

**PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE**

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 01 July 2025 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Business Justification Case (BJC) for Withybush Hospital (WGH) to support Phase 2 of Fire Enforcement Notices |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | James Severs, Executive Director of Allied Health Professions and Health Science |
| SWYDDOG ADRODD: REPORTING OFFICER: | Rob Elliott, Director of Estates, Facilities and Capital Management |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report sets out the next and final stage in delivering the Strategic Capital investment necessary to comply with the Fire Enforcement Notice in place on the Withybush Hospital (WGH) site.

The Business Justification Case (BJC) document referenced in this report and attached at Appendix 1 sets out the Capital Investment required to enable the delivery of the Phase 2 Fire Precaution Upgrade Works within inpatient ward areas, departments and risk rooms at WGH. Also attached at Appendix 2 is the Appendices to the BJC.

The Estates Annex is not included at this stage due to the size of the document but is available should it be required.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) has worked closely with Mid and West Wales Fire and rescue Service (MWWFRS) in developing a detailed implementation programme which allows the works to be undertaken in an operational acute hospital. This has resulted in the MWWFRS reissuing their Fire Enforcement Notices (FENs) into the stages reflecting the dates from the HDdUHB implementation plan:

Key Stages

- Advance Works Contract – Vertical escape routes in main hospital core blocks and residential accommodation – now complete.
- Phase 1 – Main horizontal compartmentation in main hospital core block and associated residential accommodation including main plant rooms and underground service ducts – now complete.

The FENs for the above phases of the programme have now been lifted.

The next and final stage of the investment is Phase 2 – All departments/ward areas/risk rooms (FEN KS/890/04)

This paper sets out the detailed BJC to support the Phase 2 of the work which forms the final stage at WGH.

Throughout the development of the above, HDdUHB has worked closely with Welsh Government to appraise them of progress.

The MWWFRS are fully involved in regular discussions with HDdUHB on progress and are supportive of actions to date and remain committed to supporting HDdUHB to complete all of these works.

Asesiad / Assessment

The BJC for Phase 2 has followed a revised procurement route moving away from Design for Life Building for Wales frameworks. The new approach developed in partnership with NHS Wales Shared Services Partnership (NWSSP) brings greater control to HDdUHB Management.

HDdUHB has now made direct appointments to external Project Managers and a full design team, all of which are directly managed by the Major Capital Projects team of HDdUHB. The Southwest Wales Regional Contractors Framework is now being utilised, providing greater oversight and control through the use of locally based contractors as opposed to national contractors under the Design for Life framework.

The development of the BJC has included extensive engagement with the Operational Clinical Management Team in order to align the Programme of Works with clinical requirements as closely as possible.

The BJC sets out the Capital needs for the Phase 2. The extensive detail of the fire engineering solutions is included within the technical annexe.

In summary, the Capital cost of the Project is a Total Outturn Cost (including contingency) of £8.4m. This is inclusive of VAT with no allowance for any reclaim.

Note: The normal approach to VAT recovery will allow HDdUHB to recover VAT on consultant fees. When incorporating this assumption, the outturn cost will be £8.2m. This is the figure noted in the BJC at Appendix 1.

Argymhelliad / Recommendation

The Strategy and Planning Committee are asked to:

- **SUPPORT** the submission of the Business Justification Case to Board on 31 July 2025
- **SUPPORT** the submission of the Business Justification Case to Welsh Government seeking approval to progress with the Worthybush General Hospital Phase 2.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

| | |
|---|---|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 3.2 Review business cases, prior to Board approval, including the development of the Programme Business Case for the new hospital and the Programme Business Case for the repurposing of the Glangwili and Withybush General Hospital sites, underpinned by a robust process for continuous engagement to support delivery. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not applicable |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | Not Applicable |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | Not Applicable |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | 3. Great care |
| Amcanion Cynllunio Planning Objectives | Not Applicable |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | |

| Gwybodaeth Ychwanegol: Further Information: | |
|--|--|
| Ar sail tystiolaeth: Evidence Base: | Extensive site bases survey information and direct input from key operational estate staff |
| Rhestr Termau: Glossary of Terms: | Contained within the body of the text |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee: | Not Applicable |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|--------------------------------------|
| Ariannol / Gwerth am Arian: | Funding sought from Welsh Government |

| | |
|--|---|
| Financial / Service: | |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Not applicable |
| Gweithlu: Workforce: | Delivering a sustainable estate to support Clinical Functions |
| Risg: Risk: | Business Continuity Management |
| Cyfreithiol: Legal: | Risk of enforcement from external agencies |
| Enw Da: Reputational: | Not applicable |
| Gyfrinachedd: Privacy: | Not applicable |
| Cydraddoldeb: Equality: | Not applicable |

Hywel Dda University Health Board

Withybush Hospital – Fire Precaution Upgrade Works

Phase Two Business Justification Case

Version: 2.5

10 June 2025

Version Control

| Version | Date Issued | Notes | Issued To |
|---------|--------------|---|--|
| 1.1 | 22 Feb 2024 | Final BJC | J Wood (H DUHB) C Thomas (H DUHB) R Elliott (H DUHB) |
| 2.0 | 23 May 2025 | Revisions to scope and procurement updated throughout BJC | R Elliott (H DUHB) J Wood (H DUHB) C Thomas (H DUHB) M Brown (Mace) B Spilsbury (Mace) |
| 2.1 | 3 June 2025 | Incorporation of client feedback | C Thomas (H DUHB) M Brown (Mace) |
| 2.2 | 3 June 2025 | Incorporation of client feedback | C Thomas (H DUHB) M Brown (Mace) R Elliott (H DUHB) |
| 2.3 | 3 June 2025 | Inclusion of capital costs | R Elliott (H DUHB) C Thomas (H DUHB) M Brown (Mace) |
| 2.4 | 4 June 2025 | Minor corrections | C Thomas (H DUHB) |
| 2.5 | 10 June 2025 | Revision to capital costs | R Elliott (H DUHB) C Thomas (H DUHB) M Brown (Mace) |

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1.0 Executive Summary

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to Withybush Hospital and associated sites in August and December 2019, Hywel Dda University Health Board (HDUHB) received enforcement notifications and letters of Fire Safety matters in relation to compliance with fire safety regulations.

As such, a Programme Business Case (PBC) was submitted to Welsh Government in March 2020 identifying the significant risk of prosecution and potentially an enforced closure of identified buildings should there be a failure to comply with the fire enforcement notices. The PBC detailed the required capital investment and proposed packaging the main works into two phases, each requiring a separate Business Justification Case (BJC).

The Phase One BJC focused on primary escape routes within the main hospital (including residential accommodation blocks) and Bro Cerwyn / St Brynachs Day Hospitals (including St Caradog's and St Non's Wards) Haverfordwest. The BJC was approved by WG in June 2021 and works completed in December 2023. The outstanding works which address the residual risks within wards and departments, along with any deferred items from Phase One are the subject of this BJC.

The proposed approach has been endorsed by MWWFRS and enforcement notices aligned with the works delivery programme. The capital costs outturn at **£8,175,451** including VAT.

The BJC seeks formal endorsement from Welsh Government (WG) for:

- Approval to proceed with the identified Phase Two works;
- Release of the associated capital funding.

This business case has been structured in line with the Better Business Case Investment Guidance, five case model structure, which is in accordance with HM Treasury best practice and the approach prescribed by Welsh Government

1.1 Strategic Case

In 2019, the Mid and West Wales Fire and Rescue Service (MWWFRS) issued the Health Board with two enforcement notices due to failure to comply with provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire.

In January 2020 the Health Board were issued with two advisory letters and a further letter was issued in August 2023 identifying additional fire safety works. These are summarised below:

| Date | Details of enforcement notice |
|------------|--|
| 30/07/2019 | MWWFRS visited Withybush Hospital on 30 July 2019. Enforcement notice EN/262/06 dated 8 August 2019 issued requiring Health Board required to remedy a number of specific areas by 30 November 2019. |
| 19/11/2019 | Health Board advise MWWFRS that a number of items on the schedule had been completed but that the compartmentation, fire doors and fire damper related items would require more time to resolve. MWWFRS subsequently agree extension to 31 January 2021. |
| 01/12/2019 | Fire incident at St Caradog's ward. MWWFRS visit site and issue enforcement notice EN/262/08 dated 6 December 2019 requiring resolution by 4 March 2020. |
| 10/12/2019 | Letter issued following MWWFRS visit to Bro Cerywn, St Non's and St Brynach wards advising there would be reinspection in 3 months and failure to comply may result in a further enforcement notice being issued. |
| 07/01/2020 | MWWFRS issue letter in relation to residential accommodation advising there would be reinspection in 6 months and failure to comply may result in a further enforcement notice being issued. |
| 09/02/2020 | Following a site visit on 7 February 2020 MWWFRS advised that EN/262/06 was withdrawn. As there were still outstanding issues for resolution further enforcement notices were issued dated 9 February 2020: KS/890/02 – action to be completed by 30 September 2020 KS/890/03 – action to be completed by 28 August 2021 KS/890/04 – action to be completed by 30 April 2020. |
| 20/07/2020 | Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/02 to 30 January 2021. |
| 26/08/2020 | Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/05 to 31 December 2021. |
| 02/10/2020 | Health Board meet with MWWFRS to review progress. |
| 05/11/2020 | Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/03 to 30 April 2022 and KS/890/04 to 30 April 2025. |

| Date | Details of enforcement notice |
|------------|--|
| 06/01/2021 | Health Board meet with MWWFRS to review progress and to present proposals for completion of the schedule of works |
| 12/01/2021 | MWWFRS issue a letter to confirm the agreed outcome of the meeting on 6 January 2021 whereby the enforcement notices are aligned with the proposed schedule of works: <ul style="list-style-type: none"> • Stage 1 / Advanced works relating to Vertical Escape Routes and priority works at St Caradogs to be completed by end Jan 2021; • Stage 2 / Phase 1 works relating to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022; • Stage 3 / Phase 2 works relate to all department / ward areas including any sub compartmentation and risk room area to be completed by end April 2025. |
| 19/03/2021 | MWWFRS confirm review of enforcement notices extended until March 2022. |
| 12/04/2021 | BJC One submitted to WG (approved 16 June 2021 and works commence on site) |
| 05/05/2022 | Health Board discuss with MWWFRS on 20 April 2022 progress against the Phase 1 works. The completion date is forecast for December 2022 with a period of 4 weeks following this to deal with any required corrective works. MWWFRS confirm via email the extension of KS/890/03 with formal extension letter to be issued. |
| 24/08/2023 | MWWFRS visit Withybush Hospital and issue letter of fire safety matters (BFS/KS/00114719) requiring action by March 2024 (with any items relating to compartmentation to be included within the Phase 2 programme of works. |
| 30/11/2023 | MWWFRS issue letter confirming that Enforcement Notice KS/890/03 is withdrawn with recommendation that any works moved from Phase 1 to Phase 2 to be completed as agreed. |
| 12/12/2023 | MWWFRS Letter of Fire Safety Failures; Action Plan of Remedial Measures BFS/ KS /00114719 endorsement of Phase 2 scope of work. |

Table 1: Summary of Enforcement Notices / Letters of Fire Safety Matters

A Programme Business Case (PBC) was submitted in March 2020 with a proposed approach to delivery of the works being to immediately address the most urgent works and to group the main package of works into two phases. The approach was agreed with MWWFRS and enforcement notices were amended to reflect the agreed delivery programme.

- Immediate Works: those works requiring immediate resolution including items of housekeeping, testing of emergency lighting and dry riser systems);
- Advanced Works: those works against which rapid progress was required including fire doors to main vertical escape routes and works to bedrooms in St Caradogs Mental Health unit;

- Phase One to concentrate on the fire stopping works to the primary escape routes (stem corridors) and will resolve the main compartmentation lines and 60-minute compartmentation as necessary i.e. escape routes, existing compartmentation between wards, upgrading and provision of fire and smoke dampers and fire doors;
- Phase Two to look at sub-compartmentation within departments, compartmentation between floors and hazard rooms within high risk departments (such as ITU/HDU) and works including but not exclusive of fire stopping, fire doors, upgrading and provision of fire dampers.

Following approval of the PBC, the Advanced Works (those works against which rapid progress was essential) commenced on site and completed during February 2021. A BJC supporting Phase One of the programme was submitted to WG in April 2021 with works completing in December 2023. Formal confirmation has been received from MWWFRS that the Enforcement Notice associated with the Phase One scope of works has been lifted (Appendix 1).

Detailed sample surveys to understand the scope of works were undertaken during 2022 to establish the probable nature of the Phase Two works. These were anticipated to have an on-site duration of circa three years and due to the complexity of the works required within the ward spaces, the works were considered too intrusive and disruptive to be undertaken whilst patients are present. As such a BJC was submitted to WG in July 2022 for a 24 bedded decant ward to be constructed on site in advance of the Phase Two works commencing to maintain effective patient service delivery throughout the programme. This was approved and the ward was completed in Autumn 2024.

The focus of the outstanding works which form this phase of works (subject of this BJC) address fire safety matters in patient ward areas, Theatres and ITU and other departments with a patient sleeping risk potential or proximity in line with the MWWFRS endorsed programme. The Phase Two scope of works also includes any works deferred from Phase One which were identified as being more appropriate to undertake during a ward closure due to the level of disruption. The strategy and scope of works has been endorsed by MWWFRS.

Throughout the overall programme, the Health Board have kept MWWFRS informed of progress and ensured their support of the proposed action plans. In December 2023, MWWFRS wrote to the Health Board confirming that the HB Phase Two action plan and associated timelines must be adhered to satisfy the Enforcement Notice requirements. MWWFRS indicated that providing good progress against the works, the Enforcement Notices will be aligned to the proposed works programme.

Over the past twelve months, the Health Board has undertaken a comprehensive evaluation of its procurement process. Following guidance from the Welsh Government (WG) and NHS Wales

Shared Services Partnership (NWSSP), a new procurement methodology was adopted. This revised approach introduced a dedicated Health Board Design Team, enabling a more detailed and collaborative design phase. The process not only improved in efficiency but also delivered significant financial savings and has resulted in a revised BJC for the Phase Two works package.

1.1.1 Required Works

Building upon the initial investigative work undertaken by the previous supply chain partner (IHP), who conducted sample surveys using a representative ward to assess the likely scope of Phase Two works, further comprehensive surveys have since been completed across the hospital estate. These subsequent surveys, carried out by smaller, targeted teams, have successfully covered approximately 95% of the hospital.

The resulting inspection reports have identified several critical areas requiring intervention:

- Compartmental wall repairs;
- Service diversions and replacements;
- Asbestos removal;
- Fire door replacements;
- Fire-stopping works above suspended ceilings to address service penetrations.

The proposed programme of works is informed by the findings of these full surveys and incorporates key lessons learned from Phase One. It also reflects updated designs developed by the Health Board's appointed design team, which now includes a specialist fire engineer. This has enabled the specification of more robust fire-stopping details. In areas where detailed surveys were not feasible, reasonable assumptions have been applied based on comparable conditions.

The programme has been reviewed in collaboration with Mid and West Wales Fire and Rescue Service (MWWFRS) and NWSSP Fire Officers. While it is acknowledged that there will be a small area of the works that have not been scoped due to access constraints, MWWFRS has endorsed the proposed approach and agreed to align enforcement notices with the construction timeline.

This approach seeks to balance the urgent need to address fire safety deficiencies—particularly those identified in the enforcement notices—with the operational requirements of the hospital. A decant strategy has been developed in close co-ordination with the Hospital Operational Management Team to ensure continuity of patient care during the works

To ensure the ongoing safety of staff, patients and visitors to the WGH site, the UHB must comply with the fire enforcement notices issued by MWWFRS. Non-compliance could result in

legal action and a potential risk of prosecution. Whilst the current programme extends beyond the original enforcement notice deadlines, MWWFRS has indicated a willingness to maintain alignment with the delivery schedule, provided that demonstrable progress is maintained.

1.2 Economic Case

The overarching approach to options development and appraisal was agreed with NHS Wales Shares Services Partnership Specialist Estates Services (NWSSP-SES) in January 2021 where there was agreement that there is only one viable option available to the Health Board which is to undertake the works as required by MWWFRS.

The Business as Usual / Do Nothing option risks further enforcement notices being served. As this is not seen as a viable option, in agreement with WG the BAU option has not been taken forward for further economic / financial appraisal.

The proposed solution ensures compliance with the Fire Enforcement requirements and sustains the hospital for the next 10+ years to allow for the HDUHB Healthy Mid and West Wales strategy to come to fruition without the new hospital build.

1.3 Commercial Case

1.3.1 Procurement Strategy

The procurement strategy for this phase of the programme represents a significant evolution from the previous methodology. The Health Board has transitioned away from the Design for Life Framework approach (which previously combined both Principal Designer and Principal Contractor roles) towards a traditional design and tender approach via a framework.

Under this revised strategy, the Health Board has procured a dedicated Principal Design Team through an approved framework. This team operates independently on behalf of the Health Board and is led by a third-party Fire Engineer. The team also includes architectural consultants, mechanical design specialists, and a CDM (Construction Design and Management) Co-ordinator, ensuring a comprehensive and compliant design process.

In parallel, the Health Board has undertaken a competitive tender process for the appointment of a Principal Contractor, working in collaboration with Carmarthenshire County Council and utilising the South West Wales Regional Contractor Framework. This approach ensures alignment with regional procurement standards and supports local economic development.

The tender process has concluded but marketplace not yet informed. Contractor will be confirmed during June 2025.

All contractual arrangements will be formalised using the NEC suite of contracts as prescribed under the relevant frameworks. Following detailed design development by the newly appointed design team, and in agreement with WG and NWSSP SES, an Option A (fixed price) NEC Contract was negotiated.

This revised procurement approach strengthens governance, enhances design quality, and supports the delivery of a compliant and cost-effective solution to meet the fire safety requirements of the estate.

1.3.2 Service Requirements

This BJC states a requirement for the delivery of the Fire Safety Precautions scheme under the NEC4 Engineering & Construction (ECC) Form of Contract (Option A) and South West Wales Regional Contractor Framework.

A series of design proposals are available to support the functional content, based on Health survey reports and building notes and latest available guidance. A full copy of the latest version of the design proposals is included in the Estates Annex.

This BJC covers the Phase Two works which focus on areas with a patient sleeping risk potential or proximity (i.e. mainly in ward and department areas).

A phasing methodology and approach to delivering the works has been agreed in principle with the hospital management team and is further detailed within the Estates Annex.

1.3.3 Contractual Arrangements

There are no key contractual clauses over and above the standard NEC4 Engineering & Construction (ECC) Form of Contract Option A framework clauses (including Right to Work legislation). The construction contract for the Principal Contractor will be administered through the South West Wales Regional Contractor Framework. Requirements for AEDET, NEAT, BIM and BREEAM in relation to this project have been amended through local contract amendment. Standard NHS SBS Framework amendments for the Project Manager, and CCS Framework based terms for the Cost Advisor and Design Team. The fire engineer appointment has been made in line with WPA (Welsh Procurement Alliance) Framework terms and conditions.

1.3.4 Payment Arrangements

The Health Board have made, and will continue to make, payments to the externally appointed team in respect of products and services as follows:

- The contract will be managed by Hywel Dda University Health Board under the NEC4 Option A fixed price Contract.
- Appointments for Project Manager and Cost Advisor have been made in line with NHS SBS and CCS Framework terms and conditions respectively;
- The fire engineer appointment has been made in line with WPA (Welsh Procurement Alliance) Framework terms and conditions;
- The contract will be managed by Hywel Dda University Health Board under the NEC4 Option A Priced Contract with regards to the Principal Contractor appointment in line with 'South West Wales Regional Contractor' Framework terms and conditions.

The Project Bank Account is active.

1.4 Financial Case

1.4.1 Capital Costs

The capital costs of the proposed solution are **£8,175,451** including VAT. Capital cost forms are included at Appendix 3 and summarised below. The cash flow is shown in Table 3. The capital assumptions include recovery of sunk costs from Phase One BJC. Expenditure was £363,150 above the BJC funding level and relates to expenditure for the 22/23 and 23/24 financial years. Sunk costs have been included in Y0.

| Element | Capital Costs |
|---|-------------------|
| Works Cost | £2,717,804 |
| Recovery of Sunk Costs from BJC 1 (22/23 and 23/24) | £363,150 |
| Fees | £1,760,397 |
| Non-works Costs | £925,000 |
| Equipment | £20,000 |
| HDUHB Quantified Risk Contingency | £1,380,449 |
| Sub Total (excl. VAT) | £7,166,800 |
| VAT | £1,273,130 |
| VAT Reclaim | (£264,479) |
| BJC Total | £8,175,451 |

Table 2: Capital Costs

| Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Total |
|----------|------------|------------|------------|----------|------------|
| 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | |
| £727,651 | £2,400,752 | £3,265,700 | £1,639,798 | £141,550 | £8,175,451 |

Table 3: Capital Expenditure Cash Flow

1.4.2 Revenue Implications and Affordability

It has been assumed that there will be no additional recurrent pay and non-pay costs, with the exception of capital charges attributable to the delivery of the programme. The Health Board's assumption is that capital charges including increased depreciation and any impairment charges on completion will be funded by Welsh Government. The estimated Annually Managed Expenditure (AME) Impairment charge is £7.3m and annual Departmental Expenditure Limit (DEL) depreciation charge is £26k.

1.4.3 Funding Arrangements

This project requires further funding from the NHS All Wales Capital programme.

1.5 Management Case

1.5.1 Programme Management Arrangements

The programme management structure for this programme is aligned with the Business Continuity (Major Infrastructure) Programme Approach which has been formally constituted and established in line with best practice (Managing Successful Programmes) and will be managed in accordance with PRINCE 2 methodology.

The programme of works identified within this business case will be managed via the Health Boards central capital projects team.

The Health Board Executive Director of Allied Health Professionals and Health Science is the formal Senior Responsible Officer (SRO) and will ensure that the programme meets its overall objectives and delivers its expected benefits. The Director of Estates, Facilities and Capital Management is the Programme Director who will be responsible for the successful delivery of all projects within the programme. The Capital Development Manager is the Estates lead overseeing operational delivery of the project.

1.5.2 Project Milestones

An indicative programme is included in Appendix 4 with key milestones shown below.

| Programme | Milestone |
|--|-----------------------------|
| Business Justification Case submission to WG | July 2025 |
| WG Scrutiny and BJC Approval | August 2025 |
| Phase Two Works | October 2025 – October 2027 |

Table 4: Programme Milestones

1.5.3 Main Risks

A comprehensive risk register is in place which has been ratified following a workshop including all of the delivery team members, HDUHB estates and operations team and importantly, the key stakeholders representing the hospital nursing / operational teams.

The detailed risk register is included in Appendix 5, with the key risks (risk score 16 and above) identified in the table below:

| Risk | Mitigation Measure |
|--|--|
| Strategic Risks | |
| Hospital activities impact on proposed phasing or programme of works. Hospital unable to release areas in accordance with the programme due to clinical needs of patients. Hospital activities affecting access for designer or contractors. | Early engagement with the Hospital and Management Teams to discuss requirements and expectations as well as define phasing strategy. Ongoing coordination between project team and HB during construction phase. P2 works planned on basis of internal decant ward. Ward areas works based on rolling programme of decant and reoccupation. Engagement of seconded estates and nursing team member to project to ease communications. |
| Construction Risks | |
| There is a risk that unknown hazardous materials will be discovered in the existing buildings. | Identification of findings to client team and if necessary, execute additional Asbestos etc surveys before commencement of works. Time and cost allowance to be made in BJC. HB to release existing Asbestos registers. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration. |
| Live services impeding the Works and inability to isolate or relocate | Surveys as part of Contractor tender development. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration or approved derogation item as with Phase 1 examples. HB to provide service isolations confirmations. |

Table 5: Main Risks

1.5.4 Main Benefits

The main benefit from this project will be HDUHB compliance with fire enforcement notices. Additional benefits in relation to reduced backlog maintenance and a comprehensive concise fire strategy for the site will also be realised.

1.5.5 Programme Assurance

Due to the nature of this BJC, the Health Board has determined that an Equality and Health Impact is not required. Ensuring that buildings are compliant with fire safety regulations will improve the safety for all patients, staff and visitors to the hospital.

A Risk Potential Assessment has been undertaken by the SRO (Appendix 6) which has assessed the project as low risk. An Integrated Impact Assessment has also been completed to determine impact on service and workforce (Appendix 7).

1.5.6 Post Project Evaluation

The Programme Board will ensure that post project evaluation is undertaken in accordance with Welsh Government requirements. Evaluation will include:

- Evaluation of the project procurement stage;
- Evaluation of the various processes put in place during implementation.

Whilst the Post Project Evaluation of Phase One is yet to be formally undertaken, a lessons learnt is included in section 3.5.5.

1.5.7 Contingency Plans

There are no contingency plans should this project fail to achieve approval. The Health Board are at risk of receiving further enforcement notices which would impact on delivery of all hospital services.

1.6 Conclusion and Recommendations

This business case sets out the required actions for Hywel Dda University Health Board to be compliant with fire safety regulations and remove the remaining enforcement notices.

The business case has described the proposed approach to the works which aims for completion of the Phase Two works by October 2027 (dependent on works commencing in October 2025).

The Health Board must comply within the stipulated timeframe set by the Mid and West Wales Fire and Rescue Service or risk legal action and potential prosecution. It is noted that the delivery programme extends the timelines stipulated within the Enforcement Notices, however it is anticipated that MWWFRS will align the notices with the proposed programme of works.

It is requested that Welsh Government:

- Approve this business case based on the proposed cost and approach to delivery of work;
- Acknowledge the MWWFRS expectations for completion of works by October 2027.

2.0 Introduction

2.1 Scope of Document

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to Withybush Hospital and associated sites in August and December 2019, Hywel Dda University Health Board (HDUHB) received enforcement notifications and letters of Fire Safety matters in relation to compliance with fire safety regulations. A Programme Business Case was submitted to Welsh Government (WG) in March 2020 detailing proposals which ensured that the Health Board would be able to achieve compliance within the stipulated timescales.

The PBC recommended immediate commencement on a programme of Advanced Works and the remaining works were packaged into two separate phases. A Business Justification Case (BJC) for Phase One of the main works (primary escape routes) was approved in June 2021 with works completing in December 2023, resulting in the lifting of the associated Fire Enforcement Notices.

This BJC has been developed to detail the required investment for the Phase Two works which will address fire safety matters in patient ward areas, Theatres and ITU and other departments with a patient sleeping risk potential or proximity in line with the MWWFRS endorsed programme.

2.2 Document Structure

This business case has been structured in line with the Better Business Case Investment Guidance, five case model structure, which is in accordance with HM Treasury best practice and the approach prescribed by Welsh Government (WG):

- **Strategic Case:** This section provides an overview of the context within which the investment will be made. It sets out the background and strategic context outlining the issues faced by Hywel Dda University Health Board and describes how the proposed investment will support organisational objectives;
- **Economic Case:** This section confirms the available options and makes recommendations for the preferred way forward;
- **Commercial Case:** This section sets out the procurement arrangements for the scheme;
- **Financial Case:** This section confirms funding arrangements and affordability and explains any impact on the balance sheet of the organisation;
- **Management Case:** This section details the plans for successful delivery of the project to cost, time and quality including the proposed approach for post project evaluation.

3.0 Strategic Case

This case describes the context within which this programme has been developed and demonstrates that the programme has been informed by, and will address, the identified drivers for change.

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to the Hospital, Hywel Dda University Health Board (HDUHB) received letters of Fire Safety matters in relation to compliance with fire safety regulations. The focus of this business case is to ensure that the Health Board undertake the necessary actions to ensure compliance within the stipulated timescales.

3.1 Organisational Overview

Hywel Dda University Health Board (HDUHB) is one of seven health boards in Wales and serves the population of mid and west Wales. The Health Board provides primary, community, in-hospital, mental health and learning disabilities services to a population of 384,000 taken from the three counties as follows:

- Carmarthenshire 183,936 residents;
- Ceredigion 79,488 residents;
- Pembrokeshire 120,576 residents.

HDUHB covers more than a quarter of the landmass of Wales and is the second most sparsely populated Local Health Board area, with roughly 13% of the total population of Wales.

Acute and community services are provided via four main hospital sites as well as a range of community-based services. The geography of the Health Board is challenging with journey times between the health board sites ranging from 45 to 105 minutes. The acute sites are:

- Bronglais General Hospital in Aberystwyth (BGH);
- Glangwili General Hospital in Carmarthen (GGH);
- Prince Philip Hospital in Llanelli (PPH);
- Withybush General Hospital in Haverfordwest (WGH).

3.1.1 Summary of Financial Standing

The Health Board's outturn for 2024/25 was a deficit of £24.1m. The annual plan for 2025/26 forecasts a planned deficit of £31.5m.

3.1.1.1 Infrastructure Investment Plan

The largest strategic capital commitments in the coming years and, for which detailed planning commenced in 2019/20, relate to the 'A Healthier Mid and West Wales: Our Future Generations Living Well' clinical strategy and the associated infrastructure requirements. Following a paper to the UHB Board in November 2024 the strategy will be subject to a refresh which may impact on the infrastructure requirements listed in the current PBC.

The Infrastructure Investment Plan will prioritise both capital developments and backlog maintenance in line with the current prioritised position and strategic objectives and be informed by the current risks the organisation holds. A core focus of the capital plan is the delivery of essential quality and safety, business continuity schemes including replacements, issues of compliance and infrastructure maintenance.

This business case is a direct response to the issues of compliance and essential fire safety matters identified by MWWFRS letters of Fire Safety matters and will be reflected in the Infrastructure Investment Plan.

3.1.1.2 Discretionary Capital Programme

The UHB receives an annual capital allocation which is allocated into the areas of highest investment need, primarily focussed on backlog and replacement risks in the estate, medical equipment and digital assets. These locally controlled funds, are in the main targeted to support issues of quality and safety, and business continuity and is allocated over the following headings:

- Infrastructure and statutory backlog;
- Estates statutory compliance;
- Replacement of medical and other equipment;
- Essential maintenance of estates infrastructure;
- Standardisation of medical equipment and devices across sites to enable cross site working;
- Capital support posts and business case developments;
- Significant upgrades of IT infrastructure and keeping pace with IT replacements.

The UHB faces very significant backlog pressures in IM&T, estates maintenance and equipment replacement which means that not all risks can be mitigated and programmes of replacement over a longer timeline are being developed and will need to be the subject of All Wales Capital support.

3.1.2 Hywel Dda Health and Care Strategy

In 2018, HDUHB published 'A Healthier Mid and West Wales: Our Future Generations living well' (AHMWW), the long-term strategy for transforming health services and delivering quality care closer to home. The focus is on keeping people healthy with a shift to a social model of health which cannot be separated from our associated workforce, estates, digital and environmental challenges. Hospitals will continue to be a key part of the health and care system, the wider whole system approach will involve the hospitals working much more closely in the community at one end, while forming stronger links to highly specialised services at the other.

The Health Board submitted a Programme Business Case (PBC) to Welsh Government (WG) in March 2022 which sets out the context and high-level need for the resources to support capital and estates planning for the delivery of the Health and Care Strategy transformation programme.

The PBC is yet to be endorsed and the affordability of the programme in the context of the wider WG capital budget is a concern. However, WG had requested a Strategic Outline case be developed for the new hospital and the repurposing of Glangwili and Withybush. A paper presented to the Board in November 2024 proposed that given changes in the UHB's escalation status and changes since the original strategy was developed that now might be an opportune time to refresh the 2018 strategy. Whilst this refresh is unlikely to change the overall direction of travel for the organisation the implementation of the strategy and the infrastructure needed for this may change to reflect changes in digital and new technologies, regional working and standards performance and resilience. The UHB recognises that a new hospital in the south of Hywel Dda is not likely to be operational for another decade and will be presenting to WG Infrastructure Investment Board at the end of January 2025 to agree the next steps for the capital infrastructure associated with the strategy implementation.

A separate PBC has been developed to address the business continuity / estates infrastructure issues across all four acute hospitals which was submitted to Welsh Government and received endorsement in July 2021. The strategic context is such that the existing estate will now need to be sustained for a much longer interim period in advance of significant estate transformation and therefore addressing the essential fire precaution works as detailed in this BJC will be essential to maintaining both continuity of service in the interim period as well as supporting the re-purposing requirements.

3.2 Policy Context

The Health Board has a corporate responsibility to deliver an efficient, safe estate that supports clinical services in line with WHBN-008: Strategic Framework for the efficient management of healthcare estates and facilities. There are also legal responsibilities in the provision of soft and hard FM services requiring adherence to Welsh Health Technical Memoranda (WHTM). WHTMs provide guidance for the design, management and maintenance of healthcare engineering systems including fire safety.

There are a number of regulatory frameworks that the Health Board should comply with in relation to fire safety. These include:

- Building Regulations 2010;
- Regulatory Reform (Fire Safety) Order 2005;
- WHTM 05-01: Firecode Managing Healthcare Fire Safety (2019);
- WHTM 05-02: Fire safety in the design of healthcare premises (2014);
- WHTM 05-03: Fire Safety (2011);
- Forthcoming Building Safety Act legislation;
- Fire and Rescue Services Act (2004).

The Regulatory Reform (Fire Safety Order) consolidated the fire related legislation. As a result, the Healthcare Firecode suite of documents was revised with mandatory requirements for all NHS bodies. The NHS Wales Fire Safety Policy provides an unambiguous statement applicable to the NHS in Wales and premises where patients receive treatment or care. The aims are to minimise the incidence of fire throughout the NHS estate in Wales and to minimise the impact from fire on life, safety, delivery of service, the environment and property. Adherence with these regulatory frameworks underpins this Business Justification Case where practicably possible.

3.3 Programme Investment Aims

Within the overall NHS planning context, the Minister for Health and Social Services has determined a series of investment objectives for the NHS Infrastructure Investment Programme including capital and revenue funding delivery models. These objectives have been adopted by HDUHB and interpreted for the overarching Estates Infrastructure programme as follows:

- Reduce the risk profile on Estate infrastructure;
- Maintain appropriate levels of patient safety and comfort;
- Extend the operating life of the hospitals;

- Support future service planning by ensuring sufficient infrastructure of systems resilience and capacity for future service modelling;
- Reduce essential backlog maintenance requirements;
- Identify and deliver a cost effective and value for money solution, programme timetable and budget.

The investment aims specific to this Business Case have been developed within the context of the overarching estates infrastructure approach and have a specific focus on ensuring compliance with the NHS Wales Fire Safety Policy on the Withybush Hospital Site.

The schemes of work included within this BJC are specific to WGH, elements of which are also works packages included in the Estates Infrastructure programme which is the subject of a separate business case. The programme investment aims for this BJC are to:

- Ensure compliance with core statutory standards namely Fire Code regulations;
- Reduce the risk profile on estate infrastructure;
- Support the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care.

3.4 Existing Arrangements

Withybush Hospital is located in Haverfordwest and has a gross floor area of 43,368m² and provides 219 beds. The main hospital buildings were constructed in the 1970s. A new Emergency and Urgent Care Centre was opened in 2010 and a new Renal Dialysis Unit opened in 2014.

There has been limited major investment since the opening of the original building apart from a retrospective install (1980s) of a pitched roof which is now nearing the end of its lifecycle. Most areas of the original hospital now require comprehensive refurbishment and the process commenced with refurbishment of the Pathology department and some ongoing ward refurbishments. There is a need for considerable investment in the site with both the site engineering infrastructure and building assets either approaching or exceeding intended lifespan.

The age profile of the estate has implications on estate backlog performance which for WGH was assessed as being £67.3M at 31 March 2024.

| Backlog Maintenance Costs by Risk Category per site per risk category for 2022/23 | | | | |
|---|------------------------------------|---------------------------------|----------------------------|---------------------------------|
| High Risk Backlog Costs (£) | Significant Risk Backlog Costs (£) | Moderate Risk Backlog Costs (£) | Low Risk Backlog Costs (£) | Risk Adjusted Backlog Costs (£) |
| £22,356,030 | £40,699,198 | £2,076,483 | £2,127,208 | £63,255,403 |

Table 6: Withybush Hospital Site – 2023/24 Backlog Maintenance Liability

Figure 1 shows the age profile of the buildings on the Withybush Hospital site.



Figure 1: Withybush Hospital Building Age Profile

The Health Board has benefited from uplifts in its recurring discretionary capital allocation and whilst this has been welcomed and has enabled greater flexibility at a local level to manage competing expenditure priorities, it remains extremely difficult to resolve all risks.

The reduction in discretionary capital allocation has placed additional pressure on the HDUHB which continues to face very significant backlog pressures in IM&T, estates maintenance and equipment replacement. The resulting impact has been service interruptions, risks to clinical service and business continuity and health and safety concerns. Not all risks can be mitigated and programmes of replacement over a longer timeline are being. A separate PBC has been developed to address the business continuity / estates infrastructure issues across all four acute hospitals within the context of the AHMWW Strategy, subject to All Wales Capital support.

An overview assessment of the estate was undertaken in 2018 to determine the extent of works required to bring the acute sites in line with statutory compliance regulations. Fire compliance was assessed against the current version of HTM 05-02 - Firecode – Guidance in support of functional provisions 2015. It was determined that fire doors were generally in poor condition and that full system replacement would be required to achieve certified performance. Although progressive horizontal evacuation is possible from inpatient wards at one end, each ward has a dead end where escape is only possible via a staircase.

Following an alert from NHS England in November 2019, WG notified all health boards and trusts of a potential issue with the use of Reinforced Autoclaved Aerated Concrete (RAAC) planks which were commonly used in NHS building construction between 1960 and 1995. In line with a WG directive the building was surveyed and the presence of RAAC planks was confirmed. WG approved circa £12.9m to support the programme. Remedial work began during 2023 and completed in March 2025 which has addressed the high-risk backlog maintenance identified in Table 6.

During 2019, the Mid and West Wales Fire and Rescue Service (MWWFRS) visited Withybush Hospital and associated sites to assess compliance with fire safety regulations. As a result of their findings the Health Board was issued with enforcement notifications and letters of Fire Safety matters.

Following a series of technical surveys, a Programme Business Case was submitted to Welsh Government in March 2020 detailing the capital investment required for the Health Board to achieve compliance with the regulatory requirements.

The PBC recommended immediate commencement on a programme of Advanced Works (those items against which rapid progress was required, including fire doors to main vertical escape routes and works to bedrooms in St Caradogs Mental Health unit) which completed in February 2021. The remaining works were packaged into two separate phases, each requiring a Business Justification Case.

The Phase One BJC focused on primary escape routes was approved by WG in June 2021 and works completed in December 2023 resulting in the lifting of the Fire Enforcement Notice associated with the Phase One scope.

The outstanding works address fire safety matters in patient ward areas, Theatres and ITU and other departments with a patient sleeping risk potential or proximity and are the subject of this BJC.

3.5 The Case for Change

This section of the business case details the fire enforcement notices that have been received, the works that have been completed and a detailed assessment of those works that are outstanding (and form the subject of the business case).

3.5.1 Fire Enforcement Notices and Letters of Fire Safety Matters

The Mid and West Wales Fire and Rescue Service (MWWFRS) visited Withybush Hospital on 30 July 2019 and issued enforcement notice (EN/262/06 dated 8 August 2019) requiring the Health Board to take action by 30 November 2019. A further enforcement notice was issued in December 2019 (EN/262/08) and letters of Fire Safety matters were also issued in January 2020.

The notices were issued due to failure to comply with provisions of the Regulatory Reform (Fire Safety) Order 2005 because people were unsafe in case of fire and placed an obligation on the Health Board to take action. A summary of these enforcement notices and letters of fire safety is provided below:

| Date | Details of enforcement notice |
|------------|---|
| 30/07/2019 | MWWFRS visited Withybush Hospital on 30 July 2019. Enforcement notice EN/262/06 dated 8 August 2019 issued requiring Health Board required to remedy a number of specific areas by 30 November 2019. |
| 19/11/2019 | Health Board advise MWWFRS that a number of items on the schedule had been completed but that the compartmentation, fire doors and fire damper related items would require more time to resolve. MWWFRS subsequently agree extension to 31 January 2021. |
| 01/12/2019 | Fire incident at St Caradog's ward. MWWFRS visit site and issue enforcement notice EN/262/08 dated 6 December 2019 requiring resolution by 4 March 2020. |
| 10/12/2019 | Letter issued following MWWFRS visit to Bro Cerywn, St Non's and St Brynach wards advising there would be reinspection in 3 months and failure to comply may result in a further enforcement notice being issued. |
| 07/01/2020 | MWWFRS issue letter in relation to residential accommodation advising there would be reinspection in 6 months and failure to comply may result in a further enforcement notice being issued. |
| 09/02/2020 | Following a site visit on 7 February 2020 MWWFRS advised that EN/262/06 was withdrawn. As there were still outstanding issues for resolution further enforcement notices were issued dated 9 February 2020: |

| Date | Details of enforcement notice |
|------|---|
| | KS/890/02 – action to be completed by 30 September 2020 |
| | KS/890/03 – action to be completed by 28 August 2021 |
| | KS/890/04 – action to be completed by 30 April 2020. |

Table 7: Summary of Enforcement Notices / Letters of Fire Safety Matters

In March 2020 and in line with agreements made with MWWFRS, a Programme Business Case was submitted to Welsh Government detailing the elements that needed rapid progress (a package of Advanced Works which completed during February 2021) and seeking approval to proceed with next stage business case development for the main work packages.

To support the development of the PBC, a series of specialist surveys were conducted to enable initial assessments and assumptions to be made. This concluded that more detailed technical surveys were required to determine the full extent of works, the impact of asbestos and likely methodology restrictions. As the overall works programme was likely to be in excess of 4 years the PBC recommended a two-phase approach which WG endorsed:

- Phase One to concentrate on the fire stopping works to the primary escape routes (stem corridors) and to resolve the main compartmentation lines and 30-minute compartmentation as necessary i.e. escape routes, existing compartmentation between wards and high-risk rooms and upgrading and provision of fire and smoke dampers and fire doors (WG approved BJC June 2021);
- Phase Two to look at the sub-compartment and hazard rooms within departments and to resolve the 30-minute zones, typically general risk rooms on wards and departments etc including fire stopping, fire doors, upgrading and provision of fire dampers and additional lobbied approaches to wards and stairwells (subject of this BJC).

| Date | Details of enforcement notice |
|------------|---|
| 20/07/2020 | Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/02 to 30/01/21. |
| 26/08/2020 | Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/05 to 31/12/21. |
| 02/10/2020 | Health Board meet with MWWFRS to review progress. |
| 05/11/2020 | Health Board advise MWWFRS of difficulties achieving compliance with the enforcement notices due to problems arising from the incidence of Covid-19. MWWFRS therefore grant extension of time for compliance for KS/890/03 to 30/04/22 and KS/890/04 to 30/04/25. |
| 06/01/2021 | Health Board meet with MWWFRS to review progress and to present proposals for completion of the schedule of works |

| Date | Details of enforcement notice |
|------------|---|
| 12/01/2021 | <p>MWWFRS issue a letter to confirm the agreed outcome of the meeting on 06/01/21 whereby the enforcement notices are aligned with the proposed schedule of works:</p> <ul style="list-style-type: none"> • Stage 1 / Advanced works relating to Vertical Escape Routes and priority works at St Caradogs to be completed by end Jan 2021; • Stage 2 / Phase 1 works relating to all remaining escape routes at WGH and all remaining work at St Caradogs, St Nons to be completed by end April 2022; • Stage 3 / Phase 2 works relate to all department / ward areas including any sub compartmentation and risk room area to be completed by end April 2025. |
| 19/03/2021 | MWWFRS confirm review of enforcement notices extended until March 2022. |
| 21/06/2021 | WG approve Phase 1 BJC and works commence on site |

Table 8: Summary of Enforcement Notices / Letters of Fire Safety Matters

The Phase One BJC detailed the difficulty in assessing the scope of the work content whilst also keeping the hospital functioning. For example as the majority of fire stopping remedials are above ceiling voids it required a full survey to both sides of the partition, removal / investigation of every previously sealed penetration. This is impractical due to the extremely high inputs of labour and time which is almost as disruptive as physically undertaking the works itself. Until ceilings were removed, it was difficult to ascertain the extent of the difficulty in carrying out the remedial activity, for example determining whether services placed close to the wall preventing access and requiring diverting prior to firestopping works being undertaken.

As such the programme extended and further discussions with MWWFRS in May 2022 to review progress resulted in a realignment of the Phase One enforcement notices to the revised works programme. The works completed during December 2023 and the associated Fire Enforcement Notices have been lifted (confirmation received from MWWFRS in letter dated 30/11/2023 and included in Appendix 1).

3.5.2 Decant Ward (Phase Two Enabling Works)

The focus of the Phase Two works is to address the fire safety matters in patient ward areas and other departments. The PBC stated that due to the complexity of the works and the difficulty in fully determining the scope of works, any requirement for decant facilities would be considered as part of the detailed planning for the main phases of the works. During 2022 the Supply Chain Partner (IHP) undertook a number of detailed surveys to establish the probable nature of the required works for Phase Two and using one of the wards as a typical example, noted the following key findings:

- Main Sub-Compartmentation Wall:
 - Over boarding or totally replaced with a new construction. To carry out these works will require the isolation of two bed wards, two bathrooms and kitchen.
- Asbestos Removal:
 - Asbestos boxings throughout the ward that are high risk and notifiable which will require removal under the control of specialists. A working enclosure and three air lock systems will need to be formed to carry out the removal process.
- Service Disconnections:
 - Services disconnection and / or isolation to rooms will include electrical power and containment, fire alarm system, ductwork ventilation and a number of pipework runs. This could potentially isolate the supply routes to the remaining areas of the ward, thus rendering those rooms unusable.
- Above Ceiling Works:
 - Fire stopping of vertical penetrations between floors and introduction of fire collars to services between floors.

At this stage, the anticipation was that the Phase Two works would have an on-site duration of circa 3 years. Due to the complexity of the works required within the ward spaces, the works were considered too intrusive and disruptive to be undertaken whilst patients are present requiring individual wards to close or be relocated on a phased basis to enable the works to progress.

There is no available space or capacity within the hospital to support a relocation of wards / departments and whilst the Health Board considered the impact of not replacing the capacity, it concluded that the risks to patient safety would be too significant. As such a BJC was submitted to WG in July 2022 for a 24 bedded decant ward to be constructed on site in advance of the Phase Two works commencing to maintain effective patient service delivery. The ward was completed in 2024.

3.5.3 Additional Letter of Fire Safety Matters

MWWFRS visited the hospital in August 2023 and evaluated the fire safety provided in Block 4 and 5 (including ITU). As a result of their findings an additional letter of fire safety matters was issued on 24 August 2023 (reference BFS/KS/00114719) which identified eleven specific actions as summarised below and detailed in Appendix 1.

MWWFRS have confirmed that they are happy for those items relating to compartmentation to be addressed as part of the Phase Two works package (i.e. as part of the scope of works within this BJC) with all other actions to be completed in March 2024. Progress against these items is detailed in Appendix 2.

| Item | Area of Non-Compliance | Required Action |
|---|---|---|
| The standard of horizontal or vertical fire separation provided is not maintained adequately | | |
| 1 | Wedging Doors | Wedges, hooks and any other devices in use as a means of holding the self-closing doors in the open position shall be removed to ensure that the doors are effectively self-closing. |
| 2 | Charging items on means of escape | Charging of battery devices must not be done within the means of escape, remove all items into a suitable room with fire door. |
| 3 | Electrical items on means of escape | The storage / use of electrical equipment/devices within the means of escape is not permitted. Remove all devices into a suitable room. |
| 5 | Standard of compartmentation provided in the building is not adequate. | Breaches in compartmentation identified within the endoscopy storeroom which would not support the existing evacuation strategy. All breaches in compartmentation should be fire stopped to provide appropriate fire resistance in accordance with building regulations. Included in Phase Two scope of works |
| 7 | Air Transfer Grille | Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one capable of sealing both by thermal initiation and by interface with smoke sensors |
| 8 | Fire Door | A fire door should be installed providing 30 minutes fire resistance. Panels / partitions above / at sides of doors should provide a similar degree of fire resistance between the W4 sluice and electrical room. Included in Phase Two scope of works |
| Reduce the risk from fire | | |
| 4 | Combustible materials too close to an ignition source. | Relocate items within Ward 1 treatment room to improve safety. There was charging of items and a fridge located next to an oxygen point. This room requires movement of the items and / or oxygen and vacuum point isolating to reduce risk fire to an acceptable level. |
| 9 | Flammables storage | Ensure flammable items stored in metal flame resistant cupboard |
| Safe Evacuation | | |
| 6 | Emergency Lighting | Provide an emergency lighting system (which is to be independent of all other systems), to illuminate Block 4 LGF Kitchen |
| 10 | Distance from theatres staff room to nearest place of relative safety is so great that fire / smoke can overtake people before reach the exit | Reduce the risk within this area to as low as practicable by: Either reconfigure the area by moving the kitchen into the staff room or make up the corridor so it provides adequate fire resistance to allow the relevant person to affect a safe exit. Included in Phase Two scope of works |
| 11 | Current layout (ward 3 approach) will impact means of escape and render evacuation strategy of the block ineffective | Confirm that the ward approach to ward 3 will be made up to mirror other ward approach areas within the hospital, to allow for progressive horizontal evacuation of the relevant person Completed |

Table 9: Additional letter of fire safety matters actions

3.5.4 Phase Two Works

The Health Board has drawn upon the initial investigative work undertaken by its previous supply chain partner, IHP, who conducted sample surveys using Ward 12 as a representative area to assess the likely scope of Phase Two works. These surveys identified several key fire safety interventions, including:

- Sub-compartmentation Walls: Installation of over boarding to achieve a 60-minute fire rating required (primarily anticipated in ITU) and repairs to penetrations to meet 30 minute fire rating requirements. These works will necessitate the decanting of Wards, ITU and Theatres;
- Asbestos Removal: The full extent of asbestos presence remains unknown and will be confirmed during construction. Risk allowances have been incorporated and all removal will be undertaken by licensed specialists in accordance with regulatory controls;
- Service Disconnections: Isolation of electrical power, fire alarm system, ductwork ventilation and pipework runs will be required. These disconnections may impact adjacent rooms, rendering them temporarily unusable;
- Ventilation dampers: Replacement of dampers that penetrate sub-compartment walls to ensure compliance with fire safety standards;
- Above Ceiling Works: Fire stopping of vertical penetrations between floors including the installation of fire collars;
- Fire Door Replacements: Replacement of doors located on designated fire compartment walls.

In response to the limitations of the initial survey-based approach, the Health Board adopted a more detailed design strategy, delivered by a procured, Fire Engineer-led Design Team. This multidisciplinary team comprising architects, mechanical designers, a CDM coordinator, and an independent fire engineering consultant, has developed comprehensive design documentation to inform the construction phase. This shift has enabled a more robust understanding of the required interventions and has improved the accuracy of cost and programme forecasting.

The Health Board has adopted an iterative delivery model, informed by lessons learned during Phase One. This includes refined specifications for fire-stopping and improved access strategies.

The Health Board has engaged extensively with NWSSP Fire Officers to ensure the proposed works meet the requirements of the fire enforcement notices while minimising disruption to patient care. While it is acknowledged that there will be a small area of the works that have not been scoped due to access constraints, the proposed approach has been reviewed and endorsed by MWWFRS, who support the prioritisation of fire safety upgrades in areas with direct patient sleeping risk.

To facilitate delivery, the Hospital Operational Management Team has developed a comprehensive decant strategy which will enable ward-by-ward relocation whilst maintaining the operational bed capacity. Theatres and ITU will follow a phased approach, with works undertaken in pairs to ensure continuity of surgical services. Outpatient and antenatal departments will remain operational, with works delivered in a phased and controlled manner.

The Health Board has maintained regular engagement with MWWFRS throughout the programme. In November 2023, the Fire Management Strategy was formally presented and endorsed, with the understanding that successful delivery of Phase Two will result in the removal of the remaining enforcement notices. In December 2023, MWWFRS issued formal correspondence confirming that adherence to the agreed action plan and timelines is essential to satisfy the requirements of Enforcement Notice KS/890/04. Failure to comply may result in further legally binding enforcement action (see Appendix 1).

The focus of this phase of works is to address fire safety matters in patient ward areas, Theatres and ITU and other departments with a potential or proximate patient sleeping risk. The current Enforcement Notices stipulate a delivery deadline of 31 October 2025, however, MWWFRS has indicated that, subject to demonstrable progress, they are prepared to align the enforcement timeline with the construction programme.

3.5.5 Lessons Learned from Phase One Works

In developing the programme of works for Phase Two, the Health Board has ensured that any lessons learned from the first phase of works has been incorporated. This has included the specification of fire stopping details and expediting the appointment of key advisors to speed up problem solving and reducing associated preliminary costs:

- Appointing a designer that can be available on site for a minimum of two days per week to ensure that any issues are captured and managed quickly. Whilst this could be seen as wasted time, it will reduce the potential for Prelims in an extended build timeline;
- Directly appointing a Fire Engineer with the correct level of PI to aid with non-tested design detail solutions quickly thus mitigating against any potential delays;
- Procurement strategy has changed from NEC3 option E Cost reimbursable to NEC4 option A Priced contract and activity schedule.
- Allocation of AP resource to the scheme and inclusion of non-works costs in BJC for service isolations/works as needed to progress fire stopping works
- Maximising the opportunity for decanting spaces and reducing the opportunity for delay due to completing works while health care services remain in situ - for example, all ward spaces decanted and handover to the contractor. Theatres and ITU also decanted.
- PM has requested specific inclusion of commentary within the Estates Annex for the SCP to more effectively implement the EWN process associated with findings differing from

those expected during works and incorporate for record as part of any change of scope review / reconciliation.

3.5.6 Changes to Scope since PBC

It is acknowledged, that due to the nature of the works this BJC cannot describe a fully defined schedule of works and that the programme will need to be responsive to findings as the works progress. Specific changes to scope since PBC are detailed below:

- Works to the main plant spaces were originally anticipated to be part of the Phase Two works. Due to the higher risk potential of a fire starting and to ensure continuity of works for the supply chain partner through the programme, these were brought forward into Phase One. As such this is a reduction in scope since PBC.
- The Phase Two scope of works has been developed to reflect the additional items identified by MWWFRS in the additional letter of fire safety matters issued in August 2023 (Appendix 1).

3.6 Business Needs

This BJC demonstrates that HDUHB is at risk of legal action and a potential risk of prosecution for non-compliance with fire enforcement notices. To ensure the ongoing safety of all staff, patients and visitors at WGH, HDUHB must address all of the areas of concern. The BJC describes the actions that have already been undertaken by the UHB and sets out the required action and associated investment plan to ensure compliance with all fire safety matters as identified by the MWWFRS.

In line with the AHMWW strategy there is a clear direction of travel for the future of the WGH site. The Health Board is also clear that as part of this strategy there is a need to maintain business continuity and a business-as-usual approach whilst the wider strategy is delivered. This requires the UHB to maintain estate and capital requirements to support clinicians to deliver services within the existing model during transition years. The business continuity schemes are crucial to on-going service delivery across the organisation and any deterioration in service delivery within the existing model will impact on clinical care and patient outcomes as well as affecting the ongoing engagement and positive relationship with the local population.

The strategic drivers underpinning this Business Case are aligned with the organisational strategy:

- Supporting the transformation programme, planning priorities and strategic objectives;
- Ensuring the estate is functionally suitable for purpose;

- Ensuring the estate is compliant with statutory requirements and latest estate standards and guidance where it is possible to do so and those articulated within the Business Continuity (Major Infrastructure) Programme Business Case submitted to Welsh Government.

To maintain safety at the WGH site, the Health Board must comply with the MWWFRS fire enforcement notices by 31 October 2027 or risk legal action and potential prosecution.

3.7 Potential Scope and Service Requirements

The scope of this business case is the programme of works required to ensure all buildings on the Withybush site are compliant with fire safety regulations with the focus of this phase of works being to address fire safety matters in areas with a patient sleeping risk potential or proximity.

Whilst the proposed delivery strategy has taken into consideration the need to minimise the impact on operational service delivery, the nature of the works makes it impossible to avoid a degree of disruption. A stakeholder engagement and liaison strategy will be in place for the duration of the works to ensure that there is a robust approach to maintaining all essential service requirements.

3.8 Main Benefits

There are two main benefits associated with the overall programme, and it is anticipated that these will be fully realised at the end of the Phase Two works:

- Removal of the fire enforcement notices;
- Improved safety of patients, staff and visitors in the event of a fire.

3.9 Main Risks

The main risk associated with this BJC is the failure to comply with the fire enforcement notices / letters of Fire Safety matters, leading to risk of legal action and a potential risk of prosecution.

A detailed risk register has been developed for the project which considers strategic, financial, design and construction risks (see section 7.5 and Appendix 5).

3.10 Constraints

The constraints to the delivery of the Phase Two project requiring management are:

- Availability of capital funding;
- A need to comply with the timeframes stipulated by MWWFRS;
- A need to minimise disruption to services during the construction phases.

3.11 Dependencies

The project is dependent on the following considerations:

- Welsh Government support and funding for the proposed approach;
- MWWFRS continued support to the proposed approach;
- NWSSP SES support to proposed approach;
- Availability of capital funding, noting that WG have already funded the Advanced Works Package, Phase One works and the Decant Ward.

4.0 Economic Case

The purpose of the economic case is to identify and appraise the options for the delivery of the scheme and to recommend the option that is most likely to optimise value for money.

4.1 Critical Success Factors

The critical success factors associated with this BJC are:

- Strategic Fit:
 - Compliance with MWWFRS fire enforcement notices.
- Achievability:
 - Timescales for delivery;
 - Deliverability with minimal site constraints or challenges;
 - Potential affordability (capital).
- Supplier Capacity and Capability:
 - Ability of potential suppliers to deliver the required services;
 - How attractive the option is to the supply side.
- Potential Value For Money.

4.2 Main Options

Given the nature of this business case there are limited choices available to the Health Board i.e. compliance with fire safety requirements is mandatory. The overarching approach to options development and appraisal was reviewed and agreed with NHS Wales Shared Services Partnership Specialist Estates Services (NWSSP SES) in January 2021.

A Business as Usual / Do Nothing option is not a viable approach as there is no mitigation against the identified fire risks leaving patients, visitors and staff at risk of harm. Failure to comply with enforcement notices is likely to result in MWWFRS taking further action including the potential for prosecution.

It was therefore agreed that the only viable option available to the Health Board is to undertake the works as required by MWWFRS. In agreement with WG, the BAU option has not been taken forward for further economic / financial appraisal.

Iterative options of work scope have been reviewed between the Health Board and NHS Wales Shared Services Partnership Fire Officers since the commencement of the Phase Two business case, in order to establish a solution which improves the fire safety of the building and meets

the requirements associated with the enforcement notice, while managing the impact and effect to patient care during the delivery of the works.

The reviewed options started with a full building review in order to make an assessment of the likely scale of works. In discussion with MWWFRS this has been rationalised to focus on the higher risk departments and patient sleeping risk areas. The resulting proposed scope of works and associated delivery programme has been endorsed by MWWFRS. Confirmation of their support has been received, providing the identified works are completed by 31 October 2027. Based on discussions with MWWFRS, it is anticipated that the Enforcement Notices will be aligned with the proposed works programme.

4.3 Preferred Way Forward

The UHB must comply with the requirements of the fire enforcement notices resulting in only one viable option (i.e. the Do Minimum option). The Phase Two scope of works has been endorsed by MWWFRS and represents an option which ensures compliance with the Fire Enforcement requirements and sustains the hospital for the next 10+ years to allow for the HDUHB Healthy Mid and West Wales strategy to come to fruition without the new hospital build.

The scope of fire safety upgrade works is described in detail within the Estates Annexe which accompanies this BJC and addresses the risks in the following areas:

- Wards (below level 2);
- Theatres;
- ITU;
- Non-ward areas with a direct relationship to patient sleeping risk, for example departments located below ward areas (with works taking place out of hours where practicably possible).

The capital and revenue implications of the preferred way forward are described in Section 6.0 (Financial Case) and the timescales are as described in Section 7.0 (Management Case).

5.0 Commercial Case

5.1 Procurement Strategy

The Phase One BJC was delivered via the Building for Wales framework which provided both project / cost managers as well as the main contractor / supply chain partner. Following the initial cost estimates and delivery experience from the previous supply chain partner, the Health Board requires a more agile and efficient model for procurement and construction delivery for works of this nature and scale and has therefore revised its procurement strategy for Phase Two

At the time of initiating Phase One, the works were of an emergency nature, and access for defining the works adequately was not possible. Initial approaches to market via the NHS Wales Building for Wales framework using the standard option C approach resulted in rejection by contractors / supply chain partners and the only route to market at that time was via the Building for Wales framework, with contract forms amended to NEC option E (cost reimbursable).

Whilst significant programme and cost increases were directly attributable to lack of scope and disruption due to access / working methods, reviews of Phase One have concluded that the significant increases in cost and programme could be bettered, and cost / time predictability improved, if an alternative route is pursued. The procurement approach therefore adopts a Design and Build model, offering greater control over design quality, programme certainty, and cost management.

Existing frameworks have been reviewed and the South West Regional Contractors Framework hosted by Carmarthen Council lot 4a (£4m - £7m) would appear to be appropriate for the value of the works (£5m – 6m). This framework lot contains local, medium sized contractors who are used to working for Hywel Dda in the live environment. The size of their organisations should also afford lower on-costs than those on the National Building for Wales framework.

It is proposed that a single tender process is followed with competitive tenders being received for inclusion within the BJC.

The construction element of Phase Two will be procured through the South West Wales Regional Contractor Framework, ensuring compliance with public sector procurement standards and access to a pre-qualified, regionally focused supply chain. Under this revised model, the Health Board has separately procured a Fire Engineer-led Design Team to develop detailed designs on its behalf. This team includes architectural, mechanical, and CDM co-ordination expertise.

The appointed contractor will assume the role of Principal Contractor. The role of Principal Designer under the Construction (Design and Management) Regulations 2015 (CDM 2015) will be undertaken by the lead designer / team appointed directly by the Health Board. The contractor and its specialist subcontractors will work collaboratively with the Health Board's design team to finalise the design and deliver the works.

The revised procurement strategy is intended to:

- Enhance design quality through early engagement of a specialist-led design team
- Improve cost and programme certainty through a fixed-price contract structure
- Reduce delivery risk by aligning responsibilities and accountability
- Streamline delivery through integrated design and construction planning

To support this approach, the Health Board has moved from the previously used NEC Option E (cost reimbursable) contract—which was necessary during Phase One due to the high level of unknowns—to an NEC4 Option A (priced contract with activity schedule) for Phase Two. This contract form provides a clear pricing structure and incentivises efficient delivery, while maintaining flexibility to manage change through defined processes.

This change in strategy was informed by lessons learned during Phase One, where the inability to fully define the scope of works—due to the extent of surveys required and the operational sensitivity of the hospital environment—necessitated a more flexible contract. With a more developed design and clearer scope now in place, the NEC4 Option A contract, combined with a Design and Build approach, provides a more robust and deliverable solution for Phase Two.

The tender process has concluded, and a contractor selected. The marketplace has not yet been informed however confirmation of contractor is anticipated during June 2025.

5.1.1 Contract Type

Contractual arrangements with all parties have been entered into using the NEC contract as prescribed under the Framework. Following a review of lessons learnt from Phase One, and the nature and accessibility of the works, an NEC Option A form has been selected. This aims to allow greater cost certainty over that provided under Phase One which was procured via Option E.

There are no key contractual clauses over and above the standard framework clauses (including Right to Work legislation), although requirements for AEDET, NEAT, BIM and BREEAM in relation to this project have been amended through local contract amendment.

5.2 Service Requirements and Outputs

This BJC states a requirement for the delivery of the Fire Safety Precautions scheme under the NEC4 Engineering & Construction (ECC) Form of Contract (Option A) and South West Wales Regional Contractors Framework.

A series of design proposals are available to support the functional content, based on Health survey reports and building notes and latest available guidance. A full copy of the latest version of the design proposals is included in the Estates Annex.

The Phase Two works focus on the fire safety matters identified by MWWFRS in areas with a patient sleeping risk potential or proximity (i.e. mainly in ward and department areas).

A phasing methodology and approach to delivering the works has been agreed with the hospital management team and is further detailed within the Estates Annex. Works will progress in Ward, ITU and Theatre environments with spaces decanted to maintain effective hospital operations. Construction works will be completed on an area-by-area basis maintaining patient services.

5.3 Commercial Arrangements

This section details the procurement approach and associated commercial arrangements. The preferred funding option for the investment is via Welsh Government Funding as public funding is considered the only viable option for this scheme.

5.3.1 Contractual Arrangements

Following consultation with NWSSP SES, the Health Board has elected to adopt the NEC4 Option A contract (priced contract with activity schedule) for the delivery of the Phase Two works.

This contract type provides a clear and structured pricing mechanism, offering greater cost certainty and incentivising efficient delivery through a defined activity schedule. It is particularly suited to projects where the scope of works is sufficiently developed to allow for a fixed-price approach, as is now the case following the completion of detailed design work by the procured Fire Engineer-led Design Team.

This represents a strategic shift from the NEC Option E (cost reimbursable) contract used during Phase One. Option E was previously selected due to the high level of uncertainty and the

inability to fully define the scope of works at the outset. While Option E allowed flexibility in managing unknowns, it also placed greater financial risk on the Health Board, as the contractor was reimbursed for actual costs incurred, plus a fee.

With the scope of Phase Two now better understood and defined, the move to Option A reflects a more balanced allocation of risk and a commitment to delivering the programme within a controlled financial framework. This approach supports the Health Board's objectives of achieving value for money, improving delivery assurance, and maintaining compliance with public sector procurement best practice.

5.3.2 Payment Arrangements

The Health Board have made, and will continue to make, payments to the externally appointed team in respect of products and services as follows:

- The contract will be managed by Hywel Dda University Health Board under the NEC4 Option A fixed price Contract;
- Appointments for Project Manager and Cost Advisor have been made in line with NHS SBS and CCS Framework terms and conditions respectively;
- The fire engineer appointment has been made in line with WPA (Welsh Procurement Alliance) Framework terms and conditions;
- The contract will be managed by Hywel Dda University Health Board under the NEC4 Option A Priced contract with activity schedule with regards to the Principal Contractor appointment in line with 'South West Wales Regional Contractor' Framework terms and conditions.

The Project Bank Account is in place and active.

5.3.3 Proposed Charging Mechanisms

At the completion of the projects there will be no ongoing service arrangements provided by the Procurement partner and therefore no recurring charges associated with project.

5.4 Quality Assurance / Standards Compliance

Upgrade works will be designed and installed in line with HTM 05-02 where reasonably practicable. Where total compliance cannot be achieved, engineered judgement from competent fire safety specialists will be drawn upon to ensure compliance with the functional requirements of the regulations can be achieved. A full derogations schedule is included within the Estates Annex accompanying this BJC.

Due to the nature of the project, the existing building, and project scope of works, BIM level 2 will not be provided. A Common Data Environment and naming conventions of which the client team will be involved with, will be in place.

Following completion of the works, there will be a comprehensive fire and evacuation strategy for the Withybush General Hospital (including Residential Accommodation Blocks) and Bro Cerwyn / St Brynach Day Hospitals (including St Caradog's & St Non's Wards).

Planning permission is not required due to the nature of the works. AEDET, NEAT and BREEAM are also not relevant to this scheme.

5.5 Personnel Implications

As this procurement is for construction only there are no Transfer of Undertakings (Protection of Employment) (TUPE) and Retention of Employment (RoE) implications.

The internal project management arrangements and requirements for specialist advice to support the design, procurement and delivery of the project will be reviewed on an ongoing basis to ensure that adequate resources are available to deliver to the quality, cost and timelines required. The resource implications for the work packages are identified in the cost forms.

5.6 Potential for Risk Transfer

The general principle is that risks should be passed to "the party best able to manage them", subject to value for money (VFM). The following table indicates where the responsibility for risk lies between public and private sector:

| Risk category | Potential Allocation | | |
|------------------------------------|----------------------|---------|--------|
| | Public | Private | Shared |
| Design Risk | ✓ | | |
| Construction and development risk | ✓ | | |
| Transition and implementation risk | ✓ | | |
| Availability and performance risk | ✓ | | |
| Operating risk | ✓ | | |
| Variability of revenue risks | ✓ | | |
| Termination risks | ✓ | | |
| Technology and obsolescence risks | ✓ | | |
| Control risks | ✓ | | |
| Residual value risks | ✓ | | |
| Financing risks | ✓ | | |
| Legislative risks | ✓ | | |
| Other project risks | ✓ | | |

Table 10: Risk Allocation Matrix

5.7 Accountancy Treatment

It is estimated that the impact on the Balance Sheet of the Health Board will be an increase in the value of fixed assets by £864,716.

6.0 Financial Case

6.1 Capital Costs

The purpose of this section is to set out the financial implications of the proposed solution identified in the Economic Case and the proposed deal as described in the Commercial Case.

The capital costs of the proposed solution outturn at a cost of **£8,175,451** including VAT as summarised in Table 11 below. The cash flow is included in Table 12 with Cost Report and capital cost forms are included at Appendix 3.

The capital assumptions include recovery of sunk costs from Phase One BJC. Expenditure was £363,150 above the BJC funding level and relates to expenditure for the 22/23 and 23/24 financial years. Sunk costs have been included in Y0.

| Element | Capital Costs |
|---|-------------------|
| Works Cost | £2,717,804 |
| Recovery of Sunk Costs from BJC 1 (22/23 and 23/24) | £363,150 |
| Fees | £1,760,397 |
| Non-works Costs | £925,000 |
| Equipment | £20,000 |
| HDUHB Quantified Risk Contingency | £1,380,449 |
| Sub Total (excl. VAT) | £7,166,800 |
| VAT | £1,273,130 |
| VAT Reclaim | (£264,479) |
| BJC Total | £8,175,451 |

Table 11: Capital Costs

| Year 0 | Year 1 | Year 2 | Year 3 | Year 4 | Total |
|----------|------------|------------|------------|----------|------------|
| 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | |
| £727,651 | £2,400,752 | £3,265,700 | £1,639,798 | £141,550 | £8,175,451 |

Table 12: Capital Expenditure Cash Flow

6.1.1 Capital Cost Assumptions

- Capital costs are escalated with published assessed inflation for the duration of the project.
- Works costs based on preferred contractors tender offer which includes provisional sums for the following items which will be scoped and costed during the early WG scrutiny period:
 - Asbestos removal (£500,000);
 - Re-encase soil and vent pipes (£44,000);
 - M&E Services – Temporary re/location (£150,000);
 - Making good joinery and finishes (£75,000)
- Professional fees are based on returned tenders and best estimated for smaller consultant's services.
- Location factor: 0.97 (all rates / costs indexed to site location).
- Project risk contingency @ 24% of combined, works cost, fees, non-works costs and equipment.
- VAT recovery only assumed on external consultants at this stage. An assessment will be made of potential VAT recovery with the Health Board's VAT advisors with opportunities for VAT recovery maximised;
- The internal project management costs associated with the development of this business case have been included in professional fees.

6.1.2 Changes in Capital Cost Assumptions from PBC

At PBC stage (March 2020), a series of technical surveys were undertaken to allow initial assessments and assumptions of the required works to be made. It was acknowledged that the full extent of works could not be fully determined at that stage and that more detailed analysis of requirements at BJC stage would refine the assumptions. As described in section 3.5.6 there have been changes in the Phase Two scope of works which have reflected lessons learnt during the Phase One programme, therefore, a direct comparison in cost assumptions from PBC has not been included.

6.2 Revenue Implications and Affordability

For the purposes of this business case it has been assumed that there will be no additional recurrent pay and non-pay costs, with the exception of capital charges attributable to the delivery of the programme. The Health Board's assumption is that capital charges including increased depreciation and any impairment charges on completion will be funded by Welsh Government. The estimated Annually Managed Expenditure (AME) Impairment charge is £7.3m and annual Departmental Expenditure Limit (DEL) depreciation charge is £26k (as shown in Appendix 3).

6.3 Funding Arrangements

This project requires further funding from the Welsh Government NHS All Wales Capital programme.

7.0 Management Case

This section of the BJC demonstrates the approach that HDUHB will take to support the delivery of the programme in accordance with best practice. The programme management arrangements are aligned with those described in the Estates Infrastructure Programme Business Case ensuring that the Health Board is able to make progress against the identified key priority areas but also have sufficient flexibility to respond to changing requirements.

7.1 Programme Management Arrangements

The programme management structure within which this project sits, is aligned with the Business Continuity (Major Infrastructure) Programme Approach which has been formally constituted and established in line with best practice (Managing Successful Programmes) and will be managed in accordance with PRINCE 2 methodology.

The programme of works identified within this business case will be managed via the Health Boards central capital projects team.

The Estates Infrastructure Programme Board will provide strategic direction in order to develop the specific capital investment proposals within this Business Justification Case and ensure that these are aligned with the Business Continuity (Major Infrastructure) PBC. Progress will be reported to the Health Board via the Capital Sub-committee.

7.1.1 Project Roles and Responsibilities

The Health Board Executive Director of Allied Health Professionals and Health Science is the formal Senior Responsible Officer (SRO) and will ensure that the programme meets its overall objectives and delivers its expected benefits. The Director of Estates, Facilities and Capital Management is the Programme Director who will be responsible for the successful delivery of all projects within the programme. The Capital Development Manager is the Estates lead overseeing operational delivery of the project.

| Role | Responsibility |
|---------------|--|
| Project Board | <p>Responsible for successful delivery of the Programme to meet MWWFRS requirements</p> <ul style="list-style-type: none"> Monitor programme / project plan for completion at key stages in capital investment process and monitor on a monthly or as required basis; Provide strategic leadership and direction to the Delivery Team; |

| Role | Responsibility |
|---------------|---|
| | <ul style="list-style-type: none"> • Approve project plan for completion of key stages and monitor on behalf of HDUHB; • Provide a challenge mechanism for the project; • Receive project reports and outputs ensuring sufficient detail is provided; • Progress strategic specific issues and monitor the associated work programmes; • Support the development of technical briefs and outline design in conjunction with the Delivery Team; • Ensure that there are adequate project management arrangements in place; • Brief WG / MWWFRS on a regular basis to ensure good communication and understanding of project; • Monitor capital costs; • Support and guide the development of the technical documentation for the BJC in support of the delivery team and approval of the Health Board. |
| Delivery Team | <p>Responsible for delivering the projects</p> <ul style="list-style-type: none"> • Develop programme / project plan for completion at key stages in capital investment process and monitor on a monthly or as required basis; • Implementation of project plan activities on a daily basis; • Develop and monitor project planning, phasing and sequencing programme; • Manage associated work programme; • Provide operational and technical lead for the site; • Communicate with the site operational managers and master planning team; • Ensure suitable project management arrangements are in place; • Implement project systems and controls e.g. risk, change management; • Issue regular progress reports to the Programme Board; • Develop capital costs; • Develop BJCs; • Participate in internal and external audit processes. |

Table 13: Programme Roles and Responsibilities

7.1.2 Use of Special Advisors

The following team of specialist advisors has been appointed by the Health Board.

| Advisor | Responsibility |
|-------------------------------|-------------------------------------|
| Mace Ltd | Project Management |
| Lee Wakemans Management | Cost Advisor |
| Strategic Healthcare Planning | Business Case Author |
| TBC | Contractor |
| Rio | Architect |
| McCann | M&E and Civil & Structural Engineer |
| Part B | Fire Engineer |
| TBC | NEC Supervisor |

Table 14: Specialist Advisors

7.2 Programme Milestones

Given the locations and concealed nature of the works, full exposure of the as-built arrangements and conditions will be required to fully assess the scope of works and establish accurate timescales for their execution. Temporary or permanent diversions to existing services may also be required to facilitate access to the works. Indicative allowances and assumptions have therefore been made for certain elements.

The programme takes account of these assumptions and is built up using quantitative analysis of surveyed information for representative work sections and relative allowances for other sections based on size and complexity.

A detailed programme is included in Appendix 4 with the key milestones summarised below.

| Programme | Milestone |
|--|-----------------------------|
| Business Justification Case submission to WG | July 2025 |
| WG Scrutiny and BJC Approval | August 2025 |
| Phase Two Works | October 2025 – October 2027 |

Table 15: Programme Milestones

7.2.1 Phasing Strategy

The programme has been discussed with hospital stakeholders and a detailed approach to the works has been developed following feedback. Engagement will continue throughout the construction phase with monthly updates and the preparation of lookahead programmes that will clearly identify current and forthcoming works in the short term.

For the main hospital building, each of the floors are divided into manageable works sections. Dedicated teams will carry out the works moving progressively from one section to the next in a focused and efficient manner. Theatre works have been phased to follow the completion of works to the decanted wards to maintain patient flow where possible and to minimise disruption to the operation of the hospital.

As much as possible works are sequenced concurrently on lower ground floor, Ground Floor and First Floor.

The number and complexity of works sections on the Ground floor, requires these to progress concurrently with each of the first and lower ground floors in turn. The start of the ground floor is purposely constrained to ensure a reasonable period of familiarisation and learning before the deployment of additional teams.

| Phase | Duration | Indicative Dates |
|--------------------|----------|-------------------------------------|
| Ward Areas | 42 weeks | 22 October 2025 – 02 September 2026 |
| Ground Floor | 54 weeks | 22 October 2025 – 24 November 2026 |
| Lower Ground Floor | 37 weeks | 07 October 2026 – 13 July 2027 |
| Theatres (inc ITU) | 42 weeks | 02 September 2026 – 13 July 2027 |

Table 16: Phasing Plan Indicative Milestones

7.3 Arrangements for Contract Management

This will be administered under the NEC4 Engineering & Construction (ECC) Form of Contract, Option A fixed price, with standard NHS SBS Framework amendments for the Project Manager, and CCS NEC based terms for the Cost Advisor and Design Team, ensuring robust governance and compliance with public sector procurement standards.

The Principal Contractor appointed through the South West Wales Regional Contractor Framework, will deliver the works under this NEC4 Option A contract (Priced Contract with Activity Schedule).

7.4 Arrangements for Change Management

The Health Board recognises the challenges associated with delivery of these works whilst maintaining an operational site.

The works will be implemented in a systematic way that causes the least disruption to services. The project structure has been established to implement the necessary changes and ensure operational management leadership remains central to this.

To take this process forward working groups have been established during the development of the BJC involving the key hospital managers and nursing heads, or delegated leads. These groups will be fully consulted with regards to any changes to the works that may impact the provision of health services on the Withybush site. Any fundamental changes to the project scope or timeline will be authorised in advance by the Project Director and established Project Board.

7.5 Risk Management

There are a number of objectives from the implementation of a robust risk management process.

- Secure predictability: by analysing the risks, greater insight can be gained into the likelihood of successfully delivering the project within budget, on programme and to the required quality;
- Manage the risk exposure proactively: a clear understanding of the threats and opportunities will ensure that robust mitigation strategies can be put in place and opportunities are realised. This significantly reduces the chance of failure through a constant reassessment of the project's risk profile;
- Define mitigation strategies: provide clear mitigation strategies and action plans which are to be addressed by the appropriate owners;
- Ensure opportunities are both identified and realised;
- Address contingency management: ensure that the contingency of both client and contractor allowances are managed, providing adequate cover for identified risks. If the opportunity arises to release contingency back in to working capital this should be addressed in line with the requirements of the project.

Risk management helps with matters of cost control and with overall project delivery by assessing potential problems and formulating mitigation measures through the implementation of a structural approach so that:

- Potential risks to a project are identified;
- Management action plans are drafted as a response to the risks;
- Contingencies can be allocated to reflect identified risks;

- An audit trail is produced for the decisions taken;
- There is increased team understanding of the project and of the implications of certain courses of action;
- Risk events are responded to more swiftly and effectively.

Risk management will be an ongoing project control measure that encourages all participants to be proactive in identifying areas of concern and potential risk that can, when identified at an early enough stage, be managed to reduce / eradicate the impact on the programme.

A comprehensive risk register is in place which has been ratified following a workshop including all of the delivery team members, HDUHB estates and operations team and importantly, the key stakeholders representing the hospital nursing / operational teams.

The risk register has been priced to ascertain the level of risk allowance required.

7.5.1 Risk Register

The risk register is a management tool that logs potential risks to the programme, primarily driven by health and safety, cost, programmes delays or any other risks that may be relevant to its successful completion.

The register is a live document and will be updated at regular intervals in Project Team and Board meetings as appropriate. The Project Manager will manage and retain ownership of the risk register throughout the programme. The risk register will be updated by both adding newly identified risks and reallocating risk funds where activities no longer pose risk. The risk register records and logs details of any item or event which is considered by the project team to put the objectives of the programme at risk (Appendix 5).

The main risks were reviewed at a workshop with clinical and operational service representation. The highest rated risks (risk score 16 and above) are identified in the following table:

| Risk | Mitigation Measure |
|--|--|
| Strategic Risks | |
| Hospital activities impact on proposed phasing or programme of works. Hospital unable to release areas in accordance with the programme due to clinical needs of patients. Hospital activities affecting access for designer or contractors. | Early engagement with the Hospital and Management Teams to discuss requirements and expectations as well as define phasing strategy. Ongoing coordination between project team and HB during construction phase. P2 works planned on basis of internal decant ward. Ward areas works based on rolling programme of decant and reoccupation. Engagement of seconded estates and nursing team member to project to ease communications. |

| Risk | Mitigation Measure |
|--|---|
| Construction Risks | |
| There is a risk that unknown hazardous materials will be discovered in the existing buildings. | Identification of findings to client team and if necessary, execute additional Asbestos etc surveys before commencement of works. Time and cost allowance to be made in BJC. HB to release existing Asbestos registers. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration. |
| Live services impeding the Works and inability to isolate or relocate | Surveys as part of Contractor tender development. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration or approved derogation item as with Phase 1 examples. HB to provide service isolations confirmations. |

Table 17: Main Risks

7.6 Benefits Realisation

The main benefit from this project will be HDUHB compliance with fire enforcement notices avoiding any further legal action and ensuring safe delivery of patient services can be sustained. Additional benefits in relation to reduced backlog maintenance and a comprehensive concise fire strategy for the site will also be realised.

7.7 Contingency Plans

There are no contingency plans should this project fail to achieve approval. The Health Board are at risk of escalating to fire enforcement status which would impact on delivery of all hospital services.

7.8 Programme Assurance

7.8.1 Risk Potential Assessment

The impact of the programme has been scored against the risk potential assessment (RPA) model (Appendix 6). The project has been assessed as low risk which will continue to be monitored via the Project Board and escalated as required.

7.8.2 Equality and Health Impact Assessment

Due to the nature of this BJC, the Health Board has determined that an Equality and Health Impact is not required. Ensuring that buildings are compliant with fire safety regulations will improve the safety for all patients, staff and visitors to the hospital.

7.8.3 Integrated Impact Assessment

Due to the nature of this BJC, the Health Board has determined that an Integrated Impact Assessment (IIA) is not required.

As an infrastructure upgrade project there are no long-term impacts anticipated. The disruption to services during the delivery phase of the works will be minimised through appropriate decant / out of hours arrangements. A communications plan is being developed to keep staff informed throughout the duration of the works (Appendix 7).

7.8.4 Integrated Assurance and Approval Plan

Capital audit will be undertaking audits of the scheme in accordance with the HB Audit and Risk and Assurance Committee requirements. This will provide assurance on the effectiveness of governance and risk management arrangements and will maintain an appropriate financial focus (Appendix 8).

7.9 Post Project Evaluation

The Programme Board will ensure that post project evaluation will be undertaken in accordance with Welsh Government requirements.

The Health Board is committed to ensuring that a thorough and robust post-project evaluation (PPE) is undertaken to ensure that positive lessons can be learnt from the project. The lessons learnt will be of benefit to:

- HDUHB – in using this knowledge for future projects including capital schemes;
- Other key local stakeholders – to inform their approaches to future major projects;
- The NHS more widely – to test whether the policies and procedures which have been used in this procurement are effective.

PPE also sets in place a framework within which the benefits realisation plan can be tested to identify which benefits have been achieved and which have not. NHS guidance on PPE has been published and the key stages which are applicable for this project are:

- Evaluation of the project procurement stage;
- Evaluation of the various processes put in place during implementation.

7.9.1 Stage 1 Evaluation: Project Procurement

The evaluation at this stage will examine:

- The effectiveness of the project management of the scheme;
- The quality of the documentation prepared by HDUHB;
- Communications and involvement during procurement;
- The effectiveness of advisers utilised on the scheme;
- The efficacy of NHS guidance in delivering the scheme;
- Perceptions of advice, guidance and support from:
 - Welsh Government;
 - NWSSP – Estates.

It is planned that this evaluation will be undertaken within four months of BJC approval.

7.9.2 Stage 2 Evaluation: Implementation

The evaluation at this stage will examine:

- The effectiveness of HDUHB project management of the scheme;
- The effectiveness of the PSCP project management of the scheme;
- Communications and involvement during commissioning;
- The effectiveness of the joint working arrangements established by the project partner and the project team;
- Support during this stage from other stakeholder organisations – Welsh Government, Welsh Health Estates and any others as appropriate;

It is planned that this evaluation will be undertaken six months following works completion.

8.0 Conclusion and Recommendations

This business case sets out the required actions for Hywel Dda University Health Board to be compliant with fire safety regulations and remove the remaining enforcement notices.

The business case has described the proposed approach to the works which aims for completion of the Phase Two works by October 2027 (dependent on works commencing in October 2025).

The Health Board must comply within the stipulated timeframe set by the Mid and West Wales Fire and Rescue Service or risk legal action and a potential risk of prosecution. It is noted that the delivery programme extends the timelines stipulated within the Enforcement Notices, however it is anticipated that MWWFRS will align the notices with the proposed programme of works.

It is requested that Welsh Government:

- Approve this business case based on the proposed cost and approach to delivery of work;
- Acknowledge the MWWFRS expectations for completion of works by October 2027.

9.0 Glossary of Abbreviations

| Abbreviation | Definition |
|--------------|--|
| AEDET | Achieving Excellence Design Evaluation Toolkit |
| AHMWW | A Healthier Mid and West Wales: Our Future Generations living well |
| AME | Annually Managed Expenditure |
| BAU | Business As Usual |
| BGH | Bronglais General Hospital |
| BIM | Building Information Modelling |
| BJC | Business Justification Case |
| BREEAM | Building Research Establishment Environmental Assessment Method |
| CDM | Construction (Design and Management) |
| CSC | Capital Sub-Committee |
| CSF | Critical Success Factor |
| DEL | Departmental Expenditure Limit |
| ECC | Engineering and Construction |
| FDS | Fire/Smoke Dampers |
| GEM | Generic Economic Model |
| GGH | Glangwili General Hospital |
| HBN | Health Building Note |
| HDUHB | Hywel Dda University Health Board |
| HSDU | Hospital Sterilisation and Disinfection Unit |
| HTM | Health Technical Memoranda |
| IHP | Integrated Health Projects |
| IIA | Integrated Impact Assessment |
| IM&T | Information Management and Technology |
| MWWFRS | Mid and West Wales Fire and Rescue Service |
| NEAT | NHS Environmental Assessment Tool |
| NEC | New Engineering Contract |
| NHS | National Health Service |
| NWSSP SES | NHS Wales Shares Services Partnership Specialist Estates Services |

| | |
|-------|--|
| PBC | Programme Business Case |
| PPE | Post Project Evaluation |
| PPH | Prince Philip Hospital |
| PSCP | Principle Supply Chain Partner |
| RAAC | Reinforces Aerated Autoclave Planks |
| RoE | Retention of Employment |
| RPA | Risk Potential Assessment |
| SCP | Supply Chain Partner |
| SDODC | Service Development and Operational Delivery Committee |
| SES | Specialist Estates Services |
| SRO | Senior Responsible Officer |
| TUPE | Transfer of Undertakings (Protection of Employment) |
| UHB | University Health Board |
| VAT | Value Added Tax |
| VFM | Value for Money |
| WGH | Withybush General Hospital |
| WG | Welsh Government |
| WHTM | Welsh Health Technical Memoranda |
| WPA | Welsh Procurement Alliance |

10.0 Appendices

1. MWWFRS Letters of Fire Safety Matters
2. HDUHB Fire Safety Action Plan
3. Cost Report
4. Programme
5. Risk Register
6. Risk Potential Assessment
7. Integrated Impact Assessment
8. Integrated Assurance and Approval Plan

Hywel Dda University Health Board

Withybush Hospital – Fire Precaution Upgrade Works

Phase Two Business Justification Case

Appendices

Appendices

1. MWWFRS Letters of Fire Safety Matters
2. HDUHB Fire Safety Action Plan
3. Cost Report
4. Programme
5. Risk Register
6. Risk Potential Assessment
7. Integrated Impact Assessment
8. Integrated Assurance and Approval Plan

Appendix One – Letters of Fire Safety Matters



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

Prif Swyddog Tân | Chief Fire Officer

Roger Thomas BA(Hons), MSc

tancgc.gov.uk
mawwfire.gov.uk

The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

*Gofynner am/
Please ask for:* Watch Manager K Steele
Ext No: 3367
E-bost/E-mail: k.steele@mawwfire.gov.uk
*Fy Nghyf/My
Ref:* BFS/KS/00114719
Dyddiad/Date: 24 August 2023

Dear Sir

The Regulatory Reform (Fire Safety) Order 2005

Letter of Fire Safety Matters

**Premises: HYWEL DDA UNIVERSITY HEALTH BOARD, WITHYBUSH HOSPITAL,
WITHYBUSH, FISHGUARD ROAD, HAVERFORDWEST, SA61 2PZ**

Areas of the hospital referred to within this letter:

Block 4 & Block 5 including ITU.

I visited your premises on 21 August 2023 and evaluated the fire safety provided. You have an ongoing duty to ensure the safety of people. The attached schedule sets out what you need to do.

Timescale for Completion

You should complete the work outlined in the schedule as soon as possible, balancing the need for safety against the demands on your business or undertaking. I will visit again and will contact you in approximately 6 month(s) (from the date of this letter) to arrange my next visit. You should complete the actions and outcomes before that visit.

Consequence for Non-compliance

If you do not do the work in the schedule before my next visit (or I find that safety provisions have worsened), the authority may serve an enforcement notice on you. An enforcement notice would legally bind you to do the work.

Route to Challenge

Y Pencadlys, Heol Llwyn Pisgwydd, Caerfyrddin, Sir Gâr, SA31 1SP
Headquarters, Lime Grove Avenue, Carmarthen, Carmarthenshire, SA31 1SP

post@tancgc.gov.uk
mail@mawwfire.gov.uk

0370 60 60 699

You can clarify or challenge what you need to do. If you have any feedback you wish to share, please access the Complaints and Compliments section found on our website:
<https://www.mawwfire.gov.uk/eng/about-us/access-to-information/compliments-comments-and-complaints/>.

Fire Safety Management

The schedule sets out what you need to do to improve fire safety. Taking this advice will help you to sustain those improvements.

Alternative Solutions

If you want to use a different solution to bring about safety from fire, please contact me to discuss an action plan. An action plan might enable you to apply an equally appropriate safety solution to better meet your needs. Any alternative solution you propose must meet the 'outcome(s)' stated in the schedule.

Recommendations

The matters in the Schedule are obligations under The Regulatory Reform (Fire Safety) Order 2005, and as, abovementioned, will, if necessary be made requirements in an Enforcement Notice.

The following matters are *recommended* to further improve fire safety in your premises.

- It is recommended that the storerooms in the undercroft at the rear of the mortuary are kept locked shut, it was also note in these store rooms there was a considerable amount of bird excrement which could be a health hazard, it was also note that there was items stored there from the Xray department these items should be removed and disposed correctly. The area around the rear mortuary doors had an accumulation of combustible debris this debris could assist the spread of fire in this area.

Yours faithfully



Watch Manager K Steele
Authorised Fire Safety Regulator
On behalf of the Mid and West Wales Fire and Rescue Authority

Steve.Moore2@wales.nhs.uk
Andrew.A.Carruthers@wales.nhs.uk
HIW@gov.wales
Rob.Elliott@wales.nhs.uk
Janice.cole-williams@wales.nhs.uk
Richard.Jupp2@wales.nhs.uk
Daniel.Dyer@wales.nhs.uk

Important Information – schedule referred to in letter

Notes to this schedule: 11

The government guidance most suitable to your premises is GG10 which can be found at <http://www.cfoa.org.uk/19512>

Before certain changes are made to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. Should changes or alterations be required, approval should be sought from the relevant body. For example, you may have to apply for approval from a Building Control Body <http://www.legislation.gov.uk/ukxi/2010/2214/regulation/3/made> or in relation to a Heritage Premises you should consult CADW, <https://cadw.gov.wales/advice-support>.

ITEM 1

| | |
|---------------------|--|
| Art 8 wedging doors | |
| Reason | <p>The standard of vertical fire separation provided is not maintained adequately. A fire could spread rapidly and make the escape route unsafe for relevant persons to use.</p> <p>It was noted in the recent inspection that doors to offices storerooms and some staff areas were being wedged open, for example the main office in the corridor leading to the ITU</p> <p>This is contrary to Article 8.</p> |
| Required Action | <p>Wedges, hooks and any other devices in use at the present time as a means of holding the self-closing doors in the open position shall be removed to ensure that the doors are effectively self-closing.</p> |
| Outcome | <p>This work is necessary to reduce the risk of the spread of fire</p> |

ITEM 2

| | |
|---|---|
| Art 8 charging items on means of escape | |
| Reason | <p>The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use.</p> <p>This is contrary to Article 8.</p> |
| Required Action | |

| | |
|---------|---|
| | <p>Charging of battery devices must not be done within the means of escape, remove all charging items into a suitable room with a fire door.</p> <p>The means of escape must not be used for storage or charging of electrical items.</p> |
| Outcome | This work is necessary to reduce the risk of spread of fire. |

ITEM 3

| | |
|---|--|
| Art 8 Electrical items on means of escape | |
| Reason | <p>The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use.</p> <p>This is contrary to Article 8.</p> |
| Required Action | <p>The storage and use of electrical equipment/devices within the means of escape is not permitted, remove all electrical devices into a suitable room with a fire door.</p> <ul style="list-style-type: none"> • Fridge (behind the nurse station WD1) • Photocopier. (next to the nurse station WD3 & 4) • Laptop charging units (noted mounted in various ward corridors / department corridors). <p>The means of escape must not be used for storage or charging of electrical items.</p> |
| Outcome | This work is necessary to reduce the risk of spread of fire. |

ITEM 4

| |
|---------------------------------|
| Art 8 reduce the risk from fire |
|---------------------------------|

| | |
|-----------------|--|
| Reason | <p>Combustible materials were too close to an ignition source. This means that fire could easily break out, which could spread rapidly and make the escape route unsafe for relevant persons to use.</p> <p>This is contrary to Article 8.</p> |
| Required Action | <p>Relocate items within the Ward 1 treatment room to improve the rooms safety.</p> <p>There was charging of items and a fridge located next to an oxygen point.</p> <p>This room requires movement of the items to another area and or the oxygen and vacuum point isolating to reduce the risk from fire to an acceptable level.</p> |
| Outcome | <p>This work is necessary to reduce the risk of fire.</p> |

ITEM 5

| | |
|---------------------------|---|
| Art 8 Compartmentation | |
| Reason | <p>The standard of compartmentation provided in the building is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use.</p> <p>This is contrary to Article 8.</p> |
| Required Action | <p>During the inspection breaches in compartmentation were identified within the endoscopy storeroom which houses the photocopier and a large air conditioning unit. The breaches in compartmentation would not support the existing evacuation strategy.</p> <p>In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building. This would have an impact on the means of escape and render the evacuation strategy of the building ineffective.</p> <p>All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with</p> |

| | |
|---------|--|
| | <p>building regulations. Compliance with this or an equivalent standard will normally satisfy the requirement.</p> <p>I am happy for this to item to be address in the Phase 2 enforcement works Scheme.</p> |
| Outcome | This work is necessary to reduce the risk of spread of fire. |

ITEM 6

| | |
|---------------------------------|--|
| Art 14 Emergency lighting | |
| Reason | <p>In the event of danger, it is not possible for relevant persons to evacuate the premises as quickly and as safely as possible. There is inadequate emergency lighting within the kitchens on the LGF</p> <p>This is contrary to Article 14.</p> |
| Required Action | <p>Provide an emergency lighting system (which is to be independent of all other systems), to illuminate</p> <ul style="list-style-type: none"> • Block 4 LGF Kitchens <p>On completion of the emergency lighting system, the commission certificate is to be completed by a competent person and a copy made available to the Fire and Rescue Authority.</p> <p>This system is to be designed and installed in accordance BS5266-1:2016</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p> |
| Outcome | |

| | |
|--|--|
| | This work is necessary to ensure that the means of escape can be safely and effectively used whenever they are needed. |
|--|--|

ITEM 7

| | |
|---------------------------|---|
| Art 8 Air Transfer grille | |
| Reason | <p>The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use.</p> <p>This is contrary to Article 8.</p> |
| Required Action | <p>Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one that is capable of sealing both by thermal initiation and by interface with smoke sensors either directly or via a fire alarm panel.</p> <p>This was noted in rooms SF176 & SF166 but applies to any of this type of system fitted to a fire rated door within the means of escape where the room it is fitted to contains a fire risk.</p> <p>The air transfer grill should conform to a relevant standard e.g.BS 8214:2016.</p> <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>Compliance with these standards will normally satisfy the requirement</p> |
| Outcome | This work is necessary to reduce the risk of the spread of fire |

ITEM 8

| | |
|-----------------|---|
| Art 8 Fire Door | |
| Reason | <p>The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use.</p> <p>This is contrary to Article 8.</p> |
| Required Action | A fire door should be installed providing 30 minutes fire resistance. Panels or partitions above or at the sides of the |

| | |
|---------|--|
| | <p>doors should provide a similar degree of fire resistance in the following location:</p> <ul style="list-style-type: none"> • Between the sluice room and electrical room within Ward 4 <p>Fire resisting doors need to be fitted with</p> <ul style="list-style-type: none"> • A self-closing device • Intumescent strips and smoke seals. • Three brass/steel hinges. <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>BS 8214:2016 - timber-based fire door assemblies – Code of practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement</p> |
| Outcome | This work is necessary to reduce the risk of spread of fire. |

ITEM 9

| | |
|-----------------|--|
| Art12.2 | |
| Reason | <p>The risks from dangerous substances to relevant persons in the premises have not been eliminated, substituted and/or reduced so far as is reasonably practicable.</p> <p>Flammable items were noted on the shelves of the Ward 4 store cupboard with other consumables increasing the risk of fire within this area.</p> <p>This is contrary to Article 12.</p> |
| Required Action | <p>Ensure all flammable items are stored in an safe manner.</p> <p>Flammable items are required to be stores in a metal flame resistant cupboard.</p> |
| Outcome | This work is necessary to reduce the risk of fire. |

ITEM 10

| | |
|-----------------|---|
| Art14 | |
| Reason | <p>The distance from the dead end situation in the Staffroom within the theatres area to the nearest place of relative safety is so great that fire and smoke can overtake people before they reach the exit.</p> <p>This is contrary to Article 14.</p> |
| Required Action | <p>Reduce the risk within this area to as low as practicable by:</p> <p>Either reconfigure the area by moving the kitchen into the staff room or make up the corridor so it provides adequate fire resistance to allow the relevant person to effect a safe exit.</p> |
| Outcome | <p>This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people</p> |

ITEM 11

| | |
|-----------------|---|
| Art8.6 | |
| Reason | <p>The current layout (ward 3 approach) will have an impact on the means of escape and render the evacuation strategy of the ward block ineffective.</p> <p>This is contrary to Article 8.</p> |
| Required Action | <p>Confirm that the ward approach to ward 3 will be made up to mirror the other ward approach areas within the hospital, to allow for progressive horizontal evacuation of the relevant person</p> <p>The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p> |
| Outcome | <p>This work is necessary to reduce the risk of spread of fire.</p> |

1. Can you please confirm that the gas in the main kitchen is isolated on the activation of the fire alarm system.
2. Can you confirm that the main kitchen gas shutoff located in the cupboard close to the front of house complies with the gas safety regulations.



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

Prif Swyddog Tân | Chief Fire Officer

Roger Thomas BA(Hons), MSc

tancgc.gov.uk
mawwfire.gov.uk

The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

*Gofynner am/
Please ask for:* Watch Manager K Steele

Ext No: 3367

E-bost/E-mail: k.steele@mawwfire.gov.uk

Fy Nghyf/My Re: BFS/ KS /00114719

Dyddiad/Date: 12 December 2023

Dear Sir/Madam,

The Regulatory Reform (Fire Safety) Order 2005

Letter of Fire Safety Failures; Action Plan of Remedial Measures

**Premises: HYWEL DDA UNIVERSITY HEALTH BOARD, WITHYBUSH HOSPITAL,
WITHYBUSH, FISHGUARD ROAD, HAVERFORDWEST, SA61 2PZ**

To ensure compliance with The Regulatory Reform (Fire Safety) Order 2005 and to satisfy the agreed requirements itemised within Enforcement notice, reference KS 890 04, the Phase 2 works (proposed solution) Action Plan and timeframes for Withybush General Hospital must be adhered to.

You have an ongoing duty under the Regulatory Reform (Fire Safety) Order 2005 (“The Order”) to ensure the safety of relevant persons.

The agreed Action Plan below sets out what you need to do.

Timescale for Completion

You should complete the work outlined in the Action Plan by the agreed dates set out in the schedule below. An extension to the agreed timeframes will not be granted.

Consequence for Non-compliance

If you do not complete the work in the Action Plan, within the agreed timescales (or I find that safety provisions have worsened, during my next visit), the Mid and West Wales Fire and Rescue Authority (“The Authority”) will consider serving a further enforcement notice on you as the person with responsibilities for The Premises. A further enforcement notice would legally bind you to do the work in the notice.

Y Pencadlys, Heol Llwyn Pisgwydd, Caerfyrddin, Sir Gâr, SA31 1SP
Headquarters, Lime Grove Avenue, Carmarthen, Carmarthenshire, SA31 1SP

post@tancgc.gov.uk
mail@mawwfire.gov.uk
0370 60 60 699

Route to Appeal

You can clarify or challenge what you need to do. If you have any feedback you wish to share, please access the Complaints and Compliments section found on our website: <https://www.mawwfire.gov.uk/eng/about-us/access-to-information/compliments-comments-and-complaints/>.

Alternative Solutions

If you want to use a different solution to bring about safety from fire, please contact me to discuss further. Any alternative solution you propose must meet the 'outcome(s)' and timeframes as stated in the agreed Action Plan.

Yours faithfully,



Watch Manager K Steele
Authorised Fire Safety Regulator
On behalf of the Mid and West Wales Fire and Rescue Authority

CC's

Steve.moore2@wales.nhs.uk

Andrew.A.Carruthers@wales.nhs.uk

HIW@gov.wales

Rob.elliott@wales.nhs.uk

Janice.cole-williams@wales.nhs.uk

Richard.Jupp2@wales.nhs.uk

Daniel.Dyer@wales.nhs.uk

Important Information – Action Plan referred to in letter

Notes to this schedule:

The government guidance most suitable to your premises is WHTM 05/02 / fire safety in healthcare premises, which can be found at <https://www.gov.uk/workplace-fire-safety-your-responsibilities/fire-risk-assessments>

Before you make certain changes to the premises, you may have to apply for approval from statutory bodies and/or others having interest in them. If you have doubt about the need for approval, you should ask the relevant body. For example, you may have to apply for approval from a Building Control Body
<http://www.legislation.gov.uk/ukxi/2010/2214/regulation/3/made>.

Action Plan Schedule:

Phase 2 works (proposed solution document)

1. Complete all the works set out in the proposed solution document dated 19 July 2023 relating to Phase 2 by the agreed date of 31st October 2025.
(Original agreed Phase 2 Works Concern – All department / Ward Areas including any sub compartmentation and risk room area).
2. Complete the works highlighted in section 1.5 from the document presented to the Fire Authority on the 10th of November 2023 (Fire Enforcement Project Teams - Update to MWWFRS, Fri 10 November 2023) by the agreed date of 31st October 2025.
3. Complete the works highlighted in section 1.8 from the document presented to the Fire Authority on the 10th of November 2023 (Fire Enforcement Project Teams - Update to MWWFRS, Fri 10 November 2023) by the agreed date of 31st October 2025.
4. Complete the works highlighted in section 1.10 from the document presented to the Fire Authority on the 10th of November 2023 (Fire Enforcement Project Teams - Update to MWWFRS, Fri 10 November 2023) by the agreed date of 31st October 2025.
5. The provision of adequate fire safety training is a legal duty placed on the responsible person by the Fire Safety Order. In order to satisfy the legal requirements for training, staff need to have an understanding of the fire risks to which they may be exposed and know what to do in the event of a fire so that fire safety procedures can be applied effectively. The requirements are laid out in the Health Technical Memorandum 05-01: Managing healthcare fire safety (Second edition)

Further to the above, the following outstanding and agreed works as laid out in the letters of Fire Safety Matters issued to you on the 24th August 2023 reference BFS/KS/00114719 and included in your Action Plan 2023 (Fire Enforcement Project Teams - Update to MWWFRS, Fri 10 November 2023) under sections 1.1 – 1.4, 1.6 – 1.7 and 1.9 are to be completed by the 1st March 2024.

For reference I attach a copy of your Action Plan and letter of Fire Safety Matters (BFS/KS/00114719).



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru

Mid and West Wales
Fire and Rescue Service

Prif Swyddog Tân | Chief Fire Officer

Roger Thomas BA(Hons), MSc

tancgc.gov.uk
mawwfire.gov.uk

Steve Moore
The Chief Executive
Corporate Offices
Hywel Dda Health Board
Hafan Derwen
Ystwyth Building
Jobs Well Road
Carmarthen
SA31 3BB

*Gofynner am/
Please ask for:* Watch Manager K Steele
Ext No: 3367
E-bost/E-mail: k.steele@mawwfire.gov.uk
Fy Nghyf/My Re: Business Fire Safety/00114719
Dyddiad/Date: 30 November 2023

Dear Sir

The Regulatory Reform (Fire Safety) Order 2005

Withdrawal of Enforcement Notice

Premises: Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ

Please be advised that the Enforcement Notice, dated 9 February 2020 and/or numbered KS/890/03 is withdrawn.

The removal of this enforcement notice is due to evidence witnessed whilst conducting the monthly onsite visits and the email dated 26 October confirming completion of the works set out in the Phase 1 project at Withybush hospital.

Fire Safety Management

You should review the risks to people in case of fire regularly especially if:

- a. There is reason to suspect that people are not safe in case of fire, or
- b. There has been a significant change to the preventive and protective measures you have taken in case of fire.

Where, in consequence of a review, changes to your safety measures are required; you should make those changes.

Further recommendations

Ensure that all works moved from Phase 1 to the preferred option (phase 2) works will be completed as agreed.

Y Pencadlys, Heol Llwyn Pisgwydd, Caerfyrddin, Sir Gâr, SA31 1SP
Headquarters, Lime Grove Avenue, Carmarthen, Carmarthenshire, SA31 1SP

post@tancgc.gov.uk
mail@mawwfire.gov.uk

0370 60 60 699

Yours sincerely,

A handwritten signature in black ink, appearing to be 'K Steele', written on a light-colored background.

Watch Manager K Steele
Authorised Fire Safety Regulator
On behalf of the Mid and West Wales Fire and Rescue Authority

Cc's

Steve.moore2@wales.nhs.uk

Andrew.A.Carruthers@wales.nhs.uk

HIW@gov.wales

Rob.elliott@wales.nhs.uk

Janice.cole-williams@wales.nhs.uk

Richard.Jupp2@wales.nhs.uk

Daniel.Dyer@wales.nhs.uk

Appendix Two – Fire Safety Action Plan

Location: Withybush General Hospital, Haverfordwest

LoFSM Action Plan Prepared Date: 14th September 2023

Letters Received Embedded Below:

Owned by: Estates Department

Responsible Actions: As recorded in the action log

Updated on Oct 2023

ACTION PLAN

Block 4 & Block 5 including ITU**Letter reference - BFS/KS/00114719****Letter received on – 24th August 2023**

| Ref | Reason | Required Action | Outcome | HB Comments | Responsible Officer | Time scale | COST |
|-----|---|---|--|--|---------------------|------------|------|
| 1.1 | <p>The standard of vertical fire separation provided is not maintained adequately. A fire could spread rapidly and make the escape route unsafe for relevant persons to use.</p> <p>It was noted in the recent inspection that doors to offices, storerooms and some staff areas were being wedged open, for example the main office in the corridor leading to the ITU</p> <p>This is contrary to Article 8.</p> | <p>Wedges, hooks and any other devices in use at the present time as a means of holding the self-closing doors in the open position shall be removed to ensure that the doors are effectively self-closing.</p> | <p>This work is necessary to reduce the risk of the spread of fire</p> | <p>To be removed by FSA and concerns communicated to responsible persons/staff</p> | DD | Nov 23 | N/A |
| 1.2 | <p>The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use.</p> <p>This is contrary to Article 8</p> | <p>Charging of battery devices must not be done within the means of escape, remove all charging items into a suitable room with a fire door.</p> <p>The means of escape must not be used for storage or charging of electrical items.</p> | <p>This work is necessary to reduce the risk of spread of fire.</p> | <p>To be instructed by FSA to risk owner</p> | DD | Nov 23 | N/A |

| | | | | | | | |
|------------|--|--|---|---|-----------|---------------|------------|
| <p>1.3</p> | <p>The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.</p> | <p>The storage and use of electrical equipment/devices within the means of escape is not permitted, remove all electrical devices into a suitable room with a fire door.</p> <ul style="list-style-type: none"> • Fridge (behind the nurse station WD1) • Photocopier. (next to the nurse station WD3 & 4) • Laptop charging units (noted mounted in various ward corridors / department corridors). <p>The means of escape must not be used for storage or charging of electrical items.</p> | <p>This work is necessary to reduce the risk of spread of fire.</p> | <p>To be instructed by FSA to risk owners</p> | <p>DD</p> | <p>Nov 23</p> | <p>N/A</p> |
| <p>1.4</p> | <p>Combustible materials were too close to an ignition source. This means that fire could easily break out, which could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.</p> | <p>Relocate items within the Ward 1 treatment room to improve the rooms safety.</p> <p>There was charging of items and a fridge located next to an oxygen point.</p> <p>This room requires movement of the items to another area and or the oxygen and vacuum point isolating to reduce the risk from fire to an acceptable level.</p> | <p>This work is necessary to reduce the risk of fire.</p> | <p>To be instructed by FSA to risk owners</p> | <p>DD</p> | <p>Nov 23</p> | <p>N/A</p> |

| | | | | | | | |
|------------|--|---|---|--|------------------------------|---------------------|-----------|
| <p>1.5</p> | <p>The standard of compartmentation provided in the building is not adequate.</p> <p>A fire could spread rapidly and make the escape route unsafe for relevant persons to use.</p> <p>This is contrary to Article 8.</p> | <p>During the inspection breaches in compartmentation were identified within the endoscopy storeroom which houses the photocopier and a large air conditioning unit.</p> <p>The breaches in compartmentation would not support the existing evacuation strategy.</p> <p>In the event of fire, breaches in compartmentation, will allow fire and smoke to spread unchecked throughout the building.</p> <p>This would have an impact on the means of escape and render the evacuation strategy of the building ineffective.</p> <p>All breaches in compartmentation should be fire stopped to provide the appropriate fire resistance in accordance with building regulations. Compliance with this or an equivalent standard will normally satisfy the requirement.</p> <p>I am happy for this to item to be address in the Phase 2 enforcement works Scheme.</p> | <p>This work is necessary to reduce the risk of spread of fire.</p> | | <p>Forms Part of Phase 2</p> | <p>Phase 2 Date</p> | <p>JW</p> |
|------------|--|---|---|--|------------------------------|---------------------|-----------|

| | | | | | | | |
|------------|--|--|---|---|---|---------------|------------|
| <p>1.6</p> | <p>In the event of danger, it is not possible for relevant persons to evacuate the premises as quickly and as safely as possible. There is inadequate emergency lighting within the kitchens on the LGF. This is contrary to Article 14.</p> | <p>Provide an emergency lighting system (which is to be independent of all other systems), to illuminate</p> <ul style="list-style-type: none"> • Block 4 LGF Kitchens <p>On completion of the emergency lighting system, the commission certificate is to be completed by a competent person and a copy made available to the Fire and Rescue Authority.</p> <p>This system is to be designed and installed in accordance BS5266-1:2016</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p> | <p>This work is necessary to ensure that the means of escape can be safely and effectively used whenever they are needed.</p> | <p>Full work to be scoped and costed.</p> | <p>Ops to address – further discussion to agree scope</p> | <p>Jan 24</p> | <p>TBC</p> |
| <p>1.7</p> | <p>The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.</p> | <p>Where a fire door is required to be fitted with an air transfer grille, it should only be fitted with one that is capable of sealing both by thermal initiation and by interface with smoke sensors either directly or via a fire alarm panel.</p> <p>This was noted in rooms SF176 & SF166 but applies to any of this type of system fitted to a fire rated door within the means of escape where the room it is fitted to contains a fire risk.</p> <p>The air transfer grill should conform to a relevant standard</p> | <p>This work is necessary to reduce the risk of the spread of fire.</p> | <p>Full work to be scoped and costed.</p> | <p>Ops to address – further discussion to agree scope</p> | <p>Jan 24</p> | <p>TBC</p> |

| | | | | | | | |
|-----|--|--|---|--|-----------------------|--------------|----|
| | | <p>e.g.BS 8214:2016.</p> <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B</p> <p>Volume 2 Buildings other than dwelling houses.</p> <p>Compliance with these standards will normally satisfy the requirement.</p> | | | | | |
| 1.8 | <p>The standard of horizontal fire separation provided is not adequate. A fire could spread rapidly and make the escape route unsafe for relevant persons to use. This is contrary to Article 8.</p> | <p>A fire door should be installed providing 30 minutes fire resistance. Panels or partitions above or at the sides of the doors should provide a similar degree of fire resistance in the following location:</p> <ul style="list-style-type: none"> • Between the sluice room and electrical room within Ward 4 <p>Fire resisting doors need to be fitted with</p> <ul style="list-style-type: none"> • A self-closing device • Intumescent strips and smoke seals. • Three brass/steel hinges. <p>Fire doors should conform to a relevant standard e.g. Appendix B (including Appendix C Table B1) of Approved Document B</p> | <p>This work is necessary to reduce the risk of spread of fire.</p> | | Forms Part of Phase 2 | Phase 2 Date | JW |

| | | | | | | | |
|------|---|---|--|---|-----------------------|--------------|-----|
| | | <p>Volume 2 Buildings other than dwelling houses.</p> <p>BS 8214:2016 - timber-based fire door assemblies – Code of practice</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p> | | | | | |
| 1.9 | <p>The risks from dangerous substances to relevant persons in the premises have not been eliminated, substituted and/or reduced so far as is reasonably practicable.</p> <p>Flammable items were noted on the shelves of the Ward 4 store cupboard with other consumables increasing the risk of fire within this area.</p> <p>This is contrary to Article 12</p> | <p>Ensure all flammable items are stored in an safe manner.</p> <p>Flammable items are required to be stores in a metal flame resistant cupboard.</p> | <p>This work is necessary to reduce the risk of fire.</p> | <p>To be instructed by FSA to risk owners</p> | DD | Nov 23 | N/A |
| 1.10 | <p>The distance from the dead end situation in the Staffroom within the theatres area to the nearest place of relative safety is so great that fire and smoke can overtake people before they reach the exit.</p> <p>This is contrary to Article 14.</p> | <p>Reduce the risk within this area to as low as practicable by:</p> <p>Either reconfigure the area by moving the kitchen into the staff room or make up the corridor so it provides adequate fire resistance to allow the relevant person to effect a safe exit.</p> | <p>This work is necessary to provide sufficient escape routes (corridors, stairs and doors) for people</p> | | Forms Part of Phase 2 | Phase 2 Date | JW |

| | | | | | | | |
|------|--|--|---|-----------------------------------|-----------|------------------|------------|
| 1.11 | <p>The current layout (ward 3 approach) will have an impact on the means of escape and render the evacuation strategy of the ward block ineffective.</p> <p>This is contrary to Article 8.</p> | <p>Confirm that the ward approach to ward 3 will be made up to mirror the other ward approach areas within the hospital, to allow for progressive horizontal evacuation of the relevant person.</p> <p>The fire separation should conform to a relevant standard e.g. Appendix A (including Table A1, A2) of Approved Document B Volume 2 Buildings other than dwelling houses.</p> <p>Compliance with this or an equivalent standard will normally satisfy the requirement.</p> | <p>This work is necessary to reduce the risk of spread of fire.</p> | <p>To be confirmed by the FSA</p> | <p>DD</p> | <p>Completed</p> | <p>N/A</p> |
|------|--|--|---|-----------------------------------|-----------|------------------|------------|

Appendix Three – Cost Report and Capital Charges Calculations

Business Justification Case

Health Board: Hywel Dda Vale University Health Board

Hospital/Site: Withybush General Hospital, Haverfordwest

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest

Project No: To be confirmed

Option No: To be confirmed

Option Title: To be confirmed

Prepared by: Lee Wakemans Ltd.

Date: 10 June 2025

Revisions:
None

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

BASIS OF ESTIMATING

Stage 4 BJC

BCIS PubSec Index Level : N/A FP - Costs escalated with published and assessed inflation for the duration of the project

Equipment cost level : N/a EPI

Location factor : 0.97 Note, all rates based on the SCP's (IHP) costs for the Withybush location and location adjustment not required

Proposed start on site : Oct-25 Based on PM Mace's Master Programme Rev 5 (6 June 2025)

Proposed completion date : Sep-27

Capital Cost Summary

| Ref | Cost Centre | | Net £ | VAT £ | Gross £ |
|-----|---|---|----------------|----------------|----------------|
| 1 | Departmental Cost (BJC2) | | £ - | £ - | £ - |
| 2 | On costs (BJC3) | N/A of (1) | £ 2,717,804.17 | £ 543,560.83 | £ 3,261,365.00 |
| 3 | Sub-total | | £ 2,717,804.17 | £ 543,560.83 | £ 3,261,365.00 |
| 4 | Provisional location adjustment - costs based on the site's regional location | 0.97 | £ - | £ - | £ - |
| 5 | Works Cost | | £ 2,717,804.17 | £ 543,560.83 | £ 3,261,365.00 |
| 6.1 | Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24 (BJC4) | | £ 363,150.00 | £ - | £ 363,150.00 |
| 6.2 | Fees (BJC4) | 64.77% of (5) | £ 1,760,397.00 | £ 264,479.40 | £ 2,024,876.40 |
| 7 | Non-works Costs (BJC4) | | £ 925,000.00 | £ 185,000.00 | £ 1,110,000.00 |
| 8 | Equipment Costs (BJC2) | 0.74% of (5) | £ 20,000.00 | £ 4,000.00 | £ 24,000.00 |
| 9 | Quantified Risk Contingency: Health Board Preferred Contractor | £ 1,380,449 All Health Board £ - <u>£ 1,380,449</u> (23.86% of 5, 6, 7 & 8) | £ 1,380,449.27 | £ 276,089.85 | £ 1,656,539.12 |
| 10 | VAT Reclaim | | £ - | -£264,479.40 | -£ 264,479.40 |
| 11 | Optimism Bias - Excluded | | - | - | - |
| 12 | BJC Project Cost (at FBC equivalent stage) - Forecast Project Outturn Cost (for approval purposes) including recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24 (BJC4) | | £ 7,166,800.43 | £ 1,008,650.69 | £ 8,175,451.12 |

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

| Accommodation | Functional Size | Space allowance | | N/A/C | Departmental Allowance £ | Equipment Allowance £ |
|---------------|-----------------|-----------------|------|-------|-----------------------------|--------------------------|
| | | m2 | £/m2 | | | |

| | | | | | | | | |
|------|-----|--|--|---|---|---|---|---|
| None | N/A | | | C | £ | - | £ | - |
|------|-----|--|--|---|---|---|---|---|

| | | | | | | | | |
|---|--|--|--|--|--|--|---|-----------|
| Minor equipment - provisional allowance as advised by HDUHB | | | | | | | £ | 20,000.00 |
|---|--|--|--|--|--|--|---|-----------|

| | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|-------------|
| Total floor area (Nett Area) | | | | | | | | £ 20,000.00 |
|------------------------------|--|--|--|--|--|--|--|-------------|

| | | | | | | | | |
|---|--|--|--|--|--|--|---|---|
| Less: Abatement for transferred equipment | | | | | | | £ | - |
|---|--|--|--|--|--|--|---|---|

| | | | | | | | |
|-------------------------------------|--|--|--|--|--|---|---|
| Departmental Cost - to BJC1 Summary | | | | | | £ | - |
|-------------------------------------|--|--|--|--|--|---|---|

| | | | | | | | |
|----------------------------------|--|--|--|--|--|---|--------|
| Equipment Cost - to BJC1 Summary | | | | | | £ | 20,000 |
|----------------------------------|--|--|--|--|--|---|--------|

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest

Option No: To be confirmed

Option Title: To be confirmed

CAPITAL COSTS: ON-COSTS

| | Net Cost | % of DCA |
|--|-----------------------|--------------|
| 1 Communications - GIFA: <input type="text"/> | | |
| a Space | £ - | N/A |
| b Medical Gases | £ - | N/A |
| c Lifts | £ - | N/A |
| 2 "External" Building Work | | |
| a Drainage | £ - | N/A |
| b Roads, paths, parking | £ - | N/A |
| c Site layout, walls, fencing, gates | £ - | N/A |
| d BWIC with "External" engineering work | £ - | N/A |
| 3 "External" Engineering Work | | |
| a Steam, condensate, heating, hot water and gas supply mains | £ - | N/A |
| b Cold water mains and storage | £ - | N/A |
| c Electricity mains, sub-stations, standby generating plant | £ - | N/A |
| d Calorifiers and associated plant | £ - | N/A |
| e Miscellaneous services | £ - | N/A |
| 4 Auxiliary Buildings | £ - | N/A |
| 5 Other on-costs and abnormals | | |
| a Building abnormals (See Annex A) | £ 2,717,804.17 | N/A |
| b Engineering (See Annex B) | £ - | N/A |
| c Other on-costs (See Annex C) | £ - | N/A |
| Total On-costs - to BJC1 Summary | £ 2,717,804.17 | 0.00% |

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest

Option No: To be confirmed

Option Title: To be confirmed

CAPITAL COSTS: FEES AND NON-WORKS COSTS

| | £ | % of Works Cost |
|--|----------------|-----------------|
| 1 Sunk Costs: | | |
| Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24. Includes VAT @ 20% | £ 363,150.00 | N/A |
| 2.1 Health Board Fees - Workstages 2 & 3: | | |
| a. Project Manager (Mace) | £ 66,455.00 | 2.45% |
| b. Cost Advisor -(Lee Wakemans) | £ 40,735.00 | 1.50% |
| c. Multi-Disciplinary Design Team led by Fire Engineer: | | |
| Fire Engineer (PartB) | £ 109,800.00 | 4.04% |
| Architect (Rio - sub-consultant to Fire Engineer) | £ 61,088.00 | 2.25% |
| Building Services (McCanns - sub-consultant to Fire Engineer) | £ 52,854.00 | 1.94% |
| Principal Designer (Greenhat - sub-consultant to Fire Engineer) | £ 7,131.00 | 0.26% |
| d. Internal Supervision (HDUHB) | £ 26,000.00 | 0.96% |
| e. Business case writer (Strategic Healthcare Planning) | £ 15,000.00 | 0.55% |
| f. Capital audit | £ 25,000.00 | 0.92% |
| g. Tax Specialist Consultant for VAT Recovery and Capital Allowances | £ 16,000.00 | 0.59% |
| | | 0.00% |
| 2.2 Health Board Fees - Workstages 4 - 8: | | |
| a. Project Manager (Mace) | £ 152,200.00 | 5.60% |
| b. Cost Advisor -(Lee Wakemans) | £ 120,869.00 | 4.45% |
| c. Multi-Disciplinary Design Team led by Fire Engineer: | | |
| Fire Engineer (PartB) | £ 193,480.00 | 7.12% |
| Architect (Rio - sub-consultant to Fire Engineer) | £ 142,537.00 | 5.24% |
| Building Services (McCanns - sub-consultant to Fire Engineer) | £ 35,608.00 | 1.31% |
| Principal Designer (Greenhat - sub-consultant to Fire Engineer) | £ 16,640.00 | 0.61% |
| d. Other Consultants (to be confirmed) | £ 50,000.00 | 1.84% |
| e. External Supervisor (to be appointed) | £ 157,000.00 | 5.78% |
| f. Internal Supervision (HDUHB) | £ 412,000.00 | 15.16% |
| g. Capital audit | £ 30,000.00 | 1.10% |
| h. Specialist Advisors (to be confirmed) | £ 30,000.00 | 1.10% |
| | | |
| Total Fees to OBC1 Summary | £ 1,760,397.00 | 64.77% |
| 2 Non-Works Costs | | |
| a. Land purchase costs and associated legal fees | £ - | |
| b. Statutory and Local Authority charges | £ - | |
| c. Planning and Building Control fees | £ - | |
| d. Other | £ 925,000.00 | |
| | | |
| Total Non-Works Costs to OBC1 Summary | £ 925,000.00 | |

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest

Option No: To be confirmed

Option Title: To be confirmed

PROJECT CASHFLOW FORECAST

Proposed start on site: Oct-25
Proposed completion date: Sep-27

| Year | 0 | 1 | 2 | 3 | 4 | Total |
|---|--------------------|----------------------|----------------------|----------------------|--------------------|----------------------|
| Financial year | 2024/2025 | 2025/2026 | 2026/2027 | 2027/2028 | 2028/2029 | |
| Works Cost | £0.00 | £815,341.25 | £1,277,367.96 | £584,327.90 | £40,767.06 | £2,717,804.17 |
| Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24. Includes VAT @ 20% | £ 363,150.00 | £0.00 | £0.00 | £0.00 | £0.00 | £363,150.00 |
| Fees | £276,547.25 | £505,015.95 | £655,167.00 | £262,250.10 | £61,416.70 | £1,760,397.00 |
| Non-works Costs | £2,312.50 | £321,437.50 | £323,750.00 | £277,500.00 | £0.00 | £925,000.00 |
| Equipment Costs | £0.00 | £20,000.00 | £0.00 | £0.00 | £0.00 | £20,000.00 |
| Quantified Risk Provision - Held by Health Board | £70,982.38 | £423,001.69 | £574,326.27 | £286,128.54 | £26,010.38 | £1,380,449.27 |
| Total for Economic Appraisal | £712,992.13 | £2,084,796.39 | £2,830,611.23 | £1,410,206.54 | £128,194.14 | £7,166,800.43 |
| Gross VAT | £67,368.43 | £397,759.28 | £527,922.25 | £257,441.31 | £22,638.83 | £1,273,130.09 |
| Less: Reclaimable VAT | -£52,709.45 | -£81,803.19 | -£92,833.40 | -£27,850.02 | -£9,283.34 | -£264,479.40 |
| Net VAT | £14,658.98 | £315,956.09 | £435,088.85 | £229,591.29 | £13,355.49 | £1,008,650.69 |
| Inflation (escalation for full project escalation included by HDUHB and Preferred Framework Contractor) | £0.00 | £0.00 | £0.00 | £0.00 | £0.00 | £0.00 |
| Total for Financial Case | £727,651.11 | £2,400,752.48 | £3,265,700.08 | £1,639,797.83 | £141,549.63 | £8,175,451.12 |

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest

Option No: To be confirmed
Option Title: To be confirmed

PROJECT CASHFLOW FORECAST

Proposed start on site: Oct-25
Proposed completion date: Sep-27

Funding source: Department for Health and Social Services: Welsh Assembly Government

| Financial year | 0 | 1 | 2 | 3 | 4 | Total |
|---|--------------------|----------------------|----------------------|----------------------|--------------------|----------------------|
| | 2024/2025 | 2025/2026 | 2026/2027 | 2027/2028 | 2028/2029 | |
| Works Cost | £0.00 | £815,341.25 | £1,277,367.96 | £584,327.90 | £40,767.06 | £2,717,804.17 |
| Recovery of Sunk Costs from BJC 1 FY Years, 22/23 and 23/24. Includes VAT @ 20% | £ 363,150.00 | £0.00 | £0.00 | £0.00 | £0.00 | £363,150.00 |
| Fees | £276,547.25 | £505,015.95 | £655,167.00 | £262,250.10 | £61,416.70 | £1,760,397.00 |
| Non-works Costs | £2,312.50 | £321,437.50 | £323,750.00 | £277,500.00 | £0.00 | £925,000.00 |
| Equipment Costs | £0.00 | £20,000.00 | £0.00 | £0.00 | £0.00 | £20,000.00 |
| Quantified Risk Provision - Held by Health Board | £70,982.38 | £423,001.69 | £574,326.27 | £286,128.54 | £26,010.38 | £1,380,449.27 |
| Total for Economic Appraisal | £712,992.13 | £2,084,796.39 | £2,830,611.23 | £1,410,206.54 | £128,194.14 | £7,166,800.43 |
| Gross VAT | £67,368.43 | £397,759.28 | £527,922.25 | £257,441.31 | £22,638.83 | £1,273,130.09 |
| Less: Reclaimable VAT | -£52,709.45 | -£81,803.19 | -£92,833.40 | -£27,850.02 | -£9,283.34 | -£264,479.40 |
| Net VAT | £14,658.98 | £315,956.09 | £435,088.85 | £229,591.29 | £13,355.49 | £1,008,650.69 |
| Inflation (escalation for full project escalation included by HDUHB and Preferred Framework Contractor) | £0.00 | £0.00 | £0.00 | £0.00 | £0.00 | £0.00 |
| Total for Financial Case | £727,651.11 | £2,400,752.48 | £3,265,700.08 | £1,639,797.83 | £141,549.63 | £8,175,451.12 |

Funding source:

| Financial year | 0 | 1 | 2 | 3 | 4 | Total |
|-----------------------------|------------|------------|------------|-----------|------------|------------|
| | 2024/2025 | 2025/2026 | 2026/2027 | 2027/2028 | 2028/2029 | |
| Works Cost | | | | | | £ - |
| Fees | | | | | | £ - |
| Non-works Costs | | | | | | £ - |
| Equipment Costs | | | | | | £ - |
| Quantified Risk Contingency | | | | | | £ - |
| Sub-Total | £ - | £ - | £ - | | £ - | £ - |
| Gross VAT | | | | | | £ - |
| Less: Reclaimable VAT | | | | | | £ - |
| Net VAT | £ - | £ - | £ - | | £ - | £ - |
| Inflation | £ - | £ - | £ - | | £ - | £ - |
| Total | £ - | £ - | £ - | | £ - | £ - |

| | |
|-----------------------|---|
| Project Title: | Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest |
| Option No: | To be confirmed |
| Option Title: | To be confirmed |

KEY PROGRAMME DATES

| | Planned @ BJC | Actual |
|--|---------------|----------------|
| Submission of SOC to Regional Office | N/a | |
| Regional Office Approval | N/a | |
| Submission of OBC to WAG | N/a | |
| | | Forecast @ OBC |
| Draft Submission of BJC to WAG for advanced scrutiny | | June 2025 |
| Final Submission of BJC to WAG | | July 2025 |
| WAG Approval * | | August 2025 |
| Agreement of BJC Costs | | June 2025 |
| Start on Site | | October 2025 |
| Completion | | September 2027 |
| Opening of Facility | | N/A |
| Project Closure | | TBC |

* Assumes BJC programme overlap during WG scrutiny

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital,
Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

RECOVERABLE VAT CALCULATION

| | a | b | c | d |
|----------------------------|-----------------|--|---|------------------------------------|
| | Cost Net of VAT | VAT at 20% (i.e. prior to recovery) | Percentage recoverable (% of col b) | Recoverable VAT (col b x col c) |
| Works Cost | £ 2,717,804.17 | £ 543,560.83 | 0.00% | £ - |
| Fees (recoverable VAT) | £ 1,322,397.00 | £ 264,479.40 | 20.00% | £ 264,479.40 |
| Fees (non-recoverable VAT) | £ 438,000.00 | - | 0.00% | £ - |
| Non-works Costs | £ 925,000.00 | £ 185,000.00 | 0.00% | £ - |
| Equipment Costs | £ 20,000.00 | £ 4,000.00 | 0.00% | £ - |
| Contingencies | £ 1,380,449.27 | £ 276,089.85 | 0.00% | £ - |
| Total | | | | £ 264,479.40 |

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

CAPITAL COSTS: ON-COSTS - Annex A: Building Abnormals

| Item | Qty | Unit | Rate | Net Cost | Comments |
|---|-----|------|---------------|-----------------------|----------|
| Works cost as preferred tender received from TR Jones Ltd (6 June 2025): | | | | | |
| Preliminaries | 1 | Item | £633,345.61 | £ 633,345.61 | |
| Contractor's Design and Consultant's Fees | 1 | Item | £0.00 | £ - | |
| Provisional Sums | 1 | Item | £1,178,400.00 | £ 1,178,400.00 | |
| Vertical Firestopping | 1 | Item | £302,983.51 | £ 302,983.51 | |
| Horizontal Firestopping | 1 | Item | £108,797.21 | £ 108,797.21 | |
| Internal Doors (Wards) | 1 | Item | £90,907.19 | £ 90,907.19 | |
| Internal Doors (Non-Wards) | 1 | Item | £111,803.20 | £ 111,803.20 | |
| Fire / Smoke Dampers | 1 | Item | £164,816.37 | £ 164,816.37 | |
| Sub-Total (excluding Contractor's Fee, SWWRCF Framework fee and Value Added Tax) | | | | £ 2,591,053.09 | |
| Contractor's fee as Lot 4a of the SWWRCF Framework | | | 4.50% | £ 116,597.39 | |
| Sub-Total (excluding SWWRCF Framework fee and Value Added Tax) | | | | £ 2,707,650.48 | |
| SWWRCF Framework levy for Lot 4a | | | 0.375% | £ 10,153.69 | |

Total Annex A - to BJC3 Building Abnormals

| |
|-----------------------|
| £ 2,717,804.17 |
|-----------------------|

| | |
|--------------------|-----|
| Equivalent to £/m2 | N/A |
|--------------------|-----|

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

CAPITAL COSTS: ON-COSTS - Annex B: Engineering Abnormals

| Item | Qty | Unit | Rate | Net Cost | Comments |
|------|-----|------|------|----------|----------|
| None | 1 | Item | £0 | £ - | |

Total Annex B - to BJC3 Engineering Abnormals

£ -

Equivalent to £/m2 N/A

Project Title: Phase 2 Fire Precaution Upgrade Works, Withybush General Hospital, Haverfordwest
Option No: To be confirmed
Option Title: To be confirmed

CAPITAL COSTS: ON-COSTS - Annex C: Other On-Cost Abnormals

| Item | Qty | Unit | Rate | Net Cost | Comments |
|------|-----|------|------|----------|----------|
| None | 1 | Item | £0 | £ - | |

Total Annex C - to BJC3 Engineering Abnormals

£ -

Equivalent to £/m2 N/A

7.0 Non-Works Costs (NWC)

| Qty | Unit | Rate | Total |
|-----|------|------|-------|
|-----|------|------|-------|

Cost allowances based on Glangwili General Hospital Phase 1 FPUW and meeting with HDUHB (JW/CT/KP) - updated by CT 9 June 2025:

Hywel Dda University Health Board:

| | | | | |
|---|---|------|-------------|-------------|
| Phases 3.3 & 3.4 Theatres - decant stores | 1 | Item | £25,000.00 | £25,000.00 |
| Offsite storage of equipment | 1 | Item | £35,000.00 | £35,000.00 |
| Ad hoc attendance from HDUHB's fire alarm commissioning engineers | 1 | Item | £105,000.00 | £105,000.00 |
| Ad hoc attendance from HDUHB's medical gas contractors | 1 | Item | £55,000.00 | £55,000.00 |
| Miscellaneous costs including pest control | 1 | Item | £21,000.00 | £21,000.00 |
| HDUHB costs associated with main kitchen phasing | 1 | Item | £26,000.00 | £26,000.00 |
| Mid & West Wales Fire Authorities' Inspections | 1 | Item | £14,000.00 | £14,000.00 |
| Building Control Fees | 1 | Item | £50,000.00 | £50,000.00 |
| IT support for de-commissioning and re-commissioning | 1 | Item | £30,000.00 | £30,000.00 |
| Moving patients, medical records, equipment etc and clinical clean - moving furniture and builder's cleaning included by contractor | 1 | Item | £35,000.00 | £35,000.00 |
| District Valuer fee | 1 | Item | £6,000.00 | £6,000.00 |
| Welsh translation costs | 1 | Item | £16,000.00 | £16,000.00 |
| Statutory notice and publicity / consultation charges | 1 | Item | £7,000.00 | £7,000.00 |
| Other fees & miscellaneous costs - to be confirmed | 1 | Item | £35,000.00 | £35,000.00 |
| Asbestos Consultant and additional surveys | 1 | Item | £100,000.00 | £100,000.00 |
| Minor works associated with shutdowns, operational estates support requirements and attendance on project | 1 | Item | £173,000.00 | £173,000.00 |
| Acoustics Consultant including survey | 1 | Item | £12,000.00 | £12,000.00 |
| Temporary Services | 1 | Item | £12,000.00 | £12,000.00 |
| Hot Office for short term decant whilst works being progressed (50m2) | 1 | Item | £18,000.00 | £18,000.00 |
| Project shared drive software | 1 | Item | £18,000.00 | £18,000.00 |
| Contract Management software | 1 | Item | £18,000.00 | £18,000.00 |
| Decant viewing room for Mortuary | 1 | Item | £40,000.00 | £40,000.00 |
| Ward 3 enabling works - removal and re-installation of EBME equipment | 1 | Item | £74,000.00 | £74,000.00 |

Total Carried to BJC 1 £925,000.00

Appendix Three – Capital Charges Calculations

Depreciation and Impairment Charges

HB Name: Hywel Dda Health Board
Scheme Name: WGH Fire Phase 2
Project Stage: BJC

| Summary | | | Capital Cost | Impairment | Additional Dep'n |
|----------------------|--|--|---------------------|------------|------------------|
| Option Names: | | | Based on BJC | | |
| | | | 8,175,451 | 7,310,735 | 25,818 |

WGH Fire Phase 2

CALCULATION OF CAPITAL CHARGE

| <u>Projected Capital Cost MIPS</u> | Net | VAT | Gross |
|------------------------------------|------------------|------------------|------------------|
| Building and Engineering | 2,717,804 | 543,561 | 3,261,365 |
| Fees | 2,123,547 | 424,709 | 2,548,256 |
| Planning Contingency | 0 | 0 | 0 |
| Inflation | | 0 | 0 |
| Land | | | 0 |
| Furnishings(Donated) | | | 0 |
| Furnishings(NHS funded) | | | 0 |
| Equipment | 20,000 | 4,000 | 24,000 |
| Fees | | 0 | 0 |
| Non Works Cost | 925,000 | 185,000 | 1,110,000 |
| Contingency | 1,380,449 | 276,090 | 1,656,539 |
| Recoverable VAT | | (424,709) | -424,709 |
| Total Cost | 7,166,800 | 1,008,651 | 8,175,451 |

| | Value | Depreciation % | Annual Depreciation | Current Dep'n | Additional Dep'n |
|----------------------------------|----------------|----------------|---------------------|---------------|------------------|
| Annual Depreciation Costs | | | | | |
| Building | 840,716 | 2.50% | 21,018 | 0 | 21,018 |
| Furnishings(Donated) - 10years | | 10.00% | 0 | 0 | 0 |
| Furnishings(NHS)-10years | 0 | 10.00% | 0 | 0 | 0 |
| Equipment | 24,000 | 20.00% | 4,800 | 0 | 4,800 |
| | <u>864,716</u> | | <u>25,818</u> | | <u>25,818</u> |

Impairment Impact

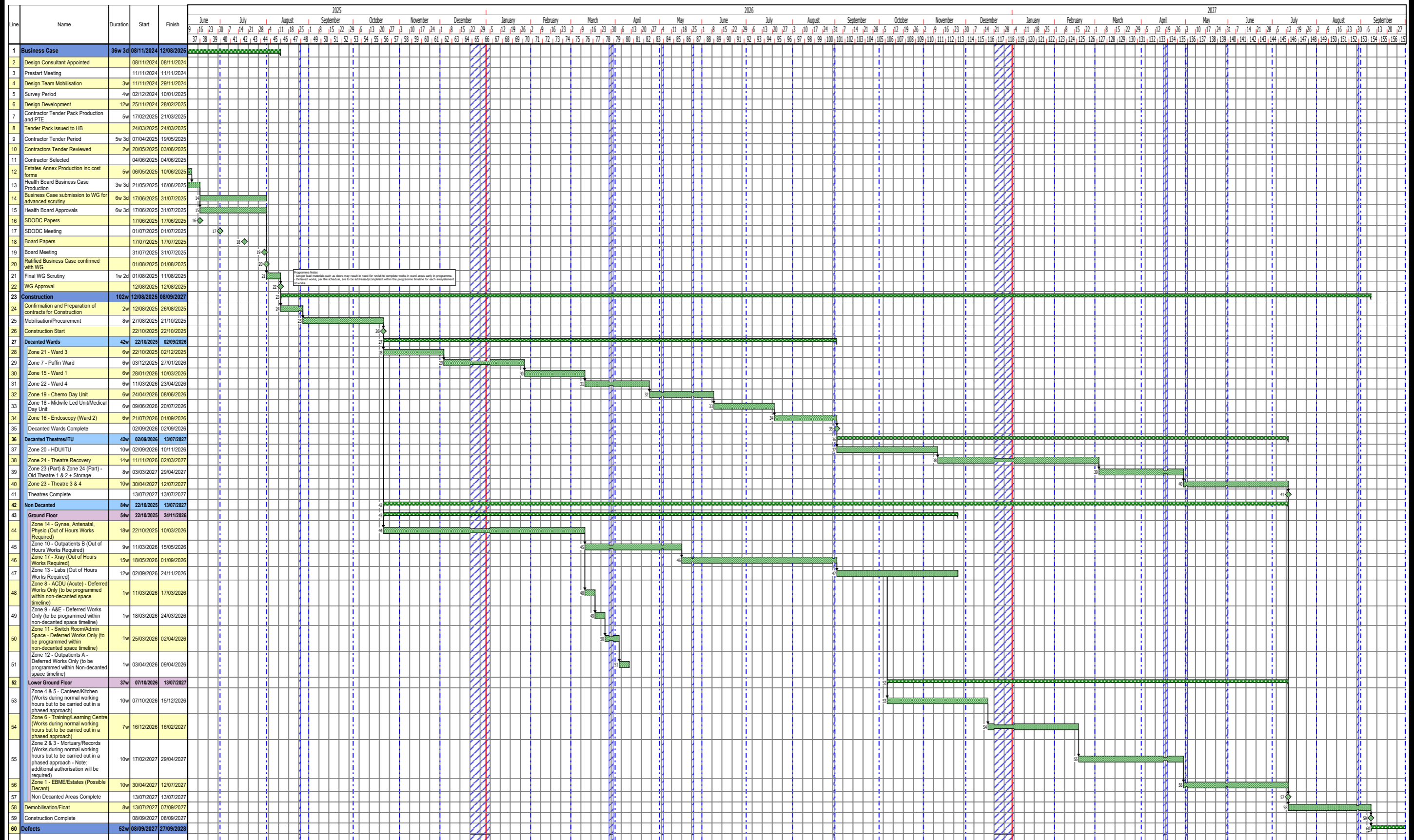
| | Total | % Impairment | Impairment | |
|--------------------------------|------------------|--------------|--------------------|---------------------------------|
| Current Valuation | | | 0 | |
| Land | 0 | 0.00 | - | |
| New Build | 0 | 0.23 | - | |
| Refurbishment | 4,917,904 | 0.83 | - 4,077,188 | Impairment % Calculation |
| Fees | 3,233,547 | 1 | - 3,233,547 | Impairment % WGH Phase 1 93.61 |
| | | | | Impairment % GGH Phase 1 72.2 |
| Estimated Impairment Impact | <u>8,151,451</u> | | <u>- 7,310,735</u> | Average % Impairment 82.905 |
| Equip | 24,000 | | | |
| | <u>8,175,451</u> | | | |
| New Valuation after impairment | | | 840,716 | CHECK - Should = 0 |
| Balance Sheet Impact | | | 864,716 | |

Appendix Four – Programme

WGH Phase 2 Fire Improvement Works

06/06/2025

Hywel Dda University Health Board



Drawn by: BS

Dwg No. WGH P2 Master

Revision No. Rev 5

Notes:

Appendix Five – Risk Register

Project: Withybush General Hospital Fire Enforcement Works - Phase 2 Main Works

Project Risk Register - Version 5 - Health Board - Wards - 6/6/25

| Identification | | Assessment | | | | | | | Management | | | Risk Quantification Calculation | | | | |
|---|--|---|--------------|-------------|--------|-------|-----------------|-----------------------|--|-----------------------------|-------------|--|------------------------|-------------------|--------------------|--|
| Nr | Risk Description | Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational | Risk Owner | Probability | Impact | Score | Risk Allocation | Category | Management Actions | Action Owner | Review Date | Comments | Cost if it happens (£) | Likelihood Factor | Expected Value (£) | Basis |
| STRATEGIC/PLANNING/PROGRAMME RISKS | | | | | | | | | | | | | | | | |
| 1 | The Contractor's ability to undertake the works (or part thereof) is directly affected by a COVID-19/Pandemic type event. There is risk for disruptions, close down, delays and lock down of workfaces or the entire site due to actions taken by Government, Local Authorities, the Hospital Management, the Client and/or the Contractor that are due to the risk of a COVID - 19/Pandemic type infection spread. Business closures and furloughed staff restricting supply of materials and services, social distancing measures, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures. Or HB emergency events disrupting / suspending / ceasing the works. | Time, Cost, Operational | Health Board | 2 | 5 | 10 | | Programme | As applicable: Works on site to be constantly reviewed to ensure compliance with the Construction Leadership Council's Site Operating Procedures, as well as Health Board Management Plan and Hywel Dda are to be updated regularly on the impact to programme and costs on the project. Contractor to provide a COVID-19/Pandemic Management Plan; Contractor to provide a financial/timeline (if any) impact assessment for each COVID-19 Management Plan, which needs to include mitigating actions; Any financial consequences for the Authority must exclude any profit element and be prepared on an open book and transparent basis; Contractor to seek approvals in a timely manner and applications deemed late will be dismissed. | Health Board | Ongoing | | £39,000 | 0.40 | £15,600 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 2 | Scope of works not fully established/incomplete surveys during BJC stage (e.g. vertical compartmentation) to inform the design, programme and cost due to access to only a sample of locations across hospital. | Time, Cost, Quality | Health Board | 2 | 5 | 10 | | Strategic | Full survey carried out of all areas accessible, only a limited number of locations not accessed with these to be identified as part of design information. Suitable allowances to be agreed within project risk contingency in line with assumptions regarding out of hours works or phased works or decanted phasing of works. | Health Board/ Designer | Ongoing | | £78,000 | 0.40 | £31,200 | Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 3 | Contract strategy of NEC Option A limits contractor project interest. | Time, Cost, Quality | Health Board | | | 0 | | Strategic | EOI issued and market interest tested with initial positive feedback from some contractors. | Health Board | Ongoing | Contractor tenders received | | | | |
| 4 | Risk regarding delivering the BJC and works within the MWVFRS timescales and this risk is associated with further enforcement action - Various causes of delay in a live hospital resulting in delay of delivery of works. | Time, Cost | Health Board | 3 | 4 | 12 | | Programme | HB ongoing and open dialogue with MWVFRS regarding progress and programme. Ensure programme is actively monitored and request for extension justified and explained. | Health Board | Ongoing | | £20,000 | 0.48 | £9,600 | Based on a 4 week design delay, £5,000 a week for contractor and direct fees. |
| 5 | Hospital activities impact on proposed phasing or programme of works. Hospital unable to release ward areas in accordance with the programme due to clinical needs of patients. Hospital activities affecting access for designer or contractors. | Time, cost | Health Board | 4 | 5 | 20 | | Strategic | Early engagement with the Hospital and Management Teams to discuss requirements and expectations as well as define phasing strategy. Ongoing coordination between project team and HB during construction phase. P2 works planned on basis of internal decant ward. External decant ward completion anticipated end of 2023. Ward areas works to planned based on rolling programme of decant and reoccupation. Engagement of seconded estates and nursing team member to project to ease comms. | Health Board/ Contractor | Ongoing | | £78,000 | 0.80 | £62,400 | Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 6 | Impact of volatile market/inflation on labour, plant and materials. E.G impact of Ukraine War or tariff changes. | Time, Cost | Health Board | 3 | 4 | 12 | | Programme / Financial | Ongoing monitoring of market costs but not it is a fixed price contract strategy. | Contractor | Ongoing | | £67,945 | 0.48 | £32,614 | Assume cost if it happens 2.5% of Works Cost |
| 7 | There is a risk that elements of the existing infrastructure outside of project scope impacts on the project works requires remedial work - eg fire alarms, duct dampers. | Time, Cost | Health Board | 3 | 3 | 9 | | Strategic | Contractor notifies HB to coordinate internal estates resource accordingly to implement infrastructure works if required to facilitate fire upgrade works. Designers to develop design in design proposals period if/when scenarios arise and identified through contract management procedures. | Contractor/ Designers | Ongoing | | £39,000 | 0.36 | £14,040 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 8 | There is a risk that the project will be impacted by delays in governance/approvals/market interest/tender returns etc. | Time | Health Board | 3 | 3 | 9 | | Strategic | HB to liaise with Boards, NWSSP and WG to mitigate delay risk. | Health Board | Ongoing | | £20,000 | 0.36 | £7,200 | Based on a 4 week design delay, £5,000 a week for contractor and direct fees. |
| 9 | Changes to project key personnel - A key person from any team leaves and new working practices and relationships need to be established. | Time, Quality, Operational | Health Board | 3 | 2 | 6 | | Strategic | Communication with all stakeholders regularly throughout the project. | Health Board | Ongoing | | £20,000 | 0.24 | £4,800 | Based on a 4 week design delay, £5000 a week for contractor and direct fees. |
| 10 | Other hospital works concurrent with and disrupting our works. | Time, cost | Health Board | 3 | 4 | 12 | | Strategic | Early engagement with the Hospital to determine. Internal HB communication regarding impact of potential other hospital projects and update to other project parties. | Health Board | Ongoing | | £39,000 | 0.48 | £18,720 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 11 | Robust programme set for the main construction phase with allowances/provisions for access challenges agreed with Health Board and its team. | Time, Quality, Operational | Health Board | 3 | 4 | 12 | | Programme | Programme aspirations set out by Health Board, opportunity for tendering contractors to demonstrate betterment. Lessons learnt from Phase 1. Programme allowance to be made for decant/reoccupation time period by HB of areas. Consideration made for OOH working, phased working approach, decant of wards. | Health Board/PM/ Contractor | Ongoing | | £39,000 | 0.48 | £18,720 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 12 | Change of MWVFRS Fire Officer and potential additional requirements from replacement. Kris Steele currently in place. | Time, Cost, Quality | Health Board | 3 | 4 | 12 | | Programme / Financial | Ongoing liaison/communication. | Health Board | Ongoing | | £39,000 | 0.48 | £18,720 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 13 | Formal Health Board Clinical sign off of proposed construction programme. | Time, Cost, Quality | Health Board | 2 | 4 | 8 | | Programme / Financial | Ongoing liaison/internal Health Board communication. | Health Board | Ongoing | Confirmation from Health Board project lead of programme approval therefore risk reduced but remains a risk items as programme subject to change during works. | £26,000 | 0.32 | £8,320 | Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| FINANCIAL RISKS | | | | | | | | | | | | | | | | |

| Nr | Risk Description | Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational | Risk Owner | Probability | Impact | Score | Risk Allocation | Category | Management Actions | Action Owner | Review Date | Comments | Cost if it happens (£) | Likelihood Factor | Expected Value (£) | Basis |
|--|---|---|-----------------------------|-------------|--------|-------|-----------------|--------------|--|--|-------------|----------|------------------------|-------------------|--------------------|--|
| 1 | Capital costs underestimated. | Cost, time | Health Board | 3 | 4 | 12 | | Financial | Review as part of BJC development, including surveys, design, programming all influencing cost. Supported by robust project risk contingency fund similar to Phase 1 to be agreed with HB. | Health Board | Ongoing | | £27,178 | 0.48 | £13,045 | Assume cost if it happens 1.0% of Works Cost |
| 2 | Risk that the main contractor could fail. | Time, cost | Health Board | 1 | 3 | 3 | | Financial | Contractors to be procured via West Regional contractors framework. Health Board to undertake financial checks prior to appointment. | Health Board | Ongoing | | £27,178 | 0.12 | £3,261 | Assume cost if it happens 1.0% of Works Cost |
| 3 | Risk of other subcontractor failure or supplier bankruptcy. | Time, cost | Contractor | 2 | 5 | 10 | | Financial | Contractor to ensure financial stability of subcontractors and suppliers as part of tendering process. | Contractor | Ongoing | | £27,178 | 0.40 | £10,871 | Assume cost if it happens 1.0% of Works Cost |
| 4 | There is the risk that the rate for VAT will change. | Cost | Health Board | 1 | 3 | 3 | | Financial | Government policy to be monitored. | Health Board | Ongoing | | £27,178 | 0.12 | £3,261 | Assume cost if it happens 1.0% of Works Cost |
| 5 | Significant changes in inflation of key materials or shortages | Time, cost, quality | Contractor | 3 | 3 | 9 | | Financial | Contractor to procure the materials in a timely manner. Option A contract proposed so fixed price for delivery. | Health Board/ Contractor | Ongoing | | £27,178 | 0.36 | £9,784 | Assume cost if it happens 1.0% of Works Cost |
| 6 | Increased costs due to Statutory changes during the works. | Time, cost, quality | Health Board | 3 | 4 | 12 | | Financial | Monitor statutory changes during the works. | Health Board | Ongoing | | £27,178 | 0.48 | £13,045 | Assume cost if it happens 1.0% of Works Cost |
| 7 | Additional non works costs incurred for unforeseen circumstances, i.e. additional decant requirements, maintenance issues etc. | Time, cost | Health Board | 2 | 5 | 10 | | Financial | Non works allowances to be included within the BJC. CA to liaise with HB. | Health Board | Ongoing | | £27,178 | 0.40 | £10,871 | Assume cost if it happens 1.0% of Works Cost |
| DESIGN RISKS at BJC or Construction Stage | | | | | | | | | | | | | | | | |
| 1 | MWFRS/HB Fire Officer Requirements - Unforeseen items required to meet the fire officer's requirements. | Time, Cost | Health Board/ Designer | 2 | 5 | 10 | | Design | Defined Fire Strategy produced for endorsement by MWFRS. HB will engage with the NWSSP Fire Officers and MWFRS at an early stage so that the requirements can be agreed and incorporated in a timely manner. Fire Strategy approval etc. | Health Board | Ongoing | | £26,000 | 0.40 | £10,400 | Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 2 | Scope of works changing arising from Hospital request, third party requirements (e.g. fire officer/building control), general briefing changes. | Time, cost | Health Board/ Designer | 2 | 4 | 8 | | Design | Ongoing management by HB client team. | Health Board | Ongoing | | £13,589 | 0.32 | £4,348 | Assume cost if it happens 0.5% of Works Cost |
| 3 | Risk that there will be changes in Building Regs. general statutory changes and changes to Health Board Standards after design proposals. | Cost, time | Health Board/ Designer | 2 | 3 | 6 | | Design | Ensure all changes prior to tender are identified. Additional changes, if any, to be managed as part of contract admin. | Health Board | Ongoing | | £13,589 | 0.24 | £3,261 | Assume cost if it happens 0.5% of Works Cost |
| 4 | Existing non project specific survey or record information is inaccurate or incomplete. | Time, Cost | Health Board/ Designer | 4 | 3 | 12 | | Design | Designer to check information as part of the design process and advise/request additional information from HB as appropriate. | Health Board/ Designer | Ongoing | | £39,000 | 0.48 | £18,720 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 5 | Existing structural defects not apparent at time of submitting design proposals (i.e. after surveys completed) | Time, cost | Health Board/ Designer | 3 | 3 | 9 | | Design | Designer/Contractor to notify any findings to HB. Works to be captured early/as soon as they become apparent, with contract administration process. | Health Board/ Designer | Ongoing | | £13,589 | 0.36 | £4,892 | Assume cost if it happens 0.5% of Works Cost |
| 6 | Design / scope is not compliant with potential changes to Hospital Fire Strategy & Evacuation strategy. | Time, Cost, Quality, Operational | Health Board/ Designer | 1 | 5 | 5 | | Design | Fire strategy for phase 2 developed as part of the BJC and approved by HB/NWSSP fire leads and endorsed by MWFRS. | Health Board | Ongoing | | £26,000 | 0.20 | £5,200 | Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 7 | Infection control sign off of details is delayed or not acceptable. | Time, Operational | Health Board/ Designer | 2 | 3 | 6 | | Design | Include as key milestones on programme to manage expectations. Meetings to be arranged with key stakeholders as necessary, i.e. infection control. | Health Board | Ongoing | | £26,000 | 0.24 | £6,240 | Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 8 | Compliance with HTMs / HBNs. | Time, Cost, Quality | Health Board/ Designer | 3 | 3 | 9 | | Design | Review designs/derogation schedule to be developed by Designers/Contractor and approved by HB. | Health Board/ Designer/ Contractor | Ongoing | | £26,000 | 0.36 | £9,360 | Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 9 | Consequential improvements requiring building control approval. | Time, Cost, Quality | Health Board/ Designer | 1 | 3 | 3 | | Design | To be managed through contract administration process as required. Consequential improvements as a result of fire upgrade works no expected. Review designs/derogation schedule to be approved. | Health Board | Ongoing | | £13,589 | 0.12 | £1,631 | Assume cost if it happens 0.5% of Works Cost |
| 10 | Existing partitions/walls in poor/dangerous structural condition or not meeting fire and smoke resistance requirements. | Time, Cost, Quality | Health Board/ Designer | 3 | 4 | 12 | | Design | Full survey carried out by the designers to inform and design requirements. Unknown scenarios, i.e. area which can't be accessed to survey in advance, to be managed through contract administration. | Health Board/ Designer | Ongoing | | £67,945 | 0.48 | £32,614 | Assume cost if it happens 2.5% of Works Cost |
| 11 | Existing door sets not meeting requirements. | Time, Cost, Quality | Health Board/ Designer | 3 | 4 | 12 | | Design | All doors associated with phase 2 fire strategy to be surveyed to inform requirements at construction stage. Replacement provision being carried for all doors for costing. Door repair and replacement works being carried out by HB/Fire service approved FIRAS accredited contractor. | Health Board/ Designer | Ongoing | | £13,589 | 0.48 | £6,523 | Assume cost if it happens 0.5% of Works Cost |
| 12 | Aesthetic outcomes of the Works - increase decorations etc | Time, Cost, Quality | Health Board/ Designer | 2 | 3 | 6 | | Design | Stakeholder engagement - manage expectations e.g. if carrying out works within room, 1 wall will be decorated and existing 3 will have a different finish. Decoration works to be allowed for only associated with affected works areas/elements. | Health Board/ Contractor | Ongoing | | £13,589 | 0.24 | £3,261 | Assume cost if it happens 0.5% of Works Cost |
| 13 | Agree scope and performance for the installation of new fire dampers (FSD/FD) | Time, Cost, Quality | Health Board/ Designer | 1 | 4 | 4 | | Design | Design briefing information to schedule FDI/FSD requirements. | Health Board | Ongoing | | £13,589 | 0.16 | £2,174 | Assume cost if it happens 0.5% of Works Cost |
| 14 | Additional site attendance/design management from design team over anticipated input. | Cost, time | Health Board/ Designer | 3 | 3 | 9 | | Design | Allowance made in budgets, however, potential for excessive requirements - allow in risk. | Health Board | Ongoing | | £13,589 | 0.36 | £4,892 | Assume cost if it happens 0.5% of Works Cost |
| 15 | Certification of existing fire stopping works. | Time, Cost, Quality | Health Board/ Designer | 3 | 4 | 12 | | Design | To be reviewed on a case by case basis as identified. Anything tagged to remain, non tagged replaced if possible pending review. | Health Board/ Contractor | Ongoing | | £13,589 | 0.48 | £6,523 | Assume cost if it happens 0.5% of Works Cost |
| SITE & CONSTRUCTION RISKS | | | | | | | | | | | | | | | | |
| 1 | Control of noise - noise levels during construction not acceptable to hospital causing works to stop. | Time, cost | Health Board/ Contractor | 2 | 4 | 8 | | Construction | Contractor Safe System of Work in place. Hospital to advise on a specific times/periods when specific restriction apply during early meetings. Ongoing communication with Estates lead and clinical lead on works stopping etc. | Contractor | Ongoing | | £26,000 | 0.32 | £8,320 | Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 2 | Control of dust - both internally and externally - not managed appropriately causing works to stop. | Time, Cost, Operational | Health Board/ Contractor | 2 | 4 | 8 | | Construction | Contractor Safe System of Work in place, e.g. extraction, wiping down, vacuum. Ongoing Communication with Estates lead and clinical lead on works stopping etc. Cuffing station locations to be agreed with HB. | Contractor | Ongoing | | £26,000 | 0.32 | £8,320 | Based on a 2 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |

Project: Withybush General Hospital Fire Enforcement Works - Phase 2 Main Works

Project Risk Register - Version 5 - Health Board - 6/6/25

| Identification | | | | Assessment | | | | | Management | | | | Risk Quantification Calculation | | | |
|---|--|---|--------------|-------------|--------|-------|-----------------|-----------------------|--|-----------------------------|-------------|--|---------------------------------|-------------------|--------------------|--|
| Nr | Risk Description | Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational | Risk Owner | Probability | Impact | Score | Risk Allocation | Category | Management Actions | Action Owner | Review Date | Comments | Cost if it happens (£) | Likelihood Factor | Expected Value (£) | Basis |
| STRATEGIC/PLANNING/PROGRAMME RISKS | | | | | | | | | | | | | | | | |
| 1 | The Contractor's ability to undertake the works (or part thereof) is directly affected by a COVID-19/Pandemic type event. There is risk for disruptions, close down, delays and lock down of workfaces or the entire site due to actions taken by Government, Local Authorities, the Hospital Management, the Client and/or the Contractor that are due to the risk of a COVID - 19/Pandemic type infection spread. Business closures and furloughed staff restricting supply of materials and services, social distancing measures, reduced workforce due to illness, compliance with the Construction Leadership Council's Site Operating Procedures. Or HB emergency events disrupting / suspending / ceasing the works. | Time, Cost, Operational | Health Board | 2 | 5 | 10 | | Programme | As applicable: Works on site to be constantly reviewed to ensure compliance with the Construction Leadership Council's Site Operating Procedures, as well as Health Board Management Plan and Hywel Dda are to be updated regularly on the impact to programme and costs on the project. Contractor to provide a COVID-19/Pandemic Management Plan; Contractor to provide a financial/timeline (if any) impact assessment for each COVID-19 Management Plan, which needs to include mitigating actions; Any financial consequences for the Authority must exclude any profit element and be prepared on an open book and transparent basis; Contractor to seek approvals in a timely manner and applications deemed late will be dismissed. | Health Board | Ongoing | | £52,000 | 0.40 | £20,800 | Based on a 4 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 2 | Scope of works not fully established/incomplete surveys during BJC stage (e.g. vertical compartmentation) to inform the design, programme and cost due to access to only a sample of locations across hospital. | Time, Cost, Quality | Health Board | 2 | 5 | 10 | | Strategic | Full survey carried out of all areas accessible, only a limited number of locations not accessed with these to be identified as part of design information. Suitable allowances to be agreed within project risk contingency in line with assumptions regarding out of hours works or phased works or decanted phasing of works. | Health Board/ Designer | Ongoing | | £117,000 | 0.40 | £46,800 | Based on a 10 week construction delay of £9,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 3 | Contract strategy of NEC Option A limits contractor project interest. | Time, Cost, Quality | Health Board | | | 0 | | Strategic | EOI issued and market interest tested with initial positive feedback from some contractors. | Health Board | Ongoing | Contractor tenders received | | | | |
| 4 | Risk regarding delivering the BJC and works within the MWWFRS timescales and this risk is associated with further enforcement action - Various causes of delay in a live hospital resulting in delay of delivery of works. | Time, Cost | Health Board | 3 | 4 | 12 | | Programme | HB ongoing and open dialogue with MWWFRS regarding progress and programme. Ensure programme is actively monitored and request for extension justified and explained. | Health Board | Ongoing | | £45,000 | 0.48 | £21,600 | Based on a 9 week design delay. £5,000 a week for contractor and direct fees. |
| 5 | Hospital activities impact on proposed phasing or programme of works. Hospital unable to release work areas in accordance with the programme due to clinical needs of patients. Hospital activities affecting access for designer or contractors. | Time, cost | Health Board | 4 | 5 | 20 | | Strategic | Early engagement with the Hospital and Management Teams to discuss requirements and expectations as well as define phasing strategy. Ongoing coordination between project team and HB during construction phase. P2 works planned on basis of internal decant ward. External decant ward completion anticipated end of 2023. Non ward areas works to planned per brief information i.e. phased within areas or out of hours. Engagement of seconded estates and nursing team member to project to ease comm. | Health Board/ Contractor | Ongoing | Note engagement of seconded estates and nursing team member to project to ease comm. | £117,000 | 0.80 | £93,600 | Based on a 10 week construction delay of £9,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 6 | Impact of volatile market/inflation on labour, plant and materials. E.G impact of Ukraine War or tariff changes. | Time, Cost | Health Board | 3 | 4 | 12 | | Programme / Financial | Ongoing monitoring of market costs but not it is a fixed price contract strategy. | Contractor | Ongoing | Fixed price contract strategy | £67,945 | 0.48 | £32,614 | Assume cost if it happens 3.75% of Works Cost |
| 7 | There is a risk that elements of the existing infrastructure outside of project scope impacts on the project works requires remedial work - eg fire alarms, duct dampers. | Time, Cost | Health Board | 3 | 3 | 9 | | Strategic | Contractor notifies HB to coordinate internal estates resource accordingly to implement infrastructure works if required to facilitate fire upgrade works. Designers to develop design in design proposals period if/when scenarios arise and identified through contract management procedures. | Contractor/ Designers | Ongoing | | £78,000 | 0.36 | £28,080 | Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 8 | There is a risk that the project will be impacted by delays in governance/approvals/market interest/tender returns etc. | Time | Health Board | 3 | 3 | 9 | | Strategic | HB to liaise with Boards, NWSSP and WG to mitigate delay risk. | Health Board | Ongoing | | £20,000 | 0.36 | £7,200 | Based on a 4 week design delay. £5,000 a week for contractor and direct fees. |
| 9 | Changes to project key personnel - A key person from any team leaves and new working practices and relationships need to be established. | Time, Quality, Operational | Health Board | 3 | 2 | 6 | | Strategic | Communication with all stakeholders regularly throughout the project. | Health Board | Ongoing | | £20,000 | 0.24 | £4,800 | Based on a 4 week design delay. £5000 a week for contractor and direct fees. |
| 10 | Other hospital works concurrent with and disrupting our works. | Time, cost | Health Board | 3 | 4 | 12 | | Strategic | Early engagement with the Hospital to determine. Internal HB communication regarding impact of potential other hospital projects and update to other project parties. | Health Board | Ongoing | | £78,000 | 0.48 | £37,440 | Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 11 | Robust programme set for the main construction phase with allowances/provisions for access challenges agreed with Health Board and its team. | Time, Quality, Operational | Health Board | 3 | 4 | 12 | | Programme | Programme aspirations set out by Health Board, opportunity for tendering contractors to demonstrate betterment. Lessons learnt from Phase 1. Programme allowance to be made for decant/reoccupation time period by HB of areas. Consideration made for OOH working, phased working approach, decant of wards. | Health Board/PM/ Contractor | Ongoing | | £78,000 | 0.48 | £37,440 | Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 12 | Change of MWWFRS Fire Officer and potential additional requirements from replacement. Kris Steele currently in place. | Time, Cost, Quality | Health Board | 3 | 4 | 12 | | Programme / Financial | Ongoing liaison/communication. | Health Board | Ongoing | | £78,000 | 0.48 | £37,440 | Based on a 6 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 13 | Formal Health Board Clinical sign off of proposed construction programme. | Time, Cost, Quality | Health Board | 2 | 4 | 8 | | Programme / Financial | Ongoing liaison/internal Health Board communication. | Health Board | Ongoing | Confirmation from Health Board project lead of programme approval therefore risk reduced but remains a risk items as programme subject to change during works. | £39,000 | 0.32 | £12,480 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| FINANCIAL RISKS | | | | | | | | | | | | | | | | |

| Nr | Risk Description | Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational | Risk Owner | Probability | Impact | Score | Risk Allocation | Category | Management Actions | Action Owner | Review Date | Comments | Cost if it happens (£) | Likelihood Factor | Expected Value (£) | Basis |
|--|---|---|--------------------------|-------------|--------|-------|-----------------|--------------|--|------------------------------------|-------------|----------|------------------------|-------------------|--------------------|--|
| 1 | Capital costs underestimated. | Cost, time | Health Board | 3 | 4 | 12 | | Financial | Review as part of BJC development, including surveys, design, programming all influencing cost. Supported by robust project risk contingency fund similar to Phase 1 to be agreed with HB. | Health Board | Ongoing | | £40,767 | 0.48 | £19,568 | Assume cost if it happens 1.5% of Works Cost |
| 2 | Risk that the main contractor could fail. | Time, cost | Health Board | 1 | 3 | 3 | | Financial | Contractors to be procured via West Regional contractors framework. Health Board to undertake financial checks prior to appointment. | Health Board | Ongoing | | £40,767 | 0.12 | £4,892 | Assume cost if it happens 1.5% of Works Cost |
| 3 | Risk of other subcontractor failure or supplier bankruptcy. | Time, cost | Contractor | 2 | 5 | 10 | | Financial | Contractor to ensure financial stability of subcontractors and suppliers as part of tendering process. | Contractor | Ongoing | | £40,767 | 0.40 | £16,307 | Assume cost if it happens 1.5% of Works Cost |
| 4 | There is the risk that the rate for VAT will change. | Cost | Health Board | 1 | 3 | 3 | | Financial | Government policy to be monitored. | Health Board | Ongoing | | £40,767 | 0.12 | £4,892 | Assume cost if it happens 1.5% of Works Cost |
| 5 | Significant changes in inflation of key materials or shortages | Time, cost, quality | Contractor | 3 | 3 | 9 | | Financial | Contractor to procure the materials in a timely manner. Option A contract proposed so fixed price for delivery. | Health Board/ Contractor | Ongoing | | £40,767 | 0.36 | £14,676 | Assume cost if it happens 1.5% of Works Cost |
| 6 | Increased costs due to Statutory changes during the works. | Time, cost, quality | Health Board | 3 | 4 | 12 | | Financial | Monitor statutory changes during the works. | Health Board | Ongoing | | £40,767 | 0.48 | £19,568 | Assume cost if it happens 1.5% of Works Cost |
| 7 | Additional non works costs incurred for unforeseen circumstances; i.e. additional decant requirements, maintenance issues etc. | Time, cost | Health Board | 2 | 5 | 10 | | Financial | Non works allowances to be included within the BJC. CA to liaise with HB. | Health Board | Ongoing | | £40,767 | 0.40 | £16,307 | Assume cost if it happens 1.5% of Works Cost |
| DESIGN RISKS at BJC or Construction Stage | | | | | | | | | | | | | | | | |
| 1 | MWFRS/HB Fire Officer Requirements - Unforeseen items required to meet the fire officer's requirements. | Time, Cost | Health Board/ Designer | 2 | 5 | 10 | | Design | Defined Fire Strategy produced for endorsement by MWFRS. HB will engage with the NWSSP Fire Officers and MWFRS at an early stage so that the requirements can be agreed and incorporated in a timely manner. Fire Strategy approval etc. | Health Board | Ongoing | | £39,000 | 0.40 | £15,600 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 2 | Scope of works changing arising from Hospital request, third party requirements (e.g. fire officer/building control), general briefing changes. | Time, cost | Health Board/ Designer | 2 | 4 | 8 | | Design | Ongoing management by HB client team. | Health Board | Ongoing | | £20,384 | 0.32 | £6,523 | Assume cost if it happens 0.75% of Works Cost |
| 3 | Risk that there will be changes in Building Regs, general statutory changes and changes to Health Board Standards after design proposals. | Cost, time | Health Board/ Designer | 2 | 3 | 6 | | Design | Ensure all changes prior to tender are identified. Additional changes, if any, to be managed as part of contract admin. | Health Board | Ongoing | | £20,384 | 0.24 | £4,892 | Assume cost if it happens 0.75% of Works Cost |
| 4 | Existing non project specific survey or record information is inaccurate or incomplete. | Time, Cost | Health Board/ Designer | 4 | 3 | 12 | | Design | Designer to check information as part of the design process and advise/request additional information from HB as appropriate. | Health Board/ Designer | Ongoing | | £52,000 | 0.48 | £24,960 | Based on a 4 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 5 | Existing structural defects not apparent at time of submitting design proposals (i.e. after surveys completed) | Time, cost | Health Board/ Designer | 3 | 3 | 9 | | Design | Designer/Contractor to notify any findings to HB. Works to be captured early/soon as they become apparent, with contract administration process. | Health Board/ Designer | Ongoing | | £20,384 | 0.36 | £7,338 | Assume cost if it happens 0.75% of Works Cost |
| 6 | Design / scope is not compliant with potential changes to Hospital Fire Strategy & Evacuation strategy. | Time, Cost, Quality, Operational | Health Board/ Designer | 1 | 5 | 5 | | Design | Fire strategy for phase 2 developed as part of the BJC and approved by HB/NWSSP fire leads and endorsed by MWFRS. | Health Board | Ongoing | | £39,000 | 0.20 | £7,800 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 7 | Infection control sign off of details is delayed or not acceptable. | Time, Operational | Health Board/ Designer | 2 | 3 | 6 | | Design | Include as key milestones on programme to manage expectations. Meetings to be arranged with key stakeholders as necessary, i.e. infection control. | Health Board | Ongoing | | £39,000 | 0.24 | £9,360 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 8 | Compliance with HTMs / HBNS. | Time, Cost, Quality | Health Board/ Designer | 3 | 3 | 9 | | Design | Review design/derogation schedule to be developed by Designers/Contractor and approved by HB. | Health Board/ Designer/ Contractor | Ongoing | | £39,000 | 0.36 | £14,040 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 9 | Consequential improvements requiring building control approval. | Time, Cost, Quality | Health Board/ Designer | 1 | 3 | 3 | | Design | To be managed through contract administration process as required. Consequential improvements as a result of fire upgrade works no expected. Review design/derogation schedule to be approved. | Health Board | Ongoing | | £20,384 | 0.12 | £2,446 | Assume cost if it happens 0.75% of Works Cost |
| 10 | Existing partitions/walls in poor/dangerous structural condition or not meeting fire and smoke resistance requirements. | Time, Cost, Quality | Health Board/ Designer | 3 | 4 | 12 | | Design | Full survey carried out by the designers to inform and design requirements. Unknown scenarios, i.e. area which cant be accessed to survey in advance, to be managed through contract administration. | Health Board/ Designer | Ongoing | | £67,945 | 0.48 | £32,614 | Assume cost if it happens 3.75% of Works Cost |
| 11 | Existing door sets not meeting requirements. | Time, Cost, Quality | Health Board/ Designer | 3 | 4 | 12 | | Design | All doors associated with phase 2 fire strategy to be surveyed to inform requirements at construction stage. Replacement provision being carried for all doors for costing. Door repair and replacement works being carried out by HB/Fire service approved FIRAS accredited contractor. | Health Board/ Designer | Ongoing | | £20,384 | 0.48 | £9,784 | Assume cost if it happens 0.75% of Works Cost |
| 12 | Aesthetic outcomes of the Works - increase decorations etc | Time, Cost, Quality | Health Board/ Designer | 2 | 3 | 6 | | Design | Stakeholder engagement - manage expectations e.g if carrying out works within room, 1 wall will be decorated and existing 3 will have a different finish. Decoration works to be allowed for only associated with affected works areas/elements. | Health Board/ Contractor | Ongoing | | £20,384 | 0.24 | £4,892 | Assume cost if it happens 0.75% of Works Cost |
| 13 | Agree scope and performance for the installation of new fire dampers (FSD/FD) | Time, Cost, Quality | Health Board/ Designer | 1 | 4 | 4 | | Design | Design briefing information to schedule FDFSD requirements. | Health Board | Ongoing | | £20,384 | 0.16 | £3,261 | Assume cost if it happens 0.75% of Works Cost |
| 14 | Additional site attendance/design management from design team over anticipated input. | Cost, time | Health Board/ Designer | 3 | 3 | 9 | | Design | Allowance made in budgets, however, potential for excessive requirements - allow in risk. | Health Board | Ongoing | | £20,384 | 0.36 | £7,338 | Assume cost if it happens 0.75% of Works Cost |
| 15 | Certification of existing fire stopping works. | Time, Cost, Quality | Health Board/ Designer | 3 | 4 | 12 | | Design | To be reviewed on a case by case basis as identified. Anything tagged to remain, non tagged replaced if possible pending review. | Health Board/ Contractor | Ongoing | | £20,384 | 0.48 | £9,784 | Assume cost if it happens 0.75% of Works Cost |
| SITE & CONSTRUCTION RISKS | | | | | | | | | | | | | | | | |
| 1 | Control of noise - noise levels during construction not acceptable to hospital causing works to stop. | Time, cost | Health Board/ Contractor | 2 | 4 | 8 | | Construction | Contractor Safe System of Work in place. Hospital to advise on a specific times/periods when specific restriction apply during early meetings. Ongoing communication with Estates lead and clinical lead on works stopping etc. | Contractor | Ongoing | | £39,000 | 0.32 | £12,480 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |
| 2 | Control of dust - both internally and externally - not managed appropriately causing works to stop. | Time, Cost, Operational | Health Board/ Contractor | 2 | 4 | 8 | | Construction | Contractor Safe System of Work in place, e.g extraction, wiping down, vacuum. Ongoing Communication with Estates lead and clinical lead on works stopping etc. Cutting station locations to be agreed with HB. | Contractor | Ongoing | | £39,000 | 0.32 | £12,480 | Based on a 3 week construction delay of £10,000 a week for contractor prelims and additional direct fees of £3,000 a week. |

Appendix Six – Risk Potential Assessment



Llywodraeth Cymru
Welsh Government

Welsh Government Integrated Assurance

Risk Potential Assessment Form (RPA)

(IAH-RPA)

Version 2.0 – March 2019

March 2019

INTRODUCTION

About OGC Gateway™:

Programmes and projects provide an important vehicle for the efficient and timely delivery of government aims. Good and effective management and control of programmes and projects is therefore essential to the successful delivery of government objectives. The Welsh Government Assurance Process (consistent with the OGC Gateway) is the responsibility of the Integrated Assurance Hub (IAH) and authorised to deliver assurance under accredited licence from the Infrastructure and Projects Authority (IPA), which is part of the UK's Cabinet Office. This process is designed to provide independent guidance to Senior Responsible Owners (SROs), programme and project teams and to the departments who commission their work, on how best to ensure that their programmes and projects are successful

The OGC Gateway Process examines programmes and projects at 'key decision points' in their lifecycle, and looks ahead to provide assurance that they can progress successfully to the next stage. The OGC Gateway Process is regarded as best practice in central civil government throughout the UK, and applicable to a wide range of programmes and projects, including:

- policy development and implementation
- organisational change and other change initiatives
- acquisition programmes and projects
- property/construction developments
- IT-enabled business change
- procurements using or establishing framework arrangements.

Value of the OGC Gateway Process

OGC Gateway Reviews deliver a 'peer review', in which independent practitioners from outside the programme/project use their experience and expertise to examine the progress and likelihood of successful delivery of the programme or project. They are used to provide a valuable additional perspective on the issues facing the programme/project team, an external challenge to the robustness of plans and processes, and support to SROs in the discharge of their responsibilities to achieve their business aims, by helping to ensure:

- the best available skills and experience are deployed on the programme/project
- all the stakeholders covered by the programme/project fully understand the programme/project status and the issues involved
- there is assurance that the programme/project can progress to the next stage of development or implementation and is well managed in order to provide value for money on a whole life basis
- achievement of more realistic time and cost targets for programmes and projects
- improvement of knowledge and skills among government staff through participation in Reviews
- provision of advice and guidance to programme and project teams by fellow practitioners.

The Welsh Government's Risk Potential Assessment Form (IAH-RPA) is designed to provide a standard set of high-level criteria for assessing the **risk potential** of a programme/project in a strategic context.

The RPA enables a conversation to be had about the risks and responsibilities that the SRO has for delivery and that the programme/project in respect of visibility, reporting and assurance in a wider portfolio management context. The RPA can also help the programme/project to identify areas where specific skills sets, commensurate with the level of complexity, may be required.

The OGC Gateway Process offers an independent assurance for all potential high and medium risk programmes/projects within Welsh Government and Wider Welsh public sector. In order to determine the applicability of an OGC Gateway Review, the RPA **must** be completed by the SRO for the programme/project.

The RPA form is in five sections :

- Section 1 - (Programme/Project General Information) – gathers some basic information about the programme/project
- Section 2 - gathers a brief synopsis of the programme/project, its key objectives and the stage of the programme/project at the current time. This will provide context for the assessment by the IAH.
- Section 3 - is designed to build on information provided in Section 2, by capturing a standard set of high-level criteria for further assessing the **risk potential** of a proposed programme/project. This section is also used to determine if an Assessment Meeting with the SRO is appropriate to discuss whether an OGC Gateway Assurance might be of value to the programme/project. At the end of each question within this section the SRO is required to make a self assessment of the level of risk the programme/project carries. Further information and an explanatory note is required to support the self assessment.
- Section 4 – The SRO is required to provide an overall self assessment of the level of risk the programme/project is at.
- Section 5 – SRO sign off for the RPA form.

Completed forms must be sent directly for assessment to the Integrated Assurance Hub (IAH) Mailbox Assurance@gov.wales

| SECTION 1 : | Programme/Project General Information |
|--|--|
| 1. Is this a Portfolio/Programme or Project? | Project |
| 2. Programme/Project name | Hywel Dda University Health Board, Phase 2 Withybush General Hospital Fire Precaution Upgrade Scheme. |
| 3. Your Division/Department | Facilities, Estates and Capital Management |
| 4. Programme/Project Type | Legislation Fire Compliance |
| 5. SRO Contact Details (to include telephone number, mobile number and e-mail address) | Andrew Carruthers Director of Operations A.Carruthers@wales.nhs.uk Tel 01267 239699 |
| 6. Programme/Project Manager details (to include telephone number, mobile number and e-mail address) | Rob Elliott Director of Estates, Facilities & Capital Management Rob.Elliott@wales.nhs.uk Tel 01267 227313 Mobile 07774 776824 |
| 7. Primary contact point for administration of the OGC Gateway™ Review (to include telephone number, mobile number and e-mail address) | Jason Wood Major Capital Development Manager Jason.Wood@wales.nhs.uk Mobile 07536 009905 |
| 8. Finance Officer details: Review (to include telephone number, mobile number and e-mail address) <i>(N.B. review costs will initially be met by the Integrated Assurance Hub but will be recouped via journal at the end of the review)</i> | Sarah Welsby Business Partner – Planning & Major Projects Sarah.Welsby@wales.nhs.uk Tel 01267 283026 |
| 9. Date of previous Gateway Review if applicable – <i>please include previous Gateway Product & IAH unique number).</i> | Click here to enter a date. Choose an item. AH/XX/XX |

SECTION 2 : PROGRAMME / PROJECT DETAILS

Please provide a brief synopsis of the programme/project, the key objectives and at which stage the programme/project is currently at:

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to Withybush Hospital and associated sites in August and December 2019, Hywel Dda University Health Board (H DUHB) received enforcement notifications and letters of fire safety matters in relation to compliance with fire safety regulations.

A Programme Business Case was submitted to Welsh Government in March 2020 detailing a need for capital investment to enable the Health Board to achieve compliance within the stipulated timescales. The delivery programme for the works to address the contents of the MWWFRS notices has been developed and are split into several phases.

General Housing Keeping and Management Actions. These works were funded from within the HB and issues as highlighted by MWWFRS have been addressed.

Advanced Works Package. These works included upgrading of fire doors to main fire escape staircases and bedroom doors at St Caradog's Mental Health Unit. These works were funded by WG and are now complete.

Phase 1. These works will undertake fire improvement works to the main compartment and sub compartment lines and risks rooms on the main stem corridors and escape routes in the main hospital building. These works will include fire stopping, replacement and repair of fire doors, replacement of fire dampers and associated works. Phase 1 will also include remaining fire upgrading works at Bro Cerwyn, St Brynachs, St Caradogs and St Nons Mental Health Facilities, plus residential accommodation blocks, Sealyham Office Block and main plant areas. These works are currently programmed to last circa 60 weeks and are the subject of this Phase 1 BJC for which the H DUHB is seeking capital funding support from WG.

Phase 2 works will address all fire related matters as identified within departmental and ward areas and will be the subject of a further BJC for which H DUHB will be seeking capital funding support from WG. It is envisaged that Phase 2 will follow on from the completion of the phase 1 programme.

The phased approach to the delivery of the works has been agreed in consultation with MWWFRS and WG and is based on providing a continual programme of fire improvement and upgrading works with the final goal of removal of all enforcement notifications and letters of fire safety by MWWFRS.

SECTION 3 : GUIDANCE

Section 3 of the RPA assesses the potential risk for the programmes/project. The overall RPA assessment process at this point is an **indicator** of risk potential and is not an exhaustive risk analysis model. However, it can be the starting point for a more exhaustive risk assessment of a programme/project.

This section is made up of a series of five key short assessments, which will determine the basic and initial risk rating of the programme/project. These assessments are made using the knowledge and judgement of the SRO and programme/project team and should be considered in the light of a programme/project's strategic context. Each question requires an answer using the drop down boxes, a self assessment of the level of risk and a short explanatory note of the reasoning for the self assessment mark. This will provide further detail for the IAH and an audit trail of the considerations.

After completion, the SRO should e-mail the RPA Form directly to the IAH for initial assessment. The IAH will then formally write to the SRO to notify them of the outcome.

The initial assessment will normally be used throughout the life of the OGC Gateway Review process. However, and even though the score might decline during the programme/project lifecycle, should the programme/project's risk assessment increase, the higher assessment may take precedent.

If you have further questions about the use or completion of this section, please contact the Integrated Assurance Hub on 0300 025 0149 or 0300 025 3901 or you can e-mail us on Assurance@gov.wales

| SECTION 3.1 Strategic Alignment & Commitment | |
|--|---|
| 3.1.1: Does the programme/project satisfy a ministerial commitment? If YES, please state who is the responsible minister(s) | No Choose an item. |
| 3.1.2: Does the programme/project cut across ministerial portfolios | No |
| 3.1.3: Does the programme/project satisfy a major policy commitment? If YES, Which policy? | No <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| 3.1.4: Does the Programme/Project impact Key Organisational Objectives? | No links to strategic targets or performance indicators |
| 3.1.5: Does the Programme/Project impact Business Change? | No change |
| Strategic Alignment & Commitment – Self assessed risk rating | Very Low |
| Further information & explanatory note: As noted previously this Phase 2 BJC is part of a multi phased approach to delivering Fire Precaution Upgrade works required at Withybush General Hospital, Haverfordwest and associated premises to satisfy letters of fire safety and enforcement notices as received from Mid & West Wales Fire & Rescue Service (MWWFRS) | |

SECTION 3.2: Financial/funding impact

| | |
|---|---|
| 3.2.1: How much is the projected budget for the programme/project? <i>N.B. when completing this part of the form, please take into account the <u>whole-life costs</u> of the programme/project (as defined by HM Treasury Green Book)</i> | £5M and above |
| 3.2.2: How long is the programme/project expected to run? | Over 2 Years |
| 3.2.3: Is funding secured and in place for the entire lifecycle of the programme/project? | No |
| 3.2.4: Does the programme/project receive external funding? | Yes - Capital Revenue |
| 3.2.5: How is the Programme/Project budget managed? | Budget within delegations and local control |
| Financial/Funding Impact – Self assessed risk rating | Medium |
| Further information & explanatory note: | |

SECTION 3.3 Stakeholder Engagement

| | |
|--|---|
| 3.3.1: Has the Programme/Project identified all stakeholders? | Yes - All stakeholders identified and engaged |
| 3.3.2: How complex is stakeholder management? | many stakeholders in one organisation |
| 3.3.3: Impact on resources | most resources in place |
| 3.3.4: How many staff within the organisation will be affected by the programme/project? | 100+ |
| 3.3.5: Impact on Public | Low impact - Minister advised |
| Stakeholder Engagement – Self Assessed Risk Rating | Low |

Further information & explanatory note:

Phase 2 Delivery will have a disruptive effect in all out patient and clinical areas of the main building including ward spaces, however works will be planned either out of hours where possible or rotated through the spare ward made possible via the new Decant ward limiting long term effects on staff and public.

SECTION 3.4 Governance

| | |
|---|---|
| 3.4.1: Has the programme/project undertaken a scoping exercise to ensure there is no duplication of work in any other part of the organisation? | Yes - |
| 3.4.2: Are the Programme/Project Governance arrangements in place? | Yes as outlined in the BJC |
| 3.4.3: Are the Programme/Projects Time & Quality Targets Achievable? | Yes subject to funding availability |
| 3.4.4: Has the Programmes/Projects benefits been identified? | Yes working towards removal of current fire notices |
| 3.4.5: Has the programme/project considered and implemented security standards in compliance with regulatory Acts e.g. GDPR? | Not Applicable |
| 3.4.6: Governance – Self Assessed Risk Rating | Low |
| Further information & explanatory note: | |

SECTION 3.5 Programme/Project Dependencies

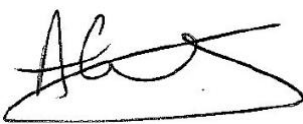
| | |
|---|--|
| 3.5.1: Is the Programme or Project dependant on or connected to wider initiatives? | standalone programme/project with no dependency |
| 3.5.2: Does the programme/project depend on key components, consent or approvals which are outside the organisations direct control? | No external factors that requires consent or approval |
| 3.5.3: Does the programme/project key objective require new IT systems and/or the need to develop interfaces with existing IT systems? | No IT dependency |
| 3.5.4: How complex are the commissioning/procurement arrangements for the programme/project | Single supplier required from existing commissioning/procurement framework |
| Programme/Project Dependencies – Self Assessed Risk Rating | Low |
| <p>Further information & explanatory note:</p> <p>Suppliers selected from the Designed For Life Building For Wales Framework.</p> <p>No IT dependency in terms of software systems only replacement upgrading of Hub Room enclosure infrastructure</p> | |

Section 4: Programme/Project overall self assessment risk rating

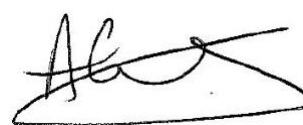
Low

Section 5: SRO ENDORSEMENT

I am satisfied that the Risk Potential Assessment provides an accurate reflection of the programme/project at this stage of development.

| | |
|---|----------------------|
| <p>Signed </p> <p style="text-align: center;">(Senior Responsible Owner)</p> | <p>Date 21.02.24</p> |
|---|----------------------|

I will re-asses the programme/project if there is a significant change to the programme/project scope or budget or if significant changes emerge that may threaten successful delivery.

| | |
|---|----------------------|
| <p>Signed </p> <p style="text-align: center;">(Senior Responsible Owner)</p> | <p>Date 21.02.24</p> |
|---|----------------------|

Appendix Seven – Integrated Impact Assessment

H DUHB Withybush General Hospital Fire Precautions Upgrade Scheme Phase 2 – June 2025

| Integrated Impact Assessment Tool | Y/N | Evidence & Further Information | Completed By | Evidence |
|---|------------|---|---------------|-------------------|
| Financial/Service Impacts | | | | |
| 1. Has the new proposal/service model been costed? | N/A | Not Applicable infrastructure upgrade | | |
| 2. Does the budget holder have the resources to pay for the new proposal/service model, otherwise how will this be supported? | N/A | Not Applicable infrastructure upgrade | | |
| 3. Is the new proposal/service model affordable? | N/A | Not Applicable infrastructure upgrade | | |
| 4. Is there an impact on pay or non pay e.g. drugs, equipment, etc? | N | No additional revenue implications resulting from the programme are anticipated as replacement of existing infrastructure | | |
| 5. Is this a spend to save initiative? | N | This is a business case for capital investment. | | |
| 6. What is the financial or efficiency payback (prudency), if any? | N/A | Not Applicable | | |
| 7. Are there risks if the new proposal/service model is not put into effect? | Y | Risks could be MWWFRS take further enforcement action against HDUHB. | Project Group | BJC |
| 8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?) | Y | More modern infrastructure and control systems such as fire dampers with central monitoring function. | Project Group | BJC Estates Annex |

| | | | | |
|---|---|---|---------------|-------------------|
| 9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? | N | No required negotiations. Welsh Government capital approval required. Lead in time for Building works mobilisation once approval for the capital is secured. | | |
| 10. Are capital requirements identified or funded? | Y | See BJC phase 2 for capital funding requirements and cashflow profile | Project Group | BJC/Estates Annex |
| 11. Will capital projects need to be completed in time to support any service change proposed? | N | | | |
| 12. Has a Project Board been identified to manage the implementation? | Y | As set out in BJC | Project Group | BJC |
| 13. Is there an implementation plan with timescales to performance manage the process and risks? | Y | Phase 2 Delivery Programme and risk register included in BJC and associated Estates Annex based on an anticipated scope of works. | Project Group | BJC/Estates Annex |
| 14. Is there a post project evaluation planed for the new proposal/service model? | Y | Post project evaluation and monitoring will be required by Welsh Government. Stages and detail to be agreed. | Project Group | BJC |
| 15. Is the UHB clear of any other constraints which would prevent progress to implementation? | Y | The key constraint to the progress of this development is the availability of All Wales Capital from Welsh Government. The Project Risk Register captures current risks. | Project Group | BJC/Estates Annex |
| Quality/Patient Care Impacts | | | | |
| 16. a)Could there be a <i>positive</i> impact on patient outcome/care? b)Could there be a <i>negative</i> impact on patient outcome/care | N | Works will be mostly above ceiling line although maybe some minor decorative uplift such as ceiling tile replacement. | Project Team | |
| | Y | Disruption to services during the delivery phase of the works although would be planned to minimize. Decanting each ward one at a time through the decant ward, to reduce ongoing disruption. | | |
| 17. Is there are potential for inequity of provision? E.g. rurality, transport. | N | Not applicable infrastructure upgrade | | |

| | | | | |
|--|-----|---|--------------|-------------------|
| 18. Is there any potential for inconsistency in approach? | N | Not Applicable infrastructure upgrade | | |
| 19. Is there are potential for postcode lottery/commissioning? | N | Not Applicable infrastructure upgrade | | |
| 20. Is there a need to consider exceptional circumstances? | N | Not Applicable infrastructure upgrade | | |
| 21. Are there clinical and other consequences of providing or delaying/denying treatment <i>or the scheme</i> (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required? | N | Not Applicable infrastructure upgrade | | |
| 22. Are there any Royal Colleges standards, etc, applicable? | N | Not Applicable infrastructure upgrade | | |
| 23. Can clinical engagement be evidenced in the design of the new proposal/service model? | Y | Even though an infrastructure upgrade the Project Team have engaged with Hospital Management Teams as part of BJC development. Further extensive engagement will be required as part of delivery of the works | Project Team | BJC/Estates Annex |
| Workforce Impact | | | | |
| 24. Has the impact on the existing staff/WTE been determined? | N/A | Not Applicable infrastructure upgrade | | |
| 25. Is it deliverable without the need for premium workforce? | Y | Service Lead to be established to interface with Project Team | | |
| 26. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action? | N | | | |
| 27. Is there potential for professional body/college/union involvement? | N | | | |

| | | | | |
|---|-----|---|--------------------|-----|
| 28. Could there be any perceived interference with clinical freedom? | N | | | |
| 29. Is there potential for front line staff conflict with the public? | N | | | |
| 30. Could there be challenge from the 'industries' involved? | N/A | Not Applicable | | |
| 31. Is there a communication plan to inform staff of the new arrangements? | Y | A Communication plan is being developed to ensure Clinical Hospital Teams are aware of scheme and impact on services and environment. | Project Group/Team | |
| 32. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance? | N/A | Not Applicable | | |
| 33. Have training requirements been identified and will this be complete in time to support the new proposal/service model? | N/A | Not Applicable | | |
| Risk Impact | | | | |
| 32. Has a risk assessment been completed? | Y | Risk Register/ RPA | Project Group | BJC |
| 33. Is there a plan to mitigate the risks identified? | Y | As Risk Register | Project Group | BJC |
| Legal Impact | | | | |
| 34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made? | N | Planning Permission not required Building Regulations/MWWFRS on going | Project Team | |

| | | | | |
|--|---|---|--------------------|--|
| 35. Is there a likelihood of legal challenge? | N | | | |
| 36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc? | N | | | |
| 37. Is there any existing contract and/or notice periods? | N | | | |
| Reputational Impact | | | | |
| 38. Is there a likelihood of public/patient opposition? | N | | | |
| 39. Is there a likelihood of political activity? | N | | | |
| 40. Is there a likelihood of media interest? | N | Unlikely although could be some negative press once works underway resulting from disruption. | Project Group/Team | |
| 41. Is there the potential for an adverse effect on recruitment? | N | | | |
| 42. Is there the likelihood of an adverse effect on staff morale? | N | Unlikely although could be some resulting from disruption caused to deliver works. | | |
| 43. Potential for judicial review? | N | No service changes | | |

N/A Not Applicable

Appendix Eight Integrated Assurance and Approval Plan

Integrated Assurance and Approval Plan

| | | Assurance to | 2020 | | | | 2023 | | | | 2024 | | | | 2025 | | | | 2026 | | | |
|---------------------------------|--|---------------------------|------|----|----|----|------|---------------------|----|----|------|----|----|----|------|----|----|----|------|----|----|----|
| | | | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q |
| Approval Point | | | | | | | | | | | | | | | | | | | | | | |
| <u>Local Health Board/Trust</u> | | | | | | | | | | | | | | | | | | | | | | |
| | Strategic Outline Programme | Investment Decision Make | ✓ | | | | | | | | | | | | | | | | | | | |
| | Strategic Outline Case (Not Applicable) | Investment Decision Maker | | | | | | | | | | | | | | | | | | | | |
| | Outline Business Case (Not Applicable) | Investment Decision Maker | | | | | | | | | | | | | | | | | | | | |
| | Full Business Case (Not Applicable) | Investment Decision Maker | | | | | | | | | | | | | | | | | | | | |
| | Business Justification Case (Phase 1) | Investment Decision Maker | | | | | | | | | ✓ | | | | | | | | | | | |
| <u>Welsh Government</u> | | | | | | | | | | | | | | | | | | | | | | |
| | Project Scoping Document | Welsh Government | ✓ | | | | | | | | | | | | | | | | | | | |
| | Strategic Outline Programme | Welsh Government | ✓ | | | | | | | | | | | | | | | | | | | |
| | Strategic Outline Case | Welsh Government | | | | | | | | | | | | | | | | | | | | |
| | OBC Funding application (Not Applicable) | Welsh Government | | | | | | | | | | | | | | | | | | | | |
| | Outline Business Case (Not Applicable) | Welsh Government | | | | | | | | | | | | | | | | | | | | |
| | Full Business Case (Not Applicable) | Welsh Government | | | | | | | | | | | | | | | | | | | | |
| | Business Justification Case | Welsh Government | | | | | | | | | | ✓ | | | | | | | | | | |
| Independent Assurance | | | | | | | | | | | | | | | | | | | | | | |
| | Risk Potential Assessment (RPA1) | Welsh Government | | | | | | | | | | ✓ | | | | | | | | | | |
| | Complexity Assessment (RPA2) | Welsh Government | | | | | | | | | | | | | | | | | | | | |
| <u>Gateway Reviews</u> | | | | | | | | | | | | | | | | | | | | | | |
| | 0 Strategic Assessment | SRO/Welsh Government | ✓ | | | | | | | | | | | | | | | | | | | |
| | 1 Business Justification | SRO/Welsh Government | | | | | | | | | | ✓ | | | | | | | | | | |
| | 2 Delivery Strategy | SRO/Welsh Government | | | | | | | | | | | | | | | | | | | | |
| | 3 Investment Decision | SRO/Welsh Government | | | | | | | | | | | | | | | | | | | | |
| | 4 Readiness for Service | SRO/Welsh Government | | | | | | | | | | | | | | | | | | | | |
| | 5 Operational Review and Benefits Realisation | SRO/Welsh Government | | | | | | | | | | | | | | | | | | | | |
| | Project Design and Construction Peer Review | SRO/Welsh Government | | | | | | | | | | | | | | | | | | | | |
| | Post-Project Design and Construction Evaluation | SRO/Welsh Government | | | | | | | | | | | | | | | | | | | | |
| Functional Assurance | | | | | | | | | | | | | | | | | | | | | | |
| | Service | SRO | | | | | | As part of Each BJC | | | | | | | | | | | | | | |
| | Financial (Revenue and Capital) | SRO | | | | | | | | | | ✓ | | | | | | | | | | |
| | Operational | SRO | | | | | | | | | | ✓ | | | | | | | | | | |
| | Technical | SRO | | | | | | | | | | ✓ | | | | | | | | | | |
| | Quality | SRO | | | | | | | | | | ✓ | | | | | | | | | | |
| Audit | | | | | | | | | | | | | | | | | | | | | | |
| | Internal - Project Audit(s) | Audit Committee | | | | | | | | | | | | | | | ✓ | | | | ✓ | |
| | External - Wales Audit Office | Welsh Government | | | | | | | | | | | | | | | | | | | | |
| | External - Designed for Life: Building for Wellbeing | Welsh Government | | | | | | | | | | | | | | | | | | | | |

SRO = Senior Responsible Owner



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MANDATORY BUSINESS CASE CHECKLIST

Scheme Name: Business Justification Case, Phase 2 Fire Precaution Upgrade Scheme, Withybush General Hospital, Haverfordwest.

Date of original Submission to Welsh Government: April 2024

| Description | Ref | Enclosed | | Last reviewed (if appropriate) | Approved by | Date | Comments |
|---|-----|----------|---|--|---|--|---|
| | | Y | N | | | | |
| Scoping Document | | | N | Scoping Meeting January 2020 | Rob Elliott Director of Estates, Facilities and Capital Management | January 2020 | WGH Fire Precautions Scheme scoping meeting with WG, NWSSP-SES, MWWFRS & HDUHB undertaken January 2020. |
| Programme Business Case (PBC) | | | N | PBC submitted March 2020 | Rob Elliott Director of Estates, Facilities and Capital Management | March 2020 | PBC submitted and endorsed by WG |
| Business Justification Case Review including Estates Annex as applicable <ul style="list-style-type: none"> Project Director/Estates Capital Sub Committee (CSC) – SBAR Report Strategic Development & Operational Delivery | | Y | | 21 st February 2024 8 th March 2024 29 th February 2024 | Rob Elliott (Project Director) Director of Estates, Facilities and Capital Management Paul Williams (chair) Assistant Director of Strategic Planning Lee Davies Executive Director of Strategy and Planning | 21 st February 2024 8 th March 2024 29 th February 2024 | BJC/Estates Annex BJC BJC |



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|---|--|---|---|-----------------------------|--|-----------------------------|-------------------------------|
| Committee (SDODC) | | | | | | | |
| <ul style="list-style-type: none"> Health Board Approval | | | N | 28 th March 2024 | HB Main Board Approval | 28 th March 2024 | BJC |
| Collaborative Sign-off for joint proposals | | | N | | | | Not Applicable |
| Wet Ink signatures <ul style="list-style-type: none"> Chief Executive Director of Finance | | | N | TBC | TBC | TBC | |
| Health Impact Assessment | | | N | | | | Not Applicable to this scheme |
| Integrated Impact Assessment Tool | | Y | | February 2024 | Rob Elliott Director of Estates, Facilities and Capital Management | February 2024 | |
| Integrated Assurance Approval Plan (IAAP) | | Y | | February 2024 | Rob Elliott Director of Estates, Facilities and Capital Management | February 2024 | |
| Risk Potential Assessment Form (RPA1) | | Y | | February 2024 | Andrew Carruthers Director Of Operations | February 2024 | |
| OGC Gateway Report (Please note gate review reference in comments) | | | N | | | | Not Applicable |
| Signed statement for Supply Chain Partner | | | N | | | | Not Applicable |



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| confirming scope and quantum of agreed works (Full Business Cases) | | | | | | | |
| Letter of Support (where applicable) – third parties etc. | | | N | | | | Not Applicable |

Organisations will be required to submit the above checklist with all Business Cases and confirm that the mandatory requirements have been approved internally prior to submission. Please ensure the above table is completed and explanatory comments included where appropriate.

NHS bodies should have their own internal processes, including review by the organisation's Board and/or relevant sub committee to appraise and approve business cases prior to submission to the Welsh Government. The key individuals should be recorded and identified as part of the business case review documentation noted above.



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MANDATORY BUSINESS CASE CHECKLIST

Scheme Name: Business Justification Case, Phase 2 Fire Precaution Upgrade Scheme, Withybush General Hospital, Haverfordwest. – Updated Business Case due to Change in Procurement Strategy.

Date of Submission to Welsh Government: Aug 2025

| Description | Ref | Enclosed | | Last reviewed (if appropriate) | Approved by | Date | Comments |
|--|-----|----------|---|---------------------------------|---|---------------------------|---|
| | | Y | N | | | | |
| Scoping Document | | | N | Scoping Meeting January 2020 | Rob Elliott Director of Estates, Facilities and Capital Management | January 2020 | WGH Fire Precautions Scheme scoping meeting with WG, NWSSP-SES, MWWFRS & HDUHB undertaken January 2020. |
| Programme Business Case (PBC) | | | N | PBC submitted March 2020 | Rob Elliott Director of Estates, Facilities and Capital Management | March 2020 | PBC submitted and endorsed by WG |
| Business Justification Case Review including Estates Annex as applicable <ul style="list-style-type: none"> Project Director/Estates | | Y | | 3 rd June 2025 | Rob Elliott (Project Director) Director of Estates, Facilities and Capital Management | 3 rd June 2025 | BJC/Estates Annex |
| <ul style="list-style-type: none"> Capital Sub Committee (CSC) – SBAR Report | | | N | 1 st July 2025 | (chair) | 1 st July 2025 | BJC |
| <ul style="list-style-type: none"> Strategic Development & Operational Delivery | | | N | 1 st July 2025 | Lee Davies Executive Director of Strategy and Planning | 1 st July 2025 | BJC |



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|--|--|---|---|----------------------------|--|----------------------------|-------------------------------|
| Committee (SDODC) | | | N | 31 st July 2025 | HB Main Board Approval | 31 st July 2025 | BJC |
| • Health Board Approval | | | | | | | |
| Collaborative Sign-off for joint proposals | | | N | | | | Not Applicable |
| Wet Ink signatures | | | N | TBC | TBC | TBC | |
| • Chief Executive | | | | | | | |
| • Director of Finance | | | | | | | |
| Health Impact Assessment | | | N | | | | Not Applicable to this scheme |
| Integrated Impact Assessment Tool | | Y | | June 2025 | Rob Elliott Director of Estates, Facilities and Capital Management | June 2025 | |
| Integrated Assurance Approval Plan (IAAP) | | Y | | June 2025 | Rob Elliott Director of Estates, Facilities and Capital Management | June 2025 | |
| Risk Potential Assessment Form (RPA1) | | Y | | June 2025 | Andrew Carruthers Director Of Operations | June 2025 | |
| OGC Gateway Report (Please note gate review reference in comments) | | | N | | | | Not Applicable |
| Signed statement for Supply Chain Partner | | | N | | | | Not Applicable |



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| confirming scope and quantum of agreed works (Full Business Cases) | | | | | | | |
| Letter of Support (where applicable) – third parties etc. | | | N | | | | Not Applicable |

Organisations will be required to submit the above checklist with all Business Cases and confirm that the mandatory requirements have been approved internally prior to submission. Please ensure the above table is completed and explanatory comments included where appropriate.

NHS bodies should have their own internal processes, including review by the organisation's Board and/or relevant sub committee to appraise and approve business cases prior to submission to the Welsh Government. The key individuals should be recorded and identified as part of the business case review documentation noted above.