC																																			
Preseli (subject to further scoping and business case development)			TBC																																			
Morlais (subject to further scoping - DCP)			TBC																																			

5.2 10 Year Infrastructure Investment Plan

5.2.1 The NHS Wales Planning returns have provided a template for capital investment plans. This has been used to display the cashflow (where appropriate) and forward look of capital schemes in various sections:

- Business Continuity Schemes
- Schemes that fall under the umbrella of delivering our Health and Care Strategy and PBC
- Digital Schemes

5.2.2 The Regional Partnership Board is overseeing the development of a 10 year Regional Capital Plan which has been referenced in this document (see above 3.2.5). Further detail will emerge during 2023/2024.

		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
	UNAPPROVED PRIORITY SCHEMES (AWCP)	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	Further Years	Scheme Total*
	Other interim year ward refurbishments												0
	BGH lift shaft												0
	RAAC WGH												0
													0
	Mental Health developments												0
14	Preseli Centre	500	500										1,000
15	Tudor House												0
16													0
17	A Healthier Mid and West Wales												0
18	New Urgent and Planned Care Hospital	8,598	12,284	18,073	20,661	124,094	230,953	300,575	21,629				736,867
19	Transformation Costs		5,637	5,637	5,637	5,637	5,637	5,637	5,637				39,459
20	Land acquisition for New Urgent & Planned Care Hospital (Shortlist/Option to Purchase)												0
21	Repurposing Withybush General Hospital (SOC)	1,165	1,664	2,509	2,890	3,369	21,291	51,889	15,149				99,926
22	Repurposing Glangwili General Hospital (SOC)	1,314	1,877	2,768	3,167	3,189	23,399	56,986	16,929				109,629
23	Bronglais (SOC)		1,760	2,420	3,190	3,542	13,644	27,816	27,818	22,964	21,452	1,210	125,816
24	Prince Philip (SOC)		2,063	2,720	2,532	1,106		5,382	33,179	28,379	24,514	8,635	108,510
25	Cylch Caron												0
26	Aberystwyth Integrated Care Centre	200	8,408	7,314	4,078	-	-	-					20,000
27	South Pembrokeshire Health & Wellbeing Centre			651	1,204	6,657	1,488	-					10,000
28	South East Pembrokeshire, Health & Wellbeing Centre, Tenby Hospital			651	1,204	6,657	1,488						10,000
29	North Pembrokeshire, Fishguard Community Services	500	1,703	3,611	19,721	4,465	-						30,000
30	Milford Haven & Neyland Community Services			651	1,204	6,657	1,488						10,000
31	Narberth Community Services			65	120	666	149						1,000
32	Neyland Integrated Primary & Community Services			391	722	3,994	893						6,000
33	Pembroke Dock Integrated Health & Wellbeing Centre			130	241	1,331	298						2,000
34	Haverfordwest Central		1,302	2,408	13,314	2,976	-						20,000
35	Haverfordia House												0
36	Lampeter Community Services			500									500
37	Llandysul Community Services				500								500
38	Cross Hands Health and Wellbeing Centre		19,389	14,634	150								34,173
39	Amman Valley			651	1,204	6,657	1,488						10,000
40	Llandovery Health and Wellbeing	302	1,000	2,408	13,314	2,976	-						20,000
41	Llanelli Hwb												0
42	Carmarthen Hwb	4,545	3,800										8,345
43	Pentre Awel		1,700										1,700
44	Digital												0
45	Digital	10,200	10,535	12,365	9,585	7,705	7,980	7,225	8,810	6,210	6,885	6,810	94,310
46													
47													
48													
49													
50													
	CAPITAL EXPENDITURE	32,224	92,239	124,874	139,805	202,178	320,696	466,010	139,651	68,053	63,351	16,655	1,665,736

* Scheme total can be more than the sum of C - F if scheme continues past 2025-26

6. BUSINESS AS USUAL – DISCRETIONARY CAPITAL PROGRAMME

6.1 Discretionary Capital Programme

6.1.1 The University Health Board Discretionary Capital Programme (DCP) has to be utilised to manage competing expenditure priorities; it remains extremely difficult for the University Health Board to resolve risks around:

- Infrastructure and statutory backlog.
- Replacement of medical equipment.
- Standardisation of medical equipment across sites to enable cross site working;
- Rolling ward refurbishment programme to upgrade the patient environment;
- Replacement of major radiology equipment – general rooms along with CT & MRI replacements;
- Significant upgrades of IT infrastructure and keeping pace with IT replacements;
- Small value capital developments associated with service improvements and developments.

2023/2024 allocations

6.1.2 For 2023/2024, the allocation of discretionary capital has been assumed at **£5.645m** which equates to roughly the same figure allocated to the UHB in 2022/2023. It was noted at the time that this was a significant reduction (c.24%) from 2021/2022.

6.1.3 This means that the University Health Board will face significant backlog pressures in digital, estates maintenance and equipment replacement which continues to mean that not all risks can be mitigated.

6.1.4 This reduction will mean that even some high risk areas/items will not be addressed in year. Programmes of replacement over a longer timeline are being developed and will need to be the subject of All Wales Capital support.

6.1.5 The 2023/24 plan will be prioritised and received at the Capital Sub Committee prior to submission to Executive Team and Board for approval.

6.1.6 The UHB welcomes an additional **£0.888m** back into the DCP, notified by WG as part of revised funding arrangements for a new EFAB scheme during 2023-24 and 2024-25. Details of the allocation to the UHB are expanded on further in the next section.

6.1.7 Further top ups to DCP at the outset of 2023-24 are also welcomed from the drawdown of **£0.406m** from All Wales Capital as a reclaim of expenditure incurred on the development of the Cross Hands Health & Wellbeing Centre business cases.

6.1.8 Currently, due to commitments already made and slippage between financial years, the following items are pre-commitments against the **£6.939m** available for allocation.

Item	Allocation £m
BGH Chemotherapy Day Unit	0.346
GGH Women and Children	0.553
Pharmacy Cytotoxic Isolators – (repayable from Aseptic scheme if approved)	0.098
Primary Care Works	0.100
30% EFAB Contribution	1.240
TOTAL	2.337

6.1.9 In addition to the pre-commitments, there is a requirement to ring-fence certain elements of our allocation as follows:

Ring-fenced allocations	£m
Breakdown contingency	1.000
Development of business cases	0.400
Capital support	0.200
Dealing with issues in residential accommodation	0.200
Dealing with issues arising from HIW/Credits for Cleaning audits	0.300
TOTAL	2.100

6.1.10 It is proposed that the allocation for contingency has been increased to **£1.000m** for 2023/24 due to the level of calls against this allocation in 2022/23 and the reduced flexibility we will have to manage any unexpected calls for infrastructure expenditure against the EFAB schemes.

6.1.11 This then leaves a balance of **£2.502m** available for prioritisation over the following categories:

- Medical and non-medical equipment replacement
- Digital and IT
- Estates Statutory
- Estates Infrastructure

6.1.12 For 2023/24 DCP, the following allocations have been issued to enable teams to progress their priorities:

- £0.500m – Medical and non-medical equipment replacement
- £0.500m – Digital and IT
- £0.450m – Estates Statutory (items not covered by EFAB allocation)
- *£0.000m – Estates Infrastructure

**NB – It is proposed that given the presence of the EFAB scheme to support Estates Infrastructure schemes, that a further allowance from the DCP setting is not required in order to support other aspects of the programme.*

6.1.13 The balance of **£1.052m** has then been allocated using the prioritisation matrix which was first developed in 2021/22. The schemes considered have been prioritised

following robust debate, challenge and discussion at CPG to ensure that the patient at the centre of the decision making process.

6.1.14 The matrix is continually being developed and refined to ensure that the patient focus remains central. With this approach previously assured, confidence can be taken if any additional allocations become available in the year through:

- additional Welsh Government approvals
- review of VAT recoveries
- potential disposals
- slippage on existing schemes

that they are prioritised in a patient focused way.

6.1.15 Utilising the above methodology, the proposed plan for 2023/24 is as follows:

Plan	Allocation £m
Equipment Replacement	1.298
IT & Digital	0.754
Infrastructure	0.000
Estates Statutory	0.450
TOTAL	2.502

6.1.16 The detailed split of the schemes that can now be progressed are set out in the table below

Plan	Allocation £m	Risk Register Reference
Replacement Anaesthetic Machines	0.409	
Replacement morcellator & control box	0.049	
Antenatal CTG	0.040	
Endoscopy equipment replacement	0.800	1521
Equipment Replacement	1.298	
Network Refresh WGH	0.226	826
Paging Replacement GGH/PPH	0.278	
General Replacement Programme	0.250	
IT & Digital	0.754	
Firecode and Safety Compliance	0.020	813
Legionella Compliance	0.100	949,1119,1065
Asbestos Compliance	0.080	934,1182
ISO14001	0.010	547
Lift Compliance	0.040	1134,1102,1138
Medical Gas Compliance	0.040	1132,1106,1138
Fixed and PAT Testing Compliance	0.085	1131,1097,1068,1061

Ductwork Cleaning and Damper Compliance	0.050	223
F-Gas Compliance	0.020	
Radon Compliance	0.005	504
Estates	0.450	
TOTAL	2.502	

6.1.17 Given the limited capital availability for 2023/24, it is critical for the organisation to understand which projects and developments are high priority and that **cannot** be progressed until additional resources become available. This has been reported through our committee structure.

6.1.18 Below are some key projects that the UHB is unable to progress with the DCP allocation for 2023/24 and have been drawn to the attention of the Executive Team and Strategic Developments and Operational Delivery committee.

Project	Value £m	Impact	Mitigating Actions
Replacing of the air handling unit (AHU) in WGH which has been independently declared at 'end of life' in Hospital Sterilisation and Decontamination Unit (HSDU)	TBC	Potential high impact on elective surgery programme and Referral To Treatment (RTT) targets should the AHU be no longer fit for service	A short term fix has been undertaken for this item in 22/23 DCP programme but there is a longer term requirement to replace the AHU completely
Preseli Centre accommodation, WGH	1.0	Patients and staff continue to work and be treated in unsuitable accommodation	Commence design development to maximise opportunity to bid for in-year WG funding
Digital Development	TBC	No progress on digital developments in year	Prepare for opportunities to bid for in-year WG capital and review opportunities to develop revenue funding models
Progression of Cilgerran Ward, GGH refurbishment	Circa £3m		Commence design development to maximise opportunity to bid for in-year WG funding
Site Security	TBC	Unable to progress with site security schemes on acute hospital sites	Further work is required to establish the full scope of this project and the dependencies with other digital schemes being progresses
Additional Costs associated with the Fire Scheme WGH	£0.270m - £2.880m	Unable to complete works	Liaising with WG on the additional costs

- 6.1.20 As part of the UHB's IMTP process, capital items which have been flagged up through the planning cycle have been passed back into the Capital Planning process for consideration and prioritisation by the Estates, Operational and Digital leads.

6.2 Regulatory Compliance and Estate Environment

- 6.2.1 While major investment has been undertaken in service improvements this has not impacted significantly on the estate backlog performance.
- 6.2.3 While estate condition based on a 5 facet survey or critical risk analysis will be a key component in developing strategic estate solutions, there are a range of important principles which need to be applied to ensure the UHB takes advantage of the opportunities available and develop the estate appropriate to needs. These include:
- Maximising the use of existing estate and refurbishing rather than new build where possible
 - Aligning with national and local planning priorities;
 - Ensuring estate is functionally suitable for purpose;
 - Ensuring estate is compliant with statutory requirements and latest clinical service and estate standards and guidance;
 - Ensuring acute hospital site estate is prioritised for clinical purposes and non-clinical functions moved off site when appropriate;
 - Actively working with our partners to maximise opportunities to improve estate utilisation;
 - Disposing of unnecessary estate and maximise value;
 - Innovative forms of finance will be explored to deliver service and estate modernisation;
 - Ensuring compliance with regulatory recommendations such as Healthcare Inspectorate Wales (HIW).

Estates regulatory compliance

- 6.2.4 A programme of prioritised schemes has been included in the DCP for 2023/24 as outlined above. These are referred to as statutory schemes within the programme to ensure compliance on various aspects of the estate.
- 6.2.5 Whilst the in-year discretionary apportionment to statutory items will help improve the overall position, longer term emphasis remains on the Major Infrastructure PBC.
- 6.2.6 This continues to progress. WG have been supportive of the UHB throughout this process and have recently approved £0.150m to enable the UHB to appoint a consultant team to undertake enhanced scoping work. This work will include additional risk assessment information on the UHB priorities, will consider additional risks contained in the latest Estates & Facilities Corporate Risk Registers and provide more detail of the expected cashflow required each year over the programme period.

6.2.7 The PBC which has been endorsed by WG has been developed on the basis of Estate safety and Business Continuity assurance for our acute Estate to support the HB for the interim period until strategic investment is in place as part of the AHMWW programme.

Estates environmental improvements (infrastructure)

6.2.8 In September 2022, WG announced the reinstatement of the Estates Funding Advisory Board (EFAB) for 2023-24 & 2024-25. The funding has been split across several headings:

- £12m for Infrastructure (including a focus on Emergency Department Waiting areas) and Mental Health;
- £5m for Fire Compliance works;
- £3m for Decarbonisation schemes.

6.2.9 Importantly, the details of the fund include the ability for projects to span across financial years to be considered.

6.2.10 A change to this EFAB programme is the requirement for organisations to contribute 30% towards all schemes. A programme was submitted to WG with a cap of £1.240m contribution from the 2023/24 DCP, as agreed by the Executive Director of Strategic Planning and Operational Development and the Executive Director of Operations in November 2022.

6.2.11 Whilst this may seem like a significant contribution from DCP that may otherwise been made available for prioritisation, a top-up to DCP has been made to WG in the region of £0.888m.

6.3 Medical and Non-Medical Equipment

6.3.1 The requirement to closely manage the medical and non-medical equipment replacement and inventory is reported to the Capital Sub-Committee and Strategic Development and Operational Delivery Committee on an annual basis.

6.3.2 The position has been detailed in October 2022, from which the report has highlighted:

- Overall investment in medical devices during 2021/22 was c.£8.9 million.
- Welsh Government directly funded an additional targeted £5.26 million.
- The updated and estimated replacement cost for the inventory is £96.9 million across 31,902 devices.
- The value of in-service devices that are due or overdue replacement based on age has fallen to £31.7 million.
- The number of in-service devices that are due or overdue replacement based on age has fallen to 4,563.
- The age profile of in-service devices continues to improve with many more newer items presently in-service supporting patient care.

6.3.3 The table below shows the quantity and estimated replacement cost of the medical devices on the inventory. Also shown are the number and value of these devices that

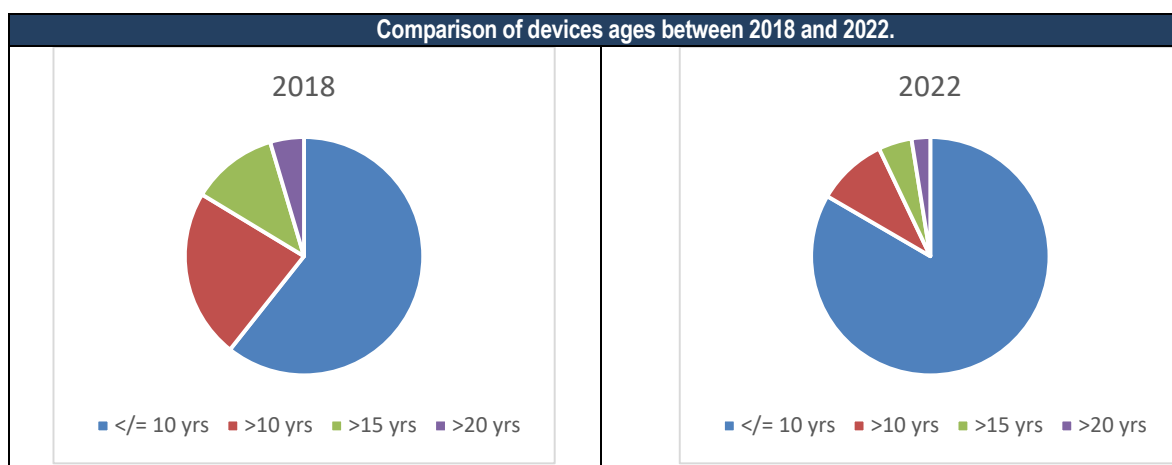
had been identified as 'potentially' requiring replacement. From the table below it can be concluded that

- Year-on-year, efforts to replace both capital and revenue devices that are due/ overdue replacement are having a positive effect on the backlog of devices in terms of both quantity and value;
- In the year to June 2022, the number of capital devices identified for replacement, having a combined replacement value of £2.7 million, fell by 51 representing 5%.
- Over the same period, the number of devices classified revenue by definition also fell – by 608 devices representing 12% having a value of approximately £1 million.
- It follows that the combined effect is an overall reduction in backlog by 659 devices and an associated improvement in the replacement backlog of £3.7m

Devices 'In-Use' identified as potentially Due/Overdue/Requiring Replacement						
	Capital		Revenue		Overall	
	Qty.	Est. Replacement (£m)	Qty.	Est. Replacement (£m)	Qty.	Est. Replacement (£m)
2022	930	27.860	3,633	3.820	4,563	31.680
2021	981	30.560	4,241	4.880	5,222	35.440
2020	1,016	23.480	3,813	5.320	4,829	28.800
2019	1,131	30.070	3,210	5.290	4,341	35.360

6.3.4 From the graph below it can be concluded that:

- From a 2018 position where 78% of devices in service were 10 years old or less, this has improved to an unprecedented 90%;
- Furthermore, 72% of In-Use devices are now 5 years or less in service;
- The Health Board should take assurance that these positive trends can be expected to continue through 2022/23 with the further deployment of the devices highlighted earlier;
- It can also be seen that the number of devices in clinical use that are >10 years in service has fallen from 22% (4,234) of the total in 2018 to 10% (3,042) in 2022;
- Likewise, the number of devices >15 years has also fallen from 11% (2,177) in 2018 to 5% (1,448) during the same 4-year period;



6.3.5 The key conclusions from the report from a capital perspective are:

- that improvements to the inventory will allow service leads to make more informed decisions when planning service developments and medical device replacements.
- without significant and sustained investment in this area or a corresponding reduction in the number of devices in service, the Health Board can expect that the number and value of devices due/ overdue replacement will continue to increase to the potential detriment of patients, staff, and organisational safety.
- intrinsically linked to the increasing number and value of equipment on the medical device inventory are the increased revenue resource requirements to ensure their appropriate maintenance arrangements are in place
- Whilst there will be a plethora of benefits to be realised from the progress made into medical device investment which will be seen by clinical users, the main motivation behind having a modern stock of medical devices must be the desire to improve patient safety and the outcomes associated with the care provided by the organisation to our patient population. Through its rolling replacement programmes and the clinical/ technological modernisation of its devices, the Health Board can have increased assurance that its clinical staff have the essential tools to deliver the highest standards of patient care which should go beyond minimum expectations of the public.
- With an inventory replacement value of £96.9m and a notional life cycle of 10 years an annual replacement budget of £9.7m is required to stand still. The current value of the DCP allows for an investment of between £0.5m - £1m in the equipment inventory.

6.4 Digital response

Section to be refreshed for final version to accompany the Annual Plan

- ### 6.4.1
- Digital technology is an integral part of most people's lives and is increasingly at the heart of the healthcare agenda. Digital technology is already transforming the way in which we deliver care and the way that we work as a Health Board.

- 6.4.2 There are increasing digital challenges for healthcare providers to contend with, e.g. recent cyber-security incidents have highlighted the vulnerability of healthcare systems; expectations regarding technology are well ahead of current systems on offer; and robust digital systems are vital to delivering seamless and safe patient care.
- 6.4.3 There are also a number of opportunities for digital healthcare technology to help meet some of the key priorities for the NHS. Health organisations are already seeing the benefits of implementing Robotic Process Automation (RPA) and Artificial Intelligence (AI) to ease the burden on the workforce by removing the need for repetitive administrative tasks. Emerging technological capabilities are creating new ways to deliver care. Patients already have the option of virtual primary care appointments, and the increased use of this approach could help dramatically reshape the outpatient journey.
- 6.4.4 Digital Services currently provide Health Board-wide services for Information Management, Clinical Coding, Telecoms, Patient Applications and ICT Technical Services (ICT Service Desk, Devices, Networks, Storage, Data Centres, Security, Integration, Web Services and Information Governance)
- 6.4.5 In summary:



10,000+ devices



10,000+ users across the Hywel Dda Community



£8.3m budget (0.98% of the Health Board)



137 staff WTE (1.37% of the Health Board)



81% excellent user rating

- 6.4.6 There are over 130 clinical ICT systems in use across the Health Board. Many of these are unsuitable because they are either out of date, unsupported or lack key functionality. Many of these systems are silos of information and many systems will carry similar information. Inconsistencies in these sources of data could pose safety risks at worst and a significant administrative burden on staff at best. Even with so many systems in place, there is still a large amount of paper in use.

- 6.4.7 A recent assessment of our digital maturity against the global HIMSS (Healthcare Information and Management Systems Society) scale showed the size of the challenge ahead of us.
- 6.4.8 We aim to achieve HIMSS Level 3 within two years of publication of this Response and to progress to level 5 by the end of the strategic journey. This will enable us to become a **Digital Exemplar**.
- 6.4.9 A number of key documents and initiatives emphasise the national policy focus on Digital.
- 6.4.10 Launched in December 2015, “Informed Health and Care”, the Digital Health and Social Care Response for Wales, sets out the ambitions and expectations of the Welsh Government as to how health and social care will use technology to enable greater access to information to deliver real benefits and improved outcomes for people in Wales. The development of the National Digital Plan is a key enabler in improving Digital planning across NHS Wales and supporting the delivery of the Informed Health and Care Response and supporting service transformation. To date the processes and authority for prioritisation of all national Digital projects have not always been clear, consistent and collaborative. The net result has been a long list of priorities, a lack of clarity on which are collectively the most important and a collective failure to deliver at the pace and scale agreed. A new national business case process has been implemented which has provided clarity of which systems / products will be available to the Health Board.

System / Product	Stage in the Business Case Pipeline
Re-procurement of pathology system and Welsh Laboratory Information Management System (WLIMS) including upgrade (LINC/LIMS)	Full Business Case – likely implementation 2021/22 onwards
Implementation of new Critical Care EHR system	Full Business Case – likely implementation 2020/21 onwards
Welsh Pharmacy and Medicines Management System (WHEPPMA) – full e-prescribing product	Outline Business Case – awaiting confirmation of funding from WG before moving to FBC and procurement
E-flow & e-observations	Outline Business Case – awaiting confirmation of funding from WG before

System / Product	Stage in the Business Case Pipeline
	moving to FBC and procurement
PROMs/ PREMS	Accelerate of current programme
Transformation of Nurse Documentation through standardisation and electronic approaches	Pilot phase within the Health Board, FBC will be required to continue rollout across Health Board, circa £700-900k required
Implementation of new integrated eye care EHR including Electronic referrals	Outline Business Case – awaiting confirmation of funding from WG before moving to FBC and procurement
Continuation of the roll out of WCCIS to other areas within the Health Board	Pilot phase in Ceredigion underway, with a FBC to be developed for further rollout within the Health Board
All Wales Risk Management System (replacement to DATIX)	Procurement Phase – awaiting implementation data
Replacement of the financial systems	Procurement Phase – implementation November 2020

6.4.11 The replacement of the financial systems cases are in the implementation phase, or progressing to full business case stage that will require significant input from Digital, either from Business Change, Application Support or ICT to support the implementation. There has been no indication nationally that additional resources will be made available to the Health Board and it will be left to local discretion whether additional resources will be given to the projects. The risk of not agreeing to implement the national Programme is that the Health Board will not be able to optimise its usage of the products and therefore not realise the benefits outlined within the business cases. The following table is a list of the known business cases within the national pipeline which will have a significant impact on the Digital Team, above those already noted within this paper:

6.4.12 The Health Board already has a good working relationship with our local partners. We currently collaborate with partners at various levels including across the Hywel Dda Community.

6.4.13 We will look to develop a Digital Roadmap, which outlines the ambition for the design, implementation and wide-scale adoption of digital and technology solutions for health and care services within the Hywel Dda Community. The roadmap will highlight how digital will address key local challenges, including delays in leaving hospital, increasing wellbeing, creating greater ownership of health care and information, providing quality acute care across the Health Board area, and care closer to home.

6.4.14 We will collaborate with our partners to deliver the best solutions for our communities. We will learn from each other and share our experiences so that we can all improve digital technology for the benefit of our patients wherever they are treated.

6.5.15 As a Health Board we will collaborate to realise the possibilities of digital transformation. This cannot be delivered by any one team, department or individual. We will be open and transparent about issues, and work with pragmatism and creativity to create solutions that are right for the Health Board, our patients, communities and staff. Digital healthcare technology is an important enabler and can only be successful where it is developed closely with clinicians, staff, patients and with the other enablers in the Health Board to transform the way that we do things. In order to achieve a truly Digital Health Board, we will look to create the following:

- A Digital Community
- A Digital Hospital
- A number of Digital Wards within the Acute and Community Setting
- A Digital Home

6.6.16 Each of the above will utilise all the new and latest technology and will become a test bed for new digital solutions, with the emphasis on implement, test, adopt and review before a wider rollout would be considered. Placing technology in real life situations will not only test the products / systems, but also the maturity of the organisation to adopt the technological, cultural and system change. These will be the focus for us to deliver the Digital vision set out in our Programme Business Case to deliver the '*A Healthier Mid and West Wales: Our future generations living well*'.

6.6.17 The following is a case study showing how a digital hospital could work in five years' time:

A virtual receptionist console welcomes Mr Alun Jones and provides information on his appointment, the clinician he will be seeing and shows directions to his room.

Mr Jones is automatically admitted to the hospital and a notification is sent to the ward staff to let them know he has arrived.

This information is also pushed to his Hywel Dda app on his smartphone through the pervasive Wi-Fi/5G so that he can use the navigation features in his app to move through the hospital to get to where he needs to go via wayfinding.

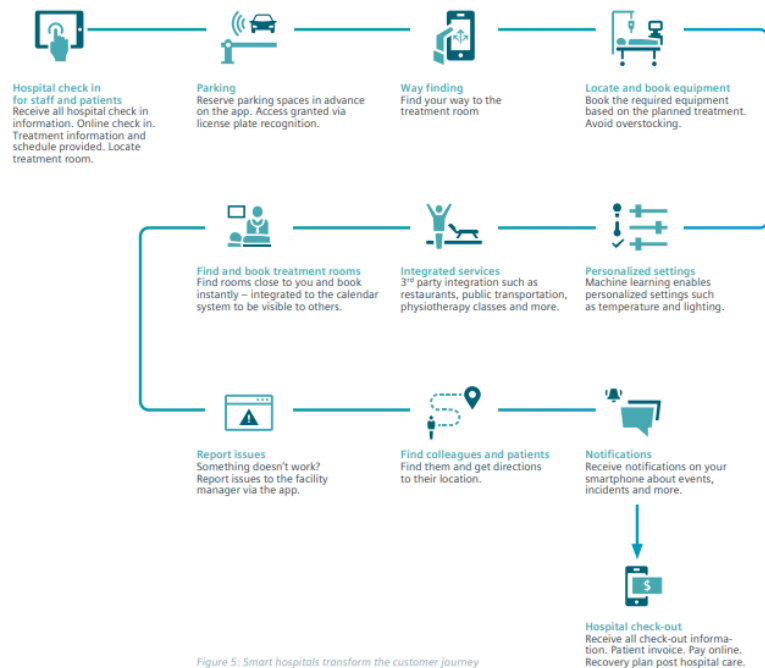


Figure 5: Smart hospitals transform the customer journey

When he arrives at his room and settles in, he is given a tablet so we can login and view his personal health record and the facilities of the hospital, e.g., hospital menus etc. This information is stored securely on a cloud service, and on his record he can find out more about the professionals providing his care and when they will be visiting him as well as the procedure he is having and order his meals during his stay (which are delivered via the hospital's robotic infrastructure). He can also use his tablet to keep in touch with his family and friends on social media and video apps and to complete any information required for his stay in hospital such as updating his general health and how he is feeling along with family support available.



Mr Jones' vital signs are automatically taken by sensors, and others are collected electronically by the nurses providing his care. This is used to automatically determine his current health and notify the clinical team of any abnormalities or concerns that need to be addressed. Various investigations are ordered electronically by the clinical staff using voice recognition such as Pathology and Radiology tests and the results are automatically populated in both the hospital's record and Mr Jones' personal record. When Mr Jones has a query about a particular issue that is concerning him, he can use the chat feature on his tablet and automated chatbots will answer the most common concerns about his procedure and ensure his clinical team are notified of concerns that cannot be

answered. He can also watch a 3-D video of his procedure to provide further information.

Mr Jones' procedure goes well, and machine-learning technologies enable the most suitable care plan moving forward which is electronically adjusted and signed off by the clinical team and Mr Jones. This is downloaded to his personal record and sent electronically to his GP. He now gets notifications when he needs to undertake actions associated with his care plan, and his GP can keep an eye on how he is doing and contact him if he feels he needs more support and help in undertaking any of these activities.

A district nursing team makes a follow-up visit to see how he is getting on and, using the community care system, they are able to see all the information about Mr Jones' stay in hospital. Using this system they capture post-operative assessments, images and video, all of which are reviewed by Mr Jones' consultant. Spotting an area of concern, his consultant arranges a video consultation with Mr Jones to discuss this and advise on suitable courses of action without the need for him to travel and visit the hospital. Medicines prescribed by the consultant are automatically delivered to Mr Jones' house and his signature or biometrics are captured to ensure he has received it. The Hywel Dda app will notify him when he needs to take his tablets, so he doesn't forget.

All the data captured from Mr Jones' stay is anonymised and stored to the national data repository. Cloud analytical technology enables learning to be extracted from his care and outcomes to improve future care plans for our patients.

- 6.6.18 The digital hospital of the future can leverage technologies that transform care delivery, patient experience, staff management, operations management and hospital design. In summary some of the following is either in development or operational globally and will form the ambition of the University Health Board for the next 5-10 years
- 6.6.19 The template included in Section 5.2 of this document includes a profile of the digital investment required to deliver the UHB's digital aspiration.