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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 May 2023	Agenda Item	3.3
Report Title	Swansea Bay University Health Board Estates Strategy		
Report Author	Simon Davies, Programme Director (Capital Planning) Ian MacDonald, Assistant Director of Finance		
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 purpose of this document is to present an Estates Strategy to the Board that identifies the infrastructure requirements to support the future healthcare service needs of the local population in line with the Clinical Service Plan and which addresses, with urgency, the significant backlog maintenance following completion of the 6-facet survey undertaken in 2022.		
Key Issues	<p>The Estates Strategy highlights the opportunities associated with developing the existing estate in line with the clinical service plan and development control plans whilst managing the Health Board's high and significant backlog maintenance risks including electrical systems, ventilation systems, heating systems, fire and medical gas installations.</p> <p>The strategy considers the balance between maintaining business continuity, moving to meet required building standards and developing buildings in line with our extant Clinical Services Plan (CSP).</p> <p>The 6-facet survey which informs the capital requirements alongside the services developments within the CSP shows that with an aging estate, significant investment is required to reduce backlog maintenance to prevent potential estates failures from impacting on service delivery.</p> <p>A high level 10-year capital investment programme is presented along with an overview of potential commercial and disposal opportunities. To ensure business continuity for key clinical services on the Morriston Hospital site in</p>		

	<p>particular, a number of schemes have been identified as key priorities.</p> <p>A risk assessed approach has been taken to highlight the important first steps that need to be undertaken to deliver the strategy.</p> <p>Should the Estates Strategy be approved, detailed service modelling work will be refined to enable the detailed business cases to be prepared to support the developments. This will need to be underpinned by a Long Term Financial Model which shows how the revenue model for the Health Board is structured to support the changes in clinical model and estate configuration</p>			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to: -</p> <ul style="list-style-type: none"> • APPROVE the next steps to progress the strategy into clear deliverable plans (section • APPROVE the Health Board Estates Strategy which requires an estimate £812m investment excluding primary care infrastructure over a period of 10 years from 2023/24. • SUPPORT the development of a Long Term Financial Model to support the Clinical Service Plan and the Estates Strategy. • AGREE that discussions can commence with Welsh Government regarding the high risk areas within the strategy and the risk of operational failures on the Singleton and Morriston Hospital sites and seek urgent resolution of them. • AGREE that the Health Board develops with Welsh Government colleagues alternative funding sources to address these funding requirements 			

SWANSEA BAY UNIVERSITY HEALTH BOARD ESTATES STRATEGY

1. INTRODUCTION

The development of the Health Board Estates Strategy is a key enabler for delivery of the Health Board's Clinical Services Plan (CSP).

This Estate Strategy has been developed to consider the beginning of a new 10-year asset cycle, which will look to renew and optimise significant parts of the acute sites, alongside improving access for key services. It will provide a strategic framework for estate development and management which demonstrates that it has responded to and identifies the facilitation requirements that meet the Swansea Bay University Health Board CSP, to align the clinical accommodation to the prevailing service and strategic objectives alongside the overall development control plan.

The execution of the Strategy will result in the development and expansion of specialist hospital services, including the partial decommissioning of the older estate and realising expansion space for other key services to grow.

The Strategy also takes account on the impact of backlog maintenance following completion of the 6-facet survey in 2022.

A risk assessed approach has been adopted to allow the first phase of the strategy to be prioritised.

2. BACKGROUND

A priority for the Strategy is to increase estate utilisation and efficiency by decreasing some of the estate and its backlog maintenance costs, whilst still managing to improve the environment. It is also important that the Health Board can provide assurance that its health estate is well managed operationally and is safe and secure for patients and staff and appropriate and sustainable to support current and future needs as identified in the clinical services plan.

The delivery of these plans will require financial investment along with changes in working practices and will present a challenge to the organisation as we strive to implement change and ensure our infrastructure is fit for our future.

The range of benefits to the Health Board and wider health economy in having a formal 10-year Estate Strategy include: -

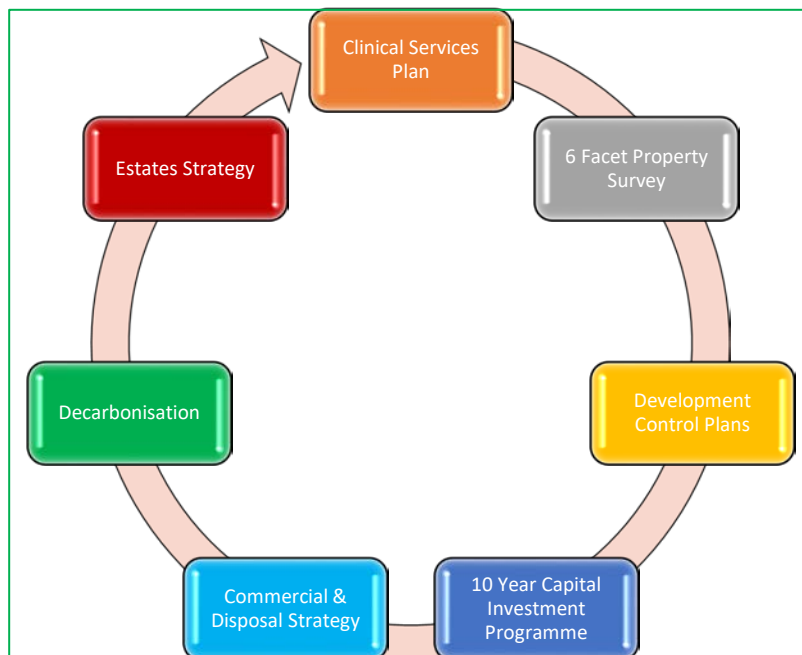
- Assurance that the quality of clinical services provided will be supported by a safe, secure, and appropriate environment.
- A means of ensuring that capital investments reflect clinical and operational service strategies.
- A plan for change in which progress can be measured.
- A strategic context in which detailed business cases for all capital investment can be developed and evaluated.

- A means by which the Health Board can identify capital investment projects which will require formal approval from Welsh Government and relate to the overarching Local Authority – Local Development Plans (LDPs)

In response to the Clinical Services Plan, Swansea Bay University Health Board (SBUHB) is developing new clinical service models, which, in turn is enabling the identification and mapping of the estate changes required to facilitate them.

The 6-facet survey completed in 2022 provides a Health wide view of the backlog maintenance issues.

Figure 1: Estates Strategy



Where Are We Now?

In response to the **Clinical Services Plan (CSP)**, Swansea Bay University Health Board (SBUHB) is developing new clinical service models, which, in turn is enabling the identification and mapping of the estate changes required to facilitate them. This Estate Strategy will remain flexible and open to regular updates to respond to the changing service needs as they are articulated. The Estates Plan will support the Health Board ambition to enable care to be delivered in communities in the most appropriate locations, at a scale which supports a future sustainable model of secondary care, and foster a community centric quality of care, appropriate for where it is needed, supporting sustainability of future service provision.

Work has been ongoing throughout the clusters to analyse demographic data, patient activity trends and transport / accessibility links, per geographical area. In collaboration with primary care clusters and with partner organisations, the current service need has been aligned to service delivery and ambition for the future. Emerging from this process is the identification of the optimum locations for, and scale of, the physical building spaces required to meet the delivery need and, alongside partners, to best serve the communities. The Estate Strategy articulates the required reconfiguration and

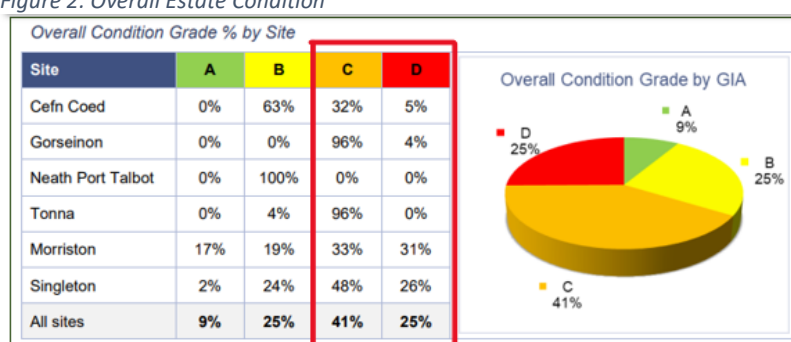
transformation of the estate to facilitate delivery of the required new models of care for the Swansea Bay UHB population, working alongside the infrastructure to support the developments.

The completion of the Health Board wide **6-facet survey** in 2022, identified the backlog maintenance cost needed to bring estate assets up to an acceptable good condition (Condition B), regarding their physical condition and/or compliance with mandatory fire safety requirements and statutory safety legislation. Backlog maintenance is a national challenge which is discussed at national government level. The risk-based methodology recommends investment should be allocated as follows across the risk categories: -

- **Low risk** elements can be addressed through agreed maintenance programmes or included in the later years of your estate strategy.
- **Moderate risk** elements should be addressed by close control and monitoring. They can be effectively managed in the medium term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. These items require expenditure planning for the medium term.
- **Significant risk** elements require expenditure in the short term but should be effectively managed as a priority so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety.
- **High risk** elements must be addressed as an urgent priority to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.

The Health Board has adopted an appropriate risk management strategy regarding estates and facilities in the context of the physical condition and quality of the estate portfolio. Details of the 6-facet survey (2022) show the reported back-log maintenance figures per category over the six main Health Board sites for the financial year of 2022. The overall condition grade shows that 66% of the estate is in category C (poor) and category D (bad) condition.

Figure 2: Overall Estate Condition

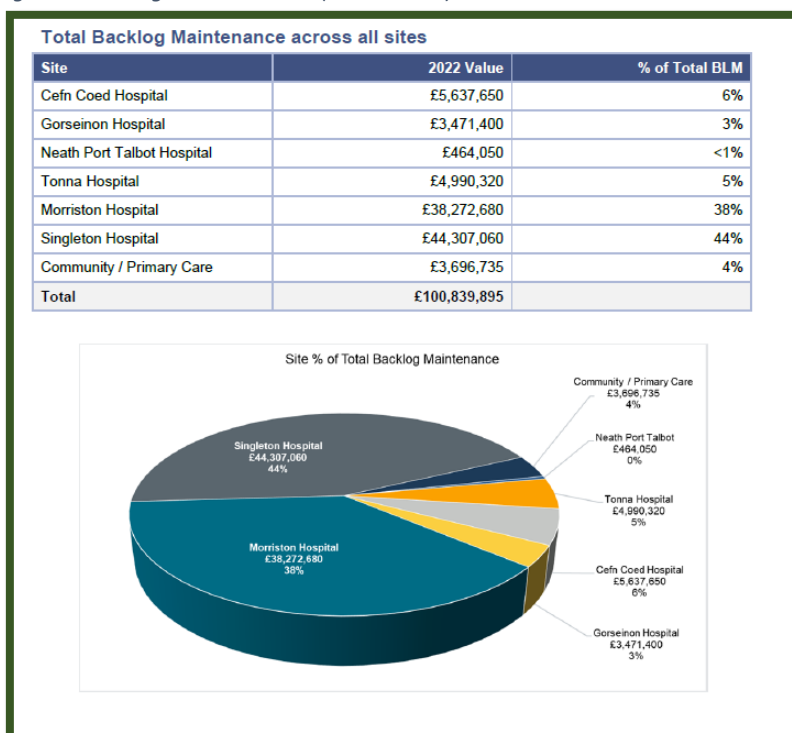


Facet 1 – Condition

- A** Good. Performing as intended and performing efficiently.
- B** Satisfactory. Performing as intended but exhibiting minor deterioration.
- C** Poor. Exhibiting major defects and/or not operating as intended.
- D** Bad. Life expired and/or serious risk of imminent failure.

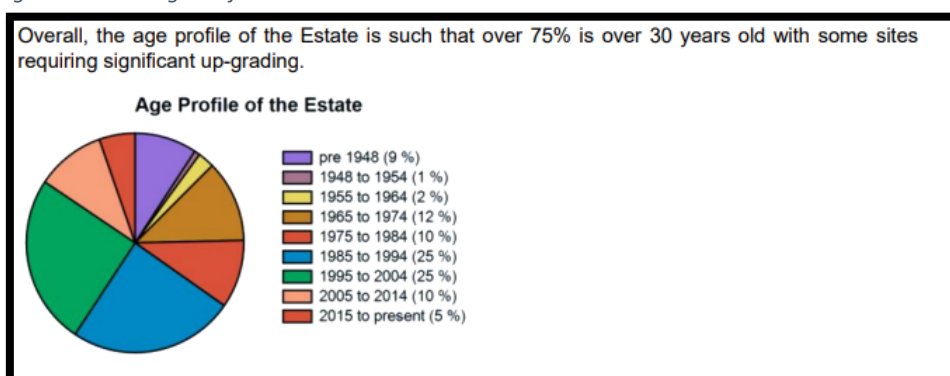
The Health Board's total backlog maintenance liability for their Estate totals £100m which equates to approximately £391 per sqm which is in line with national averages for backlog maintenance.

Figure 3: Backlog Maintenance £ (exc on-costs)



The ageing profile of the estate is a major contributing factor to the levels of backlog maintenance, with over 75% now over 30 years old and in a poor state.

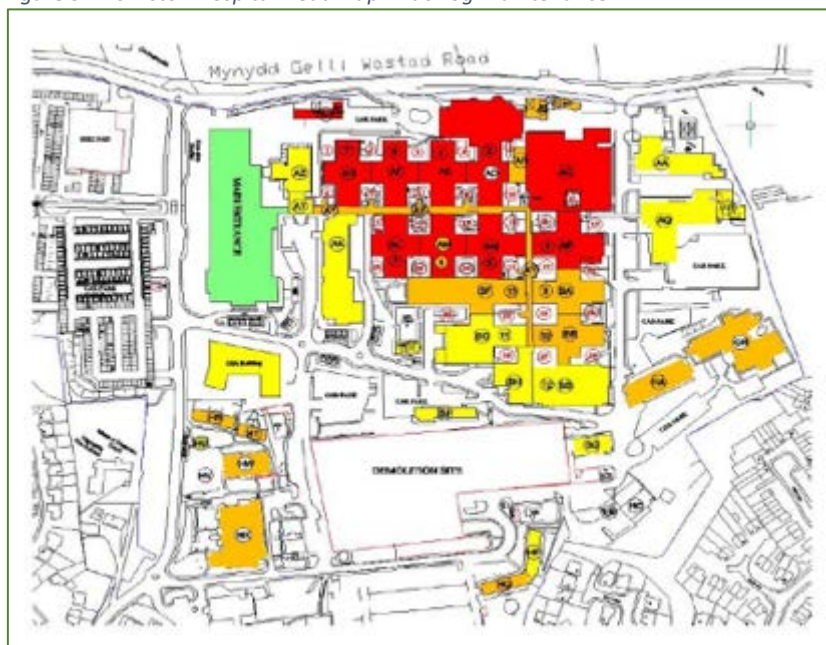
Figure 4: Estate Age Profile



The highest proportion of backlog liability is with Morrison Hospital and Singleton Hospital with 82% of the overall backlog total. Within both sites, work has been undertaken to estimate the backlog liability for the High and Significant risks - Morrison Hospital is £31.1m and Singleton £32.9m.

The heat map produced below for Morrison Hospital, highlights those areas of the estate in bad (red) and orange (poor) condition.

Figure 5: Morriston Hospital Heat Map - Backlog Maintenance



It is anticipated that the backlog maintenance figure will reduce further over the period of this estate strategy, once the new core clinical buildings are commissioned, enabling older estate to be retired or repurposed.

The key findings for Morriston hospital were: -

- Roof Coverings - require replacement, impacting on future business continuity of wards and theatres.
- Wards - most of our ward configuration does not provide adequate single room accommodation or bed spacing to support optimal Infection Prevention Control.
- Theatres - the fabric is typically worn and deteriorated. Mechanical and electrical infrastructure is dated and beyond design life in nearly all aspects, including ventilation, medical systems, fire safety and nurse call.

Where do we want to be?

The Health Board have been developing new models of service delivery for Acute Clinical Services, Primary Care and Mental Health; the models of integrated care delivery include new ways of working with primary care, to be able to identify and in some cases, begin implementation, of some of the strategic changes to the estate that will facilitate the new models of care pathways, including delivery of regional centres for some specialist services for the wider Wales populations.

In determining the future requirement for space, assessments and comparisons have been made around the condition, functional suitability and locations of the existing estate which enable benchmarking of performance to shape the future estate provision. This includes looking for efficiencies and ways to improve the patient and visitor experience, by considering their access to services, and the journeys they need to make for the provision of care, both routine and specialist.

Whilst planning and enabling the estate transformation, 'business as usual' must be maintained as far as possible, providing a safe, compliant and operationally functional environment with minimal disruption to patients, visitors and staff where transformation or reconfiguration is undertaken.

As part of the Strategic Estates Plan the following **estate objectives** were identified: -

- To support the delivery of the Health Board's clinical strategy by developing a property portfolio that meets the needs of the Health Boards service development plans and represents efficient use of resources. This means that the estate will be continually reviewed to ensure it meets the needs of the service.
- Play a strong supporting role in development of Tertiary, Acute and Primary Care facilities to deliver healthcare with healthier outcomes.
- Maintain or improve compliance levels to ensure the Health Boards physical environment is delivered to the highest affordable standards.
- Supports operational services and business development to capitalise on the Health Boards estate to bring a greater range of healthcare services, working with commissioners and stakeholders in the development of regional services.
- Deliver a low carbon, sustainable estate that minimises its carbon footprint.

How do we get there?

The Health Board will align to the national, regional and local drivers which impact how services are delivered and how the estate is development. There will also be other localised service developments because of national drivers such as system working alongside all health, social care and third sector organisations to tackle social detriments to health and continue to find innovative way to provide safe, high-quality care that is sustainable for future generations to come.

The Clinical Services Plan CSP priorities have been set to advise and support the changes as we drive forwards our joined-up approaches to service delivery and a focus on out of hospital care. By Integrating primary and community-based services, physical and mental health services, with our partners, and transitioning new pathways of care out of hospital into the community where possible will strengthen the 'system' as a whole and improve the health of the population.

Whilst we have several engineering and building backlog maintenance risks across the Estate our major risks sit on our two main acute sites Morriston and Singleton Hospital. However, it must be recognised that to address these issues we will need a long-term plan agreeing priorities to mitigate any impact on business continuity. Whilst the priority must be to bring our current Estate especially wards and theatres in line with Estates Code condition B which is fit to perform as intended.

We have complied our development control plans for each site supporting our clinical service plan which shows quite a challenging capital programme with various capital projects at different business case stages. It's worth noting that one of the key planning conditions within Swansea Local Authority Local Development Plan, states that any future expansion of services on the Morriston site will require a new access route

coming off the M4 junction 46 mitigating traffic congestion on the existing road Infrastructure.

➤ **Morriston Hospital**

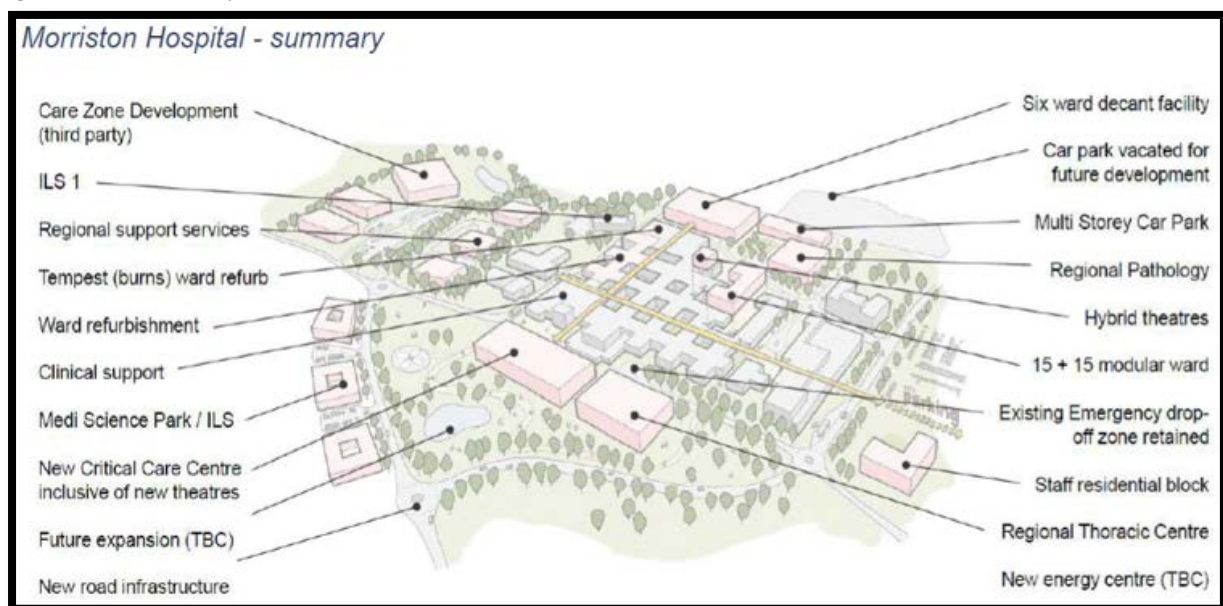
In order to deliver essential maintenance works, a key enabling package will be required to build permanent 6 x 32 decant ward. This would support the Health Board to start phasing a ward refurbishment plan and roof replacement scheme. It is worth noting that the signed off ward design contains 50% single rooms in compliance with the Welsh Government Guidance. This means that at some point the decant ward beds will need to be utilised on a permanent basis due to bed loss and look to convert other areas in Morriston e.g., Theatre complex for ward space.

The work has identified a significant risk of business continuity failure through the risk of water ingress through the fabric of the roofing systems in the oldest parts of Morriston Hospital. Whilst underlying roof structures have been assessed as safe, the external fabric of the roof is at risk of failure of a scale which could result in an unsustainable loss of bed capacity.

To support the above programme plan we would have to either build a new block of theatres or bring forward the Emergency and Critical Care Unit, to provide a new fully compliant new build to incorporate a theatre suite with full diagnostics (see DCP).

We would also be looking at completing the upgrading of High Voltage (HV) circuits and transformers and improve the control gears also within the HV sub stations and currently working on a replacement Substation 6. As part of the ward refurbishments, we would also be able to start to address the upgrading of fire alarm panels, along with looking at how we enhance the existing medical gas infrastructure to increase flow rates within the site providing medical gases per bed not shared as existing.

Figure 6: Morriston Hospital DCP



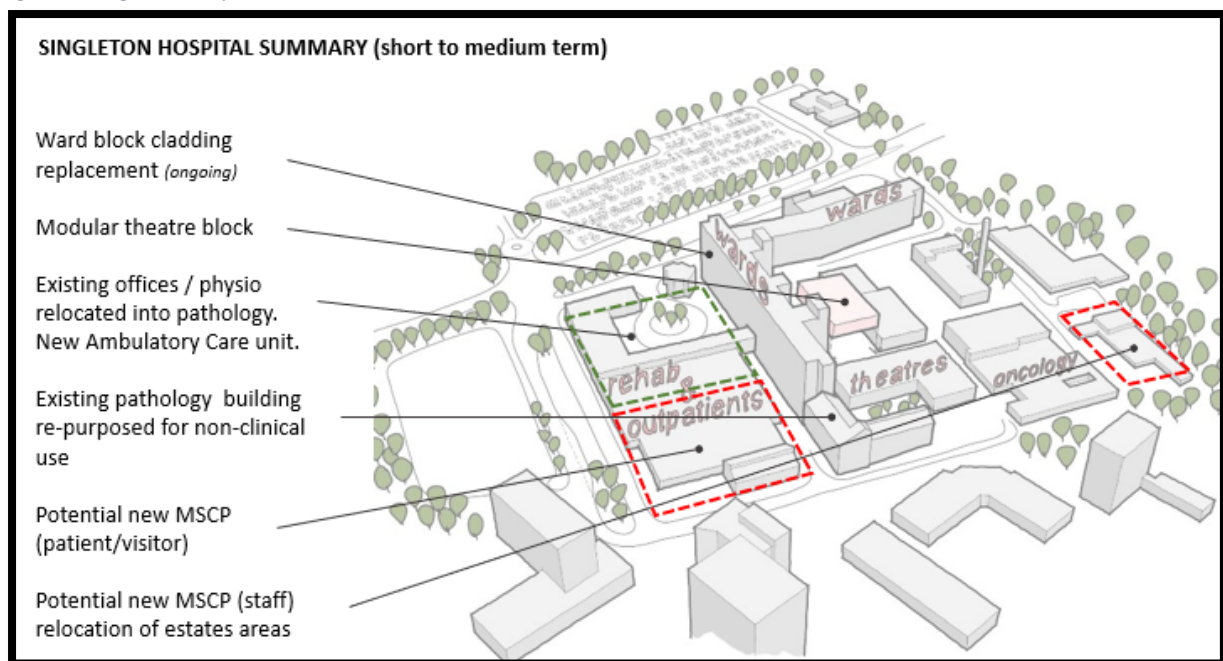
➤ Singleton Hospital

On the Singleton Hospital site, the major issue to be addressed first would be the asbestos removal from the voids. Until this is completed, we cannot start to address the replacement of the engineering services highlighted as a significant risk within the 6-facet survey work. Whilst it would be possible to complete some of the refurbishment work on a ward or floor basis, as explained within the strategy document, the electrical services are provided over three wards, therefore, to replace the electrical distribution panels we would be affecting services for three wards for a number of weeks which will clearly have significant clinical implications and require three decant wards.

We need to engage with clinical colleagues to understand how the decant facility could be utilised across the two sites, however, unless we address these issues in a planned way there is the potential of an unplanned failure of engineering services on both these sites, which would have a profound effect on our ability to provide clinical care and impact on business continuity.

The Health Board Six Facet Survey of the condition of the Estate has provided a clear indication of up-to-date costs to address these issues but should be complemented by Development Control Plans (DCP) for the delivery of a capital infrastructure programme to address these issues, which will substantially reduce the backlog maintenance costs. The DCPs also identify the major service change projects to support the Clinical Services Plan.

Figure 7: Singleton Hospital DCP



➤ Primary Care & Community Services

The Health Board is developing an agreed '10-year' primary and community care estates strategy as part of the overarching Primary and Community Services strategy.

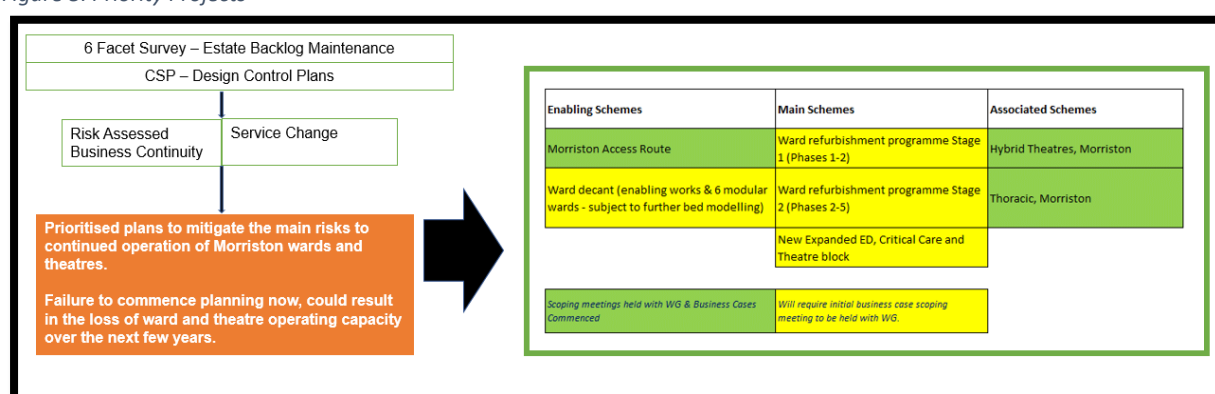
The strategy included a review of the primary care estate over a two-year period, looking at functional suitability, utilisation, building maintenance and condition, compliance with health and safety regulations, healthcare guidance and building

regulations including disabled access. Local Development Plans have also been examined to establish future population growth and linkages with Local Authorities to maximise opportunities across organisations as part of the 'One Public Estate' agenda. The Primary and Community Estates Plan will ensure, upon completion that all Swansea Bay primary care estate premises are fit for purpose and the quality of the environment is suitable for all building users.

Priority Schemes

This Estates Strategy reflects the Clinical Services Plan and 6 Facet Survey undertaken in 2022. To ensure business continuity for key clinical services on the Morriston site - due to the deteriorating position on the roof coverings and ward & theatre infrastructure and fabric - the schemes below have been identified as key priorities on a risk assessed basis.

Figure 8: Priority Projects



3. RISK AND GOVERNANCE

The Estates Strategy has been prioritised based on a balance of business continuity risk and the requirement to modernise services through our Clinical Services Plan.

Should the strategy be approved by the Board a detailed review of the risk register will be undertaken to align with the strategy.

Since presenting the results of the 6 facet survey and other findings to Board development in January 2023, four task and finish groups have been held which included Health Board officers and Independent Members (Chaired by the Vice Chair) to undertake deep dives on the strategy and to test and challenge the emerging assumptions within the strategy. This process has been highly valuable and has helped to shape the Estates Strategy before the Board today.

The Task and Finish Group has now been stood down and the routine oversight of the strategy will transfer to the Performance and Finance Committee with regular updates to the Board as required.

4. FINANCIAL IMPLICATIONS

This Estates Strategy reflects the Clinical Services Plan and 6 Facet Survey undertaken in 2022. Very high-level capital investment estimates in advance of any detailed designs suggest a significant investment of £812m over a 10-year period. All investments will be subject to the normal programme and project business cases and discussions with Welsh Government on affordability.

The investment plan highlights the priority enabling projects required for the critical backlog maintenance estates issues identified from the Morriston Hospital 6-facet survey on wards and theatres. The impact of investment in several key schemes from the 10-year plan towards the significant backlog maintenance are highlighted below.

Figure 9: Impact on Backlog Maintenance

				Impact of Proposed Scheme on Major Areas of Backlog Maintenance				
Site	Project	Business Case Status	Estimated Capital Costs £m	AHU	Medical Gases	Electrical Infrastructure	Internal & External Fabric & Compliance	Comments
Morriston	New expanded ED, Critical Care and Theatre, Morriston Hospital	Scoping Meeting Required	100	High	High	High	High	New build, fully compliant and will enable major reconfiguration/refurbishment of vacated areas - utilise for wards - will also minimise additional decant facilities
Morriston	Ward Decant enabling works & purchase 6 modular wards	Scoping Meeting Required	45	High	High	High	High	Will enable major works to be undertaken on current wards to provide compliant bed spacing and 50% single bedrooms.
Morriston	Ward Refurbishment Programme, Morriston, Stage 1 (Phases 1-2)	Scoping Meeting Required	48	High	High	High	High	Will enable major works to be undertaken on current wards to provide compliant bed spacing and 50% single bedrooms.
Morriston	Ward Refurbishment Programme, Morriston, Stage 2 (Phases 2-5)	Scoping Meeting Required	40	High	High	High	High	Will enable major works to be undertaken on current wards to provide compliant bed spacing and 50% single bedrooms.
Singleton	Ward Refurbishment Programme	Scoping Meeting Required	20	High	High	High	High	Will enable major works to be undertaken on current wards
Swansea	Swansea Wellness Centre	SOC endorsed, OBC in development	34	n/a	n/a	High	High	Proposed new development, so will remove any backlog maintenance
Morriston	Refurbishment of Burns ITU Phase 1	BJC phase 1 submitted to WG Jan 23	7	High	Low	Low	Low	Theatres will still be non-compliance with WHBN's (Space) - short/medium term fix
Morriston	Refurbishment of Burns ITU Phase 2		41	High	Low	Low	Low	Will enable modular ward 15x15 respiratory, refurb of ward J additional ITU beds
Tonna	Tonna, Older Persons / Roof	BJC in development	8	Low	Low	Medium	Medium	Mainly roof replacement with some internal works, with medium impact on backlog maintenance
Cefn Coed	Adult Acute Mental Health Unit	SOC endorsed, OBC in development	54	n/a	n/a	Low	Low	No major costs identified for dedicated clinical areas >100k
MH&LD	Reconfiguration/Refurbishment Learning Disabilities, Dan-y-Den	BJC in development	5	Low	Low	Low	Low	This is covered from alternative regional funding
Morriston	Catheter Lab A Morriston replacement	BJC in development	10	Low	Low	Low	Low	Section of area on first floor, restricted to specific footprint
Morriston	Hybrid Theatre Morriston	SOC Endorsed, Combined OBC/FBC in development	11	Low	Low	Low	Low	Benefit on backlog will be dependent on current theatres used.
Morriston	Regional Pathology Centre	SOC endorsed, OBC in development	90	Low	Low	Low	Low	Although overall positive, impact on decanted areas will vary in ability to utilise for clinical space
Morriston	Thoracic, Morriston	SOC endorsed, OBC in development	33	Low	Low	Low	Low	Positive for business continuity
Morriston	Management Centre, Morriston	BJC in development	1	Low	Low	Low	Low	Non clinical area - Swansea University
Singleton	Modular Theatres at Singleton Hospital	BJC in development	26	Low	Low	Low	Low	Additional theatres - Will initially allow refurbishment works to be carried out on existing theatre areas
Singleton	PET-CT (Permanent)	BJC in development	6	n/a	n/a	n/a	n/a	Requirement for service and patient backlog
Morriston	Morriston Access Route	Part of Regional Pathology OBC	21	n/a	n/a	n/a	n/a	High - required for any future builds, increases in services
Singleton	2nd CT-SIM at SWWCC	Scoping Meeting Required	2	n/a	n/a	n/a	n/a	Additional CT-SIM - Business continuity
			602					
Service Continuity / Interlinked								
Service Continuity								
Service Change / Service Expansion								
Enabler for all future expansion at Morriston external scheme								

The high-level capital investment of £812m into the estate over the next 10-years is a significant undertaking that will require the support of Welsh Government. We have already been successful in securing £7.9m investment through the NHS Wales Estate Funding Advisory Board (EFAB), which will allow us to start to address some of the very urgent backlog maintenance issues.

Early discussions have commenced with Welsh Government on alternative sources of funding. A number of commercial and disposal opportunities are being explored, which could allow us to access additional funding. Some of this may come from the disposal of parts of our estate that are no longer required and indicative values are shown below.

Figure 10: Commercial and Disposal Opportunities

Disposal and Commercial Oppourtunities	Commercials					Disposal Oppourtunities							
	Renewable Energy	Retail	Partnership	Commercial Opps	Residencies	Degree of Difficulty					Link to Business Case	Range of Potential Sale Proceeds £m	Type of Disposal
						Overall Difficulty of Disposal	Reprovision of Services	Planning	Restrictive Covenants	Financial			
Cefn Coed						Medium	Medium	Medium	Low	Medium	Adult Acute Mental Health	£6.5 to £7m	Surplus land for residential
Morriston	x	x	x	x	x	High	Medium	Low	Low	High	Reprovision of Services	£3.5m to £8m	Southern Car Park (Range from new build to reduced parking)
Singleton	x	x	x	x	x	High	High	Medium	Low	High	Reprovision of Services	£4.25m to £6.25m	West & Southern Car Park
NPT	x				x	n/a					n/a		
Garrgoch						Medium	Low	Low	High	Low	tbc	£1m to £2.5m	Surplus land to rear of existing buildings
Cimla						Low	Medium	Low	Low	Low	Reprovision of Services	£2.5 to £4.5m	Residential
Gorseinon						High	High	Low	Low	Medium	Reprovision of Services	tbc	

Following on from the opening of the first Solar Farm in NHS Wales in 2022, we are delivering exciting, innovative, and transformational carbon reduction projects that currently lead the way in the UK and Europe.

There is also a need to develop a clear supportive Long Term Financial Model for the revenue support needed for the Clinical Service plan and the Estates Strategy. This would be a plan set out across the 10 years of the Strategy.

Key Actions

The key actions this strategy seeks to deliver are: -

- Support the enablement of Health Board's Clinical Service Plan and be flexible to respond to emerging strategic direction of NHS priorities for acute services and the two strategic aims of the Health Board Organisational Strategy; supporting Better Health and Delivering Better Care along with the seven clinical service plan priorities:
- Implementation of the estate changes to unlock the sites planned for development.
- Improved access, environment and transport for our patients, visitors, and staff
- Creating the required reduction in our backlog maintenance and planned investment in the infrastructure supporting the estate.
- Support the Health Board sustainability strategy by adopting a road map to achieving net zero carbon and implementation of a Health Board Decarbonisation Plan
- Continued exploration of the commercial opportunities associated with the potential disposals
- Continue to explore strategic real estate opportunities to allow for future changes over time
- Consolidation of our administration functions in line with the estate developments and continue to adopt an agile working methodology post COVID
- Enable opportunities for offsite working for staff working with our partners through active collaboration

- Development of a future accommodation strategy for staff, looking at new opportunities to increase recruitment and retention
- Continued development of the masterplan for developing sites to get the best use of public facilities and their utilisation.
- Development of a high level 10-year capital investment plan.
- Identification of key enabling projects to mitigate the backlog maintenance issues identified at Morriston Hospital.

Next Steps

The strategy, as drafted, allows for the parallel development of each site based on the individual priorities of the sites, resourcing opportunities and DCP design. The pace of change at each of the sites will be determined by the availability of resources and the timing of the formal business case approval processes.

Through this work the Health Board is clear that the immediate priority, as set out above, is to preserve business continuity at Morriston Hospital which will also allow for the refurbishment of existing estate which will address building regulations which in turn will increase cubicle numbers improving quality and safety of care along with patient experience.

This prioritisation should not detract from priorities at other sites and as the strategy evolves into more detailed plans, the further prioritisation will resolve itself.

The Health Board is open to agreeing the appropriate disposal of assets which are not needed strategically as enablers for resource availability although the current assessment is that the financial scale of available disposals would not make a material contribution to the overall strategy. As a result the Health Board will engage with WG to explore a wide range of creative finance options which could unlock some of the more difficult resourcing challenges with a strategy of this scale.

Welsh Government colleagues have been appraised of this work and the next steps will be to share the final strategy for discussion on affordability, feasibility and prioritisation. Work will commence in parallel to develop more precise service and financial modelling to support the strategy which will enable the specific business cases, as required, to be produced.

5. RECOMMENDATION

Members are asked to: -

- **APPROVE** the next steps to progress the strategy into clear deliverable plans (section
- **APPROVE** the Health Board Estates Strategy which requires an estimate £812m investment excluding primary care infrastructure over a period of 10 years from 2023/24.
- **SUPPORT** the development of a Long Term Financial Model to support the Clinical Service Plan and the Estates Strategy.
- **AGREE** that discussions can commence with Welsh Government regarding the high risk areas within the strategy and the risk of operational failures on the Singleton and Morriston Hospital sites and seek urgent resolution of them.

- **AGREE** that the Health Board develops with Welsh Government colleagues alternative funding sources to address these funding requirements

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	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Engineering systems within the two main acute sites have a direct impact on the experience patients, visitors and staff alike. As engineering services are past their normal lifecycle their reliability is adversely affected which has a direct impact on the delivery of services.		
Financial Implications		
A high level 10-year capital investment plan has been produced. The plans include projects that will reduce the level of the backlog maintenance identified in the recent 6 facet survey. Projects will require business cases to show the impact on both capital and revenue investment.		
Legal Implications (including equality and diversity assessment)		
N/A		
Staffing Implications		
N/A		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
If the Health Board do not address the condition of the engineering services within the Estate, there is increased likelihood that we could have system failures that adversely affect the provision of clinical services.		
Report History	Board Development briefing 9 th January 2023	

	Board Estates Strategy Task & Finish Group (February to May 2023).
Appendices	<p>Estates Strategy Document</p> <p>In resources – Estates Strategy detailed analysis and survey work.</p>

“Changing for the Future” Estates Strategy



Sustainable Estates Infrastructure
to deliver our
Clinical Services Plan



- 1. Strategic Context**
- 2. Where are we now - Condition Surveys**
- 3. Where do we want to be - Clinical Services Plan**
- 4. How do we get there - Site Development Control Plans**
- 5. How do we get there - Finance, Commercials and Disposals**
- 6. How do we get there - Decarbonisation.**
- 7. Summary - Case for Change**

1. Estates Strategy – Strategic Context

Introduction

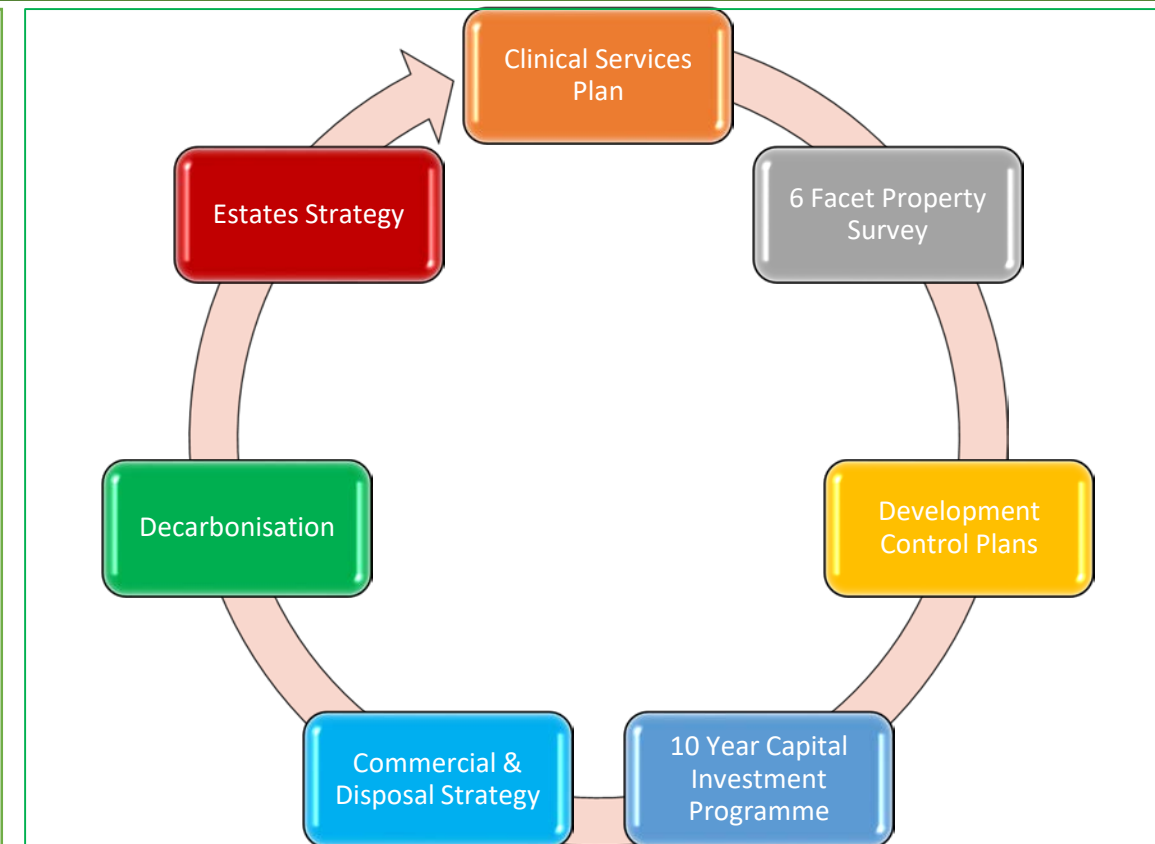
In response to the Clinical Services Plan, Swansea Bay University Health Board (SBUHB) is developing new clinical service models, which, in turn is enabling the identification and mapping of the estate changes required to facilitate them.

This Estate Strategy will continue to be flexible and open to regular updates to respond to the changing service needs as they are articulated.

The Estates Strategy will support the Health Board ambition to enable care to be delivered in communities in the most appropriate locations, at a scale which supports a future sustainable model of secondary care, and foster a community centric quality of care, appropriate for where it is needed, supporting sustainability of future service provision. Work has been ongoing throughout the clusters to analyse demographic data, patient activity trends and transport / accessibility links, per geographical area.

In collaboration with primary care clusters and with partner organisations, the current service need has been aligned to service delivery and ambition for the future. Emerging from this process is the identification of the optimum locations for, and scale of, the physical building spaces required to meet the delivery need and, alongside partners, to best serve the communities.

This Estate Strategy 2022-2032 presentation (supported by an enabling reference document) articulates the required reconfiguration and transformation of the estate to facilitate delivery of the required new models of care for the Swansea Bay UHB population, working alongside the infrastructure to support the developments (See Supporting Pack)



An estate strategy provides the following benefits:

- premises developments that support service/capacity requirements;
- the provision of safe, secure and appropriate buildings;
- the provision of high-quality healthcare environments, which may aid staff retention/morale and patient outcomes/satisfaction levels;
- a plan for change that enables progress towards goals to be measured;
- a clear commitment to complying with sustainable development and environmental requirements/initiatives;
- a means of targeting investments to minimise the risks associated with the built environment;
- an opportunity to dispose of surplus and/or poorly-used assets and reinvest released resources;
- an opportunity to optimise occupancy costs. Who is responsible for the estate strategy?

Where are we now?

Clinical Services Plan 2019 - 2024

set in the context of the Welsh Government vision for the NHS in Wales,
'Together for Health',

Foundations

Create services that are safe and sustainable - the Health Boards first 5-year clinical plan - over 300 stakeholders worked within seven priorities for clinical workstreams:

A clinical services plan that addresses the 7 clinical workstreams current and projected service challenges and opportunities for **unscheduled care, surgical and regional services** in areas where not changing current pathways and ways of working will continue to cause delivery issues and unsustainability over the longer period.

Clinical Service Plan Ambitions

1. Population Health
2. Planned Care
3. Older People
4. Unscheduled Care
5. Maternity, Children and Young People
6. Mental Health and Learning Disabilities
7. Cancer



Where are we now – Centres of Excellence

- A clear ambition was created to develop **Centres of Excellence** built upon a bedrock of wellbeing, community, mental health and primary care services focussed on improving wellbeing, prevention, early intervention and rapid access.
- Maximise regional opportunities with dedicated specialist expertise
- Central to new pathways is the ambition to improve population health and take care closer to home; giving people timely access to community based care.

Networked Hospitals and a Systems approach;
One system of care with Cefn Coed a centre of excellence for adult mental health Neath Port Talbot as the centre of excellence for orthopaedics, spinal care, diagnostics, rehabilitation and rheumatology and **Morriston and Singleton as Health Campuses**

Focused population health - health and wellbeing focus 'system shift left'. Build resilience and embed health and wellbeing centres and their approaches linked also to giving every child the best start in life and advancing socio-economic approach to population health

Transforming Primary, Community, Mental Health and Learning Disabilities Care - resources flow from secondary care into primary and community provision enhanced by the **Accelerated Cluster Development Programme for 2022**

Four Principles of the CSP

1. One System of Care

Clinical pathway processes that cross specialities, departments & delivery units



3. Right Place, Right Person, Right Time

Workforce, estates, equipment, digitalisation



2. My Home First

Pathways which enhance care delivery in or closer to the patients home where clinically safe



4. Better Together

Regional and local collaboration on networks of services that meet the care needs of patients



© SBUHB Clinical Services Plan

Clinical Services Plan 2021-2027

The Clinical Services plan (2021-2027) incorporates the Recovery and Sustainability Plan (2022 – 2025) and provides the **vehicle for delivery** of critical path changes for the next 5 years, with clinically led improvements and realisation of benefits alongside operational effectiveness and efficiency.

A new focus to scale up regional partnering, optimise digital solutions and innovation and adopt more sustainable approaches to healthcare and the estate



Transformational change	Improvements to patient access and patient experience
Centralisation of the acute medical admissions to Morriston Hospital	A major transformation that will support quality of clinical care and patient experience.
Redesign of planned care to radically change how and where outpatients' services are delivered	Increase the access of patients to the care they need, when they need it and from the best team for their needs
Align the delivery of surgical and rehabilitation services across the sites	Improve access and reduce waiting times Improve quality of care and patient experience
Strengthen population health delivery through changes to the delivery of primary, community and mental health services	Improvements in the health and wellbeing of people through provision of facilities closer to people's homes
Work as partners with Swansea University, our local authorities, the wider NHS and Welsh Government.	Advances in care and jointly provided services and infrastructure
Invest in new models of integrated care	Focussed on improving quality and value for patients;
Invest in improving the health and wellbeing of staff	Improved recruitment and retention and support staff wellbeing and resilience
Create regional, digital and sustainable healthcare solutions	Advances in technology that enable care to be delivered in different ways
Refresh the capital programme requirements and set out a clear infrastructure development plan.	A range of Health and Care facilities are provided that are sustainable to meet the future needs of the local population

The solid Case for Change for the Estate demonstrates that the Health Board's plans are based on agreed clinical improvement plans, robust recovery and sustainability plans and endorsed through public and staff engagement and assessments of best practice from world class healthcare systems. The Health Board is fully committed to make the changes, find the solutions and to actively continue to collaborate with the public and partners from across the region.

The Case for Change shows how the CSP will demonstrably improve the health and wellbeing of the communities served and the health and care system that it is operated in. The critical path for delivery is clearly aligned to the Health Board's Recovery and Sustainability Plan (R&S Plan) and marks the pace of the major service change the Health Board is going to make in the next five years to 2027. There is clear demonstration of the scale of improvement required to both meet and realise the benefits, to:

- Improving the population wellbeing;
- Support the complex healthcare needs of the people served;
- Improve operational effectiveness and efficiency;
- Implement clinically led service change;
- Scale up the regional partnering for new pathways of care;
- Optimise digital solutions and innovation;
- Adopt more sustainable approaches to healthcare.

2. Where are we now? Condition Surveys

Swansea Bay UHB – Main Hospital Sites



Current Estates Challenges

The **Estate Strategy** is a long-term plan for managing the estate in the most advantageous way in relation to our service and business needs and the local health economy. It needs to be able to deliver resilient, sustainable and fit-for-future accommodation, with buildings and equipment in the right place, in the right condition, of the right type and able to adapt and respond to future service needs, which includes:

- analysis of the current estate and how it performs;
- proposed changes to the estate over the next decade;
- proposed performance improvements;
- estate optimisation plans;
- site master plans;
- a comprehensive estate investment programme.

The Estate has a critical influence on the key quality issues of:

- Environmental conditions (energy/emissions/sustainability);
- Physical environment (internal and external);
- Access;
- Safety;
- Infection control;
- Fire precautions;
- Suitability for function;
- Transportation / car parking;
- Aid to healing;
- Recruitment and retention of staff

Estates Infrastructure Review

A full 6 facet survey of the Health Board owned estate was carried out in 2022.

The 6 facets review were;

1. **Condition (Backlog Maintenance)**
2. Functional Suitability
3. Space Utilisation
4. Quality Audit
5. Statutory Compliance
6. Environmental

Backlog Maintenance (BLM)

The backlog maintenance cost is that needed to bring estate assets up to an acceptable good condition (Condition B), regarding their physical condition and/or compliance with mandatory fire safety requirements and statutory safety legislation. Backlog maintenance is a national challenge which is discussed at parliamentary and government level, such that The Cabinet office is also considering the issues and possible solutions to backlog maintenance across all public sector estates.

The risk-based methodology recommends investment should be allocated as follows across the risk categories:

- **Low risk** elements can be addressed through agreed maintenance programmes or included in the later years of your estate strategy.
- **Moderate risk** elements should be addressed by close control and monitoring. They can be effectively managed in the medium term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. These items require expenditure planning for the medium term.
- **Significant risk** elements require expenditure in the short term but should be effectively managed as a priority so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety.
- **High risk** elements must be addressed as an urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.

The Health Board has adopted an appropriate risk management strategy regarding estates and facilities in the context of the physical condition and quality of the estate portfolio. Details of the facet survey (2022) shows the reported back-log maintenance figures per category over the six main Health Board sites for the financial year of 2022.

6 Facet Survey – Key risks & Business Continuity Impacts

Current condition and configuration of our estate presents the following risks:

Health and Safety Compliance

- Water safety - legionella risk
- Fire safety - non-compliance with latest standards
- Asbestos pervasive across our estate and deteriorating at increasing rate
- Disability access - environments not appropriately accessible for disable people and people with sensory or cognitive impairment

Functional suitability for current operational delivery

- Due to the age of much of our estate, many of our clinical environments were not designed for the service function they are now providing.
- As services have grown and developed, they have expanded on an ad-hoc basis into environments that are less than optimal for modern patient care in many instances
- The strategic objectives cannot be achieved with the existing infrastructure (estates and IT) due to restricted envelope footprint

Business Continuity Impacts:

Estates failure increase.

- Impact on operational service delivery on a regular basis (theatre downtime, un-planned ward moves, temporary closure of areas, impact on access to services – such as lift failures). Health Board is at risk of prosecution if anyone comes to harm as a result of health and safety risks associated with the condition and management of the estate.

Patient outcomes adversely impacted.

- In the majority of infection out-breaks, there is a potential environmental risk associated. The majority of our ward configuration does not provide adequate single room accommodation to support optimal IPC management.
- Issues often highlighted in HIW inspections and patient safety walk arounds.

Patient experience adversely impacted.

- Whilst patient feedback remains overwhelmingly positive, we know that patient dignity and privacy is sometimes compromised because of the care environment, with staff having to put in place work arounds where possible.
- Issues often highlighted in CHC visits.

Estates maintenance is disproportionately focused on reacting to failures.

- More costly and is associated with greater impact on operational service delivery than a proactive maintenance programme.

Backlog rises.

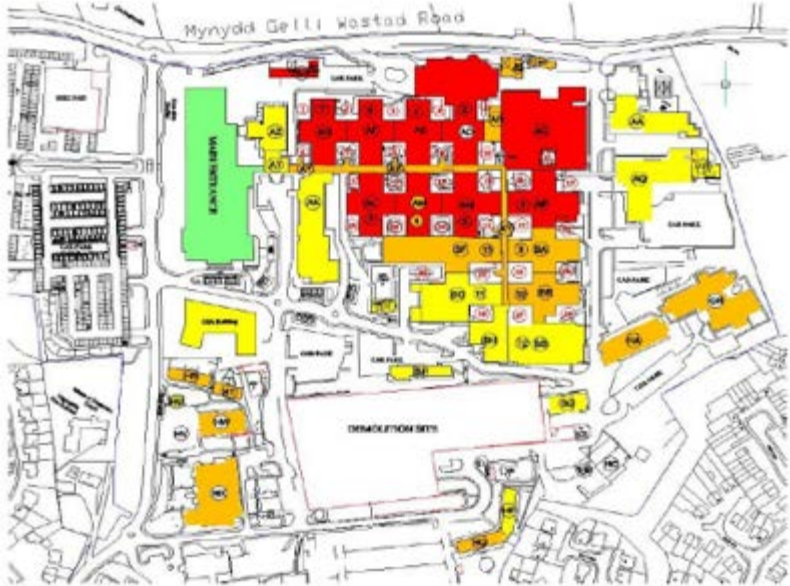
- Estates, reflecting the age of the real-estates. Backlog continues to rise.

Estates Critical Path – Morriston Hospital



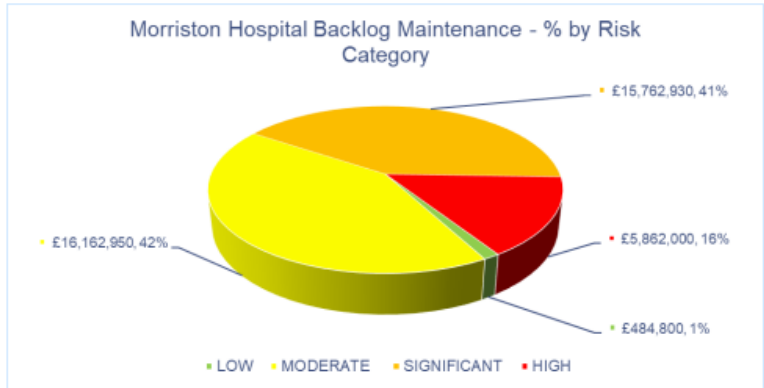
Morriston Hospital Centre of Excellence
for urgent & emergency care, specialist care
& regional surgical services, including
complex medical interventions

6 Facet Survey & Estates Backlog Maintenance – Morryston Hospital



Morryston Hospital

Cost to eradicate...	2022 Value
high risk backlog	£5,862,000
significant risk backlog	£15,762,930
moderate risk backlog	£16,162,950
low risk backlog	£484,800
Sub- Total	£38,272,680
Total Risk Adjusted	£21,959,947



Morryston Hospital			
High & significant Risk Categories	High and Significant Risk Costs	Comments	Enablers
Roof covering replacement	£3.9m	All pitched roofing 1st floor / Flat roof areas.	Appropriate access to all areas 1st floor Template. Decant ward required to undertake the works.
AHU,s / Ventilation	£7.0m	site wide – EFAB funding/Discretionary Capital.	Appropriate access to all areas. Decant ward required.
Electrical Switch gear / distribution boards, wiring / sockets.	£2.1	Site wide	Decant facilities required to undertake the works
Pipework - Med Gas	£1.4m	Wards and clinical areas.	Appropriate access to all areas. Decant ward required.
Building Internal Fabrics	£3.2m	Site wide	Appropriate access to all areas. Decant ward required.
Heating/Boilers	£2.3m	Site wide	Back up boilers to mitigate loss of services to switch over boilers when undertaking the works.
Nurse Call	£1.5m	Ward areas -	Appropriate access to all ward areas. Decant ward required or phased vacated areas to undertake the works.
Cooling Plant	£3.7m	Site wide	Appropriate access to all areas. Decant ward required to undertake these works.
Fire Panels / Alarm and detection.	£1.3m	site wide - EFAB Funding	Decant facilities required to undertake the works
Fire compartmentation.	£3.6m	Site wide	Decant facilities required to undertake the works within the wards and theatres. Office accommodation and corridors could be programmed out of hours.
Domestic Hot / Cold water	£3.0m	Site wide EFAB funding / Discretionary Capital.	Appropriate access to all areas. Decant ward required to undertake the works.
Internal Doors	£1.3m	Site wide	Decant facilities required to undertake the works
Total	£31.1m including on costs (estimated)		

Condition Survey – High and Significant Backlog Costs

SCORE RANGE	RISK RANKING
1-6	LOW
7-10	MODERATE
11-16	SIGNIFICANT
17-25	HIGH

	PROBABILITY OF FAILURE				
Rating	1	2	3	4	5
Failure descriptors	RARE	UNLIKELY	POSSIBLE	LIKELY	CERTAIN
	None or minimal remedial action required and/or new/recent upgrade. Estimated time to failure may be circa > 10 yrs	Normal wear and tear. Sound, operationally safe and exhibits only minor deterioration. Estimated time to failure may be circa < 10 yrs	Reasonable physical damage/deterioration. Reassignment of life may be acceptable based on technical tests or residual robustness. Estimated time to failure may be circa < five yrs	Major physical damage/deterioration. Failure apparent/assessed as imminent or unacceptable built environment. Not appropriate to reassign life. Estimated time to failure may be circa < one yr	Failure occurred. Unacceptable built environment. Not appropriate to reassign life. Estimated time to failure may be circa < six months

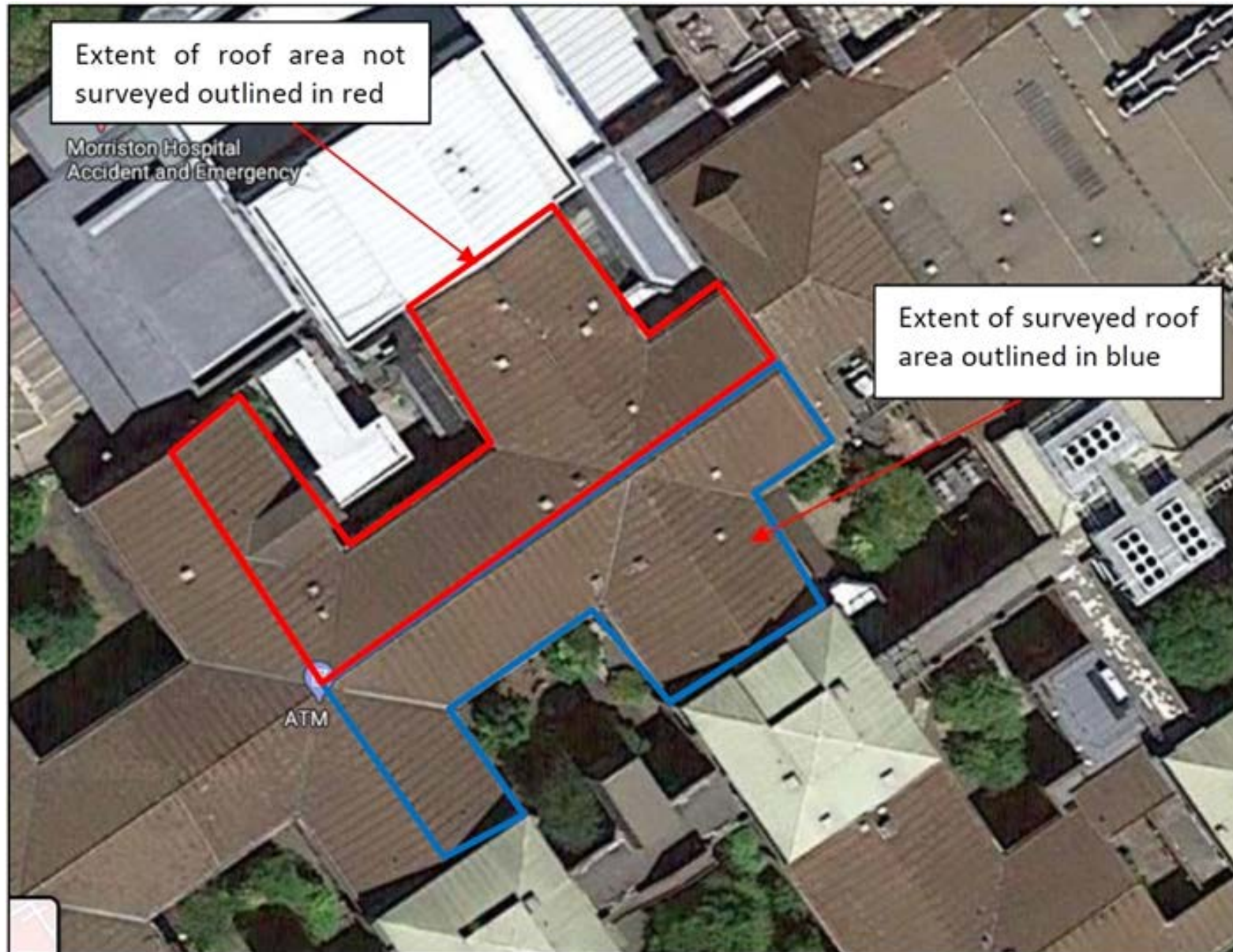
SEVERITY		Health & safety	Environment	Business	Operational/ building/ engineering element	Fire/statutory Complies with mandatory fire safety requirements and statutory safety legislation.	Fire/statutory Complies with mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature	Fire/statutory Known contravention of one or more requirements – which falls short of "B".	Fire/statutory Dangerously below "B"	Fire/statutory Dangerously below "B"	
											Rating
POTENTIAL CONSEQUENCES	1	INSIGNIFICANT	No injury/breach of guidance/ procedures	No or minimal impact breach of guidance/ procedures.	Unlikely cause of complaint. Litigation remote. Minimal reputation loss/ limited awareness within organisation.	Minimal or no impact. Minimal or no disruption.	1	2	3	4	5
	2	MINOR	Minor injury/ill health (first aid or self-treatment). Breach of legal requirement.	Breach of legal requirement.	Possible complaint. Litigation unlikely. Loss of reputation (widespread internal awareness).	Localised impact. Disruption to normal services.	2	4	6	8	10
	3	MODERATE	Moderate injury/ill health statutory obligations. Improvement notice issued.	Single breach of legal requirement. Improvement notice issued.	Possible complaint. Possible litigation. Loss of reputation. National paper reporting.	Moderate impact. Moderate disruption to normal services.	3	6	9	12	15
	4	MAJOR	Major/significant injury or long-term incapacity/disability. Prohibition notice issued.	Multiple breach of legal requirement. Prohibition notice issued.	Litigation expected. Loss of reputation. National reporting.	Major/significant impact. Severe disruption to normal services.	4	8	12	16	20
	5	CATASTROPHIC	Fatality and/or permanent incapacity/ disability. Prosecution.	Multiple breach of legal requirement. Prosecution.	Litigation certain. National adverse publicity	Critical impact. Service closure.	5	10	15	20	25

Roof Coverings - require replacement, impacting on future business continuity of wards and theatres

Wards - the majority of our ward configuration does not provide adequate single room accommodation or bed spacing to support optimal Infection Prevention Control. Ward environments are challenging to maintain due to lack of suitable decant space and limited funding for a refresh programme.

Air handling is based on natural ventilation in many ward areas with electrical and medical gas infrastructure out of date.

Theatres - the fabric is typically worn and deteriorated. Mechanical and electrical infrastructure is dated and beyond design life in nearly all aspects, including ventilation, medical systems, fire safety and nurse call.



Issues with Existing Nucleus Template

- Roof across 1st floor wards and theatres needs to be replaced with decant facilities provided.
- Wards are not compliant with WHBN/WHTM for space standards, single rooms and allowances for support accommodation.
- If Model Wards to be implemented, **permanent additional space will be required** (existing theatre template and modular wards)
- Theatres are not compliant with WHBN and WHTN for space standards and AHU ventilation standards.

RE-PURPOSING THE NUCLEUS TEMPLATES

Suggested ward refurbishment. First floor

Wards T & V (59 beds)

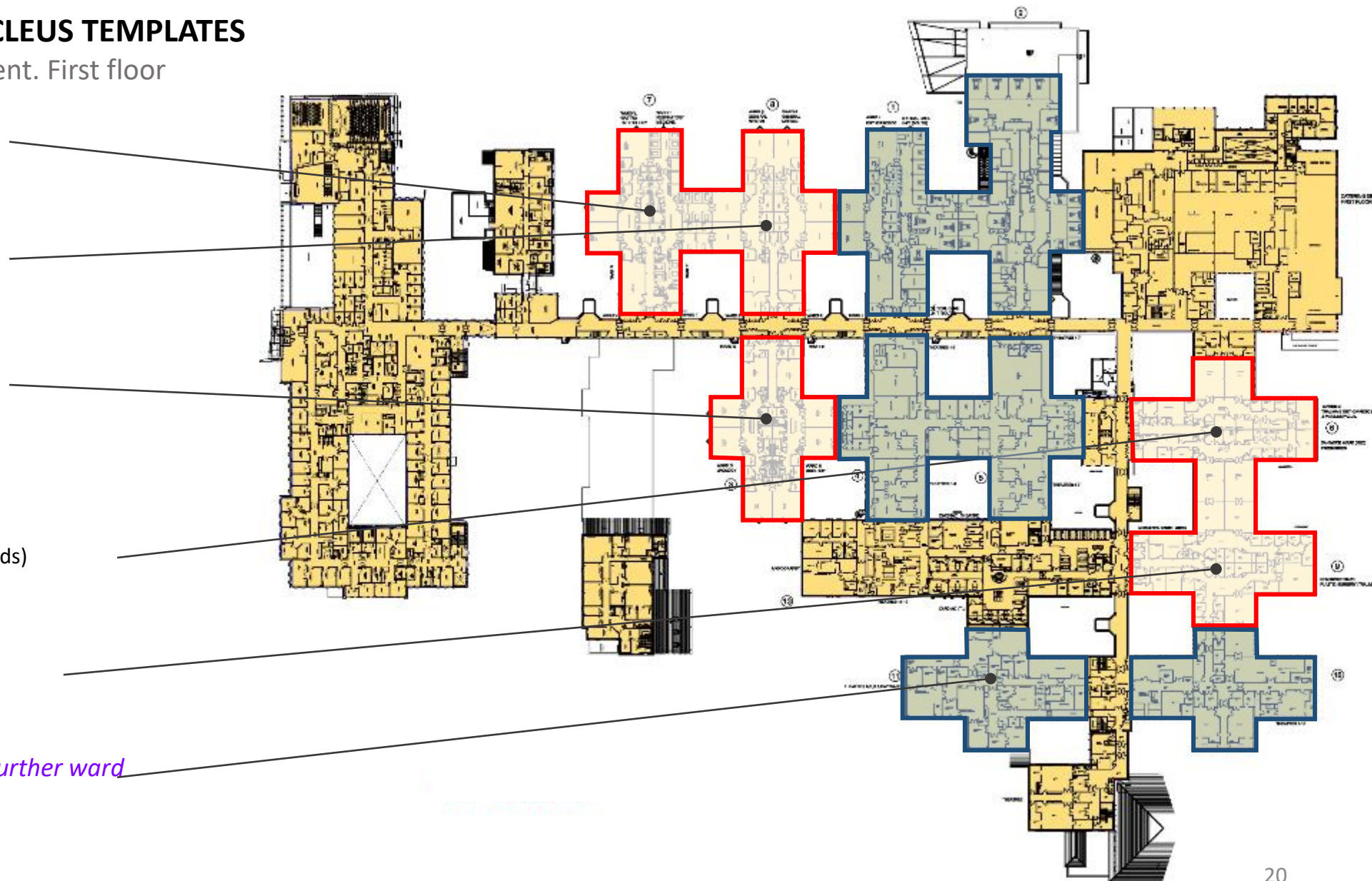
Wards R & S (54 beds)

Wards G & H (51 beds)

Ward M & Oakwood (44 beds)

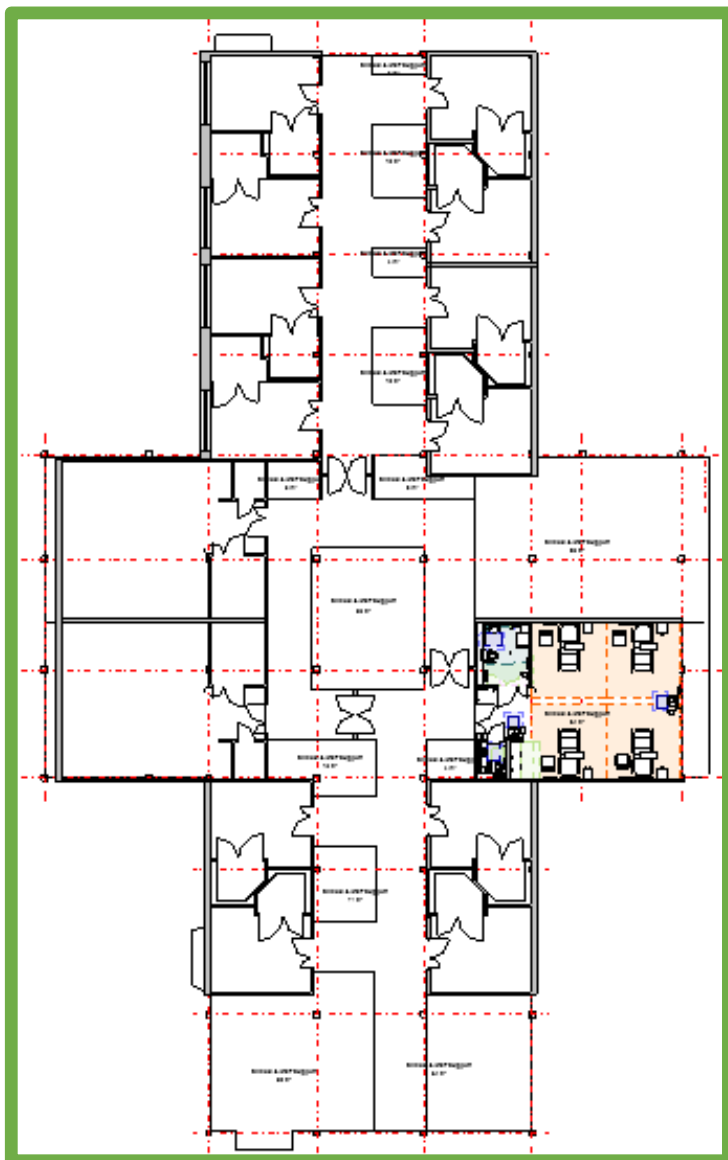
Pembroke Ward (39 beds)

Theatres / ICU decant allowing further ward refurbishment tbc



RE-PURPOSING THE NUCLEUS TEMPLATES

Suggested ward refurbishment solution. *50% single bedrooms*



- Solution based on Welsh Health Building Notes (with derogations)
- Nested en-suite arrangement
- 24 beds per ward (*3 x 4 bed bays and 12 x single bedrooms*)
- 50% single rooms
- 3 nursing units – 8 beds per unit
- Additional clinical support services
- Fire escape strategy requires further consideration
- Additional ventilation requirements WHTM 03-01
- Natural light to four-bed bays
- *Existing - circa 10 nucleus templates (based on layout plans)*
- *Existing nucleus template = 2 x 28 bed wards*
- *Retention of existing 560 inpatient beds (excluding burns & CCU)*
- *Proposed reduction of 32 beds per template (total reduction of 320)*
- *New decant facility – Six x 32 bed wards =192 beds*
- ***Further work required to consider impact of phased refurbishment on roof replacement and services infrastructure upgrade works – see following slides***
- ***Final bed number requirements will be modelled as part of detailed business case preparation.***

Summary Repurposing the Existing Nucleus Templates – Morriston Hospital

RE-PURPOSING THE NUCLEUS TEMPLATES

Potential refurbishment & roof replacement timeline

	Existing wards																				New build wards						Total
Existing	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28							560
Phase 1	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28								32	32	32	32	576
Phase 2	28	28	28	28	28	28	28	28	28	28	28					24	24				32	32	32	32	32	32	576
Phase 3	28	28	28	28	28	28	28	28					24	24		24	24				32	32	32	32	32	32	512
Phase 4	28	28	28	28					24	24		24	24		24	24					32	32	32	32	32	32	448
Phase 5					24	24		24	24		24	24		24	24		24	24			32	32	32	32	32	32	384
Phase 6	24	24		24	24		24	24		24	24		24	24		24	24				32	32	32	32	32	32	432

Existing bed numbers – circa 560 beds needs to be maintained as part of the CSP (non-compliant spaces)

Phase 1: Build 6 x 32 bed decant wards. Open 4 wards (avoid significant increase in bed numbers)

Decant four wards into new build and refurbish. Work done in pairs due to roof configuration

Phase 2: Decant two wards into refurbished area and two wards into new build.

Phase 3: Decant two wards into refurbished area and close two wards to allow roof replacement

Phase 4: Decant two wards into refurbished area and close two wards to allow roof replacement

Phase 5: Decant two wards into refurbished area and close two wards to allow roof replacement

Phase 6: Complete and open remaining wards. **Circa 432 beds (compliant spaces)**

Solution to maintain permanent bed base at 560.

- Stage 1 Phases 1-2 once 6 decant wards in place.
- Stage 2 Phases 3-6 reuse existing theatre template once new ED, Critical Care & Theatre Unit opens. Requires new access road.

Estates Critical Path - Singleton Hospital



Singleton Hospital Centre of Excellence
for planned care, cancer, maternity and
diagnostics.

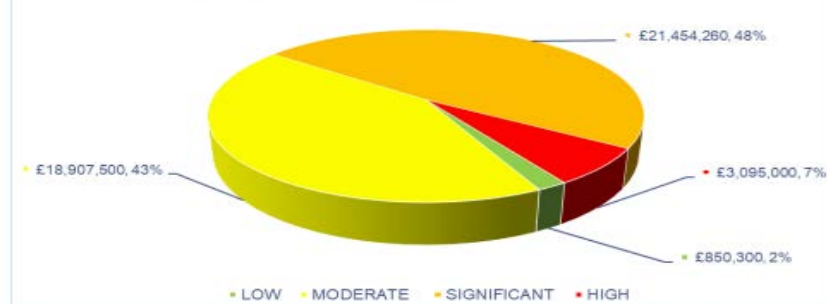
6 Facet Survey & Estates Backlog Maintenance – Singleton Hospital



Singleton Hospital

Cost	2022 Value
Cost to eradicate high risk backlog	£3,095,000
Cost to eradicate significant risk backlog	£21,454,260
Cost to eradicate moderate risk backlog	£18,907,500
Cost to eradicate low risk backlog	£850,300
Sub- Total	£44,307,060
Total Risk Adjusted	£25,153,584

Singleton Hospital Backlog Maintenance - % by Risk Category



Singleton Hospital			
High & significant Risk Categories	High and Significant Risk Costs	Comments	Enablers
Domestic Hot / Cold water and drainage.	£2.7m	Mainly Centre ward block	Removal of asbestos in voids and duct risers to obtain access to all areas - Required decant facilities (cost of £1.5m per ward asbestos removal).
Main switch gear / wiring / sockets.	£5.8m	Site wide ward areas.	Appropriate access to all areas - Potential for decant facilities to be available.
Heating/Boilers	£1.4m	Site wide / plant rooms	Decant facilities required to undertake the works
Heat Emitters	£1.6m	Site wide / plant rooms	Potential loss of services to switch overheat emitters.
Pipework / Medical gases and Manifolds.	£3.0m	Site wide / EFAB Funding / Discretionary funding.	Appropriate access to all areas - Potential for decant facilities to be available
Building Internal Fabrics	£2.4m	Site wide	Appropriate access to all areas. Decant ward required.
AHU's	£5.0m	site wide	Decant facilities required to undertake the works
Fire compartmentation	£2.7m	Site wide	Decant facilities required to undertake the works
Internal Doors	£1.0m	Site wide	Appropriate access to all areas - Potential for decant facilities to be available
Roof Covering	£1.2m	Main ward blocks only	Decant facilities required to undertake the works
Nurse call	£2.2m	Site wide	Appropriate access to all areas - Potential for decant facilities to be available
Lifts	£3.9m	Site wide	Lifts to be phased to ensure lift access to each area
Total	£32.9m including on – costs.		

6 Facet Survey & Estates Backlog Maintenance – Other Hospital Sites

Tonna Hospital			
High & significant Risk Categories	High and Significant Risk Costs	Comments	Enablers
Windows	£392k	Whole block	Appropriate access to all areas - Potential for decant facilities to be available
Pipework - Med Gas	£832k	Whole block	Appropriate access to all areas - Potential for decant facilities to be available
Wiring/Sockets/Switches	£785k	Whole block	Decant facilities required to undertake the works
Asbestos	£1.4m	Whole block	Appropriate access to all areas - Potential for decant facilities to be available
Fire compartmentation	£162k	Whole block	Appropriate access to all areas - Potential for decant facilities to be available
Asbestos	£2.1m	Whole block	Substantial refurbishment and modernising work is required and identified within Facet 1. To enable this work complete clearance of asbestos will likely be required.
Generators	£314k	Generator room	Potential impact on services, possible decant facility required
Roof	£147k		Decant facilities required to undertake the works
External works/fabric	£688k		Various external works including windows
Flooring	£230k		Requires replacement
Ceiling	£251k		Requires replacement
Decoration	£204k		Redecoration required
Fixed units	£112k		Requires replacement
Sanitary fittings	£248k		Replacement/repairs required
Internal doors	£259k		Requires replacement
Total	£8.1m		

Gorseinon Hospital			
High & significant Risk Categories	High and Significant Risk Costs	Comments	Enablers
Building - Internal Fabric	£570k	Whole block	Appropriate access to all areas - Potential for decant facilities to be available
Engineering - Electrical	£180k	Whole block	Appropriate access to all areas - Potential for decant facilities to be available
Statutory Compliance	£1.3m	Whole block	Appropriate access to all areas - Potential for decant facilities to be available
Total	£2.050m		

Cefn Coed Hospital			
High & significant Risk Categories	High and Significant Risk Costs	Comments	Enablers
Fire compartmentation	£404k	Whole block	Appropriate access to all areas - Potential for decant facilities to be available
External Fabric	£460k	Whole block	Appropriate access to all areas - Potential for decant facilities to be available
Internal Fabric	£3.1m	Ground Floor	Appropriate access to all areas - Potential for decant facilities to be available
Statutory Compliance	£2.7m	Whole block	Appropriate access to all areas - Potential for decant facilities to be available
Total	£6.6m		

Estates Critical Path – Neath Port Talbot Hospital

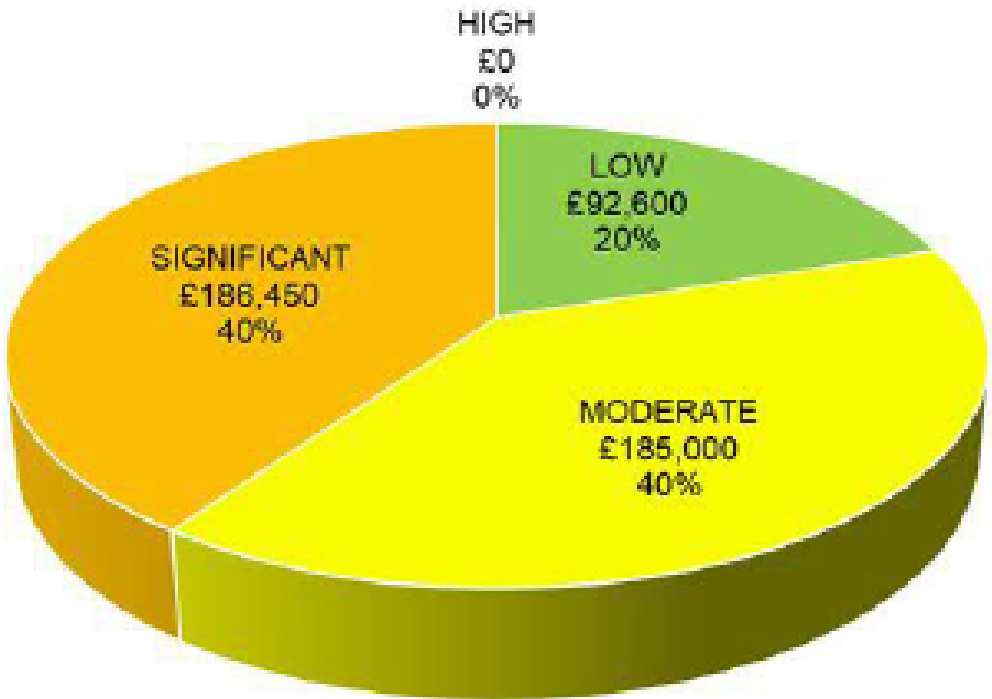


Neath Port Talbot Hospital Centre of Excellence for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology.

Neath Port Talbot Hospital

Cost to eradicate...	2022 Value
High risk backlog	£0.00
Significant risk backlog	£186,450
Moderate risk backlog	£185,000
Low risk backlog	£92,600
Sub total	£464,050
Total Risk Adjusted	£191,169

Neath Port Talbot Hospital
Backlog Maintenance - % by Risk Category

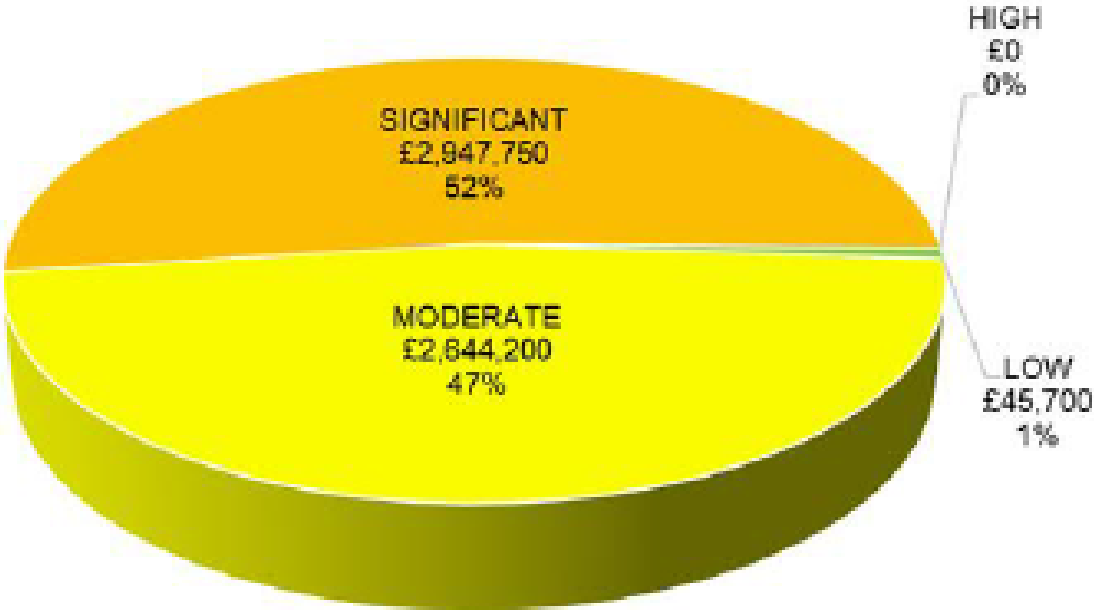




Cefn Coed Hospital

Cost to eradicate...	2022 Value
High risk backlog	£0.00
Significant risk backlog	£2,974,750
Moderate risk backlog	£2,644,200
Low risk backlog	£45,700
Sub total	£5,637,650
Total Risk Adjusted	£3,115,992

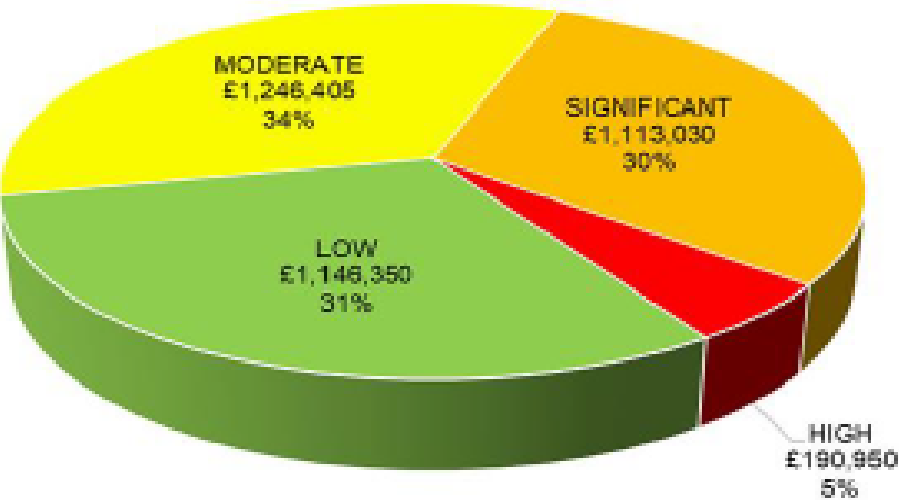
Cefn Coed Hospital
Backlog Maintenance - % by Risk Category



Community / Primary Care

Cost to eradicate...	2022 Value
High risk backlog	£190,950
Significant risk backlog	£1,113,030
Moderate risk backlog	£1,246,405
Low risk backlog	£1,146,350
Sub total	£3,696,735
Total Risk Adjusted	£1,337,888

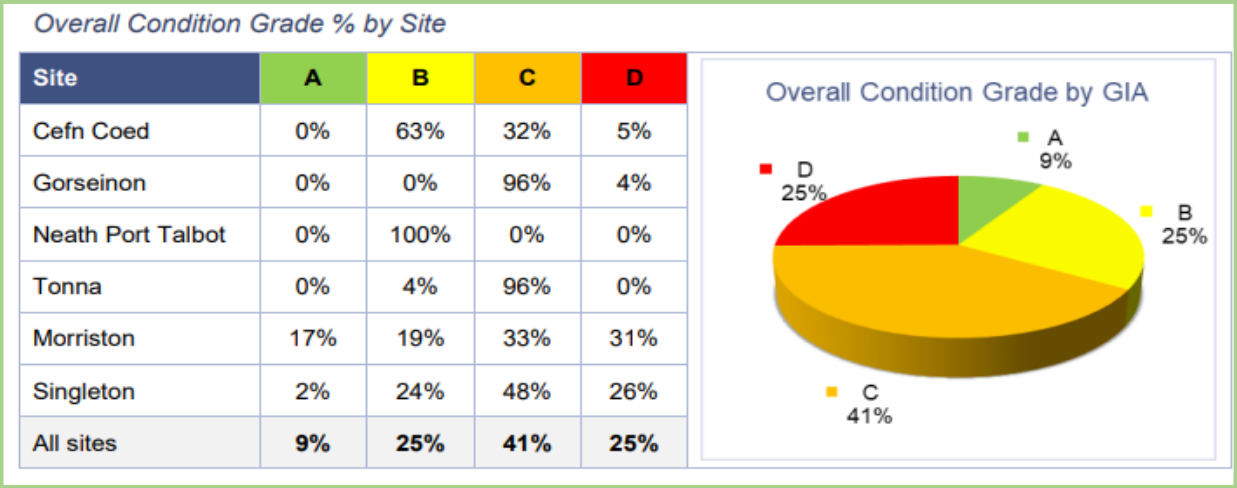
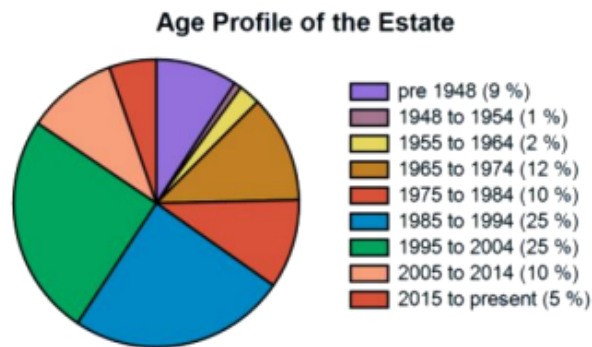
Community / Primary Care
Backlog Maintenance - % by Risk Category



In 2023/24 we will work with colleagues in the primary, community and therapy services group along with strategy colleagues to agree the overarching service model for the wide variety of non-hospital services that the Health Board provides and then develop a specific set of plans to consider the estates strategy and the service strategy in detail.

Backlog Maintenance - Summary

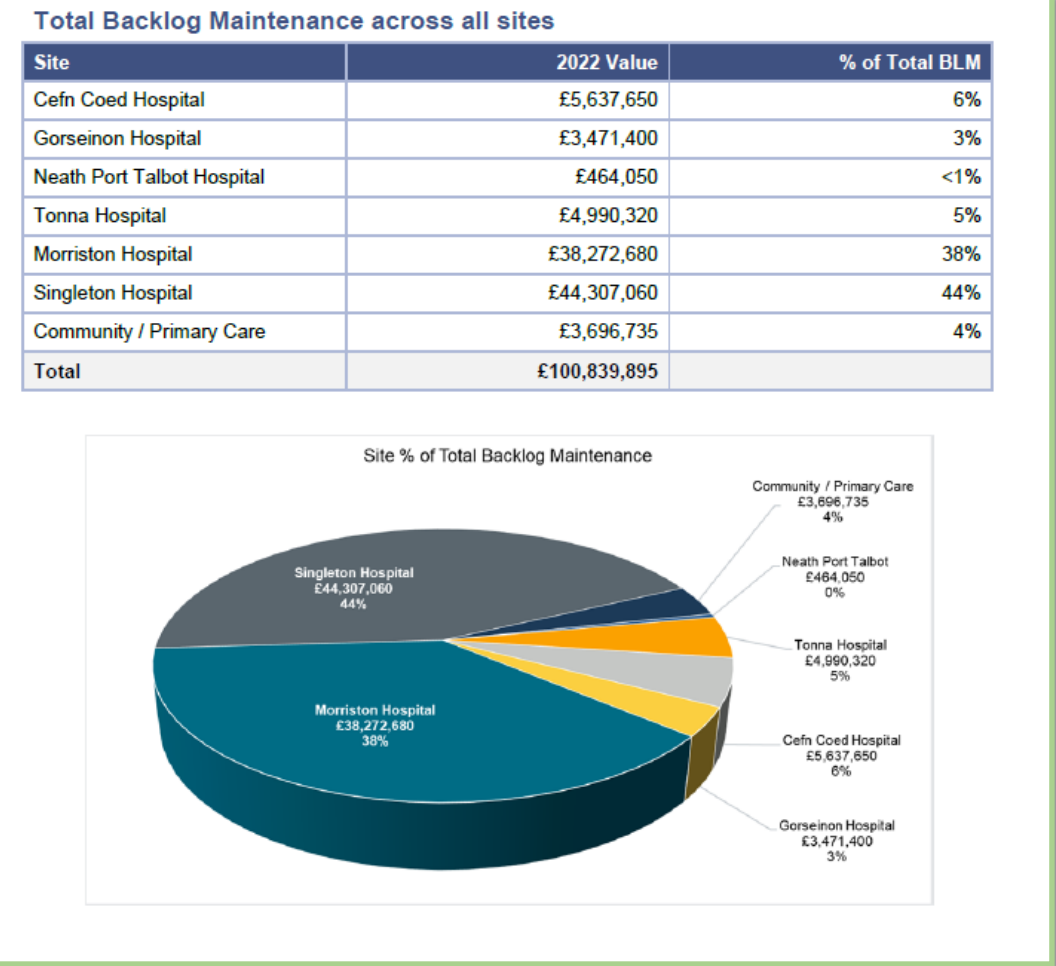
Overall, the age profile of the Estate is such that over 75% is over 30 years old with some sites requiring significant up-grading.



Facet 1 – Condition

- A** Good. Performing as intended and performing efficiently.
- B** Satisfactory. Performing as intended but exhibiting minor deterioration.
- C** Poor. Exhibiting major defects and/or not operating as intended.
- D** Bad. Life expired and/or serious risk of imminent failure.

- Pie chart shows that Morrison and Singleton Hospitals account for over 82% of backlog maintenance
- Primary and Community Care facilities owned by the Health Board have also been assessed along with Mental Health Facilities

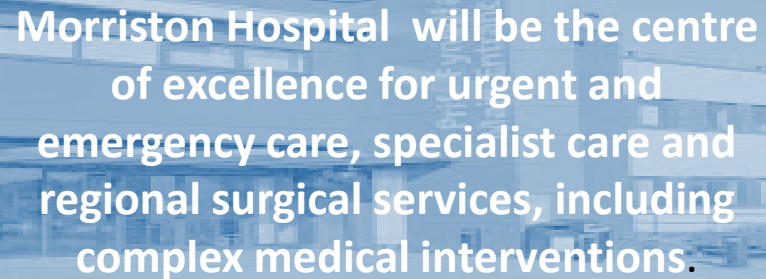


3. Where do we want to be - Clinical Services Plan

As part of the Strategic Estates Plan the following estate objectives were identified:

- ❑ To support the delivery of the Health Boards clinical strategy by developing a property portfolio, that meets the needs of the Health Boards service development plans and represents efficient use of resources. This means that the estate will be continually reviewed to ensure it meets the needs of the service Swansea Bay University Health Board.
- ❑ Play a strong supporting role in development of Tertiary, Acute and Primary Care facilities to deliver healthcare with healthier outcomes
- ❑ Maintain or improve compliance levels to ensure the Health Boards physical environment is delivered to the highest affordable standards
- ❑ Supports operational services and business development to capitalise on the Health Boards estate to bring a greater range of healthcare services, working with commissioners and stakeholders in the development of regional services.
- ❑ Support the development of agile working initiatives, through intelligent use of properties and technology.
- ❑ Deliver a low carbon, sustainable estate that minimises its carbon footprint

Strategic Direction – Delivering our Clinical Services Plan, Centres of Excellence

A photograph of Morrison Hospital, a large modern building with a glass facade, set against a blue sky.

Morrison Hospital will be the centre of excellence for urgent and emergency care, specialist care and regional surgical services, including complex medical interventions.

A photograph of Singleton Hospital, a large multi-story building with a red brick facade, set against a clear sky.

Singleton hospital will be the centre of excellence for planned care, cancer, maternity and diagnostics.

A photograph of Neath Port Talbot Hospital, a large modern building with a glass facade, set against a green landscape.

Neath Port Talbot Hospital will be a centre of excellence for orthopaedic and spinal care, diagnostics, urology, rehabilitation and rheumatology.

Focus on Population Health, delivering more effective action aimed at preventing ill-health and supporting good health and well-being and addressing inequalities.

Improve Mental Health and Learning Disability Care so that people have easy access to tools and support to maintain and improve their mental wellbeing and improve the quality of life for people who have been diagnosed with and treated for mental illness moving from a predominantly inpatient model to a more community focused service

Transform Primary and Community Care to strengthen integration between primary and secondary care, to ensure whole system approaches and to support sustainability of services. Focussed around the communities and Clusters within Swansea Bay we will ensure care is better coordinated to promote the wellbeing of individuals and communities

Improving Quality & Safety with a relentless effort to build a culture of improvement with a focus on patient safety, experience, outcomes, clinical effectiveness and reducing harm.

Improving Children's Services to deliver services that meet the health needs of children, young people, parents and carers in order to provide effective and safe care, through appropriately trained and skilled staff, working in a suitable child friendly and safe environment,

Our Plan will keep people healthy, support them to avoid ill health and be there with excellent healthcare when people need it.

Capacity Requirements

- Secondary care - Swansea has the third highest projected growth rate (%) of the 22 Welsh local authorities, behind only Cardiff and Wrexham. An overall growth rate of 9% (around 21,600 people) in the next 15 years, is 3.6% higher than the projected population increase of 5.4% expected across Wales.
- The developing infrastructure requirements for community and primary care delivery demonstrate the model of care delivery expected for where the Health Board want to be. It is important to note however, that Primary and Community developments should not be in isolation of secondary care as further pressures on service change alongside the increasing use of technology for access to and within treatment of health, which is, at the same time, increasing the number of patients managed in different ways e.g., via telephone advice, e-advice, other alternatives, and supported self-care routes.
- The pressure to maintain operational functionality in a predominantly aging built environment, a significant proportion of which is intensively utilised 24/7, with increasing volume demands, is a constant challenge. In addition, technological, clinical and medical advances require estate reconfiguration / extension / new developments which need to be accommodated whilst maintaining operational functionality. A clear process and proactive approach to maintaining our infrastructure is therefore critical. Alongside efficiency measures and cost reduction, to secure sustainability, we will be accelerating the reshaping of services to ensure they are integrated, innovative, and agile reflecting the design principles set out in the Clinical Services Plan.
- **Investment required to address our backlog requirement is critical.** Investment in our community cluster network will enable us to replace some of our poorer estate. However, the infrastructure which supports secondary care delivery presents much more of a challenge due to its scale and criticality of resilience to maintain our specialist and emergency services.

During the next ten years and running alongside the community developments, the acute services accommodation will continue to be transformed to facilitate the new service delivery models, create the clinical and specialist additional capacity where needed and incrementally implement schemes which enable the shift of more elective work to the Singleton and Neath Port Talbot sites, creating more capacity at Morriston for more complex activity.

4. How do we get there - Site Development Control Plans

Development Control Plans (DCPs)

The Health Board will align to the national, regional and local drivers which impact how services are delivered and how the estate is development.

There will also be other localised service developments as a result of national drivers such as system working alongside all health, social care and third sector organisations to tackle social detriments to health and continue to find innovative way to provide safe, high-quality care that is sustainable for future generations to come.

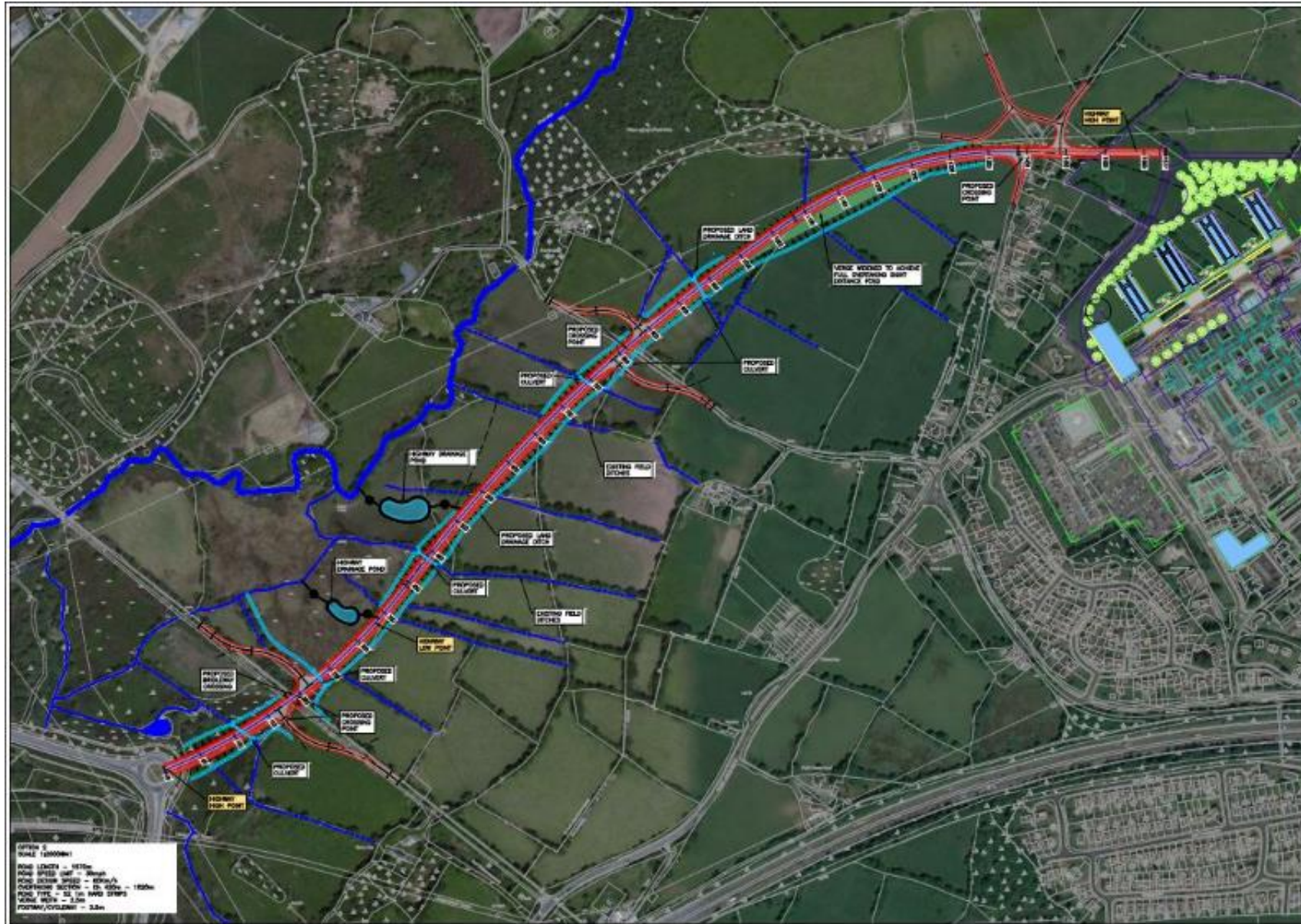
The Clinical Services Plan (CSP) priorities have been set to advise and support the changes as we drive forwards our joined-up approaches to service delivery and a focus on out of hospital care. By Integrating primary and community-based services, physical and mental health services, with our partners, and transitioning new pathways of care out of hospital into the community where possible will strengthen the 'system' as a whole and improve the health of the population.

Development Control Plans (DCPs) have been compiled for each of the main hospital sites (Morriston, Singleton, Neath Port Talbot and Cefn Coed)

These are high-level site plans for future development/management of our estate and wider healthcare community flowing from the Clinical Services Plan(CSP) and 6 facet survey results. The plans have taken into account the current and future healthcare needs of our local population and current condition of our healthcare estate.

These service led changes to the estate will take place over the next 10 years and be subject to detailed design, planning and business cases. The DCPs are flexible and provide a vision to ensure the optimal use of the estate.

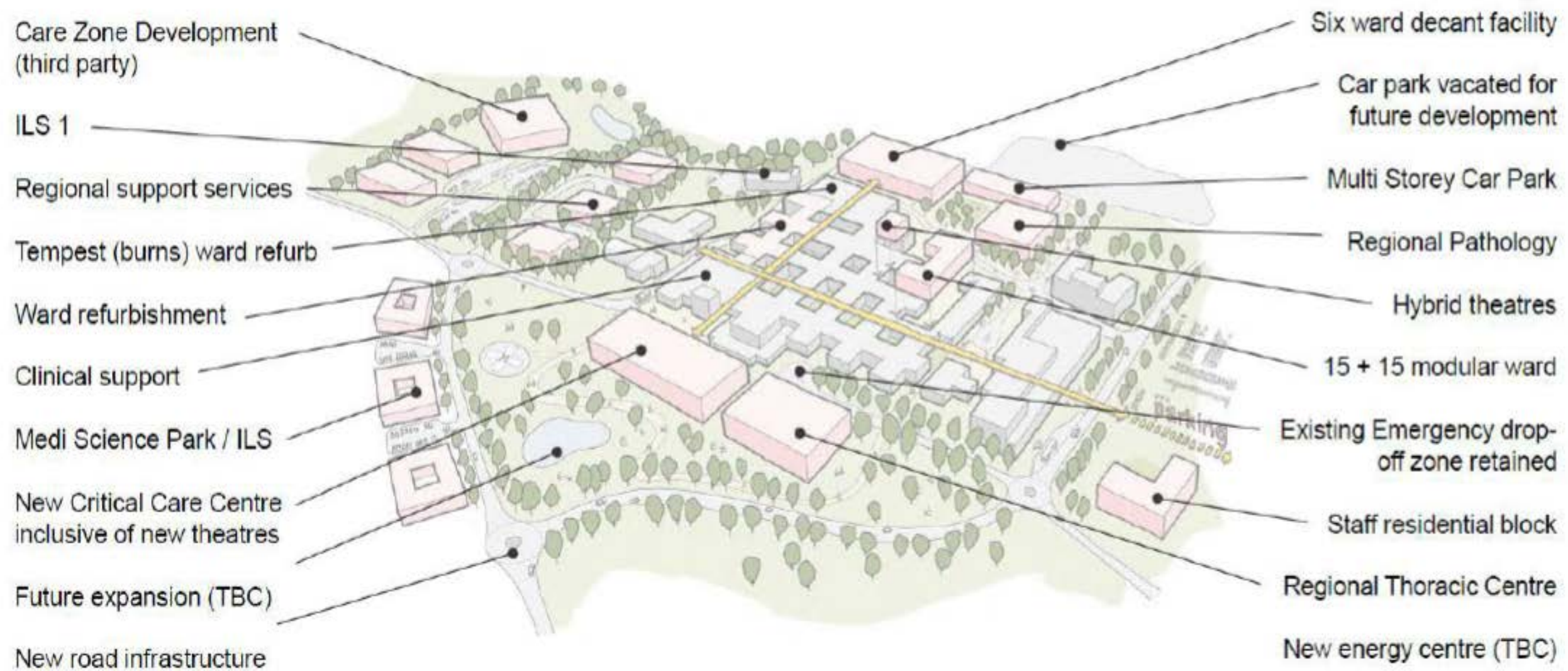
ENABLERS – Access Road Moriston Hospital



Proposed expansion of Morriston Hospital driven by the Swansea Bay University Health Board's clinical strategy

Local Development Plan considered traffic generation and concluded that a new access road was required for any new major new build on the existing Morriston site and for any development on the new land to the north of the site.

Morriston Hospital - summary



SINGLETON HOSPITAL SUMMARY (short to medium term)

Ward block cladding replacement (*ongoing*)

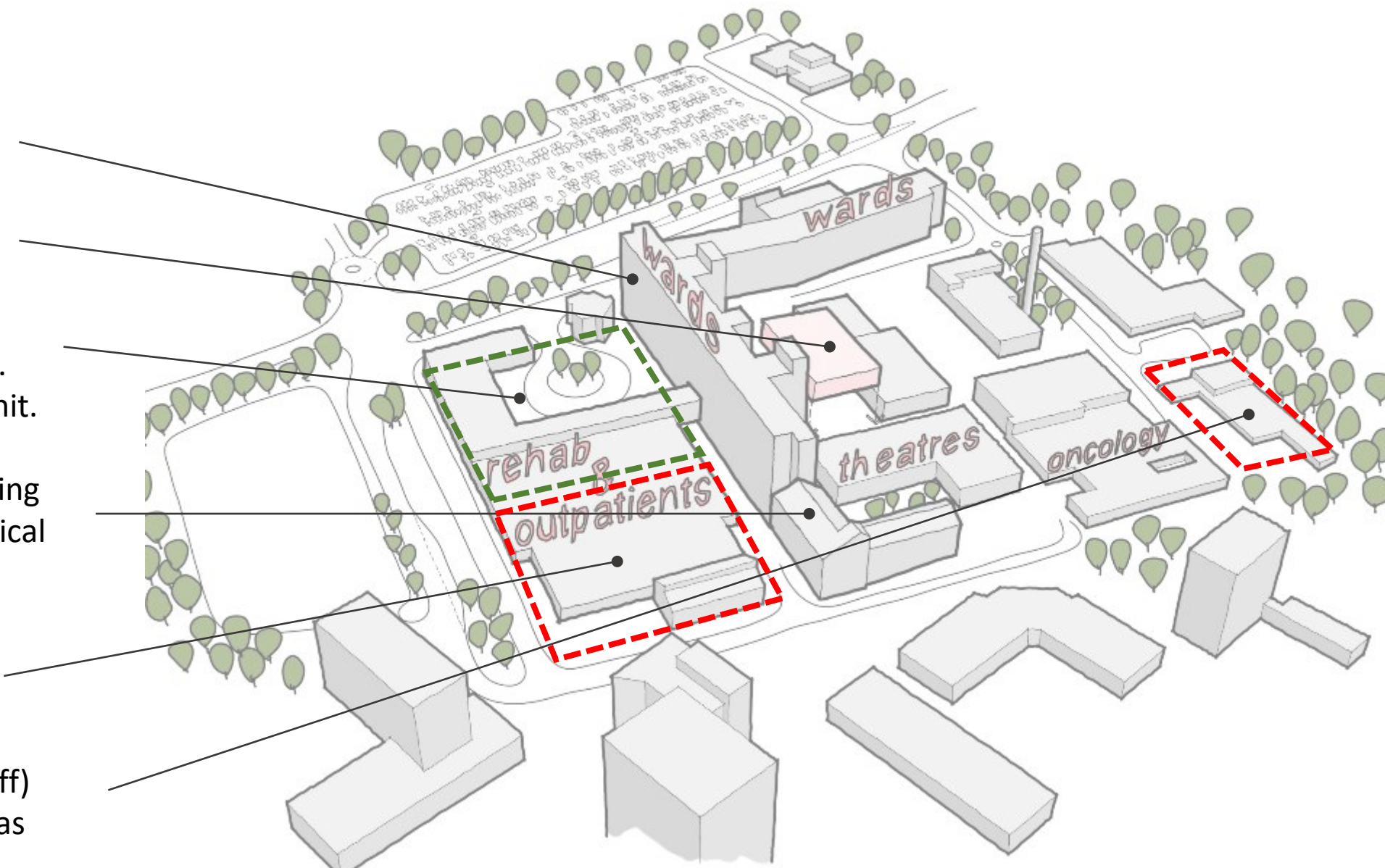
Modular theatre block

Existing offices / physio
relocated into pathology.
New Ambulatory Care unit.

Existing pathology building
re-purposed for non-clinical
use

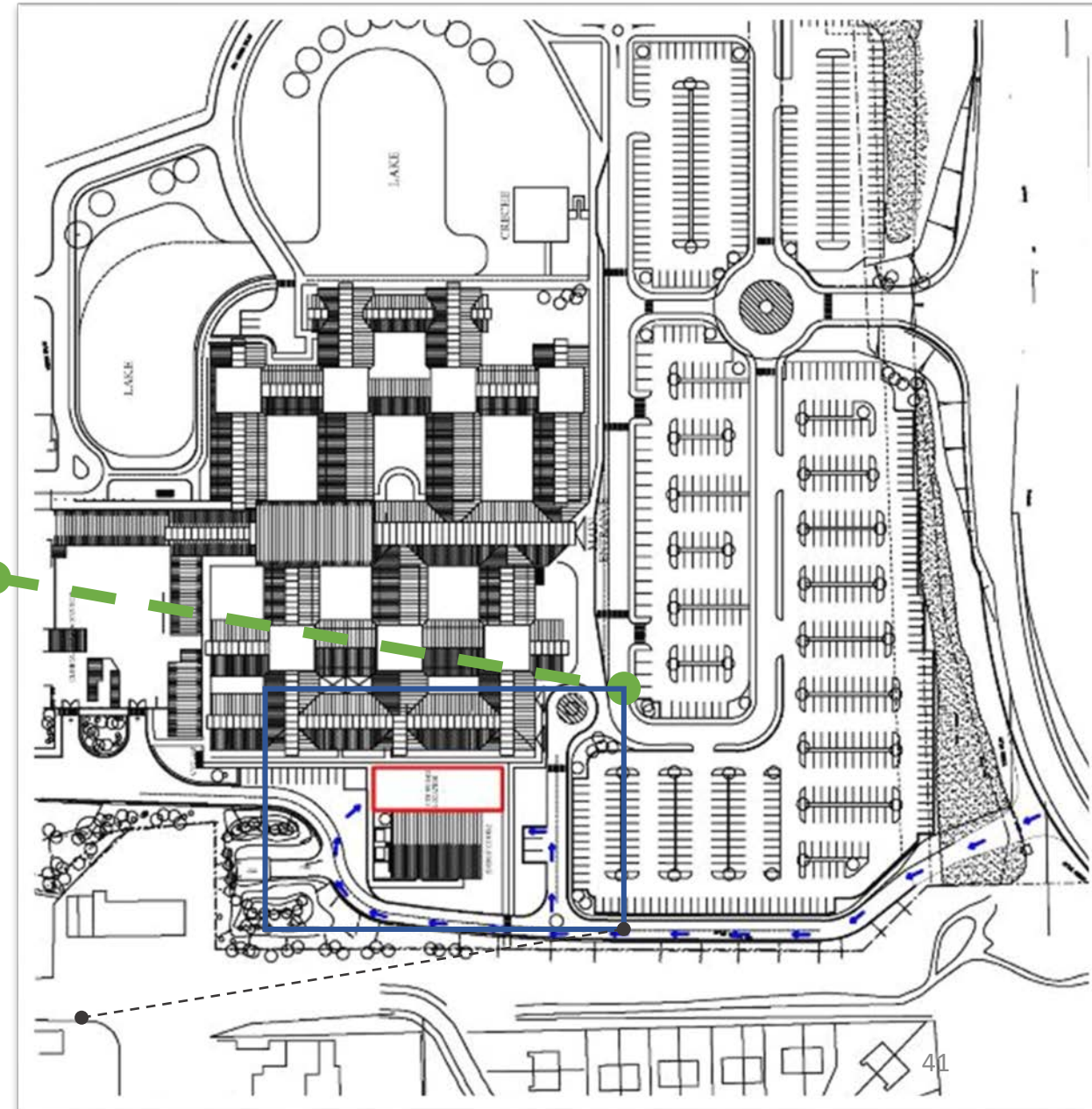
Potential new MSCP
(patient/visitor)

Potential new MSCP (staff)
relocation of estates areas



Development Control Plan – Neath Port Talbot Hospital

- New Modular Orthopaedic Theatres (3 as below)
- Centralise WFI (NPT and Cardiff)
- Additional 2 Regional Orthopaedic Theatres





■ New Adult Acute Mental Health Unit

Key

- Area for Mental Health Unit building | 1.45 ha
- Possible future MHU extensions | 1.04 ha

- Residential area 1 | 1.38 ha ~ 40 dwellings
- Residential area 2 | 0.43 ha ~ 13 dwellings
- Residential area 3 | 1.2 ha ~ 61 dwellings
- Residential area 4 | 0.4 ha ~ 49 dwellings

Total residential area: 3.4 ha
Approx. 163 dwellings

- Car parking 1 | Approx. 82 spaces
 - Car parking 2 | Approx. 196 spaces
 - Car parking 3 | Approx. 40 spaces
 - Car parking 4 | Approx. 36 spaces
 - Car parking 5 | Approx. 12 spaces
- Total car parking spaces = 366 spaces**

5. How do we get there – Finance, Commercials and Disposals

High Level 10 Year Capital Investment Programme

Site	Case	Funding Source	Business Case Status	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m	2030/31 £m	2031/32 £m	2032/33 £m	TOTAL £m
Cefn Coed	Adult Acute Mental Health Unit	WG - AWCP	SOC endorsed, OBC in development	2	2	8	20	22						54
Cefn Coed Total				2	2	8	20	22						54
Digital	WCCIS	Mixed	Digital	0	1	1	0							2
	Acute Hospital Core IT Network, LAN and Wi-Fi Replacement	WG - AWCP	Digital		7									7
Digital Total				0	8	1	0							9
HB Wide	Estates PBC (following 6 facet survey)	WG - AWCP	Future Scheme		4	4	4	4	4	4	4	4	4	36
	National Imaging Programme (General 25/26 Onwards)	WG - AWCP	Future Scheme			3	3	3	3	3	3	3	3	24
HB Wide Total					4	7	7	7	7	7	7	7	7	60
MH&LD	Reconfiguration/Refurbishment of Learning Disabilities, Dan-y-Deri	WG - Regional	BJC in development	3	2									5
MH&LD Total				3	2									5
Morrison	2nd MRI Morrison	WG - AWCP	Future Scheme			3								3
	3rd CT Morrison	WG - AWCP	Future Scheme			2								2
	Carbon reduction hospital destearing	WG - Invest to Save	Future Scheme			8	8							15
	Catheter Lab A Morrison replacement	WG - AWCP	BJC in development	3				4	4					10
	Morrison Access Road	Mixed	Part of Regional Pathology OBC	1	1	15	5							21
	Refurbishment of Burns ITU Phase 1	WG - AWCP	BJC phase 1 submitted to WG 30/1/23	7										7
	Refurbishment of Burns ITU Phase 2	WG - AWCP	BJC phase 1 submitted to WG 30/1/23	1	12	12	17							41
	Regional Pathology Centre	WG - AWCP	SOC endorsed, OBC in development		3	17	30	34	7					90
	Hybrid Theatre Morrison	WG - AWCP	SOC Endorsed Combined OBC/FBC in development	1	10									11
	Thoracic, Morrison	WG - AWCP	SOC endorsed, OBC in development	1	2	14	13	3						33
	New expanded ED, Critical Care and Theatre, Morrison Hospital	WG - AWCP	Scoping Meeting Required	1	2	2	16	40	40					100
	Ward Decant enabling works & purchase 6 modular wards	WG - AWCP	Scoping Meeting Required		0	3	42							45
	Ward Refurbishment Programme, Morrison Stage 1 (Phases 1-2)	WG - AWCP	Scoping Meeting Required				12	12	12	12				48
	Ward Refurbishment Programme, Morrison Stage 2 (Phases 2-5)	WG - AWCP	Scoping Meeting Required								12	12	16	40
	Management Centre, Morrison	City Deal	BJC in development	1										1
	Development/Refurbishment of Paediatric wards inc HDU and paed burns facilities Morrison Hospital - discretionary capital scheme	WG - AWCP	Feasibility Stage	0										0
	National Imaging (DR Room 1 General Morrison)	WG - AWCP	Future Scheme		1									1
Morrison Total				16	30	75	142	92	62	12	12	12	16	469
NPT	Additional Regional Orthopaedic Theatres	WG - AWCP	Future Scheme											
	Centralise WFI	WG - AWCP	Feasibility Stage		3									3
	JAG Accreditation NPTH	WG - AWCP	Future Scheme		1									1
	National Imaging (DR Room 1 NPT)	WG - AWCP	Future Scheme		1									1
	National Imaging (Fluoroscopy Room NPT)	WG - AWCP	Future Scheme		2									2
NPT Total					6									6
Singleton	Linear Accelerator Replacement Programme	WG - AWCP	Future Scheme							5	5	5	5	20
	Modular Theatres at Singleton Hospital	WG - AWCP	BJC in development	15	11									26
	PET-CT (Permanent)	WG - AWCP	BJC in development	1	5									6
	Ward Refurbishment Programme, Singleton	WG - AWCP	Future Scheme			5	5	5	5					20
	Existing offices / physio relocated into pathology. New Ambulatory Care unit.	WG - AWCP	Future Scheme											
	Existing pathology building re-purposed for non-clinical use	WG - AWCP	Future Scheme											
	2nd CT-SIM at SWWCC	WG - AWCP	Scoping Meeting Required		0	1								2
	Potential new MSCP (patient/visitor) / Land Disposal	Mixed	Future Scheme											
	Potential new MSCP (staff) relocation of estates areas / Land Disposal	Mixed	Future Scheme											
	National Imaging (Fluoroscopy Room Singleton)	WG - AWCP	Future Scheme		2									2
	National Imaging (DR Room 2 Singleton)	WG - AWCP	Future Scheme		1									1
Singleton Total				16	18	6	5	5	5	5	5	5	5	76
Swansea	Swansea Wellness Centre	Mixed	SOC endorsed, OBC in development	1	2	7	15	9						34
Swansea Total				1	2	7	15	9						34
tbc	Facilities Centralisation Schemes (Facilities)	WG - AWCP	Future Scheme			1	1	10						12
	Facilities Centralisation Schemes (HSDU)	WG - AWCP	Future Scheme			1	1	10						12
	Primary Care Pipeline (beyond Swansea)	WG - AWCP	Future Scheme			2	4	10	15	19				50
	RMHSS P7 Mental Health Day Facilities	WG - AWCP	Future Scheme					1	4					5
	TRAMS (Regional Aseptic)	WG - AWCP	National Case in Development											
	SWWCC PBC - 5th Linacccs/6th Bunker	WG - AWCP	Future Scheme			4	10							14
tbc Total						8	16	31	19	19				93
Tonna	Tonna, Older Persons / Roof	WG - AWCP	BJC in development	0	1	3	3	3						8
Tonna Total				0	1	3	3	3						8
Grand Total				37	73	114	208	168	93	43	24	24	28	812

- High level indicative capital investment costs £812m over the next 10 years updated for the Recovery & Sustainability Plan 2023/24 – 2025/26
- Highlights the enabling projects required for the critical backlog maintenance estates issues identified from the Morrison Hospital 6-facet survey on wards and theatres.

Impact of 10 Year Capital Investment Programme on Estates Backlog Maintenance

Highlights the impact of key schemes from the proposed 10 year capital investment programme on the major areas of backlog maintenance identified in the 6 facet surveys

				Impact of Proposed Scheme on Major Areas of Backlog Maintenance				
Site	Project	Business Case Status	Estimated Capital Costs £m	AHU	Medical Gases	Electrical Infrastructure	Internal/External Fabric & Compliance	Comments
Morrison	New expanded ED, Critical Care and Theatre, Morrison Hospital	Scoping Meeting Required	100	High	High	High	High	New build, fully compliant and will enable major reconfiguration/refurbishment of vacated areas - utilise for wards - will also minimise additional decant facilities
Morrison	Ward Decant enabling works & purchase 6 modular wards	Scoping Meeting Required	45	High	High	High	High	Will enable major works to be undertaken on current wards to provide complaint bed spacing and 50% single bedrooms.
Morrison	Ward Refurbishment Programme, Morrison, Stage 1 (Phases 1-2)	Scoping Meeting Required	48	High	High	Hign	Hign	Will enable major works to be undertaken on current wards to provide complaint bed spacing and 50% single bedrooms.
Morrison	Ward Refurbishment Programme, Morrison, Stage 2 (Phases 2-5)	Scoping Meeting Required	40	High	High	High	High	Will enable major works to be undertaken on current wards to provide complaint bed spacing and 50% single bedrooms.
Singleton	Ward Refurbishment Programme	Scoping Meeting Required	20	High	High	High	High	Will enable major works to be undertaken on current wards
Swansea	Swansea Wellness Centre	SOC endorsed, OBC in development	34	n/a	n/a	High	High	Propsed new development, so will remove any backlog maintenance
Morrison	Refurbishment of Burns ITU Phase 1	BJC phase 1 submitted to WG January 23	7	High	Low	Low	Low	Theatres will still be non-compliance with WHBN's (Space) - short/medium term fix
Morrison	Refurbishment of Burns ITU Phase 2	BJC phase 1 submitted to WG January 23	41	High	Low	Low	Low	Will enable modular ward 15x15 respiratory, refurb of ward J additional ITU beds
Tonna	Tonna, Older Persons / Roof	BJC in development	8	Low	Low	Medium	Medium	Mainly roof replacement with some internal works, with medium impact on backlog mantenance
Cefn Coed	Adult Acute Mental Health Unit	SOC endorsed, OBC in development	54	n/a	n/a	Low	Low	No major costs identified for dedicated clinical areas >100k
MH&LD	Reconfiguration/Refurbishment Learning Disabilities, Dan-y-Deri	BJC in development	5	Low	Low	Low	Low	This is covered from alternative regional funding
Morrison	Catheter Lab A Morrison replacement	BJC in development	10	Low	Low	Low	Low	Section of area on first floor, restricted to specific footprint
Morrison	Hybrid Theatre Morrison	SOC Endorsed. Combined OBC/FBC in development	11	Low	Low	Low	Low	Benefit on backlog will be dependent on current theatres used.
Morrison	Regional Pathology Centre	SOC endorsed, OBC in development	90	Low	Low	Low	Low	Although overall positive, imapct on decanted areas will vary in ability to utilise for clinical space
Morrison	Thoracic, Morrison	SOC endorsed, OBC in development	33	Low	Low	Low	Low	Positive for business continuity
Morrison	Management Centre, Morrison	BJC in development	1	Low	Low	Low	Low	Non clinical area - Swansea University
Singleton	Modular Theatres at Singleton Hospital	BJC in development	26	Low	Low	Low	Low	Additional theatres - Will initially allow refurbishment works to be carried out on existing theatre areas
Singleton	PET-CT (Permanent)	BJC in development	6	n/a	n/a	n/a	n/a	Requirement for service and patient backlog
Morrison	Morrison Access Road	Part of Regional Pathology OBC	21	n/a	n/a	n/a	n/a	High - required for any future builds, increases in services
Singleton	2nd CT-SIM at SWWCC	Scoping Meeting Required	2	n/a	n/a	n/a	n/a	Additional CT-SIM - Business continuity
			602					
Service Continuity / Interlinked								
Service Continuity								
Service Change / Service Expansion								
Enabler for all future expansion at Morrison								
External Scheme								

45

Funding Models

Funding Source	Access Funding to Support Capital Programme and Backlog Estates Maintenance	Ability to Access
Discretionary Capital	Significant backlog replacement programme for medical equipment and digital (devices and infrastructure)	Low
EFAB (Estates Funding Advisory Board)	Bids approved 2023-24 and 2024-25 priorities £7.9m (of which 30%/£2.4m HB discretionary funding)	High
City Deal	£1m Morriston Access Route design fees included in approved Campuses Business Case. Awaiting sign-off of funding agreements.	High (note: required to balance approved 2023-24 discretionary capital programme)
AWCP (All Wales Capital Programme)	AWCP already over-committed for 2023-24. Impact of reduced central funding and increased local requirements (est All Wales c£10bn over 10 years v £3bn to £4bn funding). Paper to NHS Wales IIB (Investment Infrastructure Board) April/May 23 to establish prioritisation criteria.	Low Potential that WG will start to advise organisations to reprioritise their capital programmes, with some schemes being put on hold.
Mutual Investment Model (MIM)	The WG Treasury team have developed the Mutual Investment Model (MIM) to finance major capital projects. MIM is currently being used to finance the 21 st Century Schools programme, A465 Dualling and the Velindre Cancer Centre.	Unclear. We have asked WG to advise us on the criteria for the MIM model.
Regional <ul style="list-style-type: none">- Housing with Care Fund- IRCF (Integration & Rebalancing Capital Fund).	Established HB projects within the draft West Glamorgan RPB 10 year capital programme. Potential for hub funding to support Primary Care and Mental Health.	High
Disposals	See previous slides on disposal opportunities. WG limit on HBs retaining the first £0.5m from disposal proceeds. <ul style="list-style-type: none">- Should be able to mitigate Cefn Coed as part of future site investments.- Ability to retain beyond £0.5m with other investment proposals and where HB invested discretionary capital in original purchase	Medium
Revenue Leases	Already commenced with NPT Orthopaedic Theatres. Likely to be the preferred funding route for Singleton Theatres.	High Will require revenue funding
3 rd Party Funding	Will need to ensure fits with revenue lease accounting treatment and also WG/Treasury funding rules.	Low/Medium
PFI Exit 2030	Exit from the NPT PFI contract in 2030, will free up the mortgage payment. Potential to invest revenue into capital investment programme / revenue leases.	Medium

Our approach for the commercial review revolves around six key sites.

- Neath Port Talbot
- Morriston hospital
- Singleton Hospital
- Cimla Health & Social Care
- Ty Garngoch
- Cefn Coed Hospital
- Gorseinon Hospital

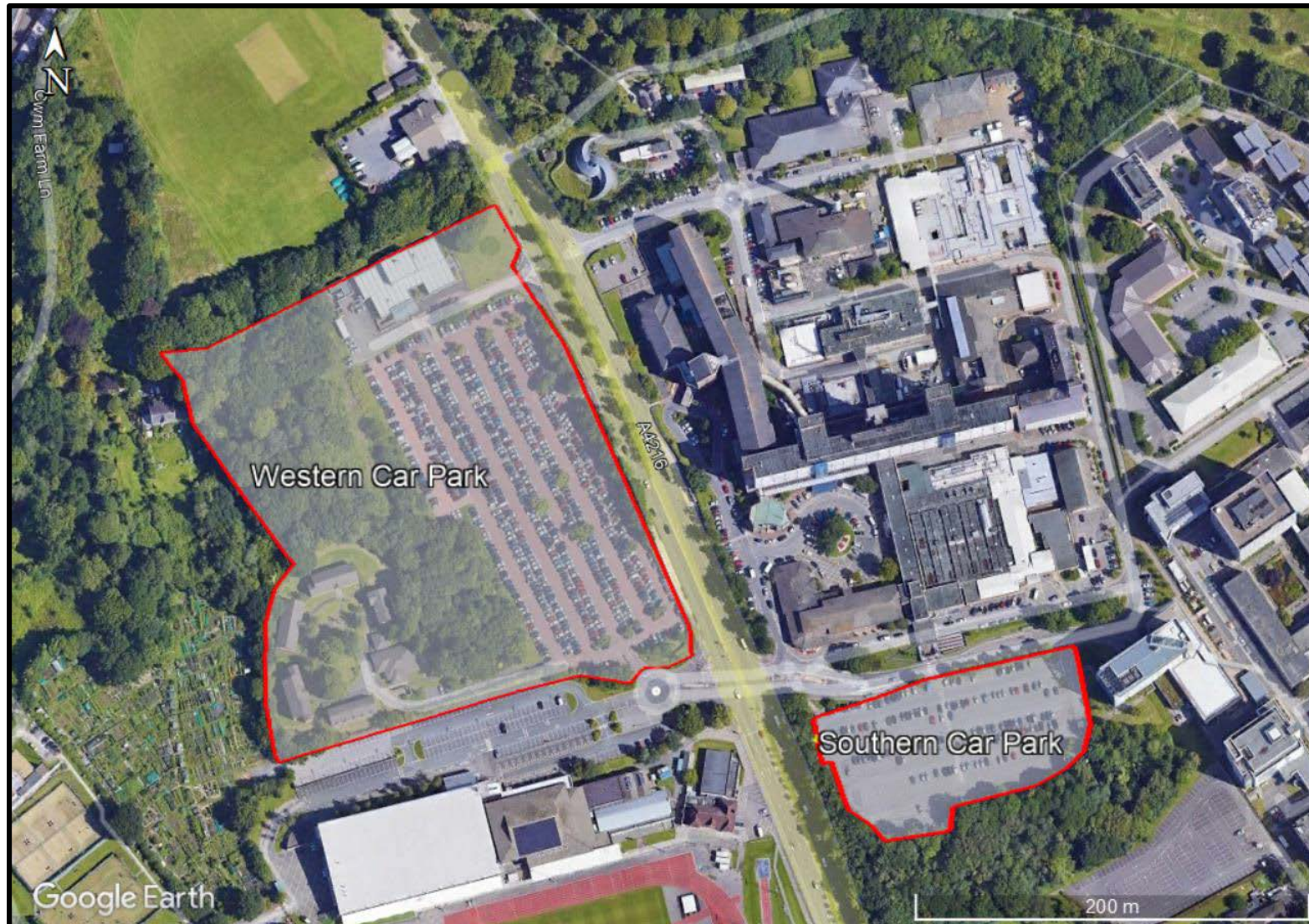
Our approach for the commercial review involved.

- Commercial considerations
- Disposal feasibility
- Non-clinical admin strategy
- Hybrid working
- Partnership opportunities
- Retail
- Car parking
- Residential development and alternatives



Our approach for the commercial review for Morrison includes:

- ✓ DCP update - 55 acres
- ✓ ILS 3 and University facility
- ✓ Surplus land north & east of the DCP
- ✓ Car park south development
- ✓ Car park west
- ✓ Retail - main entrance
- ✓ Renewable energy infrastructure
- ✓ DCP - pathology, decant and energy centre
- ✓ Surplus land uses
- ✓ UHB accommodation south - disposal and re provide accommodation to east



Commercial approach:

- DCP update - MSCP locations
- Car park west
- Car park south - student and ILS
- Solar infrastructure
- Retail provision
- Residence blocks





Opportunities:

Car park infrastructure

- There is 2.35 Ha of single level car parking that could be fitted with frame mounted solar with electricity offsetting for the hospital
- Potential to provide electric vehicle charging, with potential monetisation.

High Level Commercial and Disposal Opportunities

- There are a number of opportunities the Health Board can benefit from across the estate:
- Land and building disposal;
 - Alternative use;
 - Leasehold rationalisation;

- Commercial review of retail, car parking and accommodation blocks;
 - Post Covid new ways of working – hybrid working.

Disposal and Commercial Oppourtunities	Commercials					Disposal Oppourtunities							
	Renewable Energy	Retail	Partnership	Commercial Opps	Residencies	Degree of Difficulty					Link to Business Case	Range of Potential Sale Proceeds £m	Type of Disposal
						Overall Difficulty of Disposal	Reprovision of Services	Planning	Restrictive Covenants	Financial			
Cefn Coed						Medium	Medium	Medium	Low	Medium	Adult Acute Mental Health	£6.5 to £7m	Surplus land for residential
Morrison	x	x	x	x	x	High	Medium	Low	Low	High	Reprovision of Services	£3.5m to £8m	Southern Car Park (Range from new build to reduced parking)
Singleton	x	x	x	x	x	High	High	Medium	Low	High	Reprovision of Services	£4.25m to £6.25m	West & Southern Car Park
NPT	x				x	n/a					n/a		
Garngoch						Medium	Low	Low	High	Low	tbc	£1m to £2.5m	Surplus land to rear of existing buildings.
Cimla						Low	Medium	Low	Low	Low	Reprovision of Services	£2.5 to £4.5m	Residential
Gorseinon						High	High	Low	Low	Medium	Reprovision of Services	tbc	



Renewable Energy Infrastructure

Frame mounted solar panels built above existing car parks to provide opportunity to provide energy to existing hospital estate, plus the potential to store energy in batteries for EV car charging.

Income generation opportunity for EV car charging ports



6. How do we get there – Decarbonisation.

The Health Board have recently produced the Swansea Bay UHB Recovery and Sustainability Plan that aligns with the Swansea Bay UHB Annual Plan.

The Health Board is engaged in delivering exciting, innovative and transformational carbon reduction projects that currently lead the way in the UK and Europe. Visible change includes how the estate is powered, the greening of spaces, digitising of the services and reductions in staff commuting. However, total the Health Board emissions are still estimated at 81,467.99 CO₂ e (2020-21) the equivalent of the carbon held by over 99,000 acres of forest. Over 70% of this is from how the HB purchase services and goods, staff travel to and from work, and how it manages water and waste services.

The Health Board is committed to delivering the Well Being of Future Generations Act 2015 and to reaching the NHS Wales target of net zero by 2030. To achieve this, HB have committed to delivering a SBUHB Decarbonisation Plan (Appendix D) and our staff have formed their own green group to support this.

The Health Board's Decarbonisation Action Plan (DAP) for 2022 - 24, outlines how the Health Board will support the Welsh Public Sector in becoming net zero by 2030, through:

- Culture and ways of working;
- Buildings, Estates Planning and Land Use;
- Transport and Travel;
- Procurement;
- Approach to Healthcare.

Current Developments

- The Health Board has completed energy audits across its community premises highlighting decarbonising opportunities
- The Health Board is just starting a £3.6 million project to extend the solar farm and a 2 MW battery installed .
- Proposals have been completed for decarbonising of both Morriston and Singleton Hospital Estimated at £26 million and £24.6 million respectively
- Work is commencing on a High Level assessment of the viability of a solar array on the NPT site

Next Steps

- The Health Board is making a bid for central funding for the Decarbonisation project for Morriston and Singleton Hospital sites.
- The Health Board is making a bid for central funding for the Decarbonisation project within a number of the community premises.
- The Board is investigating alternative funding opportunities to support these initiatives.

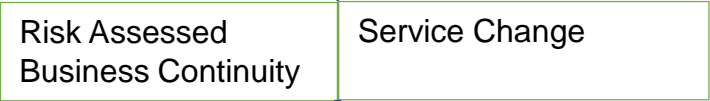
7 Summary – Case for Change.

Summary - Case for Change

This Estates Strategy reflects the Clinical Services Plan and 6 Facet Survey undertaken in 2022.

Very high level capital investment estimates in advance of any detailed designs suggest a significant investment of £812m over a 10 year period. This will be subject to project business cases and discussions with Welsh Government on affordability.

To ensure business continuity for key clinical services on the Morriston site, a number of schemes below have been identified as key priorities taking a risk bases assessment alongside our clinical service development ambition.



Prioritised plans to mitigate the main risks to continued operation of Morriston wards and theatres.

Failure to commence planning now, could result in the loss of ward and theatre operating capacity over the next few years.

Enabling Schemes	Main Schemes	Associated Schemes
Morriston Access Route	Ward refurbishment programme Stage 1 (Phases 1-2)	Hybrid Theatres, Morriston
Ward decant (enabling works & 6 modular wards - subject to further bed modelling)	Ward refurbishment programme Stage 2 (Phases 2-5)	Thoracic, Morriston
	New Expanded ED, Critical Care and Theatre block	
Scoping meetings held with WG & Business Cases Commenced	Will require initial business case scoping meeting to be held with WG.	