Meeting Date	**27 January 2022**	**Agenda Item**	**3.2**
Report Title	**Theatre Development – Singleton Hospital**		
Report Author	Darren Griffiths, Director of Finance and Performance		
Report Sponsor	Darren Griffiths, Director of Finance and Performance		
Presented by	Darren Griffiths, Director of Finance and Performance		
Freedom of Information	Open		
Purpose of the Report	The Board has previously been updated on the strategic intention to expand theatre numbers at Singleton Hospital. At its meeting in November 2021 the Board agreed the next steps to work up a proposal to inform the decision making needed to consider the commencement of this development. The paper updates the Board on work completed to date and seeks approval to proceed with the development subject to the identification of suitable funding to support the development.		
Key Issues	The Board was previously advised that: - • Elective access times for patients have increased and waiting times for the population we serve are unacceptable. There is no clear operational solution to address this sustainably over time which will deliver national access target in a reasonable time period. • The Board was advised at its December 2021 meeting that even with the range of additional actions currently in place to increase surgical capacity, modelling suggest waiting numbers will increase and therefore further solutions are required to stabilise, and then recover, the waiting lists. • Increasing theatre capacity at Singleton Hospital supporting its role as a centre of excellence for planned care, cancer care, maternity and diagnostics, is entirely consistent with our clinical services plan and our engagement on Changing for the Future • Theatre lists have been and will be moved from Morriston Hospital into additional new capacity to increase theatre throughput. This will enable the continued reform of Morriston Hospital as a complex emergency and elective centre for the patients who need this specialised support.		

	• A total of 26 additional theatre lists per week have commenced in Autumn 2021, 16 at Singelton and plans to add a further 26 per week are nearing completion for implementation in March 2022. This will complete the full commissioning of the main theatre block at Singelton Hospital. • A clinically led review of services suitable to transfer to Singleton has been completed by the Service Group Medical Director and this has identified a substantial number of patients that could be treated at Singelton Hospital based on the current clinical model and model where Singelton Hospital houses as Post Anaesthetic Care Unit (PACU). The latter increases the range of cases then suitable for surgery at Singleton Hospital. • Additional theatre capacity is needed to accommodate the volumes available for transfer and current indication are that this would require 3 additional theatres (detailed modelling now underway to assess this further and determine the likely timescale for recovery of the backlog) • At present there is no additional capital or revenue resource identified and the development of this case will be used as the basis for discussions with Welsh Government. • Once waiting times are managed to sustainable levels it is foreseeable that the sustainable activity may be able to be delivered within existing theatres; the modelling will need to confirm this. At this stage the modular theatres could be retained and used to support a programme of work replace the air handling plant in the existing theatre block which is likely to require the theatres to be closed in pairs to allow the work to be completed. This will require capital funding. • Once the theatre refurbishment is complete the modular theatres could be decommissioned or reallocated depending on demand for surgical activity at that time, as part of a wider estates rationalisation programme at Singleton Hospital, including potentially the transfer of the day surgical unit at Singleton Hospital into the main theatre block.

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☐	☒
Recommendations	Members are asked to: • **Note** the clinical assessment of the range of surgery suitable for transfer to Singleton Hospital			

	• **Note** rationale for the development and the case for change • **Note** the risks and potential mitigation of these • **Note** the capital costs of ground work and equipping the theatres (£4.467m) • **Note** that the revenue requirement will be assessed once modelling is complete as the financial model will be partly formed by resource and budget transferring from Morriston Hospital and some new investment to address backlog. • **Note** that funding is not yet available for this development • **Approve** that the development be progressed in detail subject to the Board receiving a detailed business case in April 2022 containing demand and capacity modelling, detailed financial analysis and an assessment of the potential funding options and financial models for the development

THEATRE DEVELOPMENT – SINGLETON HOSPITAL

1. INTRODUCTION

The Board has previously been updated on the strategic intention to expand theatre numbers at Singleton Hospital. At its meeting in November 2021 the Board agreed the next steps to work up a proposal to inform the decision making needed to consider the commencement of this development.

The paper updates the Board on work completed to date and seeks approval to proceed with the development subject to the identification of suitable funding to support the development.

2. BACKGROUND

In recent years health services across the United Kingdom have been subject to significant pressures including unscheduled care pressures, an aging co-morbidity population with increasing chronic conditions and more complex health and social care needs.

Locally, these pressures have placed significant pressure on the Health Board's elective care programme and for a number of years the Health Board has received performance fund support money from Welsh Government to reduced lengths of wait.

This funding was often agreed in-year and was non recurrent in nature which largely prevented the development of sustainable solutions, often requiring non recurrent "outsourcing" solutions to deliver increased capacity to reduce waiting times.

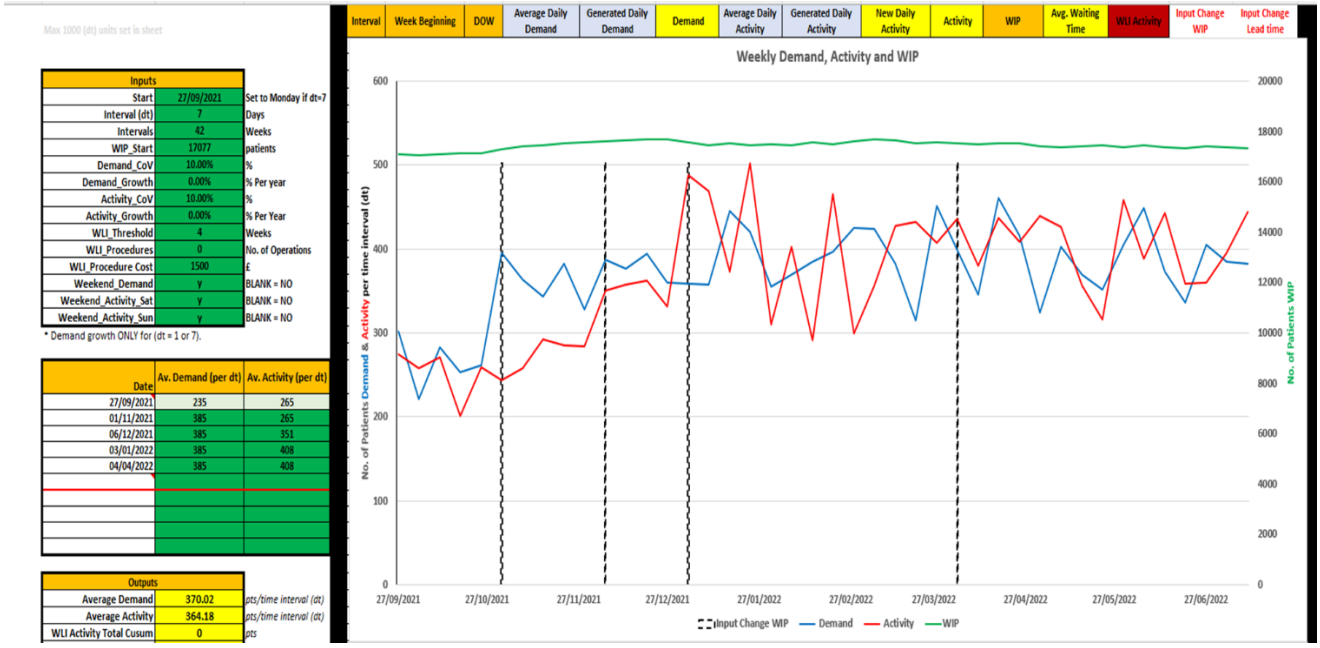
Most recently, the COVID pandemic has escalated waiting times across planned care specialties in Outpatients, Diagnostics and Theatre treatment. Our total waiting list has increased from 54,000 at the start of the pandemic to 86,000 at its peak.

At its meeting in December 2021 the Board received an update on the detailed modelling work undertaken to date which considers the numbers of patients waiting at each stage of their elective pathway and the impact that Health Board recovery plans has on the volumes of patients waiting for surgery.

The chart below is an extract from the modelling work and shows how demand and capacity for elective surgery is modelled to change over the next 6 months based on the solutions the Health Board currently has planned to increase capacity.

The green line on the chart represents the total number of patients waiting and this can be seen to be stable for the period modelled. However, outpatient volumes need to be addressed to improve access for our patients and similarly, diagnostic tests. The range of solutions to do this is currently being developed and prioritise but the impact on the modelling will be that the blue demand line will increase as patients convert through their outpatient and diagnostic phases to treatment and this will increase the volumes waiting for surgery. Aside from the planned developments in orthopaedic and ophthalmology theatres in 2022/23, the Health Board has no further solutions planned to increase theatre capital to meet this expected demand growth AND reduce the

surgical backlog already in the system (the chart shows just under 18,000 patients waiting prior to the outpatient and diagnostic solutions increasing demand for surgical interventions further.



The increase in elective access times for patients during the pandemic to date is unacceptable to the people we serve and to us as a Health Board and this will further increase as patients move to the surgical phase of their clinical pathway. A solution at scale must be found to address this.

The Chief Executive commissioned a review of the potential to make surgical transfers from Morriston to Singelton Hospital which considered the volumes of patients that could transfer from Morriston Hospital to Singleton Hospital for treatment. This is in line with the stated strategic direction of the Board as set out in Changing for the Future, but it also enables Singleton Hospital to develop its cancer surgery and elective surgery model as planned.

The next section of this report provides some of the detailed assessment of the work led by the Medical Director of the Neath Port Talbot and Singleton Group.

Background

During the Covid pandemic a green pathway was developed through the surgical ward at Singleton Hospital and a significant proportion of colorectal and endocrine surgery which would normally have been performed in Morriston Hospital was transferred to Singleton. In addition, plastic surgery, ENT, and upper GI transferred activity from Morriston as well as some adult cleft surgery. This was achieved by some upskilling of ward and theatre staff but to date has not involved a PACU or enhanced care unit.

The lists have proven to be highly efficient, safe and effective with very few transfers needed to Morriston. This has resulted in strong clinical support from a number of specialties to explore the potential of transferring more of the Morriston cohort to Singleton. The different surgical specialties have reviewed their activity and provided a breakdown of what proportion is currently being done in Singleton, what more could

be done with the current infrastructure and what could be done with an increased level of support. The response by specialty is set out below to provide the Board with a sense of the scale of the opportunity to reassign surgery to the Singleton site.

- **Colorectal**
  Current position: Since May 2020 70% of procedures performed in Singleton
  With provision of PACU: 90% of cases could be performed at Singleton

- **Endocrine**
  Current position: 77% of procedures performed in Singleton
  With provision of PACU: 89% of cases could be performed at Singleton

- **Plastic surgery**
  Current position: 17% of procedures performed in Singleton
  Potential given current infrastructure: 55% of cases could be performed at Singleton
  With provision of PACU: 80% of cases could be performed at Singleton

- **Upper GI**
  Current position: 50% of procedures performed in Singleton
  Potential given current infrastructure: 82% of cases could be performed at Singleton
  With provision of PACU: 95% of cases could be performed at Singleton

- **HPB**
  Current position: 0% of procedures performed in Singleton
  Potential given current infrastructure: 0% of cases could be performed at Singleton
  With provision of PACU: 80% of cases could be performed at Singleton

- **Bariatric**
  Current position: 95% of procedures performed in Singleton
  Potential given current infrastructure: 95% of cases could be performed at Singleton
  With provision of PACU: 100% of cases could be performed at Singleton

- **ENT**
  Current position: 50% of procedures performed in Singleton
  Potential given current infrastructure: 67% of cases could be performed at Singleton
  With investment in equipment: 83% of cases could be performed at Singleton

- **OMFS**
  Current position: 30% of procedures performed in Singleton
  Potential given current infrastructure: 30% of cases could be performed at Singleton
  With provision of PACU: 30% of cases could be performed at Singleton

- **Gynae-Oncology**
  Current position: 66% of procedures performed in Singleton

Potential given current infrastructure: 75% of cases could be performed at Singleton
With provision of PACU: 100% of cases could be performed at Singleton

Current capacity constraints at Morriston Hospital mean that access to theatres for these cohorts of patients is limited and both numbers of patients waiting and time to surgery are increasing. The transfer of this surgery to Singleton Hospital will enable a reduction in the backlog of cases as the capacity will be protected and in addition to existing capacity. The timescales for this will determined by the demand and capacity modelling which will feature in the final business case.

The clinical assessment also identified the supporting requirements to safely accommodate patients in the cohorts set out above. These include: -

- Proposed development of an enhanced care area and transfer of more elective surgery.
- The current level of out of hours anaesthetic cover is a non-resident consultant, a resident registrar level trainee and a resident SHO equivalent. This is to cover the obstetric department, gynaecology and ophthalmology emergencies and any acute problems in medical and surgical patients, including being part of the cardiac arrest team. Any increase in the level of surgical activity in Singleton, particularly with time sensitive cases which may need to go back to theatre out of hours, we would require an extra anaesthetist and theatre team available.
- Whilst surgical cover is provided by a team of 5 RSOs (Resident Surgical Officers) any increased activity would require this cover to be strengthened, possibly with an SHO equivalent or PA resident in the hospital. There would need to be robust arrangements for daytime cover from the surgical specialties.
- It has already been agreed that General Medical cover for the hospital would be at medical registrar level with appropriate support.

The conclusion of this comprehensive clinically led piece of work is that with further investment in theatre capacity and infrastructure, along with the provision of a PACU, a significant proportion of elective surgical activity, across a number of specialties, could be performed in Singleton Hospital.

For clarity it is recognised that in most specialties there will be a number of patients who will still need to have their surgery in Morriston Hospital given their likely need for ITU support, or with inter-dependencies with other specialties. It is absolutely essential that there is ring fenced capacity for this group of patients.

In addition to this, there will be occasions when patients deteriorate in Singleton and need transfer to a higher level of care in Morriston. There needs to be a robust mechanism for timely transfer of such patients which may involve a dedicated vehicle and transfer team, a resource which would also support transfer from Neath / Port Talbot hospital

Further consideration of this work has been undertaken and the clinical recommendations are as follows: -

- The current capacity at Singleton Hospital is used maximally, including a review of the feasibility of utilising 3 session days and operating on a Saturday. This may include an expansion of the bed base available on the green pathway and recruitment of extra staff.
- The establishment of a PACU facility, which is currently the subject of a separate review, to support the current level of activity and to enable an expansion of the type of surgery performed. There is recurrent revenue funding available for this in 2022/23.
- Detailed demand and capacity analysis to establish the volumes of patients which would be treated at Singelton Hospital above and beyond the capacity available from the existing theatre resource. Current indications are that this would be 3 extra theatres.
- A review of the additional medical cover which will be required, particularly from anaesthetics where additional recruitment is likely to be necessary.
- Once the medial intake has transferred to Morriston, currently planned for July 2022, the establishment of appropriately segregated wards for surgery.

Given the clear clinical consensus for the model, Board approval is now required to enable the Executive Team to work with clinical and managerial teams to progress the detailed plan for the theatre development. The Board will be routinely advised of progress of plan development.

The case for change is therefore based on the following: -

- Access times for surgery are unacceptable now and there is no sustainable solution
- Through work to improve outpatient and diagnostic access more patients will convert to surgery
- Given the site pressures and complexities at Morriston Hospital, movement of surgery suitable for other sites, to other sites, will reduce disruption, support a stable elective series of pathways through efficient elective theatres and reduce pressure on Morriston Hospital
- Beds will become available at Singelton Hospital once the Acute Medical redesign is complete
- The current theatre capacity at Singleton Hospital will be completely commissioned by March 2022 when a further 26 additional lists are implemented
- A lease model would allow demountable theatres to be deployed relatively quickly, have flexibility to support backlog reduction and planned maintenance of existing theatre air handling plant and can be decommissioned (should that be the decision at a future point) when lists are stable and access times acceptable. The lease positon therefore gives flexibility for short, medium and long term deployment based on the strategic needs of the Health Board.

This is a complex change and requires a significant amount of detailed work up to define the final model. Some further considerations are: -

- Workforce availability
- Planning consent

- Supply chain and timeliness of supply of modular theatres
- Pace of conversion of patients from outpatient diagnostic parts of their pathways
- Pace of backlog reduction will determine length of time the theatres are required (also recognising the potential to support the maintenance of existing theatres as decant theatres)
- Availability of suitable capital and/or revenue funding in future years to support the development

Plans to mitigate these are set out in the risk section which follows.

As previously advised to the Board it is envisaged that the development and financing of this proposal would be similar to that being planned for the Orthopaedics development at Neath Port Talbot Hospital. Capital would be required to undertake enabling works and equipping. The modular theatre could be leased, with the workforce and all other associated running costs requiring revenue support to fund. Given the forecast scarcity of capital, this is the proposed model as the theatre lease could be a revenue charge. This is currently being discussed with Welsh Government and technical accounting teams as the implementation of IFRS 16 from 1st April 2022 capitalises some leases and therefore the accounting treatment will need to be known to determine how the funding model could be built.

3. GOVERNANCE AND RISK

The risks and mitigations of these proposals are set out in the table below.

Risk	Mitigation
Demand for services does not match theatre availability	Modelling work to be completed to identify choices available to remove back log over different periods of time
Planning consent	Early engagement with Swansea Local Authority planning colleagues and transparent discussion.
Availability of additional ward beds	Ward space to be released as part of the Acute Medical Redesign Programme
Funding	Allocations for both revenue and capital would need to be sought from Welsh Government as part of recovery funding (particular attention to be paid to impact of IFRS 16)
Availability of workforce	Recruit early to workforce model and potentially insource capacity as recruitment beds in
Supply chain delays	Place order as early as possible to secure supply chain partners but

4. FINANCIAL IMPACT

At this stage it is difficult to be precise about the overall cost of the development given the possible split between revenue and capital, the duration of the modular theatre lease, the scale of resource to transfer from Morriston and the case-mix of patients to

go through the unit. This will need to be worked up in further detail but in order to progress a meaningful discussion the working assumptions are: -

- 3 modular theatres will be leased along with supporting accommodation within the installation for storage, patient movement, recovery
- The theatres will be elevated to be level with existing theatres and will therefore be on the first floor with an access void underneath to allow for fire compliance and flow of existing services into and out of the main hospital
- Capital funding will therefore be required for enabling works and for equipping the theatres
- 3 theatres will be staffed by appointed staff and the case mix set out above in the clinical analysis will be broadly unchanged

It has been possible to make an assessment of the capital requirement for enabling works and equipping. The current assessment, ahead of detailed design is that the ground works will be £0.850m and equipping £3.617m. Subject to Board approval to proceed discussions will be held with Welsh Government on the potential for national capital to support this.

From a revenue perspective it is difficult to assess additional cost until the modelling work is complete. The working assumptions are that: -

- Lists transferring from Morriston Hospital will bring their funding with them
- There will be additional revenue required to run the theatres
- Any additional capacity commissioned above the transferred levels will require additional revenue funding
- All lists will be managed to perform at high levels of utilisation and throughput.

The length of time the theatres will be needed will be determined by demand levels, pace of backlog reduction, availability of workforce and availability of finance. This modelling work has been commissioned now that the clinical assessment set out in section 2 above has been made.

Approval is sought through this paper to proceed with the plans to implement this development and it is recognised that prior to the commitment of any resources the Board will be presented by detailed improvement trajectories, capital and revenue costs in detail and a workforce plan in a business case to be brought forward in April 2022

5. RECOMMENDATION

Members are asked to:

- **Note** the clinical assessment of the range of surgery suitable for transfer to Singleton Hospital
- **Note** rationale for the development and the case for change
- **Note** the risks and potential mitigation of these
- **Note** the capital costs of ground work and equipping the theatres (£4.467m)

- **Note** that the revenue requirement will be assessed once modelling is complete as the financial model will be partly formed by resource and budget transferring from Morriston Hospital and some new investment to address backlog.
- **Note** that funding is not yet available for this development
- **Approve** that the development be progressed in detail subject to the Board receiving a detailed business case in April 2022 containing demand and capacity modelling, detailed financial analysis and an assessment of the potential funding options and financial models for the development

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☐
	Excellent Staff	☒
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☐
	Staff and Resources	☒
Quality, Safety and Patient Experience		
Improved access for surgical patients at Singleton Hospital will improve quality, safety and experience and will move the Health Board to a more sustainable service model.		
Financial Implications		
Set out in the paper.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications to highlight.		
Staffing Implications		
The units will need to be staffed and it is the Health Board's intention to attract a substantive workforce. This recruitment will commence once approval to proceed and operational timelines are known.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The following wellbeing goals will be met as a consequence of this initiative: • A Resilient Wales • A Healthier Wales • A More Equal Wales • A Wales of Cohesive Communities • A Globally Responsible Wales		
Report History	The Board received a strategic paper setting out the case for change at its November 2021 meeting Modelling was provided to the Board in December 2021	
Appendices	n/a	