

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 August 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Implementing the A Healthier Mid and West Wales Strategy
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Director of Strategy and Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Paul Williams, Assistant Director of Strategic Planning and Developments

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This report provides an update to the report provided to the Strategic Development and Operational Committee (SDODC) on the 27 June 2024 on the work underway in support of the A Healthier Mid and West Wales (AHMWW) programme including the AHMWW Community schemes.

The report outlines that clarification is to be sought by the Interim Chief Executive on the additional scenarios required to be appraised as part of the Strategic Outline Case (SOC) and that further work is underway to assess and agree the resource schedule and timeline. The report also highlights that there is further risk of time delay and lack of affordability particularly associated with the Community Infrastructure programme.

The Strategic Development and Operational Delivery Committee is requested to approve the final version of the management response to the Nuffield Trust review (Appendix 1) and oversee the implementation of the actions as delegated by Board at their meeting on 25 July 2024.

#### Cefndir / Background

Programme progress is the subject of regular reporting to the Capital Sub Committee (CSC), A Healthier Mid and West Wales Programme Group and SDODC. As previously reported, the work to deliver the Programme has been delayed from the original Programme Business Case (PBC) timescales; the key areas being progressed are as follows:

- Clinical Strategy Review – the Nuffield Trust was commissioned by Welsh Government (WG) to undertake the review of the Health Board's proposed clinical model. This was timed to follow the completion of the AHMWW Programme Business Case to provide external assurance on the Clinical Strategy underpinning the Programme. The review was conducted primarily through August 2023. On 15 April 2024 the Health Board received a letter from the Deputy Chief Executive, NHS Wales which included the final

Nuffield Trust Report and the letter included reference that the Report was purely in support of the SOC. The report was shared with Board on 30 May 2024, highlighting that the review is broadly supportive of the Clinical Strategy. The Health Board management response to the Nuffield Review recommendations was reviewed by SDODC at its meeting on 27 June 2024 and provided as a report to Board at their meeting on 25 July 2024.

- Welsh Government had agreed that a SOC for the new Urgent and Planned Care Hospital and Glangwili and Withybush Community Hubs could be progressed in advance of endorsement of the Programme Business Case. The scope of the SOC, including the options, was agreed from the outset. A presentation was delivered to the Welsh Government Infrastructure Investment Board (IIB) on 21 September 2023 which resulted in a series of correspondence between the Deputy Chief Executive, NHS Wales and the Health Board. The correspondence from the Deputy Chief Executive, NHS Wales set out the need to explore further options in the SOC.
- Programme Business Case – Ministerial endorsement of the PBC, submitted in February 2022, has not yet been received. Following receipt of the Nuffield Trust Review, the Health Board has requested an update on the status of the PBC and whether it can now be formally endorsed.
- Work is progressing on the development of the Community Schemes under the umbrella of the AHMWW Programme.

## Asesiad / Assessment

### **Clinical Strategy Review (The Nuffield Trust Review of the Clinical Models)**

The Health Board management response to the Nuffield Review recommendations (Appendix 1) was reviewed by SDODC at its meeting on 27 June 2024 and included as a report to Board at their meeting on 25 July 2024. The Board delegated approval of the management response and oversight of implementation of the actions to SDODC.

As reported previously, there are certain recommendations in the report which relate to areas outside the Health Board's direct control, which will require collaboration with partners including Health Education and Improvement Wales (HEIW) and Welsh Government to progress. The management response will be the subject of further work and reporting to SDODC.

### **SOC and PBC**

The situation remains largely unchanged from previous reports and correspondence.

Following receipt of correspondence from the Deputy Chief Executive, NHS Wales which included the final Nuffield Review, Health Board officers met with Welsh Government colleagues in a workshop on 22 April 2024 to discuss scenarios which might form the basis for progression of the SOC. The Health Board Interim Chief Executive has subsequently responded to Welsh Government seeking clarification on the additional scenarios required to be appraised as part of the SOC.

The letter also noted further work underway which includes:

- Work to assess and agree the resource schedule required for completion of the SOC
- Work to assess the likely timeline for SOC completion

The impact on cost and timeline is likely to be exacerbated if Hywel Dda University Health Board (HDdUHB) is required to explore additional scenarios.

Informal advice has been received from external advisors in relation to the changes WG are asking the Health Board to consider in relation to exploring new scenarios. HDdUHB is now seeking legal opinion on the potential implications. As previously reported, the Health Board will be required to attend the Infrastructure Investment Board at a date to be agreed, to discuss the additional scenarios required to be appraised as part of the SOC.

### **Community Schemes Update**

Work is progressing on the development of the Community Schemes under the umbrella of the AHMWW Programme, an update on each scheme was provided to July Board and further updates are provided below.

Several of the Community Schemes have capital and revenue affordability challenges. WG has issued new guidance on capital budgetary constraints in September 2023 which has impacted on schemes including the Cross Hands Health and Wellbeing Centre. It will be crucial to establish how the Health Board's Primary and Community Service Strategy will prioritise the development of community hubs, considering both capital and revenue budget constraints.

### **Cross Hands Health and Wellbeing Centre**

Following recent Welsh Government correspondence, the Health Board is reviewing the Full Business Case (FBC) which is under development, to ensure that it is deliverable within the new guidance issued on budgetary constraints by Welsh Government in September 2023. This will require a reduction in the scheme footprint, and this has been communicated to scheme stakeholders.

### **Carmarthen Hwb (led by Carmarthenshire County Council)**

Health and Social Care Integration and Rebalancing Capital Fund (IRCF) funding has been awarded to Carmarthenshire County Council and the Health Board to progress this development, which has been previously discussed at Board as part of the estate rationalisation plan. Work commenced on site in mid-July 2024. The Health Board has recently reviewed the costs associated with the scheme and the opportunities it provides. The Executive Team have been fully updated on the estates rationalisation plans across Carmarthen. The revised assumptions anticipate a net cost to the Health Board of below £55k per annum across both the Carmarthen Hwb and Picton Terrace schemes, this is reduced from the £346k reported in the January 2024 Board paper. Whilst the revenue cost has not been removed entirely, this opportunity reduces the Health Board capital backlog by around £2.3m. The Hwb development is being provided rent-free to the Health Board and the costs relate to utilities and service charges. In conjunction with the Picton Terrace proposal, it provides a long-term solution to the Health Board's accommodation in Carmarthen town, enabling the Health Board to relinquish nine lease agreements and dispose of two properties; and it mitigates against the risk of future rent increases in these properties. The Board approved the signing under seal, of the contract documentation for the lease with Carmarthenshire County Council at their meeting on 25 July 2024.

### **Llanelli Hwb (led by Carmarthenshire County Council)**

Having considered several potential options to move services into this development and the risks and issues associated with these options – in particular the additionality in terms of revenue and capital costs – the Health Board has advised that it is unable to commit to this development.

### **Pentre Awel (led by Carmarthenshire County Council)**

An IRCF bid to support the health element of the project has been submitted to Welsh Government for consideration. This development was supported in principle by Board in January 2024 as part of the Health Board's estates rationalisation plan. Sustainable Resources Committee (SRC), in June 2024, was also provided with the opportunity to scrutinise the detailed costs. SRC concluded at their meeting that this was an ALERT matter to the Board, due to the net recurrent revenue consequences. The Board would need to plan to address any revenue consequences and provide a clear benefits realisation assessment of the approval of any of the business cases for the proposed schemes. Ongoing conversations and further work is being undertaken to clarify the revenue consequences, which will be considered by Executive Team over the summer.

### **Fishguard Health and Wellbeing Centre**

The application for IRCF funding to progress with the development of a Strategic Outline Case /Outline Business Case (OBC) was approved by Welsh Government in February 2024. Business case writers are developing the SOC/OBC. The service scope will be assessed in relation to the affordability constraints already mentioned in the report.

### **Llandovery Community Hub**

Whilst the Health Board remains supportive of progressing the development at Llandovery, given the current resources and the financial position of the organisation, it is unlikely that the Health Board will be in a position to have a confirmed SOC/OBC until the summer of 2027 at the earliest. Achievement of this timeline will also be dependent on being able to secure Welsh Government funding to develop the business case.

### **Aberystwyth Integrated Care Centre**

The Capital Team in the West Wales Regional Partnership Board (RPB) are coordinating the production of a scoping document to inform scheme development in association with partners.

### **Cylch Caron**

Work is currently being undertaken to update tender documents to obtain a housing partner to work with Ceredigion County Council and the Health Board. It is anticipated that the tender will be live from the end of July 2024.

## **Argymhelliad / Recommendation**

The Committee is requested to **NOTE** and **CONSIDER** the update provided in this report relating to implementing the A Healthier Mid and West Wales Strategy, specifically:

- The clarification to be sought by the Interim Chief Executive on the additional scenarios required to be appraised as part of the SOC.
- The further work underway to assess and agree the resource schedule and timeline for SOC completion.
- That the impact on cost and timeline is likely to be exacerbated if HDdUHB is required to explore additional scenarios.
- That the Health Board is seeking legal opinion on the potential implications of exploring new scenarios in the SOC.
- The clarification sought in relation to the endorsement of the PBC.
- The update on the AHMWW Community schemes and the associated capital and revenue affordability challenges.

The Committee is requested to **APPROVE** the final version of the management response to the Nuffield Trust review (Appendix 1) and oversee the implementation of the actions in accordance with the agreed timescales.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee (see Appendix 1), considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
Rhestr Termiau: 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)**

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	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.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change.
<b>Gweithlu: Workforce:</b>	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.
<b>Risg: Risk:</b>	Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure.
<b>Cyfreithiol: Legal:</b>	Implicit within the PBC.
<b>Enw Da: Reputational:</b>	Implicit within the PBC.
<b>Gyfrinachedd: Privacy:</b>	Implicit within the PBC.
<b>Cydraddoldeb: Equality:</b>	There is an Equality & Health Impact Assessment which will remain live through the duration of the programme.

## Nuffield Trust - Review of the Clinical Models for Hospital Redevelopment in Hywel Dda University Health Board

15 April 2024

### Management Response – Action Plan SDODC 27 June 2024

Draft for Review v1 (06.06.24)

Welsh Government (WG) correspondence has asked Hywel Dda University Health Board (HDdUHB) to report on actions the Health Board is progressing in relation to the Nuffield Trust report. The report has been reviewed and the following have been identified as areas for consideration and action as appropriate. This management response will be developed for future presentation to the Infrastructure Investment Board (IIB) and will be the subject of further updates to the Strategic Development and Operational Delivery Committee (SDODC).

Page	Report Actions	Action Owner	Potential for actioning and reporting to IIB
<b>Assessment of the proposed clinical strategy</b>			
7	<b>Emergency Services.</b> The staffing issues and services at Withybush Hospital (WGH) have reached a point where a major change is required. It does not seem practical to maintain it as a full general hospital in the medium term. The proposed modification to the model at WGH is an interesting proposition and could help keep more patients closer to home. There are some issues about this, which we explore in more detail below, but <b>we would recommend that this be piloted and evaluated.</b>	HDdUHB	To be addressed as part of interim Clinical Services Roadmap which will need to be referenced in more detail at Outline Business Case (OBC).
7	<b>Emergency Paediatrics.</b> We concluded that the decision to centralise this service is correct, and there is limited scope to increase the capability of local community hubs to deal with paediatric emergencies beyond what is already proposed without significant clinical risk.	HDdUHB	<b>Complete.</b> Actioned via Clinical Services Plan, November 2023.
7	<b>Estate.</b> The quality of the facilities for patients are clearly an issue, and the structural issues at Withybush and the general condition of Glangwili Hospital (GGH) suggest an <b>urgent need for action</b> for reasons of safety, efficiency and staff retention.	HDdUHB/WG	Interim actions are now reported and monitored through the infrastructure and estates sub-group of the A Healthier Mid and West Wales (AHMWW) Group.
7 - 13	<b>Key Issues – assumptions and Model Design – For review at OBC</b>	HDdUHB	All for OBC modelling unless subject to interim management action through the Clinical Services Plan CSP).

	<ul style="list-style-type: none"> <li>• <b>Population:</b> Test if over 75's modelling might be underestimating future demand.</li> <li>• <b>Non demographic drivers,</b> check assumptions.</li> <li>• <b>Admission avoidance:</b> 40% reduction in ambulatory care sensitive admissions is optimistic and should be reviewed.</li> <li>• <b>Length of stay:</b> Review median of peer group assumption and opportunities for different rehabilitation/care home provision.</li> <li>• <b>Step Down:</b> 72 Hour step down to community beds for 50% is unlikely. Consider retaining some medical oversight.</li> <li>• <b>Step up and WGH Same Day Emergency Care (SDEC):</b> Consider consultant led frailty focussed SDEC.</li> <li>• <b>Virtual wards and hospital at home:</b> Consider expansion as part of risk management rather than major model input.</li> <li>• <b>Viability of Acute Medicine at Prince Philip Hospital (PPH):</b> The ongoing viability of the service with its current level of risk is contingent on the Intensive Care Unit (ICU) continuing at the site, which itself appears to be dependent on surgical services being delivered on site. The loss of anaesthetic services and/or the ICU could be an existential blow to current service provision. We recommend that the current plan to continue and secure these acute services at PPH should be maintained and that further steps are put in place to support its long-term viability. This will involve thinking about the development of new ways of providing support for critically ill patients and airway issues at PPH.</li> <li>• <b>Outpatients:</b> Opportunity for more remote work and innovation post Covid-19.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• <b>Day Surgery:</b> It is not clear that the replacement hospital at GGH will need to provide day surgery, and increased provision at PPH and at the new acute site could be a better option.</li> <li>• <b>Midwifery:</b> The strategy envisages the continued provision of midwifery-led deliveries at Glangwili and Withybush Hospitals. The viability and cost effectiveness of these needs further testing as experience with these types of units elsewhere is not encouraging.</li> </ul> <p><b>Other Enablers</b></p> <ul style="list-style-type: none"> <li>• <b>Imaging:</b> The model that is envisaged would seem to require CT and potentially MRI on the hospital sites and potentially at some hubs, at least on a mobile basis.</li> <li>• <b>Digital:</b> It would be useful to consider how clinicians might be supported to deliver both peer support to other professionals, as well as remote consultations to patients, and what infrastructure and space might be needed to do this well.</li> <li>• <b>Collaboration with Swansea Bay University Health Board (SBUHB):</b> The potential for further collaboration, joint appointments and other ways of strengthening services in Hywel Dda should be further explored.</li> <li>• <b>General Practice:</b> The proposed model relies heavily on engagement with general practice and that sufficient staff will be available to provide additional services.</li> <li>• <b>Welsh Ambulance Service NHS Trust (WAST):</b> The proposed model is entirely dependent on an expansion in ambulance services, both in terms of absolute numbers of vehicles and the time spent on the road.</li> </ul> <p><b>Additional Analysis and other work</b></p> <ul style="list-style-type: none"> <li>• <b>Planning assumptions:</b> The target occupancy in the main acute hospital will probably need to be lower than the 85% usually assumed.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• <b>Admissions data</b> needs to be reviewed. We are not sure whether the modelling is based on an accurate count of emergency admissions, as it transpired in our visits that a very significant number of patients are receiving medical care (sometimes for several days) in the Emergency Dept (ED), SDEC or elsewhere without necessarily being registered as inpatient admissions.</li> <li>• <b>Testing the proposed model:</b> We would recommend that a prospective study be done to look at the patterns of presentation at the current ED and medical service, to determine which elements of this workload could be managed by the type of consultant/GP led model being proposed. The analysis should also be incorporated into thinking about much additional support will be needed from WAST, and the modelling of ambulance requirements should be re-run on this basis.</li> <li>• <b>Problems of less conventional models:</b> We would suggest that national standards are reviewed and adapted for the local context and Standard Operating Procedures (SOPs) are kept current. Positive narratives about the models of care will need to be constructed and that long-term programmes might be needed for the public to understand services and how they should be utilised.</li> </ul>		
<b>Conclusions and Recommendations</b>			
<b>Page</b>	<b>Report Actions</b>	<b>Action Owner</b>	<b>Potential for actioning and reporting to IIB</b>
14	<b>The model.</b> There is a need to revisit some aspect of the details of the model, some planning assumptions, the arrangements for step-down and the proposals for acute assessment services at WGH and critical care support to medicine at PPH.	HDdUHB	This will be assessed in more detail at the OBC stage and will be influenced by the work already underway on critical care services as part of the Clinical Service Plan.
14	<b>Plans for Glangwili and Withybush Hospitals.</b> While Glangwili and Withybush Hospitals tend to be treated as identical models in the Strategy, we think that for some services a different approach to WGH, providing a richer mix of	HDdUHB	The detailed service plan will need to be agreed as part of the OBC work.

	<p>services, might be taken because of the additional distances involved for patient travel and the provision of support. The relative proximity of the new hospital to Carmarthen opens the possibility that services at GGH might focus on high volume ambulatory patients and not include day surgery, midwife delivery or other procedures other than the outpatient type. Consideration might also be given to whether the minor injuries service should be 24 hours at GGH.</p>		
14	<p><b>Step up/down and planning for flexibility.</b> The planning of the main acute hospital should allow for the possibility that the step-up / step-down community-based model does not operate fully as planned and leave room for expansion on the site for at least ward or intermediate care type accommodation, as well as allowing for the easy expansion of the ED and associated imaging and assessment facilities. This would also allow for some additional robustness if there were future challenges to the PPH acute medical model.</p>	HDdUHB	This will be included in the OBC service and estate plans and will be referenced in the SOC.
14	<p><b>Domiciliary and Residential Care.</b> It is imperative that action is taken to deal with the very significant problem of patients waiting for domiciliary or residential social care. At the time of writing, there were well over 200 patients across the three acute sites and two community hospitals in the southern part of the Health Board. Failure to address this will mean that the new models proposed will fail and that the facilities will be too small to cope.</p>	HDdUHB, LAs	<p>HDdUHB has continued to work with partners and has achieved a 14% reduction from the time of the Review.</p> <p>Two main initiatives associated with the assessment phase which accounts for 48% of delays:</p> <ul style="list-style-type: none"> <li>• Development of Trusted Assessor (TA) roles – acting on behalf of multiple organisations.</li> <li>• Embedding of the national Optimal Flow Framework – supported by the new digital Frontier platform, including multiple initiatives to improve flow through hospital sites.</li> </ul> <p>Additional areas of work underway this year include:</p>

			<ul style="list-style-type: none"> <li>• Relaunch of Urgent and Emergency Care (UEC) 6 Goals Programme into four workstreams <ul style="list-style-type: none"> <li>○ Crisis Response – development of regional Clinical Streaming Hub for health professionals and care homes.</li> <li>○ Planned Response – alternative front door services providing clinically safe alternatives to hospital.</li> <li>○ Inpatient Response – continued implementation of Optimal Flow Framework.</li> <li>○ Domiciliary Response – Development of regional Hospital @ Home Model</li> </ul> </li> <li>• Pathways of Care Delays (PoCD) Delivery Group – Integrated membership</li> <li>• Establish Discharge Strategy Group – effective and efficient discharge practice and processes</li> </ul> <p>(Director of Primary Care, Community and Long Term Care)</p>
14	<p><b>Access to Senior Trainees.</b> Rural services need to train their own staff. This is particularly true for doctors. It is very regrettable that HDdUHB is unable to access to more senior trainees. This needs urgent attention. HEIW needs to ensure it is training doctors who can and want to work across the whole of Wales, not just urban centres.</p>	HDdUHB/HEIW	<p>There is a need to find a Grow Your Own (GYO) solution to the medical workforce and is one of our critical imperatives linking in with HEIW e.g. scholarships, medical apprenticeships etc. This is also wider than the medical workforce and covers the commissioning of a number of professions that present a critical risk in rural areas e.g. radiology</p>

			(Executive Director of Workforce and OD)
15	<b>Doctors Training for Rurality.</b> we recommend that a review is carried out to consider whether specific action to train doctors for providing services in rural areas who will have a wide range of expertise across a number of medical specialties. A cadre of such professionals will be required to make models similar to that proposed by HDdUHB operate effectively. HEIW should work with rural areas in Wales (and potentially other parts of the UK) to develop new models for training senior doctors to support rural services	HDdUHB/HEIW	As above
15	<b>Wider training for Rurality.</b> A similar focus on the needs of rural areas for other staff groups is also needed.	HDdUHB/HEIW	As above
15	<b>Wales Digital Strategy.</b> The strategy is to some extent contingent on a major improvement in the digital systems in HDdUHB. The development of Digital Strategy across Wales and the relatively low level of digital maturity represents an obstacle and WG should review how it can progress more quickly in this area.	WG/HDdUHB	<p>HDdUHB in conjunction with Digital Health and Care Wales are working on a combined workplan to ensure that the adoption of digital systems is improved.</p> <p>In terms of digital maturity in Wales, HDdUHB and Welsh Government are committed through the recent KLAS Research and Health Information Management Systems Society (HIMMS) work to progress the maturity of applications on offer within the Health Board. The improvements required around user centred design, useability, and interoperability figure in discussions between both organisations.</p> <p>WG has published a Digital Strategy for Wales, which outlines how digital, data, and technology will be used to improve the lives of people in Wales. The Strategy emphasises the importance of digital change and the potential it offers to enhance people's lives, strengthen the</p>

			<p>delivery of public services, and help businesses adapt to the future. There is a refresh currently under development which will look to focus the digital community to ensure that digital transformation has more of an impact on front line services.</p> <p>The Health Board is progressing the appointment of a strategic digital partner in order to accelerate the transformation of HDdUHB with digital at the heart of these developments. It is anticipated that this will improve the pace of delivery and allow teams to fully utilise the digital applications.</p> <p>(Digital Director)</p>
15	<p><b>Need for Progress.</b> There is clearly now some urgency not least because of the poor state of some of the buildings and the fragility of many services. But also because staff and the public have now been waiting for some time and in the case of the staff providing a sense of hope and progress will be important to ensure that they will stay and invest in the future. If the WG could indicate that there will be progress soon that could be helpful in this respect.</p>	WG/HDdUHB	<p>The Health Board continues to work with WG towards an endorsed PBC and a completed SOC as the first stages towards programme implementation</p>