

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 December 2024 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | A Healthier Mid and West Wales (AHMWW) – Infrastructure and Estates |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Lee Davies, Director of Strategy and Planning |
| SWYDDOG ADRODD: REPORTING OFFICER: | Paul Williams, Assistant Director of Strategic Planning and Developments |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides an update to the report provided to the Strategic Development and Operational Delivery Committee (SDODC) on 31 October 2024, specifically:

- the programme timescale and wider infrastructure and estates implications (as reported by the Director of Strategy and Planning at the Public Board meeting on 28 November 2024)
- the progress of the AHMWW community schemes

Cefndir / Background

Programme progress has been the subject of regular reporting to the Capital Sub Committee (CSC), A Healthier Mid and West Wales Group, AHMWW Infrastructure and Estates Sub Group, Strategic Development and Operational Delivery Committee (SDODC) and Board.

Welsh Government (WG) has requested that the Health Board develops a Strategic Outline Case (SOC) for the new hospital and the repurposing of Glangwili Hospital (GGH) and Withybush Hospital (WGH), indicating a level of support for progressing the programme. More recently, WG has requested that the Health Board consider “the widest possible options” for the SOC. This has led to a pause in the development of the SOC as further clarification is sought on the scope of SOC options and the implications for the work undertaken to date. Dialogue with WG continues and it is anticipated the Health Board will return to the Infrastructure Investment Board with a view to agreeing the options for inclusion within the SOC. If the Health Board is required to consider options outside of what was agreed in the strategy, it may be necessary to revisit aspects of the strategy, potentially including further public engagement.

A refresh of the Programme Business Case (PBC) might also be required before finalising the SOC. There are likely to be significant timeline and cost implications, and planning will be required on what needs to be managed in the extended interim period, including for clinical services and estate and infrastructure. The Director of Strategy and Planning presented a comprehensive update to Board at their meeting on 28 November 2024. This included the indicative programme timescales and wider infrastructure, and estates implications as highlighted in the 'assessment' section of this report.

Asesiad / Assessment

Programme timescale and wider infrastructure and estates implications

The Director of Strategy and Planning presented a comprehensive update to Board at their meeting on 28 November 2024. The following were highlighted as implications for infrastructure and estates

- **Programme Timescale** - The pandemic and subsequent programme delays have meant the timescale for delivery of the programme, in particular the new hospital network, is substantially longer than originally anticipated. It is now highly likely that the new hospital would not be operational for at least a decade.
- **The timing and sequence of delivery will need to change** - Given the affordability challenges it would appear highly unlikely that all the capital schemes within the programme could be delivered within a decade. The Health Board will therefore likely need to prioritise and sequence the capital schemes and adjust the wider plans to reflect this.
- **The interim plan will need to change** - In accepting that a new hospital will not be operational until the mid to late 2030s, it follows that the key service changes unlocked through a new hospital will now need to be considered ahead of a new facility and within the existing site configuration.
- **The proposed location for the new hospital may need to be reviewed** - In agreeing the strategy, the Health Board set out a 'zone' between Narberth and St Clears where the new hospital would be located, based upon detailed analysis of journey times for the population. Since the strategy was agreed, the Health Board has undertaken an exercise to generate a long list of possible site locations, evaluated and shortlisted these options and undertaken a public consultation leading to two sites remaining, one in St Clears and one in Whitland. Both locations are viable, but the analysis has clearly shown that, for those services not provided for at Prince Phillip Hospital (PPH) (currently the most notable services are A&E, obstetrics, paediatrics and emergency surgical services), the further west the hospital is located the more activity flows to Swansea Bay. A change of flows would have two consequences: firstly it increases the capacity requirement in Swansea Bay (in the case of acute medicine this was the main reason for retaining that service in PPH as part of the strategy) and secondly it reduces the critical mass (activity volumes) of the Hywel Dda service, which in turn may potentially affect its long-term viability. This latter consideration was for example, in the case of Obstetrics, the primary reason for removing the Narberth site as part of the land shortlisting process. Indeed, there was significant clinical concern from women and children's services about any site for the new hospital further west than Carmarthen.
- **The overall capital costs are likely to increase but the programme may become more affordable** - It is highly likely that an extended implementation period will lead to increased

capital costs as old, poor condition buildings are maintained prior to the necessary major capital investment. Paradoxically, whilst the overall cost of the programme may increase, the phasing over a longer period could in fact make it more affordable for Welsh Government as capital investment is spread over more financial years

It highlights that an extended programme timeline could bring potential for more capital investment directed towards digital, prevention and primary and community care early in the programme. In terms of a strategic refresh, the scope of the strategic refresh will need to be agreed but it may include re-consideration of the infrastructure options, and sequencing.

The Board agreed the need for a strategic refresh given the context set out in the report. A key initial step will be to present this same context to the Infrastructure Investment Board early in 2025 to explicitly agree the next steps for the capital component of the programme. This relates specifically to the necessary business cases, the scope of the options to be appraised and the capital implications to progress the work both to address the interim years and the strategic solution.

Community Schemes Update

Several of the AHMWW Community Schemes continue to be developed and the summary position is set out below. Key points to note are that:

- Given the capital affordability issues there is only timeline assurance currently relating to the Pentre Awel and Carmarthen Hwb schemes which are led by the Carmarthenshire CC.
- Further work is required to prioritise the UHB schemes which will be informed through the Primary Care and Community strategy review underway and the associated consultation planned for 2025.

The summary position for current community schemes is as follows:

Cross Hands Health and Wellbeing Centre

As previously reported Welsh Government has requested the footprint of the scheme be re-visited to reduce capital cost implications. The Full Business Case (FBC) is therefore currently being reviewed alongside a full-service review to bring the cost back into the financial envelope as advised by WG.

Carmarthen Hwb (led by Carmarthenshire County Council)

The Business Justification Case for Integration and Rebalancing Capital Fund (IRCF) funding was submitted to WG and £10.8m of WG funding has been released for the scheme £7m for Carmarthenshire County Council as the lead authority on this scheme and £3.8m for UHB equipping. Building works commenced on site in mid-July 2024.

Pentre Awel (led by Carmarthenshire County Council)

A refresh of the Full Business Case (FBC) has been completed by Carmarthenshire County Council (CCC) for the City Deal funding, this was also submitted to WG for additional IRCF funding. Funding from IRCF source was declined but £1.333m of All Wales Capital Programme funding has been approved for the scheme in 2024/25.

North Pembrokeshire Health and Wellbeing Centre in Fishguard

A report to confirm the scope of the scheme was approved by the Executive Team in November 2024.

Cylch Caron

The tenders for a housing partner to work with Ceredigion County Council and the UHB to deliver this scheme has been out to the market and closed on 20 September 2024. The Tender has not been met by any of the Interested parties, however there is scope for further discussions with 2 potential partners which is currently being followed up by Ceredigion CC and the UHB. A meeting with the Capital and IRCF team from WG has been arranged for 4 December to agree on the next steps for this development.

Aberystwyth Integrated Care Centre

Work on a revised scope for this scheme is currently being picked up by the Regional Capital Team a meeting of stakeholders was held on 24th September 2024.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee (SDODOC) is requested to:

- **NOTE** the key infrastructure and estates implications noted in this report as highlighted in the wider AHMWW update to Board on 28 November 2024
- **NOTE** the update on the AHMWW Community Schemes.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16) |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 3. Effective 4. Efficient |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 6. All Apply |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Amcanion Cynllunio Planning Objectives | 5a Estates Strategies |

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| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 9. All HDdUHB Well-being Objectives apply |
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| Gwybodaeth Ychwanegol: Further Information: | |
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| Ar sail tystiolaeth: Evidence Base: | Contained in the body of the report |
| Rhestr Termau: Glossary of Terms: | Contained in the body of the report |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee: | Capital Sub Committee (CSC) |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
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| Ariannol / Gwerth am Arian: Financial / Service: | The PBC and SOC sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change |
| Gweithlu: Workforce: | Implicit within the PBC and SOC. This is an integral part of the PBC case for change and is the subject of Workforce Appendix in support of the PBC. |
| Risg: Risk: | Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure |
| Cyfreithiol: Legal: | Implicit within the PBC |
| Enw Da: Reputational: | Implicit within the PBC |
| Gyfrinachedd: Privacy: | Implicit within the PBC |
| Cydraddoldeb: Equality: | There is an Equality & Health Impact Assessment which will remain 'live' through the duration of the programme. |

