

Draft Health Board Estates Strategy 2018 - 2028



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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Dyfodol  Clinigol
Clinical Futures

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Executive Summary

1.0 Introduction

1.1 The Health Board is committed to constantly reviewing the services that are needed to meet the needs of patients both now and in the future. This Estate Strategy sets out how the estate will be developed to meet these needs in the context of the Health Board's Clinical Futures Strategy and its vision for the estate which is:

"A future focused, fit for purpose estate which supports service delivery to enhance patient outcomes and experience, motivates and enables staff to deliver safe efficient quality services with partners and that is financially viable and sustainable".

1.2 During 2018/19, the Health Board has continued to take forward the development of its clinical services strategy, **Clinical Futures**. This longstanding approved clinical service strategy will deliver a refreshed clinical model that will be based around delivering more care closer to home. The new model of service provision will require the development of '**hubs**', both physical and virtual, at key locations in each borough. The hospital network that will consist of Local General Hospitals and Community Hospitals along with the new Grange University Hospital. The opening of the Grange University Hospital in March 2021 will provide a catalyst for significant service change and estate rationalisation across the Health Board, particularly within the existing framework of hospitals.

1.3 To underpin the development of an Estate Strategy and to support the implementation of Clinical Futures the following Key Principles have been identified for the future Estate, which should be:

Supportive of service delivery - Ensure the built environment and equipment (including technology) are suitable to enable delivery of services in the right place to support the best outcomes and experience for patients.

Enables Partnership working - Enables the Health Board to manage demand, improve services and provide better outcomes for patients through improved partnership working and better co-location/design, where appropriate, with our key partners.

Future focused - Fit for purpose and flexible enough to accommodate future changes.

Sustainable - Delivers the principles of the Well Being of Future Generations (WBF) Act 2015 and makes effective use of all available resources.

Fit for purpose - Supports the objectives of the Health Board by providing a clear strategic direction to optimise the configuration and utilisation of the estate.

Motivating and Enabling - Staff are our most important asset, the estate should provide them with excellent facilities and environments, flexible arrangements and equipment to do their jobs effectively.

Financially viable - Delivers demonstrable value for money for our community and optimises the resources available for direct patient care.

1.4 The Estate Strategy looks forward over the next five to ten years from 2018/19 to 2028/29 and has been developed to reflect the changing demands on the estate as a consequence of the changing demands for clinical and non-clinical services.

1.5 This Strategy provides an assessment of the current estate "*where are we now?*" where ABUHB wants to be and the accompanying Delivery Plan sets out how we intend to get there.

2.0 Where Are We Now?

Overview of ABUHB/Current Services

2.1 Aneurin Bevan University Health Board was established in 2009 as an integrated Local Health Board responsible for planning and delivering a wide range of primary, community and secondary health services to the populations of Caerphilly, Monmouthshire, Newport, Blaenau Gwent and Torfaen. Taken together with an estimate of the patients living in South Powys and other areas that are served by the Health Board, the patient population served is close to 600,000.

2.2 The Health Board provides a comprehensive range of Acute hospital based, Community based, Mental Health and Primary Care services via a large and complex estate consisting of the following:

- 3 Acute Hospitals - Royal Gwent, Nevill Hall, Ysbyty Ystrad Fawr
- 5 Community Hospitals/facilities - County, Ysbyty Aneurin Bevan, St Woolos (currently also an extension of the Royal Gwent Hospital), Chepstow Community Hospital and Monnow Vale Health and Social Care Centre.
- 4 Mental Health Hospitals - St Cadoc's, Llanfrechfa, Maindiff Court, Ysbyty'r Tri Chwm
- 8 Locality based Mental Health Units and 5 Residential Units (1 on Llanfrechfa Grange Hospital site)
- 26 Locality based Community clinics

There is currently a number of arrangements in place for the ownership and contractual agreement for these facilities:

- NHS premises that are Health Board directly owned
- 2 are leased (Private Finance Initiative) Community Hospitals, Chepstow Community Hospital and Monnow Vale Health and Social Care Unit
- 14 other leased Community facilities
- 7 Leased Office properties
- 117 GP owned premises

There are also numerous facilities providing contractor led Optometrist, Dental and Pharmacy services.

Current Estate Profile

2.3 Based on the recently completed Six Facet Survey and 2017/18 financial information the following is an overview of the totality of the existing **directly owned** estate:

• Property Asset Value	-	£427 million (Existing use Net Book Value NBV)
• Total land area of	-	133 Hectares
• Total floor area of	-	292,609 m2
• Total Operating cost	-	£56 million per annum
• Cost per metre	-	£192 (Carter Median £331)
• Total Backlog	-	£108 million
• High/Significant Backlog	-	£25.5 million
• Underused Estate	-	29,000 m2 (10%)
• Empty Estate	-	8,778 m2 (3%)
• Maintenance Costs	-	£4 million per annum (£14 per m2)
• Energy Consumption	-	106 million kWh (366 kWh per m2)

Six Facet Assessment of the Estate

2.4 Six Facet surveys have been undertaken on all ABUHB owned properties. The Six Facet Surveys include:

- **Physical Condition** - Assesses internal and external building elements
- **Statutory Compliance** - Assesses compliance with statutory legislation
- **Space Utilisation** - Explores how well space is being used across locations and time
- **Functional Suitability** - Assesses internal space relationships and location
- **Quality** - Considers amenity, comfort engineering and design
- **Environmental Management** - Measures energy/environmental performance

2.5 A summary of the overall outcome across the above survey facets are summarised in the table below. This information is based on an assessment of what is adequate and reasonable, which have been rated A or B, the table that follows gives the percentage rated up to Category B:

Physical Condition	Statutory/ Fire Safety	Quality	Functional Suitability	Space Utilisation	Environmental Management
87%	90%/98%	93%	97%	87%	55%

2.6 This basically means that:

- **13% of the estate requires capital investment.**
- **10% of the estate does not fully comply with statutory requirements.**
- **7% of the estate is not of an adequate quality.**
- **3% of the estate is not functionally suitable.**
- **13% is underused or empty.**
- **45% of the estate consumes energy above the Welsh Government (WG) target of 410 kWh m2 or less.**

Current Performance of the Estate compared to National Key Performance Indicators

2.7 The national Key Performance Indicators (KPIs) set by Welsh Government are set out in the following table. Carbon footprint is the latest to be included, but a target has yet to be agreed:

National KPI	National Target	ABUHB Performance as per Six Facet Survey
Physical Condition	90% of the estate to be Condition B or above	87%
Statutory and Safety	90% of the estate to be Condition B or above	90%
Fire Safety Compliance	90% of the estate to be Condition B or above	98%
Functional Suitability	90% of the estate to be Condition B or above	97%
Space Utilisation	90% of the estate to be category F or above	87%
Energy Consumption	The estate to achieve energy B rating or above. Energy B applies to buildings with an energy consumption of 410 kWh/m2 or less	55% (45% of the estate currently consumes more than 410 kWh/m2)

3.0 Where Do We Want To Be?

Health Board Vision and Strategic Direction

3.1 The Clinical Futures Strategy referred to in 1.2 above is entering a different phase for 2019/20 as its momentum and innovation focus is escalated, primarily to prepare for the opening of the Grange University Hospital in March 2021. At that time there will be a significant and transformational change in the delivery and disposition of our general acute, specialist and clinical care services.

The Estate Required

3.2 Due to the large and complex nature of the Health Board estate, the Estate Strategy has been developed in the context of:

- Acute Hospital Services
- Community Hospital Services
- Mental Health Hospital based Services
- Primary and Community Care Services
- Leased/non-clinical Services

3.4 The section that follows brings together the service requirements, as described by Clinical Futures, with the estate infrastructure needs and identifies key **Strategic Objectives** to be delivered in the planning period.

Acute Services

3.5 Two of the three existing acute hospitals, i.e. **Royal Gwent and Nevill Hall** will need to be reconfigured by the planned opening of the Grange University Hospital in March 2021, at which time a number of services will be relocated from these hospitals to the Grange University Hospital.

3.6 In addition to their primary functions as Local General Hospitals providing a range of general local services, the Royal Gwent and Nevill Hall Hospitals will also become centres of the delivery of specific services on behalf of the Health Board and these will include elective surgery and cancer services.

3.7 The effect on **Ysbyty Ystrad Fawr** will not be as significant and it is likely that services will remain largely as they are currently provided.

Strategic Objective 1 - Reconfiguration and rationalisation of Royal Gwent Hospital as a Local General Hospital.

Strategic Objective 2 - Reconfiguration and rationalisation of Nevill Hall Hospital as a Local General Hospital.

Strategic Objective 3 - To ensure that existing services at Ysbyty Ystrad Fawr are appropriate, sustainable and fully utilised.

Community Hospital Services

3.8 Community Hospitals currently include ***St.Woolos, County Hospital, Ysbyty Aneurin Bevan, Chepstow and Monnow Vale.***

3.9 ***St Woolos***, because of its location adjacent to Royal Gwent Hospital, will be primarily affected due to the planned transfer of inpatient services from there to Royal Gwent following the opening of the Grange University Hospital and the planned relocation of other services currently in the older estate to either the newer Casnewydd Unit on the St Woolos Hospital site or the Royal Gwent Hospital.

3.10 ***County Hospital*** some facilities on this site are in poor condition, is not of the standard we would expect for the delivery of certain clinical services and also accommodation has been underutilised or is empty. Whilst it is clear that something radical needs to be done to address the estate issues there is a need for greater clarity regarding the services that should be provided from this site in the future in the context of the Clinical Futures Strategy. This need to be addressed first before the estate issues can be properly resolved.

3.11 The effect on ***Ysbyty Aneurin Bevan, Chepstow and Monnow Vale*** will not be as significant and it is likely that services will remain largely as they are currently provided.

It will however be necessary to ensure that services there are appropriate in the context of the new clinical models and that the buildings are fully utilised. As ***Chepstow and Monnow Vale*** are leased facilities, with very high leasing costs, it will be necessary to review the lease arrangements going forward to ensure value for money is being obtained.

Strategic Objective 4 - Reconfiguration of services on the St Woolos Hospital site following relocation of inpatient services to Royal Gwent Hospital.

Strategic Objective 5 - Review service provision required on the County Hospital site in the context of primary care/community service models required in that area followed by consideration of redevelopment potential.

Strategic Objective 6 - Ensure existing services and facilities at Ysbyty Aneurin Bevan, Chepstow and Monnow Vale are appropriate and fully utilised in the context of new clinical models.

Strategic Objective 7 - Review and understand existing PFI arrangements for Chepstow and Monnow Vale to ensure value for money.

Mental Health Hospital Services

3.12 Hospital based services are currently provided from **St Cadoc's, Maindiff Court, Llanfrechfa Grange and Ysbyty'r Tri Chwm**. In addition to this inpatient beds are also provided at Ysbyty Ystrad Fawr, St Woolos, Ysbyty Aneurin Bevan and County Hospital.

3.13 **St Cadoc's** currently provides some specialist mental health services and there is a business case with Welsh Government for the construction of a Low Secure Unit on that site and other sites could be considered. From an estates perspective some of the older estate is not of the standard we would expect for service delivery and some areas are underutilised.

3.14 **Llanfrechfa Grange Hospital** currently houses some Learning Disability inpatient beds, the Health Board's Laundry and administrative accommodation. Many facilities on that site are not of the standard we would expect and are largely empty. In that context it has been intended, for several years, to dispose of the majority of the site that is not needed for the Grange University Hospital. This now needs to be re-assessed in the context of a planned Torfaen County Borough Council proposal for a Medi-Park adjacent to the Grange University Hospital.

3.15 **Maindiff Court**, near Abergavenny, accommodates 15 step down beds and Electro Convulsive Therapy (ECT) services. ECT services are planned to move to Nevill Hall following the opening of the Grange University Hospital. The remainder of the site, which is all in relatively poor condition, is either empty or underutilised, but accommodates a range of office based staff and some patient facing clinical services. The future utilisation of the range of facilities on this site need to be assessed.

3.16 **Ysbyty'r Tri Chwm**, near Ebbw Vale, is a relatively new unit that provides 15 beds for patients with dementia and other ambulatory clinical services. The inpatient services are planned to move to Nevill Hall Hospital in line with the Health Board's agreed strategy for older adult mental health service. This gives the opportunity for consideration of future uses of this facility to deliver clinical services including its potential to be used for wider primary care and community based services.

Strategic Objective 8 - Pursue the further development of a Low Secure Unit within the Health Board, subject to Welsh Government approval of the Strategic Outline Case

Strategic Objective 9 – To explore the rationalisation of facilities on the St Cadoc’s Hospital site, not required for patient facing services.

Strategic Objective 10 - Relocate in patient services from Ysbyty’r Tri Chwm to Nevill Hall Hospital and explore the potential for the hospital to be re-used for other clinical services including Primary care and Community based services.

Strategic Objective 11 - Explore the potential for the future use of Maindiff Court Hospital site and the potential disposal of some or part of the site.

Strategic Objective 12 - Urgently review the future use of the Llanfrechfa Grange site not required for the Grange University Hospital.

Locality based Primary, Community and Mental Health Services

3.17 The emphasis is on delivering more care closer to home, through integrated health and social care teams, built around Neighbourhood Care Networks (NCNs) and adopting the design principles agreed in the Gwent ‘Care Closer to Home’ strategy. The new model of service provision will require the development of ‘**hubs**’, both physical and virtual, at key locations in each borough. This ‘hub’ approach will require that services, equipment and infrastructure are aligned to make the best use of resources available in each area.

3.18 In the context of the above clear service strategy, and the Six Facet Survey information, the existing Primary/Community and Community based Mental Health estate will need to be assessed as a whole to determine the size of the holding required and the suitability of the existing estate to deliver the agreed services.

Strategic Objective 13 - Review location, content, condition and utilisation of existing Primary Care, Community based Care and Mental Health Community based facilities in each NCN area in the context of other ABUHB/Public Sector facilities and the above clinical strategy.

Strategic Objective 14 - Following the above review to produce a costed and prioritised plan for the creation of the proposed “Hubs” and other proposed service changes utilising the existing estate as far as is possible.

Accommodation in Leased properties/Admin services

3.19 The Health Board has several leases for office accommodation in place at an annual rental cost of £507,933. Previous attempts at trying to reduce

leasing cost and reduce the amount of office accommodation on all Health Board sites have not been successful, for two reasons:

- Agile Working and new ways of working, which could potentially significantly reduce the amount of office space required, have not been adequately implemented.
- Related to point 1 above is the issue of cost, simply moving staff from "A to B" without adopting Agile Working will not be cost effective.

3.20 Several of the other strategic objectives identified above will potentially require non patient facing accommodation to be relocated therefore the same issues will arise unless the adoption of Agile Working principles underpin these objectives.

Strategic Objective 15 - The Health Board to introduce a clear policy on the adoption of Agile Working principles that is fully endorsed as a means to assist in the reduction of the significant amount of office accommodation within the organisation.

Backlog Maintenance

3.21 The Health Board's level of Backlog Maintenance is unacceptable, as is the lower level of routine maintenance expenditure. Both issues need to be addressed with the assistance of relevant benchmark information.

Strategic Objective 16 (Immediate) - The Estates Department to urgently assess the robustness of the calculation of high and significant risk backlog maintenance information contained within the Six Facet Survey and ensure that the reported backlog maintenance meets the risk definitions in appropriate guidance. Following this a prioritised action plan will be produced to address and reduce the high and significant risks.

Strategic Objective 17 - The Estates Department to benchmark maintenance costs with other relevant organisations and assess how levels of maintenance can be increased over and above the current unacceptable levels.

Environmental Management

3.22 Although there has been relatively good progress in reducing carbon emissions, 45% of the estate does not meet the current Welsh Government performance target of 410 kWh per m² or less.

Strategic Objective 18 - The Estates Department to finalise its new Energy Strategy which will contain specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target.

4.0 How Do We Get There?

4.1 This section sets out, at a relatively high level, how it is proposed to develop and implement the eighteen Strategic Objectives outlined in section 3.0 above. The development and implementation of the Strategic Objectives will be need to be underpinned and supported by the following key enablers:

Enabler 1 Governance and Reporting - The Estate Strategy has been developed by the Clinical Futures Strategic Capital and Estates Workstream (SCEW) which reports to the Clinical Futures Delivery Board. This will continue to ensure that the Strategic Objectives are developed and implemented and will be supported by 3 project teams covering the Acute/Community hospital estate, the Mental Health estate and Primary/Community and Community based Mental Health accommodation.

Enabler 2 Clinical Capacity Plan - Several of the above Strategic Objectives require clarity on the emerging clinical and service models and the consequential effect of these on the overall Clinical Capacity Plan, particularly bed and operating theatre capacity requirements by site.

Enabler 3 Capital Availability - It will need to be recognised by everyone involved in the process described above that it is very unlikely that there will be significant capital funding available in the short to medium term to support the development of the Estate Strategy. That being said it is inevitable that some capital will be required to:

- Support the development of feasibility studies, etc.
- Implement service development proposals.
- Support rationalisation and potential demolition of facilities.

In the potential absence of further significant Strategic Capital from Welsh Government the Health Board will need to ensure that it makes optimum use of its annual Discretionary Capital funding, currently £10.8 million, and is more innovative in sourcing alternative forms of capital, possibly linked to land disposal.

Enabler 4 Clarity on Estate Management – It will be important that the Health Board develops a consistent approach for the identification and prioritisation of Estate infrastructure issues within prioritised Divisional plans. This will co-ordinate the whole organisational approach and general estate management issue through one approach.

Enabler 5 Resources/Time - The aspirations of the Estate Strategy as conveyed by the eighteen Strategic Objectives are relatively ambitious and in some cases will require additional resources to assist in their development and implementation.

Enabler 6 Consultation - Some of the potential changes that are envisaged in the Strategic Objectives will need consultation with staff and may need more formal consultation with external stakeholders.

Enabler 7 Adoption of Agile Working - This has already been identified as a Strategic Objective, but it is also a valuable and potentially significant enabler that will support the reduction in the non-clinical estate footprint.

Enabler 8 Space Management - If the Strategic Objectives are supported there will need to be a rigorous approach to the ongoing management and use of vacant space within affected buildings. Space must be de-commissioned as and when it is released. Existing vacant space must not be re-used.

Enabler 9 Partnership Working - The locality based estate will need to be considered in the context of the wider Public Sector estate and the opportunity that exists to share facilities and accommodation. Such an approach will be actively encouraged by the Partnership Boards.

Development and Implementation of the Strategic Objectives

4.2 A high level assessment has been included identifying the Key Tasks associated with the development and implementation of each Strategic Objective, pending preparation of much more detailed project plans.

4.3 The project plans will be developed upon approval of the Estates Strategy and progress will be monitored by the Clinical Futures governance arrangements and reported via the Clinical Futures Dashboard and highlight reporting process.

Capital Programme

4.4 A high-level capital programme has been prepared based on the assessed capital required to support delivery of the above Strategic Objectives pending the completion of much more detailed work.

1.0 Introduction

1.1 The Health Board is committed to constantly reviewing the services that are needed to meet the needs of patients both now and in the future. This Estate Strategy sets out how the estate will be developed to meet these needs in the context of the Health Board's vision for the estate which is:

"A future focused, fit for purpose estate which supports service delivery to enhance patient outcomes and experience, motivates and enables staff to deliver safe efficient quality services with partners and that is financially viable and sustainable".

1.2 In the context of this vision and in support of the Clinical Futures Strategy the following Key Principles have been developed to underpin the development of an Estate Strategy and the achievement of a "*Productive Estate*":

Support service delivery - Ensures the built environment and equipment (including technology) are suitable to enable delivery of services in the right place to support the best outcomes and experience for patients.

Enables Partnership working - Enables the Health Board to manage demand, improve services and provide better outcomes for patients through improved partnership working and better co-location/design, where appropriate, with our key partners.

Future focused - Fit for purpose flexible enough to accommodate future changes.

Sustainable - Delivers the principles of the WBSG Act 2015, makes effective use of all available resources.

Fit for purpose - Supports the objectives of the Health Board by providing a clear strategic direction to optimise the configuration and utilisation of the estate.

Motivating and Enabling Staff - Staff are our most important asset, the estate should provide them with excellent facilities and environments, flexible arrangements and equipment to do their jobs effectively.

Financially viable - Delivers demonstrable value for money for our community and optimises the resources available for direct patient care.

1.3 The Estate Strategy looks forward over the next five to ten years from 2019/20 to 2028/29 and has been developed to reflect the changing demands on the estate as a consequence of the changing demands of clinical and non-clinical services. It sets out how the estate will be developed to meet those challenges, to provide the best buildings at the right time and to the right standard.

1.4 It has been prepared in accordance with the guidance given in 'Developing an Estate Strategy' and 'Estate Code' published by NHS Estates. It is based on the existing estate performance, utilising the recently completed "Six Facet Review", and the objectives of ABUHB. It provides an over-arching plan to enable the estate to be developed, setting out how the management and investment in ABUHB facilities will be planned and prioritised.

1.5 This is a time of significant organisational change in the NHS and, particularly in ABUHB, in the context of the implementation of the Clinical Futures Strategy and the construction of the Grange University Hospital. As implementation of Clinical Futures continues, it will be important to understand both the condition and the capacity of our estate in being able to deliver new models of care

1.6 The benefit to the Health Board of having this Estate Strategy is an assurance that the quality of healthcare services will be supported by a safe, secure and an appropriate built environment. This Estate Strategy provides:

- A clear, positive statement to public and staff on our plans to maintain and improve services and facilities, in line with delivering national, regional and local strategies for healthcare.
- Alignment of the estate to support the Clinical Futures Strategy and other related service strategies.
- A strategic context for the forward investment of capital on the estate.
- A commitment to sustainable development, environmental targets and statutory requirements.
- An assurance that risks are controlled and investment targeted to manage and reduce risk.
- An assurance to staff that they will have an appropriate working environment.

1.7 This Strategy provides an assessment of the current estate "where we are now", where ABUHB wants to be and the accompanying delivery plan sets out how we intend to get there.

2.0 Where are we now?

2.1 This initial section provides a comprehensive analysis of the current position and performance of the estate in relation to the service it provides and the facilities it uses. This section establishes a baseline against which the development of the strategy can be measured. Much of this data is based on the recently completed Six Facet Survey together with other data relating to the costs of the existing estate.

2.2 Because of the complexity and size of the Health Board, estate information has been categorised under the following service headings:

- The Acute Hospital Estate

- The Community Hospital Estate
- The Mental Health Hospital Estate
- The Primary Care, Mental Health and Community based Services and Locality Based Estate

3.0 Where do we want to be?

3.1 In this section the service aims and objectives of the Health Board are summarised along with agreed key principles which will underpin the development and configuration of the future estate.

3.2 It will take account of the key conclusions from “Where we are now” and identify measurable objectives for improvement in the context of relevant benchmark information from within the NHS.

3.3 The long term demands on the built environment will be explored and quantified in order that cost effective and appropriate options for change can be assessed.

4.0 How do we get there?

4.1 The final section of the document will use the information and objectives of the preceding sections to develop realistic and feasible strategic objectives for the future estate.

4.2 It will describe, in a concise way, the practical steps that will need to be taken to achieve the desired way forward.

2.0 Where Are We Now?

2.1 Overview of ABUHB/Current Services

2.1.1 Aneurin Bevan University Health Board was established in 2009 as an integrated Local Health Board responsible for planning and delivering a wide range of primary, community and secondary health services to the populations of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. Taken together with an estimate of the patients living in South Powys and other areas that are served by the UHB for clinical services, the patient population served is close to 600,000.

2.1.2 The Health Board covers diverse geographical areas and had to take account of a mix of rural, urban and valley communities. The valleys experience high levels of social deprivation, including low incomes, poor housing stock and high unemployment.

2.1.3 The latest population projections indicate that if current trends continue, the number of persons aged 65 and over resident in the UHB area will increase by almost 60 % by 2033. The proportion aged 75 and over is projected to increase from around 7% to 10% at local authority level to around 11% to 19% over this period, the sharpest increases being in Monmouthshire and Torfaen. At local authority level, the percentage aged 85 and over is projected to double from between 2% and 3% to between 5% and 8% by 2033, with the exception of Monmouthshire where a sharper increase is projected with the proportion set to treble in size.

2.1.4 The increase in the number of older people is likely to be associated with a rise in long-term conditions whose prevalence is strongly age-related, such as circulatory and respiratory diseases and cancers. Meeting the needs of these individuals will be a key challenge for the University Health Board. In the current economic climate, the relative (and absolute) increase in economically dependent and, in some cases, care-dependent populations will pose particular challenges to communities.

Hospital Services

2.1.5 There are currently three hospitals providing a full range of inpatient and outpatient services; these are the Royal Gwent Hospital, Newport; Ysbyty Ystrad Fawr, Ystrad Mynach; and Nevill Hall Hospital, Abergavenny. Between them they provide 1,193 beds.

Mental Health Services

2.1.6 The Health Board provides comprehensive Mental Health and Learning Disabilities services in both hospital and community settings to the

population of Gwent and South Powys as set out in table below:

Overview of Mental Health and Learning Disability Services

Community Services	Community Mental Health Team	Assertive Outreach	Crisis resolution	Liaison Services	Early intervention psychosis	PC Mental Health support	Beds
Adult	5 Gwent 1 Powys	4	3 Gwent 1 Powys	1 (covering NHH &RGH)	1	5 Gwent 1 Powys	95
Older Adult	5 Gwent 1 Powys		In reach	Rapid Assessment Intervention Discharge(R AID)	Memory assessment clinics (all Boroughs)	Day Hospital (Monmouthshire, Blaenau Gwent and Powys)	92
	6		4	6	6	3	
Learning Disability	Community Learning Disabilities Team	Intensive Community Service	Support package team	Art Therapy			34 (including residential)
	5	1	1	1			

Primary Care and Community Services

2.1.7 Contracts exist with independent practitioners in respect of primary care services, which are delivered by General Practitioners, Opticians, Pharmacists and Dentists. There are 400 General Practitioners and Salaried GPs providing general medical services from 88 General Practices. Supporting these are 214 practice nurses, 145 health care support workers and a number of administrative staff, including practice managers, receptionists, secretaries and IT officers. Around 375 General Dental Practitioners provide general dental services from 79 practices. There are 129 Community Pharmacies and 69 Optometry premises across the University Health Board. The distribution of these services is set out below:

Distribution of Independent Contractor and Community Services by Locality

Locality	General Practice	Pharmacy	Dental	Optometry	CRTs	DNs	Specialist
Blaenau Gwent	14	16	10	11	1	Work across all areas	Complex Care Team, Palliative Care Team
Caerphilly	27	43	22	20	1		
Monmouthshire	14	18	15	14	1		
Newport	22	31	19	15	1		
Torfaen	13	21	13	9	1		
Total	88	128	79	69	5	29	

2.1.8 A wide and growing range of community based services are increasingly being delivered in patient's homes, through community hospitals, health centres and clinics. There are a number of smaller community hospitals, integrated health and social care centres, and health centres providing important clinical services to our residents closer to home.

2.2 Health Board Strategic Direction

2.2.1 During 2017/18, the Health Board has continued to take forward its vision

through delivering the next steps of its clinical services strategy, **Clinical Futures**, this will deliver a refreshed clinical model that:

- Will improve population health by focusing on well-being and prevention services.
- Will increase the range of services provided at home and in communities through primary, community, self-care and mental health services, enabled by technology as well as a highly skilled workforce.
- When people need routine hospital services they are delivered through a new network of Local General Hospitals (LGH) providing enhanced services including emergency care; day case and short stay surgery; outpatients; diagnostic and integrated care.
- When people need specialist and critical care services they are provided at a single Specialist and Critical Care Centre, known as The Grange University Hospital. This will provide care that cannot be provided on multiple sites based on sustainability, clinical effectiveness, patient safety and affordability.

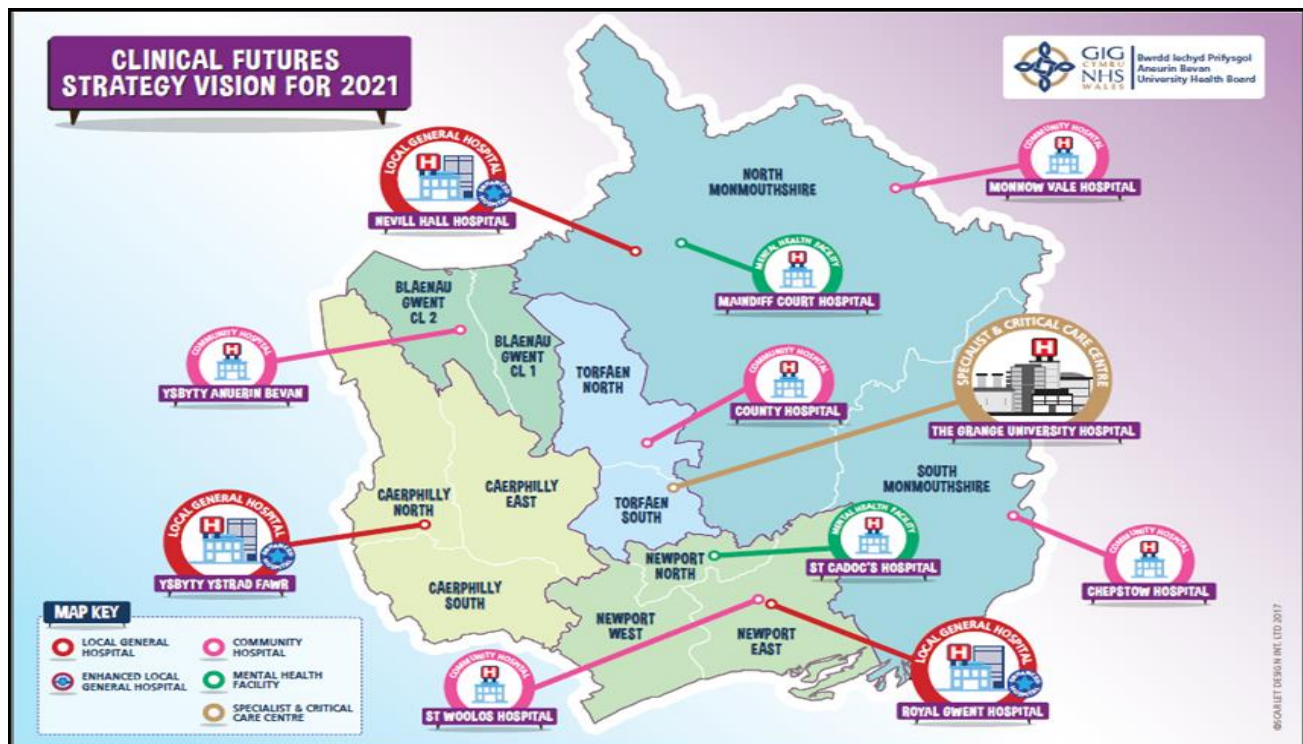
2.2.2 Primary and community services are at the heart of the model and central to developing a new relationship with patients as partners/co-producers in preserving, maintaining and improving their own health and well-being. Investing in and strengthening primary, community and social care services to create the capacity to support and treat patients in their homes and communities is a core component of the strategy.

2.2.3 The Grange University Hospital will play a critical role in the strategy, improving the provision of services and clinical outcomes; sustaining fragile services through consolidation in a single site that is geographically accessible to the population served; addressing workforce recruitment/retention challenges and improving flow and system performance. It will improve patient experience and provide modern facilities for the delivery of care. By 2021, when The Grange University Hospital is commissioned we will:

- Care for the sickest people on one site.
- Concentrate Emergency Departments onto a one site, and have a single centre for cardiology, gastroenterology, trauma, emergency and high acuity surgery.
- Provide consistent services across seven days.
- Improve access to comprehensive diagnostics across seven days.
- Consolidate fragile specialties.
- Improve patient safety by providing consultant led service across seven days.
- Maximise ambulatory care models.
- Separate routine/planned care from emergency care.

2.2.4 The overall network is planned to consist of framework of Local General Hospitals, Community based facilities and the Grange University Hospital. Following the opening of the Grange University Hospital in 2021 the Royal Gwent

and Nevill Hall Hospitals, will change both in terms of service provision and functional content. The network is illustrated below:



2.3 Current Estate Profile

Overview

2.3.1 Based on the recently completed Six Facet Survey and 2017/18 financial information the following is an overview of the totality of the existing directly owned estate:

• Property Asset Value	- £427 million (<i>Existing use NBV</i>)
• Total land area of	- 133 Hectares (= circa 23 football pitches)
• Total floor area of	- 292,609 m ²
• Total Operating cost	- £56 million per annum
• Cost per metre	- £192 (Carter Median £331)
• Total Backlog	- £108 million
• High/Significant Backlog	- £25.5 million
• Underused Estate	- 29,000 m ² (10%) of the Estate is underused
• Empty Estate	- 8,778 m ² (3%) is empty
• Maintenance Costs	- £4 million per annum (£14 per m ² , exc. staff costs)
• Energy Consumption	- 106 million kWh (366 kWh per m ²)

2.3.2 The above information relates to the following estate:

- 3 Acute Hospitals - Royal Gwent, Nevill Hall, Ysbyty Ystrad Fawr

- 5 Community Hospitals/facilities - County, Ysbyty Aneurin Bevan, St Woolos (currently also an extension of the Royal Gwent Hospital), Chepstow Community Hospital and Monnow Vale Health and Social Care Centre.
- 4 Mental Health Hospitals - St Cadoc's, Llanfrechfa, Maindiff Court, Ysbyty'r Tri Chwm
- 8 Locality based Mental Health Units and 5 Residential Units (1 on Llanfrechfa Grange Hospital site)
- 26 Locality based Community clinics

There is currently a number of arrangements in place for the ownership and contractual agreement for these facilities:

- Many are NHS premises are Health Board directly owned
- 2 are leased (Private Finance Initiative) Community Hospitals, Chepstow Community Hospital and Monnow Vale Health and Social Care Unit
- 14 other leased Community facilities
- 7 Leased Office properties
- 117 GP owned premises

There are also numerous facilities providing contractor led Optometrist, Dental and Pharmacy services.

2.4 Six Facet Assessment of the Estate

2.4.1 Six Facet surveys have been undertaken on all ABUHB owned properties through utilising a combination of specialist external surveying consultants and in house teams of facilities personnel. Results have been analysed in accordance with the current 'Estatecode 2' guidelines for each of the six facet surveys. The Six Facets include:

- **Physical Condition** - Assesses internal & external building elements, mechanical systems & electrical systems
- **Statutory Compliance** - Assesses compliance to statutory legislation in accordance with fire and health and safety law
- **Space Utilisation** - Explores how well space is being used across location and time
- **Functional Suitability** - Assesses internal space relationships, support facilities and location
- **Quality** - Considers amenity, comfort engineering and design
- **Environmental Management** - Measures how successful the organisation is at managing the environment

2.4.2 A summary of the overall outcome across the above facets is summarised in the table below. This is based on an assessment of what is adequate and reasonable, which have been rated A or B, the table that follows gives the percentage rated up to Category B:

Physical Condition	Statutory / Fire Safety	Quality	Functional Suitability	Space Utilisation	Environmental Management
87%	90% / 98%	93%	97%	87%	55%

2.4.3 This basically means that:

- 13% of the estate requires capital investment and a proportion of that requires replacement
- 10% of the estate does not fully comply with statutory requirements
- 7% of the estate is not of an adequate quality
- 3% of the estate is not functionally suitable
- 13% is underused or empty
- 45% of the estate consumes energy above the Welsh Government target of 410 kWh m² or less

2.4.4 The information related to Physical Condition, Statutory Compliance, Fire Safety, Quality and Functional Suitability has been externally risk assessed and a cost applied to achieve an overall "B" rating. The following table presents a summary of this assessment:

	High	Significant	Moderate	Low	Total Cost to 'B'
Physical Condition	£ 54,678	£ 23,235,337	£ 37,570,289	£ 39,957,773	£ 100,818,077
Functional Suitability	£ 7,500	£ 10,000	£ 19,000	£ 159,750	£ 196,250
Quality	£ -	£ 1,500	£ 23,300	£ 481,250	£ 506,050
Statutory Compliance	£ 2,900	£ 616,400	£ 630,990	£ 504,604	£ 1,754,894
Environmental	£ -	£ 1,562,205	£ 2,326,173	£ 602,567	£ 4,490,945
Total	£ 65,078	£ 25,425,442	£ 40,569,752	£ 41,705,944	£ 107,766,216

2.4.5 More detailed and technical information for all areas of the Estate collated as part of the Six Facet Survey is attached in the Technical Annex to this Strategy along with other relevant information.

2.5 Current Performance of the Estate compared to National Key Performance Indicators

2.5.1 The national Key Performance Indicators (KPIs) set by Welsh Government are set out below. Carbon footprint is the latest to be included but a target has yet to be agreed:

National KPI	National Target	ABUHB Performance as per Six Facet Survey
Physical Condition	90% of the estate to be Condition B or above	87%
Statutory and Safety Compliance (including Fire)	90% of the estate to be Condition B or above	90%

Fire Safety Compliance	90% of the estate to be Condition B or above	98%
Functional Suitability	90% of the estate to be Condition B or above	97%
Space Utilisation	90% of the estate to be category F or above	87%
Energy Consumption	The estate to achieve energy B rating or above. Energy B applies to buildings with an energy consumption of 410 kWh/m ² or less	55% (45% of the estate currently consumes more than 410 kWh/m ²)
Carbon Footprint	Target to be agreed	N/A

2.5.2 In addition to the above reference can be made to certain English NHS KPIs which reflect the recommendations of the 2016 Carter Report on the "Operational Productivity and Performance in English NHS Acute Hospitals". Recommendation 6 states *"All trusts estates and facilities departments should operate at or above the benchmarks for the operational management of their estates and facilities functions by April 2017, with all trusts having a plan to operate with:*

- a maximum of 35% of non-clinical floor space
- a 2.5% of unoccupied or under-used space by April 2017 and delivering this benchmark by April 2020.

2.5.3 The Six Facet Survey does not, unfortunately, calculate the amount of non-clinical floor space, but, as stated above in 2.4.2, underutilised/unoccupied floor space in ABUHB has been calculated at 13% of the total which equates to 38,000 m².

2.6 The Acute Estate

2.6.1 Overview:

- Property Asset Value - **£257 million** (*Existing use NBV*)
- Total floor area of - **153,882 m²**
- Total Operating cost - **£36 million per annum**
- Cost per metre - **£233 (Carter Median £331)**
- High / Significant Backlog - **£17.6 million**
- Underused Estate - **4.49% (m²)**
- Empty Estate - **0.41% (m²)**
- Maintenance costs - **£3.792 million (£25 per metre)**
- Energy Consumption - **71.9 million kWh (467 kWh per m²)**

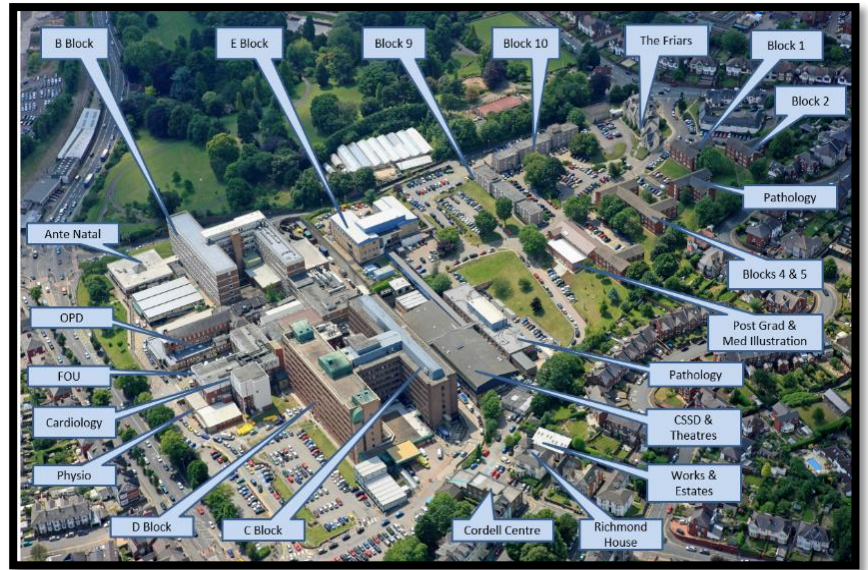
2.6.2 The Acute estate currently includes:

Royal Gwent Hospital, Newport:
Overview

- 697 beds, 23 theatres, full range of other services.
- Gross internal area (GIA) 74,000 m2.
- £15m operating costs.
- £ 9m High and Significant backlog.

Current/Future Issues

- Significantly overcrowded.
- Insufficient car-parking.
- Relatively poor condition (hence the backlog cost).
- Significant re-planning required as a result of GUH opening in 2021.
- Intended to take in-patient services from SWH post GUH.

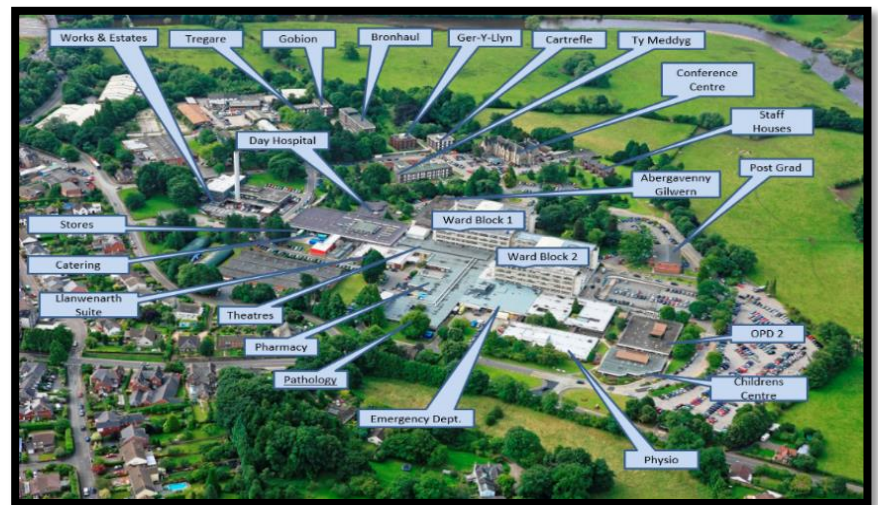


Nevill Hospital, Abergavenny:
Overview

- 372 beds, 8 theatres, full range of other services
- GIA 46,672 m2
- £9.2 million operating cost
- £8.5 million High and Significant backlog

Current/Future Issues

- Overcrowded
- Insufficient car-parking
- Relatively poor condition
- Significant re-planning required as a result of GUH opening in 2021
- Potential location for new Cancer Centre/Radiotherapy Unit



Ysbyty Ystrad Fawr, Ystrad Mynach:

Overview

- 163 beds, 3 theatres, OPD, Diagnostic and Therapy services
- Opened 2012
- £6.3 million operating costs

Current/Future Issues

- Potential location for Centralised Breast Unit
- Need to demonstrate appropriate and full utilisation in the context of new clinical models



2.7 The Community Estate (Hospitals)

2.7.1 Overview:

• Property Asset Value	- £92 million (Existing use NBV)
• Total floor area of	- 59,857 m2
• Total Operating cost	- £ 14 million per annum
• Cost per metre	- 234 (Carter Median £331)
• High/Significant Backlog	- £3.2 million
• Underused Estate	- 8.09% (m2)
• Empty Estate	- 4.96% (m2)
• Maintenance Costs	- £238,000 (£4 per metre)
• Energy Consumption	- 17.2 million kWh (287 kWh per m2)

2.7.2 The Community Hospital estate currently includes the following “owned” facilities:

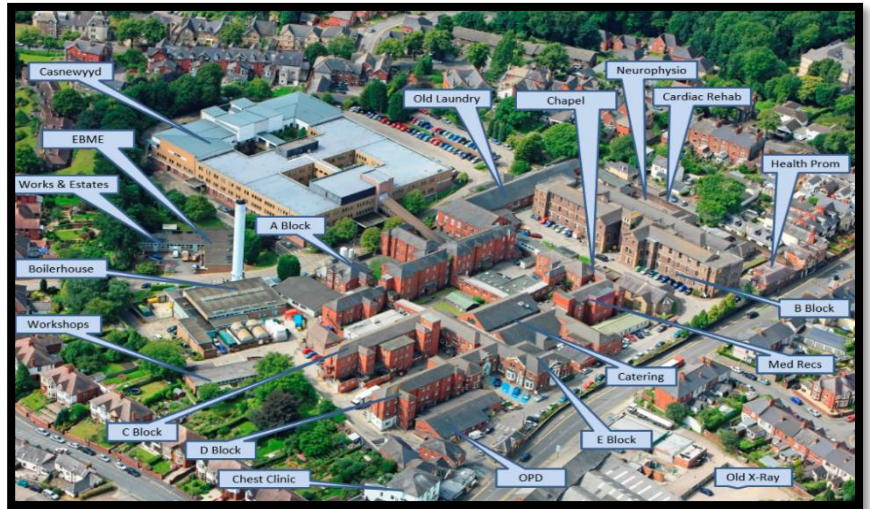
St Woolos Hospital Newport

Overview

- 97 beds, 2 theatres, OPD, Therapy services
- GIA 26,154 m²
- £5.3 million operating costs
- £2.4 million High and Significant backlog

Current/Future Issues

- Older estate underutilised, inappropriate and in poor condition
- Need to assess utilisation post GUH following movement of services to RGH



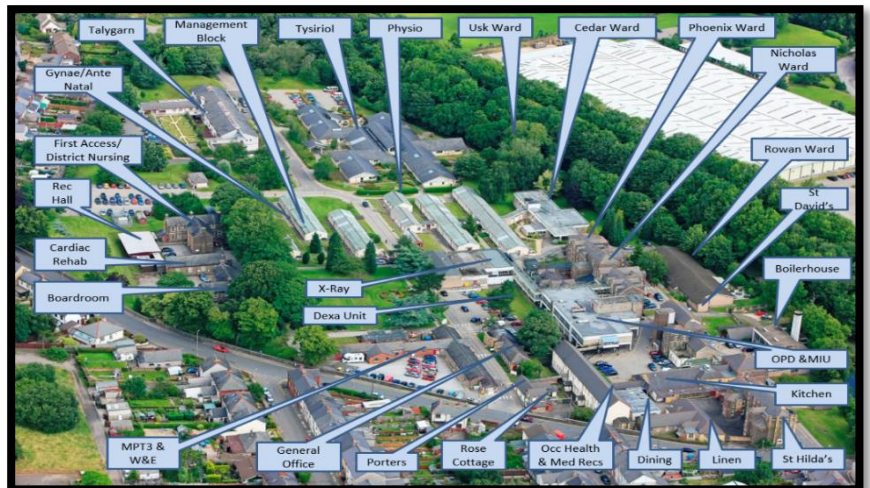
County Hospital:

Overview

- 68 beds Community/41 MH beds, OPD, Therapy services
- GIA 11,760 m²
- £1.95 operating costs
- £778k High and Significant risk

Current/Future Issues

- Most of the estate is inappropriate and in poor condition and some is underutilised/empty
- Significant re-planning required pending clarity on future service provision



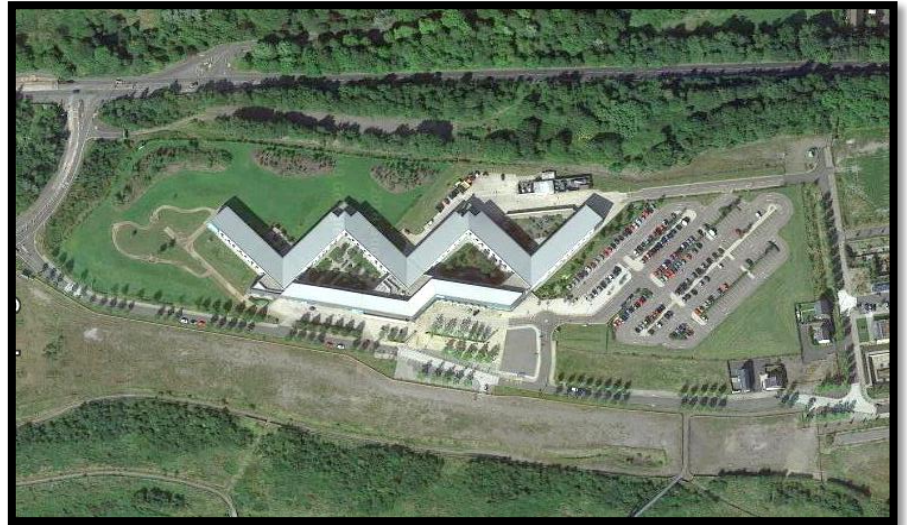
Ysbyty Aneurin Bevan, Ebbw Vale:

Overview

- Opened 2010
- 72 beds, Therapy and OPD services
- GIA 13,000 m²
- £2.4 million operating costs

Current/Future Issues

- No major changes anticipated from a service perspective
- Need to demonstrate appropriate and full utilisation



2.7.3 The Community Hospital Estate currently includes the following leased Hospitals:

Chepstow Hospital:

Overview

- 32 beds, OPD and Therapy services
- GIA 6,097 m²
- £2 million operating costs (service charge £1.9 million)

Current/Future Issues

- No major changes anticipated from an estate perspective but configuration of some services under review
- High operating costs
- Need to demonstrate appropriate and full utilisation in the context of new clinical models



Monnow Vale, Monmouth:

Overview

- 19 beds, therapy services
- GIA 2,583 m²
- £2.0 million operating costs (service charge £1.9 million)

Current/Future Issues

- No major service or estate changes expected
- Very high operating costs
- Need to demonstrate appropriate and full utilisation in the context of new clinical models



2.8 The Mental Health Estate (Hospitals)

2.8.1 Overview:

- Property Asset Value - **£66 million** (*Existing use NBV*)
- Total floor area of - **53,477 m²**
- Total Operating cost - **£4.5 million per annum**
- Cost per metre - **£84 (Carter Median £331)**
- High/Significant Backlog - **£2.4 million**
- Underused Estate - **30.29% (m²)**
- Empty Estate - **10.72% (m²)**
- Maintenance Costs - **£80,000 (£1.5 per m²)**
- Energy Consumption - **10.2 million kWh (191 kWh per m²)**

2.8.2 The Mental Health Hospital estate currently includes the following facilities, the service also has in-patient facilities at County Hospital, Ysbyty Ystrad Fawr, Ysbyty Aneurin Bevan and St Woolos (106 beds):

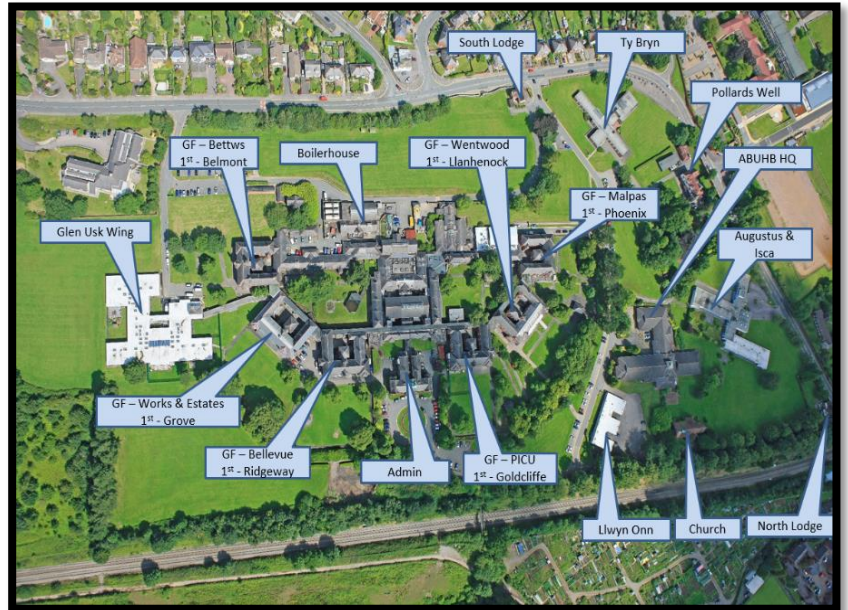
St Cadoc's Hospital:

Overview

- 55 MH beds, OPD, Therapy services
- Management/admin base
- GIA 24,965 m²
- £1.5 million operating costs
- Circa 13,000 m² empty space
- £1.0 million High and Significant backlog

Current/Future Issues

- Empty space
- Older estate is not the standard we would expect for clinical use
- Main site for specialist MH/LD services
- Significant re-planning required



2.8.3 Discussions have been held regarding planning issues and matters of traffic and air quality that will need to be considered in any enhanced use of the St Cadoc's site.

Ysbyty'r Tri Chwm:

Overview

- 15 beds Rehab/Step down beds
- GIA 3,897 m²
- £364k operating costs
- £320k High and Significant backlog

Current/Future Issues

- Beds are planned to move to NHH post GUH opening
- Future use of hospital to be reviewed in the context of emerging clinical models



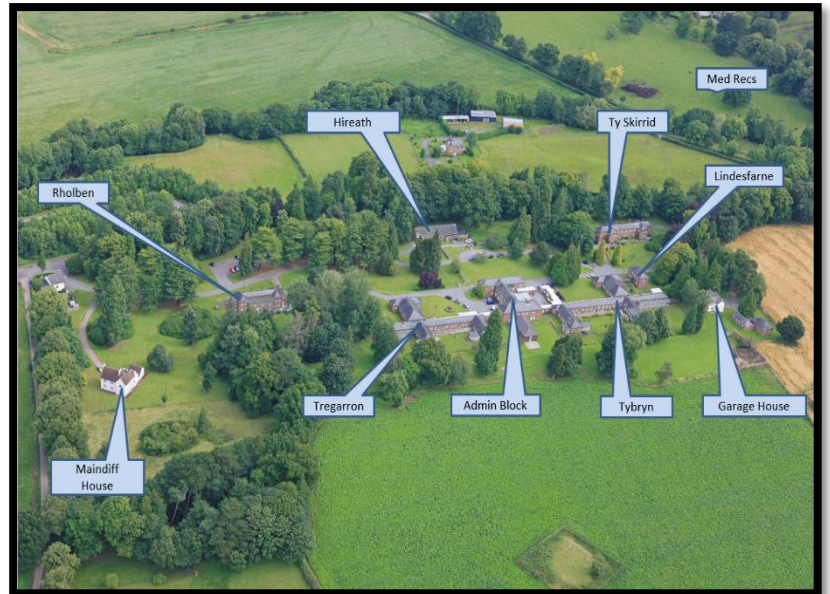
Maindiff Court:

Overview

- 15 Step down beds/ECT service/ Admin
- GIA 5,108m²
- £220k Operating costs
- £320k High and Significant risk backlog

Current/Future Issues

- Significant underused and empty space
- Largely not of the expected standard for clinical services
- ECT services planned to move to NHH post GUH
- Future of bed provision to be clarified



Llanfrechfa Grange:

Overview

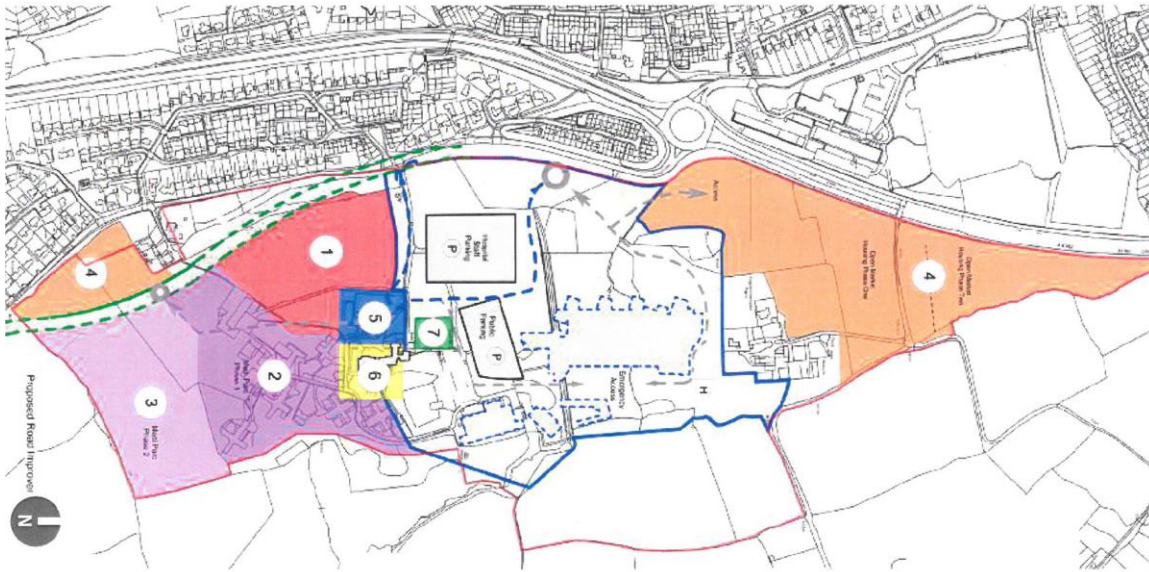
- Grange University Hospital being built
- Houses the Health Board Laundry
- 7 LD beds/Admin/3 Residences
- GIA 8,837 m²
- £462k Operating costs (excluding Laundry)
- £686k High and Significant Backlog
- Circa 5,000 m² empty space



Current/Future Issues

- New HSDU planned
- Site was designated for housing in LDP
- Adjacent to planned Medi-Park

2.8.4 The above makes reference to the designation of LGH land for housing, but a recently updated Torfaen County Borough Council Development Framework, illustrated below, identifies the land in question as potential Medi-Park (plots 2 and 3). Whatever its future use the Health Board does need to decide whether or not to retain land for future expansion of the Grange University Hospital and/or for the provision of other health services. If the plan below is adopted the Grange Hospital could become land-locked.



2.8.5 Other Locality based Mental Health accommodation, including residential accommodation, is identified in Appendix 1.

2.9 Primary, Community and Mental Health Locality Community Based units

2.9.1 Overview of the **owned** estate:

• Property Asset Value	-	£26 million (Existing use NBV)
• Total floor area of	-	20,275 m²
• Total Operating cost	-	£1.28 million per annum
• Cost per metre	-	£63 (Carter Median £331)
• High/Significant Backlog	-	£1.220 million
• Underused Estate	-	26.29% (m²)
• Empty Estate	-	6.19% (m²)
• Maintenance Costs		£42,500 (£2.10 per m²)
• Energy Consumption		6.8 million kWh

2.9.2 The above data relating to the owned estate includes 26 Locality based clinics, 8 Locality based Mental Health Units and 5 Residential Units. These are identified in **Appendix 1** to this document along with leased and GP owned accommodation. This premises are identified by Local Authority and the twelve Neighbourhood Care Network (NCN) areas. **Appendix 2** provides a high level map of the same premises.

2.9.3 Whilst the above data relates to the Health Board owned estate our understanding of the condition, utilisation, etc., of the GP owned estate will shortly be improved via the completion of a Six-Facet Estate review.

2.9.4 Leased accommodation includes recently completed Primary Care Resource Centres in Brynmawr, Blackwood and Rhydney. New Welsh

Government funded capital developments are planned in Tredegar and Newport East.

2.10 Other Leased Non-Clinical Accommodation

2.10.1 The Health Board leases the following facilities for non-clinical/administrative accommodation, the total cost of these leases is £417,933 per annum (rent only):

Facility	Floor Area (m2)	Cost per annum
Llanarth House	950	£125,371
Victoria House	1003	£61,500
Mamhilad (Block A)	322	£25,121
Mamhilad (Block A)	322	£25,121
Mamhilad (Block B)	434	£33,893
Mamhilad (Block C)	824	£63,000
Mamhilad (Brecon House)	404	£32,633
Mamhilad (Cwmbran House)	657	£51,294
On Line House (Cleppa Park)	1855	£90,000
Total	6,449 (m2)	£507,933

2.10.2 Other than On Line House, which accommodates Medical Records storage, the other accommodation houses office based functions. Circa 500 staff are currently based in these premises.

2.11 Environmental Management

2.11.1 There are two performance measures/indicators relating to energy performance, energy per unit volume (GJ/100m³) or energy by kWh per m².

2.11.2 The Estatecode categories are:

A - 35-55 GJ/100m³

B - 55-65 GJ/100m³

C - 65-75 GJ/100m³

D - 75-100 GJ/100m³

E - Added to C or D indicates improvement to a B performance is either impossible or uneconomic.

2.11.3 The Six Facet analysis of the Health Board as a whole indicates that only 1% of the Health Board estate is in Category C or above, all of which is in the Primary Care/ Community estate, including:

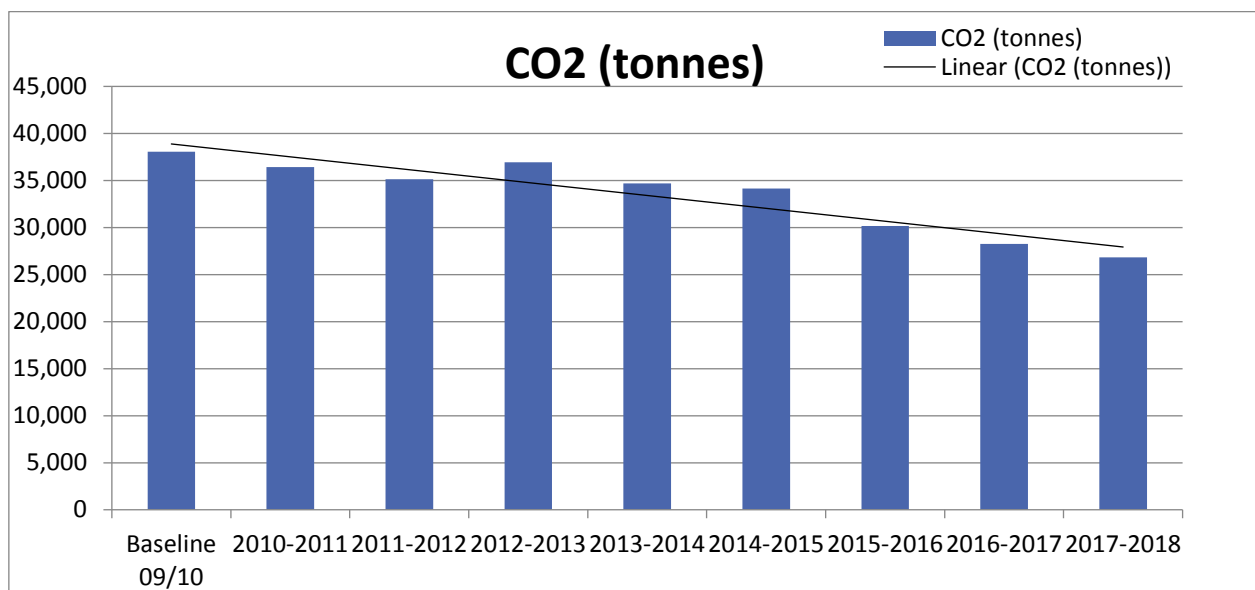
- Beaumont Clinic
- Pontllanfraith Health Centre

- Central Clinic
- Ringland Health Centre
- Croesyceiliog Health Centre
- Tredegar Health Centre

2.11.4 The Welsh Government target performance measure is however based on kWh per m², which is why the summary data included in the sections above is based on this measure. Currently only 55% of the estate is at or below the Welsh Government target of 410 kWh per m². The estate that is above this target includes those identified above plus:

- Royal Gwent Hospital
- Nevill Hall Hospital
- Denscombe Health Centre
- Risca Health Centre
- Ebbw Vale Clinic

2.11.5 Whilst there is no specific target for reductions in carbon emissions the Health Board has been committed to achieving a 3% year-on-year carbon emissions reduction and, as illustrated by the graph below, there has been a reduction of 11,235 tonnes of carbon, equating to a total reduction of 30%, up to and including 2017/18:



2.11.6 The Estates Department is currently finalising a new Energy Strategy for the period 2018 to 2023. This will advocate the continuance of the planned 3% year on year reduction in emissions.

2.12 Summary and Key Conclusions of “Where are we now?”

2.12.1 The above high level analysis of the Health Board estate has been based on:

- The recently completed Six Facet Survey
- Other relevant financial and non-financial information
- Relevant performance indicators
- The impact of the implementation of the Clinical Futures Strategy and the opening of the Grange University Hospital in March 2021

2.12.2 Taking all of the above issues into account the following is a summary of the current position and key issues:

- Further work on the profile of acute services following the opening of the Grange Hospital and rationalisation of the existing estate at RGH and NHH will have to be a priority
- The overall level of backlog maintenance at £108 million is unacceptable as is the level of high and significant backlog at £25.5 million. This will have to be prioritised and addressed
- The fact that 10% of the estate (29,000 m²) is underutilised 3% (8,778 m²) is empty is unacceptable
- Much of the above under-utilisation is within the older Mental Health and Community Hospital estate large parts of which are in very poor condition.
- Estate operating costs appear to be very low, particularly within the non-acute estate.
- Maintenance costs are unacceptably low in the non-acute sector.
- Potentially too much space is used for non-clinical purposes.
- Use of the newer owned facilities and the leased Community Hospitals needs to be optimised in the context of the implementation of the Clinical Futures Strategy.
- Consideration needs to be given to the location, disposition and utilisation of the many Primary/Community/Mental Health owned and leased properties in the context of the GP owned premises in each NCN area.
- Whilst there has been relatively good progress in reducing carbon emissions, 45% of the estate does not meet the current Welsh Government performance target of 410 kWh per m² or less.

3.0 Where Do We Want To Be?

3.1 Health Board Vision and Strategic Direction

3.1.1 The Health Board is responsible for promoting wellness, preventing illness and disease and for planning, designing, development and securing the delivery of safe, high quality service to meet the needs of our population.

Our vision for Aneurin Bevan University Health Board is to:



3.2 The Health Board's longstanding, approved clinical service strategy is **Clinical Futures**, sets out our vision for modernising clinical services for the population of Gwent and South Powys. At its heart, the strategy seeks to rebalance the provision of healthcare, enabling citizens to play a more active role in their health and well-being, providing more services within the community using Neighbourhood Care Networks to drive and deliver change at local level. In keeping with the outcomes of the South Wales Programme, it reshapes our hospital services in order to centralise specialist and critical care services in a single purpose built hospital, whilst maintaining a network of local hospitals to meet routine care needs.

3.3 The Clinical Futures Strategy continues to form the platform for service planning from 2018–2022 and is consistent with the wider planning context for NHS Wales. The Health Board is wholly committed to working collaboratively and at pace with Health Boards and other key partners in the region to secure benefits for patients wherever this is appropriate. The Health Board continues to participate and lead work on behalf of the Region and Team Wales.

3.2 National Context

3.2.1 At a national level, 2017/18 has seen significant development in terms of National Strategy and legislation. A new programme for government that has led to the publication of a new National Strategy "Prosperity for All", the final

report on the Parliamentary Review of Health and Social Care, the increasing profile of the Well Being Future Generations Act and the adoption of the Nurse Staffing Levels (Wales) Act 2016. The Health Board is proactively working with its partners and staff to ensure our future plans align with the requirements and expectations of the national agenda.

3.3 Regional Context

3.3.1 In response to the national context and local priorities at a regional level, there remains continued emphasis on delivering quality health and care services fit for the future and promoting good health and well-being for everyone. Driven by the ambitions in 'Prosperity for All' and the recent 'Parliamentary Review of Health and Social Care in Wales' considerable work is underway to translate national strategic ambitions into reality across the Health Board and with its partners.

3.3.2 Recognising the strong emphasis on integration of services at a locality level, through collaboration with partners, the Health Board has played a leading role in the development of the new statutory Wellbeing Plans, and Area Plan for Health and Social Care, required from April 2018. The plans set a clear vision for improving population health and wellbeing through the identification of wellbeing objectives. The Health Board has committed to the development of an '*integrated system for health, care and wellbeing*' as a key element of our transformational Clinical Futures strategy which also is a key development in our IMTP this year.

3.4 An integrated system of Health, Care and Wellbeing

3.4.1 As part of our Clinical Futures Programme, the Health Board is developing its integrated system of health, care and wellbeing which encapsulates its commitment to the delivery of wellbeing objectives, as part of the Public Service Board agenda, and the delivery of new models of care, support and wellbeing as part of the work of the Regional Partnership Board. At the heart of integrated service delivery is the continued development of the Neighbourhood Care Networks (NCN) Model within Gwent. A consistent regional service model will be developed, which promotes equity of access, but maintains local flexibility to provide specific services defined by population need.

3.4.2 To do this will require radical transformation of services, and the development of new models of community based care. The Health Board's vision is to create a system of primary, community and wellbeing services, based around the NCN footprint, where there is a consistent regional service offer, and effective locality based multi-disciplinary teams. The Health Board's ambition is to create a new system of primary, community care and wellbeing across Gwent, in partnership with local government and the third sector. The Health Board wants people to be able to access the care they need in their own community and homes, where appropriate and avoid the need for unnecessary hospital admission.

3.5 Local Context - Clinical Futures Strategy

3.5.1 The strategy, which has been outlined in section 2.2 above, has been in place for several years with very committed clinical involvement and direction. It is continually checked and adapted to ensure it remains relevant and ambitious in its aims and effective in its delivery. The strategy is entering a different phase for 2019/20, its momentum and innovation focus have both been escalated.

3.5.2 As we move into year two of our three year transition plan leading up to the opening of The Grange University Hospital, the level of testing, scrutiny and robustness of new service models is being heightened. We are optimising the improvement methodology capacity that has been developed within the Health Board over the past few years and are reviewing service models through the value driven healthcare lens, demography and technology. Through this we aim to ensure that our service models and resource are used to provide the greatest possible benefit to the population.

3.6 The Estate Required

Vision and Core Principles

3.6.1 The Health Board's vision for the Estate is:

"A future focused, fit for purpose estate which supports service delivery to enhance patient outcomes and experience, motivates and enables staff to deliver safe efficient quality services with partners and that is financially viable and sustainable".

3.6.2 In the context of this vision and in support of the Clinical Futures Strategy the following Key Principles have been developed to underpin the development of an Estate Strategy:

Support service delivery - Ensures the built environment and equipment required (including technology) are suitable to enable delivery of services in the right place to support the best outcomes and experience for patients.

We must make best use of the capital resources available to us, and minimise the revenue consequences of such capital investments.

Enables Partnership working - Enables the Health Board to manage demand, improve services and provide better outcomes for patients through improved partnership working and better co-location/design, where appropriate, with our key partners.

We must encourage our staff and key partners to work together to make the most efficient use of all of our assets.

Future focused - Fit for purpose for the next 5 to 10 years and be flexible enough to accommodate future changes.

We must support the provision of a technology led and enabled environment to enhance productivity and utilization of resources, including space.

Sustainable - Delivers on the principles of the WCFG Act 2015 and demonstrably makes the most effective use of all available resources.

We must adopt a set of metrics that show both the cost and performance of our built assets to support improved management and decision making, incentivise efficient use.

Fit for purpose - Supports the major service objectives of the Health Board by providing a clear framework and strategic direction to optimise the configuration and utilisation of space and reducing backlog maintenance.

We must increase the utilisation of clinical space and reduce the amount of estate we use for non-clinical activities.

Motivating and Enabling Staff - Staff are our most important asset, ABUHB should provide them with excellent facilities, positive environments, physical space, flexible arrangements and equipment to do their jobs and within this promote the wellbeing of all staff.

We must improve the condition and efficiency of our assets and address inappropriate and inefficient assets through disposal, demolition or refurbishment; We must actively encourage the adoption of "agile working", wherever possible.

Financially viable - Delivers demonstrable value for money for our community and optimises the resources available for direct patient care.

We must seek to reduce the operating costs of our estate through effective use of resources, good management and environmental performance improvements.

Matching Form with Function

3.6.3 As stated in section 2.0 above the Estate Strategy is being developed in the context of:

- Acute Hospital Services
- Community Hospital Services
- Mental Health Services
- Primary and Community Care Services
- Leased/Non-clinical Services

3.6.3 Each of the above have clear service strategies linked to the over-arching Clinical Future Strategy and each will have very different estate infrastructure needs and issues as identified via the Six Facet Survey. The section that follows

brings together the service requirements with the estate infrastructure needs and identifies key **Strategic Objectives** to be delivered in the planning period.

Acute Services

3.6.4 Two of the three existing acute Hospitals, i.e. **Royal Gwent and Nevill Hall Hospitals** will need to be significantly reconfigured following the planned opening of the Grange University Hospital in March 2021 at which time a number of services will be relocated from these Hospitals to the Grange Hospital, these include:

- Emergency surgery and trauma
- Complex elective surgery
- Emergency Medicine
- Critical Care services
- Obstetric services
- Paediatric and Neonatal services

3.6.5 At that this point in time certain key clinical models are still being finalised along with associated capacity plans therefore the precise impact on these sites is not fully understood. That being said it is expected that there will be significant vacated space in both hospitals and their function as Local General Hospitals will need to be reflected in the infrastructure that is retained.

3.6.6 In addition to the their primary functions as Local General Hospitals providing a range of general local services, the Royal Gwent and Nevill Hall Hospitals will also become centres of the delivery of specific services on behalf of the Health Board and these will include elective surgery and cancer services.

3.6.7 The effect on **Ysbyty Ystrad Fawr** will not be as significant and it is likely that services will remain largely as they are currently provided.

3.6.8 Taking the above into account with the information that is available from the six facet survey, particularly the high and significant backlog costs, and known current issues such as car-parking and overcrowding, three **Strategic Objectives** have been identified for the Acute Hospitals that will need to be delivered over the planning period, as follows:

Strategic Objective 1 - Reconfiguration and rationalisation of Royal Gwent Hospital as a Local General Hospital.

Strategic Objective 2 - Reconfiguration and rationalisation of Nevill Hall Hospital as a Local General Hospital.

Strategic Objective 3 - To ensure that existing services at Ysbyty Ystrad Fawr are appropriate, sustainable and fully utilised in the context of the new clinical models.

Community Hospital Services

3.6.9 Community Hospitals currently include **St.Woolos, County Hospital, Ysbyty Aneurin Bevan, Chepstow and Monnow Vale**. From a service perspective only one of these facilities is directly affected by the opening of the Grange Hospital, i.e. St Woolos.

3.6.10 All will however be affected, in varying degrees, by the proposed model for Primary and Community services, described below, and the associated planned development of Health and Well Being Hubs.

3.6.11 **St Woolos**, because of its location adjacent to Royal Gwent Hospital, will be primarily effected due to the planned transfer of inpatient services (Rehabilitation, Orthopaedic, Mental Health and Dermatology) from there to Royal Gwent following the opening of the Grange University Hospital and the planned relocation of other services currently in the older estate to either the newer Casnewydd Unit located on the St Woolos site or Royal Gwent Hospital.

3.6.12 **County Hospital** as noted in section 2 above is largely in poor condition, is not of the expected standard for the delivery of certain clinical services and has underutilised and empty accommodation. Whilst it is clear that something needs to be done to address the estate issues greater clarity is required regarding the services that should be provided from there in the future in the context of the Clinical Futures Strategy. This need to be addressed first before the estate issues can be properly resolved.

3.6.13 the effect on **Ysbyty Aneurin Bevan, Chepstow and Monnow Vale** will not be as significant and it is likely that services will remain largely as they are currently provided, and as they are all relatively new buildings there are no obvious estate issues. It will however be necessary to ensure that services there are appropriate in the context of the new clinical models and that the buildings are fully utilised. However as **Chepstow and Monnow Vale** are leased facilities, it will be necessary to review the lease arrangements going forward to ensure value for money is being obtained.

3.6.14 Taking the above into account with the information that is available from the six facet survey, particularly with regard to **St Woolos** and **County** the Community Hospital Services have four **Strategic Objectives** that need to be delivered over the planning period, as follows:

Strategic Objective 4 - Reconfiguration of services on the St Woolos Hospital site following relocation of inpatient services to Royal Gwent.

Strategic Objective 5 - Review service provision required on the County Hospital site in the context of primary care/community services required in that area followed by consideration of redevelopment.

Strategic Objective 6 - Ensure existing services and facilities at Ysbyty Aneurin Bevan, Chepstow and Monnow Vale are appropriate and fully utilised in the context of new clinical models.

Strategic Objective 7 - Review and understand existing PFI arrangements for Chepstow and Monnow Vale to ensure value for money.

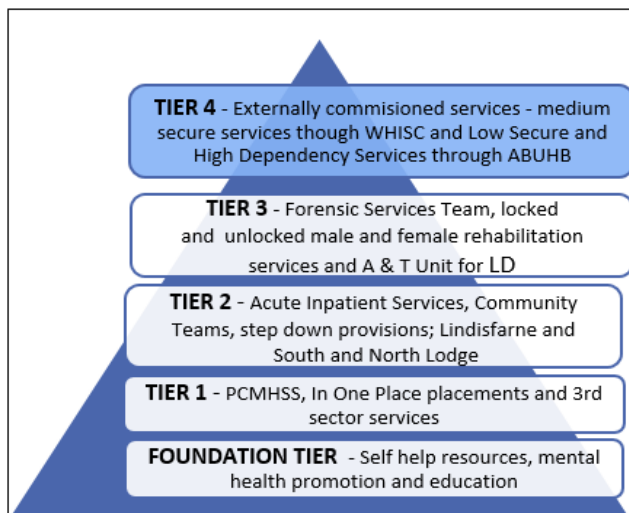
Mental Health Hospital Services

3.6.15 As stated in section 2.0 Hospital based services are currently provided from **St Cadoc's, Maindiff Court, Llanfrechfa Grange and Ysbyty'r Tri Cwm**. In addition to this inpatient beds are also provided at Ysbyty Ystrad Fawr, St Woolos, Ysbyty Aneurin Bevan and County.

3.6.16 Mental health and learning disability services in Gwent work in the context of an overall service model, spanning foundation level, primary, secondary and specialist tertiary services, as described in Figure 3.4.1.

3.6.17 Services for the target client groups are organised within a number of directorates and divisions:

- Primary Care mental health services (children, young people and adults with MH or LD).
- Adult mental health and specialist services (18 years to 65 years).
- Older adult mental health services (65 years and over).
- Learning disability residential, specialist and community services (18 years and over).
- S-CAMHS – (under 18 years) – Families and Therapies Division.



3.6.18 The majority of MH services are provided or commissioned at Foundation level, Tier 1 and Tier 2, with limited provision at Tier 3. Tier 4 providing low to medium secure services are currently commissioned from external providers (Figure 3.4.1).

3.6.19 Tier 1 and 2 services (excluding inpatient services) are largely provided from locality based units and these are considered in the Primary and Community Care services section later in this document.

3.6.20 The current disposition of Tier 2 and Tier 3 inpatient services is summarised below:

	Adult	Older Adult	Tier 3	Rehab/ Step Down	Learning Disability
St Cadoc's	22		27	6	
Llanfrechfa Grange					7
Maindiff Court				15	
Ysbyty'r Tri Chwm		15			
County	21	20			
Ysbyty Aneurin Bevan	11				
Ysbyty Ystrad Fawr	22	18			
St Woolos		14			
Total	76	67	27	21	7

3.6.21 The potential disposition of the above beds post the Grange Hospital opening and other planned Tier 4 developments is:

	Adult	Older Adult	Tier 3	Rehab/ Step Down	Learning Disability	Tier 4
St Cadoc's	22		27	6	7	42
Maindiff Court				15		
County	21	20				
Ysbyty Aneurin Bevan	11					
Ysbyty Ystrad Fawr	22	18				
Nevill Hall from YTC		15				
Royal Gwent from SWH		14				
Total	76	67	27	21	7	42

3.6.22 **St Cadoc's** is regarded as the "specialist" centre for mental health services and there is a business case with Welsh Government for the construction of a Low Secure Unit. This will need to be thoroughly reviewed prior to approval for the case to move to the next stage. From an estates perspective section 2.0 identifies concerns regarding the inappropriate condition of the older estate and the fact that large sections are underutilised or indeed empty. This will need to be addressed as a key Strategic Objective.

3.6.23 **Llanfrechfa Grange Hospital** currently houses the Learning Disability inpatient beds, the Health Board's Laundry and Administrative accommodation. The facilities on that site, other than the Laundry are in poor condition and largely empty. In that context it has been intended, for several years, to dispose of the majority of the site that is not needed for the Grange Hospital. This intention needs to be urgently reassessed in the context of the Torfaen County Borough Council proposed Medi-Park. The Health Board needs to assess whether or not

it is likely that other clinical or non-clinical services are likely to require space on the Llanfrechfa Grange site in the foreseeable future.

3.6.24 **Maindiff Court**, near Abergavenny, accommodates 15 step down beds and ECT services. ECT services are planned to move to Nevill Hall following the opening of the Grange Hospital. The remainder of the site, which is in relatively poor condition, is either empty or underutilised, but accommodates a range of office based staff and some patient facing clinical services. Given the above issues the future retention of this site needs to be seriously considered.

3.6.25 **Ysbyty'r Tri Chwm**, near Ebbw Vale, is a relatively new unit that provides 15 beds for patients with Dementia and other ambulatory clinical services. The inpatient services are planned to move to Nevill Hall post the Grange Hospital opening. Therefore the future use of this facility for Mental Health services only and its potential to be used for other primary care/community services needs to be explored.

3.6.26 The remaining in-patient beds not referred to above at **Ysbyty Aneurin Bevan** and **Ystrad Fawr** are unlikely to be affected by changing clinical models in the immediate future and are in modern facilities. The services at **County Hospital** may however be effected by the review of County Hospital referred to in 3.6.12 above. The Mental Health facilities on the County site are relatively modern and are fully utilised.

3.6.27 Taking the above into account with the information that is available from the six facet survey, particularly with regard to **St Cadoc's, Llanfrechfa Grange and Maindiff Court** the Mental Health Hospital based services have five **Strategic Objectives** that need to be delivered over the planning period, as follows:

Strategic Objective 8 - Pursue the further development of a Low Secure Unit within the Health Board, subject to Welsh Government approval of the Strategic Outline Case

Strategic Objective 9 – To explore the rationalisation of facilities on the St Cadoc's Hospital site, not required for patient facing services.

Strategic Objective 10 - Relocate in patient services from Ysbyty'r Tri Chwm to Nevill Hall Hospital and explore the potential for the hospital to be re-used for other Primary care and Community based services.

Strategic Objective 11 - Explore the potential for the future use of Maindiff Court Hospital site and the potential disposal of some or part of the site.

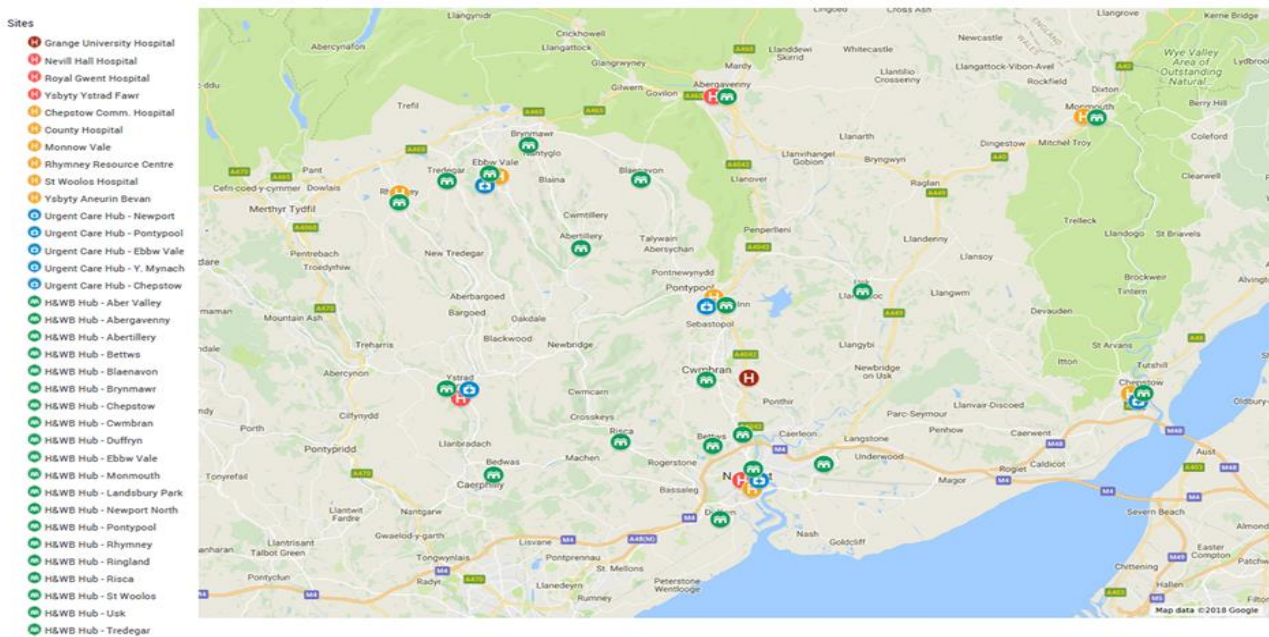
Strategic Objective 12 - Urgently review the future use of the Llanfrechfa Grange site not required for the Grange University Hospital.

Locality based Primary, Community and Mental Health Services

3.6.28 The Clinical Futures framework for the delivery of an integrated, locality based system is structured into four tiers, with a programme of activity to be established for each as set out in the current IMTP:

1. People staying healthy and well;
2. Self-Care;
3. Primary Care and NCN Team;
4. NCN Hub with specialist and enhanced services.

3.6.29 The emphasis is on delivering more care closer to home, through integrated health and social care teams, built around NCNs and adopting the design principles agreed in the Gwent 'Care Closer to Home' strategy. The new model of service provision will require the development of 'hubs', both physical and virtual, at key locations in each borough. This 'hub' approach will require a new estates strategy which will ensure that services, equipment and infrastructure are aligned to make the best use of resources available in each area. A locality map of planned hubs has been established detailing the location of urgent care hubs, alongside Health and Wellbeing Hubs:



3.6.30 Through the new 'hub' model we will not only co-locate diverse services and support mechanisms but also offer a new model to 'screen' people to appropriate places and offer one front door. This adopts in practice the sustainable development principles of the wellbeing of future generations Act,

and will support the achievement of our wellbeing goals, by providing community based, co-located and integrated services designed to specifically improve wellbeing.

3.6.31 Each hub will contain an 'Integrated Services Team' made up of therapists, nurses, social workers and care support staff. Greater emphasis will be placed on integrated working as part of a unified team, rather than separate re-ablement, home care and community nursing, where handoffs between team members are minimised to ensure greater continuity of care. Well-being hubs will act as a front-door for patients and professionals, where contact can be made (either through a physical front door or via phone) and a member of the professional team will undertake triage. In doing so, they will assess a patient's needs and assess out with advice, signposting to more appropriate support or allocate a care co-ordinator to plan and oversee their individual care needs.

3.6.32 Each well-being hub will be different, but will consider incorporation of local services such as GP practices, dental practices, community pharmacies, mental health services, housing services, debt advice, among many others. Some hubs will also be developed with access to improved diagnostics and aligned to GP assessment beds, others with links across a network of service provision and community. We will also develop a model for enhanced specialist care within the community, and plans for a model of enhanced urgent care hubs, where in-hours GPs will provide assessment and treatment for urgent, walk-in cases. The sites will be more commonly equipped with, or closely aligned to, diagnostic services which allow rapid access, potentially eliminating the need for unnecessary conveyances to hospital.

3.6.33 In the context of the above clear service strategy, and the Six Facet Survey information, the existing Primary/Community and Community based Mental Health estate will need to be assessed as a whole to determine the size of holding required and the suitability of the existing estate to deliver the agreed services. This will need to be undertaken on an NCN basis and take account of accommodation that is provided by other public sector organisations.

3.6.34 From an estates perspective such an evaluation could present real opportunities to both rationalise and better utilise the estate. The assessment will need to consider alternative uses for some sites to ensure their future viability within the communities that they serve, and to explore the potential for some community hospital sites to provide "Hubs".

3.6.35 Two Health and Well Being Centres are currently being planned in Tredegar and Newport East (Ringland). Outline Business Cases are being prepared for each project with the aim of securing capital funding from Welsh Government.

Strategic Objective 13 - Review location, content, condition and utilisation of existing Primary Care, Community Care and Mental Health Community based facilities in each NCN area in the context of other ABUHB/Public Sector facilities and the above clinical strategy.

Strategic Objective 14 - Following the above review to produce a costed and prioritised plan for the creation of the proposed "Hubs" and other proposed service changes utilising the existing estate as far as is possible.

Accommodation in Leased properties/Admin services

3.6.36 As stated above in 2.10 the Health Board has several leases for office accommodation in place at an annual rental cost of £507,933.

3.6.37 Previous attempts at trying to reduce leasing cost and reduce the amount of office accommodation on all Health Board sites have failed for two related reasons:

- The Health Board has not been radical enough with regard to Agile Working and new ways of working which could potentially significantly reduce the amount of office space required.
- Related to the point above is the issue of cost, simply moving staff from "A to B" without adopting Agile Working will not be cost effective.

3.6.38 Many of the other strategic objectives identified above will potentially require non patient facing accommodation to be relocated therefore the same issues will arise unless the adoption of Agile Working principles underpin these objectives. To reinforce this point the following table is an extract from the Strategic Outline Case that was completed in 2015, this identifies that at that time there were over 2,000 office based staff located at various clinical sites across the Health Board:

Count of Last Name	Base															
Division	CCH	County	LGH	Maindiff	MVH	NHH	NRC	Other	RGH	St.Cadocs	SWH	YAB	YTC	YYF	Grand Total	
040 BOARD SECRETARY										25					25	
040 CHIEF EXECUTIVE/NON EXECUTIVE								1		28					29	
040 CHIEF EXECUTIVE/NON EXECUTIVE - ABCI										10					10	
040 CONTINUING HEALTH & FUNDED NURSING CARE								1							1	
040 FACILITIES DIVISION	2	9	16			11			38	65	10	8	1	10	170	
040 FAMILY & THERAPIES DIVISION	3	8	7			47		65	70	74	10	2		21	307	
040 FINANCE DIRECTOR			9						13	18					40	
040 LOCALITY COMMUNITY CARE	1	16	2		1	1		44	4		6	6		6	87	
040 MEDICAL DIRECTOR			14			9		9	29	9	6			2	78	
040 MENTAL HEALTH & LEARNING DISABILITIES DIVISION	2	16	42	11				66		40	1	3	2	9	192	
040 NURSE DIRECTOR			10			7			7		7			4	35	
040 OPERATIONS MISCELLANEOUS			4			1				3					8	
040 PERFORMANCE DIRECTOR			20			26			47	6	2			2	103	
040 PLANNING DIRECTOR			5					3		9					17	
040 PRIMARY CARE & NETWORKS							12	13							25	
040 SCHEDULED CARE			11		1	201		11	326	5	82			31	668	
040 THERAPIES & HEALTH SCIENCES DIRECTOR			8			6			5						19	
040 UNSCHEDULED CARE					61			7	114	2	19	1		21	225	
040 WORKFORCE & ORGANISATIONAL DEVELOPMENT			97						1		9			1	108	
Grand Total	8	60	234	11	2	370	12	220	654	294	152	20	3	107	2147	

Strategic Objective 15 - The Health Board to introduce a clear policy on the adoption of Agile Working principles that is fully endorsed as a means to assist in the reduction of the significant amount of office accommodation within the organisation.

3.6.39 This objective needs to be taken forward in the context of the IM&T strategy and the technology that is available to support "Agile Working".

3.7 Backlog Maintenance

3.7.1 The Health Board's level of Backlog Maintenance is unacceptable with many areas of the Health Board needing investment to tackle issues with the maintenance of the physical building and major mechanical and electrical infrastructure.

3.7.2 It is widely recognised that failing to address on-going maintenance issues could impose significant unacceptable levels of risk to the continuity of clinical services and possible breaches of statutory requirements.

3.7.3 Whilst a number of objectives listed above will assist in reduction backlog maintenance, and this will be quantified in section 4, the Estates Department need to undertake a detailed review of the information provided to inform the capital programme going forward and align with the Strategic Objectives.

3.7.4 The review will build on existing practices, such as how backlog maintenance is currently prioritised, and ensure that systems are put in place for the future that truly gets to the heart of the investment required to address those risks that are critical and inform future maintenance needs.

3.7.5 Levels of maintenance on non-acute site are unacceptable and need to increase in line with what would be expected to adequately maintain the estate in these areas. This needs to be addressed with the assistance of relevant benchmark information.

3.7.6 Taking account of the above the following Strategic Objectives are proposed for the Estates Department:

Strategic Objective 16 (Immediate) - The Estates Department to urgently assess the robustness of the calculation of high and significant risk backlog maintenance information contained within the Six Facet Survey and ensure that the reported backlog maintenance meets the risk definitions in appropriate guidance. Following this a prioritised action plan will be produced to address and reduce the high and significant risks.

Strategic Objective 17 - The Estates Department to benchmark maintenance costs with other relevant organisations and assess how levels of maintenance can be increased over and above the current unacceptable levels.

3.8 Environmental Management

3.8.1 Whilst several of the above Strategic Objectives will assist in the reduction in Carbon emissions it is likely that there will be further Government pressure to reduce emissions over the planning period at a time when the new 55,000 m² Grange University Hospital will be opened, further increasing emissions.

3.8.2 Although there has been relatively good progress in reducing carbon emissions, 45% of the estate does not meet the current Welsh Government performance target of 410 kWh per m² or less.

3.8.3 The issues of Carbon reduction and achievement of the key Welsh Government relating to energy will both need to be actively addressed as a key part of this Estate Strategy.

Strategic Objective 18 - The Estates Department to finalise its new Energy Strategy which will contain specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target.

3.9 Summary and Conclusion

3.9.1 The development and identification of the above Eighteen Strategic Objectives has sought to align the key issues arising from "Where are We Now?" with the other key strategies and plans of the Health Board and its stakeholders, to ensure we support the delivery of over-arching service objectives to achieve the 'right-sized' estate that can meet the future needs of the Aneurin Bevan University Health Board.

3.9.2 At this stage, we have largely focused on achieving considerable estate changes within a five to ten year planning frame, in line with other strategies, but also recognising the considerable changes that need to be delivered as a matter of urgency to support the implementation of the Clinical Futures Strategy.

3.9.3 The above and the assessment of "Where We are Now" has allowed the Strategy to identify the key areas in which our future Estate must deliver significant improvement, to meet both financial and operational performance requirements. Using the KPIs discussed previously, interlinked with the changes identified in the Clinical Futures Strategy, a set of high level targets have been

developed, to allow the Health Board to attain its vision for the Estate described in section 3.6.1.

3.9.4 These targets are shown below, and form the basis of the proposals for “How Do We Get There?” in Section 4:

- To reduce the unoccupied/underutilised estate to at least 2.5%
- To ensure that the retained estate is fully utilised
- To scope and reduce the amount space occupied by non-clinical and administrative services
- To reduce high and significant backlog maintenance by at least 10% year on year
- To be fully compliant with statutory and fire standards
- To remove or dispose of redundant and poor quality buildings
- To continue to reduce carbon emissions by at least 3% year on year and meet key environmental targets as identified by Welsh Government
- To develop a benchmarked methodology for assessing the appropriate ongoing revenue investment in the maintenance of the Estate and to ensure that what is deemed to be “appropriate” is delivered.

4.0 How Do We Get There?

Introduction

4.1 This section sets out, at a relatively high level, how it is proposed to develop and implement the eighteen Strategic Objectives outlined in section 3.0 above. As and when this Strategy is approved more detailed plans will be developed with key stakeholders.

4.2 The development and implementation of the Strategic Objectives will be need to be underpinned and supported by key enablers, which are described in the following section.

Enablers

Enabler 1 - Governance and Reporting

4.3 The Estate Strategy has been developed by the Clinical Futures Strategic Capital and Estates Workstream (SCEW) which reports to the Clinical Futures Delivery Board. It is assumed that this structure will continue and that the SCEW will ensure that the Strategic Objectives are developed and implemented.

4.4 The Strategy has sought, due to the size and complexity of the Estate, to separate the Estate into 4 sectors, Acute Hospitals, Community Hospitals, Mental Health Hospitals and Primary/Community and Community based Mental Health accommodation. Whilst there is considerable overlap between these sectors each has been allocated a number of Strategic Objectives and it is proposed that each will have an identified Working Group or Project Team that will report to the SCE Workstream.

Local General Hospital Project Team – this is already well established, primarily focussed on the reconfiguration of RGH, SWH, NHH and YYF post opening of the Grange Hospital. The Project Team will therefore cover the following Strategic Objectives:

Strategic Objective 1 - Reconfiguration and rationalisation of Royal Gwent Hospital as a Local General Hospital.

Strategic Objective 2 - Reconfiguration and rationalisation of Nevill Hall Hospital as a Local General Hospital.

Strategic Objective 3 - To ensure that existing services at Ysbyty Ystrad Fawr are appropriate, sustainable and fully utilised

Strategic Objective 4 - Reconfiguration of services on the St Woolos Hospital site following relocation of inpatient services to Royal Gwent.

Primary Care and Community Based Estate Project Team – this will need to be established to cover the following Strategic Objectives:

Strategic Objective 5 - Review service provision required on the County Hospital site in the context of primary care/community services required in that area.

Strategic Objective 6 - Ensure existing services and facilities at Ysbyty Aneurin Bevan, Chepstow and Monnow Vale are appropriate and fully utilised in the context of new clinical models.

Strategic Objective 7 - Review and understand existing PFI arrangements for Chepstow and Monnow Vale to ensure value for money.

Strategic Objective 13 - Review location, content, condition and utilisation of existing Primary Care, Community Care and Mental Health Community based facilities in each NCN area in the context of other ABUHB/Public Sector facilities and the above clinical strategy.

Strategic Objective 14 - Following the above review to produce a costed and prioritised plan for the creation of the proposed "Hubs" and other proposed service changes utilising the existing estate as far as is possible.

Mental Health Hospital based services Project Team – This is already established, somewhat informally, in the context of the emerging Estate Strategy, and will now need to be formalised with Terms of Reference, etc. It will cover the following Strategic Objectives:

Strategic Objective 8 - Pursue the further development of a Low Secure Unit within the Health Board, subject to WG approval of the Strategic Outline Case

Strategic Objective 9 – To explore the rationalisation of facilities on the St Cadoc's Hospital site, not required for patient facing services.

Strategic Objective 10 - Relocate in patient services from Ysbyty'r Tri Cwm to Nevill Hall Hospital and explore the potential for the hospital to be re-used for other Primary care and Community based services.

Strategic Objective 11 - Explore the potential for the future use of Maindiff Court Hospital site and the potential disposal of some or part of the site.

Strategic Objective 12 - Urgently review the future use of the Llanfrechfa Grange site not required for the Grange University Hospital.

4.5 Of the remaining four Strategic Objectives, it is considered that there are three that are the responsibility of the Estates Department and one that is within the remit of the Clinical Futures Supporting Infrastructure Workstream.

The Estates Department – Will be responsible for delivery of:

Strategic Objective 16 (Immediate) – The Estates Department to urgently assess the robustness of the calculation of high and significant risk backlog maintenance information contained within the Six Facet Survey and ensure that the reported backlog maintenance meets the risk definitions in appropriate guidance. Following this a prioritised action plan will be produced to address and reduce the high and significant risks.

Strategic Objective 17 – The Estates Department to benchmark maintenance costs with other relevant organisations and assess how levels of maintenance can be increased over and above the current unacceptable levels.

Strategic Objective 18 – The Estates Department to finalise its new Energy Strategy which will contain specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target.

The Clinical Futures Supporting Infrastructure Workstream – Will be responsible for delivery of:

Strategic Objective 15 - The Health Board to introduce a clear policy on the adoption of Agile Working principles that is fully endorsed as a means to assist in the reduction of the significant amount of office accommodation within the organisation.

Enabler 2 – Clinical Capacity Plan

4.6 Several of the above Strategic Objectives require clarity on the emerging clinical and service models and the consequential effect of these on the overall Clinical Capacity Plan, particularly bed and operating theatre capacity requirements by site. Work done to date on some of the above is based on the capacity plan that underpinned the Grange University Hospital Full Business Case and the Clinical Futures Programme Business Case that were prepared in 2015. It is known that there will be changes to the assumptions made in 2015.

Enabler 3 – Capital Availability

4.7 It will need to be recognised by everyone involved in the process described above that it is very unlikely that there will be significant capital

available in the short to medium term to support the development of the Estate Strategy. That being said it is inevitable that some capital will be required to:

- Support the development of feasibility studies, etc.
- Implement service development proposals
- Support rationalisation and potential demolition of facilities

4.8 The former will be relatively modest but will need to be factored into capital programme spend in the immediate future.

4.9 The latter two are difficult to calculate with any degree of accuracy at this point in time and it is assumed that more clarity on this will be obtained via the output from the working groups set out above. A very high level capital programme is however included in the final section of this document.

4.10 Due to the constraints on capital it will be necessary for any proposals to be based on a "Do Minimum" approach, utilising the existing estate as far as is possible, new build developments should be resisted.

4.11 It will also be necessary, in the potential absence of further significant Strategic Capital from Welsh Government, for the Health Board to make optimum use of its annual Discretionary Capital funding, currently £10.8 million. All proposals for the use of Discretionary Capital will need to be clearly aligned with the Strategic Objectives of this Estate Strategy and will need to be more closely scrutinised by a sub-group of the existing Capital Group.

4.12 Opportunities will need to be sought via Welsh Government to acquire different sources of capital as is the case with other Strategic capital projects within Wales.

4.13 Several Strategic Objectives propose reassessment of sites, i.e. Maindiff Court, St Woolos, St Cadoc's and Llanfrechfa Grange, any potential disposal values of any part of these sites are currently unknown, but one of the early tasks will be to assess their potential market value. Sale proceeds of any elements agreed could potentially be used to support further capital investment, subject to Welsh Government approval.

Enabler 4 – Clarity on Estate Management

4.14 In the context of point 4.11 above clarity is required on the responsibility for the management of the Estate and for the identification and prioritisation of Estate infrastructure issues within prioritised Divisional plans. Some Divisions identify such issues, others do not as they are seen as estate management issues. This skews the prioritisation process.

Enabler 5 – Resources / Time

4.15 The aspirations of the Estate Strategy as conveyed by the eighteen Strategic Objectives are relatively ambitious and in some cases will require additional resources to assist in their development and implementation. If this cannot be obtained, and in the context of the very significant organisational changes that will occur as a result of the opening of the Grange Hospital, it may be necessary to prioritise the Objectives.

Enabler 6 – Consultation

4.15 Some of the potential changes that are envisaged in the Strategic Objectives will need consultation with staff and may need more formal consultation with external stakeholders. This needs to be considered in more detail in the development of more detailed project plans.

Enabler 7 – Adoption of Agile Working

4.16 This has already been identified as a Strategic Objective but it is also a valuable and potentially significant enabler that will support the reduction in the non-clinical estate footprint and thus avoid potential relocation costs if staff are in accommodation that may be targeted for disposal, e.g. accommodation at St Woolos, St Cadoc's, Llanfrechfa Grange and Maindiff Court.

4.17 This is not an Estate driven enabler/objective, this needs to be addressed in the context of organisational change and organisational development.

Enabler 8 Space Management

4.18 If the Strategic Objectives are supported there will need to be a much more rigorous approach to the ongoing management and use of vacant space within affected buildings. Space must be de-commissioned as and when it is released. Existing vacant space must not be re-used.

Enabler 9 Partnership Working

4.19 The locality based estate will need to be considered in the context of the wider Public Sector estate and the opportunity that exists to share facilities and accommodation. Such an approach will be actively encouraged by the Partnership Boards.

Development and Implementation of the Strategic Objectives

4.20 The following is a high level assessment of the Key Tasks associated with the development and implementation of the Strategic Objectives,

pending preparation of more detailed project plans as and when the Strategy has been approved:

Strategic Objective	Key Tasks
1:Reconfiguration of and rationalisation of Royal Gwent Hospital as a Local General Hospital and Elective Care Centre	<ul style="list-style-type: none"> • Identify accommodation that will be released as and when GUH opens • Reallocate vacant accommodation to facilitate planned transfer of inpatient services from SWH and other planned changes • Projects so far identified post GUH opening include: <ul style="list-style-type: none"> Relocation of Orthopaedic services from SWH Relocation of Rehabilitation services from SWH Relocation of Mental Health services from SWH Relocation of all administrative services from peripheral blocks and their subsequent demolition Reconfiguration of Pathology services Reconfiguration of Endoscopy services Provision of multi storey car park Potential relocation of all other services from SWH, depending on space available • Requirements to support Elective Care Centre to be defined • Develop SOC for major infrastructure improvements following review of High and Significant risks
2:Reconfiguration and rationalisation of Nevill Hall Hospital as a Local General Hospital, Cancer Centre and Day Case Surgery Centre	<ul style="list-style-type: none"> • Identify accommodation that will be released as and when GUH opens • Reallocate certain vacant accommodation to support planned Cancer Centre, 2,000 sq. m currently identified to support SACT and OPD provision • Develop OBC for planned Cancer Centre including 2 linear accelerators, and Deck Car-parking • Other projects identified include: <ul style="list-style-type: none"> Reconfiguration of ED/EAU utilising vacant Pathology accommodation Relocation of Endoscopy and Operating Theatre activity from Llanwenarth Suite Relocation of Mental Health in-patient services from YTC and ECT services from Maindiff Court as per SO10 and SO11 below Possible relocation of other service from Maindiff Court as per SO11 below Reconfiguration of remaining Paediatric, Obstetric and Gynaecology services • Develop SOC for major infrastructure improvements following review of High and Significant risks
3: To ensure that existing services at Ysbyty Ystrad Fawr are appropriate, sustainable and fully utilised in the context of the new clinical models	<ul style="list-style-type: none"> • This will be largely dependent of the agreed clinical model for YYF • Following conclusion of that, review retained service provision and existing/future utilisation of accommodation
4: Reconfiguration of services on the St Woolos Hospital site following relocation of inpatient services to	<ul style="list-style-type: none"> • This links very closely with SO1 above • Undertake detailed census of all existing accommodation on the SWH site and its current utilisation • Scope what can be relocated, where it can be relocated and space required • Appoint planning consultant to advise on potential for disposal of old or whole site

<p>Royal Gwent, potential disposal/demolition of older site.</p>	<ul style="list-style-type: none"> • Discuss potential disposal with NCC
<p>5: Review service provision required on the County Hospital site in the context of primary care/ community services required in that area followed by consideration of redevelopment potential on a smaller scale</p>	<ul style="list-style-type: none"> • Establish project team to identify the range of services that are required to be provided from the County site in future, including an assessment of future in-patient bed provision • As part of above review the current provision for Mental Health services on the site • Undertake detailed census of all existing accommodation on the County site and its current utilisation • Following the conclusion of the above consider redevelopment/disposal opportunities based on desired future functional content
<p>6: Ensure existing services and facilities at Ysbyty Aneurin Bevan, Chepstow and Monnow Vale are appropriate and fully utilised in the context of new clinical models.</p>	<ul style="list-style-type: none"> • Following conclusion of discussions regarding clinical models, which should not affect these sites, review service provision and existing/future utilisation of accommodation
<p>7: Review and understand existing PFI arrangements for Chepstow and Monnow Vale to ensure value for money</p>	<ul style="list-style-type: none"> • Undertake thorough review of the PFI arrangements and the options/opportunities available to the Health Board
<p>8: Pursue the further development of a Low Secure Unit within the Health Board subject to Welsh Government approval of the SOC</p>	<ul style="list-style-type: none"> • Respond to WG questions on the SOC that has been submitted for the development of a new Low Secure, High Dependency Unit (HDU) and Psychiatric Intensive Care Unit (PICU) • Depending on the response from WG, develop OBC
<p>9: Explore the potential for disposal / demolition of the older St Cadoc's estate.</p>	<ul style="list-style-type: none"> • Undertake detailed census of all existing accommodation on the SWH site and its current utilisation • Scope what can be relocated, where it can be relocated and space required • Appoint planning consultant to advise on potential for disposal of "old" site

	<ul style="list-style-type: none"> • Discuss potential disposal opportunities with NCC
10: Relocate in patient services from Ysbyty'r Tri Chwm to Nevill Hall Hospital and explore the potential for the hospital to be re-used for other Primary care and Community based services.	<ul style="list-style-type: none"> • This links very closely with SO2 above re the planned relocation of in-patient services from YTC to NHH • MH Division to provide specification for re-provision at NHH • Undertake detailed census of all existing accommodation on the YTC site and its current utilisation • Scope what can be relocated, where it can be relocated and space required • Primary Care Division to scope the potential for YTC reuse as a HWBC and develop schedule of requirements • Undertake Feasibility Study to determine “test for fit” as HWBC and capital costs
11: Explore the potential for disposal of the whole or vast majority of the Maindiff Court site.	<ul style="list-style-type: none"> • This links very closely with SO2 above re ECT services and possibly SO9 • Undertake detailed census of all existing accommodation on the MCH site and its current utilisation • Scope what can be relocated, where it can be relocated and space required • Appoint planning consultant to advise on potential for disposal of site • Discuss potential disposal opportunities with MCC
12: Urgently review the future use of the Llanfrecfa Grange site not required for the Grange University Hospital in the context of previous intentions to dispose of the site for Housing and the proposed Medi-Park	<ul style="list-style-type: none"> • Undertake detailed census of all existing accommodation on the LGH site and its current utilisation • Assess potential future land requirement for Acute service, i.e. the future expansion of the Grange Hospital • Scope what can be relocated, where it can be relocated and space required • Appoint planning consultant to advise on potential for disposal of site, if disposal is the preferred way forward • Discuss potential disposal opportunities with TCBC <p><i>NB Health Board to consider whether to retain whole or part of site for future expansion of acute services</i></p>
13: Review location, content, condition and utilisation of existing Primary Care, Community Care and Mental Health Community based facilities in each NCN area in the context of other ABUHB / Public Sector facilities and the above clinical strategy.	<p>Primary/Community Care Division to consider how to take this forward and the support required</p> <ul style="list-style-type: none"> • SO14 cannot progress until this is completed • Develop OBC for Tredegar HWBC • Develop OBC for Newport HWBC • See SO10 above re potential HWBC utilising YTC • Complete Six-Facet Review of GP owned premises

<p>14: Following the above review to produce a costed and prioritised plan for the creation of the proposed “Hubs” and other proposed service changes utilising the existing estate as far as is possible.</p>	
<p>15: The Health Board to introduce a clear policy on the adoption of Agile Working principles that is fully endorsed as a means to assist in the reduction of the significant amount of office accommodation within the organisation.</p>	<ul style="list-style-type: none"> • Policy to be developed and introduced with high level support as soon as possible • Its introduction and endorsement will assist in the development of several of the above Strategic Objectives that require the potential relocation of office based services and functions
<p>16: (Immediate) – The Estates Department to urgently assess the robustness of the calculation of High and Significant risk backlog maintenance information contained within the Six Facet Survey and ensure that the reported backlog maintenance meets the risk definitions in appropriate guidance. Following this a prioritised action plan will be produced to address and reduce the High and Significant risks.</p>	<ul style="list-style-type: none"> • The Estates Department to urgently assess the robustness of the calculation of High and Significant risk backlog maintenance information contained within the Six Facet Survey and ensure that the reported backlog maintenance meets the risk definitions in appropriate guidance. • Following the above a revised assessment of High and Significant risk backlog will be prepared for inclusion in this Estate Strategy • Prioritised action plan to be produced to address and reduce the High and Significant risks. The preparation of the action plan should be undertaken in the context of the Strategic Objectives outlined above

<p>17: The Estates Department to benchmark maintenance costs with other relevant organisations and assess how levels of maintenance can be increased over and above the current unacceptable levels</p>	<ul style="list-style-type: none"> • The Estates Department to benchmark maintenance costs with other relevant organisations and identify what would be deemed to be an acceptable level of annual revenue investment • Assess how levels of maintenance can be increased over and above the current unacceptable levels
<p>18: The Estates Department to finalise its new Energy Strategy which will contain specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target</p>	<ul style="list-style-type: none"> • The Estates Department to finalise its new Energy Strategy which will contain specific, targeted and costed initiatives to both reduce emissions and achieve the Welsh Government Energy performance target • Any capital requirements to be identified • This to be forwarded to and endorsed by the Strategic Capital and Estates Workstream and included within the Technical Annex to the Estate Strategy

Capital Programme

4.21 The following high-level capital programme has been prepared based on the assessed capital required to support delivery of the above Strategic Objectives, pending the completion of much more detailed work:

High Level Capital Programme

	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s	2023/24 £000s	2024/25 £000s	2025/26 £000s	2026/27 £000s	Total £000s
Proposed AWCP Schemes currently unfunded:										
Primary Care Pipeline - Tredegar	350	850	3,500	5,050						9,750
Primary Care Pipeline - Newport East	250	950	5,500	8,300						15,000
Primary Care Pipeline – Ebbw Vale HWBC		30	500	2,500	1,000					4,030
GUH HSDU	323	7,117	7,322	(184)						14,578
Breast Centralisation		400	1,600	3,000						5,000
Low Secure Unit		500	1,500	5,000	26,000	7,000				40,000
NHH Satellite Radiotherapy Centre	29	1,000	3,500	15,500	27,971					48,000
RGH Rationalisation	20	200	2,000	3,500	5,500	10,000	10,000			31,220
NHH Rationalisation	45	200	500	5,500	5,500	5,000				16,745
SWH Rationalisation		50	250	1,000	500					1,800
Maindiff Court Rationalisation		50	500							550
St Cadocs (old hospital) Rationalisation			50	500	2,000					2,550
LGH (old site) Rationalisation			50	500	1,000					1,550
High Risk Infrastructure		2,000	2,000	2,000	2,000	2,000				10,000
County Hospital Redevelopment			50	1,000	5,000	8,000	5,950			20,000
Total AWCP Requirements	1,017	13,347	28,822	53,166	76,471	32,000	15,950			220,773