



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 January 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Implementing the Healthier Mid and West Wales Strategy - Programme Business Case
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies – Director of Strategic Development & Operational Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Paul Williams, Assistant Director of Strategic Planning (Programme Manager)

**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 presents the Programme Business Case (PBC) in support of the implementation of the UHB Health & Care Strategy, 'A Healthier Mid and West Wales: Our future generations living well'.

The Board is asked to approve the Programme Business Case for submission to Welsh Government (WG) by the 31<sup>st</sup> January 2022.

##### Cefndir / Background

The Health & Care Strategy was developed as a result of the comprehensive clinically-led engagement and consultation which concluded in 2018.

In the consultation, alternative proposals were presented to the public and, following analysis and consideration of the consultation feedback, proposal B, with some amendments, formed the basis for the strategy and particularly the infrastructure requirements to support the full implementation of the strategy. These infrastructure requirements are referred to as proposal B+ in the PBC.

The Health & Care Strategy sets out the need to transform the delivery of our services to ensure they are sustainable for the long term and deliver the highest quality of services to our public, with greater emphasis on prevention and community-based care.

The Health & Care Strategy also established the need to restructure the delivery of our secondary care services to reduce their fragility and over dependence on temporary staff. A high proportion of the healthcare estate is old with a high burden of backlog maintenance and our staff are delivering care in facilities that are no longer fit for their functional purpose and in many instances provide a very poor experience for both staff and patients. This investment will provide the opportunity to really modernise acute healthcare and ensure adherence wherever possible to the latest standards and to future-proof our services for the flexibility we are certain to need, to meet the challenges which lie ahead.

To deliver against both the secondary and community-based healthcare ambitions, there is a need to secure significant change and modernise our healthcare estate infrastructure. The UHB must make a compelling case to WG to support the investment and there is a requirement to submit a series of business cases to WG. The PBC presented to Board is the first business case in this process. If approved by the Board and endorsed by Welsh Government, the UHB will have funding to proceed with further individual business cases to develop the capital investment requirements for our infrastructure aspirations.

We recognise that a significant period of time has passed since the approval of the Health & Care Strategy. Much of this period has included management of the COVID-19 pandemic. The Health Board has reflected on the learning gained through the pandemic and how this might impact on our strategy, both through the Discover Report 2020 and the 'Building a Healthier Future After COVID-19' engagement, conducted between May and June 2021. This reflection has reinforced the fact that our current configuration is unsustainable, that our estate is not fit for purpose and that the UHB therefore needs to progress the infrastructure investments to deliver the Health & Care Strategy for the long term.

The Board also agreed the Bronglais General Hospital (BGH) Strategy in November 2019 and whilst the PBC does not replicate this detail, it is entirely consistent, and the BGH Strategy remains an important part of the delivery of the Health & Care Strategy.

Specific planning objectives relating to this work have been endorsed by the UHB or are subject to approval at January 2022 Board;

- 5C Produce and agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for:
  - the repurposing or new build of GGH and WGH
  - implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears.Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii)  
Develop plans for all other infrastructure requirements in support of the health and care strategy.
- 5Ci - Ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay.
- 5Cii - Implement the requirements of 'My charter' to involve people with a learning disability in our future service design and delivery.
- 5F - Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic.
- Proposed new planning objective - By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish a clear and agreed set of shared ambitions and outcomes for the population aligned with national and regional priorities across the Whole System triangle model articulated in a co-owned Integrated Locality Plan. The Integrated Locality Planning Groups will agree a

collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities. The Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme:

- Connected kind communities including implementation of the social prescribing model
- Proactive and co-ordinated risk stratification, care planning and integrated community team delivery
- Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home
- Enhanced use of technology to support self and proactive care
- Increased specialist and ambulatory care through community clinics

In producing the PBC, more information is now available on the likely timelines for submission of the Full Business Cases required to achieve the planning objectives and their completion. The date included in the PBC is March 2026, which takes into account the alignment of the business case process with the land identification and planning approval process for the new urgent and planned care hospital.

The PBC has been developed through a robust governance structure under the leadership of the Chief Executive as Senior Responsible Owner, the Lead Executive (Director of Strategic Development & Operational Planning) and Programme Manager (Assistant Director of Strategic Planning).

Reporting has been through the Programme Group, Strategic Development and Operational Delivery Committee (SDODC) and periodical progress reports to the Health Board.

The Programme was subject to an external Programme Assessment Review (PAR) in September 2021, organised through the Welsh Government Assurance Hub. The process involved the review of programme documentation and interviews with key individuals, including the SRO and Lead Executive. The review concluded in a very positive report with an amber delivery confidence rating.

A comprehensive presentation supports this SBAR and provides more detail on the key components of the Programme Business Case.

### **Asesiad / Assessment**

The PBC has followed Welsh Government Infrastructure Investment guidance and is based on the five-case business model:

- Strategic Case
- Economic Case
- Management Case
- Commercial Case
- Financial Case

The summary of each 'case' is contained in an Executive Summary, which seeks to present the main headlines of the PBC in a summarised format. As the individual 'cases' have been developed they have been shared with colleagues in WG who will be coordinating the scrutiny process for the PBC, to try to ensure a 'no surprises' approach and to pre-empt issues where possible. Notwithstanding this, the PBC will go through a robust review

process with WG before the commitment of significant funds to develop the next stage of business cases.

Probably the most important component of the PBC is the strategic case as this sets out the case for change and the strategic imperative of our Health & Care Strategy, which can only be achieved with infrastructure investment and workforce redesign.

The main messages in the PBC are as follows:

### **Strategic Assessment and Strategic Case**

The essence of the Strategic Case is to set out the case for change and need for strategic investment.

In order to make a generational shift to a wellness system we need to invest in primary and preventative care to reduce need over the long term, whilst simultaneously investing in a community model to increase efficiency of the system and improve patient experience. At present, a great deal of our resources are locked-up in an inefficient hospital system which is unsustainable, both clinically and financially.

The infrastructure to support the achievement of our strategy was determined through consultation and consists of:

- Investment in community facilities.
- Change in function at Glangwili and Wthybush Hospitals which will strengthen our ability to deliver same day emergency care for ambulatory sensitive conditions, as well as provide step-up and step-down beds for patients requiring additional support in a non-acute hospital setting.
- Improvements to Bronglais and Prince Philip Hospitals and our community facilities to support the right care at the right time in the right place with the goal of increasing time spent at home whilst also improving the experience of staff and patients in the acute setting.
- A new Urgent and Planned Care Hospital that will provide design separation between planned and urgent care, enabling us to ring-fence and reduce waiting times and respond to unscheduled care. A better environment will improve the quality of care and patient experience.
- Consolidating acute services from 4 sites to 3 to ensure more sustainable and improved acute services.

The Strategic Case articulates our Health and Care, Workforce, Estates, Digital and Environmental cases for change as follows:

#### *Health and Care*

Our current position presents us with five key (but not exclusive) health and care challenges:

- 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

The current configuration of services in Mid and West Wales is based upon the health care system developed over 50 years ago. At the time the model of health care in the UK was based upon a network of District General Hospitals, of 600-800 beds, serving populations of 100,000 – 150,000. Since that time the reliance on hospital beds has reduced substantially across the UK - around 75% fewer beds occupied - as services

have become more efficient and care has shifted towards prevention and community settings. At the same time, increasing life expectancy, higher clinical standards and the emergence of new treatments and technologies has meant greater acuity and complexity for those patients in hospital, more clinical specialisation and a trend towards consolidation of services to provide higher quality and more timely services.

The Health Board has four small to medium-sized acute hospitals, each with its own medical take, and three Emergency Units plus a busy 24/7 Minor Injury Unit. No other part of Wales has a higher number of acute sites per capita, and across the UK a population of under 400,000 would typically be served by 1-2 Emergency units and the same number of medical and surgical emergency units. The inevitable consequence of this is duplication, a diluted workforce, non-compliance with modern standards and fragile services and it is much more expensive. Equally the lack of scale on any of our hospital sites makes it difficult to develop new service models which could benefit our population.

We anticipate these trends will continue: standards and expectations will rise; hospitals will become more acute and complex; and modern services will need a higher intensity of staffing, greater expertise and access to specialist equipment. Our Strategy sought to recognise both this reality and our unique geography and establish the health system of Mid and West Wales for the next 50 years.

Our experience through the pandemic has caused us to reflect on our Strategy and brought into sharp focus some of the transformational opportunities and limitations of our current system. Over the past two years we have seen a dramatic acceleration in the utilisation of digital technologies, far exceeding what we had previously envisaged. This reinforces our strategic intention to move services closer to home and our design assumption to reduce physical outpatient attendances and, where they are required, provide the majority in community settings.

Equally, it has never been clearer that extended hospital stays are potentially harmful to patients and the system has demonstrated the opportunity for alternatives to admission and early discharge to community settings. It has also, however, exposed the vulnerabilities in the current system. Most notably: the infection risks and poor patient experience associated with outdated and cramped estate; the limitations of physically constrained and inflexible buildings; the lack of surge capacity; the workforce deficits and lack of resilience; and the inability to protect and segregate elective pathways from emergency pressures.

*Workforce:* our workforce is at the very heart of our organisation; however, we know that securing the right mix of skilled staff to provide our services is one of our biggest challenges. We run with a deficit of approximately 950 WTE, which produces an unsustainable reliance on agency staff, bank and overtime. Our workforce is ageing, with a third of our staff over 51. In the long term, we need to spend our financial allocation differently on workforce and reskill our staff to both support the community model and address gaps in secondary care, so that our staffing model is sustainable.

The workforce annex is still in development as it is a 10-year Workforce Plan being developed in parallel with the Integrated Medium Term Plan (IMTP). It will, therefore, be available following Board approval of the IMTP in March 2022.

*Estates:* Our estate encompasses four main hospitals, two integrated care centres, five community hospitals and a number of smaller facilities. Many of our clinical areas are non-compliant against current healthcare design guidance, and this has an impact on both service delivery and patient and staff experience. Almost 40% of the estate is over

50 years old, with more than £82m current backlog maintenance outstanding. Facilities often fall short of modern technical standards and also fall short of the latest functional standards for modern healthcare.

We will not be able to sustainably implement our Health & Care Strategy without significant investment in new and improved estate infrastructure.

*Digital:* technological innovation continues to move at an incredible pace and our business case needs to be ambitious to reflect this and to take advantage of the opportunities this offers.

We do not have a technology infrastructure which will enable us to meet the vision of our Health & Care Strategy by providing inpatient healthcare services in the home, community and outpatient ambulatory facilities; and meet the needs of the complex and very ill patients who will continue to need acute inpatient services. We need a digital infrastructure which will enable us to connect with patients/citizens and integrate digital technologies into traditional hospital services to create a health system without walls, through innovations such as wearables and microfluidic sensors; cloud-based, interoperable electronic health records; and use of technology to simplify admission, discharge, and other processes.

We want to establish a Hywel Dda Digital Ecosystem comprising Digital Home, Digital Ward, Digital Hospital and Digital Community, with partners from health and social care, industry, academia, local authority and third sector organisations. Ensuring digital inclusion for our communities will be an important factor to maximise benefits for healthcare, whilst we also recognise that digital provision will not be appropriate for all of our population.

*Environmental:* we cannot meet WG strategic targets of net carbon zero by 2030 unless we implement this programme of change.

Our estate heating systems are highly carbon inefficient and will have to be replaced ahead of 2030 if we are to meet the NHS Wales 2030 Decarbonisation commitment. Net energy consumption of 491kWh/m<sup>2</sup> and carbon dioxide emissions of 107kg/m<sup>2</sup> rank highest compared to all other Health Boards in Wales.

Our well-being objectives for 2019/20 onwards recognise the need to increase the scale and pace of work to support decarbonisation and biodiversity by:

- Planning and delivering services to further our contribution to low carbon.
- Promoting the natural environment and capacity to adapt to climate change.
- Planning and delivering services to enable people to participate in social and green solutions for health.

Our ambitions for the new builds and refurbishments contained in the Estates Annex of this PBC will contribute towards a public sector wide net zero target by 2030.

We will incorporate principles of biophilic design into the new Urgent and Planned Care Hospital and other sites.

Transport strategy will also be key, ensuring we work in partnership with public transport providers to facilitate a substantial increase in the number of staff and patients using

public transport to access new and existing infrastructure.

These key drivers for change underpin the Spending Objectives (which mirror the UHB's Strategic Objectives) and critical success factors (which reflect WG business case guidance) which go on to be utilised in the economic case.

## **Economic Case**

A range of scenarios has been agreed to be included in the PBC based on the outcome of the public consultation and which enable the UHB to set out the potential range of capital cost consequences of the plan of infrastructure developments. It was agreed with WG that other than do nothing and do minimum scenarios, the development scenarios should be consistent with the consultation outcome and the resulting Health & Care Strategy.

The scenarios included are:

- Do nothing – for benchmark purposes only
- Do minimum – for benchmark purposes only
- Three Proposal B+ scenarios, differentiated by the application of the Design Assumptions stated in the Strategy and primarily leading to alternative bed numbers and configurations. These are called the minimum, most likely and maximum efficiency scenarios. The minimum efficiency scenario retains planned day case surgery and endoscopy at each of Prince Phillip, Glangwili and Withybush Community Hospitals as well as the new Urgent and Planned Care Hospital.

All options have been assessed against the Spending Objectives and four Critical Success Factors referenced previously.

The PBC sets out a number of alternative implementation plans which primarily differ based on whether the repurposing of Glangwili and Withybush Hospitals is accomplished through refurbishment or new build solutions. Capital costs have been estimated for both as the purpose of the PBC is to set out the potential capital cost range of the totality of the infrastructure developments. The indicative implementation plan driving as much development in parallel is as follows:

- Phased rollout of construction/repurposing of the network of community hubs to be completed by the end of 2029
- New build Urgent and Planned Care Hospital in single phase construction available by the end of 2029
- Concurrent with the new Urgent and Planned Care Hospital, deliver new build community hospitals in Carmarthen and Haverfordwest also by the end of 2029.
- Once the Urgent and Planned Care Hospital and two new community hospitals are operational, reconfigure Prince Philip Hospital by the end of 2032.
- Bronglais Hospital is reconfigured concurrent with the new Urgent and Planned Care Hospital by spring 2031. This could be completed independent of the timescales for the new hospital.

It should be noted that with all the infrastructure developments the ambition is to meet the latest health building note standards, however the development opportunities for Bronglais Hospital remain significantly constrained and a development scenario has been included for this hospital to provide a capital cost estimate.

Do nothing and do minimum scenarios do not comply with our Strategy and are therefore included for benchmarking purposes only and to comply with WG business case guidance.

## **Commercial Case**

The Commercial Case sets out a framework which will help us to structure our procurement strategies.

The PBC is predicated on infrastructure investment from capital funds. The UHB recognises, however, that in subsequent business cases for the individual infrastructure developments there will be a need to explore alternative funding solutions which might involve innovative finance solutions.

The PBC articulates the UHB's commitment to maximising social value through our procurement strategies which will include:

- Increase the proportion of spending with local suppliers, and more generative suppliers – SMEs, social businesses, worker-owned organisations and mutuals.
- Where possible ring-fence contracts for providers which support job opportunities for more vulnerable citizens.
- Seek Social Value commitments for suppliers to:
  - create new jobs for South-West Wales residents;
  - create new apprenticeships for South-West Wales residents, focused most especially on our most deprived communities;
  - upskill their workers and ensure talent is retained in South-West Wales.
- Adopt a hierarchy of intent for procurement spending:
  - South-West Wales first;
  - If not possible, wider Wales;
  - If not possible, outside of Wales.

## **Financial Case**

### *Capital costs*

Capital costs for the PBC at this stage for Option B+, based on the Functional Content and Schedules of Accommodation, are estimated to be in the range of £1,342m Maximum Efficiency New Build to £1,392m Minimum Efficiency New Build scenario without optimism bias and between £1,677m and £1,740m if a standard optimism bias of 25% is included. The do nothing and do minimum scenarios have also been costed - these are £58m and £655m respectively (without optimism bias) but would not resolve the estates functional suitability issues and would lead to further significant investment being required in the next 20 years.

### *Revenue costs*

We have undertaken a high level analysis of potential revenue costs associated with the development of the PBC. We have produced incremental revenue costs, ie calculated how much more compared with current spend each of the Minimum, Likely and Maximum Efficiency scenarios for Option B+ would be likely to cost. We have applied Patient Level Information & Costing System (PLICS) costs, based on FY 2019/20, to the Functional Content output. Costs have been applied to functional units and the end state has been costed. At this stage, the focus has been on 'in hospital' activity as the modelling activity only covers this element. As a consequence, some high-level assumptions have been made for other aspects of care.



The potential revenue costs of the scenarios consider are as follows:

	<b>Do Nothing £m</b>	<b>Do Minimum £m</b>	<b>Minimum Efficiency £m</b>	<b>Likely Efficiency £m</b>	<b>Maximum Efficiency £m</b>
<b>Revenue</b>	Current Cost base	50.3	44.6	22.7	-0.5

This means that substantial efficiencies will be required for the University Health Board to deliver a sustainable financial position. PricewaterhouseCoopers (PwC) has reviewed our assumptions at this stage of development and has assessed that our position is reasonable. Given the current high-level modelling and re-design of the service model yet to be agreed, together with delivering the benefits from digital technologies, we believe this can be aligned to a sustainable position (in line with the £10m premium we believe will need to remain in place associated with Prince Philip Hospital).

<b>Functional Unit</b>	<b>Do minimum £m</b>	<b>Minimum Efficiency £m</b>	<b>Likely Efficiency £m</b>	<b>Maximum Efficiency £m</b>
Sub-total (from economic appraisal)	50.3	44.6	22.7	-0.5
Health Board Deficit (Roadmap)	20.0	20.0	20.0	20.0
Funding premium required for Prince Phillip Hospital (Roadmap)	-10.0	-10.0	-10.0	-10.0
<b>Additional Efficiencies required through Economies of Scale / Digital Investment plus assumed funding for Demographic Growth</b>	<b>60.3</b>	<b>54.6</b>	<b>32.7</b>	<b>9.5</b>

## Management Case

The UHB recognises the scale of challenge and resource requirements to achieve the level of ambition in the PBC. The UHB will build upon the programme structure that was put in place to deliver the PBC. However, this will need to be significantly enhanced to manage a significant number of business cases in parallel whilst also maintaining and updating the PBC itself.

The membership is also subject to review.

We will be seeking WG capital support for the establishment of the resources required to manage the programme as well as needing to supplement this from UHB funds.

Also included in the management case is the management of risks, which the UHB will have to adhere to; the headline programme risks are set out in the slide pack supporting this SBAR.

The following programme timeline for the new urgent and planned care hospital has been developed:

Milestone	Urgent and Planned Care Hospital
PBC Submission	End January 2022
PBC Endorsed (for purposes of progression)	March-May 2022
OBC team selected (BfW framework)	May – July 2022
Preferred site confirmed (potentially subject to consultation and heads of terms)	By July 2022
Option to purchase	July/August 2022
Outline Planning Application	Dec 2023
OBC Submission	End January 2024
Outline Planning Approval	End May 2024
OBC Approval (WG)	Mid July 2024
FBC Submission	Mid-March 2026
FBC Approval (WG)	Early June 2026
Purchase Site completion	Mid July 2026
Start on site	August 2026
Construction Completion	End May 2029
Commissioning	June – October 2029
Opening	End October 2029

The UHB are conscious of the significant amount of work required to provide the clinical and non-clinical service details to support the development of robust Outline Business Cases. The Programme Team and Transformation Team are working to define the outputs required to commence that process.

The UHB will work with Welsh Government to agree the funded resource schedule for the next stage of Programme development. In parallel, the UHB is considering the additional resources required for the successful development and delivery of the Programme, which might sit outside Welsh Government capital funding parameters.

### **Additional key issues:**

#### **Land**

The UHB have identified, through public consultation, a zone between Narberth and St Clears as the optimum location for the proposed new hospital; the team's objective is to confirm the shortlist of sites in February 2022 and, through a transparent appraisal process with public representation, to identify a preferred site to recommend to the Board by July 2022.

The team has incorporated learned lessons from experience elsewhere in the UK and is working with appointed specialist advisors to ensure a robust methodology and evidence base for the appraisal.

A Shortlist Appraisal Group will be established to conduct the appraisal, including agreeing the criteria and weightings and finally undertaking the scoring of site options.

The group will include a minimum of 52% public representation. This is not the decision-making group but will report its recommendations to the Board.

## **Transport**

Transport was identified as a key area of public concern during the consultation process carried out in 2018. To address these concerns, transport forms a core component of the programme planning process.

Transport is the subject of an annex to the PBC which is available for review, and which addresses at an early stage planning issues that will need to be managed with reference to the wider transport infrastructure. It also focuses on the specific issues relating to the transport planning implications associated with the new urgent and planned care hospital.

A Transport Workstream was established to support the work of the PBC in April 2021. The workstream aims to identify current transport facilities and how transport provision may need to adjust to support the clinical changes proposed as a part of the new model of care.

Key considerations include:

- Ensuring that the objectives of the NHS Wales decarbonisation strategy are factored into our future service development and there is an emphasis on low carbon transport and delivering the green health agenda;
- Recognising the vision set out within the Wales Transport Strategy and ensuring that the key principles set out in the strategy are factored into the AHMWW programmes transport design principles with emphasis on encouraging and helping to facilitate greater active and public transport;
- Ensuring that travel distances and times to access care services are minimised as far as possible and that transport provision reflects the need to develop more integrated and holistic healthcare services across both acute and community sites.

We recognise the importance of patients, visitors and staff being able to access services wherever they are located. Whilst the emphasis of our Strategy is care closer to home there will nevertheless be implications associated with the location of the new Urgent and Planned Care Hospital.

## **How we will engage and communicate with people**

The UHB is committed to continuous engagement with our population on an ongoing basis

We will engage on any recommended service changes as they emerge in the business case process and potentially consult, working closely with Hywel Dda Community Health Council colleagues.

Our approach is underpinned by a commitment to target the seldom heard and engage in ways that are sensitive and appropriate to their needs and in this way, we will be most likely to meet the needs of our entire population.

'Teulu Jones' will also be used in communication materials to help demonstrate to people what proposals could mean for them.

## Equalities and Health Impact Assessment and Integrated Impact Assessment

We have undertaken an Equalities and Health Impact Assessment which is available as an annex to the PBC. The Equalities and Health Impact Assessment provides an overview of how the Programme might have positive and/or negative impacts on different groups of people with protected characteristics. The Assessment will be a living document and will provide ongoing assurance that there is no potential for discrimination against groups of people with protected characteristics, any negative consequences can be eliminated or minimised, and opportunities for promoting equality are maximised.

### Argymhelliad / Recommendation

The Board is asked to approve the Programme Business Case for submission to Welsh Government.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	A Healthier Mid and West Wales: Our future generations living well.  The Strategic Discover Report – Applying the initial learning from our pandemic response to the health and care Strategy, July 2020  Building a healthier future after COVID-19 - Feedback report on the public engagement 10 May to 21 June, 2021.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board	Regular updates provided to Strategic Development and Operational Delivery Committee (SDODC) and to Public Board.
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial modelling completed as part of the Programme Business Case.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Clinical case for change was developed to support the proposed service model outlined in the Programme Business Case.
<b>Gweithlu:</b> <b>Workforce:</b>	A workforce annex is in development. This is a 10 year Workforce Plan being developed in parallel with the IMTP. It will therefore be available following Board approval of the IMTP in March 2022.
<b>Risg:</b> <b>Risk:</b>	There is a Programme Risk Register available as an annex.  The programme is also articulated in the Board Assurance Framework Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure.
<b>Cyfreithiol:</b> <b>Legal:</b>	There are potential legal impacts or potential legal challenge to any proposals that alter the way services are operated. Please refer to the Integrated Impact Assessment available as an annex.
<b>Enw Da:</b> <b>Reputational:</b>	There is potential for political or media interest and/ or public opposition to proposals that alter the way services are operated. This has been captured on the risk register alongside the Integrated Impact Assessment (available as an annex).
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Please refer to the Integrated Impact Assessment available as an annex.
<b>Cydraddoldeb:</b> <b>Equality:</b>	An Equality and Health Impact Assessment has been completed and is available as an annex.