

## STRATEGY AND PLANNING COMMITTEE

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	24 April 2025
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	A Healthier Mid and West Wales Update
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Lee Davies, Director of Strategy and Planning
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Paul Williams, Assistant Director of Strategic Planning and Developments

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas)</b> <b>Purpose of the Report (select as appropriate)</b>
Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

<p><b><u>Sefyllfa / Situation</u></b></p> <p>The report provides the updated summary position relating to the 'A Healthier Mid and West Wales' (AHMWW) Programme. In particular:</p> <ul style="list-style-type: none"> <li>The outcome of the workshop held with Welsh Government (WG) on 21 March 2025 to discuss the programme next steps.</li> </ul> <p>The report also includes</p> <ul style="list-style-type: none"> <li>An estates infrastructure report, 'A Risk &amp; Patient Impact Report' (Annex A) which includes a review of initial investment priorities, their specific risks and consequences for patient services and a PowerPoint presentation on the 'Business Continuity Major Infrastructure Programme' (Annex B).</li> </ul>
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### **Cefndir / Background**

<p><b>The outcome of the workshop held with WG on 21 March to discuss the programme, products, timelines, and resource</b></p> <p>The February 2025 report to the Strategy and Planning Committee provided a summary of the outcome of the Infrastructure Investment Board meeting on the 23 January 2025 where the following summary was reached:</p> <ul style="list-style-type: none"> <li>WG are supportive of the development of a long-term strategic solution for West Wales.</li> <li>There was agreement on the need to develop a strategy document. The precise form of that document and the content and component parts are to be the subject of a</li> </ul>
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workshop to be held between WG and Health Board officers within six weeks of the Infrastructure Investment Board (IIB) meeting date.

- It was agreed there needs to be a plan which addresses the clinical services and estate fragility.
- It was agreed the plan will need to include any regional opportunities most particularly with Swansea Bay University Health Board (SBUHB).

WG welcomed the pragmatic approach being adopted by Hywel Dda University Health Board (HDdUHB) to find consensual agreement on the best way forward and the shared aim that this will result in a supportable and deliverable programme plan. Following IIB, a workshop was held with WG on the 21 March to discuss the programme, products, timelines and resource.

### **AHMWW community infrastructure schemes**

The Committee has received updates on the community infrastructure schemes at previous meetings. There is little material change from the last report and therefore summary progress reports will be provided in the Situation, Background, Assessment and Recommendation (SBAR) for the next meeting of the Committee.

### **The Estate Risks and Major Infrastructure (Business Continuity) Investment Programme (MIIP)**

The HDdUHB Estates Infrastructure was the subject of a Board report in March 2025. However this was in advance of the finalisation of the joint report on initial investment priorities with NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES).

The Board SBAR provided the context for the importance of this report, saying:

- *The challenge – modern, fit-for-purpose facilities and our estate risks*  
*Prior to developing the 2018 AHMWW strategy, it was recognised that the Health Board’s estate was older than other parts of Wales, was in poor condition and often not meeting modern day health care standards. Work was undertaken to identify the level of investment required on the four acute sites to improve the condition of the Estate to “Estate Condition B”, which is defined as: “Sound – Operationally safe and exhibits only minor deterioration”. This resulted in the development of a Programme Business Case (PBC) for works on the four sites estimated at £246.5m (Pub Sec 250). This original PBC was revisited in 2020/21 to take account of the proposed AHMWW programme. This was endorsed by the Welsh Government Infrastructure Investment Board in July 2021 at approximately £87m (Pub Sec 250). This was on the assumption that the AHMWW programme would progress as per the timescales at that point, therefore reducing the works required at Withybush (WGH) and Glangwili (GGH) Hospitals (as the proposed AHMMW investment would supersede this).*
- *In 2022, further support was provided by Welsh Government to refresh the priorities to ensure all the highest risks that had significant impact were identified. This was costed and submitted to WG in February 2023 with an associated project cost of £130m (Pub Sec 293). Following this submission, further discussions were held with WG and the Health Board was asked to target the highest risks at each site. This significantly reduced the project scope and in turn the costs reduced to c£17.4m. It was proposed this would be delivered over a 3-4 year time period at approximately £5m/annum.*

*Since then, Welsh Government has established a Targeted Estates Fund from 2025-26 which will allow some of the smaller schemes to be progressed through a separate route. The remaining projects are now known as the Major Infrastructure (Business Continuity) Investment Programme (MIIP) and aim to mitigate the highest estate risks only. The schemes contained within it seek to address the most urgent and unacceptable infrastructure risks, which have the potential for significant disruption to clinical services and/or potential for serious harm to patients. The programme does not materially improve the patient environment, increase capacity or support transformation of services and does not bring the sites up to Estate Condition B as per the original aspiration.*

In addition to the above, the Health Board is undertaking significant and disruptive works in response to fire enforcement notices at Glangwili and Withybush Hospitals and is also in the final year of the initial phase of Reinforced Autoclaved Aerated Concrete (RAAC) work at WGH. Removing the RAAC planks would be a highly disruptive and expensive undertaking and is not considered a viable strategy for the site.

The result of this is that the Health Board and Welsh Government are investing substantial sums of money to extend the lifespan of our four acute sites. In large part, the investment above is aiming to maintain current service provision and mitigate the greatest risks, rather than advance the strategy or provide an estate which is fit-for-purpose for the long-term. Consequently, despite this investment (and investment in other schemes), 35% of the Health Board's estate is now over 50 years and total backlog has increased to c£255m, a significant deterioration since the original PBC in 2018.

## **Asesiad / Assessment**

### **Workshop held with WG on the 21<sup>st</sup> March to discuss the next steps associated with the AHMWW programme.**

The Chief Executive and colleagues met with the Deputy Chief Executive, NHS Wales and colleagues on the 21 March 2025 at GGH and commenced with a short site tour to contextualise some of the pressing issues associated with service delivery and the estate infrastructure.

The meeting was a helpful step in the process, with the Welsh Government reiterating their willingness to work collaboratively with HDdUHB. There was recognition the existing service model remains unsustainable and that very significant investment will be required to replace or refurbish the estate over the next 10 to 15 years.

As part of the presentation to WG the following key questions were asked in order to help shape the future infrastructure plans for health services within West Wales:

- Is there agreement that the clinical model is unsustainable and consolidation of acute services (critical care, stroke, trauma, emergency departments, general medicine etc) is necessary?
- Is it accepted that GGH and WGH will require either substantial refurbishment or replacement over the next 10-15 years?
- If so, are WG in a position to work with the Health Board to develop a strategic infrastructure plan which will ultimately lead to investment cases of c£1bn (potentially phased)?

Welsh Government colleagues confirmed their agreement in principle with each of the above.

The Health Board also highlighted the need for long term agreement on strategic decisions given the risks associated with personnel change and policy shifts in long term programmes.

Affordability remains a significant risk and WG colleagues undertook to consider the future funding mechanisms and affordability envelope to help guide HDdUHB strategic planning.

The agreement from the meeting discussion is to meet again, potentially in June 2025, with HDdUHB setting out the range of potential service and estate scenarios with phasing that address the strategic challenges. It is recognised that any new strategic planning scenarios would need to be the subject of engagement and consultation with staff, our public and partners.

### **Estate Risks and Major Infrastructure (Business Continuity) Investment Programme (MIIP)**

The HDdUHB strategic infrastructure challenge was the subject of a Board report in March 2025 and the report highlighted:

#### *Implications for patients and service delivery*

*The AHMWW strategy was primarily about a change in the model of health care, towards a wellness service supported by a social model for health. Nonetheless, it was the proposals to change the hospital configuration that attracted most attention. Given the public focus on a 'new hospital', there is a risk that the Health Board's infrastructure plans, as part of AHMWW, are perceived as being about the appeal of modern, sleek buildings that are desirable, but perhaps not essential.*

*On the contrary, as described above, the reality is that parts of the estate are in such poor condition that there are very real ongoing risks of service disruption and/or patient harm. The Health Board has been working with NHS Wales Shared Services Partnership (NWSSP) to develop a statement of risks for the acute sites, which sets out in clear language the highest estate risks and the potential implications for services and patient care.*

This is provided in Annex A. HDdUHB and NHS SS Estates have reached a shared position on the risks under the MIIP, to aid discussions and decision-making within the Health Board and Welsh Government. As an example, one of the ten projects within the MIIP is Roofing, Building Envelope and Guttering at GGH. This relates to risks 1154, 212, 1139, 1140 and 1147 on the Health Board risk register and is assessed as having a risk rating of 16, Extreme (Likelihood 4, Impact 4). The issues include flat roofs over the Outpatient Department being in poor condition and leaks entering patient treatment and consultation rooms below; failing guttering resulting in water tracking into plant areas below; and roofing sheets showing signs of degradation and pin-holing. The specific patient risks of this are that water ingress into areas are a potential Infection Prevention and Control risk and may cause slips, trips and falls. Furthermore, there is a risk of impact on daily services, including cancellation of outpatient appointments if leaks cannot be stemmed. This is one example; other risks include electrical infrastructure and water infrastructure. Whilst the commitment of our staff is such that they find ways to deliver care in these circumstances, it is vital that this situation does not become normalised.

The Health Board employs highly sought-after, well-trained professionals, who care for some of the most vulnerable members of our society in these buildings. The condition of our estate would be regarded as unacceptable in many other sectors and yet persists within a service that should be operating to some of the highest standards. Beyond quality, safety and patient experience, the limitations of our estate can impact on the productivity and modernisation of our services.

It will be critical, through the HDdUHB strategic refresh, to establish a common understanding of the likely timeframe and nature of the long-term plans for the acute sites so that short- and medium-term developments can align with the strategic direction, whilst addressing the most urgent risks facing the Health Board.

The attached report in Annex A sets out the highest priority risks and therefore the investment priorities established through a joint review process with NWSSP-SES. These will be subject to Business Case processes.

**Argymhelliad / Recommendation**

The Strategy and Planning Committee are asked to:

- **NOTE** the strategy discussions with Welsh Government held on the 21 March 2025 and the follow-on meeting planned for June 2025.
- **DISCUSS** the Estates Risks as noted in this report, supported by:
  - The Risk & Patient Impact Report (Annex A) which includes a review of initial priorities, their specific risks and consequences for patient services.
  - PowerPoint Presentation on the Business Continuity Major Infrastructure Programme (Annex B).

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.11. Seek assurance on the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy, and review documents prior to Board approval.
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: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
Rhestr Termau: Glossary of Terms:	Contained in the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Within report

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Ariannol: 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.

# Major Infrastructure (Business Continuity) Investment Programme

## Update on Progress April 2025

# Background

## A challenging journey:

- ❖ Initial Programme Business Case (PBC) submitted (2019) – circa £528m (PubSec 250)
- ❖ First re-appraisal (2020) – £246.464m (PubSec 250)
- ❖ Second re-appraisal and presentation to Infrastructure Investment Board (IIB) (July 2021) – £87.275m (PubSec 250)
- ❖ Spring 2022 - £98.12m (PubSec 281)
- ❖ February 2023 - £130m (PubSec 293) – Note: £150k Welsh Government (WG) support to identify key patient risks
- ❖ Multiple reviews requested by WG / NNHS Wales Shared Services Partnership (NWSSP) to reduce capital expenditure throughout Summer / Autumn 2023
- ❖ Summer 2024 – reduced to circa £17m (PubSec 293)
- ❖ On going challenges with NWSSP regarding risks presented by Health Board

Progress was updated to **Health & Safety Committee (HSC)**  
**in January 2024**

(deep dive into estate risks)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Key Issues

- ❖ Continued challenge from NWSSP delaying any progress to formal Business Case stage.
  - ❖ Fee levels
  - ❖ Risk / Priority
- ❖ Clear need for a refreshed approach with NWSSP to include increased levels of engagement and collaborative working.
- ❖ This was commenced November 2024.

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# Health Board Estate Fragility

## Delay in any meaningful investment in Major Infrastructure Investment Programme (MIIP) since 2018 - PBC

- ❖ Oldest age profile of existing estate in Wales
- ❖ Continuing deterioration of the estate
- ❖ Backlog Maintenance increased to c.£250m(+)
- ❖ Ongoing challenges on Business Continuity for critical services
- ❖ All-Wales Capital funding only option to invest scale and pace needed
- ❖ Extensive Risk Assessment process supporting the above



# Revised Approach Taken

## Enhanced engagement with NWSSP-SES

- ❖ Liaison group established with key technical personnel to consider risks in an open and transparent way
- ❖ Collaborative working to assess Risk Prioritisation between the Health Board and NWSSP-Specialist Estate Services (SES)
- ❖ Extensive discussion and cooperation with NWSSP-SES in establishing a supported Risk and Consequence statement on key areas
- ❖ Co-developed a report with NWSSP-SES to highlight risks (*now complete*)



# Revised Approach Taken

## What does this document include / not include?

### Includes:

- ❖ Top priority risks supported by NWSSP-SES
- ❖ A range of urgent infrastructure investments including – electrical, enveloping, water and air handling plant
- ❖ Funding in place from WG to develop – design scoping, planning and costing information in preparation for later Business Case process
- ❖ WG are in support of this programme and have confirmed in their All-Wales prioritisation letter the support for further work to identify major infrastructure risks across the estate

# What is included

## Summary of Projects

Full details contained within – document ref “*Major Infrastructure Business Continuity - Risks & Patient Impact Report*”

### Prince Philip Hospital (PPH)

- ❖ PPH Water Tanks replacement
- ❖ PPH Low Voltage (LV) / High Voltage (HV) Board replacement

### Withybush Hospital (WGH)

- ❖ WGH Roofing repairs (note Reinforced Autoclaved Aerated Concrete (RAAC) Risk)
- ❖ WGH Electrical Infrastructure (HV&LV)

# What is included

## Summary of Projects (continued)

### Bronglais Hospital (BGH)

- ❖ BGH Low Voltage (LV) / High Voltage (HV) Board replacement

### Glangwili Hospital (GGH)

- ❖ GGH Enveloping, Roofing & Guttering
- ❖ GGH Electrical Infrastructure (HV&LV)

# What is NOT included

## Revision to Timelines for New Hospital Programme

- ❖ Longer term infrastructure investments if existing hospital sites are retained for circa 10 – 20 years
- ❖ Much needed Internal refurbishment programmes and ward condition upgrades
- ❖ Requirements for estate investment linked to future clinical and service changes

# Next Steps

- ❖ To conclude the future scoping works and engage with WG to progress development to Business Case stage
- ❖ Further consider the longer-term needs of the estate and how this is incorporated into wider clinical service redesign(s) and development control planning



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# Any Questions?

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