



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>24 September 2020</b>		<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Reprovision of Adult Acute Mental Health Inpatient Facilities - Modernising Adult Mental Health Services in SBUHB</b>			
<b>Report Author</b>	Gareth Bartley, Head of Partnerships & Development Simon Davies, Assistant Director of Strategy (Capital)			
<b>Report Sponsor</b>	Siân Harrop Griffiths –Executive Director of Strategy			
<b>Presented by</b>	Siân Harrop Griffiths –Executive Director of Strategy			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	<p>The purpose of this report is to</p> <ul style="list-style-type: none"> <li>advise the Board of progress in developing the Strategic Outline Case for the reprovision of adult acute mental health inpatient facilities in Swansea Bay</li> <li>note the outcome of scrutiny by the Investment Benefits Group, and</li> <li>seek approval to submit the Strategic Outline Case to Welsh Government</li> </ul>			
<b>Key Issues</b>	<p>In order for Welsh Government to allocate capital funding a Strategic Outline Case needs to be submitted to demonstrate why the current service provision / facility is no longer fit for purpose and what options have been considered for future provision. The preferred option is a major capital scheme which involves the development of a new build with the final location yet to be decided through a full option appraisal at Outline Business case stage. It should be noted that one option for the location of the Unit is the Cefn Coed site, which if this was selected, would reduce the land value for the plots being disposed of for housing development.</p> <p>The scheme will require Business Case development and Welsh Government approval.</p>			
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the development work undertaken with partners to complete the Strategic Outline Case.</li> <li><b>APPROVE</b> the attached Strategic Outline Case (SOC) for submission to Welsh Government</li> <li><b>NOTE</b> the implications for the current masterplan of including the Cefn Coed Hospital site as a one of the options to be considered for the new unit.</li> </ul>			

# **ADULT ACUTE REPROVISION - MODERNISING ADULT MENTAL HEALTH SERVICES IN SBUHB**

## **1. INTRODUCTION**

This report outlines the proposed development of adult mental health assessment and treatment in-patient beds, Psychiatric Intensive Care Unit (PICU) and associated community mental health services across the Swansea Bay Health Board area.

## **2. BACKGROUND**

The modernisation of mental health services for Swansea Bay's population is driven by the principles set out in national and Welsh strategies and plans developed over recent years, and by the Health Board's Clinical Services Plan, and the multi-agency Strategic Framework for Adult Mental Health Services which outlines the future direction of travel for services and our ambition to modernise our adult mental health services' model of care.

Currently, our adult assessment in-patient services are physically divided between three locations: Cefn Coed Mental Health Hospital in central Swansea, Neath Port Talbot Hospital, and the Princess of Wales Hospital, Bridgend, which continues to provide PICU services for the Swansea Bay population via a service level agreement following Bridgend boundary change.

Cefn Coed Hospital is one of only two remaining functional mental health hospitals from the 1930s in the UK still providing in-patient accommodation for mental health patients. There are two remaining wards on the site providing services out of the original building and Healthcare Inspectorate Wales have delivered reports to the Health Board outlining that the environment is no longer fit for purpose stating that the wards are not conducive to the overall wellbeing of patients, meeting only very basic needs.

Our intention is to replace the out of date facilities on the Cefn Coed Hospital site by bringing together the acute inpatient facilities provided across 3 sites onto a single site to improve the effectiveness and efficiency of care provided to people who require hospital admission and for this to be delivered as part of a modern mental health service that is community focused in line with the Clinical Services Plan.

This improved model of care will support service users and carers to live as full a life as possible within their own communities. Care will be provided as close to the person's home and community as possible, with hospital care only needed when a person cannot safely stay in their own home

The Health Board is committed to making progress as quickly as possible to ensure that service users do not spend any more time than is necessary in services which are not fit for purpose.

### **Current Position**

A positive scoping meeting was held with Welsh Government to outline the case for change and broad plans for modernising the inpatient services and an invitation to submit a strategic Outline Case for their consideration was made as a result.

Importantly Welsh Government officials confirmed that they were content for the Strategic Outline Case to contain broad indications of the types of locations that would be appropriate for any new build with a preferred site identified following a formal engagement process for the Outline Business case stage.

In parallel, as part of the West Glamorgan Transforming Mental Health Services Programme, a multiagency project team chaired by the Executive Director for Strategy was established to

develop the Strategic Outline Case required as part of the capital business case process to reprovide the inpatient facilities. This group involves Strategy, Capital and the MHL D Delivery unit working together with service user and carer representatives, local authorities and the Third Sector.

The Strategic Outline Case was agreed by the project team and submitted to be scrutinised by the Investment Benefits Group (IBG) in June. No major issues were identified through IBG scrutiny and the Strategic Outline case has been amended to take on board their comments in preparation for submission to Welsh Government. The full case is attached at Appendix 1.

Outline Timeline	Indicative date
Strategic Outline Case completed	June 2020
Strategic Outline Case submitted to Welsh Government & approved	September 2020
Welsh Government approval estimated	November 2020
Outline Business Case completed & approved locally	May 2021
Outline Business Case submitted to Welsh Government and Approved	August 2021
Full Business Case submitted to Welsh Government and Approved	June 2022
Start on site, subject to constructor's programme, planning and funding approvals	Autumn/winter 2022

### 3. GOVERNANCE AND RISK ISSUES

#### Location

Currently the locations for the new inpatient unit are broad and based upon engagement undertaken with stakeholders in January 2020 with regard to previous consultations.

The options for a development of this type generally include land already owned by the NHS, land already owned by other public sector organisations and privately owned land. There is some commercial sensitivity about the identification of specific private sites as this can affect purchase price and well in advance of any agreement to purchase which comes at Full business case stage.

The NHS owned options for appraisal at Outline Business case stage have been identified as

- **Morrison Hospital,**
- **Neath Port Talbot Hospital,**
- **Singleton Hospital and**
- **Cefn Coed Hospital.**

Engagement with stakeholders has also identified the **Jersey Marine area** as a potential location that would have patient benefits for such a new unit.

These locations and the related option appraisal of the various potential sites will be the subject of engagement with stakeholders planned to take place between September and November of this year.

The Health Board have previously agreed that the Cefn Coed Hospital site was surplus to requirement and considerable master planning work and preparatory work has been undertaken to dispose of the land through a residential housing development. The project team's work has, however, identified clinical and operational risks of not continuing to co-locate the existing older people's inpatient unit and Rehabilitation unit with the proposed new adult acute inpatient facility. The new units currently on the Cefn Coed Site, Ysbryd y Coed, Gwelfor and step down houses, are less than 10 years old and it is highly unlikely that a case would be made for the services to be relocated.

This makes it appropriate to retain the Cefn Coed site as a potential option for consideration at the next stage of the business case process when a detailed option appraisal will take place.

The Health Board needs to be aware that including Cefn Coed Hospital as one of the options could mean that there will be a big reduction in land value and potential interest from housing developers for the remainder of the site.

As always, any delays in the progress of implementing a solution for the replacement of estate already identified as not being fit for purpose by HIW means that there will also be delays in providing modern services for our population.

#### **4. FINANCIAL IMPLICATIONS**

The Strategic Outline Case has identified a revenue gap of £400,000 in moving from the current facilities to a co-located new unit.

These additional costs are associated directly with moving from the old estate into modern facilities where a larger footprint is required to meet current standards and are not additional staff costs which are cost neutral in the assessment. This remains a high level assessment at this stage and will be mitigated as part of the detailed Outline Business case development process where the size of the new unit will be further scoped and the potential use of alternative sources of funding such as the Mental Health Service Improvement Fund will also be explored.

#### **5. RECOMMENDATIONS**

Members are asked to:

- **NOTE** the development work undertaken with partners to complete the Strategic Outline Case.
  - **APPROVE** the attached Strategic Outline Case (SOC) for submission to Welsh Government
- NOTE** the implications for the current masterplan of including the Cefn Coed Hospital site as a one of the options to be considered for the new unit.

Governance and Assurance		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Location, environment and support services are key element in providing local and equitable access to deliver improved health outcomes. Improved patient experience through will be achieved by purpose built facilities with access to multi-disciplinary health support and community services.		
Financial Implications		
Reduce the cost eliminating out of area emergency placements, Potential cost savings through improving flow and efficiency in adult mental health unscheduled care.		
Legal Implications (including equality and diversity assessment)		
N/A		
Staffing Implications		
N/A		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>This scheme lends itself in its entirety to “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.</p> <ul style="list-style-type: none"> <li>•Long Term - People should receive care closer to home (rather than travel to outsource services).</li> <li>•Prevention We want services which support people to stay well, not just treat them when they become ill.</li> <li>•Integration – This development will provide a dedicated outpatients service under one roof, enhancing service delivery and the patient experience.</li> <li>•Collaboration – Working in a dedicated unit will promote closer working with the third sector and with primary care services, promoting improved health and wellbeing and support structures for our elective orthopaedic surgical patients and their carers.</li> </ul>		
<b>Report History</b>	Paper presented to SLT on 2 <sup>nd</sup> September 2020	
<b>Appendices</b>	Strategic Outline Business Case (SOC) Modernising Adult Mental Health Services in Swansea Bay University Health Board	



## Strategic Outline Business Case (SOC)



## Document control sheet

Client	Swansea Bay University Health Board (SBUHB)
Document Title	Modernising Adult Mental Health Services in SBUHB SOC
Version	final(7)
Status	Submitted to SBUHB's IBG for scrutiny
Reference	
Author	Heather Edwards
Date	21 <sup>st</sup> May 2020
Further copies from	email: <a href="mailto:heather.edwards2@wales.nhs.uk">heather.edwards2@wales.nhs.uk</a> quoting reference and author

Contact details			
Main point of contact	Telephone number	Email address	Postal address
Heather Edwards	01792 286119	<a href="mailto:heather.edwards2@wales.nhs.uk">heather.edwards2@wales.nhs.uk</a>	

## Contents

Executive Summary .....	v
1 The Strategic Case .....	10
1.1 Introduction.....	10
1.2 Part A - The Strategic Context .....	10
1.3 Organisational Overview .....	11
1.4 Business Strategies.....	11
1.5 Existing Arrangements .....	11
1.6 Estates Condition .....	12
1.7 Current Activity .....	14
1.8 Current Staffing .....	16
1.9 Part B - The Case for Change.....	17
1.10 Spending Objectives .....	18
1.11 Business Needs .....	19
1.12 Potential Scope .....	20
1.13 Main Outcomes and Benefits .....	21
1.14 Main Risks .....	21
1.15 Constraints .....	21
1.16 Dependencies .....	21
2 The Economic Case.....	22
2.1 Introduction.....	22
2.2 Critical Success Factors.....	22
2.3 Methodology .....	22
2.4 Stakeholder Engagement.....	22
2.5 The Long Listed Options .....	23
2.6 Summary of Short List Options Framework .....	23
2.7 Indicative Capital and Capital Costs .....	24
3 The Commercial Case .....	26
3.1 Introduction.....	26
3.2 Required Services .....	26
3.3 Potential for Risk Management .....	26
3.4 Indicative Timescales .....	26
4 Funding and Affordability .....	27
4.1 Introduction.....	27
4.2 Indicative Capital Requirements .....	27
4.3 Income and Expenditure Analysis.....	27
5 The Management Case .....	29



5.1	Introduction.....	29
5.2	Project Management Arrangements .....	29
5.3	Workforce Planning & Operational Arrangements .....	29
5.4	Health and Equality Impact Assessment.....	30
5.5	Building Research Establishment Environmental Assessment Method (BREEAM) .....	30
5.6	Achieving Excellence Design Evaluation Toolkit (AEDET) .....	30
5.7	Arrangements for Benefits Realisation.....	30
5.8	Arrangements for Risk Management .....	30
5.9	Post Evaluation Arrangements.....	30
5.10	NHS Wales Gateway Review (Stage 0 – Business Justification) .....	30
5.11	Contingency Plans .....	30

## Figures

Figure – Potential Service Scope Options .....	vi
Figure – Capital Requirements (£000 incl. VAT) .....	viii
Figure – Revenue Impact £000's above baseline.....	viii
Figure – Key indicative milestones .....	viii
Figure 1 - Programme of Capital Works (2009 – 2015).....	10
Figure 2 – Admissions to In-patient Units (2017 – 2019).....	15
Figure 3 – Number of Formal Admissions under <i>the Mental Health Act</i> 1983 .....	15
Figure 4 – Average Occupancy (2017 - 2019).....	15
Figure 5 – Length of Stay in wards (2017 - 2019) .....	16
Figure 6 – Admissions by sex (2017 – 2019).....	16
Figure 7 – Crisis Resolution Home Treatment Activity (2017 - 2019).....	16
Figure 8 – Current Staffing (WTE) .....	17
Figure 9 – Spending Objectives.....	18
Figure 10 - Potential Service Scope Options .....	20
Figure 11 – Critical Success Factors (CSFs).....	22
Figure 12 – Long List Options .....	23
Figure 13 – Range of Short List Options.....	23
Figure 14 – Indicative Capital Costs (excl VAT £000s above baseline) .....	24
Figure 15 – Revenue cost impact of the Shortlisted Options (£000's) above baseline .....	25
Figure 16 – The Preferred Way Forward (Option 3) .....	25
Figure 17 – Key indicative milestones .....	26
Figure 18 – Capital Requirements (£000 incl. VAT) .....	27
Figure 19 – Revenue Impact £000's above baseline.....	28
Figure 20 – Reporting Structure.....	29

## Appendices

Appendix A – Framework Options Long List Summary .....	31
Appendix B – Framework Options .....	32
Appendix C – Benefits Realisation Register .....	33
Appendix D – Catchment Population and Health Status .....	34
Appendix E - Summary of Health Inspectorate Wales.....	35
Appendix F – Range of Available Services.....	36
Appendix G – National Benchmarking Metrics .....	37
Appendix H – Simulation Modelling .....	38
Appendix I – Benefits by Option.....	39
Appendix J – Option & Risk Appraisal Group Membership .....	40
Appendix K – Workshop Attendees .....	41
Appendix L – Schedules of Accommodation .....	42
Appendix M – Risk Register.....	43
Appendix N – Management Control Plan.....	44
Appendix O – Benefits Plan .....	45
Appendix P – Gateway Review - (RPA1).....	46
Appendix Q – Cost Forms.....	47
Appendix R – Mental Health Locations.....	48
Appendix S – Drawings CCH Main Hospital .....	49
Appendix T – Drawings NPTH Mental Health Site .....	50
Abbreviations .....	51

## Executive Summary

### Introduction

This Strategic Outline Business Case (SOC) seeks support from Welsh Government of between £51.83m - £63.63m (including non-recoverable VAT) for capital investment in new build and fully compliant adult assessment and treatment in-patient beds, local Psychiatric Intensive Care Unit (PICU) beds and community mental health services in support of Swansea Bay University Health Board's (SBUHB's) modern model of care.

### Background

The modernisation of Swansea Bay's population's mental health services is driven by the principles set out in national and Welsh strategies and plans developed over recent years, and by SBUHB's Clinical Services Plan, which outlines the future direction of travel for services and by our ambition to modernise our adult mental health services' model of care.

Currently, our adult assessment in-patient services are physically divided between three locations: Cefn Coed Mental Health Hospital in central Swansea, Neath Port Talbot (NPT) General Hospital in Port Talbot, and The Princess of Wales Hospital, which provides PICU services to SBUHB following boundary changes which transferred of management of this site to Cwm Taf Morgannwg University Health Board (CTMUHB) in April 2019. Our Adult Crisis Resolution Health Team (CRHT) services are provided from two sites: The Orchard Centre, Swansea and NPT Hospital; Our Community Mental Health Teams (CMHTs) services are provided from: Clinic, Swansea, The Forge Centre, Port Talbot, and; Ty Einon.

SBUHB aims to replace its outdated adult assessment and treatment in-patient's accommodation and environmental systems with co-located, fit for purpose and fully compliant facilities that support a modern service model that meets our local population's current and future mental health needs. We aim to improve our health outcomes and to enhance community mental health services and patient pathways, so we can provide *the right services in the right place at the right time*. The preferred site for co-locating the Health Board's adult in-patient services will be determined following Formal Public Engagement.

## The Strategic Case

### A. Strategic Context

The modernisation of Swansea Bay's population's mental health services is driven by the principles set out in national and Welsh strategies and plans developed over recent years, and by SBUHB's strategic plans, Clinical Services Plan, which details the future direction of travel for services across the area and inform the development and delivery of a number of service improvements (please see Section 1.2).

### B. The Case for Change

Cefn Coed Hospital is one of only two remaining functional mental health hospitals from the 1930s in the UK. Most of its wards have been decommissioned and boarded-up but a small area of the oldest site remains operational, providing one assessment and one treatment ward (Wards Clyne and Fendrod) for adults of a working age. It also provides support and management accommodation. Most of the outlying areas have been re-developed since 2010 and older patients and adult rehabilitation services have been re-located into modern accommodation.

Limited capital investment in the main site's heating and domestic hot water services and patient environment during 2016 addressed areas at immediate risk of failure and extending life of the site by an estimated five years (further improvements are impossible due to the site's obsolete environmental systems). However, the main hospital site is now in a very poor condition and the physical and clinical environment is clearly unacceptable for the delivery of modern mental health services. The two remaining wards are now in urgent need of replacement with fit for purpose in-patient accommodation that is fully compliant with Welsh Health Technical Memorandum (WHTM/HTM) & Welsh Health Building Memorandum (WHBN/HBN) guidance and statutory requirements.

The Health Board is seeking to co-locate Cefn Coed's redeveloped wards with NPT Hospital's adult assessment ward (Ward F) and with Calon Lan Unit, a 5-bedded self-contained drug and alcohol inpatient facility. Whilst NPT's facilities are in a good physical condition our ability to re-configure or expand this accommodation is constrained by the site, and its separation from other adult in-patient services, limits its effectiveness. Co-locating will improve the effectiveness and efficiency of our adult mental health services and allow adult in-patient services to be future proofed.

There is no PICU at Cefn Coed Hospital. If required, a PICU patient is accessed at PoW Hospital. Managing patients and transferring them between hospitals when they require care within a PICU provides significant challenges for staff, and is detrimental for patient's well-being. SBUHB is seeking to provide local and future proofed PICU services.

Improving both the quality of our in-patient accommodation and enhancing our community crisis services will provide an increased range of treatment choices for our population and alternatives to in-patient care. It will enable people to manage their own mental health crisis through a variety of options, enhancing the patient experience and supporting improved outcomes. It will improve patient satisfaction with adult mental health services. It will improve access to modern mental health services, as per Royal Colleges' and best practice recommendations. Our replacement accommodation will be equipped with a range of modern digital technologies to support the modern service model and modern workforce delivery.

Finally, investment will allow the Health Board to release for demolition and/or disposal the obsolete Health Board accommodation at Cefn Coed (please see Section 4.2). This would eliminate significant backlog maintenance<sup>1</sup> and release of clinical space at NPT Hospital for future development in support the Health Board's Clinical Services Plan, Health Board's Estate Strategy 2019-2029 (draft), and the emerging master plan for the redevelopment of land at the Cefn Coed Hospital site (please see Section 1.6).

The potential service scope for this project is as follows:

**Figure – Potential Service Scope Options**

<b>Option 1 Business as Usual</b>	<b>Option 2 Do Minimum</b>	<b>Option 3 Intermediate</b>	<b>Option 4 Do Maximum</b>
Maintain existing two sites adult assessment and treatment in-patient sites / Detox facilities (at NPT & Cefn Coed Hospitals); PICU services commissioned from neighbouring health board	Develop a centralised 55-bed adult assessment and treatment in-patient facility, local 5-bed PICU & 5-bed Detox ward	Develop a centralised 55-bed adult assessment and treatment in-patient facility, local 5-bed PICU, 5-bed Detox ward & local Swansea and NPT CRHT Short-Term Crisis Care Services commissioned from the third sector	Develop a de-centralised locality based service model with local short-term Crisis Care Services and a centralised 19-bed adult assessment and treatment in-patient facility, local 5-bed PICU & 5-bed Detox ward

Note - The model of delivery for Detox facilities is to be agreed following further consultation.

## **Funding and Affordability**

The spend objectives as follows (for further details please see Section 1.10):

- To improve the quality and safety of Swansea Bay Health Board's population's adult mental health services.

<sup>1</sup> Ref EFPMS eliminate £1.17 million backlog maintenance (as at 2018/19) and at least £3.74 million further investment to bring obsolete, but still occupied accommodation at Cefn Coed, up to a reasonable physical condition (NB these figures are conservative given they exclude decant costs and detailed is subject to a full survey of the site's infrastructure and services).

- To provide a model for Swansea Bay Health Board's adult mental health services that is sustainable as regards the number of in-patient beds and community support, workforce and flexibility of the service to meet future needs.
- To achieve service / operational economies, efficiencies and effectiveness.

Within the potential service scope, a long list of options were considered (please see **Appendix A – Framework Long List Options**). Each option was compared against the spend objectives and Critical Success Factors (CSFs) for the project and two options were rejected. Four options were shortlisted (please see **Appendix B – Framework Options**):

Shortlisted Options	Description
<b>Option 1</b> Business as Usual	Maintain existing two sites adult assessment and treatment in-patient sites / Detox facilities (at NPT & Cefn Coed Hospitals); PICU services commissioned from neighbouring health board
<b>Option 2</b> Do Minimum - Less Ambitious	Develop a centralised 55-bed adult assessment and treatment in-patient facility, local 5-bed PICU & 5-bed Detox ward. New build on existing or new site. Single Phase. Capital Funding. NHS Delivery.
<b>Option 3</b> Intermediate	Develop a centralised 55-bed adult assessment and treatment in-patient facility, local 5-bed PICU, 5-bed Detox ward & local Swansea and NPT CRHT Short-Term Crisis Care Services commissioned from the third sector. New build on existing or new site. Single Phase. Capital Funding. NHS Delivery.
<b>Option 4</b> Do Maximum - More Ambitious	Develop a de-centralised locality based service model with local short-term Crisis Care Services and a centralised 19-bed adult assessment and treatment in-patient facility, local 5-bed PICU & 5-bed Detox ward. New build on existing or new site. Single Phase. Capital Funding. NHS Delivery.

The Preferred Way Forward Option was agreed as Option 3 (Intermediate).

## The Commercial Case

It is anticipated this project's procurement strategy would follow the *Designed for Life; Building for Wales*<sup>3</sup> procurement route and be publicly funded.

The required services are as follows:

- Enabling works as required, including the decommissioning of obsolete facilities and diversion of essential infrastructure services to retained site(s), and the development of services, road junctions, and car parking to support new in-patient and community based site(s);
- Development of compliant and fit for purpose a 55-bed adult assessment and treatment in-patient beds, a local 5-bed PICU, a 5-bed Detox ward, and;
- Commissioning compliant local Swansea and NPT CRHT Short-Term Crisis Care Services commissioned from the third sector.

## The Funding and Affordability Case

The indicative financial implications of the proposed investment for each shortlisted option are as follows:

**Figure – Capital Requirements (£000 incl. VAT)**

	<b>Option 1 Business as Usual</b>	<b>Option 2 Do Minimum</b>	<b>Option 3 Intermediate</b>	<b>Option 4 Do Maximum</b>
Departmental Costs	1,648	39,632	39,632	48,405
<b>Works Costs Total</b>	<b>1,648</b>	<b>39,632</b>	<b>39,632</b>	<b>48,405</b>
Fees	267	6,543	6,543	7,338
Non Works Costs	618	1,189	1,189	2,217
Equipment Costs	49	746	746	998
Planning Contingency	387	4,810	4,810	5,896
<b>Total</b>	<b>2,969</b>	<b>52,920</b>	<b>52,920</b>	<b>64,854</b>
Less recoverable VAT	- 44	- 1,090	- 1,090	- 1,223
<b>Base Project Cost</b>	<b>2,925</b>	<b>51,830</b>	<b>51,830</b>	<b>63,631</b>

For further details please see **Appendix Q – Cost Forms**.

The overall revenue affordability of each shortlisted option are as follows:

**Figure – Revenue Impact £000's above baseline**

<b>Costs</b>	<b>Option 2 Do Minimum</b>	<b>Option 3 Intermediate</b>	<b>Option 4 Do Maximum</b>
Pay	761	761	2,141
Non-Pay	5	5	8
Hotel Services	-83	-83	-103
Estates	207	207	188
LTAs/ Commissioned Services	-859	-484	-1,234
<b>Total</b>	<b>31</b>	<b>406</b>	<b>1,000</b>

A full assessment of capital and revenue affordability shall be made at Outline Business Case (OBC) stage.

## The Management Case

To ensure successful project delivery a robust project management reporting structure has been established. The Health Board's experience of developing and delivering complex projects in a Prince2 environment ensures diligent management and thorough clinical involvement throughout all parts of the development. The indicative milestones are set out below:

**Figure – Key indicative milestones**

<b>Activity</b>	<b>Due Date</b>
Project Board signs off SOC	May 2020
Investments and Benefits Group (IBG) endorses SOC	May 2020
Health Board approves SOC	May 2020
Submit SOC to WGov for approval	June 2020
WGov approve SOC	August 2020
Appoint Supply Chain Partner, Health Board Cost Advisor & Health Board Project Manager from Designed for Life Regional Framework	October 2020

Activity	Due Date
Health Board approves OBC	July 2021
Submit OBC to WGov for approval	September 2021
WGov approve OBC	December 2021
Health Board approves FBC	September 2022
Submit FBC to WGov for approval	September 2022
WGov approve FBC	December 2022
Mobilise and commence new build works	December 2022
New build completed (subject to contractor's programme)	April 2025
New build commissioning (subject to accreditation arrangements & technical commissioning)	May 2025
New build operational	June 2025
Technical PPE (approx. 3 months post new build handover)	September 2025
Benefits Realisation (approx. 12 months post operational)	June 2026

## Recommendation

This SOC presents a compelling case for change and we recommend on this basis that Welsh Government approve this SOC and that this project progress to Outline Business Case (OBC) stage.

Signed & Dated:

**Mrs Siân Harrop-Griffiths, Director of Strategy**  
 Senior Responsible Owner  
 Swansea Bay University Health Board

# 1 The Strategic Case

## 1.1 Introduction

This Strategic Outline Business Case (SOC) seeks support from Welsh Government of between £51.83m - £63.61m (including non-recoverable VAT) for capital investment in new build and fully compliant adult assessment and treatment in-patient beds, local Psychiatric Intensive Care Unit (PICU) beds and community mental health services in support of Swansea Bay University Health Board's (SBUHB's) modern model of care.

Our aim is to deliver a service model with more emphasis on early, community based intervention and keeping people in their own homes for as long as it is safe to do so. Capital investment is needed to provide multidisciplinary in-patient services providing acute assessment and treatment services with fit for purpose accommodation in accordance with best practice. In-patient services will be complemented by enhanced community based services providing safe and accessible crisis care services as close to the patient's home as possible commissioned from the third sector. The new service model will be signposted by a single point of access and will provide a more equitable service for the population served by SBUHB.

This investment will replace obsolete adult in-patient accommodation at Cefn Coed Hospital, Swansea, one of only two remaining Victorian/Edwardian style in-patient mental health hospitals still delivering adult assessment and treatment mental services in the whole of the UK. It will co-locate with adult in-patient service provided at NPT Hospital.

## 1.2 Part A - The Strategic Context

The modernisation of Swansea Bay's population's mental health services is driven by the principles set out in national and Welsh strategies and plans developed over recent years, and by SBUHB's strategic plans, Clinical Services Plan, which details the future direction of travel for services across the area and inform the development and delivery of a number of service improvements.

The transformation of Swansea Bay's mental health estate was first promoted by (the then) Abertawe Bro Morgannwg University Health Board's (ABMUHBs) Framework Mental Health Strategic Outline Case (FSOC) in 2003 (approved by the Welsh Assembly Government in October 2004). This case sought to modernise and reconfigure outdated mental health services in the Swansea area that for decades had experienced minimal investment in facilities and failed to meet modern service standards care. Several FSOC interrelated and interdependent major capital projects were successfully delivered under the Reshaping Mental Health Services in Swansea (RMHSS) Programme of works between 2009 and 2016 (the outstanding RMHSS project, the replacement of adult acute facilities, is the focus of this SOC). Interim funding in 2016 addressed high risk of failure of heating and domestic hot water services from ageing engineering infrastructure and the poor condition of the environment and was intended extend the life of CCH by a further 4-5 years. The RMHSS Programme and interim capital projects since 2009 are as follows:

**Figure 1 - Programme of Capital Works (2009 – 2015)**

RMHSS Project	Outturn Capital	Date Completed
Co-located Adult Community Mental Health Team's 1 & 2 at 21 Orchard Street, Central Clinic, Swansea (refurbishment)	£1.072m	Sept. 2009
Developed an 18-bed Adult Recovery beds & two 4-bed Adult Rehabilitation Step-Down houses at Cefn Coed Hospital, Swansea	£9.927m	July 2010
Co-located Adult Community Mental Health Team's 3 & 4 at Ty Einon, Gorseinon, Swansea	£3.165m	Dec. 2011
Developed Older Persons' 60-bed Intermediate Care Beds 60-bed facility at Cefn Coed Hospital, Swansea	£18.498m	Mch. 2012



Co-located Older Persons' Community Mental Health Team's 3 & 4 facility and Day Hospital at Ty Garngoch, Swansea	£4.312m	June 2012
Development of a 28-bed Low Secure facility (Taith Newydd) at Glanrhyd Hospital, Bridgend	£16.491m	Feb. 2015
'Interim' capital funding to address high risk of failure of heating and domestic hot water services from ageing engineering infrastructure and the poor condition of the environment in CCH.	£0.898m	Feb. 2016

### 1.3 Organisational Overview

From the 1st April 2019 boundary change SBUHB's mental health services support Swansea and Neath Port Talbot. The Health Board also covers part of South Powys (approx. 10k) population. SBUHB covers a population of 390,000 within West Glamorgan and its bordering counties. Please see **Appendix D - Catchment Population and Health Status**.

SBUHB has a budget of £1 billion and employs 12,500 staff, 70% of whom are involved in direct patient care. It operates three acute hospital sites on the Neath Port Talbot, Singleton and Morriston Hospital sites. Cefn Coed Hospital's Fendrod and Clyne wards ('Tawe Clinic') provides adult mental health assessment and treatment in-patient services, Older Persons assessment and Adult Rehabilitation and Step-Down services. Adult and Older Person's in-patient mental health wards are provided at NPT and Tonna Hospitals. Low Secure and Medium Secure mental health units are sited at Glanrhyd Hospital, Bridgend, and SBUHB commissions PICU services from PoW Hospital, Bridgend, following a health board boundary change on the 1<sup>st</sup> April 2019 (the above units are now directly managed by Cwm Taff University Health Board). SBUHB also provides regional forensic mental health services for the whole of South Wales and community based mental health and learning disability assessment and continuing care services.

### 1.4 Business Strategies

This SOC supports the following national, regional and local strategies plans and reports:

- The Social Services and Well-being (Wales) Act 2014
- The Wellbeing and Future Generations (Wales) Act 2015
- Prudent Healthcare – Securing Health and Well-Being for Future Generations (Wales) Act 2015
- A Healthier Wales: Our Plan for Health and Social Care (2018)
- Together for Mental Health (2012)
- Mental Health Crisis Care Concordat (2014)
- Adult Mental Health Strategic Framework
- Together for Health National Mental Health Strategy
- SBUHB's Organisational Strategy: Better Health, Better Care, Better Lives 2019 – 2030
- SBUHB's Clinical Services Plan 2019-2024 (2019), which sets a clear vision for implementing the strategic objectives of A Healthier Wales: Our Plan for Health and Social Care (2018)
- SBUHB's Annual Plan 2019/20
- SBUHB's Health Board's Estate Strategy 2019-2029 (draft)

### 1.5 Existing Arrangements

SBUHB directly provides adult mental health services from the following sites (please see **Appendix R – Mental Health Sites**):

- Cefn Coed Hospital, which provides Clyne & Fendrod Wards Adult assessment and treatment 34 in-patient beds.

- NPT Hospital, which provides Ward F Adult 21 in-patient beds and Calon Lan Unit, a 5-bedded self-contained drug and alcohol inpatient facility, and is CRHT base for the Neath and Port Talbot area;
- The Orchard Centre, Swansea, which is CRHT base for Swansea area.
- The Central Clinic, Swansea, Adult CMHT base for Swansea area Teams 1 & 2; The Forge Centre, Port Talbot, Adult CMHT base for the Port Talbot area; Ty Einon, Swansea, Adult CMHT base for Swansea's Team 3.
- PICU (6) beds at the Princess of Wales Hospital are commissioned from Cwm Taff University Health Board

## 1.6 Estates Condition

The poor condition of the oldest part of **Cefn Coed Hospital** (see photo below), was built in 1929 to a Victorian/Edwardian mental health design that was exemplary for its day, but is now no longer fit for purpose. It is one of only two remaining mental health buildings of this era in the UK still providing in-patient accommodation for mental health patients (see **Appendix S – Drawings CCH Main Hospital**).



The Cefn Coed Hospital site has a GIA of 20,961 m<sup>2</sup>. The oldest part of the site comprises 83% (17,440 m<sup>2</sup>) of this, 65% (13,624 m<sup>2</sup>) is decommissioned and boarded-up. Most of the site's oldest wards were decommissioned between 2010 and 2015 under the RMHSS programme of modernisations. Two wards (the 'Tawe Clinic') still remain in use in the main hospital (Clyne Ward provides acute assessment for women patients & Fendrod Ward provides the same service for male patients). Health Inspectorate Wales (HIW) in their last three independent visits (2016 – 2018) criticised Tawe Clinic for not supporting 21<sup>st</sup> century mental health care (please see **Appendix E - Summary of Health Inspectorate Wales**). HIW's inspections focused on the services' ability to provide a safe service, where patients have access to therapeutic care in a homely environment that supports independent living and promotes choice, and provides access to a range of activities that encourages people to reach their full potential. Their yearly inspections highlighted the following critical environmental issues:

- The poor environment and configuration impacts negatively upon the staff's ability to maintain patient comfort and safety – ligature risk, heating and ventilation systems are obsolete. The out-dated building also hinders the efforts of staff to continuously maintain effective infection, prevention and control. The out-dated structural design of the wards does not allow for ease of observation of patients and the safety of patients, staff and visitors at all times;
- Lack of privacy and dignity – There are no en-suite bedrooms so patients use shared toilets, showers and bathrooms; Neither ward has a designated meeting room where patients can meet with visitors in private; Both wards lacked space to easily allow for staff to talk with patients in a quiet area of the ward, away from other patients, and;
- Neither ward has a specific area where staff can re-direct patients to manage challenging behaviours, or areas available for seclusion. If verbal de-escalation is unsuccessful, then staff may undertake physical intervention techniques; these interventions would generally be within communal areas where other patients may be present. This impacts upon the dignity of the patient who requires the support of staff and can also be unsettling for other patients within the area at the time.
- Access to outdoor space and physical exercise and occupational therapies is limited and dependent on restricted on staff availability to accompany to maintain the safety of patient, impacting negatively upon patients' freedom into these areas. Fendrod (male acute) Ward is located on the first floor of the building and can only be accessed via stairs, so patients with limited mobility are unable to access this ward and have to be treated at NPTH.

HIW concluded, *"That overall, the environment on Cefn Coed's oldest wards was not conducive to the overall wellbeing of patients, meeting only very basic needs".<sup>2</sup>*

In February 2016, in response to the high risk of failure of heating and domestic hot water services from ageing engineering infrastructure and the poor condition of the environment, the Health Board secured Welsh Government (WGov) £0.898m 'interim' capital funding to undertake essential statutory improvements. These works were intended to extend the life of this Victorian/Edwardian facility by a further 4-5 years and to provide a more acceptable and safer environment for patients on a temporary basis until longer term plans could be updated and agreed given our ability to make significant improvements to this now aged hospital are severely constrained by its underlying environmental issues. The service continues to be delivered within poorly configured wards, patients and staff have limited access to private space, patients use shared toilet and showers and have limited access to outdoor space and physical exercise.

Clearly, this aged hospital's now obsolete design and environmental systems does not support 21<sup>st</sup> century mental health care and this SOC addresses in full HIW's recommendations, supports Royal College best practice and WHBN/WHTM guidance by promoting its replacement with modern and fully compliant mental health accommodation that provides access improved quality of care, safety, better health outcomes. This case allows the majority of the 1930s footprint to be released for demolitions/disposal, discharging £1.17 million (as at 2018/19) of backlog maintenance. Please see Section 2.6 for an explanation of why further refurbishment/re-modelling of this site was discounted from further consideration.

---

<sup>2</sup> Healthcare Inspectorate Wales August 2019 – *NHS Mental Health Service Inspection – Tawe Clinic, Cefn Coed Hospital, Swansea* - Published 22/11/2019

Rationalisation of the Cefn Coed main hospital and surplus land 'fits' with the *Well-being of Future Generations (Wales) Act 2015*, Health Board's Estate Strategy 2019-2029 (draft) and the emerging master plan for this site. The proposals currently under consideration allow for a 'hybrid' planning application within the *Swansea Local Development Plan 2010 – 2025*<sup>3</sup> proposes retention of the water tower and other selected parts of the existing hospital and conversion to residential use; demolition of parts of the existing main hospital buildings and the old Nurses Home; the development of new-build homes; the construction of a link road through the site between Waunarlwydd Road in the east and the western boundary of the hospital site, to enable a future connection (by others) to the Ty Coch area and recreation, landscaping and drainage developments.

**NPT Hospital** is modern hospital dating between 1995 and 2004. The accommodation occupied by Ward F's adult mental health in-patients and by the CRHT team for NPT area is categorised at Physical Condition 'B'. In-patient detoxification services are provided by Calon Ward. Please see Appendix T – Drawings NPTH Mental Health Site. HIW's visit to the Health Board's Detoxification facility in NPTH's Calon Ward in March 2018 (Published June 2018)<sup>4</sup> noted the following environmental and operational issues:

- The ward was generally well maintained but improvements are necessary to promote a safer, therapeutic and dignified environment. Due to the lack of space on the ward patient areas double-up for ward rounds and therapy sessions during the day. The dining area is very small and patients sit very close together to have their meals. There is no designated quiet area or provision for a single sex space, so patients are limited to using their bedrooms and garden area for much of the day. There is no designated visitor space. Lack of space impacts on patient's privacy and dignity. Expansion or reconfiguration of the ward is limited due to the footprint and ward configuration, and;
- Observation into bedrooms, the bed area and the dining area was made difficult by the ward's internal configuration. Access to staff support, including offices, staff room, and access to staff toilet/changing area is limited, meaning that at times, staff did not have access to appropriate facilities. There was no sluice area on the ward for the disposal of waste.

**The Orchard Centre**, Swansea accommodates the CRHT for the Swansea area and **The Forge Centre**, Port Talbot are categorised at Physical Condition 'B' but requires minor works to provide a modern environment with appropriate digital technologies to support the modern service model and modern workforce design.

## 1.7 Current Activity

Dispersed across three sites SBUHB's current in-patient services operate as a single unscheduled care unit with patients predominantly admitted to the site closest to their home but on occasion admitted to the most appropriate environment for their clinical needs.

The unscheduled care service model is an integrated approach that aims to ensure that people's needs are assessed in a timely way and which offers a range of interventions in the least restrictive environments to meet those needs. Our focus is on providing support that is community based, even when a person is experiencing a period of crisis, but there are occasions where the most appropriate care has to be provided in a hospital setting. The service design is tailored to provide a flexible and responsive assessment and treatment service for people suffering from an acute mental health episode. An integrated approach offers choice and allows individuals to be treated in the part of the model that best matches their needs.

<sup>3</sup> Swansea LDP 2010 – 2025 was adopted in February 2019. This site is allocated within the wider Strategic Development Site F for a residential-led, mixed-use development under Policy SD F

<sup>4</sup> Health Inspectorate Wales March 2018 – Hospital Inspection – Calon Lan Ward (in-patient detoxification) – Neath Port Talbot Hospital - Published 26/06/2018



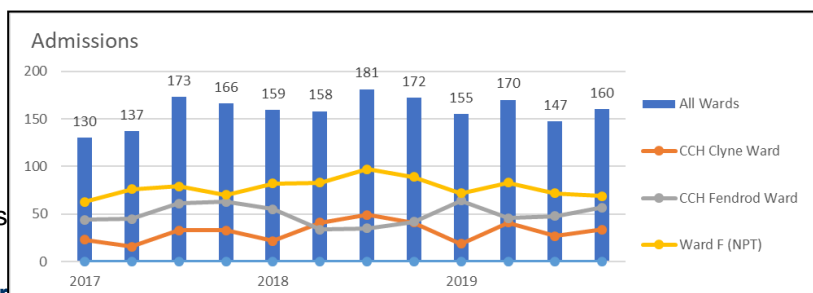
The options on offer are in-patient treatment; home treatment or support via the community based Crisis recovery unit. The emphasis is to provide treatment at home whenever safely possible and when admission is necessary to reduce the length of stay and promote early discharge whilst the provision of a range of treatment options promotes an effective use of resources.

Admissions to in-patient units over the last three years have been relatively stable varying across quarters but within a standard deviation of the average as set out below. The average total admissions per year are 260 per 100,000 adult population.

**Figure 2 – Admissions to In-patient Units (2017 – 2019)**

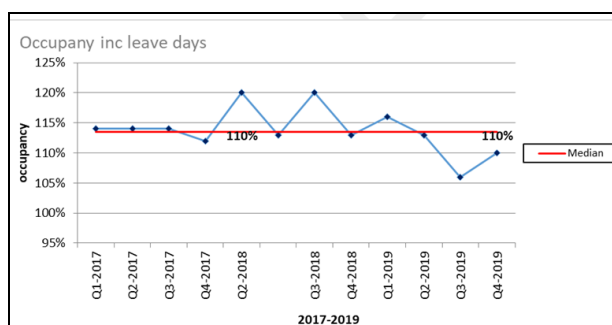
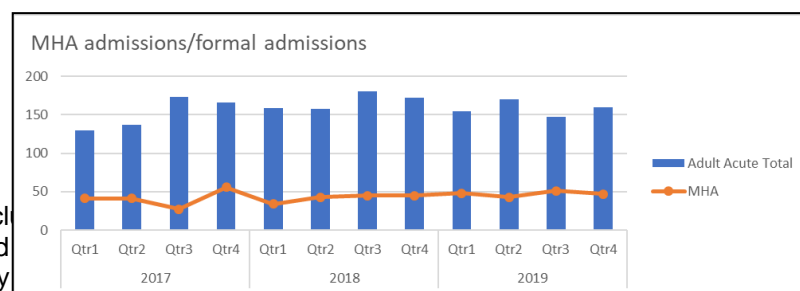
The number of formal admissions is relatively stable.

**Figure 3 – Number of Formal Admissions**

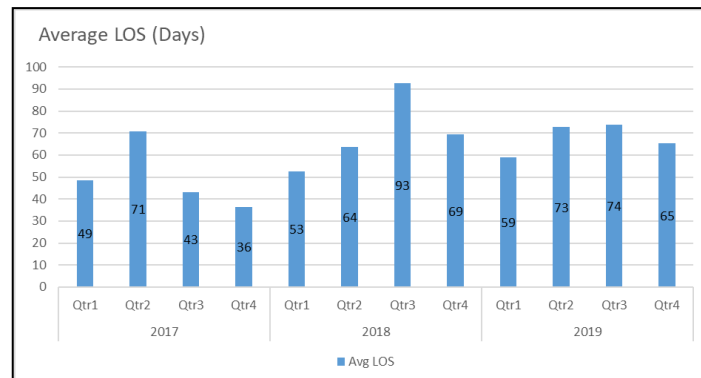


The average occupancy including excess demand services provides the flexibility

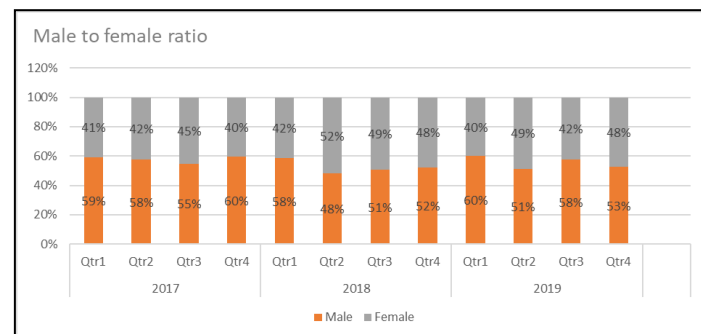
**Figure 4 – Average Occupancy (2017 - 2019)**



The Length of Stay in wards has varied across quarters but the average has increased slightly in 2019 in comparison to 2017 (68 days compared to 50 days in 2017).

**Figure 5 – Length of Stay in wards (2017 - 2019)**

Over the 3 year period of 2017-2019 there has only been one quarter where the number of females admitted was greater than the number of males.

**Figure 6 – Admissions by sex (2017 – 2019)**

Requests made to our CRHT services increased significantly in the years following the service's introduction. This represented increased demand and a shift in how the unscheduled services have operated to meet this demand. Despite increases in population the average monthly referrals for crisis assessment have been relatively stable. There are on average 2,100 referrals per year, approximately 175 per month.

Crisis Resolution Home Treatment - 54% of people referred for Crisis assessment are seen within 2 hours and 100% seen within 4 hours. 16% of people assessed are admitted to hospital. 40% of people assessed are taken on for Home Treatment. 77% of people receive Home Treatment for 2 weeks or less.

**Figure 7 – Crisis Resolution Home Treatment Activity (2017 - 2019)**

## 1.8 Current Staffing

The current staffing is as follows:

**Figure 8 – Current Staffing (WTE)**

<b>Workforce</b>	<b>wte</b>
Medical	32.90
Nursing	183.36
Psychology	6.40
Occupational Therapy	23.72
Administration and Clerical	26.08
Other	1.80
<b>Total WTE</b>	<b>274.26</b>

## 1.9 Part B - The Case for Change

A formal public consultation in 2013/14 with key stakeholders supported investment in crisis and community services in each Local Authority area, reducing care in a hospital setting. This led to the Health Board revisiting the options in 2017 for delivering a modern and centralised adult assessment and treatment unit. This work coincided with the announcement of potential boundary changes involving Bridgend and development work on an Adult Mental Health Strategic Framework. Engagement with the public involved two workshops that looked at the overall service model and the long list of in-patient options. This process confirmed support for enhanced community focused mental health services. In 2018, *The Adult Mental Health Strategic Framework*, which aims to support people of all ages to live as full a life as possible with community based help and support seen as the norm and hospital care the exception, was agreed by the Health Board and was supported by each Local Authority's Cabinet.

### ***Adult Mental Health Service Model***

The modern service model for adult mental health services aims to deliver advice, support and care for people in a timely manner that is proportionate to need and is based on the principle that people are best supported in their own home wherever possible. The means to achieving this is through a range of services available via statutory and third sectors in a stepped model of provision which includes hospital based care as an important element of an effective service model for mental health. SBUHB aims to deliver advice, support and care that avoids the unintended development of dependence, reduces reliance on in-patient services, places an emphasis on early intervention, prevention and promotes self-determination and independence.

Our mental health services should be timely and needs led for all ages rather than service defined with holistic care best delivered through partnership working between statutory and third sector, health and social care services. We aim to support people of all ages to live as full a life as possible with community based care as close to the person's home and community as possible seen as the norm and hospital care the exception. This will be achieved by delivering a range of services available via statutory and third sectors in a stepped model of care with options to easily help people be confident to deal with problems themselves as much as possible and complex interventions and approaches reserved for addressing complex needs. Please see **Appendix F – Range of Mental Health Services**.

### ***In-Patient and Community Modelling***

SBUHB's future in-patient bed number requirements and community services have been modelled on national and historical benchmarking activity and forecast demographics as follows:

The NHS Benchmarking Network Mental Health In-patient and Community Mental Health Metrics Report (October 2019) compared SBUHB's current performance against standard national metrics (please refer to **Appendix G – National Benchmarking Metrics** for a detailed breakdown). SBUHB's adult acute beds per 100,000 registered population was 22.4 per 100,000 against a mean of 20.6 (ranking SBUHB in the top-end of the national 3<sup>rd</sup> quartile). Conversely, SBUHB's acute LOS (excluding leave) was ranked in the national 1<sup>st</sup> quartile at 91%, lower than the national mean of 93%. Adult acute admissions within SBUHB under the Mental Health Act were at the top-end of the national 2<sup>nd</sup> quartile at 39% compared with a national mean of 40%. These findings support a strengthening of SBUHB's long term community services in line with national policies.

SBUHB commissioned NICHE Health & Social Care Consulting to undertake independent simulation modelling of its mental health services. NICHE modelled the current operation of SBUHB's mental health services based on a three-year census of historic data (pre the 1<sup>st</sup> April 2019 boundary change); and then forward projected a wide range of scenarios. NICHE's report (May 2019) sought to determine the Health Board's future adult in-patient bed numbers and community services requirements. Based on a detailed analysis of SBUHB's demographics and mental health services activity for adults of working age, NICHE advised that "demographic change is not a real concern over the coming five years; ONS forecasts are for a very small fall in the local population aged 16 to 64" (please see **Appendix H – Simulation Modelling** for the summary report) NICHE concluded "*Demographic change for adults of working age, demographic change is not a real concern over the coming five years; ONS forecasts are for a very small fall in the local population aged 16 to 64*", supporting a 'steady-state' baseline for population growth in the population served by SBUHB.

Calculating future adult acute in-patient bed numbers NICHE concluded SBUHB should not increase its current adult acute bed numbers but should instead invest in step-down care and support accommodation, which would enable long stay in-patients and large numbers of very short admissions to be more appropriately managed in the community. NICHE advised that residual Swansea/NPT service will need access to at least 6 PICU beds to support forecast SBUHB population demand post the transfer of the Bridgend service to Cwm Taf UHB in April 2019. Finally, NICHE strongly encouraged that SBUHB to move towards provision of CRHT services which meet the CORE Fidelity Standards<sup>5</sup> for such services to move towards 24/7 rapid and intensive home treatment as an alternative to admission. This SOC builds on NICHE's recommendations by providing a 55 fit for purpose assessment and treatment in-patient adult acute beds, by providing a local PICU service, and by commissioning crisis care (step-down services) beds in the community from the 3<sup>rd</sup> sector as an alternative to hospital admission.

## 1.10 Spending Objectives

In accordance with NHS Wales's guidance, the key spending objectives have been identified as follows:

**Figure 9 – Spending Objectives**

<b>1: To improve the quality and safety of Swansea Bay Health Board's population's adult mental health services</b>
Co-locate and replace CCH's obsolete wards with fully compliant 55 in-patient beds in a modern new build facility, re-provide a fully compliant 5-bed Detoxification in-patient Unit and provide a fully compliant 6-bed adult local PICU facilities which improve privacy, dignity and safety and health outcomes, & Provide SBUHB's population with access to 24/7 local Crisis Resolution Home Treatment Teams (CRHT) community mental health support accommodation in Swansea/NPT area as per the agreed modern service model.
<b>2: To provide a model for Swansea Bay Health Board's adult mental health services that</b>

<sup>5</sup> The CORE Study is a research programme funded by the National Institute for Health Research through a Programme Grant for Applied Research (RP-PG-0109-10078). Between June 2013 and April 2014, 75 Crisis Resolution Teams (CRTs) from across the UK



<b>is sustainable as regards the number of in-patient beds and community support, workforce and flexibility of the service to meet future needs</b>
Support a modern community based model of care for adult mental health services that will enable people to manage their own mental health crisis through a variety of options and allow people to get the support they need close to home when they need it and as early as possible, as per NICHE independent study, to meet service need when they are in crisis
<b>3: To achieve service / operational economies</b>
Maximise opportunity costs associated with obsolete accommodation's maintenance and reactive repairs and by releasing obsolete accommodation / surplus land at CCH, & Maximise use of scarce resources within SBUHB's MH&LD Unit.
<b>4: To improve service efficiencies</b>
Improve the patient pathway within the modern model of care though the provision of high quality adult mental health services so that services are accessible wherever you live within the area served by SBUHB; Reduce number of Section 136 detentions and Mental Health Act admissions and people held in restrictive settings for the least amount of time by providing community based alternatives to in-patient care, self-management, and support services that reduce need for adult in-patient care and reduce in-patient LOS; Promote patient benefits, improve patients' outcomes and improve the patient experience, and; Ensure community adult mental health services, assets and resources are effectively utilised.
<b>5: To improve service effectiveness</b>
Provide a physical environment that supports and promotes recovery in line with best practice; Ensure access to effective treatment and therapies where appropriate; Offer more choice and support for people because of the increased range of options, and; Meet the needs of users and their carers and staff by enabling people to have a greater sense of control and improved recovery outcomes, as defined by them, and; Provide more local access to adult mental health services across the Health Board, which supports, e.g. reduced Length of Stay (LOS) in hospital; increased employment of service users; improved satisfaction with services, and; increased staff satisfaction; Patient & Carer satisfaction surveys evidence 20% improvement for acceptability scores against baseline.

All the above to be achieved by mid-2025. To be evidenced by mid-2026, subject to funding and planning approvals (please see **Appendix C – Benefits Realisation Register**).

## 1.11 Business Needs

Investment in SBUHB's mental health infrastructure and community services will address the following key operational challenges, difficulties and service gaps associated with the existing arrangements, especially ward accommodation at Cefn Coed Hospital, which has been repeatedly criticised by Health Inspectorate Wales (HIW) in their last three independent visits (2016 – 2018)<sup>6</sup>. HIW's visit to NPTH's mental health facilities in 2018<sup>7</sup> criticised the environment and lack of functional space. (Please see **Appendix E - Summary of Health Inspectorate Wales**).

There is no PICU at Cefn Coed Hospital. If required, a PICU is accessed at PoWH, Bridgend. Managing patients and transferring them between hospitals when they require care within a PICU provides significant challenges for staff, and is detrimental for patient's well-being.

We need to develop alternative and more flexible pathways of treatment. Too many mental health patients are staying on wards when community or step down service would be more appropriate. Replacement accommodation and methods of delivery must meet modern healthcare standards, more accessible, acceptable to clinical and users, and support the needs

<sup>6</sup> Healthcare Inspectorate Wales (HIW) May 2016 – *Mental Health/ Learning Disability Inspection – Clyne, Fendrod, Gwelfor and Celyn Wards, Cefn Coed Hospital, Swansea* - Published 12/08/2016; HIW June 2018 – *NHS Mental Health Service Inspection – The Tawe Clinic (Clyne Ward and Fendrod Ward), Cefn Coed Hospital, Swansea* - Published 24/09/2018; HIW August 2019 – *NHS Mental Health Service Inspection – Tawe Clinic, Cefn Coed Hospital, Swansea* - Published 22/11/2019

<sup>7</sup> Health Inspectorate Wales March 2018 – *Hospital Inspection – Calon Lan Ward (in-patient detoxification) – Neath Port Talbot Hospital* - Published 26/06/2018

of SBUHB's population. It must support delivery of a modern adult mental health service model, support SBUHB's Clinical Services Plan, and address, on a timely basis, HIW's criticisms (please see Section 1.11) if we are to enhance the patient experience and improve health outcomes. ,

Further 'interim' investment will not address critical environmental issues or fully address HIW's recommendations, support Royal College best practice or achieve full compliance with WHBN/WHTM guidance. This will only be achieved by replacing the existing accommodation with modern and fully compliant mental health accommodation that provides access to 21st century that support improved quality of care, safety, better health outcomes. Co-locating adult in-patient accommodation will support SBUHB's modern service model and will provide the population served by SBUHB future proofed adult assessment and treatment, PICU and Detox beds. Complementary investment in 24/7 Crisis Resolution and Home Treatment (CRHT) community services will provide a access to alternative services and will improve patient and carers' satisfaction with adult assessment and community based mental health services. Patient pathways will be improved and services will be able to access to a range of modern digital technologies to support the modern service model and modern workforce delivery.

Investment will support the planned release for demolitions/disposal, obsolete Health Board accommodation at Cefn Coed and will release space at NPT Hospital for future clinical development in support of SBUHB's strategic objectives and Estates Strategy. It will support the elimination of £1.17 million (as at 2018/19) of backlog maintenance.

## 1.12 Potential Scope

This section describes the potential scope for the project in relation to the above business needs in terms of modalities and service drivers. The potential scope has been assessed against a continuum of need ranging from:

- *Business as Usual* – essential for baseline comparison.
- *Do Minimum* – essential or core requirements/ outputs.
- *Intermediate* – with essential and desirable delivery requirements/ outputs to a greater and lesser extent.
- *Do Maximum* – essential, desirable and optional requirements/outputs.

The potential service scope options within these ranges are described in the figure below:

**Figure 10 - Potential Service Scope Options**

<b>Option 1 Business as Usual</b>	<b>Option 2 Do Minimum</b>	<b>Option 3 Intermediate</b>	<b>Option 4 Do Maximum</b>
Maintain existing two adult assessment and treatment in-patient / Detox facilities (at NPT & Cefn Coed Hospitals); PICU services commissioned from neighbouring health board.	Develop a centralised 55-bed adult assessment and treatment in-patient facility, local 5-bed PICU & 5-bed Detox ward	Develop a centralised 55-bed adult assessment and treatment in-patient facility, local 5-bed PICU, 5-bed Detox ward & local Swansea and NPT CRHT Short-Term Crisis Care Services commissioned from the third sector	Develop a de-centralised locality based service model with local short-term Crisis Care Services and a centralised 19-bed adult assessment and treatment in-patient facility, local 5-bed PICU & 5-bed Detox ward

Note - The model of delivery for Detox facilities is to be agreed following further consultation.

### 1.13 Main Outcomes and Benefits

The main potential outcomes benefits to patients, the Health Board and the wider health community would be classified in terms of cash releasing benefits (CRBs), non-cash releasing benefits (NCRBs), quantifiable or quantitative benefits (QBs), and non-quantifiable or qualitative benefits (NQB) are outlined in **Appendix I - Key Benefits by Option**.

### 1.14 Main Risks

The main business and service risks associated with the potential scope across all the options for this project are shown below, together with their counter measures, are detailed in **Appendix x – Risk Register**. Please refer to **Appendix J – Option & Risk Appraisal Group Membership** for details of the appraisal team members.

### 1.15 Constraints

The key constraints are as follows:

- The availability of sufficient capital;
- An agreed and deliverable revenue financial model for the project;
- Strategic capital charges support from the WGov;
- Continuing support for the agreed service model;
- Identification of available land for new facilities;
- Ability to recruit and retain sufficient qualified and non-professionally qualified staff;

### 1.16 Dependencies

The success of this project is subject to the following dependencies:

- Primary care strategies, support structures, and alternatives to residential care.
- Interdependencies with other local and regional projects planned on Health Board sites
- Obtaining planning permission approval(s).
- The commitment of the Health Board at the highest level, to drive this project.
- Continued effective and transparent engagement with users and key stakeholders at all stages of the project and support the transformational process.
- Development of a Formal Staff and Public Engagement Process, Change Management Process and Communications Plan.
- Change management including workforce modernisation and engagement;
- Co-ordination of recruitment and training processes to support future staffing arrangements.
- Access to appropriate / experienced construction resources.

## 2 The Economic Case

### 2.1 Introduction

In accordance with the Capital Investment Manual and requirements of HMT's *The Green Book: Central Government Guidance on Appraisal and Evaluation* (2018), this section of the business case demonstrates the wide range of options that have been considered in response to the potential scope identified in this SOC.

### 2.2 Critical Success Factors

The Critical Success Factors (CSFs) have been identified to allow evaluation of the potential options. These are shown below:

**Figure 11 – Critical Success Factors (CSFs)**

<b>CSF 1 Business needs</b>
How well the option satisfies the existing and future needs of the service, i.e. by providing a more sustainable Adult Mental Health service within ABMU.
<b>CSF 2 Strategic fit</b>
How well the option provides holistic 'fit' and synergy with other key elements of the national, regional and local strategies, i.e. supporting SBUHB's Clinical Services Plan, Annual Plan and national, regional and local Adult Mental Health strategic objectives.
<b>CSF 3 Benefits optimisation</b>
How well the option optimises the potential return on expenditure.
<b>CSF 4 Potential achievability</b>
The organisations' ability to deliver the new build accommodation on a timely basis.
<b>CSF 5 Supply side capacity and capability</b>
The ability of the marketplace and the potential suppliers to deliver the required services and deliverables.
<b>CSF 6 Potential affordability</b>
The organisation's ability to fund the required level of expenditure, viz, the capital and revenue consequences associated with the proposed investment.

### 2.3 Methodology

The Appraisal Group identified a range of options in accordance with Treasury Green Book and Capital Investment Manual. A list of participants is attached in **Appendix J – Option & Risk Appraisal Group Membership**.

### 2.4 Stakeholder Engagement

Stakeholder engagement is managed in accordance with the Organisational Change Policy for the NHS in Wales (commonly known as OCP). The following public consultations have been undertaken:

**2013/14 Formal public consultation** - outcome - general support for further investment in crisis and community services in each Local Authority area so that as much care as possible could be delivered locally. The Health Board agreed a centralised approach.

**2017 revisited the options** for a centralised unit / announcement boundary changes involving Bridgend and development work on an Adult Mental Health Strategic Framework. Engagement with the public through two workshops confirmed the support for community focussed mental health services.

**November 2019 engagement with clinical stakeholders** confirmed support for a modern adult assessment and treatment and community based service model and range of potential service scope options and potential service solution options.

**January 2020 engagement with wider stakeholders**, including users of the adult acute service, their carers and the 3<sup>rd</sup> sector confirmed support for the new adult acute and community based service model, informed the key components and vision for the proposed adult assessment and treatment new build, and informed the selection of the location for the centralised adult unit. Please see **Appendix K – Workshop Attendees** for a list of the attendees.

## 2.5 The Long Listed Options

The long list of options was generated using the Scoping Options framework. The sections below summarise the assessment of each scoping option as they were assessed against the Investment Objective and CSF criteria to determine their short list suitability. The framework options findings are summarised in **Appendix A – Framework Options Long List Summary**.

**Figure 12 – Long List Options**

Options	Status
<b>1</b> <b>Business as Usual</b> - Maintain existing two sites adult assessment and treatment in-patient sites / Detox facilities (at NPT & Cefn Coed Hospitals); PICU services commissioned from neighbouring health board	Rejected but retained as the Business as usual 'baseline comparator'
<b>2</b> Re-provide 2 adult assessment and treatment in-patient sites (include future proofing beds) & develop 1 PICU	Rejected
<b>3</b> Re-provide 2 adult assessment and treatment in-patient sites (include future proofing beds) & develop 2 PICUs	Rejected
<b>4</b> Develop 1 centralised 55-bed adult assessment and treatment in-patient facility & 1 local PICU & Detox	Shortlisted - Possible - do less ambitious
<b>5</b> Develop 1 centralised 55-bed adult assessment and treatment in-patient facility & 1 local PICU & Detox & Swansea and NPT CRHT Short-Term Crisis Care Services commissioned from the third sector	Shortlisted - Preferred Way Forward
<b>6</b> Develop a de-centralised new Locality service model (short-term Crisis Care Services and a centralised 19-bed adult assessment and treatment in-patient facility, local 5-bed PICU & 5-bed Detox ward)	Shortlisted - Possible - do more ambitious

The preferred and possible solutions identified were carried forward into the short list for further appraisal and evaluation. All the 'discounted' options were excluded at this stage.

**Option 1 Business As Usual** ((i.e. maintaining the existing two adult assessment and treatment in-patient / Detox facilities (at NPT & Cefn Coed Hospitals), with PICU services commissioned from neighbouring health board)) addresses essential statutory maintenance only. It does bring the accommodation to a "sound, operationally safe" condition (as defined by Physical Condition 'B'). It does not achieve compliance with current mental health best practice as it would be impracticable to try and resolve all the existing estates and configuration issues with Tawe Clinic to improve access for disabled patients and to address fire, services, and asbestos risk. For this reason retaining the existing Cefn Coed Hospital estate was excluded from further consideration but was retained as baseline comparator.

## 2.6 Summary of Short List Options Framework

Based on hi-level non-financial analysis the short list is as follows:

**Figure 13 – Range of Short List Options**

Shortlisted Options	Description
<b>Option 1</b> Business as Usual	Maintain existing two adult assessment and treatment in-patient sites / Detox facilities (at NPT & Cefn Coed Hospitals); PICU services commissioned from neighbouring health board.
<b>Option 2</b> Do Minimum	Develop a centralised 55-bed adult assessment and treatment in-patient facility, local 5-bed PICU & 5-bed Detox ward. New build on existing or new site. Single Phase. Capital Funding. NHS Delivery.

<b>Option 3</b> Intermediate	Develop a centralised 55-bed adult assessment and treatment in-patient facility, local 5-bed PICU, 5-bed Detox ward & local Swansea and NPT CRHT Short-Term Crisis Care Services commissioned from the third sector. New build on existing or new site. Single Phase. Capital Funding. NHS Delivery.
<b>Option 4</b> Do Maximum	Develop a de-centralised locality based service model with local short-term Crisis Care Services and a centralised 19-bed adult assessment and treatment in-patient facility, local 5-bed PICU & 5-bed Detox ward. New build on existing or new site. Single Phase. Capital Funding. NHS Delivery.

The preferred location will be identified following a Formal Public Consultation. It is anticipated this activity will be concluded mid-2020. The choice of location for the new adult assessment and treatment unit is likely to be Cefn Coed Hospital, Morriston Hospital (within the extended site), NPT Hospital or in the NPT area, or the Jersey Marine area of Swansea.

## 2.7 Indicative Capital and Capital Costs

### Capital Costs

A capital cost assessment of the shortlisted options has been undertaken by AECOM. The high-level capital costs of the shortlisted options (excl. VAT) are as follows (please see **Appendix Q – Cost Forms**):

**Figure 14 – Indicative Capital Costs (excl VAT £000s above baseline)**

	<b>Option 1</b> <b>Business as</b> <b>Usual</b>	<b>Option 2</b> <b>Do Minimum</b>	<b>Option 3</b> <b>Intermediate</b>	<b>Option 4</b> <b>Do Maximum</b>
Departmental Costs	1,373	33,026	33,026	40,338
<b>Works Costs Total</b>	<b>1,373</b>	<b>33,026</b>	<b>33,026</b>	<b>40,338</b>
Fees	223	5,452	5,452	6,115
Non Works Costs	515	991	991	1,847
Equipment Costs	41	622	622	832
Planning Contingency	323	4,009	4,009	4,913
<b>Base Project Cost</b>	<b>2,475</b>	<b>44,100</b>	<b>44,100</b>	<b>54,045</b>

The key assumptions underlying the development of the capital costs are:

- Capital costs are based on Departmental Cost Allowances (DCAGs) rates and the agreed Schedules of Accommodation (please refer to **Appendix L – SOAs**), and include works, non-works, abnormal allowances (including the development of a new link road).
- Capital costs for Options 2, 3 & 4 include a range of notional land purchase costs. Disposal income for the Cefn Coed Hospital site is unknown at this stage and is subject to market rates.
- As per WGov guidance at this stage of the planning process: No allowance has been made for inflation; Optimism Bias has been excluded; Planning contingency is 15% for Option 1 and 10% for Options 2, 3 & 4 of works costs, non-works costs, equipment and fees; Equipment costs are based on 5% of works costs; VAT is at 20% except for the professional fee and other vat recoverable elements, and; exclude a Generic Economic Analysis (GEM).

### Revenue Costs

The baseline and indicative future revenue cost for each shortlisted option are outlined in the figure below:



**Figure 15 – Revenue cost impact of the Shortlisted Options (£000's) above baseline**

	<b>Option 2 Business as Usual (Baseline)</b>	<b>Option 2 Do Minimum</b>	<b>Option 3 Intermediate</b>	<b>Option 4 Do Maximum</b>
Pay	12,816	13,576	13,576	14,956
General Non-Pay	1,206	1,211	1,211	1,214
Hotel Services	836	753	753	733
Estates	192	399	399	380
LTAs/ Other Commissioned Services	1,234	375	750	0
<b>Total</b>	<b>16,284</b>	<b>16,314</b>	<b>16,689</b>	<b>17,283</b>

The revenue costings include the following assumptions:

- Costed at 2019/20 prices.
- Recurrent costs include the following recurring staff and non-staff costs:
  - Clinical support staff, hotel services and facilities costs.
  - Hotel Services includes Catering, Cleaning and Portering; Estates includes Energy, Water, Waste, and Rates; and LTAs/Commissioned Services includes the current LTA with CTM UHB for PICU and the current cost of commissioning crisis services and the commissioning of crisis beds with the third sector for Option 3.
  - Any decisions for allocation of revenue for Crisis Care Services which are commissioned from the third sector will be agreed through the Health Board's current commissioning/prioritisation process. Any future additional funds for Mental Health Services via Welsh Government will be considered for this purpose and managed through the Well-being and Mental Health Board.

### ***Preferred Way Forward Option***

The preferred way forward is confirmed as (Option 3) as follows:

**Figure 16 – The Preferred Way Forward (Option 3)**

<b>Option 3 Intermediate</b>	Develop a centralised 55-bed adult assessment and treatment in-patient facility, local 5-bed PICU, 5-bed Detox ward & local Swansea and NPT CRHT Short-Term Crisis Care Services commissioned from the third sector. New build on existing or new site. Single Phase. Capital Funding. NHS Delivery.
----------------------------------	--

### 3 The Commercial Case

#### 3.1 Introduction

This section of the SOC outlines the proposed 'deal' in respect of the preferred way forward outlined in the Economic Case. The SOC is seeking to secure public funding from the Welsh Government's 'All Wales Capital Programme'.

#### 3.2 Required Services

The required services are as follows:

- Enabling works as required, including the decommissioning of obsolete facilities and diversion of essential infrastructure services to retained site(s), and the development of services, road junctions, and car parking to support new in-patient and community based site(s);
- Development of compliant and fit for purpose 55-bed adult assessment and treatment in-patient facility, a local 5-bed PICU, a 5-bed Detox ward, and;
- Commissioning of compliant local Swansea and NPT CRHT Short-Term Crisis Care Services commissioned from the third sector.

#### 3.3 Potential for Risk Management

A risk register has been compiled and costed relative to risks that apply over the whole of the project lifecycle at this stage (please see **Appendix M – Risk Register**). The planning contingency has been assessed by an independent cost advisor. The planning contingency is £4.81m, including non-recoverable VAT. This assessment of risk and complies with NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP - SES) guidance at this planning stage.

#### 3.4 Indicative Timescales

The indicative milestones are set out below (please see **Appendix N – Management Control Plan**):

**Figure 17 – Key indicative milestones**

Activity	Due Date
Project Board signs off SOC	May 2020
Investments and Benefits Group (IBG) endorses SOC	May 2020
Health Board approves SOC	May 2020
Submit SOC to WGov for approval	June 2020
WGov approve SOC	August 2020
Appoint Supply Chain Partner, Health Board Cost Advisor & Health Board Project Manager from Designed for Life Regional Framework	Oct. 2020
Health Board approves OBC	July 2021
Submit OBC to WGov for approval	September 2021
WGov approve OBC	December 2021
Health Board approves FBC	September 2022
Submit FBC to WGov for approval	September 2022
WGov approve FBC	December 2022
Mobilise and commence new build works	December 2022
New build completed (subject to contractor's programme)	April 2025
New build commissioning (subject to accreditation arrangements & technical commissioning)	May 2025
New build operational	June 2025
Technical PPE (approx. 3 months post new build handover)	September 2025
Benefits Realisation (approx. 12 months post operational)	June 2026



## 4 Funding and Affordability

### 4.1 Introduction

The purpose of this section is to set out the indicative financial implications of the preferred way forward (as set out in the Economic Case) and proposed Deal (as described in the Commercial Case).

### 4.2 Indicative Capital Requirements

A capital cost assessment of the shortlisted options has been undertaken by AECOM. The hi-level capital costs of the shortlisted options (incl. VAT) are as follows (please see **Appendix Q – Cost Forms**):

**Figure 18 – Capital Requirements (£000 incl. VAT)**

	<b>Option 1 Business as Usual</b>	<b>Option 2 Do Minimum</b>	<b>Option 3 Intermediate</b>	<b>Option 4 Do Maximum</b>
Departmental Costs	1,648	39,632	39,632	48,405
<b>Works Costs Total</b>	<b>1,648</b>	<b>39,632</b>	<b>39,632</b>	<b>48,405</b>
Fees	267	6,543	6,543	7,338
Non Works Costs	618	1,189	1,189	2,217
Equipment Costs	49	746	746	998
Planning Contingency	387	4,810	4,810	5,896
<b>Total</b>	<b>2,969</b>	<b>52,920</b>	<b>52,920</b>	<b>64,854</b>
Less recoverable VAT	- 44	- 1,090	- 1,090	- 1,223
<b>Base Project Cost</b>	<b>2,925</b>	<b>51,830</b>	<b>51,830</b>	<b>63,631</b>

#### **Capital Assumptions**

The key assumptions underlying the development of the capital costs are:

- Capital costs are based on Departmental Cost Allowances (DCAGs) rates and the agreed Schedules of Accommodation (please refer to **Appendix L – SOAs**), and include works, non-works, abnormal allowances (including the development of a new link road).
- Capital costs for Options 2, 3 & 4 include a range of notional land purchase costs. Disposal income for the Cefn Coed Hospital site is unknown at this stage and is subject to market rates.
- As per WGov guidance at this stage of the planning process: No allowance has been made for inflation; Optimism Bias has been excluded; Planning contingency is 15% for Option 1 and 10% for Options 2, 3 & 4 of works costs, non-works costs, equipment and fees; Equipment costs are based on 5% of works costs; VAT is at 20% except for the professional fee and other vat recoverable elements, and; exclude a Generic Economic Analysis (GEM).

### 4.3 Income and Expenditure Analysis

The hi-level revenue analysis is below and details the impact on Income and Expenditure is as follows:

**Figure 19 – Revenue Impact £000's above baseline**

	<b>Option 1 Business as Usual (Baseline)</b>	<b>Option 2 Do Minimum</b>	<b>Option 3 Intermediate</b>	<b>Option 4 Do Maximum</b>
Pay	12,816	761	761	2,141
General Non-Pay	1,206	5	5	8
Hotel Services	836	-83	-83	-103
Estates	192	207	207	188
LTAs/ Other Commissioned Services	1,234	859	-484	1,234
<b>Total</b>	<b>16,284</b>	<b>31</b>	<b>406</b>	<b>1,000</b>

**Revenue Assumptions**

The key planning assumptions are as follows:

- Costed at 2019-20 prices.
- Recurrent costs include the following recurring staff and non-staff costs:
  - Clinical support staff, hotel services and facilities costs.
  - Hotel Services includes Catering, Cleaning and Portering; Estates includes Energy, Water, Waste, and Rates; and LTAs/Commissioned Services includes the current LTA with CTM UHB for PICU and the current cost of commissioning crisis services and the commissioning of crisis beds with the third sector for Option 3.
  - Any decisions for allocation of revenue for Crisis Care Services which are commissioned from the third sector will be agreed through the Health Board's current commissioning/prioritisation process. Any future additional funds for Mental Health Services via Welsh Government will be considered for this purpose and managed through the Well-being and Mental Health Board.

## 5 The Management Case

### 5.1 Introduction

The section of the SOC addresses the achievability of the project.

### 5.2 Project Management Arrangements

To ensure successful project delivery a robust project management reporting structure has been established. The structure is based on the Prince2 principles, with key members of the project team trained in Prince2 methodology. The Health Board's experience of developing and delivering complex projects in a Prince2 environment ensures diligent management and thorough clinical involvement throughout all parts of the development.

The Senior Responsible Owner (SRO) is Mrs Siân Harrop-Griffiths, Director of Strategy, Strategy, SBUHB.

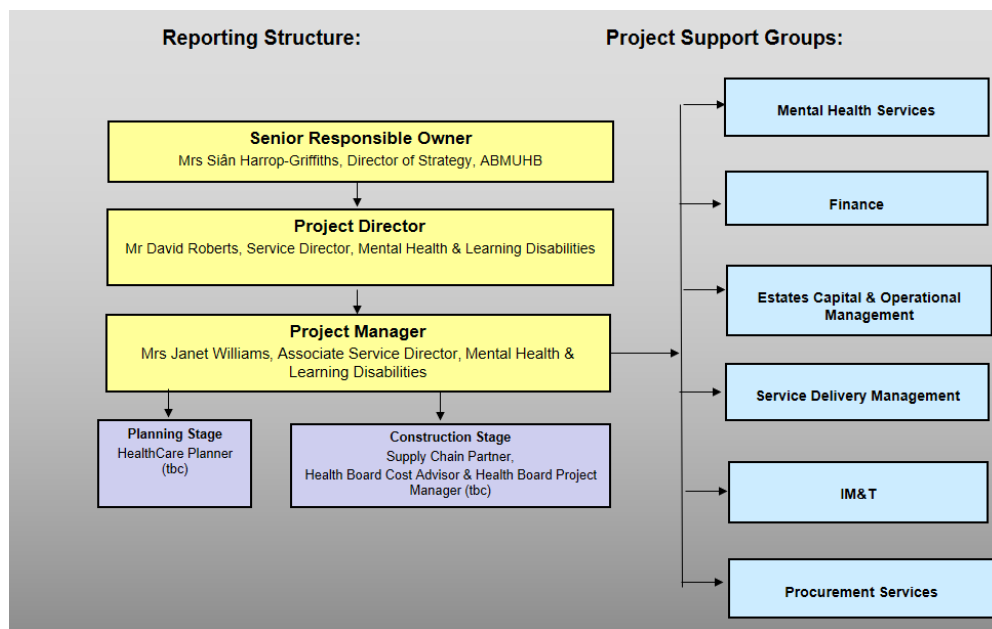
The Project Director is Mr David Roberts, Service Director, Mental Health & Learning Disabilities, SBUHB, who has the authority and responsibility to manage delivery of the project on behalf of the key stakeholders. The Project Director reports via the Wellbeing and Mental Health Services Project Board to the SRO.

A nominated Project Manager, Mrs Janet Williams, Associate Service Director, Mental Health & Learning Disabilities, SBUHB, supports the Project Director.

The Cost Advisor will report regularly to the Project Manager.

The reporting structure is shown below:

**Figure 20 – Reporting Structure**



### 5.3 Workforce Planning & Operational Arrangements

The Project Director is lead for service change and operational arrangements in collaboration with agreed service stakeholder representatives. This will involve the development and implementation of a modern Workforce Model to support modern ways of working in mental health services. These arrangements will be detailed at OBC stage.

## 5.4 Health and Equality Impact Assessment

An Assessment will be undertaken as part of the next steps to develop an OBC. This will be informed by wider public and stakeholder engagement.

## 5.5 Building Research Establishment Environmental Assessment Method (BREEAM)

The pre-construction BREEAM assessment will be provided at OBC stage following confirmation of detailed design and consultation with the BREEAM Advisor and planning authorities following agreement of outline planning permissions.

## 5.6 Achieving Excellence Design Evaluation Toolkit (AEDET)

An AEDET assessment would be progressed with NWSSP-SES representatives at OBC stage once design proposals has been detailed.

## 5.7 Arrangements for Benefits Realisation

Please see **Appendix O - Benefits Register Plan** and **Appendix C - Benefits Realisation Register**. These will be detailed at OBC stage.

## 5.8 Arrangements for Risk Management

A risk framework has been established which outlines the process for managing risk associated with developing this project, including a structure for identifying and mitigating operational and construction related risks. The risk register would use qualitative and quantitative measures to calculate the overall level of risk according to likelihood of any risk occurrence multiplied by the potential impact. The Project Board would formally review the risk register at key stages of the project.

## 5.9 Post Evaluation Arrangements

All projects are subject to post-construction review evaluation in accordance with recognised best practice and NHS guidance.

## 5.10 NHS Wales Gateway Review (Stage 0 – Business Justification)

A Risk Potential Assessments 1 (RPA 1) has been carried out for this project. A copy is included in **Appendix P - Gateway Review - RPA1**. A Gateway '0' review could be arranged Welsh Government would carry out post submission of this SOC and prior to the submission of an OBC in accordance with Welsh Government Investment Guidance. Further Gateways would be completed according to Office of Government Commerce (OGC) guidelines following further evaluation.

## 5.11 Contingency Plans

The Health Board can identify two major category of project failure: failure to achieve business case approval to deliver the project; failure of the main contractor to deliver the new build to time.

The contingency plan for the project in the event of failure to achieve business case approval is for the Health Board to continue to revise its plans, working with Welsh Government to develop an adult mental health solution for the Health Board that is acceptable.

In the event of Supply Chain failure, SBUHB would seek recompense in line with the agreed contractual arrangements and other contractor to complete the project.

## Appendix A – Framework Options Long List Summary

## Appendix B – Framework Options

## Appendix C – Benefits Realisation Register

## Appendix D – Catchment Population and Health Status



## Appendix E - Summary of Health Inspectorate Wales

## Appendix F – Range of Available Services

## Appendix G – National Benchmarking Metrics

## Appendix H – Simulation Modelling

## Appendix I – Benefits by Option

## Appendix J – Option & Risk Appraisal Group Membership

## Appendix K – Workshop Attendees

## Appendix L – Schedules of Accommodation



## Appendix M – Risk Register

## Appendix N – Management Control Plan

## Appendix O – Benefits Plan

## Appendix P – Gateway Review - (RPA1)

## Appendix Q – Cost Forms

## Appendix R – Mental Health Locations

## Appendix S – Drawings CCH Main Hospital

## Appendix T – Drawings NPTH Mental Health Site



## Abbreviations

ABMUHB	Abertawe Bro Morgannwg University Health Board
AEDET	Achieving Excellence Design Evaluation Toolkit
AME	Annually Managed Expenditure
ARCH	A Regional Collaboration for Health
BIS PUBSEC	Firm Price Index
BREEAM	Building Research Establishment Environmental Assessment
BRP	Benefits Realisation Plan
CMHT	Community Mental Health Team
CRB	Cash Releasing Benefit
CRHT	Crisis Resolution Health Team
CSF	Critical Success Factor
DCAG	Departmental Cost Allowance Guide
DGH	District General Hospital
DGM	Divisional General Manager
DoH	Department of Health
ECAG	Equipment Cost Allowance Guide
EIA	Equality Impact Assessment
FBC	Full Business Case
FSOC	Framework Mental Health Strategic Outline Case
GEM	Generic Economic Model
GMP	Guaranteed Maximum Price
GVA	Gross Value Added
HBCA	Health Board Cost Adviser
HBPM	Health Board Project Manager
HIA	Health Impact Assessment
HIW	Health Inspectorate Wales
HMt	Her Majesty's Treasury
IMTP	Integrated Medium Term Plan
MDT	Multi-Disciplinary Team
NCRB	Non Cash Releasing Benefit
NEC	New Engineering Contract
NPT	NeathPortTalbot
NQB	Non-Quantifiable or Qualitative benefits
NWSSP – SES	NHS Wales Shared Services Partnership – Specialist Estates Services
OBC	Outline Business Case
OGC	Office of Government Commerce
PDP	Portfolio Delivery Plan (ARCH)
PEP	Project Execution Plan
PHW	Public Health Wales NHS Trust
PIA	Privacy Impact Assessment
PICU	Psychiatric Intensive Care Unit
PPE	Post Project Evaluation
QB	Quantifiable or Quantitative benefits
RIBA	Royal Institute of British Architects
RPA	Risk Potential Assessment
SBUHB	Swansea Bay University Health Board
SDCP	Site Development Control Plan

SOC	Strategic Outline Business Case
SRO	Senior Responsible Owner
VAT	Value Added Tax
VFM	Value for Money
WGov	Welsh Government
WHBN	Welsh Health Building Note
WHTM	Welsh Health Technical Memorandum
WTE	Whole Time Equivalent