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A Healthier Mid & West Wales - Programme Business Case (PBC) Final Draft

Board Presentation

Thursday 27th January, 2022

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- Assurance
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- Land
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- Communication and Engagement and Equalities & Health Impact Assessment
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Assurance

- Programme Group chaired by Chief Executive as Senior Responsible Owner (SRO)
- PBC sections shared with Welsh Government Capital Team in draft for feedback
- Welsh Government Assurance Hub: Programme Assessment Review, September 2021 amber rating
- Periodic updates to SDOD and Board
- CHC 18 recommendations for the Health and Care Strategy
  - We remain consistent with the CHC recommendations in response to the Health and Care Strategy following public consultation
  - Some will be evidenced at a later stage of business case and service development proposals
  - For others the PBC clearly shows consistency

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Health and Care Strategy

Following comprehensive public engagement and consultation concluding in 2018, the UHB agreed a Health and Care Strategy **A Healthier Mid and West Wales - our Future Generations Living Well.** The Health Board has made a long term commitment to transform itself to meet the requirements of a social model for health and wellbeing.

A move from a reactive medical model of delivery, to one based on a community-based, proactive, population focussed, preventative and person-centred care and treatment will require realigning people, physical assets and the service offer, from a predominantly secondary care focus, to earlier, a more localised, and targeted interventions

Board approval of clinical recommendations, including:

- The integration of health and social care to deliver **an integrated community model**, based on an integrated social model for health and well-being (the model), at a pace
- Working with social care and other partners, this will be a long term commitment, focused on **prevention, well-being, early intervention** and help build resilience to enable people to live well within their own communities

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Health and Care Strategy - Infrastructure Implications

- The development of **a plan for the existing Community Hospitals**, working with local communities
- This plan will be focussed 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

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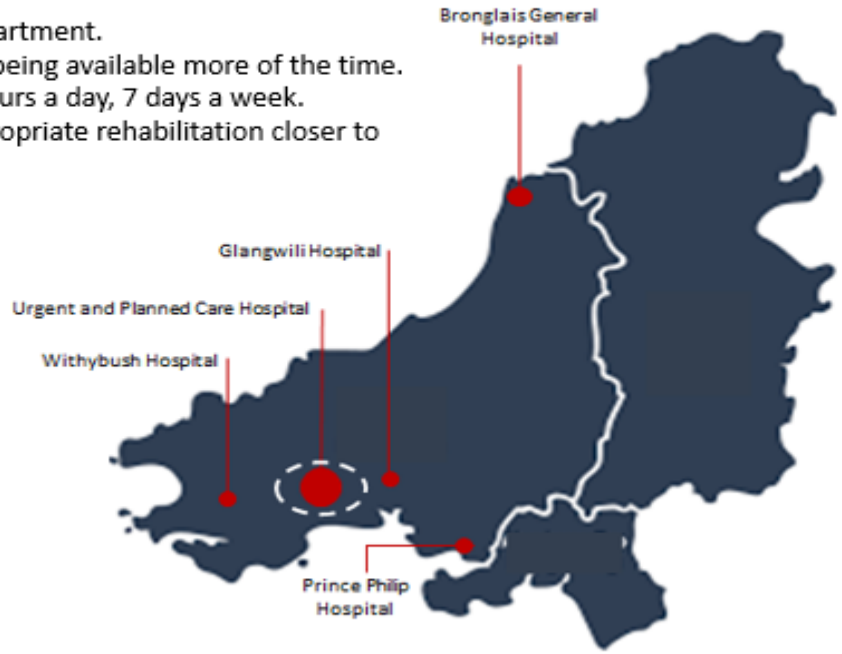
Key Assumptions for our hospital model

Urgent and planned care hospital Main site for our network of hospitals, covering urgent and planned care for the whole of the Hywel Dda area. It will provide:

- More centralised model for all specialist children and adult services.
- Specialist mental health facility.
- Trauma Unit and main Emergency Department.
- More consultants in permanent posts being available more of the time.
- Consultant-led services available 24 hours a day, 7 days a week.
- Discharge as soon as possible and appropriate rehabilitation closer to home.

Glangwili and Withybush hospitals will both provide a GP-led minor injuries unit with full diagnostic support. The hospitals will include therapy and nurse-led step-up and step-down care, midwife-led units, along with chemotherapy and palliative care with the ambition to provide dialysis units at both sites. Additionally, we will develop more locally-based treatment and care including a range of outpatient clinics so that care can be provided closer to home.



Bronglais General Hospital will build its reputation as an excellent rural provider of acute and planned care. It will continue to provide urgent, emergency and planned care services, with more specialist cases transferred to our new urgent and planned care hospital as part of our wider hospitals network (as well as other regional sites for more critical care).

Prince Philip Hospital will provide GP-led minor injuries and acute adult medical care with diagnostic support. This will include consultant-led overnight inpatient beds for patients to be cared for locally. It will act as a stabilisation and transfer hub for certain specialised conditions as part of our network with colleagues in our new urgent and planned care hospital, as well as other regional sites for more critical care. Additionally, we want to build on existing services that can thrive as centres of excellence, for example those relating to breast surgery.

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Design Assumptions

Population  Impact of increase in the population over 7 years (to 2024/25)	**Site changes**  Flow of patients to nearest site providing required service*	**Admission avoidance**  **40%** Reduction to existing levels of emergency admissions for ACS conditions	**Bed discharge**  Reduction in lengths of stay to the median of the peer group	**Outpatient change**  **25%** Reduction in follow-up outpatient appointments
A&E/MIU change  **4.3%**  Reduction in overall level of A&E & MIU attendance (net 0% change against demographic growth over 7 years)	**A&E/MIU proportions**  **30%** Attendances currently presenting at A&E will present at MIUs instead	**Acute to community step-down – beds** **50%**  Patients in an acute bed will step down to a community bed within 72 hours of admission	**Acute to community step-down – outpatients** **90%**  New and follow-up appointments will take place in a community setting	**Daycase community hub shift** **50%**  Daycases for medical specialties will take place in a community setting

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Key points from the PBC

Key Points and Facts

Purpose of the PBC

- To make the strategic case for change
- To determine the range of likely capital investment needed in new and improved acute and community estate infrastructure to support the delivery of the Health & Care Strategy
- To seek WG endorsement for the PBC which will release capital to support the development of the range of business cases for each infrastructure project within the programme

Key Points and Facts

Programme delivery

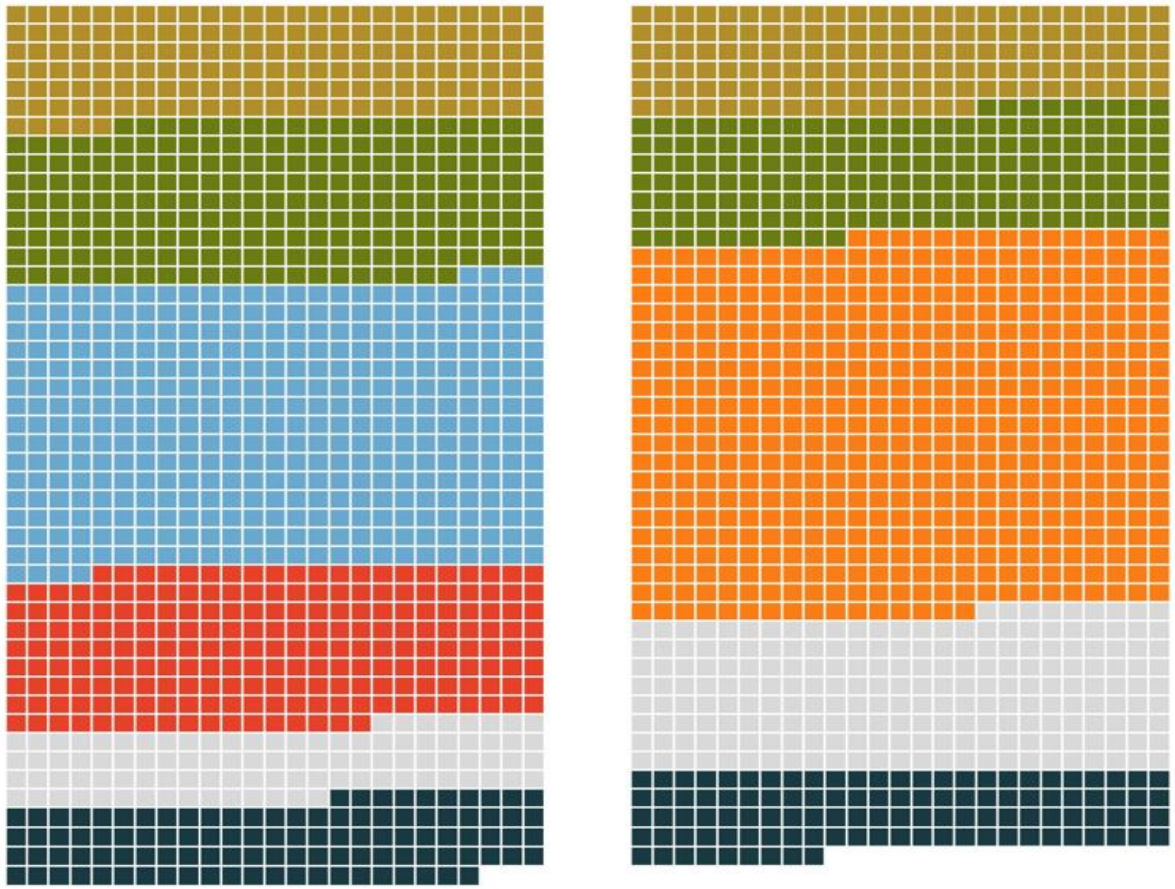
- New Urgent & Planned Care Hospital (UPCH) by the end of 2029
- As far as possible, concurrent development of other hospital and community developments (subject to WG funding)
- Four acute hospitals to three acute hospitals
- Glangwili and Withybush Community Hospitals/Hubs could potentially be concurrent new build hospitals on the existing sites or multiphased refurbishments which could only be delivered after the delivery of the UPCH
- PPH would need a new build extension to provide the space required to deliver health building note bed standards and single rooms. This could commence in parallel with the delivery of the new UPCH but could only be completed after its delivery
- Bronglais General Hospital modernisation could be completed in parallel with the development of the new UPCH however it cannot be made compliant with current standards due to building and site constraints
- 17 Community and Mental Health developments

Key Points and Facts

Existing and proposed bed numbers (likely)

Existing Beds: 1,172

Proposed Beds: 1,134



- 1 square = 1 bed
- Bronglais hospital
- Prince Philip hospital
- Glangwili hospital
- Withybush hospital
- Urgent & planned care hospital
- Community facilities
- Mental Health

1. Existing bed numbers from HB activity model
2. Proposed bed numbers from SHP brief v2.2
3. Community bed numbers include Withybush & Glangwili
4. Does not include 48 beds proposed for Swansea Bay HB

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Key Points and Facts - Programme timeline for the new urgent and planned care

Milestone	Urgent and PlannedCare Hospital
PBC Submission	End January 2022
PBC Endorsed (for purposes ofprogression)	March-May 2022
OBC team selected (BfW framework)	May – July 2022
Preferred site confirmed (potentially subject to consultationand 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

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Key Points and Facts – Bed Scenarios

Reconfigured Site	Projected Beds			
	Current Efficiency	Minimum Efficincy	Likely Efficiency	Maximum Efficiency
BGH	151	149	141	127
PPH	324	205	169	129
GGH	393	155	72	72
WGH	208	100	48	48
Proposed Hospital	-	401	506	454
Swansea Bay	93	61	48	43
Amman Valley	28	28	28	28
Delta Lakes	-	-	-	-
Llandovery	16	16	16	16
Tenby	-	-	-	-
South Pembs	35	35	35	35
Cylch Caron	3	3	3	3
Aberystwyth	-	-	-	-
Aberaeron ICC	-	-	-	0
Cardigan ICC	-	-	-	-
Ty Bryngwyn Mawr	7	7	7	7
Tregaron	-	-	-	-
Park House Court	10	10	10	10
Other *	-	-	-	-
Total	**1,267**	**1,170**	**1,083**	**971**
Comparison with Baseline	**1,073**	**1,073**	**1,073**	**1,073**
Net Change (+/-)	**194**	**97**	**10**	**-102**

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Key Points and Facts – 10 year projection Outpatients

Reconfigured Site	Projected Outpatients			
	Current Efficiency	Minimum Efficincy	Likely Efficiency	Maximum Efficiency
BGH	43,798	35,735	32,506	29,280
PPH	133,108	86,574	80,079	73,585
GGH	2,380	62,049	57,443	52,837
WGH	3,851	79,567	73,372	67,180
Proposed Hospital	139,068	23,083	21,220	19,360
Swansea Bay	-	-	-	-
Amman Valley	1,917	2,000	2,000	2,000
Delta Lakes	2,451	2,000	2,000	2,000
Llandovery	-	2,000	2,000	2,000
Tenby	1,230	2,000	2,000	2,000
South Pembs	1,691	2,000	2,000	2,000
Cylch Caron	1,269	2,000	2,000	2,000
Aberystwyth	-	2,000	2,000	2,000
Aberaeron ICC	7,435	2,000	2,000	2,000
Cardigan ICC	-	2,000	2,000	2,000
Ty Bryngwyn Mawr	-	-	-	-
Tregaron	-	-	-	-
Park House Court	-	-	-	-
Other *	-	-	-	-
Total	**338,197**	**305,007**	**282,620**	**260,242**
Comparison with Baseline	**311,139**	**311,139**	**311,139**	**311,139**
Net Change (+/-)	**27,058**	**-6,132**	**-28,519**	**-50,897**

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Key Points and Facts – 10 year Projection A&E /MIU

Reconfigured Site	Projected A&E Attendances				Projected MIU Attendances			
	Current Efficiency	Minimum Efficincy	Likely Efficiency	Maximum Efficiency	Current Efficiency	Minimum Efficincy	Likely Efficiency	Maximum Efficiency
BGH	33,100	24,491	22,173	20,853	745	787	713	670
PPH	-	-	-	-	30,591	32,334	29,275	27,532
GGH	-	-	-	-	3,754	20,427	18,494	17,393
WGH	-	-	-	-	148	8,322	7,534	7,086
Proposed Hospital	67,093	49,642	44,945	42,269	-	-	-	-
Swansea Bay	23,883	17,671	15,999	15,046	-	-	-	-
Amman Valley	-	-	-	-	-	-	-	-
Delta Lakes	-	-	-	-	-	-	-	-
Llandovery	-	-	-	-	-	-	-	-
Tenby	-	-	-	-	3,366	8,154	7,381	6,942
South Pembs	-	-	-	-	-	-	-	-
Cylch Caron	-	-	-	-	-	-	-	-
Aberystwyth	-	-	-	-	-	-	-	-
Aberaeron ICC	-	-	-	-	-	-	-	-
Cardigan ICC	952	704	637	600	3,409	14,048	12,719	11,962
Ty Bryngwyn Mawr	-	-	-	-	-	-	-	-
Tregaron	-	-	-	-	-	-	-	-
Park House Court	-	-	-	-	-	-	-	-
Other *	-	-	-	-	-	-	-	-
Total	**125,028**	**92,508**	**83,754**	**78,768**	**42,012**	**84,073**	**76,116**	**71,585**
Comparison with Baseline	**119,045**	**119,045**	**119,045**	**119,045**	**41,602**	**41,602**	**41,602**	**41,602**
Net Change (+/-)	5,983	-26,537	-35,291	-40,277	410	42,471	34,514	29,983

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Key Points and Facts – Single Bed Ratio

	MINIMUM		LIKELY		MAXIMUM	
	Proposed beds	Single Bed %	Proposed beds	Single Bed %	Proposed beds	Single Bed %
Bronglais Hospital	160	Circa 50%	152	Up to 70%	138	Circa 70%
Glangwili Hospital	155	NB: 100% Ref: Up to 100%	72	NB: 100% Ref: Up to 100%	72	NB: 100% Ref: Up to 100%
Prince Philip Hospital	205	50%	169	50% *fully HBN compliant **potentially more with derogation	129	50-65% *fully HBN compliant **potentially more with derogation
Withybush Hospital	100	NB: 100% Ref: Up to 100%	48	NB: 100% Ref: Up to 100%	48	NB: 100% Ref: Up to 100%
Urgent & Planned Care Hospital	401	100%	506	100%	454	100%
Mental Health	98	100%	98	100%	98	100%
Community sites	89	Various	89	Various	89	Various
Totals	1,208	1,208	1,134	1,134	1,028	1,028

NOTE : BGH single beds would not be HBN compliant due to building and site constraints. Any change to catchment and activity increase would also impact on the proportion of single beds on site.

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Key Points and Facts

Capital Cost Estimates

Site	Minimum Efficiency £ m	Likely Efficiency £ m	Maximum Efficiency £ m
UPCH	681	737	720
Withybush & Glangwili New Build	284	210	210
Bronglais Hospital	126	126	126
PPH	116	109	101
Other Community	185	185	185
Total	1,392	1,367	1,342
Optimism Bias @25%	348	341	335
Total including Optimism Bias	**1,740**	**1,707**	**1,677**
Note: Withybush and Glangwili Refurbishment Option	249	218	218

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Key Points and Facts – Community Infrastructure

Site	Area	All Scenarios
	M^2	£m
Fishguard Integrated Health & Wellbeing Centre	4,750	30.00
Milford Haven	1,500	10.00
Narberth	326	1.00
Neyland Integrated Primary & Community Development	1,000	6.00
Pembroke Dock Integrated Health & Wellbeing Centre	365	2.00
Tenby Integrated Health & Wellbeing Campus	2,680	1.00
South Pembs Rehabilitation Centre	5,151	1.00
Haverfordwest Central	3,250	20.00
Cross Hands	4,750	30.00
Llandovery	3,000	20.00
Amman Valley	2,000	10.00
Aberystwyth ICC	3,595	20.00
Lampeter ICC	250	0.50
Llandysul ICC	250	0.50
Bro Cerwyn (Haverfordwest)	2,000	5.00
Carmarthen Community Mental Health	2,000	5.00
Llanelli Community Mental Health	2,000	5.00
Project Out-turn Cost		185.00

Key Points and Facts

- Capital cost differential between the 'least efficient' and 'most efficient' scenarios is only c£50m

- PBC scenarios

  - Do nothing capital costs are based on current approved capital schemes
  - Do minimum capital costs are based on addressing the full estate backlog costs to bring the estate to condition B. This does not include improvements in the functional design of the estate or modern functional standards
  - The three main scenarios are Least, Likely and Maximum efficiency scenarios primarily driving bed and support services assumptions. The only difference to this is that in the least efficient scenario day case and endoscopy facilities have been included in Glangwili and Withybush
  - The scenarios are consistent with the details of the Health & Care Strategy approved in 2018

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5 Case Model

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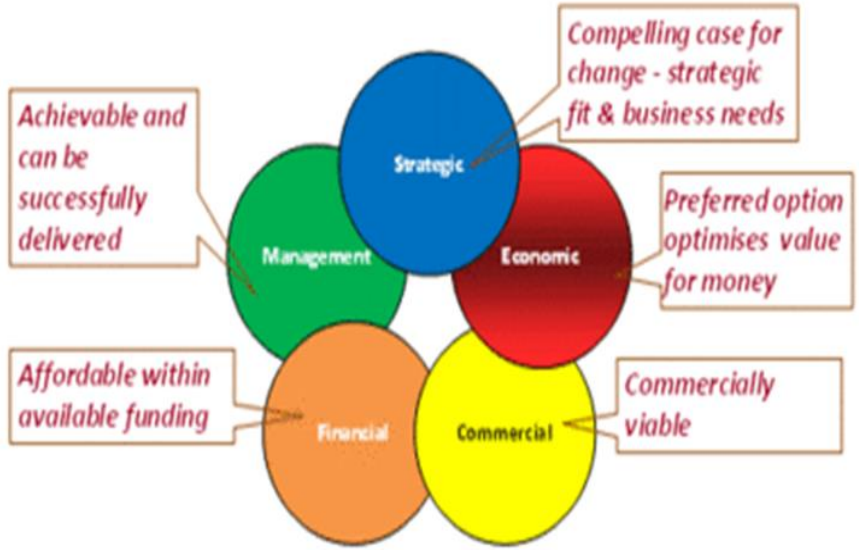
Structure of the PBC - 5 Case Model

- A PBC provides an initial stage strategic context for progression of a programme where subsequent business cases can be developed.

- The PBC follows the better business case approach following the five case business model

1. Economic Case
2. Strategic Case
3. Management Case
4. Commercial Case
5. Financial Case



- A robust 'case for change' is key. The PBC must set out the imperative for infrastructure investment in support of our Health and Care Strategy

- Infrastructure to include: new urgent and planned care hospital, refurbishing/re-building Glangwili and Withybush, investment in Bronglais and Prince Phillip and development of community infrastructure

- Total investment with optimism bias is estimated to be circa £1.7billion

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Purpose of PBC – Strategic Case

Strategic Case

To make the case for change and to demonstrate how the programme provides strategic fit

- The Strategic case is based on the A Healthier Mid and West Wales: Our Future Generations Living Well
- Agreed by Board in November 2018 following public consultation
- Key drivers for change being called out are
  - Health and Care Case for Change
  - Workforce Case for Change
  - Estates Case for Change
  - Digital Case for Change
  - Environmental Case for Change – including decarbonisation
- Programme Spending Objectives have been aligned to the UHB's Strategic Objectives and case for change and they have been used to define the outcomes and benefits to be achieved. These together with the critical success factors in the Economic case will provide the basis for appraising the options
- This case also calls out the programme risks, constraints and dependencies

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Purpose of PBC – Strategic Case

Strategic Case

Health and Care Case for Change

- The importance of the PBC is to establish the strategic imperative of our Health and Care Strategy. Which can only be achieved with infrastructure investment

Challenges include:

Historical configuration:

- We still have a health care model based on DGH for very small populations (4 for our less than 400K population)
- This means
  - Duplication and fragile services
  - Workforce under strain
  - We struggle to meet standards both clinical and technical e.g. 3 emergency depts, 4 medical takes, continual decline against accepted standards
- We know that the model cannot stand the test of time and is unsustainable
- Demographics: Ageing Population

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Purpose of PBC – Strategic Case

Strategic Case

Health and Care Case for Change

Learning and recovering from Covid-19

- We have experienced cramped and constrained environments
- Very difficult to deliver modern care
- Risk of infection and control
- Lack of flexibility
- Difficult to achieve separation between planned and emergency care

Covid-19 has exacerbated these problems

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Purpose of PBC – Strategic Case

Strategic Case

Health and Care Case for Change

Our population's profile presents us with four key (but not exclusive) population health challenges:

- The projected increase in the frail, elderly and at risk population, with concomitant increases in chronic disease and cancer
- Life expectancy
- Health in early years
- Waiting times

- In order to make a generational shift to a wellness system we need to invest in planned care to increase efficiency and coverage

- Invest in a community model to reduce need over the long term

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Purpose of PBC – Strategic Case

Strategic Case

Workforce Case For Change

- Workforce is at the very heart of our organisation
- Getting 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
- 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 allocation differently on workforce
- We need to reskill our staff to both support the community model and address gaps in secondary care, so that our staffing model is sustainable

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Purpose of PBC – Strategic Case

Strategic Case

Estates Case for Change

- Unacceptable nature of current accommodation
- Many of our clinical areas are non-compliant against current healthcare design guidance
- This has impact on both service delivery and staff and patient experience
- 56% of the estate is more than 37 years old
- with more than £81m current backlog maintenance outstanding
- Facilities often fall short of modern technical standards
- Also fall short of the latest functional standards for modern healthcare

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

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Purpose of PBC – Strategic Case

Strategic Case

Digital Case for Change

- We do not have a technology infrastructure which will enable us to meet the vision of our Health & Care Strategy
- Technological innovation continues to move at an incredible pace
- Our business case needs to be ambitious to reflect this and to take advantage of the opportunities this offers
- We need a digital infrastructure which will enable us to connect with patients / citizens to:
  - 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

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Purpose of PBC – Strategic Case

Strategic Case

Environmental Case for Change

- 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/m² and carbon dioxide emissions of 107kg/m² rank highest compared to all other Health Boards in Wales
- Our ambitions for the new builds and refurbishments are contained in the Estates Annex of this PBC
- We will incorporate principles of biophilic design into the new Urgent and Planned Care Hospital and other sites
- These key drivers for change underpin spending objectives and critical success factors which go on to be utilised in the economic case

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Purpose of PBC – Economic Case

Economic Case

To generate options and examine them from the perspective of which will deliver best social value to society, including wider social and environmental effects

- The Economic case calls out the options for the delivery of the Programme
- Background on the options considered during the Consultation is included and the process of evaluating the consultation options described
- All scenarios considered for the PBC are predicated on the agreed Health & Care Strategy
- The scenarios being evaluated in this case are
  - Do nothing – benchmark only
  - Do Minimum – benchmark only
  - 3 efficiency scenarios based on Proposal B+
    - a least efficient model
    - a likely efficient model
    - a more efficient option

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Purpose of PBC – Economic Case

Economic Case

To generate options and examine them from the perspective of which will deliver best social value to society, including wider social and environmental effects

- Critical Success Factors
  - Potential value for money
  - Supply side capacity and capability
  - Potential sustainability
  - Potential deliverability

- Further analysis has been undertaken to assess options to be applied to Proposal B+ for:
- service scope, drawing on clinical engagement undertaken in late 2020/early 2021;
- the optimal combination of solutions (new-build/refurbishment);
- the optimal sequencing of the implementation of different elements of the Programme;
- how services might be delivered; and
- how the Programme might be funded - at this PBC stage, and in line with WG guidance, we have considered it important not to discount any funding option. It is only at OBC stage, once the options and costs for delivering Proposal B+ have been better defined and it has been possible to identify preferred options for each element of the Programme, and in discussion and agreement with Welsh Government, that we will consider the funding options in more detail.

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Purpose of PBC – Economic Case

Economic Case

To generate options and examine them from the perspective of which will deliver best social value to society, including wider social and environmental effects

Whilst there might be a number of implementation routes the PBC analysis indicates an Implementation Plan comprising:

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

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Purpose of PBC – Economic Case

Economic Case

To generate options and examine them from the perspective of which will deliver best social value to society, including wider social and environmental effects

The range of capital cost estimates at this PBC stage is:

- Between £1,342m for the Maximum Efficiency/New Build (rather than refurbishment solutions at Withybush and Glangwili Hospitals) scenario and £1,392m for the Minimum Efficiency New Build scenario without optimism bias
- Between £1,677m for the Maximum Efficiency New Build scenario and £1,740m for the Minimum Efficiency New Build scenario if optimism bias is included
- It can be seen that there is little difference in terms of capital costs and bed numbers between the Minimum, Likely and Maximum Efficiency scenarios: the differentials between scenarios lie within a cost range of approximately £50m without optimism bias; and within a range of approximately 180 beds
- Under our “Likely Efficiency” scenario, incremental revenue funding will be in the region of £33m per annum. However, given the stage of development 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 likely still be in place for Prince Philip Hospital for some time even after the new Urgent and Planned Care Hospital is built)
- Do nothing and do minimum scenarios do not comply with our strategy and are therefore included for benchmarking purposes

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Purpose of PBC – 5 Cases

Commercial Case

To demonstrate that it will be possible to deliver the Strategy through a viable procurement which will result in a well structured deal between the public sector and it service providers

- PBC has been developed on agreed assumption with WG that it will be procured using WG capital but given the mixed nature of the programme there may be elements of the programme that will be suited to funding through alternative innovative finance routes (current example Mutual Investment Model – Velindre)
- Procurement strategy narrative reflects
  - Wellbeing of Future Generations(Wales) Act 2015
  - Socio Economic Duty
  - Foundational Economy
  - Decarbonisation and alignment with Net Zero by 2030
  - NHS Wales Infrastructure Investment Guidance
- Land acquisition for new urgent and planned care centre will be a separate procurement and legal process supported by Shared Services and is referenced in the PBC

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Purpose of PBC – Management Case

Management Case

To demonstrate that robust arrangements are in place for the delivery, monitoring and evaluation of the Strategy, including feedback into the UHB's strategic planning cycle

- Provides the detail of Programme Governance arrangements
- Workstreams set up and leads
- How we are learning the lessons from others
- Specialist support we are engaging with
- Approach to progressing with the OBC & FBCs
- Approach to change management
- Impact of agile/hybrid working
- Arrangements for Communication and Engagement as we implement the Strategy in totality not just the capital elements
- Approach to benefits realisation and monitoring
- Approach to risk management
- Post Project evaluation

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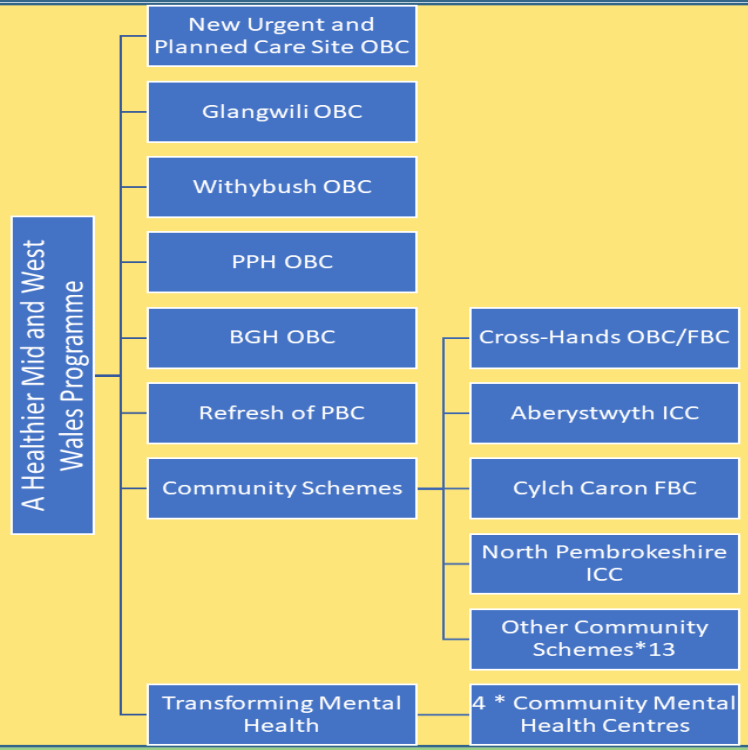
Purpose of PBC – Management Case

Management Case

To demonstrate that robust arrangements are in place for the delivery, monitoring and evaluation of the Strategy, including feedback into the UHB's strategic planning cycle



- Very significant step up in internal resources required
- Part funded though WG but likely to require significant UHB resourcing

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Purpose of PBC – 5 Cases

Financial Case

To demonstrate that the strategy will be affordable and fundable

- Capital Costs – capital costs of options

	Do Nothing £m	Do Minimum £m	Minimum Efficiency £m		Likely Efficiency £m		Maximum Efficiency £m	
			New Build WGH & GGH	Refurbish WGH & GGH	New Build WGH & GGH	Refurbish WGH & GGH	New Build WGH & GGH	Refurbish WGH & GGH
Total Cost (Pubsec 269)	58.1	654.7	1,392	1,356	1,365	1,375	1,342	1,351

- Figures here exclude 25% optimism bias
- Assumption in the PBC is that WG will fund the capital requirements

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Purpose of PBC – 5 Cases

Financial Case

To demonstrate that the strategy will be affordable and fundable

- Revenue Costs
  - Modelling undertaken for the PBC is based on an incremental basis assessing the revenue costs of each option against the counterfactual position
  - The additional cost of each scenario considered in the PBC is shown below along with the alignment to the Roadmap to deliver financial sustainability which has been developed during 2021/22 and the additional efficiencies required

	Do minimum £m	Minimum Efficiency £m	Likely Efficiency £m	Maximum Efficiency £m
Additional Costs	50.3	44.6	22.7	-0.5
Health Board Deficit (Alignment to roadmap)	20.0	20.0	20.0	20.0
Funding premium required for Prince Phillip Hospital (alignment to roadmap)	-10.0	-10.0	-10.0	-10.0
Additional Efficiencies required through Economies of Scale / Digital Investment plus assumed funding for Demographic Growth	60.3	54.6	32.7	9.5

PBC – Appendices

1. A Healthier Mid and West Wales Programme Business Case - Strategic Alignment
2. Health & Care Strategy
3. Future Generations: Living Well A Health and Wellbeing Framework for Hywel Dda
4. Hywel Dda University Health Board key Workforce Findings
5. Equalities and Health Impact Assessment
6. Building a healthier future after COVID-19: Summary of the feedback
7. Options Framework analysis
8. Design Assumptions, Clinical and Support Service Narrative, Functional Content Departmental Level Schedule of Accommodation
9. Estates Annex
10. Revenue Cost Assumptions Supporting Information
11. Digital Strategy
12. Scoping and modelling assessment for building & transport decarbonisation
13. Transport Submission
14. Programme Group membership
15. Programme Group and Programme Team Terms of Reference
16. Strategic Advisory Group membership
17. Reflections Log
18. Communication and Engagement Plan
19. Benefits Register
20. Risk Register
21. Mandatory Business Case Checklist
    - Scoping Document
    - Business Case Review
    - Intergrated Assurance and Approval Plan
    - Risk Potential Form

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Land

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Land – next steps

- On 22nd October 2021, a Longlist to Shortlist workshop was held, a Shortlist of 5 sites was recommended [located in Pembrokeshire and Carmarthenshire]. 2 of the Shortlisted sites required further investigation to confirm technical issues
- The process to deliver an interim Shortlist of sites was reviewed and approved during an In-Committee Board meeting held on 25th November 2021
- The Longlist to Shortlist workshop is likely to be reconvened following the receipt of the further investigation information to confirm the Shortlist of sites for technical appraisal
- The workshop will then confirm the Shortlist of sites
- The establishment of a Shortlist Appraisal Group, this group will have a public representation of 52% and include representatives of protected characteristics

This group will meet on three occasions:

- First meeting, explain the role of the group, to review the procedure adopted to date and be advised of the process to be followed
- Second meeting, to review the technical appraisal criteria, agree the criteria weighting [one against another] and to agree the scoring methodology to be adopted at the appraisal meeting. Those individuals who will score the Shortlisted sites will be identified [not all attendees at the technical appraisal meeting will be eligible to score]
- Third meeting, review each Shortlisted site against the criteria, individuals score each criteria, scores are collated and weighting applied

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Land Next Steps

- The technical information regarding each Shortlisted site will be compiled as a parallel exercise [agreed list of information requirements applied to each site]
- The Shortlist Appraisal scoring workshop [third meeting] is scheduled to take place in June 2022
- The transport and access implications of each Shortlisted site will be reviewed and included within the technical appraisal documentation
- A parallel workstream, appraising the clinical implications of the Shortlisted sites, will be ongoing to provide further information for a Board decision
- A recommendation report, regarding the Shortlisted sites and identifying a Preferred Site/s, will be issued for Board approval in July 2022
- Dependant upon the recommendation made, a Public Consultation process may need to be held to confirm the Preferred Site [this may not be required if a single, outright site has been identified]

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Transport

Transport Annexe

WSP Accessibility Report

- Vision and aspirations of the Health Board in relation to a new hospital location including active travel and decarbonisation
- Detailed planning & policy review and context for the development of transport strategies and plans
- An assessment of the baseline position and transport infrastructure relevant to accessing the new hospital location
- Accessibility considerations of the new hospital “zone” through the lens of the WG transport hierarchy
- Analysis of accessibility by transport mode including ambulance travel times for the region
- Challenges and key risks in delivering a transport model wrapped around a new hospital location
- Conclusions on transport planning and key next steps for consideration in the development of the transport agenda

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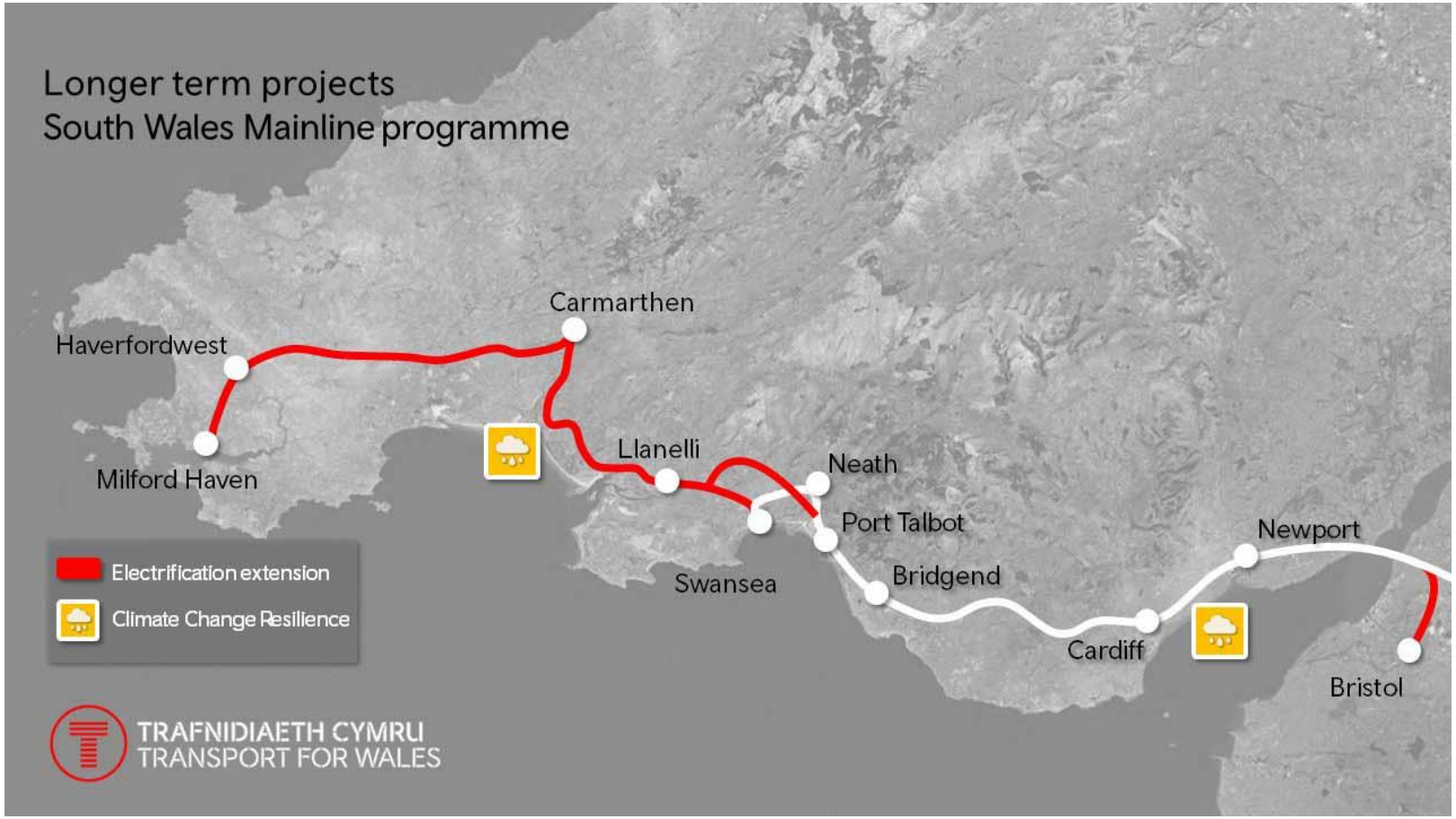
Transport - Llwybr Newydd – Welsh Metro

Llwybr Newydd, the Wales Transport Strategy

- 172km of electrification to improve journey times and frequency
- Up to 30% more services to improve connectivity across Wales, such as new tram-trains offering fast turn-up-and-go services at 45 stations on Valleys Lines by 2024
- New and improved rail and bus services and active travel routes to reduce rural isolation, provide a door-to-door commuting experience and open up job, business and leisure opportunities across North Wales
- New integrated tickets and more flexible fare options delivered through new technology on all buses and more than 200 new ticket machines at stations
- New and improved train stations across Wales to provide a viable public transport alternative to the congested road network and;
- 100% renewable energy powering overhead wires to reduce our carbon footprint



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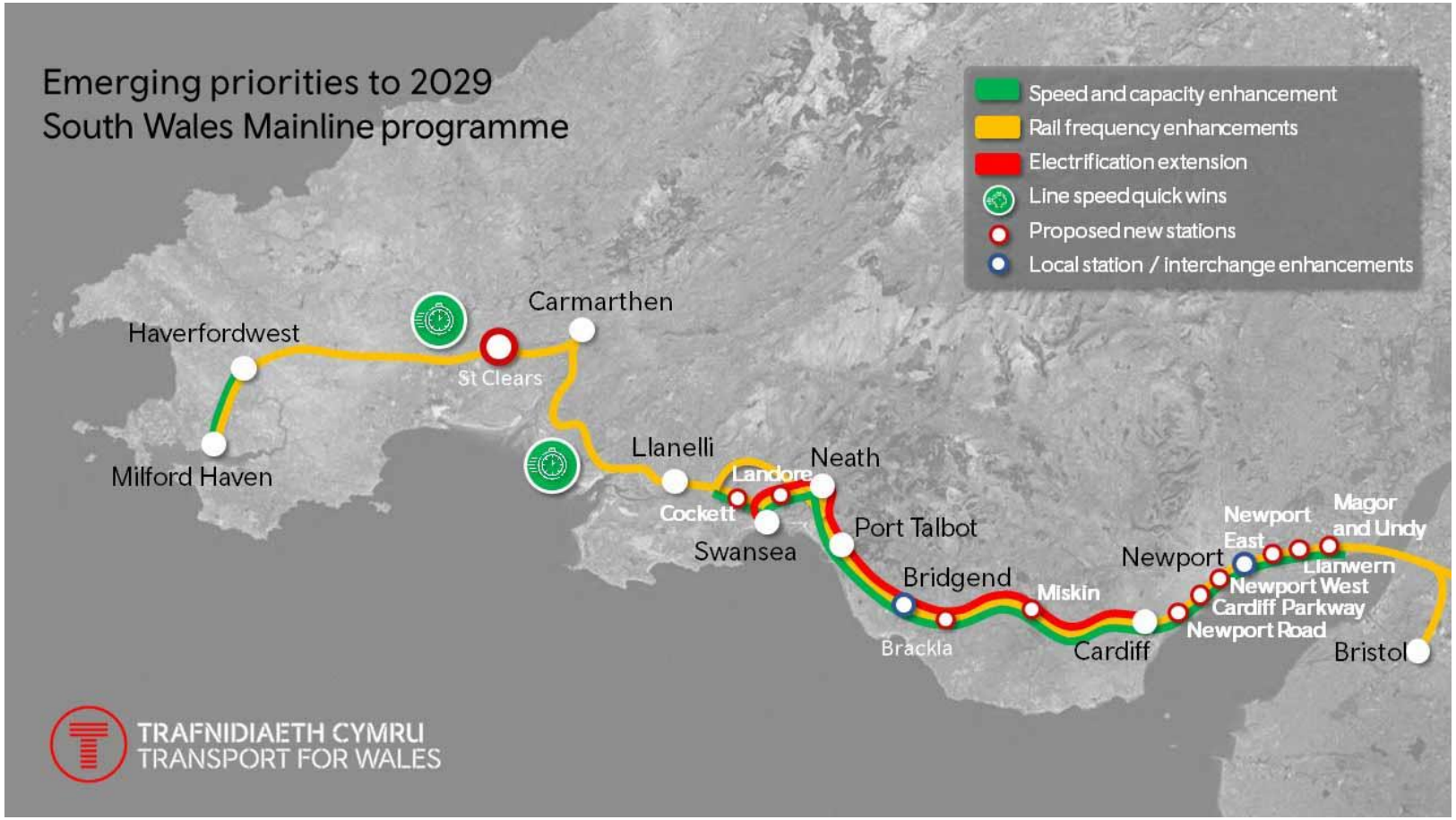
Transport - Llwybr Newydd – Welsh Metro



Transport - Llwybr Newydd – Welsh Metro

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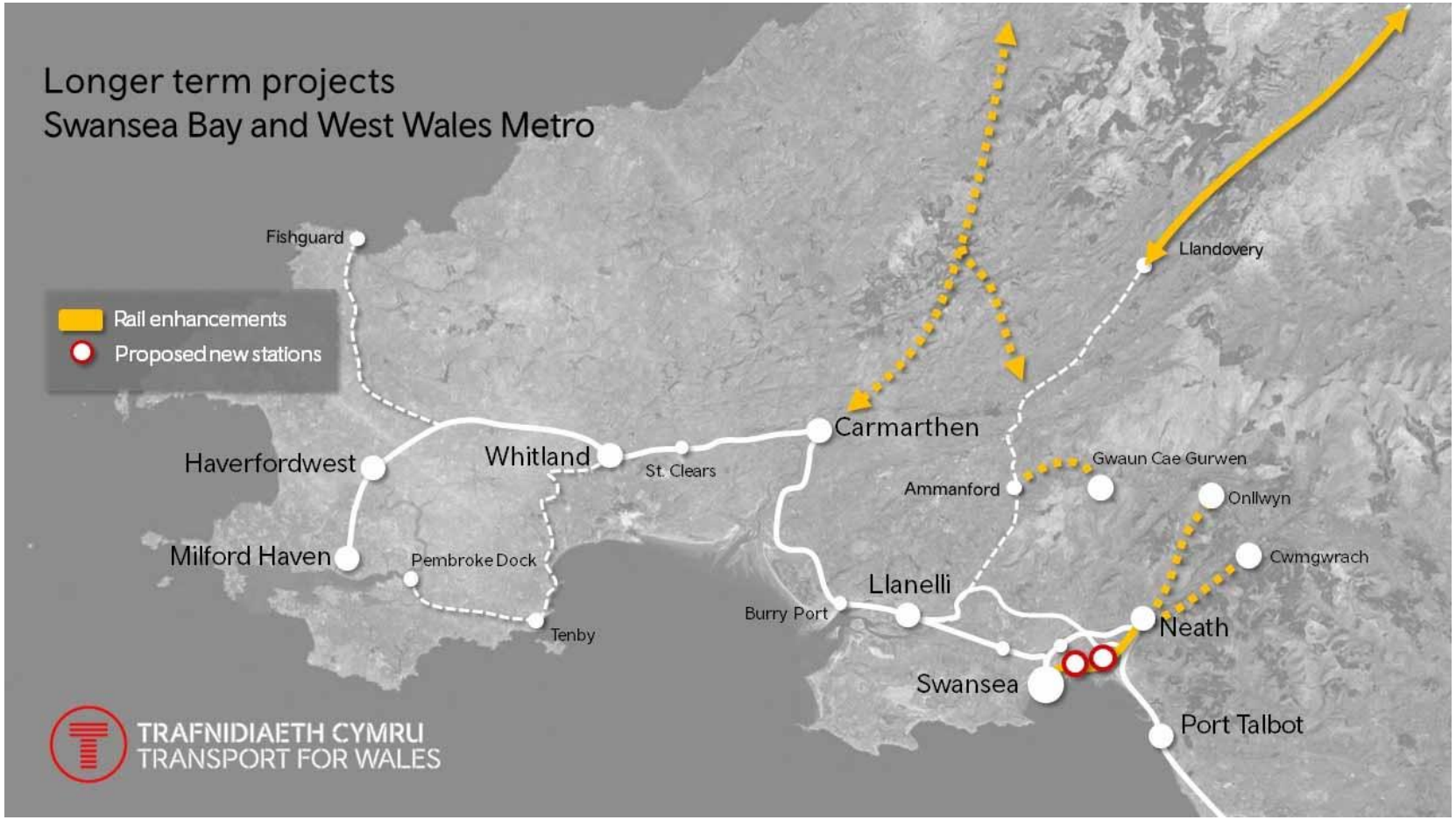

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Lessons learnt – The Grange and others

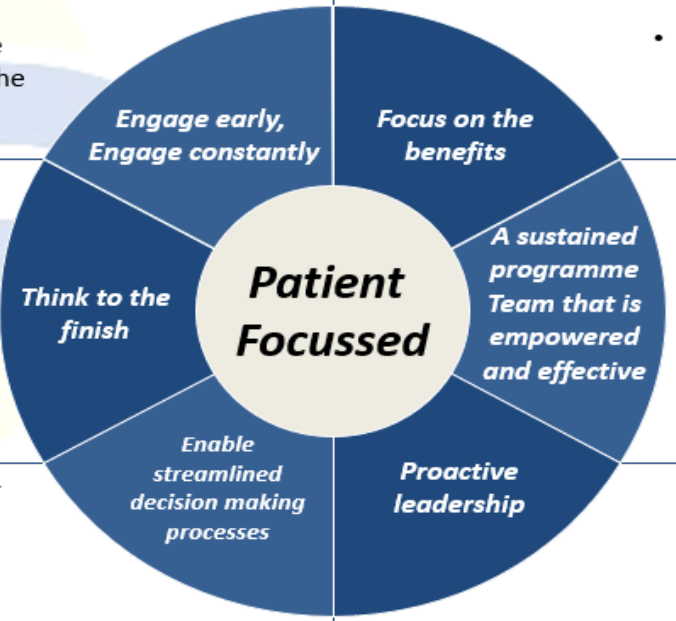
Ensuring that lessons learnt from others who have embarked on similar journeys are shared

- Aneurin Bevan – Clinical Futures and The Grange
- Nuffield Trust – Lessons from the last hospital building programme, and recommendations for the next
- Experiences of hospital developments in England – HIP - Torbay

Key principles to take forward

- **Involve clinicians** early and throughout
- Include the willing, able and **enthusiastic**. Especially those who will eventually work in the new system

- **Keep a track** of what you're trying to achieve in the first place
- Be **ambitious** with your goals



- **Deal with problems as you go**. Don't bury them for the future
- This will be a long journey. Ensure a level of **continuity** / documented history over the years

- To do transformation properly you **need to invest.**
- Embed clinical staff within the team

- Be **quick to adapt** and deliver
- The Supply Chain Partner will work at a much faster pace and time **will cost you money**

- There needs to be **visible leadership** throughout
- Time set aside to drive decision making and **influencing** members of the organisation

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Communication and Engagement and Equality and Health Impact Assessment

- 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 and the Consultation Institute
- Our approach is underpinned by a commitment to target the seldom heard and engage in ways that are sensitive and appropriate to their needs
- '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

- Equalities and Health Impact Assessment available as an annex to the PBC
- 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

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Programme Key Risks – Risk Score 16

There is a risk of not having sufficient workforce nor a workforce with the right skills, this is because of the potential mis-alignment of the health and care strategy with the workforce training and education cycles. The impact would be a lack of assurance that we can deliver a sustainable workforce.

There is a risk that the new urgent and planned care hospital might be insufficiently accessible to patients and staff. This is because of the limited transport infrastructure in the identified zone between Narberth and St Clears. The impact would be the lack of staff, public and planning support for the new hospital development.

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Programme Key Risks – Risk Score 12

There is a risk of political opposition to the programme. This is caused by concerns on the selection of the new hospital site which will either be in Pembrokeshire or Carmarthenshire. This will have an impact on potential reputational damage and it has potential to extend programme timelines.

There is a risk that existing staff are resistant to change, this is caused by finding it challenging to adapt to ways of working to fit the new clinical model and potential relocations. This will have an impact on staff morale.

There is a risk of inadequate estimate/funding of transitional costs. This is caused by poor estimation leading to funds not being secured from WG. The impact would be UHB overspending or the failure to implement smooth transitional plans.

There is a risk of inadequate estimate/funding of capital costs. This is caused by Capital costs under estimated and/or capital receipts over estimated. The impact being insufficient funds planned and available from WG

There is a risk that the OBC and FBC process will be delayed. This is because innovative finance solutions in part or whole may need to be considered for some of the projects being progressed. The processes will include competitive dialogue, preferred bidder negotiation period as well as market interest from funding / development organisations. This could impact on the OBC and FBC timelines set out in the programme timetable.

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Programme Key Risks – Risk Score 12

There is a risk that activity capacity modelling cannot be an accurate projection so far in advance of operation implementation. This is caused by changes in clinical practice, and by population growth & demographic change assumptions which may be over or under estimated. This could result in future demand within the modelling being inaccurate and resulting in capacity being too little or too much

There is a risk that with no defined planning policy for a new hospital or the existing sites this may result in a delay to the planning timelines or a requirement to demonstrate compliance with national policy which would result in a delay to the programme and potential additional capital expenditure .

There is a risk that the UHB will not comply with it's decarbonisation responsibilities and targets, this is because of the lack of a fully defined decarbonisation strategy. This will have an impact on programme and design periods and need to be aligned with wider strategies e.g. transport and procurement.

There is a risk that development of the main acute site in a rural location, far from a major settlement is likely to increase commuting requirements and associated CO2 emissions / road network congestion. This is because car will be a more prominent form of transport due to limitations in the public transport network

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Programme Key Risks – Risk Score 12

There is a risk that the Health Board and external resources cannot support the delivery of the projects within the programme at the same time. This is caused by unfilled posts and capability of the market and BfW framework. This could impact on the efficiency of the timeline and extend the programme should projects be staggered.

There is a risk of becoming unable to deliver services as planned. This is caused by failure to balance demand and capacity in out-of-hospital care. The impact would be failure to shift resources from secondary to primary care and to deliver a social model of care.

There is a risk of delay to programme delivery in service models, this is because of the scale of transformation required and the impact would be incorrect planning assumptions or delay of business case stages required for programme approval

There is a risk that the UHB cannot fully predict what the digital technology will be circa 7 years ahead. This is because of the pace of technological change with the impact that we may not take full advantage of latest technology in the development of our health care infrastructure.

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Programme Key Risks – Risk Score 8 and 9

There is a risk of limited clinical input to programme activity due to operational pressures, with an impact on the credibility of service plans and pathway changes

There is a risk of changed risk profile associated with capital costs. This may be caused by market conditions (inflation) or the involvement of SCP at OBC stage may be different from SCP for procurement phase (in view of scale of investment). This will lead to changes in capital costs and timescales for delivery.

There is a risk that the programme might be delayed. This is due to the process and timescale required for the identification and acquisition of the preferred site for the new urgent & planned care hospital.
The impact is a less robust OBC which could lead to delay in approval or in a delay in completion of the OBC and Programme.

There is a risk of limited capacity to manage and administer programme and project activities, with an impact on delivery of the programme work plan

There is a risk that specialist skills and knowledge required to deliver the programme plan, both internally and externally, are not available. This will impact on the successful delivery of the programme

There is a risk that the EHIA will not have fully considered the impact on all protected groups or our socio economic duties. This is caused by insufficient data or evidence. This will have an impact on the quality of data to support the Programme and subsequent timelines of business cases from WG.

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CHC Recommendations

Recommendation
1. For all services we expect the Health Board to ensure that no service change can take place which would lead to care that was less safe or of a lesser quality than existing services.
2. We expect the Health Board to assure the public that no final decisions on removing specific services will be made until a fuller case is developed
3. We expect the Health Board to engage and where necessary consult further with the public on specific changes as a clearer picture of how new services would run emerges
4. We expect the Health Board to ensure that plans are in place that put GP practices in a better long-term position as systemic change is developed
5. We expect the Health Board to make a clear commitment to placing transport at the heart of its strategic plans with a willingness to innovate, a clear understanding of need, and appropriate funding to meet those needs. Transport providers including third sector providers need to be closely involved with planning
6. We expect the Health Board to prioritise the development of community services given the strategic importance of this change to making further hospital changes
7. We expect the Health Board to demonstrate how it will achieve better integration with social care, the third sector and carers, working with them to help develop more detailed plans
8. We expect the Health Board to show how it will monitor quality and safety experience of people's care comprehensively as care moves away from traditional hospital settings and into the community
9. We expect the Health Board to demonstrate a clearer picture of how community services would work for the public, including the possible early development of a community hub to help achieve this
10. We expect the Health Board to develop workforce plans that illustrate how the changes would be supported by enough appropriately qualified staff to ensure services would be sustainable and of high quality
11. We expect the Health Board to make a clear commitment to continue a co-productive approach and build flexibility into its planning

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CHC Recommendations

Recommendation
12. We expect the Health Board to give due consideration to the alternative proposal put forward and note the concerns of people in relation to Prince Philip and Amman Valley Hospitals
13. We believe the Health Board should give due consideration to Lampeter as a community hub venue and that the strategic future of Bronglais hospital needs to be set out in a detailed plan which shows Ceredigion people (whole catchment area of mid Wales) and those in neighbouring counties (Powys and Gwynedd) how the hospital will develop in coming years
14. Given the concerns we heard from people in Pembrokeshire feel that the Health Board needs to carefully consider healthcare equity across all areas as it looks at developing draft plans further, linking with Conclusion 1 around maintaining safety and quality through service change
15. We think that the Health Board should consider developing a community hub in the north west of Pembrokeshire
16. We believe that the Health Board needs to show how delivering such large scale change will not impact on its day-to-day ability to manage current and future problems that may arise
17. We expect the Health Board to be mindful of the importance of cross border issues as it develops its plans, for its own residents and those living in other health board areas who could be affected
18. We expect the Health Board to show clear linkages with the “Transforming Mental Health” implementation and ensure that Transforming Clinical Services adds value to this process

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Diolch / Thank you
Questions and Discussion