

# Capital and Estates Task Force

12th May 2025 (Meeting 3)

- Reminder of Current Overall Plan & Complete Capital Requirement
- Land and Property Options ahead of Chair meeting with Department of Lan 20/05/25
- Report by the External Ministerial Advisory Group on NHS Wales Performance and Productivity – Capital & Estates Items
- Adult Acute Mental Health
  - Immediate
  - Interim
  - Longer Term
- Morriston ED
  - Interim Expansion
  - Longer Term
- Regional cellular pathology
  - Immediate
  - Longer Term
- That Newydd (Older Persons Ward), Glanrhyd (fire) Update
- Action Log

The Health Board's Estates Strategy approved by the Board in 2023, identified the need for significant capital investment to support the CSP and a programme of backlog maintenance works identified by Condition Surveys. Following feedback on the NHS - All Wales Capital Prioritisation (Scheme Specific Elements), a new Estates Task Force under the leadership of our vice-chair was established in January, to provide the board with strategic oversight of the implementation of the Estates Strategy. Whilst the main elements of the prioritised 10-year plan remain intact, the Task Force recommended an urgent focus on four schemes which will require urgent short-term capital funding support from WG (in addition to long term strategic support) to ensure Operational Resilience and Safety & Clinical Suitability

- **Adult Acute Mental Health Unit Cefn Coed**
- **ED Morrision**
- **Regional Cellular Pathology**
- **Taith Older Persons Ward, Glanrhyd (Fire)**

Morrison Hospital - Hybrid Planning Application is due for submission in June 2025 for the development of the current site plus additional 55 acres (Outline Planning) and the provision of a new access route to J46 of the M4 (Full Planning).

The development of alternative funding models, estates utilisation, disposals and decarbonisation from part of the 10-year programme.

During 2025-26 we will focus on developing our plans to provide modern estate to support our Community and Mental Health services in Swansea City Centre, looking at partnership models with Swansea Council and their development partners.

The plan reflects the new Core Requirements funding allocations for TEF, Equipment & Diagnostic and Digital. Our discretionary capital programme will focus on maintaining the highest risks in our equipment & digital asset base, along with maintenance of our building estate alongside a contribution to the new TEF programme and the PFI contractual commitments at NPT hospital.

#### **A. Approved Schemes**

Two schemes in the West Wales Cancer Centre have recently been approved. These schemes to provide a permanent PET-CT and 2<sup>nd</sup> CT-Sim will complete in 2025-26.

#### **B. New - Urgent Risks**

The Board has requested urgent capital support on three capital schemes in the 10- Year programme to progress with short-term plans to mitigate the risks associated with delays with the main schemes to manage Operational Resilience and Safety & Clinical Suitability

- Adult Acute Mental Health Unit, Cefn Coed
- ED Improvements, Morrision
- Regional Pathology – Cellular Pathology

In addition, support will also be required to re-provide the Taith Older Persons Ward which was badly damaged following a fire.

#### **C. WG Endorsement to produce Business Cases**

Three schemes received WG endorsement to progress with the development of business cases.

- **Emergency Department, Morrision.** This scheme is linked to the provision of a new Access Route into Morrision Hospital and the City Deal Campuses Business Case. A business case scoping meeting for the provision of a new ED department is taking place with WG in April
- **Develop a HVLC Centre of Excellence for Urology, NPT.** The relocation of high-volume low complexity Urology activity from Morrision to NPT will create increased capacity for planned care procedures and improve performance on the cancer pathway at Morrision. The Board is considering scrutiny comments from WG following submission of the business case.
- **Hybrid Vascular Theatre, Morrision.** Provide a dedicated hybrid theatre for more complex cases to allow vascular surgeons to combine conventional surgical techniques with interventional techniques in a hybrid theatre without interruption. The Board is considering scrutiny comments from WG following submission of the business case.

# Annual Plan 2025/26 b) Capital & Estates - 10 Year Outline Capital Programme

				Estimated Costs £m						
Primary Funding Source	Project	Business Case Status	Potential Secondary Funding Source	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31 to 2034/35	Total
<b>A. Approved</b>	2nd CT-SIM at SWWCC, Singleton (additional)	1. Approved	n/a	2.5	-	-	-	-	-	2.5
	PET-CT (Permanent), SWWCC Singleton	1. Approved	n/a	13.3	-	-	-	-	-	13.3
<b>A. Approved Total</b>				<b>15.8</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>15.8</b>
<b>B. New - URGENT RISK</b>	Adult Acute Mental Health Unit (URGENT 25-26)	4. Design Phase in Progress (at risk)	Revenue Lease/IFRS 16	-	-	-	-	-	-	-
	ED Improvements, Morriston (URGENT 25-26)	4. Design Phase in Progress (at risk)	Revenue Lease/IFRS 16	-	-	-	-	-	-	-
	Regional Pathology, Cellular Pathology (URGENT 25-26)	4. Design Phase in Progress (at risk)	Revenue Lease/IFRS 16	-	-	-	-	-	-	-
	Taith, Older Persons Wards, Glanrhyd Fire Reinstatement (URGENT 25-26)	4. Design Phase in Progress (at risk)		3.9	-	-	-	-	-	3.9
<b>B. New - URGENT RISK Total</b>				<b>3.9</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3.9</b>
<b>C. WG Endorsement to progress Business Case</b>	ED Improvements, Morriston	3. Design Phase in Progress (with WG funding)		3.0	14.7	9.7	-	-	-	27.4
	Urology OR1 Theatres, Centre of Excellence, NPT	2. Case with WG		4.3	-	-	-	-	-	4.3
	Hybrid Vascular Theatre, Morriston	2. Case with WG		10.5	-	-	-	-	-	10.5
<b>C. WG Endorsement to progress Business Case Total</b>				<b>17.7</b>	<b>14.7</b>	<b>9.7</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>42.2</b>
<b>D. CORE - National TEF</b>	<b>Environmental Modernisation / TEF</b>	2. Case with WG		8.1	9.8	9.8	9.8	9.8	48.8	95.9
<b>D. CORE - National TEF Total</b>				<b>8.1</b>	<b>9.8</b>	<b>9.8</b>	<b>9.8</b>	<b>9.8</b>	<b>48.8</b>	<b>95.9</b>
<b>E. CORE - National Diagnostic Replacement programme</b>	Imaging Replacement Programme - CT	3. Design Phase in Progress (with WG funding)		2.8	-	-	-	-	8.3	11.1
	Imaging Replacement Programme - Fluoroscopy	6. Future year Scheme		1.4	2.9	-	-	-	-	4.3
	Imaging Replacement Programme - DRs	6. Future year Scheme		-	2.1	0.7	-	-	-	2.7
	Imaging Replacement Programme - Mammography	6. Future year Scheme		-	1.8	-	-	-	0.9	2.7
	Imaging Replacement Programme - MRI	6. Future year Scheme		-	-	3.1	-	-	6.2	9.3
	Cath Lab Replacement Programme	6. Future year Scheme		-	-	3.1	3.1	-	-	6.2
	SWWCC - Radiotherapy Replacement Programme	6. Future year Scheme		-	-	5.2	5.2	-	12.5	22.8
	Nuclear Medicine Replacement Programme - SPEC-CT	6. Future year Scheme		-	-	-	-	2.1	2.1	4.3
Imaging Replacement Programme - SPEC-CT	6. Future year Scheme		-	-	-	-	-	1.8	1.8	
<b>E. CORE - National Diagnostic Replacement programme Total</b>				<b>4.2</b>	<b>6.7</b>	<b>12.0</b>	<b>8.3</b>	<b>2.1</b>	<b>31.8</b>	<b>65.1</b>
<b>F. CORE - National Digital Replacement Programme</b>	Digital Network Replacement Programme (Core, LAN & Wi-Fi)	6. Future year Scheme		1.1	2.3	2.6	0.1	3.9	10.5	20.4
<b>F. CORE - National Digital Replacement Programme Total</b>				<b>1.1</b>	<b>2.3</b>	<b>2.6</b>	<b>0.1</b>	<b>3.9</b>	<b>10.5</b>	<b>20.4</b>
<b>G. RPB</b>	Croeserw	3. Design Phase in Progress (with WG funding)		2.0	-	-	-	-	-	2.0
	Dan y Deri	3. Design Phase in Progress (with WG funding)		0.5	6.8	0.7	-	-	-	8.0
<b>G. RPB Total</b>				<b>2.5</b>	<b>6.8</b>	<b>0.7</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10.0</b>
<b>H. Outside Scope of WG Capital Plan</b>	Morriston Access Route & Enabling Infrastructure	3. Design Phase in Progress (with WG funding)	WG/Council - Transport	2.1	28.9	14.5	-	-	-	45.4
	Thoracic, Morriston	5. ON HOLD - Funding/National Prioritisation		3.8	5.7	15.5	19.8	-	-	44.8
	Regional Pathology Centre, Morriston	5. ON HOLD - Funding/National Prioritisation		2.0	3.1	31.0	51.6	51.4	-	139.1
	Adult Acute Mental Health Unit, Cefn Coed	5. ON HOLD - Funding/National Prioritisation		3.7	4.1	23.7	24.8	-	-	56.4
	Swansea Wellness Centre	5. ON HOLD - Funding/National Prioritisation	RPB	1.6	7.4	13.9	12.7	-	-	35.6
	New ED, Critical Care & Theatre Block + Model Ward Reconfiguration, Morriston Hospital	5. ON HOLD - Funding/National Prioritisation		2.4	5.2	61.2	55.1	55.1	67.8	246.8
	Elective Modular Theatres, Centre of Excellence, Singleton Hospital	5. ON HOLD - Funding/National Prioritisation	Lease / Revised Scheme	20.2	3.4	-	-	-	-	23.6
	Refurbishment of Burns ITU Phase 2, Morriston	6. Future year Scheme		0.5	12.4	12.4	17.0	-	-	42.3
	2nd MRI, Morriston (additional)	6. Future year Scheme	Managed Equipment Service	3.1	-	-	-	-	-	3.1
	2nd CT, Singleton (additional)	6. Future year Scheme	Managed Equipment Service	2.8	-	-	-	-	-	2.8
	Development of Seclusion Suites, Medium Secure Unit, Caswell Clinic, Glanrhyd	4. Design Phase in Progress (at risk)		4.0	-	-	-	-	-	4.0
	Older Persons Mental Health Wards/Roof, Tonna	4. Design Phase in Progress (at risk)	TEF	0.7	2.6	2.6	2.6	-	-	8.4
	Ward Refurbishment Programme, Singleton	6. Future year Scheme	TEF	-	3.1	3.1	3.1	3.1	15.5	27.9
	RMHSS P7 Reprovision of Mental Health Day Facilities (Westfa)	6. Future year Scheme		-	0.5	3.6	-	-	4.1	8.3
	SWWCC PBC - 5th Linacc/6th Bunker	4. Design Phase in Progress (at risk)		4.0	2.0	-	-	-	-	6.0
<b>H. Outside Scope of WG Capital Plan Total</b>				<b>50.9</b>	<b>78.4</b>	<b>181.3</b>	<b>186.7</b>	<b>109.6</b>	<b>87.4</b>	<b>694.5</b>
<b>I. New</b>	Waste Recycling Regulations Phase 2	4. Design Phase in Progress (at risk)		-	6.1	-	-	-	-	6.1
<b>I. New Total</b>				<b>-</b>	<b>6.1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6.1</b>
<b>Grand Total</b>				<b>104.2</b>	<b>124.8</b>	<b>216.1</b>	<b>204.9</b>	<b>125.4</b>	<b>178.5</b>	<b>953.8</b>

### **Estates Rationalisation**

Following the submission of our Estates Rationalisation of Non-Clinical Space submission in 2023, we are continuing to develop our disposal strategy. During 2024-25 we completed two disposals at Cymmer Health Centre and Phillips Parade. Our disposal strategy has identified two further disposals in 2025-26 and further potential disposals in the medium term which will require detailed investigation.

We will continue to develop our disposal strategy for the remaining surplus areas of the Cefn Coed site, although this work will need to be linked to the provision of new accommodation for the current Mental Health Acute Adult accommodation on the site.

We are also actively investigating the potential to provide surplus land adjacent to the Health Board HQ in Baglan to support the recent request from WG for the identification of sites that may be suitable for 'meanwhile' temporary alternative residential use (using Modern Methods of Construction and by implementing Permitted Development Rights).

We are working closely with our partners at Swansea University on their City Deal Campuses Business Case, which may provide additional funding and land disposal opportunities.

### **Alternative Financing Models**

The newly formed Estates Task Force group will consider the commercial opportunities to deliver capital solutions using public and private partnerships to assist in developing the estate strategy and the implications.

We are continuing to benefit from funding from the Swansea Bay City Deal, with the hybrid planning application for the development of the Morriston Hospital site and new Access Route from the M4 due for submission in June 2025.

Working with the West Glamorgan Regional Partnership Board, we secured design funding in 2024-25 to produce business cases for a new Learning Disabilities home in Dan-y-Deri (HCF) and a replacement for Cymmer Health Centre (IRCF). Both business cases will be completed in 2025-26. Further work on

Some of our schemes also have revenue funded options which require IFRS 16 technical capital support. In 2024/25 we were able to capitalise through Right of Use Capital around £12m.

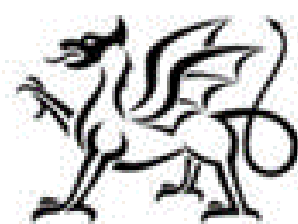
We will be continuing to work with our Energy Service partner and the WG Energy Services and Health & Social Care Finance teams to explore how we can access alternative financing to de-stem and decarbonise the estate. These schemes are more about reducing carbon rather than also cost reduction.

We have established a new PFI Exit Board to oversee the hand back of the NPT hospital to NHS ownership in May 2030. The Project Board will be responsible for the overall direction and management of the project from development of the Exit plan through to hand back and commissioning in line with Estates condition B and FM staff TUPE. The initial 7-Year pre PFI Expiry Health Check report from the UK Infrastructure Projects Authority (IPA) in 2023 has formed the basis of our work programme and a 5-Year pre PFI Exit Expiry Health Check will be taking place in mid 2025. The Board is currently considering several external specialist advisor appointments to support the exit, including commercial, legal and financial support.

Following the request from the office of Jayne Bryant, Cabinet Secretary for Housing & Local Government, to meet with you to discuss the development of land owned by the Health Board, a meeting has been agreed to take place via Teams on **Tuesday 20 May 16:30 – 17:00**.

I have been passed the below info regarding this meeting so hope it will help for any prep needed.

- Ensuring everyone in Wales has a decent, affordable and safe place to call home is a key ambition of this Government and the principle that everyone has a right to an adequate home is one we wholeheartedly support.
- My priority is to deliver more truly affordable homes within the social sector, and therefore remain committed to the target for this term of government to deliver 20,000 additional homes for rent in the social sector. Wales has never moved away from its support for the most affordable housing – social rent and we will continue to push towards this as fast as we can.
- A pipeline of land sites for the delivery of affordable housing led developments is an important aspect not just in delivering housing in the short term but also in the medium/longer term and sites in public ownership can hopefully make a significant contribution. As part of the Welsh Government Housing taskforce Welsh Government's Land Division is already proactively identifying land that may be brought forward for development.
- There is great potential on a short-term basis to host temporary high-quality modular homes to reduce the use of temporary accommodation. Examples of this so-called 'Meanwhile Use' in Cardiff's Grangetown and Llantwit Major show how new housing capacity can be quickly mobilised using powers of Permitted Development Rights. Using under-utilised land to help alleviate temporary housing needs would help local authorities manage significant financial pressure from meeting B&B costs as well as provide a decent home for more people.
- But we need as full a picture as possible on public land that may be available to support housing development both in the short term and medium to longer term, so to assist in that end, the Cabinet Secretary for Housing and Local Government is meeting public bodies, including health boards, to establish if they do have available land and the opportunities for bring forward for development.



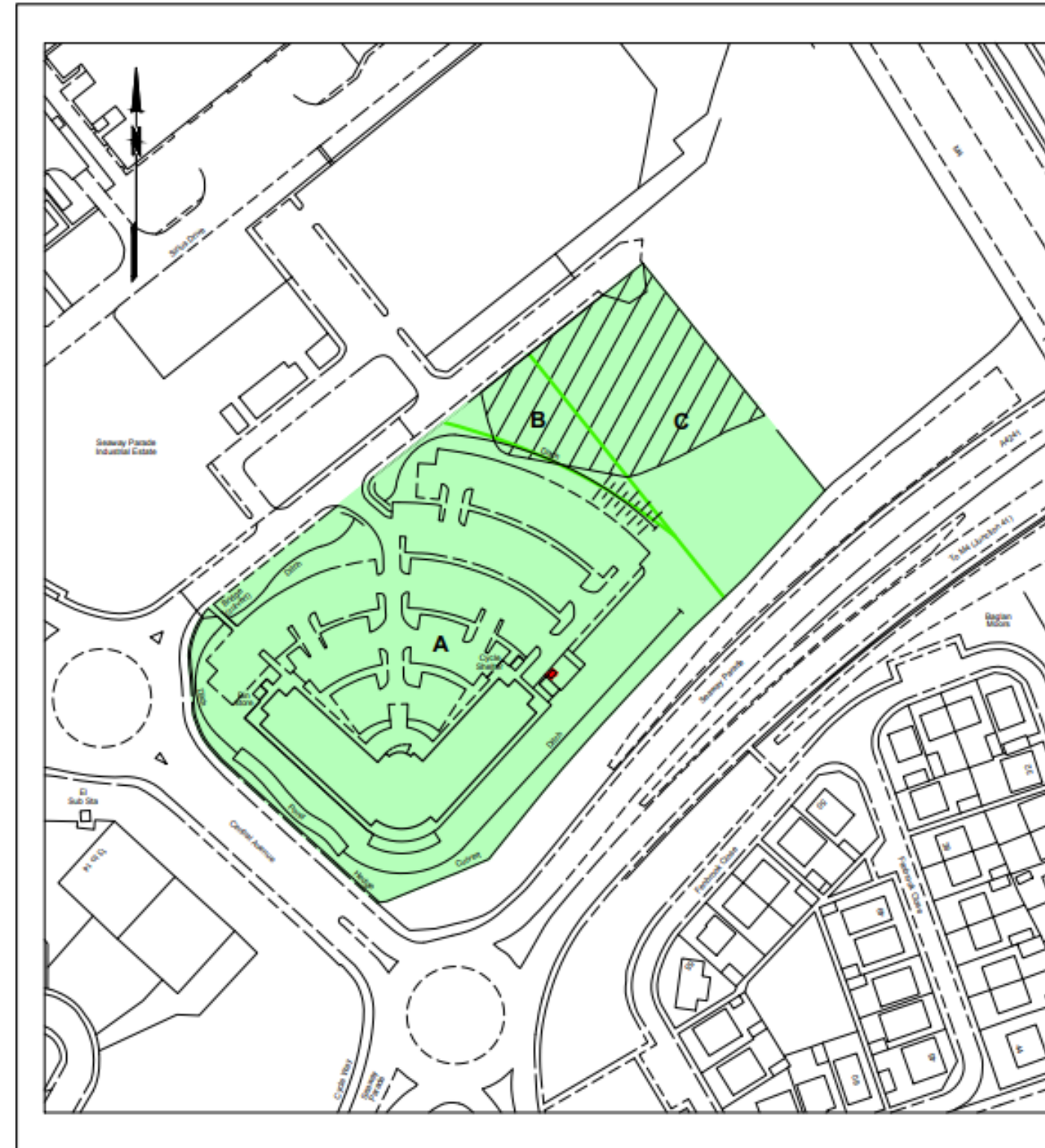
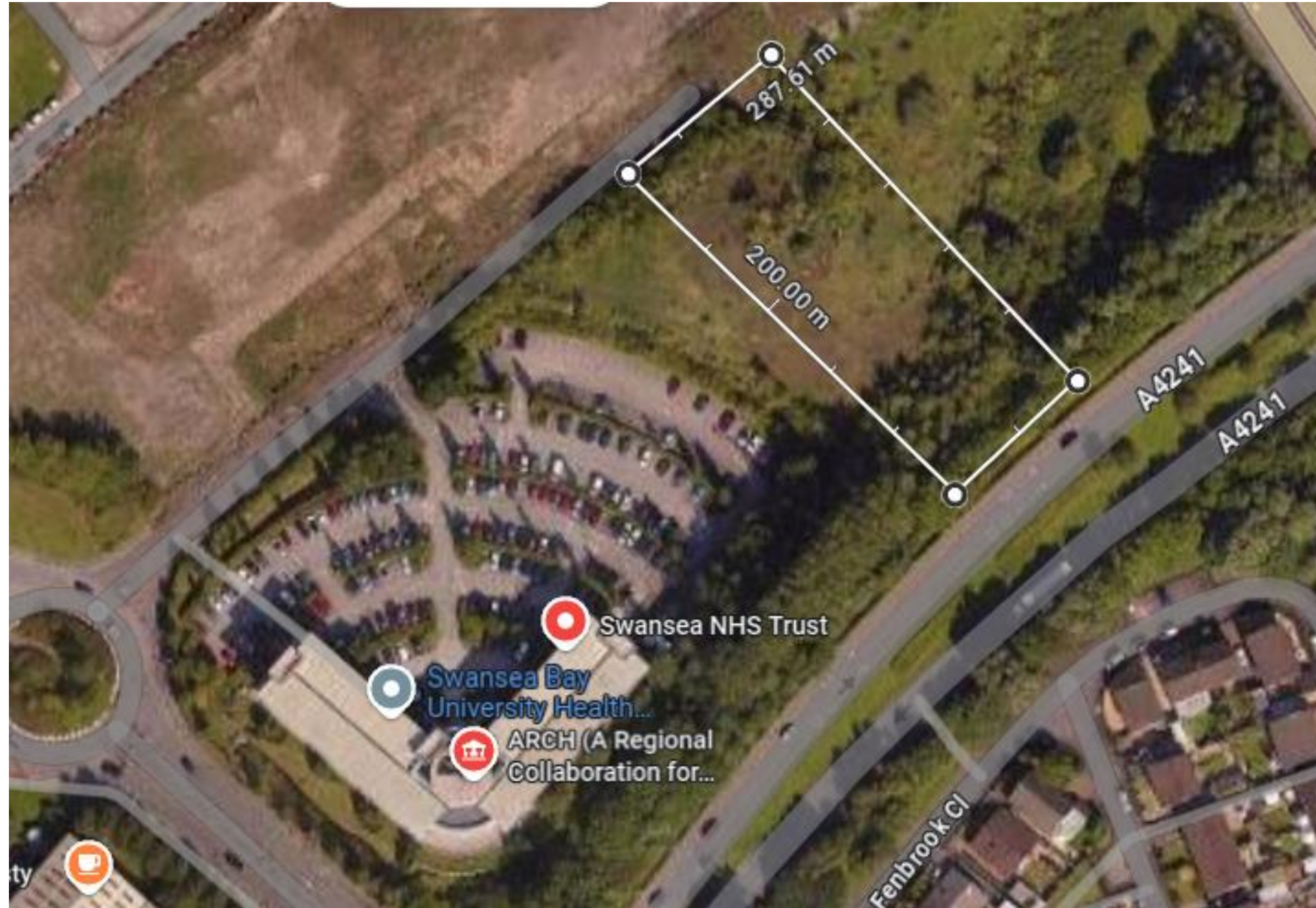
Llywodraeth Cymru  
Welsh Government

Iona Hazelden-Jones

Ysgrifennydd Dyddiadur Cynorthwyol i Jayne Bryant AS | Assistant Diary Secretary to Jayne Bryant MS  
Ysgrifennydd y Cabinet dros Lywodraeth Leol a Thai | Cabinet Secretary for Housing & Local Government  
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Ebst | Email [DSCSHLG@gov.wales](mailto:DSCSHLG@gov.wales)

## Land Options for Residential Development

Location/Option	Conditions and/or dependencies	Land size	Timescales	Supporting Docs1) a
1) Land adjacent to Health Board HQ	Straight disposal	Just under 1 acre of brown field site.	Planning approvals 12 to 18 months change of use required from employment to residential.	LAPP, culvert crossing boundary which will need redivertions.
2) Cefn Coed	<p>Quickest option</p> <ul style="list-style-type: none"> <li>Adults to older person's ward</li> <li>Older persons wards to NPTH F&amp;G</li> <li>No chance to older persons or mother and baby wards at Tonna</li> <li>Demolition at Cefn Coed</li> </ul>	<p>Mental Health Unit new 2.49 Ha</p> <p>Residential 3.4Ha (mix of green field / brown filed Inc. demolition of existing hospital)</p> <p>Residential available green field 1.81Ha approx. 53 dwellings.</p>	Planning approvals 12 to 18 months but dependent on any section 106 agreements e.g. New access route into the Cefn Coed Site / SUD,s SAB approvals	Master plan drawings / proposals completed to outline planning stage. Mixed residential and Mental Health Unit.
3) Garngoch (Rear of Site)	Account for and resolve covenant	Brown field site 2.35 acres.	<p>Planning 12 to 18 months due to location outside of the settlement boundary LDP.</p> <p>Semi-rural location and a lack of nearby amenities reduces the opportunities for new residential accommodation</p> <p>•Disposal for a use classed other than Isolation site (Covenant)</p>	Preplanning advice provided by Swansea LA Planning Dept and not supported due to the requirement of a departure in policy. LAPP Drawings.
4) Cimla	Relocate all current services – multi tenant	Brown field site 3.49 acres.	Full planning approvals 12 to 14 months. New build residential Approx. 50 Dwellings per Ha	LAPP Drawings
5) Morryston Residences	Re-provide NHS housing need and create space	Current plot size for housing 4.54 acres.	Planning approvals 12 to 18 months	Morryston Hospital Master planning currently out for PAC under S14 Policy could carefully word application stating accommodation for Key hospital workers???
6) Morryston bottom gravel car park	<p>In addition to above</p> <p>Re-provide car park further up site</p>	1.62 acres up to service runs going through car park.	Planning approvals 12 to 18 months	Morryston existing site drawings.
7) Central Clinic, Swansea	<p>Administrative areas to relocate to LA identified accommodation</p> <p>Clinical areas to be reviewed for collocation</p> <p>GP practice solution (query how many) also needed</p>	Brown field site 0.36 Acres.	Planning approvals 12 to 18 months Brown field site requiring demolition or re-purpose existing	LAPP site drawings.



<b>ONE TALBOT GATEWAY, ABMU H.Q.</b>	
Seaway Parade Industrial Estate, Baglan, PORT TALBOT, SA12 7BR.	
COUNTY BOROUGH OF NEATH PORT TALBOT	
ORDNANCE SURVEY TILE	SS 7404 SW & SS 7404 SE
NATIONAL GRID REFERENCE	SS 749943
<b>Title Details</b>	
The Freehold property, as shown coloured green and hatched black, now vested in the University Health Board by virtue of:-	
(i) 21st March 2015 - A Transfer of this interest from Hampton Investment Properties Limited.	
(ii) The Local Health Boards (Area Change) (Wales) (Miscellaneous Amendments) Order 2015 changes the area and name of Aberthaw to Margingrove University NHS Board to Swansea Bay University Local Health Board.	
<b>Hill Land Registry details:</b>	
<b>A</b>	Area lettered A - Freehold Absolute - Title No. WA37691 - dated: 17th April 2015.
<b>B</b>	Area lettered B - Freehold Absolute - Title No. CYM157192 - dated: 17th April 2015.
<b>C</b>	Area lettered C - Freehold Absolute - Title No. WA129269 - dated: 17th April 2015.
<b>NOTE:</b> New title in the new name of Swansea Bay University Local Health Board currently in the process of being registered at Land Registry.	
<b>Matters affecting the property arising from:-</b>	
The land hatched black on the filed plan is subject to the following rights reserved by a Conveyance thereof and other land dated 6th February 1963 made between (1) John Simon Davies and (2) Auroa Rice:-	
<b>Conveyance Dated - 12th November 1919 - To hold the same except and reserved as aforesaid unto Purchaser subject</b>	
(a) Right of way for the Cart of Jersey and others shown by red dotted lines and hatchings between the points marked 'A' and 'B' on the plan on conveyance.	
<b>ABC</b> (b) To such easements or other rights of way access drainage or watercourses or other rights in the nature of easements referred to in the last mentioned Conveyance so far as the same was still subsisting and affecting the property thereby conveyed in fee simple the location plan for points 'K' and 'W' were not contained in the Deeds pack.	
A Transfer dated 29 August 1964 of the land lying to the South-West of the land in this title made between (1) British Hydrocarbon Chemicals Limited (Vendor) and (2) Firth Chemicals Limited (Purchaser) contains the following covenants by the Vendor which affect the land stated here:-	
<b>ABC</b> "The Vendor so as to bind the remainder of the land comprised in Title Number WA699 and every part thereof and to benefit as far as may be the land comprised in the First Part of the First Schedule hereto and every part thereof hereby covenants with the Purchaser that the Vendor and its successors in title covenants for the title being of the remainder of the land comprised in Title Number WA699 and every part thereof and its and their respective assigns and servants will at all times hereafter perform and observe the restrictive and other covenants conditions and stipulations set out in the Second Part of the First Schedule hereto.	
The Vendor will not at any time hereafter do or permit or suffer to be done any act matter or thing whatsoever upon the remainder of the land comprised in Title Number WA699 or any part thereof which shall or may be or grow to the nuisance annoyance grievance disturbance or prejudice of the Purchaser or of its lessees business or tenants.	
The Vendor will at all times hereafter make good and restore to the reasonable satisfaction in all respects of the Purchaser all damage caused by the exercise of the rights and benefits in the Second Schedule hereto.	
The Vendor will not damage obstruct or interfere with any pipes or lines of pipes now or hereafter laid by the Purchaser between the points marked 'A' and 'B' on the site plan and will carry out such protective works and provide such means of access as may reasonably be required by the Purchaser before laying any roadway pipe or structure over such pipes or line of pipes. The location plan for points 'K' and 'W' were not contained in the Deeds pack.	
The Vendor will not at any time hereafter discharge or permit the discharge of any deleterious effluent into any sewers or drains now or at any time hereafter constructed upon the land described in the First Part of the First Schedule hereto.	
The Vendor will at all times hereafter procure that any of its servants or agents who may be permitted by the Purchaser to enter upon the land described in the First Part of the First Schedule hereto shall while they remain upon the said land and observe the works (Regulations (if any) made from time to time by the Purchaser in respect of the factory constructed upon the said land".	
<b>ABC</b> 17th October 1963 - The land is subject to the rights granted by a Deed of Grant dated 17th October 1963 made between (1) Port Talbot Plant Limited (2) BCC Group Plc (3) The Borough Council of Aban and (4) Barclays Bank Plc. The said Deed also contains restrictive covenants.	
Area = 4.926 acres / 1.994 ha (c)	
<b>Lease Details</b>	
Lease from Talbot Gateway Limited to Western Power Distribution (South Wales Plc) 30th May 2004.	
<b>SWANSEA BAY UNIVERSITY HEALTH BOARD LAND &amp; PROPERTY PORTFOLIO</b>	
Clive Bat (2015) (PwC) (MRICS) Head of Property Dept Ref: 7A300	Crown copyright and database right, 2011 Ordnance Survey (100020647) HealthCare Group a member of the Health Care Group 2011 Survey Data (100020647)
N/A Date of Issue: 12/12/2015 Date of Review: 01/12/2015	1:2500 Produced by: ICS/MS/ST/JR Drawing No.: PTL_18 Date Revised: Nov. December 2015 Date: June 2016



**Proposed master plan**

- MHU moved to the west of the site to better connect to existing mental health building and surrounding residential area.
- Increase in hospital area, of which 7.075 sqm would be ground floor;
- Area reserved for possible future expansion, maintaining the idea of 'mental health village'
- Car parking increased from 278 to 366 spaces. No use multi-storey parking.
- Green spaces options of both enclosed and open areas.
- Removal of water tower, associated with stigma of the old Cefn Coed hospital
- Maintenance of residential element to better integrate patients to the surrounding community.
- Approximately 163 residential units proposed.

\* A transport assessment would be necessary to assert the possibility of implementing a regular public transport service in the area as well as confirming the requirement of needed car parking spaces.



Land Options for Residential Development c) Garngoch









### **Recommendation 7**

With the support of the proposed Performance and Productivity Unit (see Recommendation 19) **regions should develop a plan to create a regional pathology service which is safe, sustainable and fit for the future.** The plan should include the full implementation of digital pathology as a key service enabler and address workforce, estate and equipment shortfalls. Timescale – within 6 months

### **Welsh Government Response: Accept**

The requirement for clear plans on a regional basis to establish sustainable pathology services is recognised by the Welsh Government, and the National Diagnostics Board has commissioned regional pathology plans from each region. It is anticipated that the development of outline plans by region is deliverable within 6 months, however this will be dependent on the necessary capacity being available in each region. **It is also anticipated that developing regional solutions may require significant capital and/or revenue investment which is yet to be identified.** Further consideration will therefore be required on next steps once outline plans by each region have been developed

### **Impact for SBUHB: SWW Regional Cellular Pathology – Estates solution**

One of four urgent four schemes which will require urgent short-term capital funding support from WG (in addition to long term strategic support) to ensure Operational Resilience and Safety & Clinical Suitability.

### **Recommendation 25**

NHS Wales should commission from DHCW a comprehensive roadmap for the delivery of Missions 2 and 3 of its Organisational Strategy over a 24- month period, to be published within 6 months. **No health board should move forward with any EMR or App development until the roadmap is established.** Full consideration should be given to aligning the NHS Wales App with the NHS England App. Timescale – within 6 months.

### **Welsh Government Response: Accept in part**

DHCW have been provided with a remit letter from Welsh Government setting out the priorities for 2025/26. The development of the national architecture is work in progress. Mission 2 of the remit letter includes diagnostics, EMPA, the NHS Wales App, WPAS, Welsh Clinical Portal, vaccines and national architecture, and most of these programmes should be significantly progressed within 24 months. Welsh Government has also commissioned DHCW to lead work on the National Target Architecture in collaboration with NHS Wales to map the current state architecture and define the future state to support future investments in digital transformation. **The sub-recommendations are accepted in relation to EMR/ EHR development at health board and trust level not moving forward until the roadmap is established.** The National Data Resource (NDR) programme includes a standards-driven Care Data Repository to ensure interoperability, and a secure data environment. The NHS Wales Technical Planning Guidance 2025-28 includes an action for health boards and trusts to have plans in place to flow data into the National Data Resource and make fuller use of APIs associated with NDR. The Cabinet Secretary for Health & Social Care has set out specific expectations to the system in relation to the NHS App in 2025/26 and there are specific components which are the priority for this stage of development. It is recognised that there should be comparable functionality for the NHS App across both Wales and England, with the associated benefits that would bring, and this will be considered in the onward development and implementation of the app. However, the order in which the functions are developed and rolled out need to reflect the priorities of NHS Wales.

### **Impact for SBUHB: Emergency Department EPR/EMR**

May impact on deliverability of interim expansion of UEC footprint

## **Recommendation 27**

In addition to the plan for pathology and endoscopy (see Recommendations 6 and 7), health boards should work together as regions to identify two priority fragile services to be addressed in 2025/26 and thereafter a further two on an annual and ongoing basis. To facilitate this work, resources and support will be provided by the PPU. Timescale – within 12 months.

## **Welsh Government Response: Accept in part**

The Welsh Government recognises that sustainable service solutions that deliver the best outcomes for the population may require a strengthened approach at a regional level. The Cabinet Secretary for Health & Social Care has set out this expectation to health boards in Wales and has implemented actions to strengthen regional working and the associated delivery structures and mechanisms. Consideration will be provided to the resources and support required to deliver this agenda as part of the realignment of the resources within the NHS Executive as outlined in the response to Recommendation 19. **These changes will likely require significant investment in either capital or revenue terms (or both)**, but may also present the opportunity to improve the utilisation of resources and deliver greater resilience in service and workforce terms. Detailed options appraisals and robust cases will be required to support material changes along with ensuring necessary consideration for both the impact assessment associated with any changes and engagement with the public and stakeholders. The Welsh Government expectation is that on a regional basis health boards prioritise this agenda and make significant progress in the next 12 – 24 months in areas of identified local and regional priority. **The recommendation is accepted “in part” only in relation to the question of timescale, though recognising that urgent progress is required.**

## **Impact for SBUHB: Unclear**

## **Recommendation 28**

The capital allocation should be uplifted on an ongoing annual basis and aligned to the annual planning and prioritisation process. Timescale – within 12 months.

## **Welsh Government Response: Accept in part**

It is recognised that the health capital budget requires consistent and sustained recurrent increases in available funding. This is required on a longer-term basis in order to provide funding certainty to longer-term capital programmes. Significant work and progress has been made on the longer-term capital requirements of the service and the ten-year outlook and prioritisation framework. **This recommendation is beyond the authority of the Health Social Care & Early Years Group and the Health & Social Care MEG. Decisions on future budgets are subject to decision by the wider Welsh Government and Cabinet on future budget setting which will depend on the overall budget approach and resource availability.**

## **Impact for SBUHB: Future years capital plan**

2025-26 discretionary plan uplift £2.7m / 24% from £11.1m to £13.9m already received.

Future years, unclear if 24% uplift will be recurring or even increased.

## **Recommendation 29**

Welsh Government should conduct a review of preferred options for generating non-exchequer capital for the Cabinet Secretary for Health and Social Care to consider ahead of 2026/27 capital round. Timescale – within 9 months.

## **Welsh Government Response:**

**Accept** The Welsh Government recognises that alternative sources of capital and different solutions may be required to meet the scale of the capital challenge facing the NHS. These have already been deployed as outlined in the MAG report in examples such as the Mutual Investment Model. **A review of the different options for alternative sources to traditional capital has been undertaken. This will be considered in detail against future priority capital schemes to consider where specific alternative sources are realistic options, which, as the MAG report recommends can be considered in advance of the 2026/27 capital round**

## **Impact for SBUHB: 10-year Capital Plan**

## **Full Recommendation**

Capital as a lever for strategic change Capital can be one of the most powerful levers for change and in other sectors of the economy has been a major driver of productivity growth. Lord Darzi observed about the NHS in England that 'in recent years it appears the NHS has been subject to a kind of capitalisation in reverse and forced to increase labour in relation to capital rather than the other way round. One of the constant messages we heard is that the lack of sufficient capital investment in modern buildings, diagnostics and digital infrastructure is a significant barrier to improving productivity and performance. The MAG agrees that the improvements and the associated service transformation required will not be achievable without short, medium and long-term capital investment. As in England, NHS Wales has been challenged by having insufficient capital funding to meet service demands and the backlog maintenance bill is currently estimated to be £1.34 billion which is more than twice the annual capital budget and a larger proportion of the NHS budget than that for England. The recent confirmation of an increase in the capital budget from £479m to £554m for 2025/26 is welcomed. However, unless the trend to increase the capital budget on an ongoing basis continues, it is difficult to envisage how a step change in longer term planning, productivity and performance can be delivered. Discretionary capital is allocated to organisations, and this has increased from £83m to £100m for 2025/26. There are also a number of targeted investments to improve infrastructure such as emergency departments. These relatively small investments should be increased where possible as they can have a rapid and visible effect and improve patient experience, staff morale and efficiency. The productivity challenge and the problem of fragile services will also require a strategic approach to investment. Some of these will require regional solutions and these should not be the result of negotiated trade-offs between health boards that avoid contentious issues. Compromise often gives rise to suboptimal solutions and a poor return on capital invested. **As such all proposals for regional solutions should be the product of rigorous and independent and clinically led appraisals and include consideration of all options for non-exchequer sources of capital.** The development of a ten-year capital prioritisation framework by Welsh Government working with NHS bodies is positive. This should give a clear sense of the scale of potential capital investment required to meet service demands and their relative priority for NHS bodies. However, tough choices will need to be made. **For instance, a greater spend on digital rather than buildings may not be popular but could provide a faster route to service transformation.**

It is the **view of the MAG that future plans to modernise the infrastructure cannot rely exclusively on an increase in public sector capital. Schemes as MIMs, PPIs, PFIs, leasing, or use of service contracts to leverage private sector capital could and should be further explored.** The funding of the new Velindre Cancer Centre through the use of the mutual investment model shows that this can be done, although the availability of revenue funding to support these developments is crucial. **The MAG heard from NHS bodies that there may be scope to boost the capital allocation from the further sales of land or buildings. The MAG understands that NHS Wales has already made substantial progress in improving the utilisation of the estate and disposing of redundant land and buildings.** Given the low-rise nature of parts of the NHS estate, this could be a further opportunity as part of longer-term plans. This should also be considered in the context of the broader piece of work looking at estates rationalisation in NHS Wales and maximising the use of public assets for public benefit 57 through continuing to work collaboratively with public sector partners in areas such as housing and economic development.

## Adult Acute Mental Health Unit, Cefn Coed

Capital & Estates Workstream established under MH Task & Finish Group.

### a) Immediate Risks

Schedule of works being costed for immediate works at Tawe Clinic (Fendrod and Clyne Wards).

Works commenced within existing £200k capital allocation available from WG TEF capital funding £960k 25/26. Further detail and costings required which will likely increase costs beyond £500k and may require prioritisation and further discussions with WG.

### b) Interim Reprovision

Feasibility review commenced on options to relocate Tawe Clinic (Fendrod and Clyne Wards). High level capital costs and programme being developed. Will likely involve works taking place at NPT – initial discussions undertaken with PFI partners.

Supporting development of options paper to be taken through Executive Teams and Health Board in June.

### c) Longer Term Reprovision

Options and long-term vision on location of Adult Acute In-Patient Services and other Mental Health In-Patients Services to form part of options paper.

## ED Morryston

### a) Interim Expansion of UEC Footprint

#### Initial Option:

- Initial architects sketch plans for 2 storey modular unit and Wards A & B showed a positive test to fit.
- Further iteration of test to fit drawings commissioned.
- Challenges identified leading to increased costs and programme, including,
  - Requirement for Modular Unit to require full local authority planning approval and permissions for the temporary breakthrough of highways to accommodate construction, plant and deliveries.
  - Significant civil engineering works required for the Modular Unit, including ground excavations, foundations, retaining walls and appropriate solutions for fowl and stormwater drainage.
  - Wards A & B requirement full refurbishment, including ventilation and electrical infrastructure in compliance with WHTM (Welsh Health technical Memorandums). Requires full design and works will require competitive tender through regional construction framework due to estimate works costs > £2m.
  - Full decant would be required to undertake the refurbishments work – estimated at 6 to 8 months
  - Estimated overall programme 18 months, to include Full Design, Tender, Planning, Business Case Approval, Construction, Commissioning
  - Estimated pre-design & pre-tender construction outturn c£10m.

#### New Option:

- Commissioned Architect test to fit on a 2<sup>nd</sup> option to Push the Modular Unit accommodation into the Ward A & B footprint (losing the requirement for the Modular Unit).
- Create an SDEC facility on the Ward D footprint - opposite Wards A&B co-located with the IDH and Patient Flow Teams.

### b) Longer Term Reprovision

Business Case Scoping meeting held with WG officials on 2<sup>nd</sup> April. Outline of proposals to develop a fit for purpose new build on the undeveloped 55 acres with different options from just a new ED up to inclusion of new theatre and critical care facilities. Proposals were well received by WG, who are now considering the funding options and whether approval can be provided to commence the business case process.

### Regional Cellular Pathology

Capital & Facilities Sub-Group established to consider .

#### a) Immediate Risks

Mostly around Cellular Pathology estates at Glangwili.

#### c) Longer Term Reprovision

Schedule of Accommodation being developed to provide a Cellular Pathology only regional solution, with an objective of a facility being opened within the next 18 to 24 months max.

Site locations options being reviewed, including potential on hospital sites at Morryston and Prince Phillip. The property team at NHS Wales Specialist Estates Services (SES) have been commissioned to undertake a review of potential off- site accommodation available to lease or purchase.

Options criteria being developed to support a site location workshop to take place in June.

### Taith Older Persons Ward, Glanrhyd (Fire)

Project Board established.

#### Claim to Welsh Risk Pool (WRP) submitted.

- Initial feedback received less positive on the revenue side in relation to loss of LTA income and additional staffing costs.
- The capital claim (costs estimated at c£4m to £5m) agreed by WG to be taken outside the WRP claim process and will be funded by WG.

#### Capital Project

- Design work has commenced.
- Working assumption is that due to works value a full tender process will be required.
- Current programme shows the full design and tender solution will be available for inclusion in a WG business case by around September.
- Decisions to be taken on the scale of roof replacement required due to the fire damage and whether a sprinkler system should be included within the rebuild.

# Action Log

Action	Who	Update
Revised Terms of Reference: Tidy up and final sense check.	DG	Closed – with meeting pack
Capital and Estates Task Force scope: Prepare a presentation on the increased scope of work for the Task Force	DG/IMac	Open – to discuss at 12/05/25 to bring back to follow meeting
Baglan Land Disposal: Show the range of options and timelines for potential disposal of spare land at Baglan	DG	Closed – in presentation 12/05/25
Cellular Pathology Project: Clarify the interface with Howel Dda for the cellular pathology project and understand the process management.	SS/DG	Closed – clarity agreed with Health board Chairs – progress update in presentation 12/05/25
Morrison ED Interim Solution: Develop a brief for the Morrison ED Interim solution from ED Project Board	SD	Closed – in presentation 12/05/25
Morrison ED Interim Solution: seek temporary planning approval for the modular unit at Morrison ED	SD	Closed -temporary planning approval unavailable. Update to be provided on 12/05/25
Mental Health Ligature review: source specialist advice and secure this for Mental health Transformation Programme oversight	SF	Closed – specialist skills commissioned
Mental Health Estates Task Group: Establish a local Estates Task and Finish Group for adult acute mental health to feed intelligence to the main group.	Mel Wlaker	Closed – first meeting 13/05/25
Project Plan: Develop a clear project plan with timelines, names, and targets for the urgent and future projects discussed.	DG	Open – all effort currently focussed on priority item
Morrison Guided Tour: Organise a guided tour around Morrison Hospital to understand the interim and long-term ED solutions. This should be planned for April after the ideas have been presented at the end of March.	DG	Open – needs to be arranged
MIM Project Presentation: Arrange for Velindre to present their MIM project experience to the group. (Steve)	SS	Open – introductions made and contact established with Velindre – DG awaiting availability from Velindre team
Next Meeting Schedule: Schedule the next meeting for mid-April 2025.	DG	Closed – meeting agreed for 12/05/25



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# Capital and Estates Task Force

13th March 2025 (Meeting 2)



# Updates Since Last Task Force Meeting 17/2/25 - Summary

## NATIONAL

- CORE – National Imaging Replacement Programme Notification issued. 2025/26 £30m and 2026/27 £15m.
- CORE – National TEF Targeted Estates Funding. Expected to receive WG approval w/c 17/3. Expected funding for SBUHB includes 30% local contribution 2025/26 £8.062m and 2026/27 £9.757

## LOCAL

### Land & Property Disposals

- Phillips Parade disposal completed 5/3 £275k
- Morriston Land disposal expected to complete Q1 2025/26 £500k
- Reviewing options to support WG request for suitable sites to support the Affordable Housing Task & Finish Group for immediate development,
  - Feasibility studies arranged on potential to sell strip of land adjacent to Baglan HQ (short-term)
  - Bottom gravel car park, Morriston adjacent to staff accommodation (long-term)
  - Field to the north of Morriston (long-term)

### 10 Year Capital Plan updates

- Presentational changes to summarise projects by primary funding source and include potential secondary funding source
- New items added in

#### Urgent 2025-26

- ED, Morriston (next slide).
- Adult Acute Mental Health (next slide)
- Regional Pathology, Cellular Pathology. **Project Board discussions commenced on options for Cellular Pathology for HD local or regional.**
- Older Persons Wards, Taith, Glanrhyd (Fire). **Initial claim submitted to the Welsh Risk Pool. WG have indicated they will support rebuild costs through AWCP**

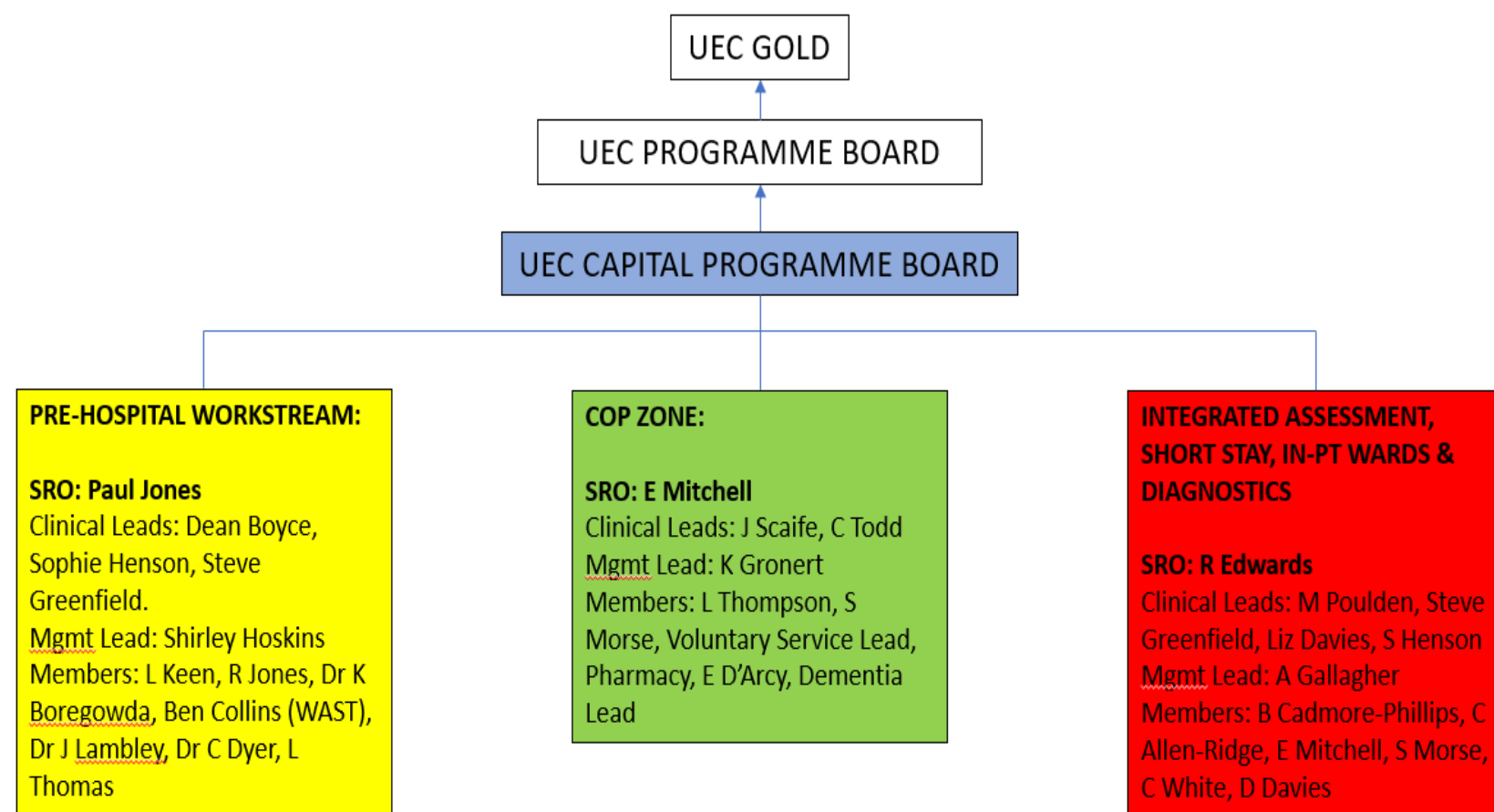
#### New 2025-26 other

- Waste Recycling Regulations Phase 2. **Discussions commenced with WG.**

## ED, Morriston (Temporary Modular)

- Following initial Chair and CEO discussions with WG on 5/2, initial meeting held with WG Capital team to discuss funding and business case process.
- Project Board established, with weekly meetings taking place with key service and clinical leads.
- Principles agreed.
- 3 workstreams established.
- Preliminary designs received from a potential supplier, awaiting a brief from the service by 28/3 to allow a SOA (schedule of accommodation) to be worked up and develop a scope of works.

## Morriston UEC Capital Programme Structure



## Principles agreed 21<sup>st</sup> February 25:

- Single front door – co-location with Emergency Department
- Protected same day emergency care services
- 7- day service models critical
- Front door senior decision makers critical
- To include all medical specialties (?renal/cardiology)
- Age-appropriate environments of care

## ED, Morriston (Permanent New Build)

- Business Case Scoping meeting arranged with WG for 2<sup>nd</sup> April. Will include WG representation from Transport linked to the new Access Route.
- Initial high level design team meeting with external building advisors established to profile outline technical building options and costs.
- Morriston Access Route Hybrid Planning Application / City Deal funding.
  - PAC (Pre-Application 28-day planning Consultation) launched 11 March.
  - On track to submit Hybrid Planning Application (Full, Access Route / Outline, future developments inc permanent ED May/June 2025, with decision expected November 2025.

## Adult Acute Mental Health

- Initial feedback to Board development session with early recommendations from Mel Walker.
- Capital feasibility studies looking at potential location of temporary wards on NPTH, which will need input from service leads.
- High level awareness raised with WG Capital Team on the likelihood to undertake temporary works linked to risk profile.

## Early recommendations

### Estate

#### Immediate

- Close “ surge capacity”
- Review ligature risks on all MH inpatient sites
- Reprovide s136 suite
- Review crisis assessment area
- Establish estate task and finish group to address current internal and external ward environment

#### Short term

- Scope temporary reprovision of all acute MH inpatient wards
- Review estates and discretionary capital resource for MH and LD

#### Medium

- Business case for reprovision of all MH wards ( all age) and related services
- Include clarifications of benefits of co-location within MH and with other services



## Specialist Estates Services Notification 25/04

10 March 2025

**For action by:**

Chief Executives, NHS Health Boards and Trusts Directors of Planning, NHS Health Boards and Trusts

**For information only:**

Copy to: Head of Capital, Estates and Facilities, Department of Health and Social Care, Welsh Government

Dear Colleague,

### IMAGING AND THERAPIES PROPOSED APPROACH TO CAPITAL ALLOCATION 25/26-26/27

**1. Introduction**

To support waiting times, sustainability and fragility in the system, it has been agreed that £30m will be prioritised in 2025-26 and £15m in 2026-27, to support an imaging equipment and diagnostic replacement programme. This approach has been endorsed by the Cabinet Secretary for Health & Social Services.

As part of plans to agree the investments to be supported by this programme funding, Welsh Government has instructed NHS Wales Shared Services Partnership SES to review its NHS Wales Major Equipment Investment Strategy and engage with organisations to identify service priorities.

For the avoidance of doubt this is a **replacement programme** and any investment that adds capacity to the system, which does not already have an approval, falls outside of this and will need a separate discussion with Welsh Government – with an accompanying business case clarifying demand, capacity and revenue affordability.

**2. Planning Assumptions**

As a result of 2024-25 investment approvals, several projects need to be completed in 2025-26, as such the funding for these will be prioritised initially in the plan set out for 2025-26. These include:

1. Installation element of CT 2 in UHW
2. Morriston CT scanner
3. SPECT- CT for Witybush
4. SPECT-CT for Royal Gwent

Planning and design proposals for all the above projects has commenced and will need to be delivered and completed in 2025-26.

Proposals and planning for projects in 2026-27 will also commence in 2025-26 to ensure future projects can be managed in a timely manner and maximise any commercial benefit.

**3. Radiotherapy strategic investments**

A discussion has already taken place with Betsi Cadwaladr University Health Board and Welsh Government; as such Radiotherapy investment at Ysbyty Glan Clwyd, will be prioritised in 2025/26 as part of this programme focussing on systems overdue for replacement. A business case is currently being developed to support this investment and will form part of the plan against this programme.

Discussions are underway with Swansea on their next treatment machine investment, the timing of which is likely to fall into 2026-27.

**4. Ultrasound replacement**

As part of early planning, a provisional sum of circa £3million in 2025-26 and £1.5million in 2026-27 will be recommended to enable investment in Ultrasound services to be made in a planned manner and enable commercial proposals to be considered over the 2 year period.

**5. System Upgrades**

In recent years there has been a significant investment in 'life extending' upgrades as they represent both good value for money and reduced implementation times. Consideration will be given to such upgrades under this programme.

**6. Other Welsh Government Requirements**

In developing the programme NWSSP will be closely engaging Welsh Government to ensure that any supported schemes through other routes are known or prioritised where required.

**7. Timetable**

the initial stages of the process are set out below.

Task Name	Duration	Start	Finish
NIECP Peer review	0 days	Wed 02/04/25	Wed 02/04/25
Prioritised list agreed	21 days	Wed 02/04/25	Wed 30/04/25
Final fully costed schemes sent to WG for consideration and approvals	22 days	Thu 01/05/25	Fri 30/05/25
Approval of final list no later than	19 days	Tue 03/06/25	Fri 27/06/25
Commence procurement activities to complete not later than	40 days	Mon 02/06/25	Fri 25/07/25
Imaging systems awards to be made in a timely manner through August	25 days	Mon 28/07/25	Fri 29/08/25
Enabling works tenders to be issued no later than 31 August	65 days	Mon 02/06/25	Fri 29/08/25

The planning stages for 2026-27 will commence in September 2025

2025/26 - Morriston CT1 Replacement  
2026/27 – Singleton Linacc A Replacement

# NATIONAL TEF (TARGETED ESTATES FUNDING)

SBUHB TEF Bids submitted 31/3  
WG approval expected w/c 17/3

Category	Values	
	Sum of 2025/26£000	Sum of 2026/27£000
Decarbonisation	1,145	1,125
Decontamination	722	652
Fire	1,100	1,100
Infrastructure	3,600	4,900
IPC	500	650
Mental Health	995	1,330
<b>Grand Total</b>	<b>8,062</b>	<b>9,757</b>

Site	Category	Type	Values		
			Sum of 2025/26£000	Sum of 2026/27£000	
☐ Caswell Clinic	☐ Mental Health	Nurse Call System	120	200	
<b>Caswell Clinic Total</b>			<b>120</b>	<b>200</b>	
☐ CCH - Tawe Clinic	☐ Mental Health	Refurbishment/compliance works	200	800	
<b>CCH - Tawe Clinic Total</b>			<b>200</b>	<b>800</b>	
☐ CCH - Ysbryd Y Coed	☐ Mental Health	Door entry system replacement/ upgrade	35	0	
<b>CCH - Ysbryd Y Coed Total</b>			<b>35</b>	<b>0</b>	
☐ Community	☐ Decarbonisation	Window Replacement	200	200	
<b>Community Total</b>			<b>200</b>	<b>200</b>	
☐ Gorseinon	☐ Decarbonisation	Gorseinon Hospital External Windows and Doors	0	100	
<b>Gorseinon Total</b>			<b>0</b>	<b>100</b>	
☐ HB Wide	☐ Decarbonisation	Heating Controls	125	125	
		☐ Decontamination	Decontamination equipment- Endoscope washer disinfectors	240	520
		Decontamination equipment- Renewal of obsolete endoscope storage cabinets	310	0	
		Decontamination equipment- Trophons (ultrasound disinfection machine)	0	61	
	☐ Fire	Software Based Traceability Systems- Health Edge application	100	0	
		Emergency lighting	300	300	
<b>HB Wide Total</b>			<b>1,075</b>	<b>1,006</b>	
☐ Learning Disabilities -	☐ Mental Health	Bathroom refurbishment	80	80	
<b>Learning Disabilities - Total</b>			<b>80</b>	<b>80</b>	
☐ Learning Disabilities - Dan y Bont	☐ Mental Health	Kitchen refurbishment	10	50	
<b>Learning Disabilities - Dan y Bont Total</b>			<b>10</b>	<b>50</b>	
☐ Mental Health	☐ Mental Health	Tonna Roof (Mother & Baby Unit)	300	0	
<b>Mental Health Total</b>			<b>300</b>	<b>0</b>	
☐ Mental Health Acute and Community settings	☐ Mental Health	Drainage Repairs	0	200	
<b>Mental Health Acute and Community settings Total</b>			<b>0</b>	<b>200</b>	
☐ Morriston	☐ Decarbonisation	BMS Panel replacement	150	0	
		On site generation inverters	20	0	
		Ward Window Replacement	300	350	
	☐ Decontamination	Theatre storage	72	0	
	☐ Fire	Fire Dampers	250	250	
		Fire Doors/Compartmentation	200	200	
	☐ Infrastructure	Electrical ACB replacement	100	150	
		Hot water services relocating to Plant Room 8 from plant room 5	350	50	
		Medical Gas Ringmain	450	500	
		Steam Duct	200	200	
Ward roofing and flooring		500	1,000		
<b>Morriston Total</b>			<b>2,592</b>	<b>2,700</b>	
☐ Morriston and Singleton	☐ Decarbonisation	Automatic Doors	250	250	
	☐ Decontamination	Height adjustable sinks and packing tables	0	71	
	☐ IPC	IPC Ward improvements	500	650	
<b>Morriston and Singleton Total</b>			<b>750</b>	<b>971</b>	
☐ Morriston	☐ Infrastructure	AHU replacement	1,000	1,000	
<b>Morriston Total</b>			<b>1,000</b>	<b>1,000</b>	
☐ NPTH - Ward F	☐ Mental Health	Upgrade seclusion suite	250	0	
<b>NPTH - Ward F Total</b>			<b>250</b>	<b>0</b>	
☐ Singleton	☐ Decarbonisation	Window Replacement	100	100	
	☐ Fire	Fire Dampers	150	150	
<b>Singleton Total</b>			<b>250</b>	<b>250</b>	
☐ Singleton	☐ Infrastructure	West Ward Block Chiller Plant and heating plant	500	1,500	
<b>Singleton Total</b>			<b>500</b>	<b>1,500</b>	
☐ Singleton	☐ Fire	Fire Doors/Compartmentation	200	200	
	☐ Infrastructure	AHU replacement	500	500	
<b>Singleton Total</b>			<b>700</b>	<b>700</b>	
<b>Grand Total</b>			<b>8,062</b>	<b>9,757</b>	

# SOURCES OF FUNDING

					Values										
Primary Funding Source	Priority (March 24)	Project	Potential Secondary Funding Source	Business Case Status	Sum of 2025/26	Sum of 2026/27	Sum of 2027/28	Sum of 2028/29	Sum of 2029/30	Sum of 2030/31	Sum of 2031/32	Sum of 2032/33	Sum of 2033/34	Sum of 2034/35	Sum of Total
					Est Costs £m	Est Costs £m	Est Costs £m	Est Costs £m	Est Costs £m	Est Costs £m	Est Costs £m	Est Costs £m	Est Costs £m	Est Costs £m	Est Costs £m
1. Approved	6	2nd CT-SIM at SWWCC, Singleton (additional)	n/a	1. Approved	2.5	-	-	-	-	-	-	-	-	-	2.5
	19	PET-CT (Permanent), SWWCC Singleton	n/a	1. Approved	13.3	-	-	-	-	-	-	-	-	-	13.3
<b>1. Approved Total</b>					<b>15.8</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>15.8</b>
2. WG Endorsement to progress Business Case	1	ED Improvements, Morriston		3. Design Phase in Progress (with WG funding)	3.0	14.7	9.7	-	-	-	-	-	-	-	27.4
	2	Urology OR1 Theatres, Centre of Excellence, NPT		2. Case with WG	4.3	-	-	-	-	-	-	-	-	-	4.3
	7	Hybrid Vascular Theatre, Morriston		2. Case with WG	10.5	-	-	-	-	-	-	-	-	-	10.5
<b>2. WG Endorsement to progress Business Case Total</b>					<b>17.7</b>	<b>14.7</b>	<b>9.7</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>42.2</b>
3. RPB	n/a	Croeserw		3. Design Phase in Progress (with WG funding)	2.0	-	-	-	-	-	-	-	-	-	2.0
		Dan y Deri		3. Design Phase in Progress (with WG funding)	0.5	6.8	0.7	-	-	-	-	-	-	-	8.0
<b>3. RPB Total</b>					<b>2.5</b>	<b>6.8</b>	<b>0.7</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10.0</b>
4. CORE - National TEF (Targeted Estates Funding)	4	Environmental Modernisation / TEF		2. Case with WG	8.1	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	95.9
<b>4. CORE - National TEF (Targeted Estates Funding) Total</b>					<b>8.1</b>	<b>9.8</b>	<b>9.8</b>	<b>9.8</b>	<b>9.8</b>	<b>9.8</b>	<b>9.8</b>	<b>9.8</b>	<b>9.8</b>	<b>9.8</b>	<b>95.9</b>
5. CORE - National Diagnostic Replacement programme	3	Imaging Replacement Programme - CT		3. Design Phase in Progress (with WG funding)	2.8	-	-	-	-	-	2.8	5.5	-	-	11.1
	5	Imaging Replacement Programme - Fluroscopy		6. Future year Scheme	1.4	2.9	-	-	-	-	-	-	-	-	4.3
	8	Imaging Replacement Programme - DRs		6. Future year Scheme	-	2.1	0.7	-	-	-	-	-	-	-	2.7
	9	Imaging Replacement Programme - Mammography		6. Future year Scheme	-	1.8	-	-	-	-	-	0.9	-	-	2.7
	11	Imaging Replacement Programme - MRI		6. Future year Scheme	-	-	3.1	-	-	3.1	-	3.1	-	-	9.3
	28	Cath Lab Replacement Programme		6. Future year Scheme	-	-	3.1	3.1	-	-	-	-	-	-	6.2
	29	SWWCC - Radiotherapy Replacement Programme		6. Future year Scheme	-	-	5.2	5.2	-	2.2	5.2	5.2	-	-	22.8
	30	Nuclear Medicine Replacement Programme - SPEC-CT		6. Future year Scheme	-	-	-	-	2.1	2.1	-	-	-	-	4.3
31	Imaging Replacement Programme - SPEC-CT		6. Future year Scheme	-	-	-	-	-	-	-	1.8	-	-	1.8	
<b>5. CORE - National Diagnostic Replacement programme Total</b>					<b>4.2</b>	<b>6.7</b>	<b>12.0</b>	<b>8.3</b>	<b>2.1</b>	<b>7.4</b>	<b>8.8</b>	<b>15.6</b>	<b>-</b>	<b>-</b>	<b>65.1</b>
6. CORE - National Digital Replacement Programme	10	Digital Network Replacement Programme (Core, LAN & Wi-Fi)		6. Future year Scheme	1.1	2.3	2.6	0.1	3.9	1.5	0.8	4.0	2.3	2.0	20.4
<b>6. CORE - National Digital Replacement Programme Total</b>					<b>1.1</b>	<b>2.3</b>	<b>2.6</b>	<b>0.1</b>	<b>3.9</b>	<b>1.5</b>	<b>0.8</b>	<b>4.0</b>	<b>2.3</b>	<b>2.0</b>	<b>20.4</b>
7. New - URGENT RISK	New Mar 25	Adult Acute Mental Health Unit (URGENT 25-26)	Revenue Lease/IFRS 16	4. Design Phase in Progress (at risk)	-	-	-	-	-	-	-	-	-	-	-
		ED Improvements, Morriston (URGENT 25-26)	Revenue Lease/IFRS 16	4. Design Phase in Progress (at risk)	-	-	-	-	-	-	-	-	-	-	-
		Older Persons Wards, Taith, Glanrhyd (Fire Reinstatement)		4. Design Phase in Progress (at risk)	3.9	-	-	-	-	-	-	-	-	-	3.9
		Regional Pathology, Cellular Pathology (URGENT 25-26)	Revenue Lease/IFRS 16	4. Design Phase in Progress (at risk)	-	-	-	-	-	-	-	-	-	-	-
<b>7. New - URGENT RISK Total</b>					<b>3.9</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3.9</b>	
8. Outside Scope of WG Capital Plan	12	Morriston Access Route & Enabling Infrastructure	WG/Council - Transport	3. Design Phase in Progress (with WG funding)	2.1	28.9	14.5	-	-	-	-	-	-	-	45.4
	13	Thoracic, Morriston		5. ON HOLD - Funding/National Prioritisation	3.8	5.7	15.5	19.8	-	-	-	-	-	-	44.8
	14	Regional Pathology Centre, Morriston		5. ON HOLD - Funding/National Prioritisation	2.0	3.1	31.0	51.6	51.4	-	-	-	-	-	139.1
	15	Adult Acute Mental Health Unit, Cefn Coed		5. ON HOLD - Funding/National Prioritisation	3.7	4.1	23.7	24.8	-	-	-	-	-	-	56.4
	16	Swansea Wellness Centre	RPB	5. ON HOLD - Funding/National Prioritisation	1.6	7.4	13.9	12.7	-	-	-	-	-	-	35.6
	17	New ED, Critical Care & Theatre Block + Model Ward Reconfiguration, Morriston Hospital		5. ON HOLD - Funding/National Prioritisation	2.4	5.2	61.2	55.1	55.1	12.7	12.7	12.7	29.7	-	246.8
	18	Elective Modular Theatres, Centre of Excellence, Singleton Hospital	Lease / Revised Scheme	5. ON HOLD - Funding/National Prioritisation	20.2	3.4	-	-	-	-	-	-	-	-	23.6
	20	Refurbishment of Burns ITU Phase 2, Morriston		6. Future year Scheme	0.5	12.4	12.4	17.0	-	-	-	-	-	-	42.3
	21	2nd MRI, Morriston (additional)	Managed Equipment Service / Revenue Lease / IFRS 16	6. Future year Scheme	3.1	-	-	-	-	-	-	-	-	-	3.1
	22	2nd CT, Singleton (additional)	Managed Equipment Service / Revenue Lease / IFRS 16	6. Future year Scheme	2.8	-	-	-	-	-	-	-	-	-	2.8
	23	Development of Seclusion Suites, Medium Secure Unit, Caswell Clinic, Glanrhyd		4. Design Phase in Progress (at risk)	4.0	-	-	-	-	-	-	-	-	-	4.0
	24	Older Persons Mental Health Wards/Roof, Tonna	TEF	4. Design Phase in Progress (at risk)	0.7	2.6	2.6	2.6	-	-	-	-	-	-	8.4
	25	Ward Refurbishment Programme, Singleton	TEF	6. Future year Scheme	-	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	27.9
	26	RMHSS P7 Reprovision of Mental Health Day Facilities (Westfa)		6. Future year Scheme	-	0.5	3.6	-	-	-	-	-	-	-	4.1
27	SWWCC PBC - 5th Linacc/6th Bunker		4. Design Phase in Progress (at risk)	4.0	2.0	-	-	-	-	-	-	-	-	6.0	
<b>8. Outside Scope of WG Capital Plan Total</b>					<b>50.9</b>	<b>78.4</b>	<b>181.3</b>	<b>186.7</b>	<b>109.6</b>	<b>15.8</b>	<b>15.8</b>	<b>15.8</b>	<b>32.8</b>	<b>7.2</b>	<b>694.5</b>
9. New	New Mar 25	Waste Recycling Regulations Phase 2		(blank)	-	6.1	-	-	-	-	-	-	-	-	6.1
<b>9. New Total</b>					<b>-</b>	<b>6.1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6.1</b>
<b>Grand Total</b>					<b>104.2</b>	<b>124.8</b>	<b>216.1</b>	<b>204.9</b>	<b>125.4</b>	<b>34.5</b>	<b>35.1</b>	<b>45.1</b>	<b>44.8</b>	<b>19.0</b>	<b>953.8</b>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# Capital and Estates Task Force

17th February 2025



## ESTATES STRATEGY – APPROVED 2023

- Where are we - Condition Surveys
- Where do we want to be - Clinical Services Plan
- How do we get there - Site Development Control Plans
- How do we get there - Finance, Commercials and Disposals
- How do we get there - Decarbonisation.

## ESTATES STRATEGY 6 MONTHLY UPDATES to PFC and BOARD

- Approved WG Business Case x 5 (Burns/ICU P1, Cath Lab A Morriston, Sub Station 6 Morriston, 2<sup>nd</sup> CT-Sim WWCC Singleton, PET-CT WWCC Singleton)
- Land & Property Disposals x 3 (Cymmer HC Completed, Morriston Land-Pending, Phillips Parade-Pending)
- New Funding Models x 2 (City Deal Campuses £1m & Regional Partnership Board)
- Backlog Maintenance (£12m EFAB & BM), Morriston Roof Replacement Programme.
- PFI Exit

## 10 YEAR PRIORITISED CAPITAL PLAN

- Submitted March 2024
- WG Scheme Specific Feedback January 2025

### Business Cases that can be developed for consideration by WG

- ED Improvements, Morriston. Business Case Scoping meeting to be held with WG.
- Urology OR1 Theatres, NPT £4.285m. Submitted Sept 2024. WG scrutiny comments received.
- Hybrid Vascular Theatre, Morriston £10.135m. Submitted May 2024. WG scrutiny comments received. Further work required on revenue increase and cash releasing benefits.

### Business Cases On-Hold as Outside Scope of National Capital Plan

- Thoracic Morriston, OBC
- Regional Pathology, Morriston, OBC
- Adult Acute Mental Health, Cefn Coed, OBC
- Swansea Wellness Centre, OBC

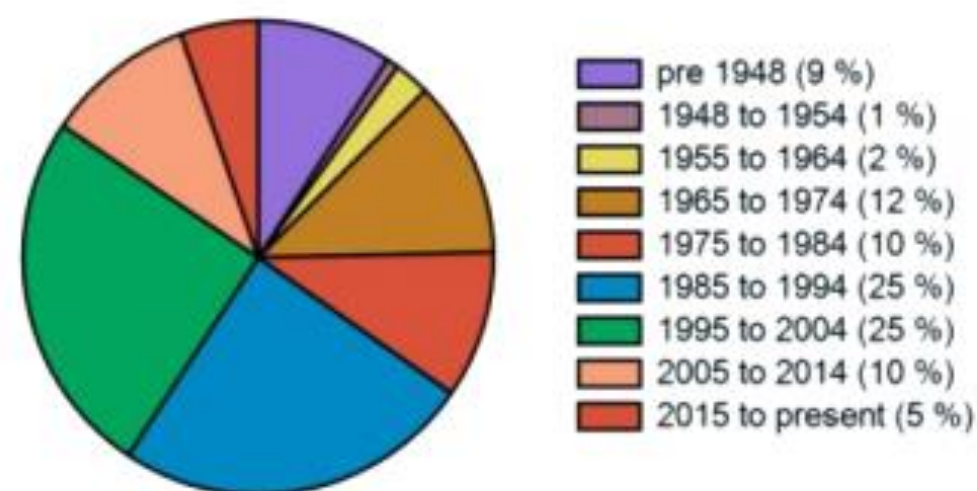
### Business Case in Production – with other funding streams

- Imaging Replacement Programme, CT1 Morriston (National Imaging)
- Morriston Access Route, Hybrid Planning Application (City Deal)
- Seclusion Suite, Medium Secure Unit, Glanrhyd (tbc)
- Dan y Deri Learning Disabilities (HCF)
- Croeserw Health and Wellbeing Centre (IRCF).

# BACKLOG MAINTENANCE SUMMARY 2023

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

Age Profile of the Estate



- Pie chart shows that Morriston 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

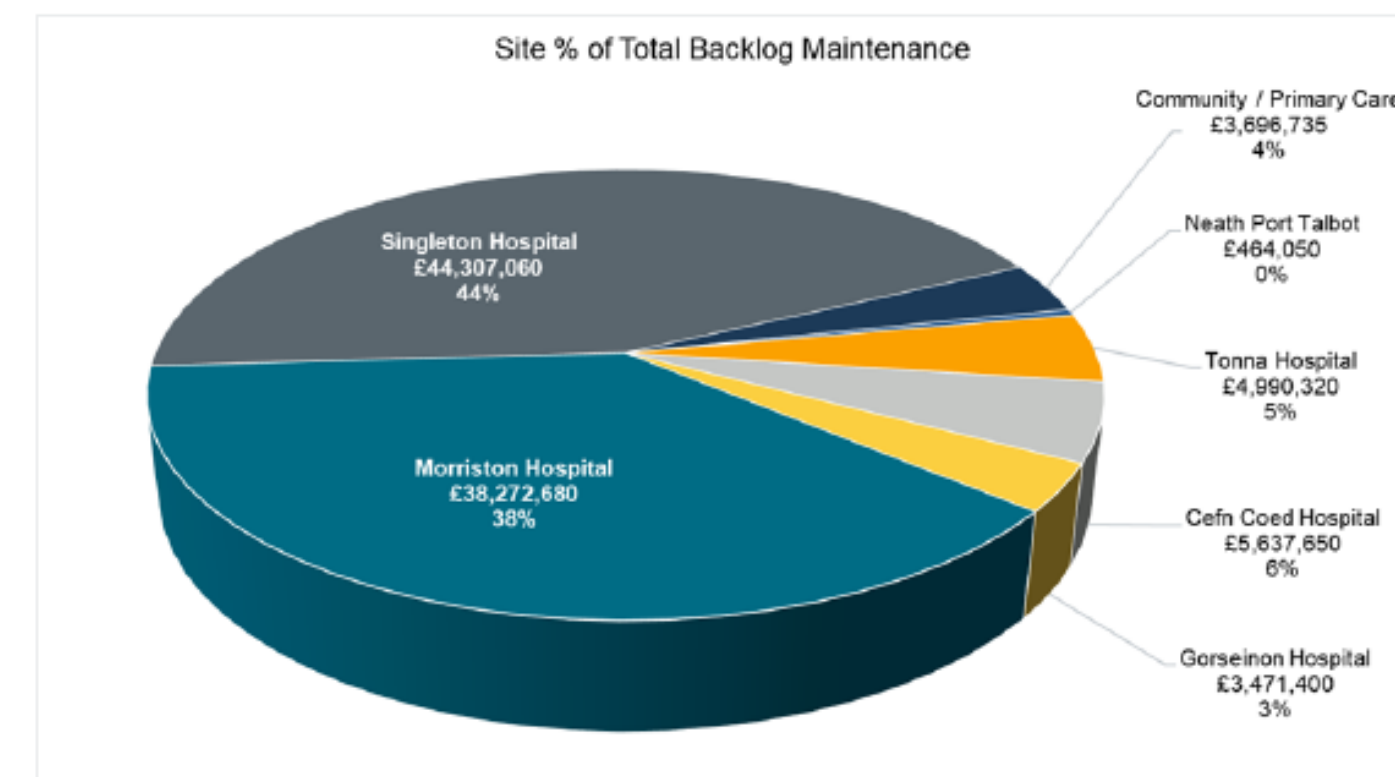
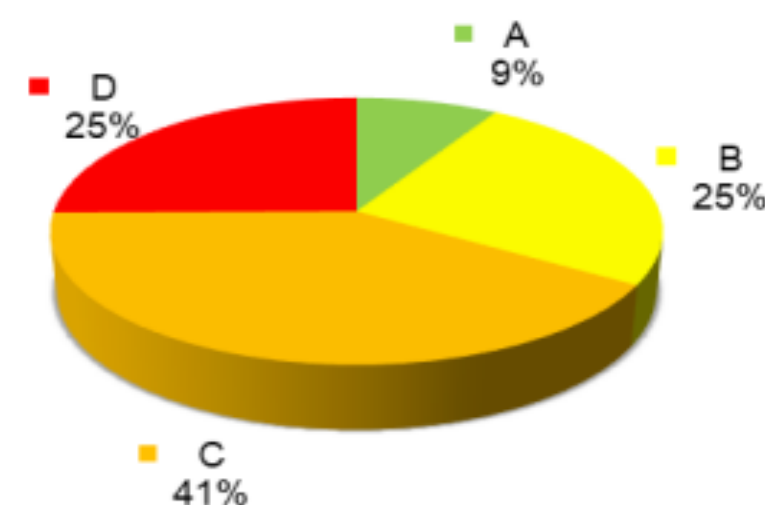
Total Backlog Maintenance across all sites

Site	2022 Value	% of Total BLM
Cefn Coed Hospital	£5,637,650	6%
Gorseinon Hospital	£3,471,400	3%
Neath Port Talbot Hospital	£464,050	<1%
Tonna Hospital	£4,990,320	5%
Morriston Hospital	£38,272,680	38%
Singleton Hospital	£44,307,060	44%
Community / Primary Care	£3,696,735	4%
<b>Total</b>	<b>£100,839,895</b>	

Overall Condition Grade % by Site

Site	A	B	C	D
Cefn Coed	0%	63%	32%	5%
Gorseinon	0%	0%	96%	4%
Neath Port Talbot	0%	100%	0%	0%
Tonna	0%	4%	96%	0%
Morriston	17%	19%	33%	31%
Singleton	2%	24%	48%	26%
<b>All sites</b>	<b>9%</b>	<b>25%</b>	<b>41%</b>	<b>25%</b>

Overall Condition Grade by GIA



## 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.

Ian Gunney  
Deputy Director, Capital, Estates & Facilities Cyfarwyddiaeth  
Cyllid/Finance Directorate  
Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar /  
Health, Social Care and Early Years Group  
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru  
Welsh Government

Abigail Harris  
Chief Executive  
Swansea Bay University Health Board  
1 Talbot Gateway  
Port Talbot  
SA12 7BR

3<sup>rd</sup> December 2024

Dear Abigail,

### **NHS - All Wales Capital Prioritisation – Capital Plan (core requirements)**

I am writing to provide an update on the NHS prioritisation work to date and provide early notice of approval by the Cabinet Secretary for Health & Social Care to core elements of the plan.

Over the last 12 months, officials have worked with cross government representatives to undertake a detailed review and analysis of investment requirements as set out by NHS organisations. An output from this work is the development of a capital plan but it is important to recognise the lack of long-term funding certainty which will likely impact how this plan is progressed.

### **Phase 1 – Core Capital Plan**

To prepare for the 2025-26 Financial Year, an early decision has been taken so that core activities can be commenced which are set out below: -

**Revised Discretionary Allocations** – an increase has been agreed from a total of £83.791m to £100m per year across Wales. The revised allocations have been developed in consultation with NHS Wales Shared Services Partnership and have considered age and risks across the estate. The revised allocation for Swansea Bay University Health Board is as follows:

Organisation	Allocation for 2024-25	Revised Allocation	Additional for 2025-26
Swansea Bay University Health Board	£11.168m	£13.875m	£2.707m

**Targeted Estates Fund (TEF)** – It has been agreed that a targeted investment fund is continued following the success of the Estates Funding Advisory Board. An NHS Wales total of £40m per year has been agreed for both 2025-26 and 2026-27 which is to be targeted at a range of activities highlighted through the prioritisation process.

The table below identifies the split against the categories which will be part of a detailed application process managed through NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) with final sign off by Welsh Government.

Category	2025-26 £m	2026-27 £m
1 Infrastructure - All Risks	18	18
2 Fire Safety	5	5
3 Mental Health	5	5
4 Decarbonisation	6	6
5 Infection Prevention Control	3	3
6 Decontamination	3	3
<b>Total</b>	<b>40</b>	<b>40</b>

As per the process for EFAB, the Welsh Government's contribution to approved projects through TEF will be 70% with organisations required to support 30% out of discretionary capital.

### **Equipment and Diagnostic Replacement Programme**

To support waiting times, sustainability and fragility in the system, it has been agreed that £15m per year will be prioritised over 2025-26 and 2026-27 to support an equipment and diagnostic replacement programme. Officials will be instructing NWSSP to review its NHS Wales Major Equipment Investment Strategy and engage with organisations in respect of priorities. The principle of the funding has been agreed with the Cabinet Secretary for Health and Social Care and further work is now required as to how the programme will be targeted which will be subject to more detailed advice.

### **Next steps**

Given the need to plan, it has been agreed that the core activities set out in this letter are formally established as soon as possible. The amended discretionary figure set out will be included in the formal approval letter scheduled to be issued in early 2025. The other parts of the plan linked to TEF and Equipment and Diagnostics will now be implemented through NWSSP-SES, with recommendations to be shared and signed off by the Welsh Government. NWSSP-SES will be in touch with the relevant guidance and supporting information in relation to the programmes of work in due course.

For clarity, this letter sets out the approach to be taken for the initial core part of the plan with work required to finalise those scheme specific proposals outside of core activities as set out above. Officials appreciate that this may be frustrating, but with further work being undertaken centrally on the draft budget for 2025-26, various scenarios are still being worked through. A paper was taken to Infrastructure Investment Board at the end of November, and I arranged for a short catch up with capital teams on 26<sup>th</sup> November to discuss options as part of this work. Clearly there are a range of pressures to balance including consideration of the latest backlog

maintenance figure which is now reported at £1.35billion, so it is inevitable that difficult decisions will need to be made.

I trust the above letter provides a helpful update on this challenging piece of work and confirms some of the points raised in the presentation shared with the Chief Executive's meeting earlier today (3 December).

Yours sincerely

**Ian Gunney**  
Deputy Director, Capital, Estates & Facilities – Finance Directorate  
Health & Social Services Group

cc. Director of Finance  
Director of Planning

Ian Gunney  
Deputy Director, Capital, Estates & Facilities Cyfarwyddiaeth  
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Health, Social Care and Early Years Group  
Llywodraeth Cymru/Welsh Government



Llywodraeth Cymru  
Welsh Government

Mrs Abigail Harris  
Chief Executive  
Swansea Bay University Health Board  
1 Talbot Gateway  
Port Talbot  
SA12 7BR

9<sup>th</sup> January 2025

Dear Abi,

**NHS - All Wales Capital Prioritisation – Capital Plan (Scheme Specific Elements)**

Further to my letter of 3<sup>rd</sup> December, I am writing to provide an update on the second element of the NHS prioritisation work, relating to the scheme specific part of the plan.

Organisations will be aware that it has always been the intention of the Capital Prioritisation process to provide clarity on support for scheme specific proposals where business cases can be developed for consideration. The second phase of the capital plan has concentrated on organisational priorities and has been considered by the NHS Infrastructure Investment Board, Executive Directors Team of the Health, Social Care and Early Years group and been endorsed by the Cabinet Secretary for Health & Social Care.

You have already been notified of the core part of the capital plan, which includes an increase to discretionary allocations, the establishment of a Targeted Estates Fund (guidance published on 17<sup>th</sup> December 2024, a diagnostic equipment programme and additional capital digital funding – common themes across most organisations prioritisation proposals.

Due to the well-rehearsed future funding challenges, this second phase only enables a relatively small number of the 182 proposals submitted across Wales to progress. It is important to note that the additional capital which has been identified through the 2025-26 draft budget has allowed this element of the plan to be developed.

In terms of Swansea Bay University Health Board's proposals, the focus as part of the second phase of the plan is for the following business cases to be developed for consideration:

- Emergency Department Improvements, Morriston
- Urology (OR1) Theatres, Centre of Excellence, Neath Port Talbot
- Hybrid Vascular Theatres, Morriston

In terms of Regional Pathology this case is currently deemed unaffordable, and officials will need to discuss the impact of this with you and Hywel Dda University Health Board.

For the avoidance of doubt this letter is not a project approval, this is an endorsement to discuss and progress next steps in terms of business case submission or development (depending on the level of maturity in the process).

There are a few aspects of the plan which we are seeking to develop further, including the expansion of the equipment replacement programme outside of strict diagnostics into areas of areas of treatment such as linear accelerators. This opportunity is only made available due to the non-recurrent funding identified through the draft budget. At this point, it is assumed that the budget will revert to the 2024-25 baseline.

Officials appreciate that you will be managing a range of pressures, but the prioritisation work was always going to mean difficult decisions need to be made. It is hoped that by clarifying what has been identified in the capital plan for Swansea Bay University Health Board, this will help you manage your own plans and expectations.

For the avoidance of doubt, all other proposals fall outside of the scope of the capital plan at this point in time.

The prioritisation work will clearly need to form part of ongoing work over time. There are other strands of work being taken forward by planning colleagues for example, which will be important in framing clinical services strategies and the financial impact of delivering these in the future. It is also important to note that larger scale proposals linked to a new hospital programme continue to be highlighted as unaffordable and will require a Cabinet level discussion in due course.

I trust the above letter clarifies the second phase of the capital plan and provides helpful direction in terms of the schemes identified as part of it.

Yours sincerely,

**Ian Gunney**

Deputy Director, Capital, Estates & Facilities – Finance Directorate  
Health & Social Services Group

cc. Director of Finance

Director of Planning

# 10 YEAR PRIORITISED PLAN (2024-25 SUBMISSION) – UPLIFTED FOR 2025/26 PRICES

Priority No All schemes	Priority No (Exc BAU Replacements)	Funding Route WG Letter 9/1/25	Scheme Name	Business Case Status	Next Planned Business Case Submission	Estimated Capital Costs £m					
						25-26	26-27	27-28	28-29	29.30 to 34-35	Total
<b>A. Total Discretionary</b>						<b>14</b>	<b>14</b>	<b>14</b>	<b>14</b>	<b>83</b>	<b>139</b>
<b>B. All Wales Capital Programme</b>											
1	1	WG Endorsement to progress Business Case	ED Improvements, Morriston	Initial design fees approved by WG. Business Case in Development	Q1 2025-26	3	15	10	-	-	27
2	2	WG Endorsement to progress Business Case	Urology OR1 Theatres, Centre of Excellence, NPT	BJC submitted to WG September 2024. WG scrutiny comments received - being worked through.	Sep-24	4	-	-	-	-	4
3		CORE - Consider as part of Diagnostic Replacement programme	Imaging Replacement Programme - CT	Design fee submission agreed WG October 2024 WG Approved January		3	-	-	-	8	11
4		CORE - Consider as part of TEF	Environmental Modernisation / TEF	Prioritised Bids submitted 31/1/25 for 25/26 & 26/27		8	10	10	10	59	96
5		CORE - Consider as part of Diagnostic Replacement programme	Imaging Replacement Programme - Fluroscopy	WG Funding approved June 2024. Design commenced for scheme completion Q1 2025-26		1	3	-	-	-	4
6	3	Approved	2nd CT-SIM at SWWCC, Singleton (additional)	BJC Submitted to WG July 2024 WG scrutiny comments returned to WG.	Approved	3	-	-	-	-	3
7	4	WG Endorsement to progress Business Case	Hybrid Vascular Theatre, Morriston	Combined OBC/FBC Submitted to WG May2024 WG scrutiny comments received - being worked through.	May-24	10	-	-	-	-	10
8		CORE - Consider as part of Diagnostic Replacement programme	Imaging Replacement Programme - DRs	Submitted to National Imaging Programme. Future Years		-	2	1	-	-	3
9		CORE - Consider as part of Diagnostic Replacement programme	Imaging Replacement Programme - Mammography	Submitted to National Imaging Programme. Future Years		-	2	-	-	1	3
10		CORE - Consider as part of National Digital Replacement Programme	Digital Network Replacement Programme (Core, LAN & Wi-Fi)	Capital bids submitted for 2025-26 priorities		1	2	3	0	14	20
11		CORE - Consider as part of Diagnostic Replacement programme	Imaging Replacement Programme - MRI	Submitted to National Imaging Programme. Future Years		-	-	3	-	6	9
12	5	Outside Scope of WG Capital Plan	Morriston Access Route & Enabling Infrastructure	Design work commenced through City Deal.		2	29	14	-	-	45
13	6	Outside Scope of WG Capital Plan	Thoracic, Morriston	SCP appointed for OBC production. OBC on Hold pending approval of resource fee schedule and National Prioritisation.		4	6	15	20	-	45
14	7	Outside Scope of WG Capital Plan	Regional Pathology Centre, Morriston	SCP appointed for OBC production. OBC on Hold pending approval of additional design fees and National Prioritisation.		2	3	31	52	51	139
15	8	Outside Scope of WG Capital Plan	Adult Acute Mental Health Unit, Cefn Coed	OBC on hold pending approval to proceed with SCP appointment and National Prioritisation.		4	4	24	25	-	56
16	9	Outside Scope of WG Capital Plan	Swansea Wellness Centre	OBC on hold pending review of scheme feasibility and National Prioritisation.		2	7	14	13	-	36
17	10	Outside Scope of WG Capital Plan	New ED, Critical Care & Theatre Block + Model Ward Reconfiguration, Morriston Hospital	Linked with Priority 1		2	5	61	55	123	247
18	11	Outside Scope of WG Capital Plan	Elective Modular Theatres, Centre of Excellence, Singleton Hospital	FBC Submitted Nov 2023. On Hold pending National Prioritisation. Scheme to be Recast	Nov-24	20	3	-	-	-	24

# 10 YEAR PRIORITISED PLAN (2024-25 SUBMISSION) – UPLIFTED FOR 2025/26 PRICES

Priority No All schemes	Priority No (Exc BAU Replacements)	Funding Route WG Letter 9/1/25	Scheme Name	Business Case Status	Next Planned Business Case Submission	Estimated Capital Costs £m					
						25-26	26-27	27.28	28-29	29.30 to 34-35	Total
<b>A. Total Discretionary</b>						<b>14</b>	<b>14</b>	<b>14</b>	<b>14</b>	<b>83</b>	<b>139</b>
<b>B. All Wales Capital Programme</b>											
19	12	Approved	PET-CT (Permanent), SWWCC Singleton	BJC submitted to WG September 2024. WG Approved December 2024	Approved	13	-	-	-	-	13
20	13	Outside Scope of WG Capital Plan	Refurbishment of Burns ITU Phase 2, Morriston			1	12	12	17	-	42
21	14	Outside Scope of WG Capital Plan	2nd MRI, Morriston (additional)			3	-	-	-	-	3
22	15	Outside Scope of WG Capital Plan	2nd CT, Singleton (additional)			3	-	-	-	-	3
23	16	Outside Scope of WG Capital Plan	Development of Seclusion Suites, Medium Secure Unit, Caswell Clinic, Glanrhyd	Initial design commenced. Discussions taking place with WG on ring-fenced funding allocation.		4	-	-	-	-	4
24	17	Outside Scope of WG Capital Plan	Older Persons Mental Health Wards/Roof, Tonna			1	3	3	3	-	8
25	18	Outside Scope of WG Capital Plan	Ward Refurbishment Programme, Singleton			-	3	3	3	19	28
26	19	Outside Scope of WG Capital Plan	RMHSS P7 Re provision of Mental Health Day Facilities (Westfa)			-	1	4	-	4	8
27	20	CORE - Consider as part of Diagnostic Replacement programme	SWWCC PBC - 5th Linacc/6th Bunker	Jan 25 Initial HB discussions taking place on design at Singleton.		4	2	-	-	-	6
28		CORE - Consider as part of Diagnostic Replacement programme	Cath Lab Replacement Programme	Submitted to National Imaging Programme. Future Years		-	-	3	3	-	6
29		CORE - Consider as part of Diagnostic Replacement programme	SWWCC - Radiotherapy Replacement Programme	Submitted to National Imaging Programme. Future Years		-	-	5	5	12	23
30		CORE - Consider as part of Diagnostic Replacement programme	Nuclear Medicine Replacement Programme - SPEC-CT	Submitted to National Imaging Programme. Future Years		-	-	-	-	4	4
31		CORE - Consider as part of Diagnostic Replacement programme	Imaging Replacement Programme - SPEC-CT	Submitted to National Imaging Programme. Future Years		-	-	-	-	2	2
<b>Total AWCP Unapproved Schemes</b>						<b>98</b>	<b>112</b>	<b>215</b>	<b>205</b>	<b>304</b>	<b>934</b>
<b>West Glamorgan Regional Partnership</b>						<b>13</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
		RPB Endorsement to progress Business Case through HCF	Dan Y Deri Learning Disabilities	HCF Initial application and design fees approved.		0	7	1	-	-	8
		RPB Endorsement to progress Business Case through IRCF	Cymmer / Croeserw Health & Well Being Centre	IRCF Initial application and design fees approved.		2	-	-	-	-	2
<b>Total RPB Unapproved Schemes</b>						<b>2</b>	<b>7</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>10</b>

# SOURCES OF FUNDING

Funding Source	Access Funding to Support Capital Programme & Backlog Estates Maintenance	Ability to Access	Update February 2025
Discretionary Capital	Significant backlog replacement programme for medical equipment and digital (devices and infrastructure)	Low	Significant EOY WG Capital Bids £10.7m approved, with another £1.8m pending. Discretionary Capital 24% Uplift from 2025-26 from £11.168m to £13.975m.  New National Core Funding Pots to be launched for Diagnostics, Radiontherapy and Majro Digital Networks in 2025-26.
EFAB (Estates Funding Advisory Board)	Bids approved 2023-24 and 2024-25 priorities £7.9m (of which 30%/£2.4m HB discretionary funding)	High	New National £80m TEF over 2 years launched December 2024. Bids submitted 25/26 £8.1m and 25/26 £9.8m.
City Deal	£1m Morryston Access Route design fees included in approved Campuses Business Case. Awaiting sign-off of funding agreements.	High	City Deal Secondary Funding Agreements signed December 2023 with £960k funding allowing planned submission of Morryston Hybrid Planning Application in May/June 2025.
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).	High	<b>Business cases approved for construction.</b> a) Sub Station 6, Morr £16.5m (Completed Oct 24) b) Cath Lab A Replacement, Morr £2.6m (Completed Oct 24) c) Burns & ICU Phase 1, Morr £7.3m (Completed Nov 24) d) PET-CT, WWCC, Sing £13m (Approved Dec 24) e) 2nd CT-SIM, WWCC, Sing £3m (Approved Jan 25)
	Paper to NHS Wales IIB (Investment Infrastructure Board) April/May 23 to establish prioritisation criteria.	Low	<b>Business Cases On-Hold</b> Thoracic Morryston, OBC Regional Pathology, Morryston, OBC Adult Acute Mental Health, Cefn Coed, OBC Swansea Wellness Centre, OBC
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 <sup>st</sup> Century Schools programme, A465 Dualling and the Velindre Cancer Centre.	Low	No official WG position. Unofficial position is not positive given Velindre has been delayed.
Regional	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	HCF - Dan y Deri LD Complex Care Unit - Design fee funding approved to submit business case for c£7.4m.
-Housing with Care Fund -IRCF (Integration & Rebalancing Capital Fund).			IRCF - Croeserw Health & Wellbeing Centre - Design fee funding approved to submit business case for c£2m.
Disposals	WG limit on HBs retaining the first £0.5m from disposal proceeds.	Medium	a) <b>Cymmer Health Centre - Completed</b> b) Morryston Land - In Progress c) Phillips Parade - In Progress d) Garngoch (Part site) - Moving slowly due to Restrictive Covenant
	- 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		
Revenue Leases	Already commenced with NPT Orthopaedic Theatres.	High	a) NPT Orthopaedic Theatres (Completed) b) Health Records Building (Completed) c) Surgical Robot, Morryston (Completed)
	Likely to be the preferred funding route for Singleton Theatres.	Will require revenue funding	Singleton Theatres Business Case not affordable
3 <sup>rd</sup> Party Funding	Will need to ensure fits with revenue lease accounting treatment and also WG/Treasury funding rules.	Low/Medium	a) Initial discussions on Cefn Coed with Tai Tarian, Swansea Co-Housing & Cwmpas who have an interest in the Cefn Coed site. Whilst this may assist with the development of residential housing, they have no interest in financing a new Adult Acute unit.
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	a) Project Board (Established) b) UK Government Infrastructure Projects Authority Year 7 Expiry Health Check (Completed) c) Specialist Advisors (Appointed)

# COMMERCIAL & DISPOSALS

Disposal and Commercial Oppourtunities	Commercials					Disposal Oppourtunities								
	Renewable Energy	Retail	Partnership	Commercial Opps	Residencies	Degree of Difficulty					Link to Business Case	Indicative Disposal Proceeds £m	Type of Disposal	Status
						Overall Degree of Difficulty	Reprovision of Services	Planning	Restrictive Covenants	Financial				
Cefn Coed						Medium	Medium	Medium	n/a	High	Adult Acute MH	£6.5m to £7m	Surplus land for residential	Discussions commence with potential housing partner
Morrison 1						Medium	n/a	Low	n/a	n/a	n/a	£0.5m	Land Swap Plot E/Plot D	Heads of Terms Agreed
Morrison 2	x	x	x	x	x	High	High	Medium	n/a	High	n/a	£3.5m to £8m	Southern Car park (range from new build to reduced parking)	
Singleton	x	x	x	x	x	High	High	Medium	n/a	High	Reprovision of Car Parking	£4m to £6m	West & Southern Car Park	
NPT	x					n/a								
Garngoch						Medium	n/a	Low	n/a	n/a	n/a	£300k	Other Health providers	Joint valuation agreed
Cimla						Low	Medium	Low	High	Medium	Reprovision of Accomodation	£2.5m to £4.5m	Residential	
Phillips Parade						Low	Low	Low	n/a	Low	Agreed	-	GP Surgery	Heads of Terms Agreed
HQ Surplus Land						Medium	n/a	Low	n/a	Low	n/a	£150k	Residential	

Scheme	Business Case Status	Alternative Funding	Issues	Current Work
Morrison Emergency Department (short and long term solutions)	WG Endorsement to discuss business case next steps.		Short-Term solution for delivery in 2025-26 is likely to be affordable for WG as per Health Board No 1 Priority but New Build is likely to present a significant funding challenge.	a) Short-Term. Initial meeting held between Chair, CEO and Cabinet Secretary. Endorsement to proceed with business case.  b) Long-Term. Business Case Scoping
Morrison Access Route & Enabling Infrastructure	Operational design for new access route and Morrison Hybrid Planning Application due for completion with City Deal funding June 2025.	WG Transport & Highways	Will be required before planning permission for a new long-term ED is granted.	Business Case Scoping Meeting to be held with WG March as part of longer term ED solution
Thoracic, Morrison	WG On-Hold			
Regional Pathology Centre, Morrison	WG On-Hold	Revenue lease model	Immediate solution will likely require some capital and revenue investment.	Scoping building solutions on a reduced footprint to house the most fragile services - Cellular Pathology Glangwilli and
Adult Acute Mental Health Unit, Cefn Coed	WG On-Hold		Disposal proceeds are only likely to be around 10% of the proposed new build costs.	
Swansea City Centre	HB to review scope of Swansea Wellness Centre and other requirements for MH team and services	IRCF		



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

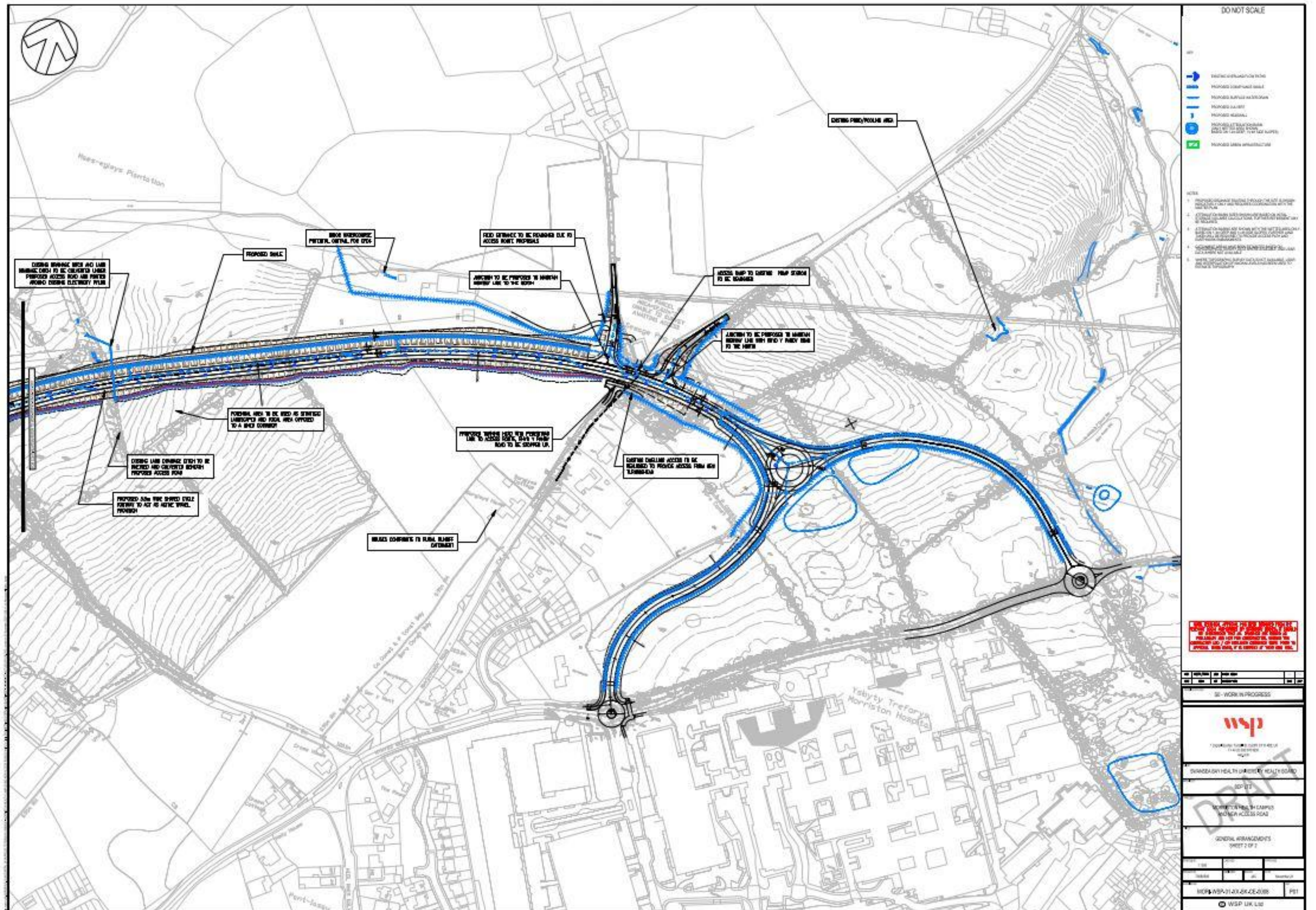


# MORRISTON HOSPITAL MASTERPLAN

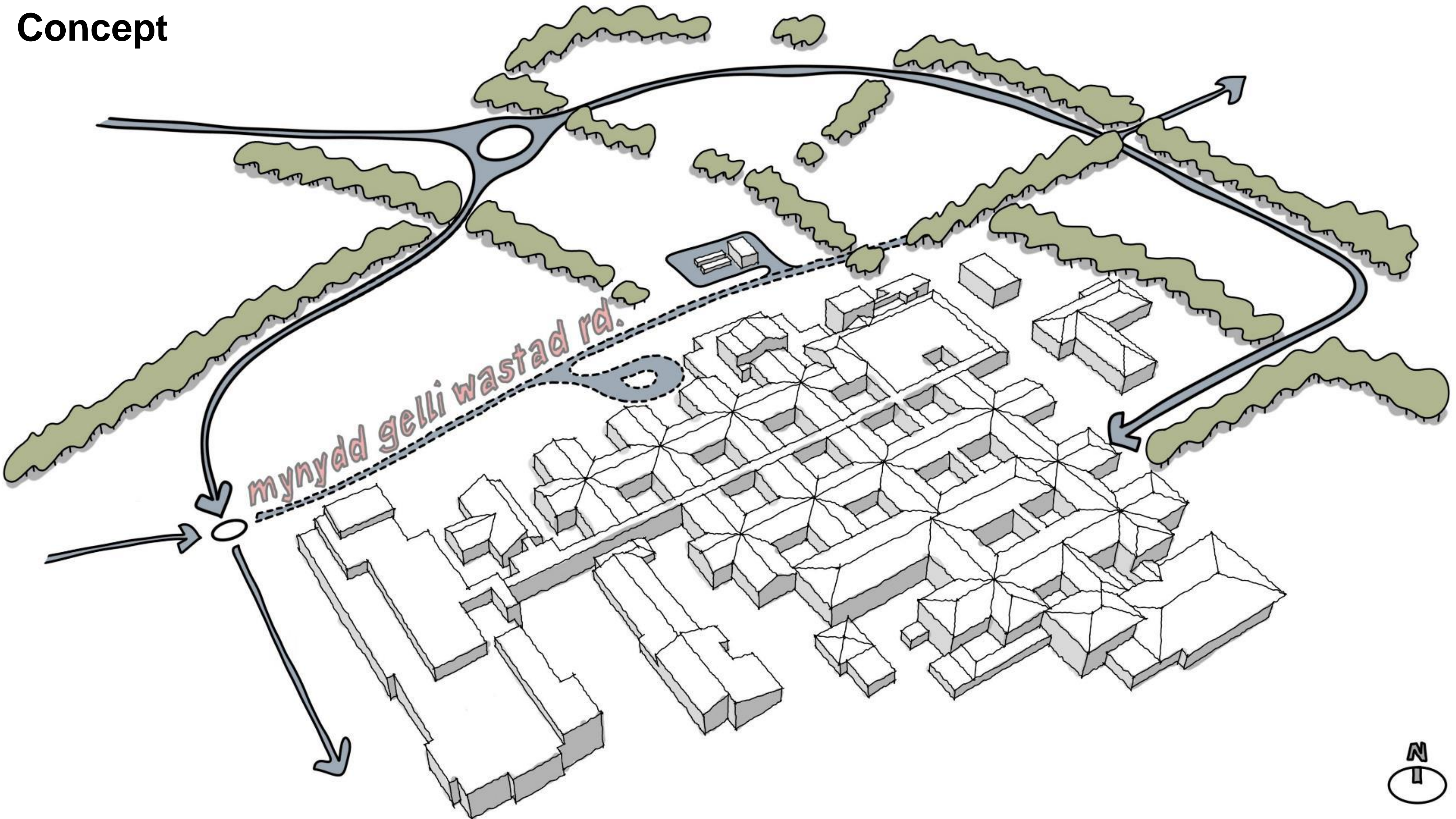
Legend



# New Access Route Highways & Drainage (West)



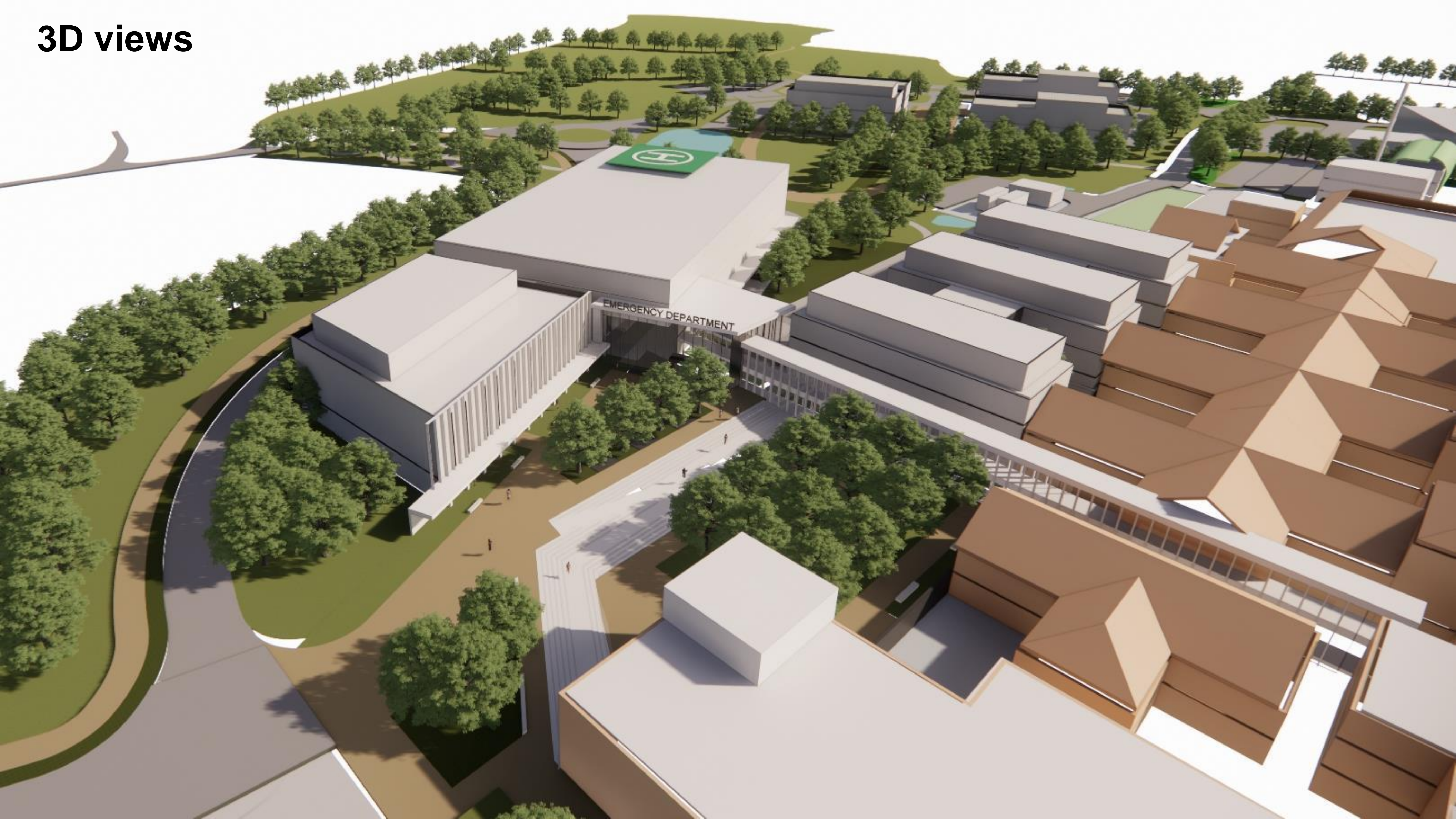
# Concept



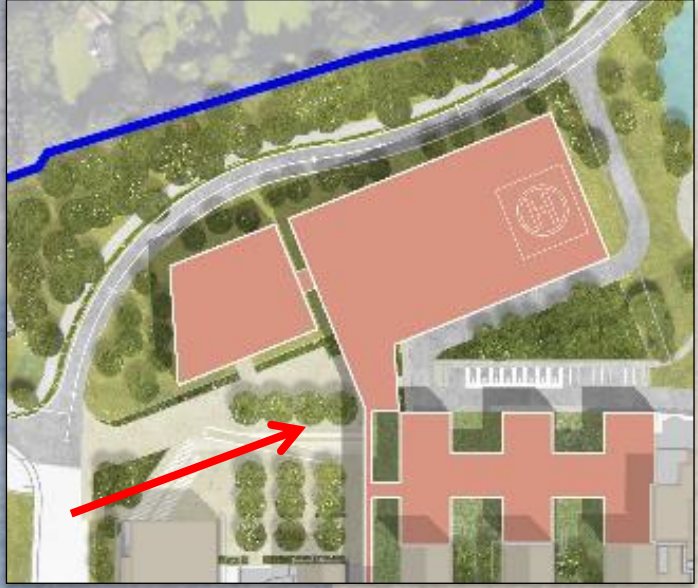
3D views



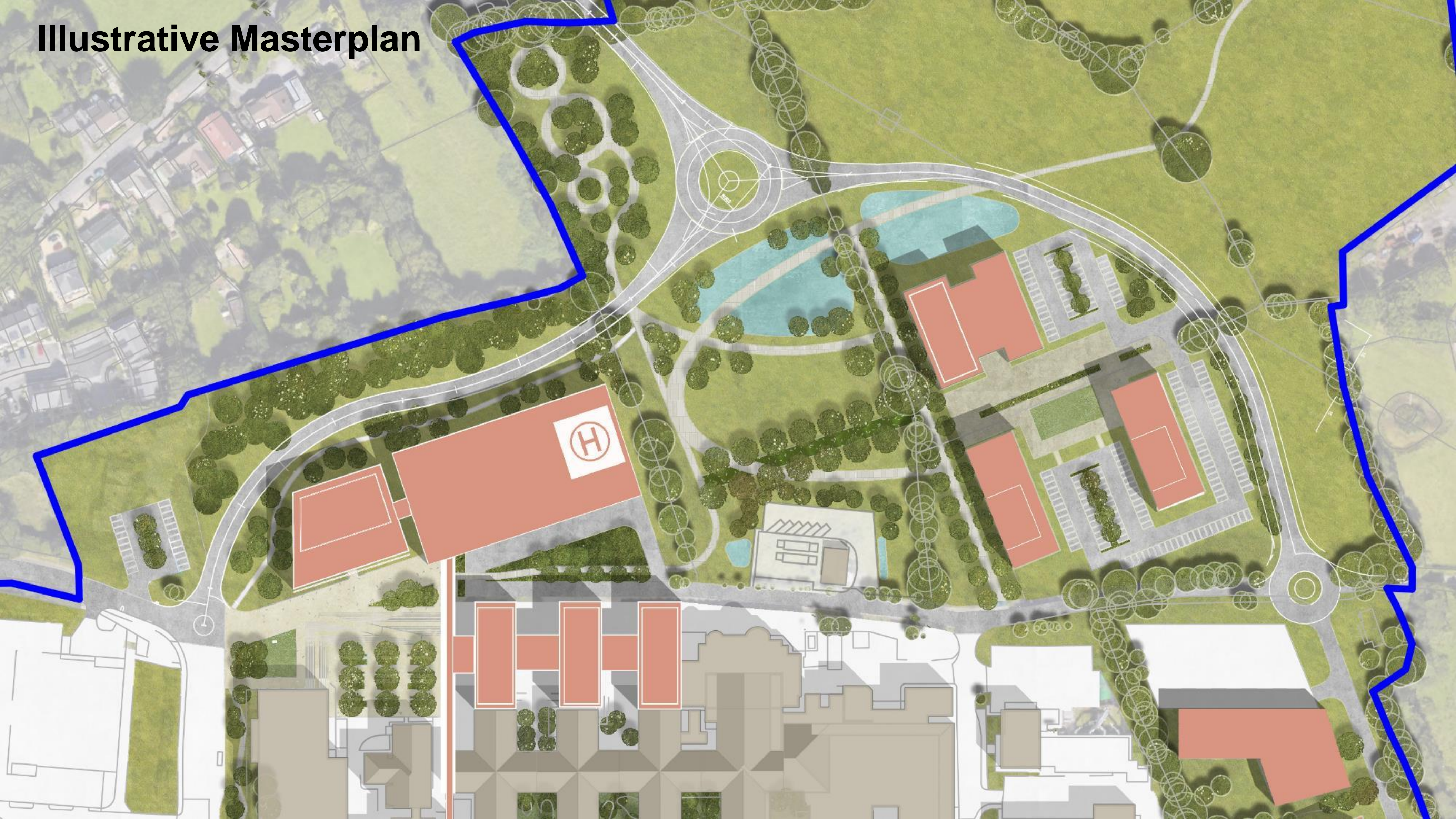
3D views



# Proposed Arrival Experience



# Illustrative Masterplan



# Estates Critical Path - Singleton Hospital



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

# Estates Critical Path – Neath Port Talbot Hospital



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

# Estates Critical Path – Cefn Coed Hospital

