



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date: January 2022 **DRAFT**

**Canolbarth
a Gorllewin
Iachach**

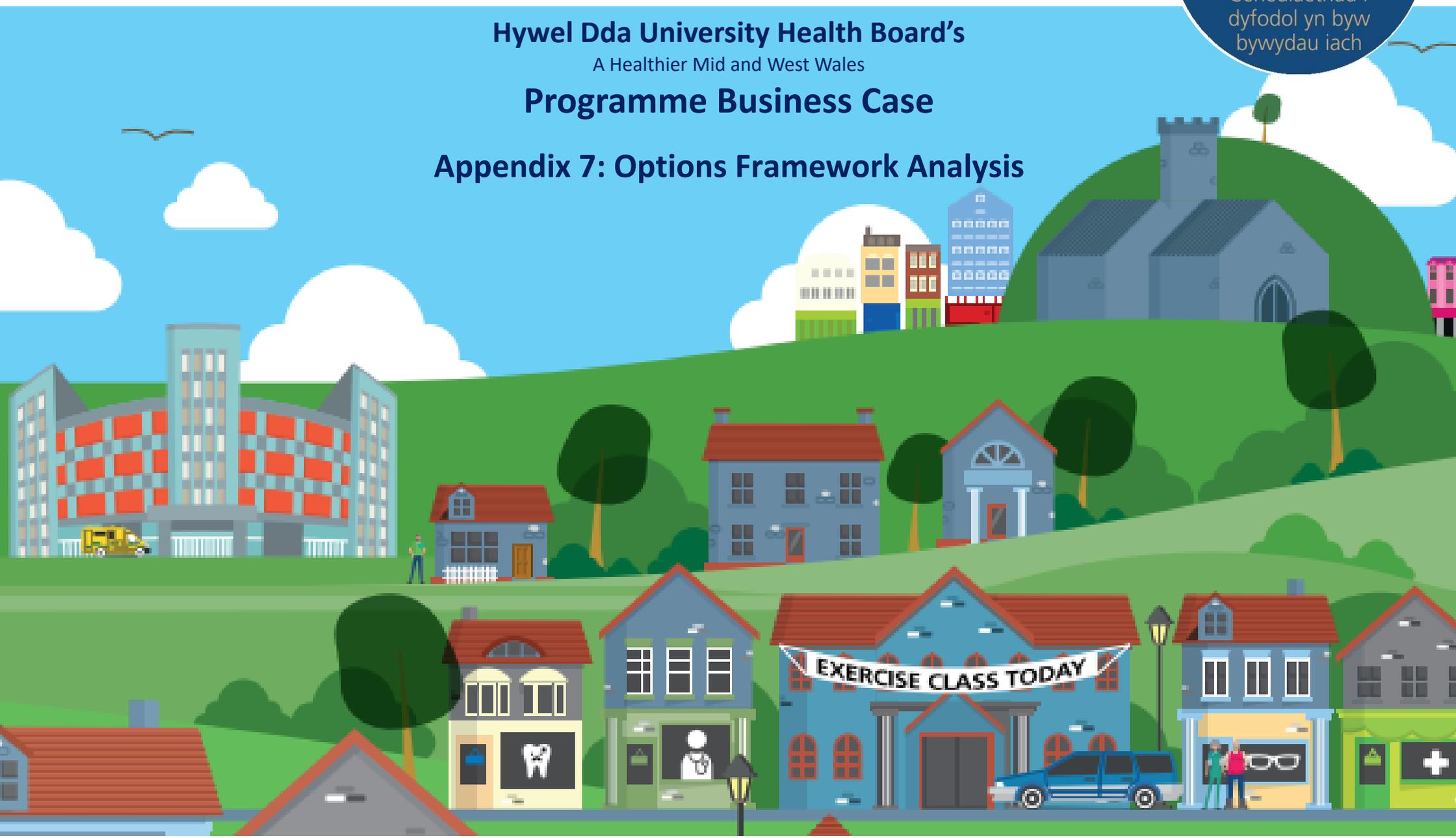
Cenedlaethau'r
dyfodol yn byw
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Hywel Dda University Health Board's

A Healthier Mid and West Wales

Programme Business Case

Appendix 7: Options Framework Analysis



Service Scoping Options

The Service Scoping Options focus on the ‘what’, in terms of the potential coverage of the Programme.

Please note that the Service Scoping Options focus on delivery of the clinical model, therefore the options have not been assessed against CSFs 2 and 4 (supplier capacity and capability; and potential deliverability): these CSFs are addressed under the Service Delivery and Implementation options.

Service Scoping Option 1 – Do Nothing			
Current service offering is sustained with no major reconfiguration / transformation to align with the AHMWW Strategy.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Continuity of service provision – familiarity for workforce and local community. Will enable some limited transformation to service model and ways of working. The option does not guarantee that all acute services would be retained locally, however this would be facilitated by this option. 		<ul style="list-style-type: none"> Does not align with strategic vision or spending objectives. Acute service offering unsustainable from workforce and financial perspective. Does not respond to current and future health and wellbeing needs for the local population. Fails to address pressing backlog maintenance requirements, which will negatively impact service delivery. Not sustainable or safe. 	
Conclusion – Discount			

Service Scoping Option 2 – Do Minimum (BAU)			
Current service offering is sustained with minor transformation of services to align with the AHMWW strategy where possible within existing affordability limits, supported with investment to bring the acute hospital estate up to Condition B and targeted investment within the community estate.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Continuity of service provision – familiarity for workforce and local community. Some improvements in estate suitability and standards through improvement of environmental conditions such as control and infection, ventilation and M&E compliance. This option does address backlog maintenance issues. Whilst supplier capacity and capability are not fully clear at this stage, this option is unlikely to represent the same risk as options 3A, 3B and 3C. 		<ul style="list-style-type: none"> Does not align with strategic vision or spending objectives. Acute service offering unsustainable from workforce and financial perspective. Does not respond to current and future health and wellbeing needs for the local population. Estate investment does not respond to service transformation requirements. Does not enable the clinical model. 	
Conclusion – Retain (as benchmark)			

Service Scoping Option 3A - Implementation of Proposal B+ – Minimum Efficiency Design Assumptions applied

Minimum Efficiency Design Assumptions are applied. Services are transformed to align with the AHMWW Strategy with a “Minimum Efficiency” approach to realisation of the Design Assumptions. This reduces the requirement for beds on the Urgent and Planned Care Hospital site and increases the requirement on community hospital sites (Withybush and Glangwili Hospitals). Day-case theatres and endoscopy remain at WGH and GGH.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Aligns with Health & Care Strategy. Broadly delivers spending objectives while achieving value for money. 		<ul style="list-style-type: none"> Requires a higher number of beds than Scoping Options 3B and 3C, which raises a sustainability issue. Will not enable the University Health Board to fully meet its clinical and workforce objectives; in particular the workforce at Withybush and Glangwili Hospitals will be under strain and therefore limited in their ability to deliver Spending Objectives 1, 2, 5 and 6. 	

Conclusion – Possible

Service Scoping Option 3B – Implementation of Proposal B+ - Likely Efficiency Design Assumptions applied

Likely Efficiency Design Assumptions are applied. Services are transformed to align with the AHMWW Strategy with a “Likely Efficiency” set of Design Assumptions to determine bed requirements on the Urgent and Planned Care Hospital site and the supporting hospital (acute and community) and community infrastructure applied.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Aligns with Health & Care Strategy. Delivers spending objectives while achieving value for money. 			

Conclusion – Possible

Service Scoping Option 3C - Implementation of Proposal B+ - “ambitious” Design Assumptions applied

Maximum Efficiency Design Assumptions are applied. Services are transformed to align with the AHMWW Strategy with a “Maximum Efficiency” approach to realisation of the Design Assumptions applied. This increases the requirement for beds on the Urgent and Planned Care Hospital site and reduces the requirement on community hospital sites (WGH and GGH).

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Aligns with Health & Care Strategy. Delivers spending objectives while achieving value for money. Meets design assumptions. 		<ul style="list-style-type: none"> Will result in a slightly more stressed system than Options 3A or 3B because community services, bed management and transport will be pushed harder; this may make the system slightly less sustainable and test the University Health Board’s ability to deliver Spending Objectives 5 and 6 (safe, sustainable, accessible and kind care; and sustainable use of resources) to a greater degree. It will provide less “headroom” for future adaptation of the service model to meet population health needs than Options 3A and 3B. This option therefore represents a “trade-off” between efficiency and risk. 	

Conclusion – Possible

Solution Options

The Solution Options focus on **how** Proposal B+ could be delivered through the University Health Board estate.

Options have not been assessed against CSFs 2 and 4 (supplier capacity and capability; and potential deliverability): these CSFs are addressed under the Service Delivery and Implementation options.

Solution Option 1 – Do Nothing			
Services continue to be delivered within the current estate with no investment in the infrastructure, meaning:			
<ul style="list-style-type: none"> No new hospital provision. No significant reconfiguration, repurposing or new build of existing hospital sites. No significant refurbishment of existing primary care and community-based facilities. 			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Continuity of service provision – familiarity for workforce and local community. Backlog maintenance issues will be addressed. 		<ul style="list-style-type: none"> Does not align with the strategic vision to transform services with a fit for purpose estate. Unsustainable from workforce and financial perspective. Significant investment required to achieve statutory compliance with no improvements to functional suitability or support to service transformation; this is therefore not an efficient investment. High proportion of acute estate is old, not fit for purpose, presents increased risk and expensive to maintain. 	
Conclusion – Discount			

Solution Option 2 – Do Minimum

Services continue to be delivered with investment in the estate limited to backlog maintenance and statutory compliance only, meaning:

- No new hospital provision.
- No significant reconfiguration, repurposing or new build of existing hospital sites.
- Continued development of community-based schemes already in train.
- Business as usual capital investment for backlog maintenance and statutory compliance only within hospital sites and primary care and community-based facilities.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • Enables partial achievement of estates strategy through refurbishment works across sites. • Would allow limited achievement of Spending Objectives 		<ul style="list-style-type: none"> • Does not align with the strategic vision to transform services with a fit for purpose estate. • Requires significant investment to improve statutory compliance but offers limited enablement of service transformation. • Does not adequately address the problem that a high proportion of the acute estate is old, not fit for purpose, and expensive to maintain. • Will achieve some improvements in space standards. 	

Conclusion – Retain (as benchmark)

Solution Option 3 – Minor Refurbishments to existing estate

Capital investment targeted at minor refurbishment schemes with no fundamental changes to service model, meaning:

- No new hospital provision.
- Refurbishment of existing hospital sites to improve statutory compliance and space standards.
- Refurbishment of current range of primary care and community-based facilities to 'fit for purpose' standard.
- Limited investment in existing estate to support some development in service delivery model.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • Improves the current estate and facilitates partial achievement of all strategies. 		<ul style="list-style-type: none"> • Poses service and workforce sustainability challenges within the acute infrastructure. • Requires significant investment to improve statutory compliance but offers limited enablement of service transformation. • Does not align with strategic vision to transform services within a fit for purpose estate. 	
Conclusion – Retain			

Solution Option 4 – Refurbishment to existing estate supporting minor changes in services models

Capital investment targeted at minor refurbishment schemes which support some minor transformation of service model, meaning:

- No new hospital provision.
- Refurbishment of existing hospital sites to improve statutory compliance and space standards with minimal provision to support service transformation.
- Refurbishment of the current range of primary care and community-based facilities to ‘fit for purpose’ standard with minimal provision for service transformation.
- No significant reconfiguration, repurposing or new build of the existing estate.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • Supports delivery of strategic vision. • Supports service transformation objectives. • Improves the current estate and enhances existing service to achieve statutory compliance and some service developments. 		<ul style="list-style-type: none"> • Does not support consistent implementation of service vision. • Service and workforce sustainability challenges within the acute infrastructure not mitigated (services continue to be delivered across multiple locations). 	

Conclusion – Retain

Solution Option 5 – Estate changes to support implementation of proposal B+

Capital investment targeted at the estate changes needed to support full implementation of Proposal B+, meaning:

- Three Main Hospitals:
 - A new build Urgent and Planned Care Hospital.
 - Bronglais and Prince Philip Hospitals are retained as local hospitals with investment to align with service requirements.
- Two Community Hospitals in Carmarthen and Haverfordwest (assumes repurposing of existing hospital sites at GGH and WGH).
- Development of a network of Community Hub facilities.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • Supports delivery of strategic vision. • Improves standard of all facilities. • Supports service transformation objectives. • Fit for purpose estate compliant with modern standards. 			

Conclusion – Possible

Solution Option 6a – Partial implementation of Proposal B+

Focus on acute element of the Strategy, meaning:

- Three Main Hospitals:
 - A new build Urgent and Planned Care Hospital.
 - Bronglais and Prince Philip Hospitals are retained as local hospitals with investment to align with service requirements.
- Two Community Hospitals in Carmarthen and Haverfordwest (assumes investment limited to bringing GGH and WGH sites to 'fit for purpose' only).
- Current range of primary care and community-based facilities to 'fit for purpose' standard.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • Partial achievement of estates, digital and environmental strategies attributable to the new build urgent and planned care hospital provision. 		<ul style="list-style-type: none"> • Minimises investment into community estate – not in line with the strategic vision. • Unable to achieve acute service transformation without the community transformation also taking place. • Significant capital investment for only partial achievement of service vision. 	

Conclusion – Discount

Solution Option 6b - Partial implementation of Proposal B+

Focuses on the community element of the Strategy, meaning:

- Three Main Hospitals:
 - A new build Urgent and Planned Care Hospital.
 - Bronglais and Prince Philip hospitals are retained as local hospitals with investment limited to improvements in statutory compliance and space standards only.
- Two Community Hospitals in Carmarthen and Haverfordwest (assumes significant repurposing of existing hospital sites at GGH and WGH to support service transformation requirements).
- Development of a network of Community Hub facilities.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • Partial achievement of estates, digital and environmental strategies attributable to the new build urgent and planned care hospital provision. 		<ul style="list-style-type: none"> • Minimises investment into existing acute site. • Does not align with the strategic vision. • Unable to realise service transformation objectives in isolation. • Significant capital investment for only partial achievement of service vision. 	

Conclusion – Discount

Service Delivery Options

The Service Delivery Options focus on **who** will deliver Proposal B+. Options have not been assessed against CSF 4 (potential deliverability): this CSF is addressed under the Implementation options.

Service Delivery Option 1 – In-house			
The University Health Board delivers all commissioned services in-house.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> From a clinical perspective this option gives the University Health Board maximum control over clinical service delivery. Creates direct accountability for achievement of quality measures. No requirement to manage contracts and suppliers' performance – there is direct responsibility for ensuring that quality standards are achieved by University Health Board teams and staff. Direct control over the relationship between workforce structure and clinical strategy; reduced complexity, no contract management responsibility and cost – can be as aligned as University Health Board desires. Direct control over the relationship between estate layout and performance and alignment with clinical strategy – reduced complexity and cost, no contract management responsibility. Avoided cost of contract management infrastructure and resource can be invested in services. No need to train an external supplier's staff in how to use the University Health Board's digital technology and infrastructure; reduced complexity, 		<ul style="list-style-type: none"> No opportunity to achieve efficiencies through supplier performance management – the University Health Board may be more rigorous in performance and efficiency management of an external supplier than in-house teams and staff. No strategic driver to bring all services back in house. Some services already delivered (and further services identified) on an All Wales basis; from a deliverability perspective, this would require a major change in the University Health Board's operational capacity and would disrupt longstanding relationships for uncertain benefit. 	

<p>easier to achieve standardisation across the system; supplier may have different systems which are not aligned or require alignment.</p> <ul style="list-style-type: none"> • No need to deal with an external supplier to ensure that they are in alignment with the University Health Board’s environmental values and standards. • May enable economies of scale/efficiencies. 	
<p>Conclusion – Discount</p>	

Service Delivery Option 2 – Current mixed model			
The University Health Board delivers some clinical and some non-clinical services in-house. Some services are outsourced to external providers.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Outsourced services have the potential to be more affordable and more efficient due to a managed relationship from the University Health Board, and the outsourced services access to networks. From a clinical perspective this option gives the University Health Board some control over clinical service delivery. Provides the University Health Board with some control over the relationship between workforce structure and clinical strategy; reduced potential for complexity due to some services being offered in-house. Provides the University Health Board with some control over: <ul style="list-style-type: none"> the relationship between estate layout, performance, and alignment with clinical strategy; digital strategy in services provided, allowing the services in-house to be digitally-enabled and aligned with digital strategy; and the offered services' alignment with University Health Board's environmental standards. Reduction in administration or corporate resources required. This is the current system for service delivery and therefore reduces complexity and enables the University Health Board to gain from financial benefits from All Wales purchasing solutions. 		<ul style="list-style-type: none"> There is risk around the effectiveness and efficiency of service delivery through SLAs. Option gives the University Health Board less control over service delivery than Option 1, therefore, less control over alignment with the spending objectives and accountability of achieving quality measures. 	
Conclusion – Possible			

Service Delivery Option 3 – Extended Mixed Model / Strategic Partnerships

The University Health Board develops strategic partnerships with Local Authorities, other Health Boards, private and third sector providers to deliver clinical and non-clinical services.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Will encourage collaboration among existing networks, with possibility to grow network. Offers greater possibility of efficiencies relative to Options 1 and 2. Possibility to improve career opportunities for employees due to larger network of providers. Outsourced services have the potential to be more affordable and more efficient due to a managed relationship from University Health Board, and the outsourced services' access to networks. Consistent with Welsh Government strategy. Opportunity to explore innovative approaches to service delivery, e.g. through link with City Deal, Swansea. 		<ul style="list-style-type: none"> Increases complexity relative to Option 2. There is risk around managing all service providers effectively. Risk of misalignment of values and objectives between the University Health Board and Strategic Partners. Risk to the achievement of a consistent digital system. Risk to the University Health Board's achievement of its Strategic / Spending Objectives. 	
Conclusion – Possible			

Implementation Options

The Implementation Options consider the ‘**when**’ in terms of delivering the service scope, solution and delivery arrangements for the Programme.

Implementation Options 1 and 2 – New Build at WGH and GGH opening concurrent with new UPCH. Remodelling works at both BGH and PPH together with the development of a network of Community Hub facilities

In both Options the common elements are:

- New build Urgent and Planned Care Hospital in single phase construction available by Winter 2029
- Concurrent with the new Urgent and Planned Care Hospital deliver new build community hospitals in Carmarthen and Haverfordwest also by Winter 2029
- Once the Urgent and Planned Care Hospital and two new community hospitals are operational reconfigure PPH by Winter 2032
- Phased rollout of construction/repurposing of the network of community hubs, to be completed by end of 2029

The difference between Options 1 and 2 is:

- In Option 1 BGH is reconfigured concurrent with the new Urgent and Planned Care Hospital by Spring 2031.
- In Option 2 BGH is reconfigured by Autumn 2034.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • These Options represent the best opportunity for the University Health Board to implement our Programme 		<ul style="list-style-type: none"> • The Option may raise some concerns about supplier capacity and deliverability 	
Conclusion – Option 1: Possible		Conclusion – Option 2: Retain	

Implementation Options 3 and 4 - New Build at WGH and GGH opening ahead of new UPCH completion. Remodelling works at both BGH and PPH together with the development of a network of Community Hub facilities

In both Options the common elements are:

- New build Urgent and Planned Care Hospital in single phase construction available by Winter 2029.
- Deliver new build community hospitals in Carmarthen and Haverfordwest as early as possible by Summer 2028.
- Once the Urgent and Planned Care Hospital and two new community hospitals are operational reconfigure PPH by Winter 2032.
- Phased rollout of construction/repurposing of the network of community hubs, to be completed by end of 2029.
- Both Options would require the new UPCH model of care services to be delivered on the existing GGH and WGH Hospitals until the new UPCH is completed.

The difference between the Options is:

- In Option 3 BGH is reconfigured concurrent with new Urgent and Planned Care Hospital by Spring 2031.
- In Option 4 BGH is reconfigured by Autumn 2034.

The way in which Options 3 and 4 differ from Options 1 and 2 is:

In Options 3 and 4 the new builds at WGH and GGH are delivered before the new Urgent and Planned Care Hospital. Options 3 and 4 would therefore require the new UPCH model of care services to be delivered through WGH and GGH hospitals until the new UPCH is completed.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • No advantages noted relative to Options 1 and 2. 		<ul style="list-style-type: none"> • This option would require the new UPCH model of care services to be delivered on the existing GGH and WGH hospitals until the new UPCH is completed. This would not be sustainable from a delivery nor sustainability perspective. 	

	<ul style="list-style-type: none">• Running double services would put extra constraints and pressure on the workforce, limiting ability to deliver the Spending Objectives (in particular Spending Objectives 2, 5 and 6).• May raise some concerns about supplier capacity and deliverability
Conclusion – Discount	

Implementation Options 5 and 6 - New Build at WGH and GGH opening following completion of the new UPCH. Remodelling works at both BGH and PPH together with the development of a network of Community Hub facilities

In both Options the common elements are:

- New build Urgent and Planned Care Hospital in single phase construction available by Winter 2029.
- Deliver new build community hospitals in Carmarthen and Haverfordwest following completion of the new Urgent and Planned Care Hospital by Winter 2031.
- Once the Urgent and Planned Care Hospital and two new community hospitals are operational reconfigure PPH by Winter 2032.
- Phased rollout of construction/repurposing of the network of community hubs, to be completed by end of 2029.

The difference between the Options is:

- In Option 5 BGH is reconfigured concurrent with the new Urgent and Planned Care Hospital by Spring 2031.
- In Option 6 BGH is reconfigured by Autumn 2034.

The way in which Options 5 and 6 differ from Options 1 and 2 is:

Like Options 1 and 2, Options 5 and 6 deliver new builds at GGH and WGH, but these are completed two years after delivery of the Urgent and Planned Care Hospital whereas in Options 1 and 2 they are delivered concurrently.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • No advantages noted relative to Options 1 and 2. 		<ul style="list-style-type: none"> • The delay in delivering GW and WB Hospitals relative to Options 1 and 2 could slow the University Health Board's ability to deliver the Spending Objectives. • May raise some concerns about supplier capacity and deliverability. 	

Conclusion – Retain

**Implementation Options 7 and 8 - Repurposed WGH and GGH sites completed after new UPCH.
Remodelling works at both BGH and PPH together with the development of a network of Community Hub facilities**

In both Options the common elements are:

- New build Urgent and Planned Care Hospital in single phase construction available by Winter 2029.
- Concurrent with the new Urgent and Planned Care Hospital commence enabling works at GGH and WGH then repurpose these sites as community hospitals seeing GGH fully repurposed by [Spring 2033] and WGH fully repurposed by Autumn 2034. Once the Urgent and Planned Care Hospital and two new community hospitals are operational reconfigure PPH by Winter 2032.
- Phased rollout of construction/repurposing of the network of community hubs, to be completed by end of 2029.

The difference between the Options is:

- In Option 7 BGH is reconfigured concurrent with new Urgent and Planned Care Hospital by Spring 2031.
- In Option 8 BGH is reconfigured by Autumn 2034.

The way in which Options 7 and 8 differ from Options 1 and 2 and 5 and 6 is:

GGH and WGH are refurbishments rather than new builds and are delivered later.

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • Because of the longer timescale these options may be less demanding on supplier market than other options. • Because these options are based on repurposing the community hospitals rather than new builds, the capital investment is likely to be lower (although the challenges of repurposing constrained sites should not be under-estimated). 		<ul style="list-style-type: none"> • The construction/refurbishment programme is longer than in other options, meaning that the University Health Board will achieving its Spending Objectives, CSFs and all strategies more slowly. • More organisationally challenging to monitor achievement of Spending Objectives and CSFs over a longer period of time. • A longer programme will require programme management resources to be in place over a longer period of time. 	

	<ul style="list-style-type: none">• Risks to delivery of services will also be extended compared to other options.• Refurbishing rather than rebuilding GGH and WGH may be equally if not more complex given the constrained nature of the sites, therefore cost may not be significantly lower (if at all) and outcome may be worse; the option may not therefore offer better Value for Money than other options.
Conclusion – Retain	

Implementation Option 9 – “Big Bang”

Parallel development of Urgent and Planned Care Hospital, reconfiguration of PPH and BGH, creation (new build) of community hospitals at Carmarthen and Haverfordwest and the network of community hub facilities over a 7-year period.

All facilities ready by 2029.

Spending Objectives		Critical Success Factors	
5. Putting people at the heart of everything we do		7. Potential Value for Money	
6. Working together to be the best we can be		8. Supplier capacity and capability	
9. Striving to deliver and develop excellent services		7. Potential sustainability	
8. The best health and wellbeing for our communities		10. Potential deliverability	
11. Safe, sustainable, accessible and kind care			
12. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Achieves clinical, estates, digital and environmental strategies within the shortest period of time. Less organisationally challenging to monitor achievement of Spending Objectives and CSFs over a shorter period of time compared to all other options. Option is arguably better Value for Money than others because it raises the potential to achieve benefits more quickly. 		<ul style="list-style-type: none"> Will put strain on workforce and on the University Health Board’s ability to implement workforce changes needed to achieve the new model of care. This would put achievement of the Spending Objectives at significant risk. The option may be seen as “high risk but potentially low reward” – the speed of the Programme raises significant risks to the delivery of services, while the reward is that the programme is completed at most only four years more quickly than other options. Very likely to put strain on supplier capacity and deliverability. 	

Conclusion – Discount

Funding Options

The funding options consider how the Programme will be **funded**.

We have considered the potential applicability of the three funding options identified – All Wales Capital Programme, All Wales Capital Funding and other Direct Funding sources and Mutual Investment Model/alternative finance - across the three different types of site – acute hospitals, community hospitals and community hubs.

We have not considered the CSFs relating to supplier capacity and capability and potential sustainability: these CSFs have been considered under the Service Scoping, Solution, Service Delivery and Implementation options above, and we consider that Funding is primarily a question of Value for Money and deliverability.

Acute Hospitals Funding Option 1 – All Wales Capital Programme			
The new urgent and planned care hospital and all works to the University Health Board’s acute hospitals are funded via the All Wales Capital Programme.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Funding works to the acute hospitals via a single source of funding will enable the University Health Board to focus on delivering the Spending Objectives. Mitigates potential risks of managing various sources of funding. Funding the acute hospitals via a relatively accessible single source will potentially enable the new service model to be operational more quickly than under other options. 		<ul style="list-style-type: none"> The University Health Board will be in competition for limited All Wales Capital Funding resources. Opportunities for financial innovation which will increase Value for Money could be missed if the University Health Board relies solely on the All Wales Capital Programme. Opportunities to exploit opportunities related to land sale/alternative use and/or private sector investment and therefore support foundational economy objectives in the areas surrounding the new urgent and planned care hospital and the acute hospitals could be missed. 	
Conclusion – Possible			

Community Hospitals Funding Option 1 – All Wales Capital Programme			
All works to the University Health Board’s community hospitals are funded via the All Wales Capital Programme.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Funding works to the community hospitals via a single source of funding will enable the University Health Board to focus on delivering the Spending Objectives. Mitigates potential risks of managing various sources of funding. Funding the community hospitals via a relatively accessible single source will potentially enable the new service model to be operational more quickly than under other options. No dependence on deriving investment from the private sector. 		<ul style="list-style-type: none"> The University Health Board will be in competition for limited All Wales Capital Funding resources. Opportunities for financial innovation which will increase Value for Money could be missed if the University Health Board relies solely on the All Wales Capital Programme. Potential to exploit opportunities related to land sale/alternative use and/or private sector investment and therefore support foundational economy objectives in the areas surrounding the community hospitals could be missed. 	
Conclusion – Possible			

Community Hubs Funding Option 1 – All Wales Capital Programme			
All works to the University Health Board’s community hubs are funded via the All Wales Capital Programme.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Funding works to the community hubs via a single source of funding will enable the University Health Board to focus on delivering the Spending Objectives. Mitigates potential risks of managing various sources of funding. Funding the community hubs via a relatively accessible single source will potentially enable the new service model to be operational more quickly than under other options. No dependence on deriving investment from the private sector. 		<ul style="list-style-type: none"> The University Health Board will be in competition for limited All Wales Capital Funding resources. Opportunities for financial innovation which will increase Value for Money could be missed if the University Health Board relies solely on the All Wales Capital Programme. Potential to exploit opportunities related to land sale/alternative use and/or private sector investment and therefore support foundational economy objectives in the areas surrounding the community hubs could be missed (although opportunities to generate potentially attractive investment opportunities of interest to alternative sources of finance could be limited in comparison with the acute and community hospitals). 	
Conclusion – Possible			

Acute Hospitals Funding Option 2 - All Wales Capital Funding and other Direct Funding sources			
The new urgent and planned care hospital and all works to the University Health Board’s acute hospitals are funded via a combination of the All Wales Capital Programme and other Direct Funding sources.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Encourages the use of multiple sources of funding, diversifying risk in relation to availability of funding. Reduces the University Health Board’s dependence on limited All Wales Capital Funding. Increases the potential for innovation in funding, therefore possibly offering improved Value for Money in comparison with Funding Option 1. Increases the opportunity to bring other Direct Funding sources into the development of the acute hospitals, supporting foundational economy objectives. 		<ul style="list-style-type: none"> Increased complexity in comparison with Funding Option 1. This could: <ul style="list-style-type: none"> Increase timescales and therefore delay implementation of the new service model (which is why we have evaluated the Spending Objectives as “amber”); and/or Increase resource requirements and cost. Risk of some funding sources restricting use of funds, potentially inhibiting the University Health Board’s ability to achieve Spending Objectives. 	
Conclusion – Possible			

Community Hospitals Funding Option 2 - All Wales Capital Funding and other Direct Funding sources

Works to the University Health Board's acute hospitals, community hospitals and community hubs are funded through a combination of the All Wales Capital Programme and other Direct Funding sources (as described in Annex 11 to the NHS Wales Infrastructure Investment Guidance (2018)).

Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Encourages the use of multiple sources of funding, diversifying risk in relation to availability of funding. Reduces the University Health Board's dependence on limited All Wales Capital Funding. Increases the potential for innovation in funding, therefore possibly offering improved Value for Money in comparison with Funding Option 1. Increases the opportunity to bring other Direct Funding sources into the development of the community hospitals, supporting foundational economy objectives. 		<ul style="list-style-type: none"> Increased complexity in comparison with Funding Option 1. This could: <ul style="list-style-type: none"> Increase timescales and therefore delay implementation of the new service model (which is why we have evaluated the Spending Objectives as "amber"); and/or Increase resource requirements and cost. Risk of some Direct Funding sources restricting use of funds, potentially inhibiting the University Health Board's ability to achieve Spending Objectives. 	
Conclusion – Possible			

Community Hubs Funding Option 2 - All Wales Capital Funding and other Direct Funding sources			
All works to the University Health Board's community hubs are funded via the All Wales Capital Programme and other Direct Funding sources.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> Encourages the use of multiple sources of funding, diversifying risk in relation to availability of funding. Reduces the University Health Board's dependence on limited All Wales Capital Funding. Increases the potential for innovation in funding, therefore possibly offering improved Value for Money in comparison with Funding Option 1. Increases the opportunity to bring other Direct Funding sources into the development of the community hubs, supporting foundational economy objectives. 		<ul style="list-style-type: none"> Increased complexity in comparison with Funding Option 1. This could: <ul style="list-style-type: none"> Increase timescales and therefore delay implementation of the new service model (which is why we have evaluated the Spending Objectives as "amber"); and/or Increase resource requirements and cost. Risk of some Direct Funding sources restricting use of funds, potentially inhibiting the University Health Board's ability to achieve Spending Objectives. Community hubs may not be attractive to Direct Funding sources in comparison with acute and community hospitals (although this remains to be established at OBC stage). 	
Conclusion – Possible			

Acute Hospitals Funding Option 3 - Mutual Investment Model/alternative finance			
Works to the University Health Board's acute hospitals are funded via the Mutual Investment Model and possibly other sources of funding such as land disposals.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • Risks will be shared across all parties. • Increases the potential for innovation in funding, therefore possibly offering improved Value for Money in comparison with Funding Option 1. • Increases the opportunity to bring private, public and third sector investors into the development of the acute hospitals, supporting foundational economy objectives. 		<ul style="list-style-type: none"> • Increased complexity in comparison with Funding Options 1 and 2. This could: <ul style="list-style-type: none"> ○ Increase timescales and therefore delay implementation of the new service model (which is why we have evaluated the Spending Objectives as "amber"); and/or ○ Increase resource requirements and cost. • Increased costs to run procurement process(es). • Increased management complexity for the University Health Board. • Partner(s) may require conditions which inhibit the University Health Board's ability to achieve Spending Objectives. 	
Conclusion – Possible			

Community Hospitals Funding Option 3 - Mutual Investment Model/alternative finance			
Works to the University Health Board’s acute hospitals, community hospitals and community hubs are funded via the Mutual Investment Model (as described in Annex 12 to the NHS Wales Infrastructure Investment Guidance (2018)) and possibly other sources of funding such as land disposals.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • Risks will be shared across all parties. • Increases the potential for innovation in funding, therefore possibly offering improved Value for Money in comparison with Funding Option 1. • Increases the opportunity to bring private, public and third sector investors into the development of the community hospitals, supporting foundational economy objectives. 		<ul style="list-style-type: none"> • Increased complexity in comparison with Funding Options 1 and 2. This could: <ul style="list-style-type: none"> ○ Increase timescales and therefore delay implementation of the new service model (which is why we have evaluated the Spending Objectives as “amber”); and/or ○ Increase resource requirements and cost. • Increased costs to run procurement process(es). • Increased management complexity for the University Health Board. • Partner(s) may require conditions which inhibit the University Health Board’s ability to achieve Spending Objectives. 	
Conclusion – Possible			

Community Hubs Funding Option 3 - Mutual Investment Model/alternative finance			
Works to the University Health Board’s community hubs are funded via the Mutual Investment Model and possibly other sources of funding such as land disposals.			
Spending Objectives		Critical Success Factors	
1. Putting people at the heart of everything we do		1. Potential Value for Money	
2. Working together to be the best we can be		2. Supplier capacity and capability	
3. Striving to deliver and develop excellent services		3. Potential sustainability	
4. The best health and wellbeing for our communities		4. Potential deliverability	
5. Safe, sustainable, accessible and kind care			
6. Sustainable use of resources			
Main Advantages/Strengths		Main Disadvantages/Weaknesses	
<ul style="list-style-type: none"> • Risks will be shared across all parties. • Increases the potential for innovation in funding, therefore possibly offering improved Value for Money in comparison with Funding Option 1. • Increases the opportunity to bring private, public and third sector investors into the development of the community hubs, supporting foundational economy objectives. 		<ul style="list-style-type: none"> • Increased complexity in comparison with Funding Options 1 and 2. This could: <ul style="list-style-type: none"> ○ Increase timescales and therefore delay implementation of the new service model (which is why we have evaluated the Spending Objectives as “amber”); and/or ○ Increase resource requirements and cost. • Increased costs to run procurement process(es). • Increased management complexity for the University Health Board. • Partner(s) may require conditions which inhibit the University Health Board’s ability to achieve Spending Objectives. • Community hubs may not be attractive to potential partners under a Mutual Investment Model / alternative sources of finance in comparison with acute and community hospitals (although this remains to be established at OBC stage). 	
Conclusion – Possible			