









# **Reflecting on the Vision – Taken from Programme Group Discussions**

- To develop something that is 'knitted' by ourselves and will resonate with communities and staff
- A build that is future-proofed with a space and environment that is flexible and agile to support future models of working
- To have in-built operational flexibility to cope with any future health risks
- To include the latest innovations in the clinical environment and clinical activity
- To be at the forefront of digital technology
- To maximise carbon efficiency and deliver the 'Green Health' agenda
- To design a building that is innovative and creative, not just a standard build

- To have a location with easy access and with public transport options
- A building that is part of the community and where the community is involved in the design
- A building that is a public asset, open to the community and with the recognition that it belongs to everyone
- A recognition that this is not just the design of a new hospital but the design of a new streamlined healthcare ecosystem encompassing community, primary care services and specialist services
- To have the principle of education built into the fabric and supported by the design
- A building that is safe by design





Draft Timeline for Essential Capital Infrastructure Programme Business Case (PBC), Outline Business Case (OBCs) & Full Business Case (FBCs)



**Community Infrastructure Development in Parallel** 

Services Transformation & Other Significant Capital Infrastructure Developments





# **Communication and Engagement - DRAFT Engagement Process for the AHMWW PBC and Land Selection**

Completion end of March 2021	Completion end of April 2021	Timelines to be confirmed		
<ul> <li>Phase 1</li> <li>Engagement</li> <li>4 weeks</li> <li>Reminder consultation outcomes</li> <li>Headline progress made</li> <li>Time passed – anything changed?</li> <li>COVID – has it made a difference?</li> <li>EQIA and health inequalities</li> <li>What we want to know from you now</li> </ul> Key: 1) Do more than usual to	<ul> <li>Phase 2</li> <li>Engagement</li> <li>2-4 weeks</li> <li>Seek land nominations based on hurdle criteria for site appraisal</li> <li>Desirable criteria for site defined with the Cl</li> <li>Sign up to get involved in next steps</li> </ul>	<ul> <li>Phase 3 Engagement 2 weeks <ul> <li>Consideration of the oriteria and weighting for the appraisal of sites</li> <li>Likely to be a postal / electronic activity</li> </ul> ation. 2) capture data to invite p</li></ul>	Phase 4 4 weeks • Site appraisal exercise • Likely to be a postal / electronic activity • Further services engagement to inform the Outline Business Case	
	involved in the next stage, i Consider stakeholder grou			
	Continuous opportur	nity to input view		

Align with engagement around repurposed GGH, WGH, Community Services and Service Pathways





## **Programme Business Case: Clinical Advisory/Sponsor Group – key issues**

- Review and agree the clinical case for change
- Testing the clinical ambition learning from elsewhere (Advisory Board and others)
- Agree priorities for pathway work which will feed into the OBC
- Review of design assumptions included in Consultation (time and COVID-19) and sign off design assumptions to be used for activity modelling for PBC
- Agree service model scenarios
- Sign off timelines for pathway work delivery and outputs required
- Sign off functional content assumptions
- Agree key service assumptions e.g. 5 or 7 day working, 2/3 session day, % single rooms
- Ongoing clinical engagement





# **Programme Business Case: Test the Health & Care Strategy Design Assumptions**

Population	Site changes	Admission avoidance	Bed discharge	Outpatient change
		40%		25%
Impact of increase in the population over 7 years (to 2024/25)	Flow of patients to nearest site providing required service*	Reduction to existing levels of emergency admissions for ACS conditions	Reduction in lengths of stay to the median of the peer group	Reduction in follow- up outpatient appointments
A&E/MIU change	A&E/MIU	Acute to community	Acute to community	Daycase community
4.3%	proportions	step-down – beds 50%	step-down – outpatients 90%	hub shift
Reduction in overall level of A&E & MIU attendance (net 0% change against demographic growth over 7 years)	Attendances currently presenting at A&E will present at MIUs instead	bed will step down to a community bed within 72 hours of admission	New and follow-up appointments will take place in a community setting	Davcases for medical specialties will take place in a community setting





## **Programme Business Case: Governance - Gateway Review July 2021**

## Purpose

- The Gateway Process examines programmes and projects at key decision points in their lifecycle. It looks ahead to provide assurance that they can progress successfully to the next stage.
- Office of Government Commerce (OGC) Gateway Reviews deliver a 'peer review', in which independent practitioners from outside the programme use their experience and expertise to examine the progress and likelihood of successful delivery of the programme.
- They are used to provide a valuable additional perspective on the issues facing the internal team, and an external challenge to the robustness of plans and processes.

#### Progress

Meeting WG Assurance Hub 27<sup>th</sup> January 2021 Provisionally agreed Programme Assessment Review (PAR) w/c 19<sup>th</sup> July 2021 – subject to SRO diary PAR will be Gate 0 for PBC with elements of a Gate 1 for the land and other specific issues Terms of Reference will need to be signed off by Group – March 2021 Review done virtually Programme of reviews done Ongoing gate 0 of the Programme **Project specific reviews Gates 1-5** WG Assurance Hub and Capital Audit Team work with us to create an Integrated Audit and Assurance Plan





#### Key Programme Risks

There is a risk that the PBC might not demonstrate financial and workforce sustainability because of the early stage of detailed definition of service and infrastructure options which would result in time delay to resolve an affordable and sustainable PBC.

There is a risk that clinical participation may be difficult to sustain to sign off clinical models and options and continue work towards an OBC level of detail because of clinical pressures resulting from the impact of COVID-19 and through the winter period which might result in either a lack of clinical sign up to assumptions or delay in completion of the PBC or start of the OBC.

There is a risk that the engagement process will impact on the timeline for completion of the PBC.

There is a risk that the OBC will be delayed due to the process and timescale for identification of the preferred site for the ne planned and urgent care hospital.

There is a risk/current issue that the TPO/operational team resource availability to inform functional content is hampered by current clinical and operational pressures due to COVID-19.





### **Programme Business Case – Key actions to note**

- Programme Group meetings chaired by CEO January and February 2021
- Presentation received from Future Generations Commissioner Jan 2021
- Mental Health, Medicine and Scheduled Care Clinical Focus Groups held
- Met with Welsh Government Assurance Hub and agreed the Gateway process
- Met with Welsh Government capital and economics advisors to discuss draft spending objectives, critical success factors and economic appraisal
- Presentation prepared for Public Board 28<sup>th</sup> January 2021
- Presentation to CHC Service Planning Committee 16<sup>th</sup> February 2021
- Presentation to Medical Leadership Group 11<sup>th</sup> February 2021
- Detailed the Communications and Engagement activities and timeline
- Inaugural activity modelling meeting held





#### Next steps

- Prepare the engagement documentation
- Establish land identification group (formal approach for Local Authorities representation)
- Continue to engage with the Community Health Council and engage with Staff Partnership representatives
- Explore opportunities to reflect/demonstrate social value in the PBC
- Continue to engage with Welsh Government on the Economic Case: Spending Objectives, Critical Success Factors, options identification and benefits

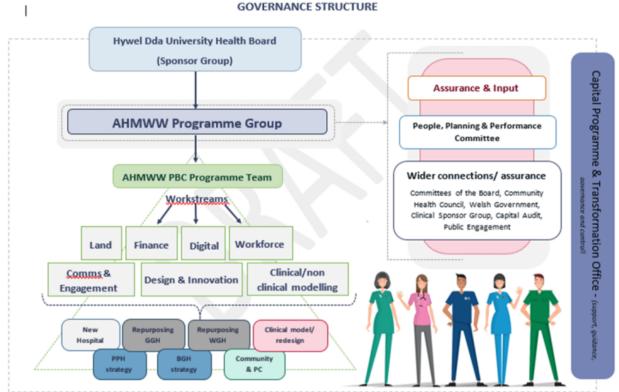
- Establish Clinical Advisory/Sponsor Groups
- Complete clinical focus groups, evaluate and present outputs
- Revise detailed PBC timeline to include Engagement process timescales and establish key milestones for OBC and FBC delivery programme





## **Governance Structure and Documents – subject to further review**

#### **PBC Reporting Structure**



A HEALTHIER MID AND WEST WALES (AHMWW) INFRASTRUCTURE ENABLING PROGRAMME

# Other Documents requiring approval by Project Group (Papers 2)

- Programme Group Terms of Reference/Membership
- Programme Team Terms of Reference
- PBC Risk Potential Assessment Form

#### **Documents requiring Health Board Approval (Papers 3):**

- Programme Mandate
- SRO and Programme Manager Appointment Certificates

N.B. All documents referred to in this slide have been reviewed by the Corporate Governance Team and Executive Team on 13<sup>th</sup> January 2021.





