



**Appendix 1:
Detailed Delivery Plans 26/27**

URGENT AND EMERGENCY CARE PROGRAMME PLAN

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
CIP_05	Bed Base Reconfiguration – Also includes Planned Care Elective Beds	<ul style="list-style-type: none"> Reduce cost through reduction of the core bed base 	Q1-Q4
CIP_31	Review UPCC Contact First Service	<ul style="list-style-type: none"> Develop options to stop or reduce providing these services. 	TBC
CIP_33	Review Physio and OT weekend working	<ul style="list-style-type: none"> Develop options to stop or reduce Physio / OT weekend working. 	TBC
UEC_B_01	Community Redesign:	See Below	
UECB_01a	<ul style="list-style-type: none"> Regional Partnership : Develop new model of integrated community-based care across Health and Social care that is financially sustainable and focussed on the principles of Community by Design <p>To include:</p> <ul style="list-style-type: none"> Integrated Services Review (S33 – Services and workforce) – cost neutral – but likely to be efficiencies relating to D&C. Community Integrated Equipment Store (likely to be cost pressure) 	<ul style="list-style-type: none"> Workshops planned through 2026 – first workshop 13th Feb 2026 Further workshops scheduled for March and April 2026. Review of finance/ workforce and recommendations. Propose pathway and model 	<p>Q1 2026</p> <p>March 2027.</p>
UEC_B_01b	<ul style="list-style-type: none"> Internal Community Nursing Review: <p>To include:</p> <ul style="list-style-type: none"> A review of District nursing / CRT/ Specialist Palliative Care Virtual Wards and ACT. Cluster based model for one community pathway aligning core services and enhanced care service to provide seamless step up/ down. 	<ul style="list-style-type: none"> Review and mapping of current services Options paper outlining findings and recommendations Develop agreed actions and timelines to deliver recommendations 	26/27
UEC_B_02	<p>Community Based Falls Response Services</p> <p>Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management.</p> <p>Aim is to enhance outcomes and experience for those who fall by improving initial response times, reducing the risk of long lies and ensuring service users access community falls pathways when appropriate</p>	<ul style="list-style-type: none"> To implement (subject to sufficient resource) a regional broader falls programme of works aimed at: <ul style="list-style-type: none"> Prevention Early pick up/ intervention post-fall Getting the faller to the right place first time if additional support is needed (which may be at home with support) Avoiding readmission where possible <p>Outcomes: By end of 2026/27:</p> <ul style="list-style-type: none"> Reduce ambulance conveyance of Level 1 and Level 2 fallers to emergency departments by 10-15% on the 2025/26 baseline; and Reduce emergency admissions of Level 1 and Level 2 fallers by 10-15% on the 2025/26 baseline 	26/27

URGENT AND EMERGENCY CARE PROGRAMME PLAN

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<p>UEC_B_03</p>	<p>Single Point of Access Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission.</p> <p>Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and local authorities, to deliver coordinated and effective care across the urgent care pathway.</p>	<ul style="list-style-type: none"> To implement (subject to sufficient resource) a sustainable SPOA model and realise outcomes of: <ul style="list-style-type: none"> ≥80% patients referred to SPOA will safely avoid direction to ED following Clinical Consultation before Conveyance pathway (CCBC) - progress measured by achieving 10% reduction in conveyances from 2025/2026 baseline Increase no. of community referrals of >75s by 10-15% on the 2025/2026 baseline by the end of December 2026, sustained until the end of March 2027 Increase direct referral pathways from SPOA into community services including but not limited to UPCCs, UTCs, by 10-15% on the 2025/2026 baseline by the end of December 2026, sustained until the end of March 2027 Referral pathways from SPOA into wider community by design work supported by 7-day community nursing, supported by robust data collection of response times by Q4 	<p>26/27</p>
<p>UEC_B_04</p>	<p>SDEC and Acute Front Door Frailty Service Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals.</p>	<ul style="list-style-type: none"> To implement/ improve (subject to sufficient resource) SDEC and acute front door frailty services that realise outcomes of: <ul style="list-style-type: none"> Deliver the recommendations set out in the NHS P&I local health board SDEC reports (November 2025) by end of Q2. Increase community and ED referrals to medical SDEC services, discharging at least 80% on the same day of referral Reduce emergency admissions of >75s from emergency departments to hospital by 10- 15% on the 2025/2026 baseline by the end of December, sustained until the end of March 2027 	<p>26/27</p>

URGENT AND EMERGENCY CARE PROGRAMME PLAN

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
UEC_B_05	<p>Acute and Community Hospital ‘Back Door’ flow</p> <p>Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework. Lessons should be learnt from the 2025-26 ‘Winter Sprints’, with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.</p>	<ul style="list-style-type: none"> To implement (subject to sufficient resource) the Optimal Hospital Flow Framework and realise outcomes of: <ul style="list-style-type: none"> Consistently realise 33% of discharges by midday Achieve a minimum of 20% of total weekly discharges on weekends (Saturday and Sunday) by the end of December 2026, and exceed 25% by the end of March 2027, while maintaining mid-week discharge volumes at current levels. POCD targets 	26/27
UEC_B_06	<p>Communities and Older Peoples Strategy</p> <p>Focus will be on the early identification of people with frailty, education and training support available to help a level of wellbeing and independence</p>	<ul style="list-style-type: none"> Strategy – approved 2025/26 Establish workstreams for agreed areas of work Develop Action and Delivery plan/ timescales for 2026/27 (It has been agreed at C&OP that immediate priority is the delivery of the Community Services Review, therefore this work will be picked up later in the financial year.) 	Q3/Q4
UEC_C_01	<p>Acute Hospital ‘Front Door’ flow</p> <p>Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027.</p>	<ul style="list-style-type: none"> To implement (subject to sufficient resource) whole system actions that realise the outcomes of: <ul style="list-style-type: none"> 100% of ambulance patient handovers at hospital are completed within 45 minutes, >90% in 15 minutes by the end of 2026/2027 Any handover exceeding 45 minutes will be treated as a performance failure, requiring immediate escalation, investigation, and corrective action. Site-level leadership, patient flow systems, and operational processes are designed and staffed to prevent any handover delay beyond this threshold. Zero 12-hour waits in ED 	26/27

URGENT AND EMERGENCY CARE PROGRAMME PLAN

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
UEC_C_02	Reducing Clinically Optimised Patients <ul style="list-style-type: none"> To continue to develop the D2RA model in partnership with Local Authorities with a key focus on the Pathway 2 bed pool utilisation. 	<ul style="list-style-type: none"> To undertake baseline capacity and demand in respect of the Pathway 2 bed pool. To analyse the findings of the Pathway 2 snapshot audit of all patients in Pathway 2 beds in hospital and community settings. To remodel the bed pool based on the learning from the audit, benchmark LoS opportunities and scenario planning (what does an increased P1 offer do the number of P2 beds required). To implement a COP reduction programme (cross system – health & social care) 	Q1-Q4
UEC_C_03	Maintaining Stroke / Snap targets	<ul style="list-style-type: none"> Delivering on Therapies action plan to work towards achieving the Sentinel Stroke National Audit Programme (SSNAP) targets Evaluate service delivery models to ascertain re-design opportunities to enhance integrated community stroke services 	Q1-Q4

UEC_B_07	Digital Enablers and Priorities
UEC_B_07a	<ul style="list-style-type: none"> UEC Electronic Patient Record: Implement a system to span the Health Board UEC footprint; supporting flow and safety whilst enabling broader service transformation.
UEC_B_07b	<ul style="list-style-type: none"> Signal: Continue to enhance Signal to support Optimal Hospital Flow
UEC_B_07c	<ul style="list-style-type: none"> Implement Welsh Intensive Care Information System in line with national delivery

UEC_B_08	Capital Enablers and Priorities
UEC_B_08a	<ul style="list-style-type: none"> UEC Pathway & Foul Drainage, Wards A & B, Morriston
UEC_B_08b	<ul style="list-style-type: none"> Helipad Safety works, Morriston
UEC_B_08c	<ul style="list-style-type: none"> Strategic Outline Business Cases for a new ED, Critical Care & Theatres
UEC_B_08d	<ul style="list-style-type: none"> Progress design for Access Road at Morriston Hospital

PLANNED CARE AND CANCER PROGRAMME PLAN

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
CIP_06-07	Infrastructure Consolidation Via Productivity Right size the workforce to deliver Planned Care, maintaining activity through efficiency	<ul style="list-style-type: none"> Benchmark theatres and outpatient productivity against upper-quartile standards. Define target infrastructure footprint required at benchmark productivity. Consolidate theatre sessions and outpatient clinics accordingly. Align workforce establishment to reduced infrastructure. Deliver recurrent cash-releasing savings. 	Q1-Q4
CIP_27			
PC_B_01	Community by Design: To implement the community by design programme once key actions are notified by the Chief Medical Officer	<ul style="list-style-type: none"> Initially under CBD, participate in a pilot of a bespoke, community-based breathlessness pathway in one cluster which will inform and shape the rollout of a national service under a Once for Wales approach as part of 'Delivering Integrated Services' (Community by Design) The purpose is to assess and manage patients experiencing chronic breathlessness, with no formal diagnosis, and identify an appropriate treatment pathway. 	Q1-Q4
PC_B_02	Theatres Transformation Programme: <ul style="list-style-type: none"> Pre Surgical Pathway and Implementation of PROMAPP Modernise and streamline the pre-surgical pathway across Swansea Bay UHB to improve efficiency, reduce unwarranted variation, and ensure patients are optimally prepared for surgery. This includes the introduction of a digital health-screening solution and redesign of scheduling processes to ensure accurate and timely theatre flow.	Programme Setup <ul style="list-style-type: none"> Agreed programme scope & governance Confirmed clinical & operational leads Baseline Health Care Engineering current-state mapping 	<ul style="list-style-type: none"> Programme initiation complete Q1
		Electronic Health Screening Questionnaire Implementation <ul style="list-style-type: none"> Procurement / approval of digital solution Co-designed digital questionnaire (clinical sign-off) Technical integration with WPAS/EPOA (where required) Testing, training and comms plan Go-live 	<ul style="list-style-type: none"> Digital solution confirmed March 2026 Clinical content signed off March 2026 Soft launch / pilot Q2 Full roll-out Q4
		Pathway and Workforce Redesign <ul style="list-style-type: none"> Current-state mapping (all specialties within the generic pre-assessment) Future-state pathway with risk stratification Standardised triage and optimisation criteria Standard operating procedures (SOPs) Workforce model for nurse-led / specialist-led clinics / Anaesthetics 	<ul style="list-style-type: none"> Mapping complete — March 2026 Future-state design approved — Q4 SOPs signed off — Q4
		Scheduling & Theatre Feed Process <ul style="list-style-type: none"> Clear pre-op readiness criteria Standard operating procedures (SOPs) Standardised scheduling workflow feeding theatre lists Improved interface between pre-assessment, scheduling and theatres Ensuring required governance is in place Data capture & reporting improvements 	<ul style="list-style-type: none"> Process model designed March 2026 Pilot with 1–2 specialties March 2026 Scale to full elective programme Q2 SOPs signed off Q2

PLANNED CARE AND CANCER PROGRAMME PLAN

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
PC_B_03	<p>Diagnostics Transformation Programme: Priorities for 26/27 include (Note this is wider than Planned Care due to the cross cutting nature of Diagnostics):</p> <ul style="list-style-type: none"> Enhanced data support and BI: Supporting all modalities to access quality data, including robust demand and capacity data. Rationalisation of diagnostic tests and identifying low value activities to eliminate or reduce. Building capacity and resilience – including workforce transformation, and optimising use of resources, and considering estate/ infrastructure. Digital Transformation – Improving systems and infrastructure. Implementing Enhanced technologies – e.g. Cansense pilot, remote patient monitoring opportunities Adopting preventative pathways to support new ways of working and improving value. 	<ul style="list-style-type: none"> Establish Diagnostics Board and confirm scope/ delivery plans for 26/27 	Q1
PC_B_04a	<p>Outpatients Redesign: Outpatient Safety, Validation and Risk Ensure patient safety is central to outpatient recovery, with consistent management of follow-up risk Key deliverables/ outcomes:</p> <ul style="list-style-type: none"> ≥95% of follow-up waiting lists clinically validated Reduction in high-risk follow-up backlog Clear assurance reporting on follow-up safety 	<ul style="list-style-type: none"> Complete clinical validation of all follow-up waiting lists, prioritised by risk Implement standard risk stratification approach for follow-up backlog Establish regular (e.g. monthly) specialty-level follow-up safety reviews 	Q1-Q4
PC_B_04b	<p>Outpatients Redesign: Effective Referral Management & Front Door Control Reduce avoidable outpatient demand and improve time to clinical decision Key deliverables/ outcomes:</p> <ul style="list-style-type: none"> ≥95% of new referrals clinically triaged Increased proportion of referrals resolved without face-to-face OPD Reduced referral-to-triage times <p>Embed Waiting Well Phase 2 Pre-optimisation service</p>	<ul style="list-style-type: none"> Mandate referral triage for all priority outpatient specialties Expand Advice & Guidance usage with agreed response standards Increase use of straight-to-test and direct listing pathways Align referral thresholds with HealthPathways and primary care engagement <p>Waiting Well:</p> <ul style="list-style-type: none"> Continuing Support of all Stage 1 on boarded priority Services using digital Waiting Well Health Assessment - 5th Service T&O Support rollout of Surgical Opt In Digital identification, optimisation & tracking of complex patients Support establishing of Digital/Virtual Prehabilitation model in Swansea Bay Patient Portal (SBPP) 	<p>Q1 –Q4</p> <p>Q1</p> <p>Q2 –Q4</p> <p>Q2 –Q4</p> <p>Q2 –Q4</p>

PLANNED CARE AND CANCER PROGRAMME PLAN

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
PC_B_04c	Outpatients Redesign: Prudent Follow-up & PIFU at Scale: Make prudent follow-up the default outpatient model Key deliverables /outcomes: <ul style="list-style-type: none"> Year-on-year reduction in follow-up waiting list size Sustained increase in PIFU uptake No increase in harm or unplanned re-attendance 	<ul style="list-style-type: none"> Identify and agree PIFU / SOS eligible cohorts by specialty Implement standard PIFU operating models (including re-access routes) Increase discharge-as-default where clinically appropriate Monitor re-access and outcomes to ensure safety and equity 	Q1-Q4
PC_B_05	Cancer Improvement Programme: Whole system pathway approach in aligning the Cancer strategic priorities with operational delivery.	<ul style="list-style-type: none"> Confirm focused set of system priorities and programme workstreams to inform a refreshed, Board-owned Cancer Improvement Programme and unified Cancer Delivery Plan. 	Q1
PC_C_01	RTT Delivery Plans	<ul style="list-style-type: none"> Deliver 104 week wait RTT plan Deliver 26 week wait RTT Stage 1 Outpatients plan Deliver 8 week wait Diagnostics plan Deliver 14 week wait Therapies Plan Deliver 14 week wait Audiology (Adults) Plan Deliver 6 week wait Audiology (Paediatrics) Plan 	Q1-Q4
PC_C_02	Suspected Cancer Pathway (SCP) Delivery Plan	<ul style="list-style-type: none"> Deliver tumour site plans to deliver SCP % improvements in line with trajectories – achieving 70% at end March 2027, and reduce backlog >63 days – to 100 at end March 2027 	Q1-Q4

PC_B_06	Digital Enablers and Priorities
PC_B_06a	• Implement LIMS blood sciences and blood transfusion
PC_B_06b	• Implement Diagnostic requesting
PC_B_06c	• Embed use of RISP including business change
PC_B_06d	• Use of Digital Health Assessments (DHA's / PROMS & PREMS)
PC_B_06e	• Maximise DMS and digital dictation tools to support communication with primary care
PC_B_06f	• Implementation of Swansea Bay Patient Portal including full roll out of Hybrid Mail
PC_B_06g	• Ambient voice technology (AVT) pilot
PC_B_06h	• Implement Internal referrals
PC_B_06i	• Roll out Validation of Waiting lists using AI
PC_B_06j	• Implement paper lite ways of working across outpatients
PC_B_06k	• Implement Digital Cellular Pathology
PC_B_06l	• Revised Theatre Management System

PC_B-07	Capital Enablers and Priorities
PC_B-07a	• Radiotherapy additional (5 th) Linac (Treatment machine) and spare (6 th) bunker at Singleton [Regional with HDd]
PC_B-07b	• Regional Cellular Pathology relocation [Regional with HDd]
PC_B-07c	• Urology OR1 Theatres
PC_B-07d	• Hybrid Theatre at Morriston
PC_B-07e	• PET CT at Singleton

MENTAL HEALTH PROGRAMME PLAN

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
MH_A_01	<p>Review and develop process and schemes to reduce reliance on Private Placements in mental health Key Deliverables/ Outcomes:</p> <ul style="list-style-type: none"> Review of admission criteria and processes Workforce review and evaluation completed and case submitted for consideration. <p>Objectives</p> <ul style="list-style-type: none"> Reduce usage and associated cost of private placements which are one of the highest cost pressures in the service group. Move to a more sustained bed position in mental health via modernisation workstreams and review of pathways. Repatriation into SBUHB beds wherever possible. 	<ul style="list-style-type: none"> Case for expanded HTT and enhanced consultant cover would require approval Baseline assessment of USC demand via demand and capacity work Review of admission thresholds and daily huddle structures considering the involvement of 3rd sector organisations as alternative avenues to support with the aim of avoiding admission. Review of Home Treatment Team Resource and develop a dedicated cohort of staff to review patients in private for repatriation sooner. Consultant job plan review to ensure there is adequate time in job plans to support Crisis teams. Pathway review between MH and SS&R services to see if female locked rehab facilities can be provided on CCH site. 	<p>Q1</p> <p>Q1</p> <p>Q1</p> <p>Q1</p> <p>Q2</p> <p>Q3</p>
MH_B_01	<p>Develop and Deliver an overarching Mental Health Transformation Plan, to address deficits in service against best practice to ensure that service users have access to best in class care. Workstreams have been established for the following areas as Programme Board priorities:-</p> <ul style="list-style-type: none"> Workforce Estates Informatics Quality & Safety Service Re-design Engagement & Communication 	<ul style="list-style-type: none"> Establish a robust governance arrangement that provides strengthened executive oversight, clear decision-making routes and consistent, transparent reporting. Delivery of a robust Transformation Plan, with key deliverables for each workstream. This will include the capital business case development for the programme and the service model design. Implementation of a modern service model with an integrated care pathway across Mental Health Services for the population of Swansea and Neath Port Talbot, following the Stepped Care 2.0 model and in alignment with evidence-based best practice. This model will reduce reliance on crisis, inpatient and specialist services through strengthened prevention, early intervention and community-based Mental Health support, improve access to psychological therapies and ensure equitable access to care. Development of a sustainable and skilled Mental Health workforce. Modernisation and improvement of the quality and safety of Mental Health estates and facilities for inpatient care within SBU Health Board. Better reporting and monitoring of key quality, safety and performance indicators, incidents and risks Digitalisation of Mental Health services within SBU Health Board, including the development of KPIs and a dashboard, to improve access to, and sharing of, information for better care pathway management and to facilitate multi-disciplinary, multi-agency communication. Development and delivery of an effective engagement and consultation plan with stakeholders, public and staff. Improved outcomes and experience for people and carers. Strengthened partnership working with regional teams, local authorities, third sector, service users and carers. Alignment with regional and national programmes. 	<p>Q1 –Q4</p>

MENTAL HEALTH PROGRAMME PLAN

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
MH_B_04	<p>Improvements to digital infrastructure in line with the Mental Health Transformation Programme, the SBUHB Digital Strategy, the National Connecting Care Programme and National Mental Health Dataset via the NHS Wales Strategic programme for Mental Health. Including the implementation of ReQol for improving patient safety and RIO and electronic patient record for mental health & learning disabilities. Key deliverables/ outcomes:</p> <ul style="list-style-type: none"> • Reduced duplication in entering information. • Improved user access to patient experience • Reduction in paper processes and storing of paper records • Improved waiting lists, reduction in DNA rates 	<ul style="list-style-type: none"> • Implementation of Rio to replace WCCIS. • Implementation of ReQol (Recovery Quality of Life), part of the outcome measures framework for Wales to use across Adult and Older Adult MH services 	<p>Q2</p> <p>TBC</p> <p>26/27</p>
MH_B_02	<p>Alliance Clinical Model for Substance Use Clinical Services: Deliver a new integrated, Health Board led clinical model along with the Community Primary Care Service Group. Key Deliverables/ Outcomes:</p> <ul style="list-style-type: none"> • Reduction in waiting times, through rapid assessment or near day prescribing, • Reduced duplication across HB and Criminal Justice pathways with consistent clinical governance and standards 	<ul style="list-style-type: none"> • Assist with the implementation of the interim subcontracting arrangement, ensuring continuity of prescribing and clinical oversight for service users under Criminal Justice pathways • Contributing to the development of an integrated clinical assessment and prescribing pathway that will support service users who require substance-use-related prescribing across all Health Board services. • Participating in embedding Health Board clinical governance, medicines management, and prescribing accountability across Alliance services. • Develop detailed operational plan for full Alliance mobilisation 	<p>Q1</p> <p>Q2</p> <p>Q1</p> <p>Q3</p>
MH_B_03 a	<p>Caswell Clinic – Development of two HDU facilities in Caswell Clinic. Key Deliverables/ Outcomes:</p> <ul style="list-style-type: none"> • Improving access to care closer to home, with patient benefits • Reduced costs to JCC and all HB's regarding use of the private sector for medium secure setting 	<ul style="list-style-type: none"> • BJC scrutiny and capital funding approval required from Welsh Government. • Commence operational planning with capital planning and contractors to undertake the work in a live ward environment. • Commence building of the HDU facility on Cardigan Ward. • Complete building work of HDU facility on Cardigan Ward • Full commissioning of the HDU facility for patient use 	<p>Q1</p> <p>Q1</p> <p>Q1</p> <p>Q2</p> <p>Q2</p>

LEARNING DISABILITIES PROGRAMME PLAN

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
LD_B_01	<p>LD Transformation:</p> <ul style="list-style-type: none"> Development of case for change & commencement of Strategic Outline Case for the replacement of all remaining LD facilities. Consolidation of existing Complex Care Units for overall bed reduction and provision of effective flow and quality of care, ensuring maintained environments & appropriate levels of staffing. 	<ul style="list-style-type: none"> Confirm service model with 3 HBs / Develop case for change / Draft SOC Implementation of the Dan y Deri development Engagement with staff / Engagement with families & service users / Engagement with 3 HBs / Engagement and/or consultation as advised by Llais 	26/27

Ref	Digital Enablers and Priorities
MH_B_04a	<ul style="list-style-type: none"> Implement ReQol (Recovery Quality of Life), part of the outcome measures framework for Wales
MH_B_04a	<ul style="list-style-type: none"> Rio implementation to replace WCCIS
MH_B_04a	<ul style="list-style-type: none"> Electronic Patient Record for MH and LD

Ref	Capital Enablers and Priorities
MH_B_03a	<ul style="list-style-type: none"> Seclusion Suites, Caswell Clinic
MH_B_03b	<ul style="list-style-type: none"> Adult Acute Mental Health Unit Service Diversions, Cefn Coed & Other Mental Health In-Patient Estate Improvements
MH_B_03c	<ul style="list-style-type: none"> Taith Newydd
MH_B_03d	<ul style="list-style-type: none"> Anti ligature works across remaining MH estate
MH_B_03e	<ul style="list-style-type: none"> Strategic Outline Case for the replacement of all remaining LD facilities.

PERINATAL PROGRAMME PLAN

We are delivering a modern, safe and sustainable perinatal and maternity service through a focused transformation programme underpinned by independent reviews and national recommendations. This includes driving forward the Perinatal Improvement Plan, strengthening digital integration, expanding key clinical and workforce capacity, and progressing major service redesign. With a strong emphasis on safety, real-time digital information, improved triage, and a resilient, well-supported workforce we will build a cohesive, high-quality perinatal system that meets current and future population needs.

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
PCYPWH_B_01	Perinatal Improvement Plan (anticipated to be completed by end of 26/27) <ul style="list-style-type: none"> Deliver the SBU Independent Reviews incorporating recommendations from family led review into maternity services and Llais report 	<ul style="list-style-type: none"> Deliver agreed actions from perinatal improvement plan Deliver agreed actions from Perinatal Improvement Plan (PIP) Actions include expansion of current paediatric radiology offer, establishment of elective obstetrics theatre to reduce delays to induction of labour, trauma informed and psychology-led perinatal care. 	March 2027
PCYPWH_C_02	Perinatal Assessment Recommendations All Wales	<ul style="list-style-type: none"> Reduce peri-natal mortality rates – actions will be incorporated into perinatal improvement plan Actions will be incorporated into Perinatal Improvement Plan Recommendations include provision of All-Wales Perinatal single point of access maternity triage service 	March 2027
PCYPWH_C_03	Perinatal Workforce Plan to align with HIW & HEIW	<ul style="list-style-type: none"> Implement a perinatal staff experience, wellbeing and retention plan (SEWR) Develop an education and training framework across SEWR that ensures a competent, confident, and sustainable workforce structured around four pillars—Mandatory & Statutory Training, Essential to Role Training, Continuing Professional Development (CPD), and a Personal Development Offer 	September 2026 December 2026
PCYPWH_C_04	Sustainability of Jigso Programme	<ul style="list-style-type: none"> Confirm and protect core funding streams via Flying Start (Swansea Local Authority) /WG funding Embed Jigso into Early Years and midwifery service strategic objectives Maintain co-located, multi-disciplinary team working Develop workforce plan to stabilise and retain specialist roles 	March 2027

PCYPWH_B_02	Digital Enablers and Priorities
	<ul style="list-style-type: none"> Continued implementation of Maternity Digital Record and Badgernet

PCYPWH_B_05a	Capital Enablers and Priorities
	<ul style="list-style-type: none"> New Obstetrics Suite and Theatres at Singleton

WOMEN'S HEALTH PROGRAMME PLAN

We will deliver a unified, future-focused Women's Health programme fully aligned with the 10-year Women's Health Plan for Wales. We aim to strengthen access and outcomes by expanding the virtual Women's Health Hub offer whilst strengthening local access and outcomes. We will deliver a co-designed regionalised Gynae-Oncology network. Together, these actions build a more consistent, high-quality and responsive system of care for women across South Wales.

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
PCYPWH_B_03	Women's Health Plan – Refine and further develop the Women's Health Hub	<ul style="list-style-type: none"> Evaluate outcomes from 2025/26 projects Evaluate whether a business case needs to be developed for any 25/26 projects that require continuation/sustainability in 26/27 Align SBU HB services with national contraception and abortion care pathways and NICE guidance Embed national women's health pathways and reporting against agreed national indicators/Participate in National System Level impact measure Strengthen local access and outcomes per Women's Health Plan 	Q1-Q4
PCYPWH_C_05	Sustainable Fertility Services Maintain de-escalated status and review JCC contracted arrangements	<p>Maintain robust governance and reporting processes</p> <p>Recruit workforce that meets the demand of the service</p>	March 2027 September 2026
PCYPWH_B_04	Regional Gynae Oncology: Fully participate in Gynae Oncology Project to regionalise service across Wales in partnership with Cardiff & Vale UHB	<ul style="list-style-type: none"> Establish a South Wales Gynae-Oncology Operational Delivery Network by spring/summer 2026. Establish Workforce workstream and deliver co-designed recommendations 	September 2026

CHILDREN & YOUNG PEOPLE PROGRAMME PLAN

We are strengthening the whole CYP pathway through a clear strategic plan for children and young people to include faster, more autism- and ADHD-friendly assessments, deeper regional collaboration, and a consistent, supported transition into adult care. By aligning workforce capacity, building a unified CYP vision, embedding joint programmes with local and regional partners, and standardising transition tools and governance, we are creating a more coordinated, timely and responsive system for children, young people and families

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
PCYPWH_B_06	Develop a Children & Young Peoples and Babies Plan	<ul style="list-style-type: none"> Establishment of a CYP Steering Group Develop a CYP Plan, setting out the strategic vision and objectives for Children & Young People's Care 	April 2026 March 2027
PCYPWH_B_07	Strengthen regional planning through close collaboration with partners across key work programmes	<ul style="list-style-type: none"> Strengthen collaborative working with partner agencies through the delivery of programmes: <ul style="list-style-type: none"> WG: ND Service Improvement Programme and HCW2 RPB: No Wrong Door, NPT PSB: NPT Early Years CYP Strategy Swansea PSB: Ealy Years Programme NPT and Swansea LA Education: ALN 	March 2027
PCYPWH_C_01	NDD Service development: Workforce/Waiting Times/Accommodation	<ul style="list-style-type: none"> Ensure workforce meets population needs in line with NICE guidance Continue to reduce waiting times for children and young people awaiting ASD or ADHD Assessment Scope opportunities to provide a more appropriate environment to undertake ADHD and ASD assessments my minimising distraction and over-simulation 	March 2027 July 2026
PCYPWH_C_06	Transition from Paediatric to adult care	<ul style="list-style-type: none"> Gap analysis of transition process across CYP. Transition lead for services nominated Transition and hand over tools to be implemented. Governance structure to report compliance of guidance , patient experience to Service Group and CYP steering Group Regional partnership transition board Bayouth co-produce patient engagement Document 	September 2026

Capital Enablers and Priorities	
PCYPWH_B_05B	<ul style="list-style-type: none"> Morrison Paediatric footprint redesign and relocation planning

PRIMARY CARE AND COMMUNITY PROGRAMME PLAN

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
CIP_28	Dental Contract Recommissioning considerations	<ul style="list-style-type: none"> Consideration of not recommissioning any future Dental Contract Handbacks up to the value of the recurrent patient charge shortfall 	TBC
CIP_29	Review National Exercise Referral Scheme (Physio and COPD services)	<ul style="list-style-type: none"> Review payments to National Exercise Referral Scheme 	TBC
CIP_30	Review Primary Care Audiology	<ul style="list-style-type: none"> Options developed to Stop or reduce service. 	TBC
PCC_B_02	HMP Swansea Improvement Plan	<ul style="list-style-type: none"> Continued progress within HMP Swansea against actions/recommendations from HIW Governance Review (2022), HIW Death in Custody / Death after Custody recommendations, alongside progress of the Health Needs Assessment (PHW 2024) and Mental Health and Substance Misuse (QNPMHS 2024) 	Q1-Q4
PCC_B_03	Dental Services	<ul style="list-style-type: none"> Implementation of new dental contract regulations to maintain access Maintain access and waiting times for Specialist Dentistry services, including SCD - POHW GA lists, Oral Surgery and Oral Medicine to include relocation of paediatric GA from Primary Care setting in line with Health Board policy. Implement Community Dental Service changes to safeguard access, capacity and sustainability by optimising pathways, reconfiguring clinics, reducing waiting times, improving workforce retention and strengthening workforce planning 	Q1-Q4
PCC_B_04	Primary Care Estates	<ul style="list-style-type: none"> Refresh of Primary and Community Estates strategy 	Q1-Q4
PCC_B_04	General Medical Services	<ul style="list-style-type: none"> Implementation of Contract Reform for GMS 	Q1-Q4
PCC_B_05	Community Optometry Services	<ul style="list-style-type: none"> Continued implementation of Optometry Contract Reform and increase capacity and coverage for WGOS Levels 4 & 5 and demonstrate measurable benefits for ophthalmology Services (e.g reduced secondary care demand, improved patient outcomes) 	Q1-Q4

Digital Enablers and Priorities	
PCC_B_01a	<ul style="list-style-type: none"> Procure Electronic Patient Record for Community
PCC_B_01b	<ul style="list-style-type: none"> Implement Ophthalmic e-Referral System
PCC_B_01c	<ul style="list-style-type: none"> Sexual Health Replacement System

Capital Enablers and Priorities	
PCC_B_04a	<ul style="list-style-type: none"> Croeserw development
PCC_B_04b	<ul style="list-style-type: none"> Ty'r Felin development

POPULATION HEALTH PROGRAMME PLAN

Our Population Health Strategy calls for challenging the status quo and shifting from reacting to rising service demand to actively prioritising equity. By strengthening our role as an anchor institution and working through effective partnerships, we will take coordinated action to narrow the gap between our most and least deprived communities, tackle poverty, and improve the overall health and wellbeing of the Swansea Bay population.

	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
PH_C_01	Vaccinations -Increase uptake and decrease inequity in Vaccinations and Screening	<ul style="list-style-type: none"> Expand accessible vaccination through community and home-based delivery, targeting low-uptake areas with Primary Care and PHW. Tackle vaccine non-attendance by identifying and addressing its key causes across the life course. 	Q1-Q4
PH_B_01	Healthy weight and obesity –System-Wide Collaboration to Support Healthier Behaviours	<ul style="list-style-type: none"> Strengthen PSB collaboration in NPT and Swansea to advance healthier food procurement and community settings. Enhance partnership working to support early-years healthy weight interventions, including breastfeeding, physical activity and play. Expand Healthy Schools delivery to embed and sustain healthy behaviours in pre-schools and schools. 	Q1-Q4
PH_B_04	Health prevention -Enhancing Population Health Through Evidence-Based Prevention	<ul style="list-style-type: none"> Strengthen activity in primary and secondary prevention and health improvement. Through ensuring evidence-based prevention actions in Primary care (e.g. on hypertension) we aim to achieve improved population health outcomes. Building sustainable tobacco control and weight management services to meet present and future need. Work with schools and other partners in educational settings through a whole school approaches. 	Q1-Q4
PH_B_05	Population health and surveillance –Data driven population health management	<ul style="list-style-type: none"> Use State of the Population insights to inform Clinical Service Plans and guide service development. Promote a data-driven approach to population health management, whilst awaiting a national solution to access integrated patient-level datasets needed for segmentation, risk stratification, and targeted prevention. 	Q1-Q4
PH_B_06	Tackling health inequalities –Through targeted partnership led action	<ul style="list-style-type: none"> Deploy a population-health tool to support Clinical Service Planning and strengthen prevention and early intervention. Shift services closer to people through the Community by Design approach. Strengthen understanding of inclusion-health needs, map services, and improve support for marginalised groups. Embed population-health approaches by working with PSBs, local authorities, schools, communities and partners, including emerging Marmot Nation, Tata Steel and Clear-Hold-Build initiatives. 	Q1-Q4
PH_C_02	Action across the life course – Through coordination and data driven evidence base	<ul style="list-style-type: none"> Strengthen universal pre-natal and perinatal prevention and ensure coordinated early years support across maternity, health visiting and wider partners by using data to support and prioritise evidence-based actions. Deliver Healthy Child Wales Programme 	Q1-Q4

DIABETES PROGRAMME PLAN

Swansea Bay UHB aims to reduce inequalities in diabetes outcomes by strengthening prevention, early intervention, and high-quality ongoing care across all communities. The Health Board will establish a clear strategic direction for diabetes services, shifting towards a community-based model that improves compliance with the NICE 8 Care Processes, supports healthier lifestyles, and enhances self-management. Through targeted resource allocation, delivery of high-value pathways, and adoption of innovative approaches such as hybrid closed-loop technology, the ambition is to reduce incidence, improve outcomes, and minimise hospital admissions for people living with diabetes.

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
PH_B_03a	Reduce inequity in the most & least deprived areas re: diabetes prevention and care	<ul style="list-style-type: none"> Continue the Health Board's commitment to the national Tackling Diabetes Together Programme's objectives: <ul style="list-style-type: none"> <i>Having fewer people in Wales living with diabetes</i> i.e. prevention and early intervention <i>Providing better care and outcomes for those already living with diabetes</i> i.e. improvements in compliance with the supported by a focus on delivery via a community model of care Establish a strategic approach to delivering a health board-wide direction for diabetes services, supported by the operational Diabetes Planning & Development Group Develop plan to review resource allocation within the diabetes pathway (primary to secondary care) by adopting the STAR (socio-technical allocation of resource) methodology 	Ongoing April 2026 Sept 2026
PH_B_03b	Prevention of Type 2 diabetes onset and remission	<ul style="list-style-type: none"> Support for people to live healthier lifestyles, achieve healthy weight and encourage regular physical activity Structured education programmes to enable improved self-management of diabetes Change in prevalence of people diagnosed with Type 2 diabetes Redesign the delivery of the All Wales Diabetes Prevention Programme reflecting available funding 	Ongoing Sept 2026 ongoing
PH_B_03c	Increase in % of patients (ages 12 and over) with diabetes who receive all 8 diabetes care processes	<ul style="list-style-type: none"> Consider plan to redesign services to focus on establishment of community diabetes model; key aim of the model is to improve 8 care process compliance Continue work at GP Cluster level to improve % compliance with 8 Care Processes 	Sept 2026 ongoing
PH_B_03d	Progress with the delivery of the focused diabetes High Value High Impact Pathway	<ul style="list-style-type: none"> Consider plan to expand hybrid closed loop approach for Type 1 diabetics Consider plan to redesign services to focus on establishment of community diabetes model; key aim of the model is to <ul style="list-style-type: none"> reduce hospital admissions for patients with diabetes and reduce length of stay for patients with diabetes Continued focus on improving compliance with the NICE 8 Care Processes, bringing compliance for all eight elements in line with All Wales position. 	Sept 2026 Sept 2026 Ongoing

PREVENTION AND EARLY YEARS: OBESITY AND TOBACCO PLAN

Welsh Government has prioritised prevention and early years funding for obesity management and tobacco control since 2021 to tackle the biggest drivers of long-term ill health. Both streams of work directly aligning with a Healthier Wales strategy which prioritises prevention and early intervention to curb rising obesity rates. Recent NICE guidelines and Welsh Health Circular guidance now promote the use of GLP-1 medication to support the long-term health and societal impacts of obesity. The PEY work also supports the national ambition for a smoke-free Wales by 2030, which focuses on reducing smoking and protecting children from tobacco harms. Together, these investments aim to shift resources upstream, reduce health inequalities, and improve lifelong wellbeing across Wales.

Ref	Scheme/ Project and Description	Delivery Actions 26/27	Delivery Date
PH_B_01a	<p>Obesity Management Develop sustainable Level 2 and Level 3 Obesity Management Services aligned to AWWMP , NICE guidance and WHC guidance</p>	<ul style="list-style-type: none"> Develop an accountable governed pathway approach to the management of GLP/GIP-1RAS prescriptions for obesity within SBUHB. Develop GLP-1 pathway, funding and service specifications for adults in line with Welsh Health Circular /2025/043 –Priority Cohorts Meet the requirements for access to obesity intervention as outlined in the NICE NG246 guidance- Overweight and Obesity Management Meet the requirements for access to obesity intervention as outlined in the NICE NG28 guidance- Diabetes implement Blueteq for prescription monitoring of GLP1RAs prescribed for purposes of weight loss Implement continuous monitoring of Level 2 and Level 3 waiting lists and explore the benefits of a controlled temporary referral pause when demand exceeds safe service capacity 	Q1- Ongoing
PH_B_01b	<p>Obesity Level 3 Wrap round service</p>	<ul style="list-style-type: none"> Align to decision of GLP-1 Options Appraisal Outcome Based on output of GLP-1 OA <ul style="list-style-type: none"> Repeat of 25-26 tender exercise to recommission Level 3 wrap around service with added psychology input as per feedback from current service provider Explore funding for in-house service 	Q1- Ongoing
PH_B_02	<p>Tobacco Control</p>	<ul style="list-style-type: none"> To develop and embed Maternal and Hospital Smoking Cessation Services in SBUHB Strengthen partnership working with Public Health Wales and primary care to support smoking cessation interventions Promote smoke free environments and prevention messaging through HMQ health promotion activity Monitor referral activity and outcomes to ensure equitable access to smoking cessation support for priority populations 	Q1-Q2 Q1-Q2 Q3- Ongoing

Capital & Estates – 10 Year Outline Capital Programme

Primary Funding Source	Project	Business Case Status	Estimated Costs £m											
			2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Total	
A. Approved	Hybrid Theatre Morriston	1. Approved	6.717	-	-	-	-	-	-	-	-	-	-	6.717
	Environmental Infrastructure Modernisation Phase2.2	1. Approved	0.241	-	-	-	-	-	-	-	-	-	-	0.241
	PET CT, Singleton Permanent	1. Approved	9.100	-	-	-	-	-	-	-	-	-	-	9.100
	Fluoroscopy, NPT Hospital	1. Approved	0.900	-	-	-	-	-	-	-	-	-	-	0.900
	Taith Newydd - Fire	1. Approved	4.905	-	-	-	-	-	-	-	-	-	-	4.905
	Targeted Estates Fund (TEF)	1. Approved	8.134	-	-	-	-	-	-	-	-	-	-	8.134
	Interventional Radiology (IR) - Fluoroscopy 2, Morriston	1. Approved	0.800	-	-	-	-	-	-	-	-	-	-	0.800
	Section 136 Suite, NPTH	1. Approved	0.400	-	-	-	-	-	-	-	-	-	-	0.400
	Digital X-Ray Rooms, Morriston	1. Approved	0.781	-	-	-	-	-	-	-	-	-	-	0.781
	MRI Morriston Hospital - Room 1	1. Approved	0.015	-	-	-	-	-	-	-	-	-	-	0.015
A. Approved Total			31.993	-	-	-	-	-	-	-	-	-	-	31.993
B. New - URGENT RISK	Helipad Safety Works, Morriston	4. Design Phase in Progress (at risk)	3.075	-	-	-	-	-	-	-	-	-	-	3.075
	Service Diversions for key Mechanical & Electrical Infrastructure, Cefn Coed	4. Design Phase in Progress (at risk)	3.000	3.000	-	-	-	-	-	-	-	-	-	6.000
	Anti-Ligature Works across remaining Mental Health Estate.		3.000	3.000	-	-	-	-	-	-	-	-	-	6.000
	Demolition of main Hospital Building closed areas), Cefn Coed		-	1.000	6.000	-	-	-	-	-	-	-	-	7.000
	ED Improvements, Morriston - Wards A & B UEC & Phase 1 Foul Drainage		0.450	7.000	-	-	-	-	-	-	-	-	-	7.450
	Regional, Cellular Pathology	4. Design Phase in Progress (at risk)	1.740	12.482	-	-	-	-	-	-	-	-	-	14.222
	Creation of new Obstetrics Theatre & Birthing Suite, Singleton	4. Design Phase in Progress (at risk)	0.400	4.600	-	-	-	-	-	-	-	-	-	5.000
B. New - URGENT RISK Total			11.665	31.082	6.000	-	-	-	-	-	-	-	-	48.747
C. WG Endorsement to progress Business Case	Urology OR1 Theatres, Centre of Excellence, NPT	2. Case Submitted to WG	1.000	3.366	-	-	-	-	-	-	-	-	-	4.366
	Development of Seclusion Suites, Medium Secure Unit, Caswell Clinic, Glanrhyd	4. Design Phase in Progress (at risk)	1.463	4.271	-	-	-	-	-	-	-	-	-	5.733
	SWWCC PBC - Radiotherapy Expansion 5th Linacc	4. Design Phase in Progress (at risk)	1.000	3.000	-	-	-	-	-	-	-	-	-	4.000
	SWWCC PBC - Radiotherapy Expansion 6th Bunker	4. Design Phase in Progress (at risk)	0.789	5.800	5.800	-	-	-	-	-	-	-	-	12.389
C. WG Endorsement to progress Business Case Total			4.252	16.436	5.800	-	-	-	-	-	-	-	-	26.488
D. CORE - National TEF	Environmental Modernisation / TEF	6. Future year Scheme	8.062	10.000	10.000	10.000	10.000	10.000	10.000	10.000	10.000	10.000	10.000	98.062
D. CORE - National TEF Total			8.062	10.000	10.000	10.000	10.000	10.000	10.000	10.000	10.000	10.000	10.000	98.062
E. CORE - National Diagnostic Replacement programme	Imaging Replacement Programme - CT	6. Future year Scheme	-	-	-	-	-	-	5.630	-	-	-	-	5.630
	Imaging Replacement Programme - Fluoroscopy	6. Future year Scheme	-	2.949	-	-	-	-	-	-	-	-	-	2.949
	Imaging Replacement Programme - DRs	6. Future year Scheme	2.420	-	1.200	-	1.200	-	1.200	-	1.200	-	-	7.220
	Imaging Replacement Programme - Mammography	6. Future year Scheme	-	1.814	-	-	-	-	0.907	-	-	-	-	2.721
	Imaging Replacement Programme - MRI	6. Future year Scheme	3.354	3.155	-	3.155	-	3.155	-	-	-	-	-	12.820
	Cath Lab Replacement Programme	6. Future year Scheme	-	3.151	3.151	-	-	-	-	-	-	-	3.151	9.454
	SWWCC - Radiotherapy Replacement Programme	6. Future year Scheme	-	-	5.259	-	2.209	5.259	5.259	-	-	-	-	17.985
	Nuclear Medicine Replacement Programme - SPEC-CT	6. Future year Scheme	-	-	-	2.167	2.167	-	-	-	-	-	-	4.334
	Imaging Replacement Programme - SPEC-CT	6. Future year Scheme	-	-	-	-	-	1.824	-	-	-	-	-	1.824
E. CORE - National Diagnostic Replacement programme Total			5.774	11.070	9.610	5.323	5.576	15.868	7.366	-	1.200	3.151	64.937	

Capital & Estates – 10 Year Outline Capital Programme

			Estimated Costs £m										
Primary Funding Source	Project	Business Case Status	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	Total
F. CORE - National Digital Replacement Programme	Digital Network Replacement Programme (Core, LAN & Wi-Fi)	6. Future year Scheme	-	3.800	-	3.600	1.000	0.650	4.800	1.800	-	-	15.650
F. CORE - National Digital Replacement Programme Total			-	3.800	-	3.600	1.000	0.650	4.800	1.800	-	-	15.650
G. Regional Partnership Board	Croeserw	3. Design Phase in Progress (with WG funding)	1.000	5.128	-	-	-	-	-	-	-	-	6.128
	Dan y Deri	2. Case Submitted to WG	5.161	4.172	-	-	-	-	-	-	-	-	9.333
	Swansea Wellness Centre	5. ON HOLD - Funding/National Prioritisation	-	7.558	14.120	12.957	-	-	-	-	-	-	34.635
G. RPB Total			6.161	16.858	14.120	12.957	-	-	-	-	-	-	50.096
H. Outside Scope of WG Capital Plan	Morrison Access Route & Enabling Infrastructure (Phase 1a Link Road)	3. Design Phase in Progress (with City Deal funding)	0.500	5.790	5.790	-	-	-	-	-	-	-	12.079
	New ED Build, Critical Care & Theatre Block, Morrison Hospital (Phase 2a - ED (Full Build), Critical Care & Theatres (Shell & Core)	5. ON HOLD - Funding/National Prioritisation	0.100	4.267	4.267	69.250	69.250	34.625	-	-	-	-	181.761
	New ED Build, Critical Care & Theatre Block, Morrison Hospital (Phase 2b Critical Care & Theatres (Fit Out)	5. ON HOLD - Funding/National Prioritisation	-	-	-	-	-	-	48.000	21.250	-	-	69.250
	Morrison Access Route & Enabling Infrastructure (Phase 1b M4 Link Road)	3. Design Phase in Progress (with City Deal funding)	-	-	3.262	13.668	14.168	-	-	-	-	-	31.098
	Thoracic, Morrison	5. ON HOLD - Funding/National Prioritisation	-	3.884	5.785	15.777	20.153	-	-	-	-	-	45.598
	Mental Health In-Patient Unit	5. ON HOLD - Funding/National Prioritisation	0.100	3.645	3.645	82.816	82.816	41.408	-	-	-	-	214.430
	Refurbishment of Burns ITU Phase 2, Morrison	5. ON HOLD - Funding/National Prioritisation	-	0.526	12.621	12.621	17.354	-	-	-	-	-	43.123
	2nd MRI, Morrison (additional)	5. ON HOLD - Funding/National Prioritisation	-	3.141	-	-	-	-	-	-	-	-	3.141
	2nd CT, Singleton (additional)	5. ON HOLD - Funding/National Prioritisation	-	2.815	-	-	-	-	-	-	-	-	2.815
	Older Persons Mental Health Wards/Roof, Tonna	5. ON HOLD - Funding/National Prioritisation	-	0.691	2.629	2.629	-	-	-	-	-	-	5.950
	Ward Refurbishment Programme, Singleton	5. ON HOLD - Funding/National Prioritisation	-	3.155	3.155	3.155	3.155	3.155	3.155	3.155	3.155	3.155	28.398
	RMHSS P7 Re provision of Mental Health Day Facilities	5. ON HOLD - Funding/National Prioritisation	-	0.526	3.681	-	-	-	-	-	-	-	4.207
H. Outside Scope of WG Capital Plan Total			0.700	28.440	44.837	199.917	206.897	79.188	51.155	24.405	3.155	3.155	641.851
I. New	Waste Recycling Regulations Phase 2	4. Design Phase in Progress (at risk)	0.700	-	-	-	-	-	-	-	-	-	0.700
	Morrison Ward Improvements / Foul Drainage	4. Design Phase in Progress (at risk)	0.500	0.500	22.375	22.375	22.375	22.375	22.375	22.375	22.375	22.375	180.000
	Electrical Infrastructure, Central Ward Block, Singleton	4. Design Phase in Progress (at risk)	-	0.350	2.500	3.884	-	-	-	-	-	-	6.734
	Sub Station 3, Morrison	4. Design Phase in Progress (at risk)	0.400	4.600	4.780	-	-	-	-	-	-	-	9.780
	Paediatric Ward Reconfiguration to Ground Floor, Morrison	4. Design Phase in Progress (at risk)	0.100	0.500	7.500	7.500	-	-	-	-	-	-	15.600
I. New Total			1.700	5.950	37.155	33.759	22.375	22.375	22.375	22.375	22.375	22.375	212.814
Grand Total			70.307	123.636	127.522	265.555	245.848	128.081	95.696	58.580	36.730	38.682	1,190.637