



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 January 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Programme Business Case – Implementing the Healthier Mid and West Wales Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore – Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas – Finance Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Work has commenced on the Programme Business Case (PBC) in support of the UHB's Health and Care Strategy, 'A Healthier Mid and West Wales'. The Board is to receive a presentation on the current programme headlines and is asked to note the current position and to discuss any emerging issues which will need to be managed by the Programme Group.

Cefndir / Background

The capital assumptions associated with the Health & Care Strategy were set out in a Pre-PBC which summarised the capital implications following Hywel Dda University Health Board's (HDdUHB) extensive public consultation and was shared with Welsh Government (WG) colleagues in November 2019. Progress on the PBC is now being pursued with HDdUHB funding for both in-house and external resources. Specific planning objectives relating to this work have been endorsed by the Board and were as follows:

- Produce a Final Business Case (FBC) by March 2024 for the implementation of a new hospital in the south of the HDdUHB area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID-19 pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.
- Ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay.
- FBC for the repurposing of the Glangwili General Hospital (GGH) and Withybush General Hospital (WGH) sites completed and submitted by March 2024, in line with the strategy published in November 2018.

To achieve the above will require the delivery of the Business Cases for all of our strategic capital developments These will include community, mental health, our new urgent and planned care hospital, the re-purposing of GGH and WGH hospitals and any works required for

Prince Philip Hospital and Bronglais Hospital. It should be noted that the PBC for adult mental health services which has already been produced will continue to be pursued on its own timeline.

The PBC for the Health and Care Strategy is the first formal business stage and requires WG endorsement to allow the funding for the production of outline business cases and full business cases for the major capital investment components. HDdUHB are seeking to drive this timeline at pace supported by the following external appointments:

- Business case writers and health care planners – PricewaterhouseCoopers (PwC) supported by Strategic Healthcare Planning (SHP).
- Master Planners – Building Design Projects (BDP).
- External Project Manager – Mace.
- Land Acquisition advisors – Savills.

The PBC Senior Responsible Officer (SRO) is the Chief Executive, the Lead Executive is the Executive Director of Finance. The Assistant Director of Strategic Planning and Developments is the Programme Manager.

Asesiad / Assessment

The attached presentation outlines a number of important elements of the programme of work now being undertaken. This is being managed through a Programme Group and reports to the People, Planning and Performance Assurance Committee.

It has been agreed that 10 minutes will be given over at the start of each Programme Group meeting to ensure that, as plans develop, they remain true to the vision for the programme and a number of the key points of principle are set out in the presentation slides. Fundamental to these is that the new Urgent and Planned care hospital should be designed with our residents, very much of and for our population and ensuring local ownership. The Future Generations Commissioner was able to join the Programme Group meeting held on 14th January 2021, which was extremely helpful in establishing the opportunity for the programme and good practice from which the UHB can learn; which will help ensure we are able to maximise the benefits to the population we serve.

Notwithstanding the considerable challenges associated with the continued management of the COVID-19 pandemic, the programme workstreams have commenced and significant progress made. This includes establishment of the Programme governance arrangements which were signed off by the Executive Team at their meeting on 13th January 2021.

Key to the success of the Programme Business Case will be the strength of the case for change. This was articulated in the public consultation which concluded in 2018 and resulted in the UHB's Health and Care Strategy. The UHB is working with the Consultation Institute to ensure that further engagement is undertaken to learn from the intervening period, which might impact on the implementation of our strategy; and particularly to apply learning from our COVID-19 experience which, of course, is still ongoing. The timelines for this work are still being developed; however, it is considered critically important that we get this right, in order to establish very firm foundations for progressing the UHB's development plans.

The presentation illustrates the timeline of programme activities and also sets out in headline terms what has been achieved to date, the next steps in the work programme and examples of the key risks being managed.

Argymhelliad / Recommendation

The Board is asked to receive the attached presentation, and is asked to note the current position and next steps.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	1.1 Health Promotion, Protection and Improvement
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
Rhestr Termiau: Glossary of Terms:	Contained within the main body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Capital Audit Team

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Funding sought from Welsh Government
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	Business continuity management
Cyfreithiol: Legal:	N/A

Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

Programme Business Case – Implementing the Healthier Mid and West Wales Strategy

Thursday 28th January 2021



The Vision

- To develop something that is 'knitted' by ourselves and will resonate with communities and staff.
- A build that is future-proofed with a space and environment that is flexible and agile to support future models of working.
- To have in-built operational flexibility to cope with any future health crisis.
- To include the latest innovations in the clinical environment and clinical activity.
- To be at the forefront of digital technology.
- To recognise the importance of green health and maximise carbon efficiency.
- Design a building that is innovative and creative, not just a standard build.

- To have a location with easy access and with public transport options.
- A building that is part of the community and where the community is involved in the design.
- A building that is a public asset, open to the community and with the recognition that it belongs to everyone.
- A recognition that this is not just the design of a new hospital but the design of a new streamlined healthcare ecosystem encompassing community, primary care services and specialist services.
- To have the principle of education built into the fabric and supported by the design.
- A building that is designed with safety in mind.

Communication, Engagement & Land Selection - Our Approach

We are working with the Consultation Institute to design the process

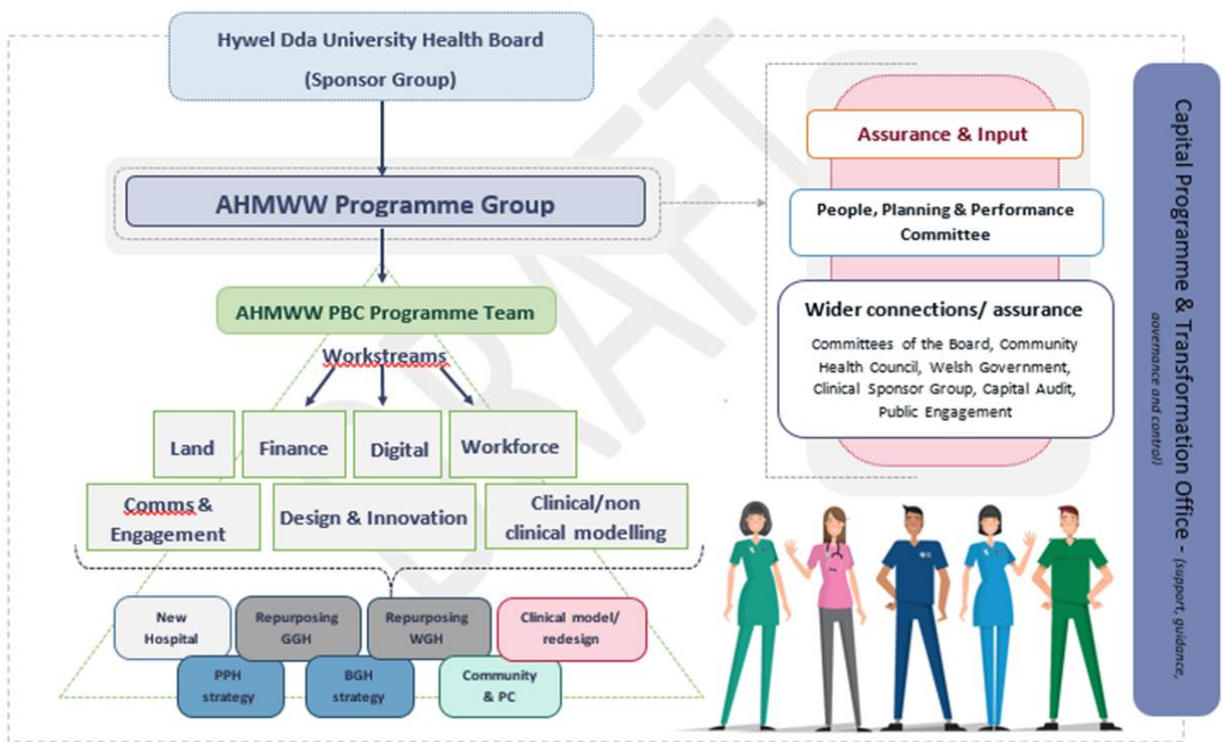
Who are we engaging?	Why?	What would be included /what are we asking?	Advantages
Staff, stakeholders, public	<p>Sense checking based on experiences between end of consultation and now around the new hospital (including site) and wider clinical services based on:</p> <ul style="list-style-type: none"> - Changes in the intervening time we need to consider - Impact of COVID-19 - Inequalities (health and equality) <p>Note: Best practice approach to new hospital site selection embedded into wider approach.</p>	<ul style="list-style-type: none"> - Anything changed in the intervening time we need to consider? If so, what, and how does it make a difference? - COVID-19 - impact on NHS, Hywel Dda UHB, staff, patients, access to services that we need to consider? - Inequalities – staff and public for review and consideration - Site selection criteria 	<ul style="list-style-type: none"> - Holistic approach, obtaining intelligence about services and site - Can be used as part of the programme / portfolio approach for progressing work - Consultation Institute outlined approach - Staff, stakeholder and patient concerns identified and considered - Sense checked approach

Governance Structure

PBC Reporting Structure

A HEALTHIER MID AND WEST WALES (AHMWW) INFRASTRUCTURE ENABLING PROGRAMME

GOVERNANCE STRUCTURE



Documents requiring approval:

- Programme Mandate
- SRO and Programme Manager Appointment Certificates
- Programme Group Terms of Reference/Membership
- Programme Team Terms of Reference
- PBC Risk Potential Assessment 1 Form for Welsh Government

Programme Business Case –What have we done so far? - Headlines

- 1st Draft Strategic Case completed and subject to review
- Management and Commercial Cases commenced
- Meetings with Consultation Institute to draft land selection and PBC engagement processes
- Governance documentation drafted for consideration by Executive Team and Programme Group
- Presentations to PPPAC and Board Seminar on PBC progress to date
- Meeting with Welsh Government to clarify PBC expectations
- Clinical Focus Groups meetings held, completion subject to clinical staff availability
- Design Team Stage 1 report drafted and subject to review
- Establishment/recruitment of full PBC Team in progress.

Next steps

- With the advice received from the Consultation Institute, agree the engagement process, agree land evaluation hurdle criteria, prepare documentation and commence engagement
 - Formally engage with the Community Health Council and Staff Partnership representatives
 - Reflect Future Generations requirements following discussion with Commissioner
 - Explore opportunities to reflect/demonstrate social value in the PBC
 - Agree assurance mechanisms with the WG Assurance Hub – Meeting with Welsh Government January 2021
- Discuss and agree with Welsh Government the Economic Case: Spending Objectives, Critical Success Factors and benefits
 - Establish formal capacity modelling work stream inc. clinical activity, finance and workforce
 - Review functional content assumptions (risk re. operational teams capacity)
 - Complete clinical focus groups, evaluate and present outputs
 - Plan for PBC ‘accelerated design’ workshops, February/March 2021
 - Agree format of pre submission PBC document for Board and Welsh Government in March 2021

Key Programme Risks *(derived from PBC Risk Register)*

There is a risk that the PBC might not demonstrate financial and workforce sustainability because of the early stage of detailed definition of service and infrastructure options which would result in time delay to resolve an affordable and sustainable PBC – Mitigation through a modelling workstream, transparency of PBC assumptions and close liaison with WG.

There is a risk that clinical participation may be difficult to sustain to sign off clinical models and options and continue work towards an OBC level of detail because of clinical pressures resulting from the impact of COVID-19 and through the winter period which may result in either a lack of clinical sign up to assumptions of delay in completion of the PBC or start of the OBC – Mitigation through targeted clinical meetings and work through a senior clinical sponsor group.

There is a risk that the engagement process will impact on the timeline for completion of the PBC – Mitigation through the work up of the engagement timelines and the principle of getting it right first time.

There is a risk that the OBC could be delayed due to the process and timescale for identification of the preferred site for the new planned and urgent care hospital – Mitigation through the use of best practice in site selection processes and close liaison with WG.

There is a risk that the strategic objective of FBC approvals by March 2024 will not be achieved if there is a delay to Business Case completions and approvals – Mitigation through continued best practice for business case production and liaison with WG.

Programme Business Case - High Level Timeline (subject to confirmation of engagement timeline)

Programme Business Case Overarching Timetable

