



**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 October 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	A Healthier Mid & West Wales Programme Business Case (AHMWW PBC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams, Assistant Director of Strategic Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Work has commenced on the Programme Business Case (PBC) for the capital funding associated with the Health and Care Strategy: A Healthier Mid and West Wales.

This report seeks to bring members up to date with the programme start up activities for the following:

- The development and production of the PBC.
- The process for the acquisition of the land for the new urgent and planned care hospital.
- The work underway to establish the programme governance.
- The headline risks.

This report will also outline the high-level delivery timeline pending the production of a detailed Gantt chart and identification of the critical path activities. The first draft of this work is likely to complete by the end of October 2020.

Cefndir / Background

The capital assumptions associated with the Health & Care Strategy were set out in a Pre-PBC which summarised the capital implications following Hywel Dda University Health Board's (HDdUHB) extensive public consultation and was shared with WG colleagues in November 2019. Progress on the PBC is now being pursued with HDdUHB funding for both in-house and external resources. The specific planning objectives relating to this work and endorsed at the meeting of the September 2020 Public Board meeting were as follows:

- Produce a Final Business Case (FBC) by March 2024 for the implementation of a new hospital in the south of the HDdUHB area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID-19 pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.

- Ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay.
- FBC for the repurposing of the Glangwili General Hospital (GGH) and Withybush General Hospital (WGH) sites completed and submitted by March 2024, in line with the strategy published in November 2018.

To achieve the above will require the delivery of the Business Cases for all of our strategic capital developments, in community, mental health and for our new urgent and planned care hospital, and re-purposing of GGH and WGH hospitals. It should be noted that the PBC for adult mental health services which has already been produced will continue to be pursued on its own timeline.

The PBC is the first formal business stage and requires WG endorsement to allow the funding for the production of outline business cases and full cases for the major capital components of the Health and Care Strategy. HDdUHB are seeking to drive this timeline at pace and the following external appointments are now in place:

- Business case writers and health care planners – Price Waterhouse Coopers (PwC) supported by Strategic Healthcare Planning (SHP).
- Master Planners – Building Design Projects (BDP).
- External Project Manager – Mace.
- Land Acquisition advisors – Savills.

The PBC Senior Responsible Officer (SRO) is the Chief Executive, the lead Executive is the Director of Finance and interim Director of Planning. The Assistant Director of Strategic Planning and Developments is the Programme Director.

The Programme Director is now recruiting to funded capital planning and strategic estates planning posts to supplement the existing team.

Asesiad / Assessment

Programme Business Case Development

The PBC will be developed and drafted to align with the guidance and requirements set out in the NHS Wales Infrastructure Investment Guidance and the Welsh Government/HM Treasury Guide to Developing the PBC. The level of detail will be further shaped in close liaison with WG to determine their specific requirements and to provide assurance at this early business case stage on the robustness of the case and the range of potential capital solutions and costs.

The service model must be consistent with our 10-year Health and Care Strategy which has people and communities at its heart. It will deliver whole system change to realise our population health ambitions, and signals a fundamental shift from our current emphasis on hospitals to a focus on working in partnership with people and communities to keep people well in or close to their own homes.

The Board has approved a commitment to a whole system approach where primary and secondary care are not seen in isolation, but work together to provide seamless care for local people. In line with a social model for health, our strategy demonstrates our recognition that health is about far more than healthcare and, instead, requires contributions from across the whole system as an integrated population health and wellness system spanning multiple settings and delivering care and support that fits around the person and what matters to them.

The Board has approved the development and implementation of an enhanced community model, based on an integrated social model for health and wellbeing, and its implementation at pace as a long term commitment focused on prevention, wellbeing and early intervention to help build resilience and enable people to live well within their own communities.

Given this ambition, the service model discussions are fundamental to the business case and work is underway to design and commence a series of service related focus groups. These will recognise the red lines established through the public consultation and seek to consider the service delivery options which will then impact on estate solutions. The focus groups are being organised for November 2020 and lead to a workshop or workshops to define the:

- Spending objectives.
- Critical success factors.
- Long list of options.
- Short list of options.

It is intended this process will be completed in December 2020. This will be followed by work to confirm the functional content and schedules of accommodation to allow the master planning team to refine building block planning and design assumptions.

The structure of the PBC is prescribed and is based on the 5 case model:

- Strategic Case.
- Economic Case.
- Financial Case.
- Commercial Case.
- Management Case.

Work on the strategic case has already commenced and the service model focus groups and workshop are all part of the economic case. The focus groups will also include a group to discuss the non-clinical assumptions and options.

Work is also underway to:

- Review the capacity model which will be used to model service options.
- Produce a document for discussion with WG to agree the detailed expectations for each element of the PBC.
- A communications and engagement group to ensure stakeholder engagement in the PBC development process. This is likely to include advice from the Consultation Institute.
- Consideration is being given to the work to build on the Equality Impact Assessment conducted for the transforming clinical services consultation.
- Liaise with the Future Generations Commissioners Office to ensure full compliance with the spirit and letter of the legislation and that lessons are learnt from other similar developments.
- Provide background information for all external support mapping and gapping purposes.

Of key importance is the work which is now underway to detail and dovetail the many workstreams into a single programme plan with a defined critical path. The expectation is that the PBC will be completed in the first quarter of 2021/22. This will include all annexes including the comprehensive estates annex.

Land Acquisition

The land acquisition process is set out in 5 stages below. The working assumption is that during the PBC timeframe, HDdUHB will reach the end of stage 2. Agreement is required with WG on how far and how fast this process is pushed and will in any event require an option appraisal report in advance of purchase. The PBC is likely therefore to include options for the location of the new urgent and planned care hospital.

Stage 0

MOBILISATION

- Confirm site location search area
- Confirm site parameters and criteria
- Confirm reporting structure
- Confirm programme & key milestones
- Prepare draft scoring matrix

Stage 2

SHORTLISTING

- Review scoring criteria (fit for purpose)
- Assess against scoring matrix and shortlist (up to 3)
- Enhanced technical and planning due diligence
- Identify landowners and initial communication
- Stakeholder & Communication Strategy
- Acquisition Strategy

Stage 4

ACQUISITION

- Finalise negotiations and terms (potential multiple landowners) – option to purchase
- Valuation Sign-off
- Legal Formalities

Stage 1

SITE SEARCH (PREPARING THE LONG LIST)

- Desktop based constraint search
- High level planning policy review
- Structure of land ownership (no and type of owners)
- Identify up to 10 sites
- Assess against draft scoring matrix, review and report
- Engagement with public (local authority) partners

Stage 3

PREFERRED OPTION

- Review scoring criteria (fit for purpose)
- Assess shortlist and select preferred site
- Detailed technical, legal and planning due diligence
- Draft acquisition terms and valuation (in principle)
- Report – Business Case

The acceptable zone for the new hospital following public consultation is between Narberth and St Clears.

Examples of the criteria within this zone for the desk top search include:

- Site area.
- Infrastructure connectivity.
- Highways access.
- Topography.
- Rail proximity.
- Proximity to settlements.
- Ownership.

This work is now just getting underway. The longlisting and shortlisting criteria will require formal sign off.

Governance

The start up governance documentation is currently being drafted and will need to be subject to sign off at the Programme Group. This meeting is likely to take place in early December 2020 and will see the constitution of the Programme Group and Team and also the Team associated with the land acquisition process.

Discussion has been held with the Capital Audit Team to engage them and ensure best practice and the PBC will be the subject of an independent Gateway zero review as it nears completion. The key areas of consideration are likely to be based on the following:

- Why do we have to deliver this programme, and does it have to be done now?
- Is there a good strategic fit with other programmes planned or underway with wider organisational and public sector strategies?
- Who are the main stakeholders and do we have their support?
- Do we understand the scope and what will constitute success?
- Are there realistic plans for achieving and evaluating the desired outcomes and how will we monitor progress?
- Have we identified the main programme risks, including the track record of the organisation and made effective arrangements for managing them?
- Are we confident that we have the right skills, leadership and capability to achieve success? Are appropriate management controls in place?
- Has provision been made for the financial and other resources required?
- Have we engaged adequately with the market to identify delivery options?

These issues, identified early, help to ensure the PBC and governance arrangements are fit for purpose.

Programme Risks

The following high level risks have been identified. Consideration of risks will remain a 'live' issue throughout the development of the PBC.

Risk	Mitigation
There is the risk that service and capital options identified might be unaffordable leading to programme delay to remodel options.	Work will commence in parallel processes to help identify this risk early and identify mitigations to ensure the affordability of the PBC solutions.
There is a risk the PBC will not deliver the assurance required for WG endorsement due to the lack of written clarity on the level of detail required which would result in a delay to the PBC approval and funding to commence the OBC	Meeting with WG to go through PBC requirements including representation from key functions, programme team, finance, IT, estates, HR, clinical/TPO. A document will be shared with WG by the end of October 2020 to set out HDdUHB assumptions and questions seeking agreement by the end of November 2020.
There is a risk that the assumed programme timeline might not be deliverable due to the critical path of activities having not been developed with our appointed programme specialists which could result in it not being feasible to deliver the PBC in the timeframe currently being targeted	Workshop with key parties to develop the critical path. First draft completion aiming for the end of October 2020.
There is a risk that WG may not be willing to endorse a PBC and invest in the OBC stage due to the strategic uncertainty caused by the COVID-19 pandemic which would result in a delay to the completion of the PBC process	Maintain close links with WG colleagues in the development of the PBC to mitigate concerns where possible and agree the handling of strategic uncertainties

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 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 commencement of the OBC	Structured virtual workshops to be organised to ensure engagement and the necessary clinical participation in the PBC development process
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Argymhelliad / Recommendation

PPPAC is asked to note the “A Healthier Mid & West Wales Programme Business Case (AHMWW PBC)” update, in particular the programme start up activities for the following:

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Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.4 Provide assurance to the Board that all plans put forward for the approval of the Health Board for improving the local population’s health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board’s overall strategic direction and any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-20	10. Not Applicable

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
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Rhestr Termau: Glossary of Terms:	Contained in the body of the text
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Capital Audit Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Funding sought from Welsh Government
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	Business continuity management
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A