



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 August 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	A Healthier Mid and West Wales Programme Business Case (PBC) Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Eldeg Rosser, Head of Capital Planning

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 on the report presented to the Strategic Development and Operational Committee (SDOC) on the 26 June, 2023 regarding the work underway in support of the A Healthier Mid and West Wales' Programme (AHMWW).

Cefndir / Background

As previously reported, following the meeting held in October 2022 with Welsh Government (WG) colleagues to discuss the next steps regarding our Programme Business Case (PBC) for a Healthier Mid and West Wales, the following four key areas of work have been progressed:

- Clinical Strategy Review - to align with the governance of other major schemes across NHS Wales, WG is commissioning an independent review of our Clinical Strategy as this underpins the Programme Business Case and is required to be satisfactorily completed as a condition of WG endorsement for the PBC.
- Strategic Outline Case - to ensure a consistent approach for all major capital schemes across Wales, WG has requested that a Strategic Outline Case (SOC) be prepared. WG has agreed that a single SOC will be acceptable to cover the new urgent and planned care hospital build, Glangwili Hospital and Withybush Hospital.
- Technical work in support of Land Selection Process - surveys and other planning and commercial activities.
- Land Consultation - on 4 August 2022, the Hywel Dda University Health Board agreed to undertake a public consultation to gather views from the public, staff and stakeholders on the three shortlisted sites for the new urgent and planned care hospital. The public consultation was launched on 23 February 2023 and closed on 19 May 2023.

The AHMWW Programme also includes a number of community schemes. In this report an update is provided on the status of the schemes currently being progressed as part of the programme.

Clinical Strategy Review and Programme Business Case

Due to procurement challenges, there was a delay to the start of the Clinical Strategy Review. The Nuffield Trust have now been commissioned by Welsh Government to undertake the review. The Nuffield Trust undertook site visits to Withybush, Glangwili and Prince Philip Hospitals on the 2 and 3 August as part of their review. They have also held specific meetings with other organisations such as Wales Ambulance Service Trust (WAST) as part of their evidence gathering. The Nuffield Trust is expected to report by end of August 2023.

Hywel Dda University Health Board (HDdUHB) has now also been asked to attend the WG Infrastructure Advisory Board (IIB) on the 21 September to consider programme timing, the implications of programme delay and the infrastructure options considered by the HDdUHB.

The expectation is that the successful completion of the Clinical Strategy Review and IIB discussion will enable the Minister to endorse the A Healthier Mid and West Wales Programme Business Case.

Producing the Strategic Outline Case (SOC)

Work continues on the SOC production, with a range of meetings held to inform the content of the five case model and appendices. Draft Strategic, Economic, Management and Commercial cases have been completed for review and have been shared with the WG Capital Team colleagues for early feedback. The draft financial case narrative has also been drafted with revenue and capital costs being finalised. The final version of the SOC will need to reflect the output from the Clinical Strategy Review and IIB discussions. Once the PBC receives WG endorsement, the SOC will be presented to Public Board for approval and onward submission to WG. This is now anticipated to be at the November 2023 Public Board meeting.

Technical and Commercial Work in support of Land Selection Process

Technical work is continuing on all three shortlisted sites. Engagement and commercial negotiations with landowners and their agents are also continuing. HDdUHB does not currently own or have any agreement with the landowners of the sites identified. This creates a risk that one or more of the sites could become unavailable in the future. Discussions with Welsh Government colleagues on the timing of any decision to reduce the number of shortlisted sites from the current three to either a shortlist of two or a preferred site and the consequences of this for the next stages of the programme are continuing.

Land consultation

Since the consultation closed, work by Opinion Research Services (ORS) is underway to analyse the consultation questionnaire responses alongside the notes taken from meetings, engagement activities and messages received throughout the consultation.

An initial review of the findings shows that 842 responses were received from the following:

- 26 Welsh online questionnaires
- 706 English online questionnaires
- 97 paper questionnaires
- 15 alternative version questionnaires

The feedback will be presented as a report which is due to be finalised on 9 August 2023 and will give an indication of peoples' views on each site, as well as summarising the questions and concerns raised by various groups throughout the consultation. This will be used to support the revision of the Equality and Health Impact Assessment (EHIA) and action plan.

The Consultation Institute (CI) will be carrying out their last quality assurance gateway review when the report is ready to consider how the findings are presented, after which they will confirm the final quality assurance status for the whole consultation.

Following receipt of the final report, a series of internal and external sessions will consider the findings from the consultation which will include a Board Seminar on the 24 August 2023 to complete the Board's conscientious consideration. This will be presented at the Public Board meeting on the 14 September 2023 with a revised Equality and Health Impact Assessment (EHIA) and action plan.

The Public Board will consider reducing the number of shortlisted sites from three to two; taking into account the findings from the consultation, the technical team risk analysis and commercial considerations, as well as the clinical and workforce issues which the Board considered in August 2022 in establishing the three shortlisted sites.

Community Schemes Update

Work is progressing on the development of our Community Schemes under the umbrella of the AHMWW Programme. The timeline for the Cross Hands development has been included, however for the other schemes the timelines are currently less defined and are the subject of further discussion and update to the Board. Please note: the Cylch Caron Scheme was the subject of a separate report to July Board.

Cross Hands Health and Wellbeing Centre

The Health Board has received confirmation of funding to progress with the development of the Full Business Case through the Integration and Rebalancing Capital Fund (IRCF). We have re-engaged with the supply chain and are working with them to update the timeline. Payment of the deposit for the land was made at the end of March 2023. The current timeline for the Full Business Case completion remains January 2024.

Fishguard Health and Wellbeing Centre

Business case writers have been appointed to work with HDdUHB to develop a single Strategic Outline Case (SOC)/ Outline Business Case (OBC). An application for IRCF funding to progress with the development of a SOC/OBC has been approved by the West Wales Regional Partnership Board for submission to WG.

Aberystwyth Integrated Care Centre

Business case writers have been appointed to work with HDdUHB to develop a single Strategic Outline Case/Outline Business Case.

Llandovery Community Hub

A project launch event was held in Llandovery on 5 December 2022. Stakeholders from the wider community, service providers and other HDdUHB staff were invited to participate. Business case writers have been appointed to work with the HDdUHB to develop the Strategic Outline Case/Outline Business Case.

Carmarthen Hwb

The local authority (LA) have appointed a principle contractor and a project manager. HDdUHB has provided detailed feedback on Stage 3 design and the LA have an approved planning application for the development. The Regional Partnership Board approved a bid for submission to Integration and Rebalancing Capital Fund (IRCF) for the capital costs not included within the original Levelling Up funding bid. Funding has been approved for the partners to develop a Business Justification Case (BJC) for the additional capital required.

Work is also being undertaken to confirm the revenue costs of occupying this building which are likely to significantly exceed original estimates.

Pentre Awel

Building contract target completion is Autumn 2024 and work has commenced on site. Internal meetings with service users are underway to finalise the service model and space requirements. Terms for the lease of the buildings are being progressed with Carmarthenshire County Council.

Update for September 2023 Board

The current workplan anticipates that an update to the Board will be available for 14 September 2023 on the public consultation and land selection process and an AHMWW Programme update will be provided for the September Board.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to:

- **NOTE** the update on the Clinical Strategy Review and IIB and the likely PBC endorsement timeline.
- **NOTE** the progress being made on the Strategic Outline Case (SOC)
- **NOTE** the continuing technical work and commercial discussions in support of the land selection process.
- **NOTE** the public consultation has closed and the process of conscientious consideration is taking place.
- **NOTE** the update on the Community Schemes.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.
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)	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
Rhestr Termiau: Glossary of Terms:	Contained in the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Consultation Institute Welsh Government

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The PBC 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. This is an integral part of the PBC case for change
Gweithlu: Workforce:	Implicit within the PBC. 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.

A Healthier Mid and West Wales – Strategic Outline Case Update

Strategic Development and Operational Delivery Committee (SDODC)

31 August 2023



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Context and Background



Context and Background

The Programme Business Case (PBC), submitted in February 2022 and currently awaiting formal endorsement by Welsh Government (WG), set out our proposition to realise the vision we articulated in the A Healthier Mid and West Wales (AHMWW) Strategy - to create an integrated, patient centred, community based and social model of care and build a resilient system based on the efficient flow of patients and separation of planned and unplanned care – the Programme.

The Programme will address a number of long-standing problems:

- Our workforce and financial unsustainability
- Service duplication and fragility of services
- Our unfit and carbon inefficient buildings

The Strategy is based on Proposal B+, which was the preferred option resulting from a process of options generation, analysis and consultation undertaken during 2018. This will enable Hywel Dda UHB (HDdUHB) to reduce its acute sites from four to three, and will require the construction of a new Urgent and Planned Care Hospital (UPCH).

Following Infrastructure Investment Board (IIB) in May 2022, WG asked the Health Board to prepare a Strategic Outline Case (SOC) focusing on the new Urgent and Planned Care Hospital, Glangwili Hospital (GH) and Withybush Hospital (WH). It remains the Health Board's aspiration to undertake the investment in Prince Philip Hospital (PPH), Bronglais Hospital (BH) and the community hubs described in the PBC. In parallel with this work WG have also commissioned a review of our Clinical Model and there will also be a further IIB meeting on 21 September 2023. It is anticipated that following successful completion of these, WG will be able to endorse the PBC.

It is the Health Board's intention to submit the SOC to Board, and thereafter to WG, as soon as possible following formal WG endorsement of the PBC.

SOC Scope

The SOC focuses on the new UPCH, GH and WH. They have been grouped together because they make sense from a service, workforce and patient flow perspective: the services envisaged for the new UPCH, GH and WH will, for the most part, be run by a reprofiled workforce already working in GH and WH.

Strategic Case



Case for Change

Health and
Care

Workforce

Estates

Digital

Environmental

Case for Change

Health and Care

- Historical configuration of services
- Demographics and ageing population
- Stalling life expectancy improvements and health inequalities
- Recovery and learning from Covid
- Balance of system and learning from other health systems

Workforce

- HDdUHB runs with a deficit of approximately @900 WTE across the Health Board
- Unsustainable reliance on agency staff, bank and overtime
- The workforce is ageing, with a third of staff over 51
- Need the right mix of skills for new model

Estates

- Unacceptable nature of current accommodation
- Non-compliant clinical areas
- Impact on service delivery and staff and patient experience
- **A significant portion of GH was built in 1950's and WH was constructed in the mid 1970's**

Digital

- Technological innovation continues at incredible pace
- HDdUHB needs a digital infrastructure which will enable the organisation to connect with patients / citizens
- Integrate digital technologies into traditional hospital services
- Create a health system without walls

Environmental

- Highly carbon inefficient heating systems will have to be replaced ahead of 2030
- Energy of 491kWh/m² and CO₂ of 107kg/m² rank highest in Wales
- Biophilic design of new Urgent and Planned Care Hospital and other sites
- Transition to low carbon transport

Strategic Case

Proposed Service Scope as per the Clinical Strategy

Urgent and Planned Care Hospital (new site)

- It will be the main site for the network of hospitals covering urgent and planned care
- It will offer a more centralised model for all adult and children services and include specialist mental health facilities
- The Hospital will comprise a circa 70,000 sqm clinical building and will also house corporate functions and support services and a stand-alone administration/ education building
- Clinical services to be provided include: Trauma Unit and Emergency Department; 24/7 access to specialties (medicine, surgery, obstetrics and gynaecology, paediatrics, diagnostics, mental health and learning disabilities); Critical Care (Levels 1, 2 and 3); 24/7 diagnostic support; Planned major day case and inpatient operations and treatment; Cardiac catheterisation and pacing laboratory; Specialist outpatient services; Inpatient and limited outpatient therapies; Multi-professional health education facility; Research and innovation facilities, including Institute for Life Sciences.

Glangwili Hospital and Withybush Hospital

- These sites will operate as local community hospitals
- Beds will be therapy and nurse led, focusing on rehabilitation and less acute needs (step up from the community /step down from the acute hospital)
- There will be access to diagnostics and general outpatient clinics with more specialist assessments taking place at the UPCH
- Both hospitals present both refurbishment and new build options, with new-build options being dependent on creating space on site
- Services to be provided include: 24/7 GP led urgent care centre; Therapy and nurse led step up and step-down beds (less critical needs or rehabilitation) (subject to further exploration when pathway analysis is undertaken); Outpatient clinics and specialist ambulatory hot clinics; facilities for an identified range of day case procedures; access to diagnostic support; and to consider Renal Dialysis.

The final service configuration for these Hospitals will take account of the development of Integrated Community Care services in Carmarthen and Haverfordwest Central: we consider that WH will have the option to be part of an ICC site, whereas GH is likely to be separate from the ICC site.

Economic Case



Economic Case

Options

Based on the Options Framework assessment undertaken, the University Health Board's Preferred Way Forward is likely to be: **new build UPCH, new build GH and WH**

- The University Health Board has concluded that GH and WH are already useful life-expired and no longer fit for purpose: to attempt to maintain them for potentially a further 30 years puts achievement of the AHMWW Strategy at risk.
- Under the new build options at GH and WH, the existing hospitals will be retained until the new UPCH is brought on line, at which point all three sites can open concurrently.
- Under the refurbishment options, the construction work cannot start until the new UPCH is open, therefore GH and WH will be delivered much later. This could be seen as *clinically sub-optimal* due to the delay and the fact that the accommodation is not built to modern standards.

Economic Case

Economic Appraisal

Following discussion with WG it was agreed that as part of the Economic Case for the SOC HDdUHB will:

- Update the capital costs for the new UPCH, GH and WH elements of the Programme from those stated in the PBC.
- Not disaggregate revenue costs for the new UPCH, GH and WH elements of the Programme. The Health Board will however update the Programme-level revenue costs stated in the PBC.

Approach and Assumptions

In the PBC we set out three scenarios – Minimum, Likely and Maximum Efficiency – which are driven by different applications of the Design Assumptions with a resultant impact on bed numbers; plus Do Nothing and Do Minimum scenarios. These scenarios are described below:

Do nothing	Do minimum	Minimum Efficiency	Likely Efficiency	Maximum Efficiency
<p>Current service offering is sustained with no major reconfiguration / transformation to align with the AHMWW Strategy.</p> <p>From a revenue perspective there is no change in bed numbers, though with projected demand increases and without transformation, performance and service quality would likely deteriorate.</p>	<p>Current service offering is sustained with minor transformation of services to align with the AHMWW Strategy where possible within existing affordability limits, supported with investment to bring the acute hospital estate up to Condition B and targeted investment within the community estate.</p> <p>From a revenue perspective the Health Board would try to flex the size of the estate to cope with changes to workforce and demand, with experience over the last 10 years as a guide.</p>	<p>Minimum Efficiency Design Assumptions are applied. Services are transformed to align with the AHMWW Strategy, with a minimum efficiency approach to realisation of the Design Assumptions applied. The scenario reduces the requirement for beds on the UPCH site (compared with the likely efficiency scenario) but increases the requirement on community hospital sites (WH and GH) (making the configuration less efficient and less sustainable, e.g. due to duplication of services.</p> <p>Day-case theatres and endoscopy remain at WH and GH.</p>	<p>Likely Efficiency Design Assumptions are applied. Services are transformed to align with the AHMWW Strategy, with a most likely set of Design Assumptions to determine bed requirements on the UPCH site and the supporting hospital (acute and community) and community infrastructure applied.</p>	<p>Maximum Efficiency Design Assumptions are applied. Services are transformed to align with the AHMWW Strategy, with a maximum efficiency approach to realisation of the Design Assumptions applied. The scenario decreases the requirement for beds on the UPCH site (compared with the likely efficiency scenario) with community hospital sites (WH and GH) bed numbers the same as in the Likely Efficiency scenario.</p>

Economic Case

The capital costs of the options are shown below and are specific for the options included in the scope of the SOC

	Do Nothing £m	Do Minimum £m	Minimum Efficiency £m		Likely Efficiency £m		Maximum Efficiency £m	
			New Build at WH & GH	Refurbishmen t at WH &GH	New Build at WH & GH	Refurbishmen t at WH &GH	New Build at WH & GH	Refurbishmen t at WH &GH
Total Cost (Pubsec 305)	38.3	430.4	1,123.9	1,073.5	1,109.5	1,114.6	1,092.4	1,097.5

The Do Nothing option is included in the SOC for comparative purposes only and is not presented as a practical option. The Do Minimum option only includes the cost of bringing sites up to Category B standard of refurbishment but does not include any site or service redesign costs, functional suitability or substantial cost issues such as Reinforced Autoclave Aerated Concrete (RAAC) and carbon reduction.

It has been agreed with the Finance Delivery Unit that the revenue costs will be calculated on a HDdUHB basis for the SOC due to the interdependencies and patient flow between the acute and community settings. This work is currently being finalised by the Finance Team.

Commercial Case



Commercial Case

The Commercial Case outlines our approach to procuring and delivering the Preferred Way Forward identified in the Economic Case, and the Programme overall. The procurement approach is high level and aims to set out the principles which will inform the procurement strategies we will detail in the OBCs for the individual projects. The Commercial Case also identifies the potential sources of funding, however no decisions as to the optimal funding route have been taken at this stage.

Procurement and Funding Strategies

This section identifies the procurement and funding strategies which may be applied to new build or refurbishment elements of the new UPCH, GH and WH. Decisions as to the optimal route for each project will be taken only at OBC stage following and in full engagement with WG.

New Build and Refurbishment Elements:

All Wales Capital Programme: At a high level, the following procurement strategies are possible:

- A single tender for all works across all hospitals as a single package; or
- Multiple tenders for individual packages of work and defined projects

Innovative Finance Model(s): HDdUHB will also consider using Innovative Finance models for the funding of the new UPCH, GH and WH, which may involve partnership with the private sector, should the Preferred Way Forward be adopted across all three projects at OBC stage.

Financial Case



Financial Case

Counterfactual

- In line with HM Treasury Green Book and HM Treasury/Welsh Government Better Business Case guidance, scenarios are to be assessed against the counterfactual position. In the context of this SOC our counterfactual is our Do nothing scenario.
- At this stage we are able to comment on likely impacts on our capital and revenue requirements and the sustainability of the Do Nothing scenario, as follows:

Capital:

- The capital costs of all options included in the SOC are detailed in the table on Slide 13
- The Do Nothing scenario includes the cost of addressing the existing backlog maintenance only £38.3m. This is the backlog maintenance for Glangwili and Withybush Hostitals as at the 31 March 2023 and excludes the Fire backlog maintenance as funding has been provided by Welsh Government to address these and does not include any costs for dealing with the RAAC issues at WH or any costs to improve or enhance patient services and areas.
- The Do Nothing scenario would not address the additional capacity required of 194 beds which was identified via the activity modelling. This SOC only covers the new UPCH, WH and GH, however the remaining acute hospitals and community sites would also not be compliant with the existing Estates compliance standards, which would lead to a significant decline in patient safety, quality and experience.
- The Do Minimum scenario includes brining sites up to Category B standard of refurbishment but does not include for any site or service redesign costs

Financial Case

Revenue:

Do Nothing

- It has been assumed that whilst there are no capital developments in the Do Nothing scenario the Health Board would have to commission external capacity equivalent to 194 beds (if this were possible) as otherwise levels of service would fall below acceptable standards.

Do Minimum; Minimum, Likely and Maximum Efficiency Scenarios

- The modelling undertaken to support the PBC operated on an incremental basis, assessing each revenue scenario over and above the counterfactual position.
- The SOC has been updated as set out in the Economic Case. It is assumed that the revenue costs would be the same for the new build and refurbishment options for Glangwili and Withybush Hospitals for the Minimum, Likely and Maximum Efficiency scenarios.
- For the purpose of the SOC it is assumed the RAAC options would have no impact on the revenue position

Further work will be undertaken in future business case iterations to include but not limited to:

- The development of detailed workforce assumptions
- Detailed cost modelling by specialty and by scheme, to take account of developments in the University Health Board's service model once this has been defined
- The reflection in revenue cost assumptions of how implementation of the HDdUHB's digital, estates and environmental strategies will impact on costs
- The quantification of risks and benefits
- Detailed (line by line/cost level) sensitivity analysis once key risks and cost drivers are more thoroughly understood
- The annual impact on cashflows

Management Case



Management Case

The Management Case SOC provides:

- An update to the governance and delivery arrangements put in place to deliver the Programme and which will apply to the new UPCH, GH and WH.
- The approach that will be used to develop and deliver OBCs for the new UPCH, GH and WH
- A Programme plan updated from the plan presented in the PBC
- Updates on the Health Board's approaches to hybrid / agile working, change management, stakeholder engagement and communication, risk management and mitigation and benefits realisation

Forward Looking Governance Review

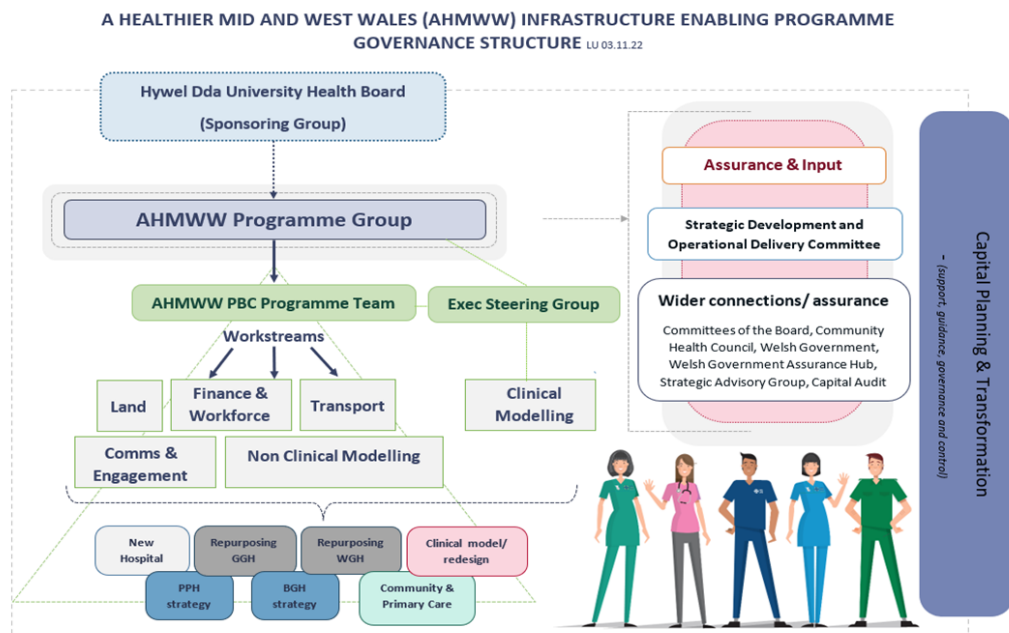
Since the PBC was submitted in February 2022, the Health Board has benefited from a Forward Looking Governance Review, undertaken by the Shared Services Team. The recommendations from the review were as follows:

1. Develop/ approve programme governance and management framework – defined within a Project Initiation Document
2. Consideration should be given to establishing the Programme Group as a formal Committee of the Board and the terms of reference of the Programme Group should clearly defined activities within and outside of scope
3. Terms of reference should be updated to confirm those members with and without delegated authority
4. Project Initiation Documents should be produced for all workstreams
5. The existing slide pack reporting to the Programme Group should be enhanced to include performance monitoring. The changes outlined should be extended to the Programme Team monitoring of the workstreams
6. A concise and standardised method of workstream monitoring and reporting should be introduced
7. An activity-based resource schedule will be produced for the Outline Business Case stage

Management Case

Delivering the SOC and wider Programme

The organigram below outlines our structure for delivering the SOC and wider Programme:



Workstreams

Workstream	Workstream Role
Digital	To develop plans to ensure the optimal use of technology and digital solutions are identified to support the development of the SOC and subsequent business cases in line with our vision of a Healthier Mid and West Wales.
Communications and Engagement	To act as a delivery vehicle for the development and completion of the communication and engagement activities required to support the SOC and subsequent business cases.
Land	To support delivery of the land process, which includes identifying site options, facilitating the shortlisting process, managing public and stakeholder communication and engagement; and assessing technical and legal requirements to identify a shortlist of sites.
Finance and Workforce	To provide direction, coordination and oversight to financial and workforce costings and plans and to collaborate with other design groups, directorates and enablers to ensure the detailed planning, engagement and implementation have a sound financial basis. To undertake the financial and workforce planning and monitoring required to support the agreed Capital Investment Programme.
Transport	To develop plans to address access, travel and transport in support of the preferred way forward identified in the SOC.
Clinical/Non-clinical Modelling	To develop an activity modelling platform that will inform the SOC and subsequent business cases as the overall Health and Care Strategy is delivered. To provide activity modelling information on the different scenarios / shortlisted options. To review the impact of pathway redesign work on the activity modelling scenarios. To review the impact of the social model for health on the activity modelling scenarios.

Next Steps

- Extraordinary Board 14 September 2023 to further shortlist the sites for the UPCH, which will include the consideration of the output report from the Public Consultation
- Infrastructure Investment Board (IIB) 21 September 2023
- Receipt of report on the review of the Clinical Model from Nuffield Trust. Anticipated to be available for Public Board 28 September 2023
- WG endorsement of PBC is anticipated on successful completion of the review of Clinical Model and IIB discussion
- Gateway Review in October 2023
- SOC submission to Board for consideration and approval can only follow once PBC is endorsed by WG.