A Healthier Mid and West Wales (AHMWW)
Programme Business Case Addendum (Draft subject to finalisation)

Strategy and Planning Committee, 16 January 2026

Contents

Section 1 - Key points from the PBC Addendum

Scope of the PBC Addendum

Do nothing	Agreed to be not applicable at meeting with Welsh Government (WG) and Shared Service Partnership (SSP) on 27 November 2025. Option does not eliminate any risks – unsustainable from service and infrastructure perspectives

Do minimum	Following meetings and discussions with Welsh Government on 27 November and 11 December 2025 consideration was given to:
	
	• Full Reinforced Autoclaved Aerated Concrete (RAAC) replacement: this would necessitate the rebuilding of WGH, which does not align with a 'Do minimum' scenario
	
	• RAAC replaced through the construction of a smaller hospital: essentially the same as outlined in our AHMWW strategy
	
	• Scope of Do Minimum agreed to be a high-level assessment of capital requirements to sustain site infrastructure over 60-year period:
	  • Uplift the Major Infrastructure Business Case to current costs
	  • Appraise over a 60-year period for consistency with Do medium and Do maximum
	  • Assume estate brought up to condition B
	  • No change in service models
	  • Service configuration therefore as per current – i.e. no major transformation as per AHMWW

Scope of PBC Addendum

Do medium	Revision to PBC – scenario as agreed at meeting with WG on 4 November 2025. Scope: Likely efficiency scenario – no change to PBC for activity or approach to revenue modelling assumptions. Only the Urgent and Planned Care Hospital (UPCH), WGH and GGH elements – Prince Philip (PPH) and Bronglais hospitals (BGH) to be Phase Two and separate business case processes Solution: Capital investment to support implementation of: • Single phase new build UPCH incorporating acute service and GGH community service assumptions • Repurposing of WGH to a community hospital, as per AHMWW strategy • Functional content assumptions reviewed in line with discussions at meeting 4 November to drive Gross Internal Floor Area (GIFA) efficiencies (currently assessed as circa 11%).
Do maximum	As per the PBC: Scope: Likely efficiency scenario – no change to PBC for activity or revenue modelling assumptions. Only the UPCH, WGH and GGH elements – PPH and BGH to be Phase Two and separate business case processes Solution: Capital investment to support implementation of Proposal B+ • Single phase new build UPCH • New build of WGH - community hospital • New build of GGH - community hospital • Capital costs to be uplifted from PBC base to reflect indices as of January 2026 (agreed at WG meeting 27 November 2025). • No change to service model assumptions or configurations – i.e. as PBC.

Capital costs - do minimum

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	Glangwili	Withybush	Total
Gross Floor Area	30,895 m^{2*}	54,477 m^{2*}	85,372 m^2
	£	£	£
Departmental cost	144,888,407	316,825,980	461,714,387
On-costs	0	0	0
Location Adjustment	0	0	0
Fees	27,528,024	58,612,806	86,140,830
Non-Works costs	15,159,677	38,019,118	53,178,795
Equipment costs	0	22,177,819	22,177,819
Contingency	28,136,089	43,563,572	71,699,661
VAT	43,142,440	95,839,859	138,982,299
VAT reclaim	(5,505,343)	(20,728,400)	(26,233,743)
Project Out-turn cost	253,349,294	554,310,754*	807,660,048

Cost Index: 1Q 2026 PUBSEC 325
Date: 2 January 2026

* rounding error £1 or £2

Capital costs - do medium

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	Urgent and Planned Care (1bb)	Withybush (3dd)	Glangwili (4dd)	Total
Gross Floor Area	90,305 m^{2*}	16,764 m^{2*}	0 m^2	107,069 m^2
	£	£	£	£
Departmental cost	585,919,626	96,807,338	0	682,726,964
On-costs	65,918,888	11,524,336	0	77,443,224
Location Adjustment	0	0	0	0
Fees	120,590,125	20,041,360	0	140,631,485
Non-Works costs	71,420,006	12,501,209	0	83,921,215
Equipment costs	58,156,085	7,680,868	0	65,836,953
Contingency	90,200,473	14,855,511	0	105,055,984
VAT	198,441,040	32,682,124	0	231,123,164
VAT reclaim	(25,034.845)	(4,008,272)	0	(29,043,117)
Project Out-turn Cost	1,165,611,398	192,084,472**	0	1,357,695,870**

Cost Index: 1Q 2026 PUBSEC 325
Date: 23 December 2025

* Includes campus accommodation/residences
** Rounding error £1 or £2

Capital costs - do maximum

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	Urgent and Planned Care (1b)	Withybush (3d)	Glangwili (4d)	Total
Gross Floor Area	91,080 m^2*	13,793 m^2	15,548 m^2	120,421 m^2
	£	£	£	£
Departmental cost	578,494,735	84,308,333	95,035,595	757,838,663
On-costs	65,083,550	10,118,135	11,425,506	86,627,191
Location Adjustment	0	0	0	0
Fees	119,061,983	17,468,897	19,695,304	156,226,184
Non-Works costs	70,493,816	12,288,347	11,064,931	93,847,094
Equipment costs	57,142,214	6,744,667	7,602,848	71,489,729
Contingency	89,027,630	13,092,838	14,482,418	116,602,886
VAT	195,860,786	28,804,243	31,861,321	256,526,350
VAT reclaim	(24,729,216)	(3,493,779)	(3,939,061)	(32,162,056)
Project Out-turn Cost	1,150,435,497**	169,331,681	187,228,863**	1,506,996,041**

Cost Index: 1Q 2026 PUBSEC 325
Date: 23 December 2025

* Includes campus accommodation/residences
** Rounding error £1

Capital Costs - summary

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	Do Minimum (£m)	Do Medium (£m)	Do Maximum (£m)
Departmental cost	461,714,387	682,726,964	757,838,663
On-costs	0	77,443,224	86,627,191
Location Adjustment	0	0	0
Fees	86,140,830	140,631,485	156,226,184
Non-Works costs	53,178,795	83,921,215	93,847,094
Equipment costs	22,177,819	65,836,953	71,489,729
Contingency	71,699,661	105,055,984	116,602,886
VAT	138,982,299	231,123,164	256,526,350
VAT reclaim	(26,233,743)	(29,043,117)	(32,162,056)
TOTAL	807,660,048	1,357,695,870	1,506,996,041
m^2	85,372 m^2	107,069 m^2	120,421 m^2

Potential timelines - do medium

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Do medium	UPCH	WGH	GGH
PBC Addendum completion	January 2026		
Submission to WG	February 2026		
WG Endorsement	March - June 2026		
Procurement of OBC team(s)	July - September 2026		
OBC development	September 2026 - September 2028	September 2026 - September 2028	N/A
Land selection process	July 2026 - September 2027	N/A	
FBC development	October 2028 - September 2030	October 2028 - March 2030	
Construction	October 2030 - January 2034	April 2030 - September 2032	
Hospital commissioning	January - September 2034	July - September 2032	
Hospital operational	July 2034	October 2032	
Clinical services retained in existing estate until UPCH available	N/A	September 2032 - July 2034	January 2026 - July 2034
Once services are in situ, decommissioning / demolition / disposal		July 2034 - July 2035	July 2034 - July 2035

Potential timelines - do maximum

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Do maximum	UPCH	WGH	GGH
PBC Addendum completion	January 2026		
Submission to WG	February 2026		
WG Endorsement	March - June 2026		
Procurement of OBC team(s)	July - September 2026		
OBC development	October 2026 - September 2028	October 2026 - September 2028	October 2026 - September 2028
Land selection process	July - December 2026	N/A	N/A
FBC development	October 2028 - September 2030	October 2028 - March 2030	October 2028 - March 2030
Construction	October 2030 - September 2033	April 2030 - March 2032	April 2030 - March 2032
Hospital commissioning	October 2033 - March 2034	April - June 2023	April - June 2032
Hospital operational	April 2034	July 2032	July 2032
Clinical services retained in existing estate until UPCH available	N/A	October 2032 - March 2034	October 2032 - March 2032
Once services are in situ, decommissioning / demolition / disposal		April 2034 - March 2035	April 2034 - March 2035

Transport

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Background:

- In May 2022, a report was created for WAST and Hywel Dda showing conveyance travel times from incidents in Lower Super Output Areas (LSOAs) to the nearest hospital with an Emergency Department (ED).
- Various combinations of hospitals were used:
  - Current ED hospital configuration
  - New ED hospital configurations replacing certain current ED hospitals with a new ED hospital in a new location. 3 possible locations for the new hospital were used.
- Now, in December 2025, new scenarios are being analysed.

Objective:

- Repeat the previous 2022 analysis using the new scenarios
- To show the differences between travel times to the nearest hospital using the new configuration of ED hospitals and compare to previous new hospital outputs
  - Analysis 1: Travel Time Analysis within 1 hour of hospital EDs
  - Analysis 2: Travel Time Analysis to the closest hospital ED from LSOAs

Analysis 2a – Travel Time from LSOAs to closest ED (Baseline v Scenario)

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Summary (Excluding Prince Philip)

What % of Hywel Dda population is affected in a positive / negative way of Travel Time?

Population Weighted Average:

Shows the average travel time change from Baseline per person for each scenario

E.g. The average person has a travel time of 4.9 minutes slower in the Whitland scenario than in the baseline.

Scenario:	Scenario 2a (Exc PP)		
New Hosp:	Whitland	St Clears	Carmarthen
20+ mins Quicker	0%	0%	0%
10-20 mins Quicker	1%	1%	0%
1-10 mins Quicker	5%	5%	9%
1 min either side of 0	20%	20%	20%
1-10 mins slower	57%	63%	60%
10-20 mins Slower	16%	4%	3%
20+ mins Slower	0%	7%	9%
Total	**100%**	**100%**	**100%**
Pop. Weighted Avg	**+4.9**	**+4.9**	**+6.0**

As an example: This says that 0% of the Hywel Dda population are in an LSOA that has an average travel time to hospital 10-20 mins quicker in the Carmarthen Scenario than in the baseline.

Analysis 2b – Travel Time from LSOAs to closest ED (Baseline v Scenario)

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Summary (Including Prince Philip)

What % of Hywel Dda population is affected in a positive / negative way of Travel Time?

Population Weighted Average:

Shows the average travel time change from Baseline per person for each scenario

E.g. The average person has a travel time of 4.5 minutes slower in the Whitland scenario than in the baseline.

Scenario:	Scenario 2b (Inc PP)		
New Hosp:	Whitland	St Clears	Carmarthen
20+ mins Quicker	0%	0%	0%
10-20 mins Quicker	1%	1%	0%
1-10 mins Quicker	6%	5%	5%
1 min either side of 0	22%	22%	23%
1-10 mins slower	56%	62%	59%
10-20 mins Slower	15%	3%	3%
20+ mins Slower	0%	7%	9%
Total	**100%**	**100%**	**100%**
Pop. Weighted Avg	**+4.5**	**+4.7**	**+6.1**

This says that 0% of the Hywel Dda population are in an LSOA that has an average travel time to hospital 10-20 mins quicker in the Carmarthen Scenario than in the baseline.

Impact Assessments, Communications and Engagement

The programmeme Business Case submission was made through a quality lens, using the domains with the Health and Care Quality Standard: Safe, Timely, Effective, Efficient, Equitable, Person-centred with a submission of an Integrated Impact Assessment. This theme has continued whilst developing the PBC Addendum. QIA will be a continuous process as we receive feedback on the outcome of the PBC Addendum

The Equality and Health Impact Assessment has been updated with:

- Refreshed data for staff and the general public.
- Feedback from the engagement that took place in the summer and autumn of 2025 for the strategy refresh

Communication and Engagement

Through public consultation, the Health Board identified a zone between Narberth and St Clears as the optimum location for the new UPCH. The new scenario will require this zone to be reconsidered to support the widened catchment. It is acknowledged that full land searches have not been undertaken and this option would be subject to public engagement and consultation. The Health Board also recognise that a relocation of the proposed hospital site may result in more people needing to travel further to access acute services. Whilst this is not anticipated to be significant it is important that this is tested through the next stage business case.

Updates on the progress of the PBC are shared with the A Healthier Mid and West Wales Group that includes representative of trade unions, the Infrastructure and Estates Group, Capital Sub Committee, Strategy and Planning Committee and Board. Engagement also undertaken with the Clinical Reference Group on the functional content review involving them in considering any proposed changes to what was submitted in the PBC. Additional communication will be developed in the lead up and post 29 January 2026 Public Board to inform staff and public of PBC progress.

Appendices to support submission

The following appendices have been updated to reflect changes since the PBC was developed and are specific to this addendum:

Appendix 5 - Equality and Health Impact Assessment
Appendix 8c - Functional Content
Appendix 8d - Schedule of Accommodation
Appendix 9 - Estates
Appendix 10 - Revenue Cost Assumptions
Appendix 11 - Digital Strategy
Appendix 13 - Transport
Appendix 19 - Mandatory Business Case Checklist
Appendix 21 - Integrated Assurance and Approval Plan (IAAP)
Appendix 22 - Risk Potential Form (RPA)

New appendices:
Appendix 24 - Nuffield Review of UHB Clinical Models
Appendix 25 - HDUHB Decarbonisation Delivery Plan

Next steps

- 29 January 2026 - consideration of PBC Addendum at Public Board meeting
- Submission of PBC Addendum to Welsh Government following Public Board
- February 2026 - Welsh Government scrutiny
- 13 March 2026 (target) - Welsh Government Infrastructure Investment Board

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Section 2 - Background

An overview of chronology

- A Healthier Mid and West Wales strategy was agreed by Public Board in 2018 following extensive public and staff engagement and consultation
- PBC developed in line with strategy, scope agreed with Welsh Government, final version agreed by Public Board and submitted to Welsh Government in February 2022. Since 2022, the Health Board has met with WG on a regular basis to seek endorsement for PBC. (See next slide for scope of PBC)
- Following attendance at Infrastructure Investment Board (IIB) the Heath Board was asked to develop a Strategic Outline Case and WG would commission an independent review of the clinical strategy
- Scope for SOC agreed with WG as: New Hospital, GGH and WGH; same options as PBC
- Land appraisal process completed, including public consultation, leading to shortlist of 2 sites agreed by Public Board for the new hospital in the agreed zone between Narberth & St Clears
- WG-commissioned Nuffield Trust review of the Clinical Models - final report received in April 2024 - was broadly supportive of the strategy; this has been reported to Public Board and the actions are subject to Committee and Board monitoring
- Correspondence received advising that WG wish the options for the SOC to be "as wide as practicable"
- Meeting held with WG officers to further explore what these options may be in April 2024
- Infrastructure Investment Board January 2025
- To progress the PBC, the Health Board has met with WG officers on an ongoing basis since 2022. Last meeting held 4 November 2025 asked the HB to consider additional scenarios.

2022 PBC reminder

- The development of **a plan for the existing Community Hospitals**, working with local communities
- This plan will be focused on the provision of ambulatory care including out-patient services, diagnostics, treatment, observation, rehabilitation and end of life care
- **A new urgent and planned care hospital in the south of the Health Board area**; between Narberth and St Clears
- Acute medicine and low risk day case surgery continues at **Prince Philip Hospital**
- **A repurposed Glangwili General Hospital and Withybush General Hospital** offering a range of community hospital services to support a social model for health and well-being, designed with local people to meet their needs
- **Bronglais General Hospital** services to continue the range of DGH services. Bronglais strategy subsequently agreed to ensure longer term sustainability

What was shared at Public Board - November 2024

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At our Public Board meeting in November 2024, we shared that our existing strategy - A Healthier Mid and West Wales was…

- Developed following extensive staff and public engagement and consultation in 2018
- The first ever agreed strategy for west Wales
- Set out a shift from an illness service to a wellness service - with a focus on a social model for health, primary and community services, use of digital etc
- In addition, it described the consolidation of acute services to enhance resilience and improve standards

Since the strategy was developed…

- Six years elapsed
- COVID pandemic
- Macro-economic factors
- Escalated to Targeted Intervention
- Technology and treatment advances

It was agreed that there was a need to refresh the 2018 A Healthier Mid and West Wales strategy to take account of the changes since 2018. It was also agreed that the timeline for the delivery of the new Urgent and Planned Care Hospital, as outlined in AHMWW was now highly unlikely.

What was shared at Public Board - November 2024

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Implications for the delivery of our programmeme Business Case (PBC)

- Programme timescales
- Timing and sequence of delivery will need to change
- Interim plans will need to change
- Progressing the PBC Addendum could mean that the proposed location of a new Urgent and Planned Care Hospital may need to be reviewed
- Programme costs are likely to increase but the programme may become more affordable
- In light of ongoing discussions with WG, the Board agreed to progress with the next steps needed to submit an addendum for the PBC, with the intention of presenting back to Public Board in January 2026.

What might this mean for the PBC?

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The timing and sequence of delivery will need to change

- Given the limited progress with the AHMWW business case (PBC), the impact and disruption caused by Covid and the broader economic challenges facing the country, it appears inevitable now that the pace of transformation envisaged when the strategy (2018) was conceived is no longer achievable.
- In the PBC (2022) the intention was to deliver the programme over the shortest possible period including all the major estates schemes being completed by the end of 2029 (developing the community hubs, refurbishing Prince Philip and Bronglais, repurposing Glangwili and Withybush and constructing the new Urgent and Planned Care hospital).
- Whilst it was always known that that timeline was highly optimistic, it was nevertheless the ambition of the Health Board to deliver change as quickly as possible in recognition of the significant service and estate fragilities.
- The Health Board will likely need to prioritise and sequence the capital schemes and adjust the wider plans to reflect this.

What might this mean for the strategy?

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The broad direction of travel

We anticipate the overall direction of the strategy remains valid, i.e.:

- a wellness service rather than an illness service
- developing a social model for health
- supporting citizens through technology and other means to stay healthy, independent and in their own homes
- capital investment to address the ageing estate
- the consolidation of acute services, where needed, to enhance resilience, improve standards and ensure sustainability

These core principles continue to have a lot of support within the Health Board and beyond, have recently been supported by the Nuffield Trust's review of the strategy and align with Welsh Government policy and strategy including 'A Healthier Wales'

What might this mean for the strategy?

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The interim plan will need to change

- When AHMWW was agreed it was anticipated that the service models, whilst recognised as unsustainable over the longer-term, would be broadly maintained up to the point of the new hospital. This of course was predicated on the assumption that delivery of the strategy would progress at pace.
- Through the Clinical Services Plan (CSP), the organisation has effectively already acknowledged that this is no longer a viable planning assumption, at least for the nine services identified. The CSP process, alongside the work on workforce stabilisation, has further underlined the prevalence and extent of service fragilities across the Health Board and the disparity that exists between services in Hywel Dda and some other parts of Wales.
- 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.

What might this mean for the strategy?

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Some aspects of the strategy have been reviewed

- Whilst AHMWW was a radical long-term plan, it was also pragmatic, aiming to address the most significant service and estate risks. It did not attempt to address every potential service risk the Health Board has.
- Over the past six years further service fragilities have been exposed and, with the programme timeline now extending to the mid 2030s or beyond, it further raises the question of the sustainability of some services.
- The work on the CSP, for example, is focused on the interim period but, in response to fragilities, is also generating options for services such as stroke and critical care, which potentially go beyond the strategy.
- 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. The draft refreshed strategy contains a section that summarises the need to further refine our PBC, to deliver the infrastructure estate needed to provide safe, kind and timely care.

What might this mean for our estate?

Likely more capital investment overall but phased over a longer period

- Part of the rationale for progressing AHMWW with urgency was the costs and risks associated with the current estate, particularly at WGH and GGH, and the risk of incurring costs twice.
- Inevitably a longer timeline means more investment will be required to maintain existing sites. Over £50m has already been spent on WGH and GGH over the past two years purely to maintain service provision (it has not materially improved the environment of care, supported transformation or expanded capacity). Very significant investment is anticipated in existing estate to address major infrastructure backlog risk such as fire, RAAC, engineering infrastructure and buildings fabric and condition.
- Furthermore, inflation has driven up the capital costs of delivering the strategy a longer timeline will therefore add to the affordability challenge unless the all-Wales capital budget increases in line with inflation or other funding mechanisms are used.
- Significant investment is also anticipated in existing estate to bridge the gap and/or to phase estate modernisation to support service imperatives (e.g. Clinical Services Plan). For example, if more consolidation of emergency pathways is required that will likely necessitate significant interim capital investment, particularly given the condition of the existing estate. (This is excluded from the costs in the PBC Addendum).

Section 3 - Discussions with Welsh Government 2024/2025

Discussions with WG during 2024/25

- The Health Board has met with WG on a regular basis since 2022 to seek endorsement of the Programme Business Case
- The Health Board had, with agreement from WG, commenced the drafting of a Strategic Outline Case, pending PBC endorsement.
- WG correspondence required that a wider range of scenarios needed to be explored before the business case process could develop further.
- A series of meetings have taken place with WG officers and with the Deputy Chief Executive - NHS Wales, which have included the Hywel Dda CEO and Director of Strategy and Planning. This commenced with a meeting between UHB and WG Officers April 2024.

Range of additional scenarios to be considered

- Meeting: 24 April 2024 in WG Offices, Penllergaer with WG and Shared Services representatives
- Purpose: To explore and summarise the range of potential additional scenarios. Originally it was thought this would inform the development of a Strategic Outline Case, which had been drafted by the Health Board following completion of the PBC.

- Wider range of scenarios agreed in meeting and confirmed for further exploration.
  - **Scenario 1** – Realistic Do Minimum
  - **Scenario 2** – Centralise emergency and selected inpatient elective surgery at Glangwili, retaining a community hub at Withybush
  - **Scenario 3** – Build a new hospital in the proximity of Carmarthen and retain a community hub in Withybush
  - **Scenario 4** – Build a new hospital in the identified zone plus new community hubs in GGH and WGH sites
  - **Scenario 5** – Build a new hospital in the identified zone plus refurbished community hubs in GGH and WGH sites
  - **Scenario 6** – Centralise emergency and selected inpatient elective surgery in a new hospital in the zone, leaving other services in current locations

Scenarios in **Black text** were part of the PBC
Scenarios in **Blue text** are new scenarios as a result of the Penllergaer meeting

Next steps agreed

- Through subsequent discussions, it was agreed that Scenario 6 would not be explored further as it would require the development of a new hospital and the retention and duplication of secondary care services at Withybush Hospital and Glangwili Hospital requiring the investment in that provision and the further maintenance of the estate.
- Subsequently, WG also requested the Health Board consider the phased redevelopment of Withybush Hospital in response to the pressing need to consider mitigations for the RAAC risks evident in the hospital fabric.
- It was therefore agreed with the Deputy Chief Executive – NHS Wales that further exploratory work should be undertaken on the feasibility of the following:
  - The phased redevelopment of Withybush Hospital, to be assessed as a fast-track solution.
  - **Scenario 2** – Centralise emergency and selected inpatient elective surgery at Glangwili, retaining a community hub at Withybush

The assessment of the phased redevelopment of WGH Hospital

The following three slides summarise the assessment of the redevelopment of Withybush Hospital as a fast-track solution responding to the RAAC infrastructure risks.

This scenario was discounted at the meeting with Welsh Government on 4 November 2025. The phasing of development in any of the three identified development zones takes too long to achieve and would in any case require the development of the new hospital in support of the AHMWW strategy or would require the need to redevelop the full site at c60000m^2.

Withybush General Hospital: Constraints

Existing building area circa 40,000sqm

Built between 1973 and 1978 (50+ yrs)

- Significant backlog maintenance risks
- RAAC
- Fire compartmentation
- Façade degradation
- Engineering systems outdated

Funding constraints may require a phased delivery with individual phases of circa £50m. Consequential impact on costs such as inflation and extended prelims

Clinical connection between new build & existing will require diversion of loop road

Strategic FM services located in areas affected by backlog risk

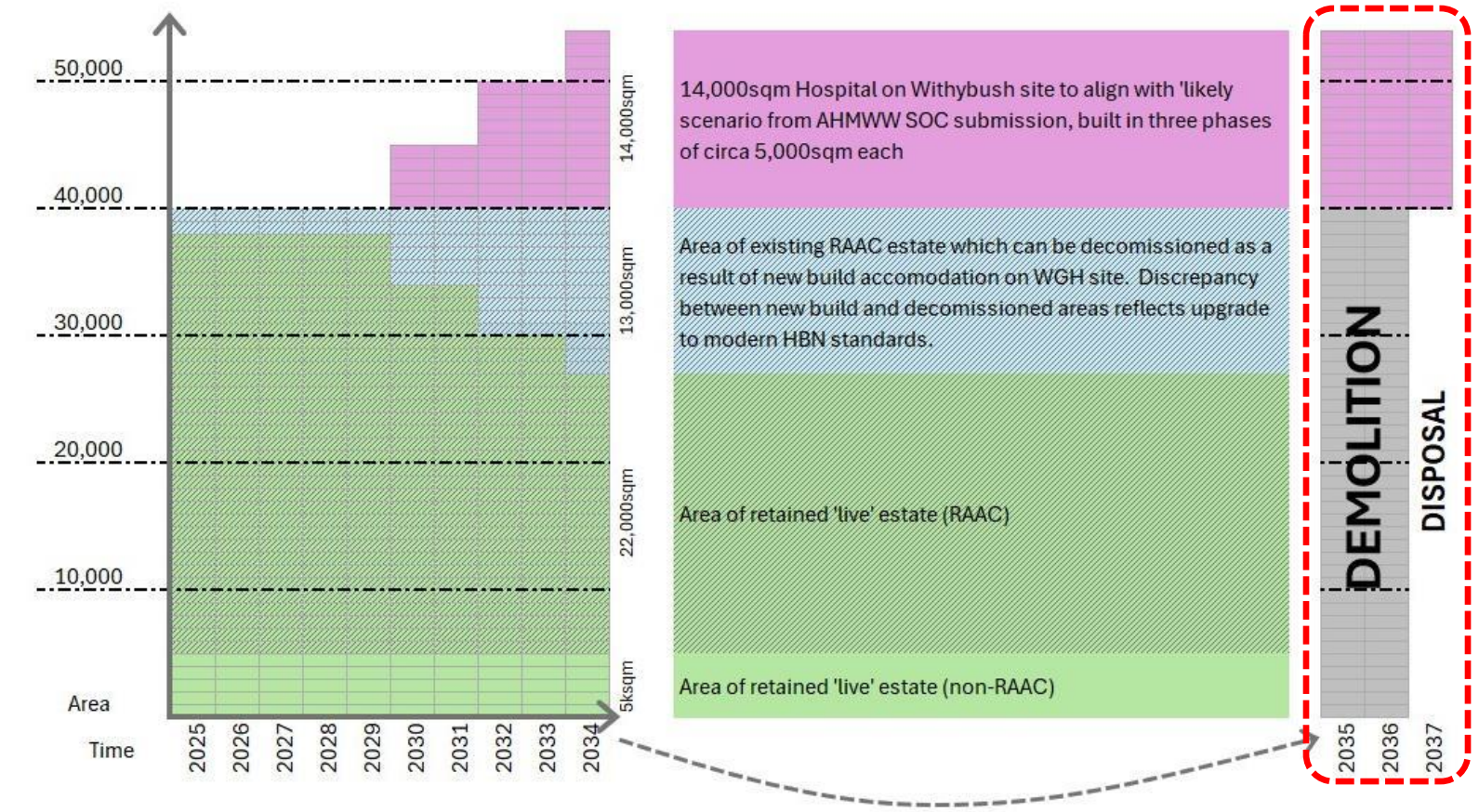
Areas not affected by RAAC are isolated

Withybush General Hospital: opportunities

Address critical backlog maintenance / mitigate estate risks through

- decommissioning and demolition of areas affected by RAAC
- Move towards a zero-carbon site
- Improve access to clinical services
- Respond to AHMWW clinical transformation strategy
- Compliance with best practice
- Minimise impact on live clinical services during construction
- Retention of non-RAAC buildings to be explored further
- Explore alternative development sites within the current ownership boundary and consider option to purchase adjacent land
- Site disposal

Withybush General Hospital: development plan



Full decommissioning of RAAC affected areas at WGH is reliant on delivery of the wider AHMWW strategy

SOC indicates a 9-year programme for delivery of AHMWW which aligns with phased delivery programme for WGH redevelopment

Assuming delivery of AHMWW the earliest full decommissioning and demolition of areas affected by RAAC is 2035 with associated site disposal by 2037

Alternative scenario which allows the new Withybush Hospital to be delivered independently of the AHMWW transformation strategy will require 60,000sqm of new build to fully replace clinical functions at WGH

Relationship to wider AHMWW Strategy

This work could not be considered in isolation to the delivery of the AHMWW Strategy, the development of a new hospital and future of the GGH site

AHMWW developments: Understanding the challenge

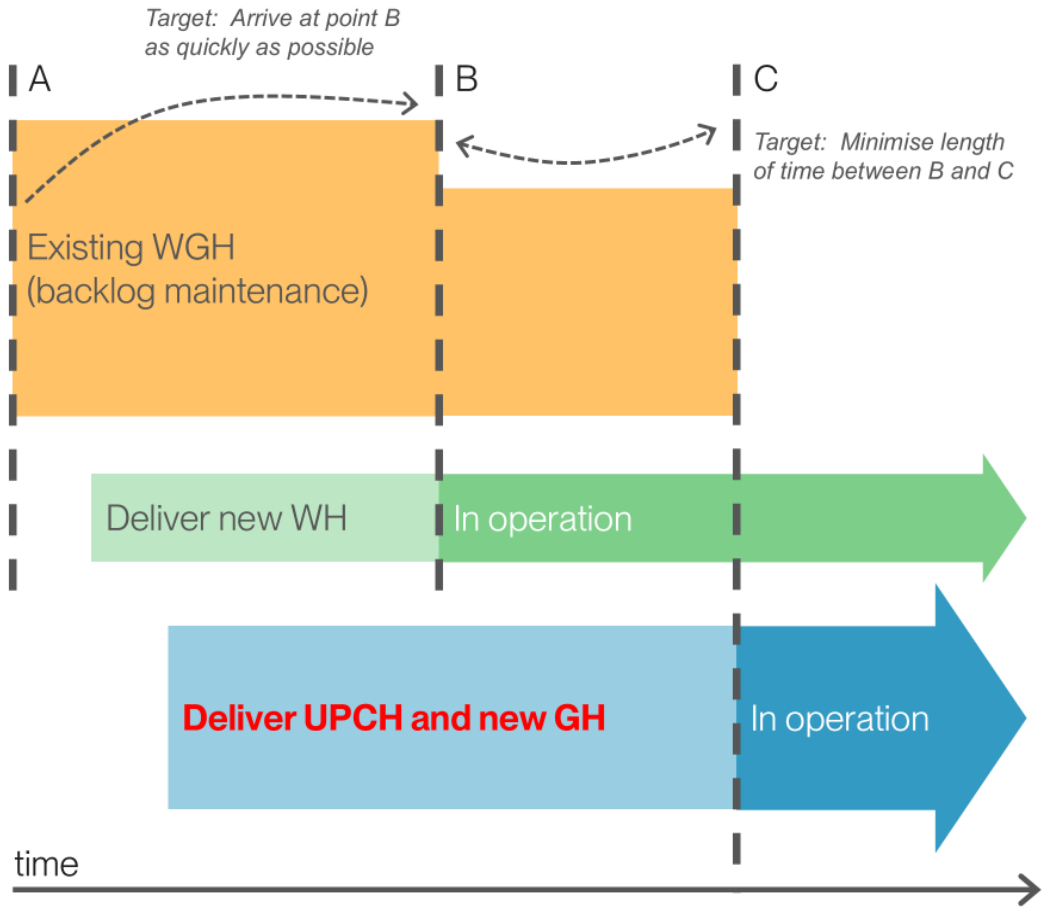
Current position (A) shows significant backlog maintenance risk at WGH

Completion of the new Withybush Hospital (B) reduces backlog maintenance risk by decommissioning areas of existing estate

Only following delivery of the wider AHMWW strategy (C) can the existing buildings at WGH be fully decommissioned and backlog maintenance risk eliminated

Between points B and C the UHB will be operating and maintaining an increased estate area at WGH (+14,000sqm)

Longer time between points B and C leads to increased cost to the Health Board in terms of backlog maintenance and increased revenue costs



The Assessment of the phased redevelopment of GGH Hospital

The following four slides summarise the assessment of the redevelopment of Glangwili Hospital as the new Urgent and Planned Care Hospital and to include the Glangwili Community Hospital functions.

This option was discounted at the meeting with Welsh Government on 4 November 2025. The phasing of development would take too long to achieve, would be hugely complex and costly developing on the operational site over many years and would be likely to face significant planning challenges.

Glangwili Hospital site:

Develop the site for both the new UPCH and Community Hospital functions

Explore potential to deliver some campus functions off site (mental health, staff residences and admin)

Minimum 35 acres required for UPCH (hurdle criteria for PBC)

Current site area is 28 acres. Potential to increase to 30 acres with land purchase

Potential for 11-acre development zone

Significant enabling works to relocate parking, energy centre, FM, hub, staff residences, admin, therapies and mental health services.

Planning risks (height, BNG, SABS)

Post completion of UPCH and demolition of existing buildings the remaining site could be adapted for parking and other campus developments

Glangwili General Hospital: Development scenario

UPCH and community functions combined on Glangwili site

Significant enabling works to relocate energy centre, FM hub, clinical services and most staff and visitor parking off site

Live hospital site during construction

Purchase of adjacent land required to support enabling works strategy

Potential for other campus related developments as on-site enabling projects (MHU, staff residences & admin)

Clean and safe development zone with potential for dedicated construction access from Dolgwili Road - minimising impact on live hospital operations

Tight development site which may increase construction costs & risk

Potential to phase the build to optimise cashflow – but will extend programme

Glangwili General Hospital: Development option

New build area based on AHMWW ‘Likely Way Forward’ for combined UPCH and community development of circa 90,000sqm

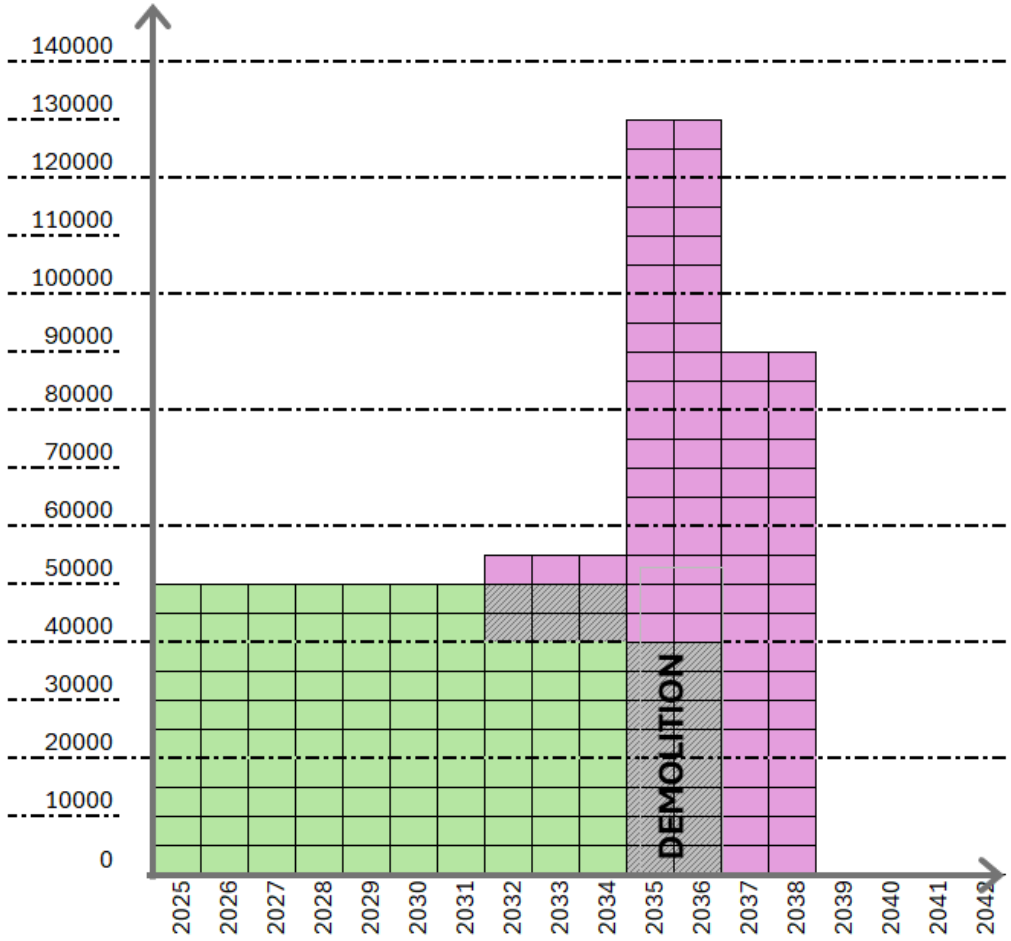
Existing estate decommissioned and demolished following completion of the wider AHMWW strategy

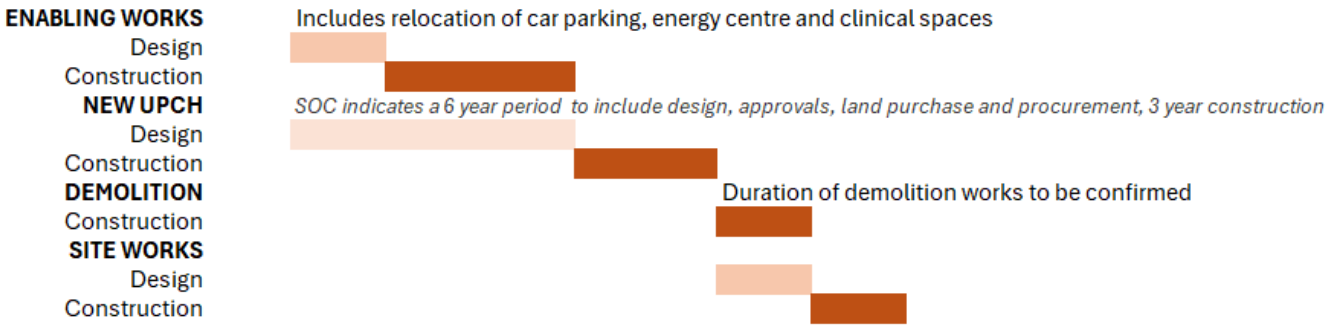
New parking and landscaped areas
Retained site access from Dolgwili Road

Segregated blue light / FM flows from visitor traffic

Key risks:

- Planning approval (6-storey +)
- Operational site (disruption)
- Cost & programme
- Land purchase
- Limited expansion potential





Glangwili Hospital site: Development Scenario

Existing GGH estate area 51,000sqm

AHMWW 'Likely Way Forward' includes

- Glangwili Hospital: 14,515sqm
- UPCH: 91,079sqm*

**includes campus developments: staff residences, administration, research and mental health unit*

SHP schedule of areas dated 06/10/21

Assumed single delivery phase to mitigate programme risk

Option to deliver some campus developments off-site

SOC indicates a 9-year programme for delivery of AHMWW

Assuming delivery of AHMWW the earliest full decommissioning and demolition of existing estate on GGH and WGH is 2035 with associated demolition and site works completed by 2038

Summary Feasibility Findings – Agreed way forward Meeting with WG 4 November 2025

Therefore, it was agreed with WG that the UHB would produce a PBC Addendum exploring in more detail the retained additional business case scenario

Scenario 3 – Build a new hospital in the proximity of Carmarthen and retain a community hub in Withybush

Delivery expectations for AHMWW PBC Addendum

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The results of this work presented at the meeting 4 November 2025 at which it was agreed that the phased development of WGH and the phased development of GGH would take too long, be too complex and be too costly

Ask from WG that the PBC is updated to include an addendum to be submitted in January/February 2026 with the objective it might be endorsed by the Minister. The update will be in the form of a PBC Addendum and will need to include:

Strategic fit and objectives

- The essence of the AHMWW strategy remains extant, although evolved through the strategic refresh engagement. Also, that there have been changes and challenges that impact on the operational delivery of the strategy and consequently the capital solutions.

Delivery and scope of addendum, in response to WG request:

- We will **define the delivery scope and timeline for the Urgent & Planned Care Hospital (U&PCH)** to be delivered on a site within the geographic boundaries of Carmarthen.
- The service scope will negate the need for a separate Carmarthen Community Hospital.
- The **scope and timeline for the redevelopment of Withybush Hospital** will remain consistent with the AHMWW clinical model.
- These will be phased to take account of operational programme delivery challenges. Other UHB issues included in the original PBC such as the modernisation of PPH and Bronglais Hospitals will be future phases, timelines to be agreed at a future date.

Delivery expectations for AHMWW PBC Addendum

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

During the meeting with WG on 4 November 2025, it was outlined that the PBC Addendum will need to:

- Clearly **define the scope of services at each site** and take on board the challenge that we clearly reflect modern medicine and digital/technological opportunities to right size developments for our population.
- **Retain the activity modelling assumptions produced for the PBC** with the undertaking these will be revisited at the OBC stage and reflect advice received as part of the Nuffield Trust's review of our clinical model.
- Provide an **updated options analysis** that reflects the discussions and conclusions reached through our series of meetings. The VFM analysis will predominantly be a reassessment of the capital costs at price indices to be agreed with Shared Services colleagues.
- Include **refreshed financial, commercial and management information**. The commercial will reference the likelihood that the new U&PCH development is likely to be based on a MIM type solution. In this timeframe there will not be a full revenue reassessment however we will project the revenue impact /benefit we would expect to gain in headline terms (This needs to be agreed)
- Set out the **high-level delivery plans for both sites**
- Reference the potential for **wider economic benefit** particularly through working with local authorities on health & care campus opportunities and also in relation to transport infrastructure for which the new hospital could be a catalyst.
- Clarify the cost consequence to delivering the PBC addendum given the range of external commissions required. If these could be capitalised that would be helpful.

It is important to note that no decisions have been made. The Health Board has been asked to explore scenarios and options at this stage. Through public consultation in 2021, the Health Board identified a zone between Narberth and St Clears as the optimum location for the new UPCH. The new scenario will require this zone to be reconsidered to support the widened catchment. Any additional option would be subject to public engagement and consultation.

Recommendation

The Strategy and Planning Committee is asked to:

- **DISCUSS** the PBC Addendum and **SUPPORT** onward consideration by the Board

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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