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SRO: Lee Davies

Chair: Mr Mark Henwood

TPO Clinical Lead: Sarah Isaac

Programme Managers: Ben Rogers, Alex Martin, Yvette Pellegrotti

Strategy & Planning Committee

Clinical Services Plan Programme

Agenda

FET – CSP Documents



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Item Number	Agenda	Contributors	Type
1	Revised options overview	CSP Programme Team	Slides
2	Capital DAF Assessment Draft Summary Assessment Discretionary Assistance Forms (DAF) CSP Workforce and Finance Phased Estimate Methodology, Risk & Mitigations and Next Steps Draft Summary Assessments CSP Workforce & Finance Phase estimate	Capital Team Workforce Planning Strategic Finance	Paper Papers Paper
Appendices (attached)			
1	CSP Equality Impact Assessments (EqIA's)	Equality, Diversity and inclusion (EDI) services	Papers
2	CSP Capital Assessments	Capital Team	Papers
3	CSP Indicative Workforce and Finance Phased Estimate	Workforce and Finance	Paper



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Programme Assessments Overview: Revised options overview

Options Overview

Service Commonality & Variance



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Service	Current Service	Commonality	Option i	Option ii	Option iii	Option iv	Option v	Option vi	Option vii	Option viii	Option iv
Critical Care**	Level 3 ICU in GGH, WGH & BGH, Level 2 ICU with transfers (Temporary) at PPH	Level 3 ICU at GGH and BGH	Enhanced Care Unit at GGH, PPH and WGH	Level 3 ICU at WGH, Enhanced Care Unit at PPH	Level 3 ICU at WGH, Level 2 ICU with transfers at PPH	Level 3 ICU at WGH, Enhanced Care Unit at PPH. Supported with regional working.					
Dermatology	Medical Photography and Phototherapy at GGH, HB service (Temporary) at PPH, no service at WGH or BGH	Service at PPH only	AVH & CICC community delivery	SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery					
Emergency General Surgery	EGS service at GGH, WGH and BGH, no EGS service at PPH	EGS service at BGH	No service at PPH. EGS SDECs in WGH and GGH. WGH EGS operations transferred to GGH	No service at PPH. EGS SDECs in WGH and GGH. EGS operations alternate weekly between WGH and GGH	No service at PPH. EGS SDECs in BGH, WGH and GGH. WGH EGS operations transferred to GGH	EGS services at GGH, Rehabilitation in PPH and WGH.					
Endoscopy	HB service at GGH, PPH, WGH & BGH	Services at GGH, WGH, PPH and BGH	Additional procedure room at PPH. Bring together Urology & Respiratory Endoscopy at PPH	New community site for Bowel Screening Wales	Extended hours at PPH. Bring together Urology & Respiratory Endoscopy at PPH	New community site for Bowel Screening Wales with Bowel Screening also taking place at WGH.					
Ophthalmology	HB service at GGH and BGH, outpatient service at PPH and WGH	No longer using SPH or AICC for community, clinics remain in NRC and AVH	HB main service in GGH. WGH provides outpatients	HB main service in PPH, review community sites. Existing service remains at BGH, WGH provides outpatients	HB main service in GGH. Existing service remains at BGH, WGH provides outpatients	HB main service in GGH.	HB main service in GGH. WGH provides eye injections and cataracts.	HB main service in GGH. WGH provides outpatients. AICC becomes an optometry hub.	HB main service in PPH, review community sites. Existing service remains at BGH, WGH provides outpatients, AICC provides diagnostics.	HB main service in GGH. WGH provides extended hours for outpatients	HB main service in PPH, review community sites. Existing service remains at BGH, WGH provides outpatients. Extended hours across sites
Orthopaedics	Local & regional inpatients at PPH, local inpatients at BGH, day case & outpatients at PPH, WGH & BGH. Outpatients in GGH (temporary changes)	Inpatients in BGH and PPH. Day cases at BGH, PPH. Increased day cases in WGH. Outpatients at BGH, GGH, PPH, WGH	Regional inpatients at PPH	Regional inpatients at PPH, extended hours for day cases at WGH	Inpatients at PPH with additional beds	Regional inpatients at PPH, increased inpatients and day cases at BGH	Inpatients at WGH	Increased inpatients and day cases at BGH, extended hours for day cases at WGH, additional beds at PPH as part of regional working with SBUHB	Regional inpatients at PPH, extended hours for day cases at PPH	Regional inpatients at PPH with SBUHB and BGH for PTHB. increased inpatients and day cases at BGH	Regional inpatients and additional beds at PPH. Increased inpatients and day cases at BGH
Radiology*	HB service at GGH, PPH, WGH & BGH. X-ray only at TH, CICC, SPH, LH	X-ray services remain at CICC and TH	Planned diagnostics and planned interventional at (5days) BGH, PPH, WGH. Inpatient interventional at GGH only (5days) No X-ray service at LH or SPH,	7-day planned diagnostic and 5 day interventional at all sites. Cancer focus at PPH and WGH. New regional hub. No X-ray service at LH or SPH,	Interventional at GGH and BGH only (5days). Planned diagnostics at all sites (5days). No X-ray service at LH or SPH,	7-day planned diagnostic at all sites. Inpatient interventional 24/7 at GGH. Day case interventional at BGH, PPH, WGH (5days). No X-ray service at LH or SPH,	7-day planned diagnostic and 5 day interventional at all sites. Cancer focus at PPH and WGH. No X-ray service at LH or SPH,	7-day planned diagnostic and 5 day interventional at all sites. Cancer focus at PPH and WGH. Small diagnostic hub. No X-ray service at LH or SPH,	Planned diagnostics and planned interventional at (5days) BGH. Inpatient interventional at GGH only (5days) 7-day planned diagnostic and 5 day interventional with cancer focus at PPH and WGH. Regional Hub. No X-ray service at LH or SPH,	HB service as current across all sites with extended x-ray hours at CICC to match opening hours.	
Stroke	Stroke Unit at GGH, PPH, WGH and BGH	Reduction from 4 stroke units to 2 units and treat and transfer model.	PPH and WGH are 12hr Stroke Units	WGH offers Treat and Transfer & 12hr Stroke Unit, PPH is 24hr Stroke Unit	PPH and WGH are 12hr Stroke Units with stroke rehabilitation at BGH	BGH offers Treat and Transfer & 12hr Stroke Unit, GGH is 24hr Stroke Unit					
Urology	HB service at GGH and PPH, Outpatients and day case at WGH and BGH	Emergency pathway in GGH, outpatients and day cases in WGH and BGH, diagnostic hub in PPH. TWOC in community	Centralise diagnostic services to PPH, dependent on Endoscopy room requirements.	Centralise diagnostic services to PPH, dependent on Endoscopy room requirements. Outpatients and diagnostics in GGH							

To access an easier to view version please use this link: [Service Commonality and Variance](#)

Key:	Common in all options	Option A	Option B	Option C	Option D	Alt' options
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*Interventional Radiology: refers to more complex diagnostic procedures including biopsies. Day case and Planned diagnostics refer to routine diagnostics. Currently CT and X-ray are offered 24 hours a day at Bronglais, Glangwili, Prince Philip and Withybush hospitals

**ICU – Intensive Care Unit | Levels of care ([Intensive Care Society | Levels of care](#))

GGH – Glangwili Hospital
 BGH – Bronglais Hospital
 PPH – Prince Philip Hospital
 WGH – Withybush Hospital
 AVH – Amman Valley Hospital
 SPH – South Pembrokeshire Hospital
 AICC – Aberaeron Integrated Care Centre
 CICC – Cardigan Integrated Care Centre
 NRC – North Road Clinic, Aberystwyth
 TH – Tenby Hospital
 LH – Llandovery Hospital



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Programme Assessments Overview: Capital, Workforce and Finance assessments



Key points to note when considering the contents of this presentation:

- The programmes assessments completed by Workforce, Finance and Capital should be considered as indicative estimates at this stage. Detailed Programme Assessments would need to be formulated during any Implementation Planning Phase once preferred directions of travel are clarified.

The phased assessments builds on the Boards decision in November 2024 for the CSP to consider options based on:

- Which elements of the options will be required to deliver the service from ‘Day 1’ and are therefore essential (implementation)
- Which elements of the options could be implemented within four years to improve activity or attainment of standards, but would be dependent on the identification of funding streams (Improvement)
- Which elements of the options are aspirational, which the Board might seek to explore as part of a longer strategic plan, but may not be deliverable unless funding were to be made specifically available. (Longer Term)



Capital Approval Route & Delivery Timeline –

- Projects with a combined construction value \leq **£5m** are eligible for the streamlined **Business Justification Case (BJC)** route under Welsh Government capital procedures. Utilising the BJC route, in conjunction with established compliant frameworks (e.g. NHS Shared Services Partnership / Construct frameworks or other pre-procured Welsh frameworks), enables rapid mobilisation and **delivery within 4 years** of approval
- Projects exceeding **£5m** construction value require a full **Outline Business Case (OBC)** and subsequent Final Business Case (FBC), extending the overall approval and delivery timeline to **in excess of 4 years**

Key Points

- Identifies **programmes outside 4-year timeframe** (Hurdle Criteria)
- Updates **Phase 2 costs**
- Highlights **strategic long-term projects** (Radiology Hub, Stand alone Stroke Unit & Ophthalmology Options)

Drivers & Constraints

- Drivers: Fit-for-purpose estate, expertise, reputation, cost & tech advantage
- Constraints: Limited space, no decant space, insufficient parking

External Influences

Capital funding, revenue impact, demographics, policy shifts, economic slowdown

Next Step

Refine estimates in **Stage 1 – Implementation Planning**



Workforce summary for options

To understand the impact of the Clinical Services Plan options on the workforce a two-part assessment has taken place.

1. Workforce Numerical Assessment - Detailing the specific roles and whole time equivalent (WTE) that will be needed to deliver each of the options for the nine services.
2. Workforce Feasibility Assessment - Focusing on the feasibility of acquiring the workforce noted in part 1 along with any additional Workforce & OD requirements that would be required to enable each of the options across the nine service areas. In compiling the workforce assessment, the following assumptions have been made:

- Further workforce modelling will be required from a patient pathway perspective to ensure all interdependent services are noted and that workforce models are a true reflection of the requirement of the service. This assessment has been undertaken from a service perspective and therefore at this stage figures must be treated with caution and viewed as indicative
- Only posts that have been specifically identified through the options development process and Service Task & Finish Groups have been included
- No provision has made for interdependent services e.g. HSDU, Pathology, Hotel Services, Pharmacy (unless explicitly noted)
- Where services are deemed 'out of scope' but are essential for the delivery of the proposed model these have been included
- Some elements have been deemed 'nice to have' - these have not been included at this stage
- Where identified, workforce interventions have been noted for information i.e. requirement for an OCP (Organisational Change Policy)
- The ability to recruit has been based on service intelligence, workforce intelligence and current expected education commissioning pipelines
- To enable the options, Education Commissioning and any associated additional training requirements must be considered at the earliest opportunity to ensure the correct workforce is available for the programme timescales. Once a decision is reached on next steps Education Commissioning should be considered immediately, or the required workforce may not be available

Potential Workforce Risks & Mitigations



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Strategic Recommendations

- Develop a multi-year recruitment plan for all roles, including international recruitment and local training pipelines
- Explore rotational posts and flexible staffing models to improve retention
- Engage with higher education institutions to secure future supply
- Consider advanced practice roles along with multi-disciplinary roles to reduce dependency on hard-to-fill consultant posts
- Map workforce interdependencies to better understand workforce impact of CSP change on other services (Estates, Diagnostics etc..)

Risk Mitigation

- Implement targeted recruitment campaigns aligned with intake cycles (NQN's etc.)
- Strategic workforce plans are required for each final option
- Create contingency plans for consultant and specialist roles, including locum arrangements
- Monitor workforce pipeline risks quarterly and adjust plans accordingly
- Secure financial planning for additional workforce costs and potential agency reliance



Finance summary for options

- The finance assessment has been predominantly based on workforce changes identified through gathering information from the completed Service Options Development templates and discussions with Service Delivery Managers. The caveats in the Workforce section above should be noted
- All costs are estimates and can only be viewed as indicative and treated with caution as more detail is required to accurately assess
- All additional posts required are presumed to be able to be recruited to on a substantive basis – costs will increase if high-cost variable pay must be incurred
- Where insourcing and high-cost locums are covering substantive posts in the current establishment it is assumed that these can be recruited to substantively to reduce costs
- Interdependent services have not been included apart from some therapy provision for Critical Care, Stroke and Orthopaedics (PPH only). However, this is only at a level to move towards 25% achievement of standards
- The Stroke models have been costed based on the ability to shut beds not required for stroke patients. If this cannot happen another circa £3m of costs will be incurred
- Where services are deemed 'out of scope' but are essential for the delivery of the proposed model these have been included e. g. some Enhanced Care Units for delivery of Critical Care. (Costs for the Enhanced Care Unit and Respiratory Support Unit in GGH are not included)
- Service changes that may affect Long Term Agreements both as a purchaser and provider have not been able to be quantified at this point



Finance risks

- All but one option requires investment in the longer term and one option requires investment at the implementation phase
- Costings are all at 2023/24 to align with options as at time of consultation
- Staffing rotas are not yet fully worked up and this will impact cost of enhanced hours
- Further amendments to staffing requirement of options change the costs of options
- Offsets included, which are brought forward from options consulted upon where appropriate, assume cash releasing cost reduction, through for example delivering a reduction in our bed base and reductions in staffing rotas
- Therapies requirements are yet to be fully determined in some options and need to be identified
- The options as currently configured have not determined the cost of all support services (i.e. pharmacy, pathology etc) and these need to be identified
- The options have not yet identified their estates and facilities requirements and these need to be determined
- Headroom application has been replicated from options 1-4, there remain inconsistencies to be resolved in application across staff groups
- Staff costings are at mid-point of scale, as per the costing for options at the point of consultation
- Ability to recruit staff impacts upon requirements for temporary staffing and the costs of implementation
- The options appraisals currently assume no impact upon non-pay revenue costs or income generation



Finance potential mitigations

- Revisiting options to revise workforce requirements
- Revisiting options to revise phasing of options
- Identification of further cash releasing offsets that can be delivered
- Discounting options that have a net cost at implementation phase
- Identification of potential funding opportunities for the improvement and longer-term phases of options

Finance next steps

- Costing of all options at 2025/26 staffing costs
- Continue to work closely with workforce and the project team to:
 - Identify rota implications
 - Review and revise cash releasing offsets as required
 - Assessment of non-pay implications of options including revenue costs of capital investments
 - Reflect further revisions to workforce requirements and phasing of options
 - Reflect the workforce requirements of support services including Estates and Facilities, Pharmacy, Pathology, Radiology and Therapies
 - Reflect any revisions to staffing 'headroom' that are require

Workforce & Finance Phased Estimate Summary - Implementation



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Table 1: Implementation Phase (0-2years) (Within existing resource)	Options														
	A £	A1 £	A2 £	A3 £	B £	B1 £	B2 £	C £	C1 £	D £	D1 £	E £	E1 £	E2 £	M1 £
<u>Critical Care</u> 246(E)	(273,938)				(434,989)			0		0		(167,910)			
<u>Emergency General Surgery</u> 155(A1), 222(E)	(265,000)	0			(265,000)			(265,000)		(265,000)		1,149,077			
<u>Stroke</u> 106(A1), 210(B1)	(1,058,981)	(792,670)			1,092,662	(3,563)		(1,058,981)		(1,058,981)					
<u>Dermatology</u>	(359,996)				(359,996)			(359,996)		(359,996)					
<u>Ophthalmology</u> 95(A1), 99(A2), 227(A3), 263(B1), 173(C1), 167 (E)	0	(32,830)	(64,186)	(64,186)	0	0		0	87,464	0		(33,856)			
<u>Orthopaedics</u> 178(B1), 179(D1), 129 (E1), 268 (E2), 52/113(M1)	0				0	0		0		0	0		0	0	0
<u>Urology</u> 194./197 (M1)	0				0			0		0					0
<u>Endoscopy</u> 228(B1)	0				0	0		0		0					
<u>Radiology</u> 103(A1), 24(B1), 25(B2), 122 (E)	(30,110)	(30,110)			(30,110)	(30,110)	(30,110)	(121,100)		(30,110)		123,844			

Workforce & Finance Phased Estimate Summary - Improvement



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Table 2: Improvement Phase Ambition to Improve Standards / Activity (Identification of funds needed)	A	A1	A2	A3	B	B1	B2	C	C1	D	D1	E	E1	E2	M1
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Critical Care 246(E)	0				180,000			552,555		552,555		0			
Emergency General Surgery 155(A1), 222(E)	531,274	1,682,818			531,274			531,274		531,274		0			
Stroke 106(A1), 210(B1)	1,938,576	1,880,429			1,517,685	2,015,959		1,938,576		1,938,576					
Dermatology	585,289				646,339			646,339		534,739					
Ophthalmology 95(A1), 99(A2), 227(A3), 263(B1), 173(C1), 167(E)	155,320	219,506	219,506	532,462	0	31,356		155,320	201,904	155,320		353,554			
Orthopaedics 178(B1), 179(D1), 129 (E1), 268 (E2), 52/113(M1)	173,293				173,293	584,909		173,293		10,483	742,794		872,244	337,885	404,909
Urology 194, /197 (M1)	119,466				119,466			0		119,466					305,232
Endoscopy 228(B1)	1,320,420				1,320,420	1,865,765		1,742,944		1,984,124					
Radiology 103(A1), 24(B1), 25(B2), 122 (E)	566,690	556,050			429,675	505,500	505,500	501,100		924,751		0			

Workforce & Finance Phased Estimate Summary – Longer Term



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Table 3: Longer Term (4+ years) (Identification of funds needed)	A	A1	A2	A3	B	B1	B2	C	C1	D	D1	E	E1	E2	M1
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
<u>Critical Care</u> 246(E)	0				0			0		0		201,072			
<u>Emergency General Surgery</u> 155(A1), 222(E)	0	0			0			0		0		270,000			
<u>Stroke</u> 106(A1), 210(B1)	1,849,749	1,713,651			1,658,182	1,189,167		1,849,749		1,849,749					
<u>Dermatology</u>	0				0			0		0					
<u>Ophthalmology</u> 95(A1), 99(A2), 227(A3), 263(B1), 173(C1), 167 (E)	0	934,935	0	71,450	0	1,196,017		0	0	0		0			
<u>Orthopaedics</u> 178(B1), 179(D1), 129 (E1), 268 (E2), 52/113(M1)	0				0	0		947,899		701,293	0		0	0	0
<u>Urology</u> 194 /197 (M1)	0				0			0		0					0
<u>Endoscopy</u> 228(B1)	0				0	0		0		0					
<u>Radiology</u> 103(A1), 24(B1), 25(B2), 122 (E)	0	1,249,178			1,319,455	1,163,986	1,243,630	0		144,735		0			

Workforce & Finance Phased Estimate Summary – Totals



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Total CSP Programme Summary	A	A1	A2	A3	B	B1	B2	C	C1	D	D1	E	E1	E2	M1
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
<u>Critical Care</u> <u>246(E)</u>	(273,938)				(254,989)			552,555		552,555		(213,162)			
<u>Emergency General Surgery</u> <u>155(A1), 222(E)</u>	266,274	1,682,818			266,274			266,274		266,274		1,419,077			
<u>Stroke</u> <u>106(A1), 210(B1)</u>	2,729,344	2,816,124			4,268,529	3,258,925		2,729,344		2,729,344					
<u>Dermatology</u>	225,292				286,342			286,342		174,742					
<u>Ophthalmology</u> <u>95(A1), 99(A2), 227(A3), 263(B1), 173(C1), 167 (E)</u>	155,320	1,121,611	730,255	539,726	0	1,227,373		155,320	392,174	155,320		464,148			
<u>Orthopaedics</u> <u>178(B1), 179(D1), 129 (E1), 268 (E2), 52/113(M1)</u>	173,293				173,293	584,909		1,121,192		711,776	742,794		872,244	337,885	404,909
<u>Urology</u> <u>194 /197 (M1)</u>	119,466				119,466			0		119,466					305,232
<u>Endoscopy</u> <u>228(B1)</u>	1,320,420				1,320,420	1,865,765		1,742,944		1,984,124					
<u>Radiology</u> <u>103(A1), 24(B1), 25(B2), 122 (E)</u>	536,580	1,775,118			1,719,020	1,639,376	1,719,020	380,000		1,039,376		123,844			
Inter hospital transfer								2,000,000							

Key Dependencies (Any option)



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Service	Internal Key Dependencies	External Key Dependencies	Quality
Critical Care	Emergency Departments, Surgical/ Theatres, Medical Take, AHP's (Therapies), Facilities	ACCTS / WAST capacity	QIA, EqIA, HIA, ESIA
Dermatology	Estates availability to reconfigure service	NEPTS capacity, Commissioning	QIA, EqIA, HIA, ESIA
EGS	Emergency Departments, Beds, SDECs, Estate & Facilities	WAST capacity	QIA, EqIA, HIA, ESIA
Endoscopy	Estates, HSDU, Facilities	NEPTS capacity RJC - Regional	QIA, EqIA, HIA, ESIA
Ophthalmology	Estates availability to consolidate, Facilities	RJC - Regional	QIA, EqIA, HIA, ESIA
Orthopaedics	Critical Care for Complex patients, Enhanced Care Units, AHPs (Therapies), Facilities	RJC - Regional	QIA, EqIA, HIA, ESIA
Radiology	Emergency Department, Planned Care (Diagnostic activity requirements) , Facilities	WAST/ NEPTS (in interventional transfer options selected), RJC Regional	QIA, EqIA, HIA, ESIA
Stroke	Emergency Department, Critical Care, Radiology, Facilities, Estates, AHPs (Therapies).	WAST / ACCTS RJC – Regional, MWJC	QIA, EqIA, HIA, ESIA
Urology	Estates and Facilities	NEPTS (For USC pathways), WAST.	QIA, EqIA, HIA, ESIA

Key programme estimates – Finance & Workforce phased estimates, Capital Stage 0 estimates
Additional factors – Strategic Refresh, Senedd Petition, AHMWW Estates & Infrastructure



- Appendices are attached as separate papers.