



PWYLLGOR STRATEGAETH A CHYNLLUNIO STRATEGY & PLANNING COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 April 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Capital Programme for 2024/25, 2025/26 and Capital Governance Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Eldeg Rosser, Head of Capital Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report is presented to the Strategy and Planning Committee (SPC) to:

- Update on the 2024/25 Capital Programme and Capital Resource Limit (CRL) for 2024/25
- Update on the allocation of the Discretionary Capital Programme (DCP) for 2025/26
- Notify the SPC of the contracts that may require sealing during 2025/26
- Provide a capital schemes governance update
- Update on the status of the Reinforced Autoclave Aerated Concrete (RAAC) Schemes, Withybush Hospital (WGH)
- Update from Capital Sub-Committee including a copy of the Annual Report of the Sub Committee

Cefndir / Background

This report provides an update on the 2024/25 Discretionary Capital Programme. It follows on from the report and discussion at the Strategic Development and Operational Delivery Committee (SDODC) meeting held on 27 February 2025 and the Capital Sub-Committee (CSC) meeting held on 21 March 2025.

The available capital allocation for 2024/25 and that announced for 2025/26 will provide Hywel Dda University Health Board (HDdUHB) with a significant challenge and risk in trying to address the historical backlog in:

- Medical and non-medical equipment
- Informatics and Digital infrastructure and equipment
- Estates, statutory and infrastructure

Risk

The corporate risk 1196 states:

There is a risk the Health Board is not able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure appropriate facilities, medical

equipment and digital infrastructure of an appropriate standard. This could lead to an impact/effect on the Health Board's ability to deliver its strategic objectives, service improvement/ development, statutory compliance (ie, fire, health and safety) and delivery of day-to-day patient care.

Discretionary Allocation Use

The terms of the Discretionary Capital Allocation letter from Welsh Government (WG) state:

Discretionary capital is that allocated directly to NHS organisations for the following priority obligations across all healthcare settings: Meeting statutory obligations, such as health and safety and Firecode; maintaining the fabric of the estate; and the timely replacement of equipment.

The prioritisation process for DCP includes representation from Executive portfolios at the Capital Planning Group (CPG) which reports to the CSC, and the position set out is consistent with that reported to the Sustainable Resources Committee (SRC).

Asesiad / Assessment

Capital Resource Limit 2024/25

The CRL for 2024/25 has been issued with the following allocations:

Allocation	£'m
All Wales Capital Programme (AWCP)	33.899
Discretionary Programme (gross allocation)	7.304
Disposal Proceeds	0.034
International Financial Reporting Standards (IFRS) 16 Leases	1.522
Total	42.759

In addition to the above the following were available for use:

- £0.555m of value added tax (VAT) recovery is available for use following completion of the review of the 2023/24 programme.
- £0.793m release of a VAT provision made for the Bronglais Front of House Scheme following a decision by His Majesty's Revenue & Customs.
- £0.540m following a review of aged accruals on the Balance Sheet.

These have been utilised to address some of the Health Board's backlog estates and medical / digital equipment replacement. Items funded include the purchase of replacement Windows 10 devices which are becoming end of life, three tissue processors and the replacement of the roof over the Outpatients Department at Withybush General Hospital (WGH).

Since the previous report, the following changes to the CRL have been made:

Scheme	£m	Description
Estates Funding Advisory Board	(0.227)	Scheme slippage identified
Backlog Maintenance 2024/25	(0.605)	Scheme slippage identified
Year End Funding – October 2024	(0.443)	Scheme slippage identified

Aberystwyth Sexual Assault Referral Centre	0.213	Accelerated spend in 2024/25, scheme completing in 2025/26
Discretionary Capital Programme	1.062	This represents the net effect of the above four scheme variances. Spend has been accelerated on DCP schemes to offset the above slippages. 2025/26 DCP will be reduced to compensate for this.
Year End Funding – February 2025	0.446	Replacement medical devices
Year End Digital Funding – February 2025	0.130	Closed Circuit Television (CCTV) cameras
International Financial Reporting Standard (IFRS) 16 – Pentre Awel	(1.174)	Funding requirement for lease element of Pentre Awel, now in 2025/26
IFRS 16 allocations	0.771	
	0.173	

In addition to the resource allocated through the CRL and the net book value of disposals, the Health Board is able to make capital purchases through donations.

Allocation	£m
All Wales Capital Programme (AWCP)	33.899
Discretionary Programme (gross allocation)	7.304
Disposal Proceeds	0.034
Donations	2.758
IFRS 16 leases	1.522
Total Resource Available	45.517

The un-audited Capital Expenditure position for 2024/25 is detailed in the table below:

Scheme	Un-audited Spend 2024/25 £m
AWCP	
Estates Funding Advisory Board (EFAB) - Infrastructure	2.888
EFAB – Fire	1.123
Withybush RAAC fees and works	5.198
Glangwili Fire Enforcement Phase 1	8.030
Glangwili Fire Enforcement Phase 2 - Fees	0.066
Cross Hands Health and Wellbeing Centre	0.208
Brongais Hospital (BGH) Digital Radiology X-Ray works	0.258
Diagnostic Equipment 2024-25	2.400
Backlog Maintenance 2024-25	2.593
Digital Priorities Investment Fund (DPIF) - Radiology Informatics System Procurement (RISP)	0.201
Fishguard Health and Wellbeing Centre	0.077
Year End Funding – October 2024	0.954
Aberystwyth Sexual Assault Referral Centre	0.987
Block C, Picton Terrace, Carmarthen	1.347
DPIF - Electronic Prescribing and Medicines Administration (EPMA)	0.486

Diagnostic and Medical Equipment 2024-25	3.924
Glangwili Laundry Hub – Transfer from NHS Wales Shared Services Partnership (NWSSP)	0.080
Digital Equipment – December 2024-25	0.483
Transfer from Public health Wales (PHW) for refurbishment of molecular laboratory	0.093
Commercial Research Delivery Wales (CRDW) Equipment Call 2024-25	0.007
Year End Funding – January 2025	1.386
Year End Funding – January 2025 – Digital	0.600
Year End Funding – February 2025	0.446
Year End Digital Funding – February 2025	0.141
Carmarthen Hwb	0.282
Sub-total All Wales Capital Programme (AWCP)	34.258
Discretionary	
Digital	1.619
Equipment	1.537
Statutory Compliance	0.439
Estates	2.195
Other	1.104
Sub-total Discretionary	6.894
Donated & Granted Assets	2.758
IFRS 16	
New and renewed leases	1.522
Sub-total IFRS 16	1.522
TOTAL	45.432

Against the resource available, the unaudited expenditure position for the year is an underspend of £0.085m

Equipment vested / bonded at year end

As previously reported, there was a requirement to vest some items of equipment. These are detailed below:

Item of equipment	£m
WGH Fluoroscopy Machines	0.443
Electronic Prescribing and Medicines Administration Carts	0.388
Bronglais Hospital Generator	0.509
Central Stations	0.211
Arjo Baths	0.018
Total	1.569

Capital Programme 2025/26

Discretionary Capital Allocation (DCP)

The Health Board has received confirmation that the Discretionary Capital Allocation for 2025/26 has been increased to £10.000m, an increase of nearly 35% on the 2024/25 level.

Whilst this is very good news, it needs to be considered in the context of a combined backlog of c£300m across the estate, medical equipment and Information Management and Technology (IM&T).

The current estimated value of the backlog is

- £255m Estates backlog
- £26.6m Medical Devices
- £15-£18m Digital backlog

As part of the capital planning cycle the Capital Planning Team have circulating the capital themed risk registers to the relevant capital leads to assist them with the prioritisation of projects

- Digital Director
- Deputy Director of Operations
- Director of Estates or nominated deputy
- Members of Capital Planning Group

With these risks in mind the Capital Planning Group, which has representation from the Operational Directorates, Digital Team and Estates has carefully considered the distribution of the 2025/26 DCP allocation.

This consideration noted that the current level of DCP resource available will not enable HDdUHB to mitigate all of the capital risks that are currently highlighted on the Health Board's risk registers as capital themed risks. However, it did recognise that additional allocations received from WG in 2024/25 through the end of year bidding process has enabled the organisation to mitigate against some of the risks being carried.

A paper was prepared for the Executive Team in January 2025 to consider options on the broad split of the DCP allocations for 2025/26, this was shared with the CSC in January 2025. The Executive Team agreed the following split of allocations which has been endorsed by SDODC and agreed by Board in March 2025.

The programme approved was

Discretionary Capital Programme	
2025/26	
	£m
Pre-Commitment	3.959
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	0.941
Spend to Save	0.300
Refurbishment of clinical areas	1.000
Statutory and estates programme	0.450
Equipment	0.500
Digital	0.500
Allocation via matrix	0.750
Total	10.000

Pre-Commitments

The current schedule of pre-commitments for 2025/26 is listed in the table below:

Pre-Commitments 2025/26	
	£m
Targeted Estate Fund (TEF) 2025/26	1.700
Welsh Intensive Care System	TBC
Paediatric Consultation	0.800
Pentre Awel contribution	0.300
2024/25 slippage/underspend managed into 2025/26	0.500
Residential Accommodation	0.200
CCTV installation of equipment from 2024/25	0.459
Total	3.959

Since the programme was developed there are other items of expenditure that also need to be considered during the 2025/26:

- Refurbishment of Combined Heat and Power (CHP) plant - £0.460m subject of a separate paper on the agenda
- Reprovision of additional slippage from 2024/25 into 2025/26 estimated - £0.500 actual figures will be confirmed following end of year
- Opportunity to increase the TEF contribution from £1.7m to £1.9m

It is currently proposed that the additional slippage and increase in TEF bids be managed through the pre-commitment allocation and that the CHP costs be managed through the spend to save allocation and contingency reserve.

As additional allocations become available during the year through VAT recovery and other opportunities the use of these allocations will be reviewed and reported.

Potential contracts for sealing

The Board has approved the distribution of the Health Board's capital allocation and plan. The delivery of this plan requires HDdUHB to enter into works and construction contracts which may require sealing. Works and construction contracts executed under seal provide an extended latent defects period cover, an extension from six years to 12 years.

Our Standing Orders state that 'the common seal of HDdUHB is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board'.

To ensure compliance with our Standing Orders, the Board must approve, in advance, that the seal can be applied to all schemes listed in Annex 1, which is a schedule of projects that are currently in our Capital Plan for 2025/26 where there may be associated works contracts that require sealing. This schedule will be updated for Capital Sub Committee and SPC on an ongoing basis so that it can be submitted to Board with the Committee update.

Capital Governance – Project Updates

At the March 2025 meeting of the Capital Sub-Committee, the Projects with a current alert status were reported as follows:

Project:	RAG Indicator:	Stage:	Matters for Committee attention:
Cross Hands Health and Wellbeing Centre	ALERT	Full Business Case Development	Work continues towards producing a new brief for the scheme. The project timeline is dependent on what final option is agreed with timeline for re-work yet to be considered by the supply chain partner and subject to approval.
Next Key Milestone:	Service reduction/SOA approval SBAR prepared for Executive Team in May 2025.		

Project:	RAG Indicator:	Stage:	Matters for Committee attention:
Regional Pathology Service	ALERT	Outline Business Case – Stage 2	Confirmation has been received following the outcome of the All-Wales Prioritisation process that this project in its current form is unaffordable. It is likely that some investment in the HDdUHB estate is likely to mitigate the current risks being faced by the service.
Next Key Milestone:	Discussions with SBUHB and WG required to determine next steps. A group from SBUHB and HDdUHB are meeting regularly to progress with options assessment for a Cellular Pathology solution which is currently deemed to be the most critical area to resolve.		

Projects led by other organisations:

Carmarthen Hwb (led by Carmarthenshire County Council)

The Board approved the signing under seal, of the contract documentation for the lease with Carmarthenshire County Council at their meeting on 25 July 2024. The current completion for this scheme is likely to be early 2026

Pentre Awel (led by Carmarthenshire County Council)

The completion of the Hydrotherapy Pool element of this development is likely to be in April 2025 with the Clinical Unit being completed towards the end of 2025,

Cylch Caron (led by Ceredigion County Council)

A tender was issued to obtain a housing partner to work with Ceredigion County Council and the Health Board in July 2024. The tender process did not result in the identification of a partner for the project. However, two potential partners have expressed an interest in delivering the scheme, with some variations to those proposed in the tender. In accordance with Procurement Regulations and in order to explore those variations fully to successfully deliver the Cylch Caron Scheme, Ceredigion County Council are undertaking a procurement exercise for partners who wish to work with both organisations in a Competitive Dialogue process.

Reinforced Autoclave Aerated Concrete Schemes WGH

The RAAC remedial capital works at WGH were completed on 14 March 2025. The survey works on the RAAC planks will be an ongoing process.

Update from Capital Sub Committee and Annual Report

Attached in Annex 2 is the update from the Capital Sub-Committee (CSC) held on 21 March 2025.

There are:

- One item to alert the Committee – which is the Major Infrastructure Business Continuity - Risks & Patient Impact Report attached as Annex 3
- Three items to advise the Committee
- Nine items to assure the Committee

Attached as Annex 4 is the Sub Committee Annual Report.

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **RECEIVE ASSURANCE** from the update on the Capital Programme and CRL for 2024/25
- **NOTE** the allocation of the DCP for 2025/26 and the potential changes since Board ratification
- **RECOMMEND FOR APPROVAL BY THE BOARD**, that the seal can be applied for all schemes listed in Annex 1
- **NOTE** the capital schemes governance update
- **NOTE** the RAAC update
- **RECEIVE ASSURANCE** from the Capital Sub Committee update
- **APPROVE** Capital Sub Committee Annual Report
- **CONSIDER** the Major Infrastructure Business Continuity - Risks & Patient Impact Report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.11 Consider proposals from the Capital Sub Committee on the allocation of capital and agree recommendations to the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk 1196 - not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. Score 16 Corporate Risk 1745 - of not being able to deliver safe, effective and timely services across the Health Board

	estate, including acute, community and mental health facilities. This risk also impacts the Health Board's nonclinical estate, educational facilities and managed practices. Risk Score 15
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	Not Applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategy and Planning Committee:	CSC Sustainable Resources Committee Capital Planning Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.

Ansawdd / Gofal Claf: Quality / Patient Care:	Included within individual business cases and capital prioritisation process.
Gweithlu: Workforce:	Included within individual business cases and capital prioritisation process.
Risg: Risk:	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB also included within individual business cases and capital prioritisation process.
Cyfreithiol: Legal:	Included within individual business cases and capital prioritisation process.
Enw Da: Reputational:	Included within individual business cases and capital prioritisation process.
Gyfrinachedd: Privacy:	Included within individual business cases and capital prioritisation process.
Cydraddoldeb: Equality:	Equality assessments are included within individual business cases and capital prioritisation process when required.

Annex 1

Potential Contracts requiring the use of the UHB Seal in 2025/2026						
Project Name	Site	Funding Source	Supplier	Contract sealing date	Start on Site	
Phase 2 Fire Works	WGH	AWCP	to be added when known	to be added when known	to be added when known	
Phase 2 Fire Works	GGH	AWCP	to be added when known	to be added when known	to be added when known	
Flourosocopy Room	WGH	AWCP	to be added when known	to be added when known	to be added when known	
Provision 2nd generator at Glangwili Site	GGH	WG - TEF	to be added when known	to be added when known	to be added when known	
Provision 2nd generator at Withybush	WGH	WG - TEF	to be added when known	to be added when known	to be added when known	
Provision 2nd generator at Prince Philip	PPH	WG - TEF	to be added when known	to be added when known	to be added when known	
AHU Refurbishment Works all sites		WG - TEF	to be added when known	to be added when known	to be added when known	
Replacement & upgrades to passenger lifts		WG - TEF	to be added when known	to be added when known	to be added when known	
Glangwili Roof related projects	GGH	WG - TEF	to be added when known	to be added when known	to be added when known	
South pembrokeshire roof related project	SPH	WG - TEF	to be added when known	to be added when known	to be added when known	
PPH IPS UPS Installation	PPH	WG - TEF	to be added when known	to be added when known	to be added when known	
Theatre Lights upgrade		WG - TEF	to be added when known	to be added when known	to be added when known	
Chiller replacement ITU	WGH	WG - TEF	to be added when known	to be added when known	to be added when known	
LV Electrical Infrastructure		WG - TEF	to be added when known	to be added when known	to be added when known	
Chiller refurbishment	PPH	WG - TEF	to be added when known	to be added when known	to be added when known	
Replacement Fire dampers		WG - TEF	to be added when known	to be added when known	to be added when known	
Cause and effect upgrade programme		WG - TEF	to be added when known	to be added when known	to be added when known	
Replacement programme obsolete fire alarms and detection system		WG - TEF	to be added when known	to be added when known	to be added when known	
Ty Bryn Scheme		WG - TEF	to be added when known	to be added when known	to be added when known	
S136 Adult and Young Person Stepdown Carmarthen		WG - TEF	to be added when known	to be added when known	to be added when known	
St Non's Point of Ligature		WG - TEF	to be added when known	to be added when known	to be added when known	
Private Wire Solar Farm enabling works	PPH	WG - TEF	to be added when known	to be added when known	to be added when known	
Phased replacement of single glazed windows		WG - TEF	to be added when known	to be added when known	to be added when known	
Electrical vehicles Charging Points	GGH & PPH	WG - TEF	to be added when known	to be added when known	to be added when known	
Replacement Surgical Instrument Washers	GGH	WG - TEF	to be added when known	to be added when known	to be added when known	
Replacment endoscope washers and centralisation into HSDU	BGH	WG - TEF	to be added when known	to be added when known	to be added when known	
Low Voltage Breaker replacements	GGH & PPH	WG - TEF	to be added when known	to be added when known	to be added when known	
Picton Terrace	Picton Terrace	AWCP	to be added when known	to be added when known	to be added when known	
Sensory Garden	PPH	Charitable Funds Currently in WG	to be added when known	to be added when known	to be added when known	
Aseptic Project	WGH	Scrutiny process	to be added when known	to be added when known	to be added when known	

CAPITAL SUB COMMITTEE UPDATE REPORT

Date of last meeting: 21 March 2025

Quoracy: Met

Report by: Eldeg Rosser, Head of Capital Planning

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert¹ (may require discussion)

Capital Sub-Committee (CSC) wish to **alert** members of the Strategy and Planning Committee (SPC) of:

- **The Major Infrastructure Business Continuity - Risks & Patient Impact Report** and the key risks around business continuity of critical services. This report is attached as Annex 3. Extensive risk assessment has been undertaken and a report included that has been co-developed between the Health Board and NHS Wales Shared Services Partnership (NWSSP) outlining the top priority current risks. The next steps are to conclude the future scoping works and engage with Welsh Government (WG) to progress development to Business Case stage and further consider the longer-term needs of the estate and how this is incorporated into wider clinical service redesigns and development control planning.

Advise² (to monitor)

Capital Sub-Committee wish to **advise** members of the SPC that:

- The Capital Sub Committee Annual Report is presented in Annex A which was approved by CSC for onwards submission to the Strategy and Planning Committee at their meeting on 24 April 2025.
- **Capital Resource Limit (CRL) 2024/25**
- As of morning of 21/03/25 £6.4m spend remaining.
- Slippages have been identified and mitigations put in place.
- Although the above would need to be receipted over the next week, some assurance could be provided that the CRL should be met.

Capital Programme 25/26

- The Capital Programme for 2025/26 was presented to the Executive Team in January and allocations were agreed.

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

- The programme was due to be submitted to Board in March 2025 for approval, however since this programme was compiled there have been changes which need to be considered.
- There is the opportunity to increase contribution to the Targeted Estate Fund (TEF) allocation from £1.7m to £1.9m.
- The proposal is to manage the slippage and increase in TEF bid through the pre-commitment allocation, and to manage the additional £460k for the CHPs through the spend-to-save allocation and contingency reserve.

Assure³ (to note)

The Capital Sub Committee noted the following:

- The contents of the **Committee Key Actions report**
- **The Capital Governance Highlight Reports** and the projects with Red and Amber status. The CSC endorsed the timeline changes of the Sexual Assault Referral Centre (SARC) and Clinical Decision Unit (CDU) schemes and were assured on the actions taken on Cross Hands and the pathology development.
- The contents of the **Dashboard Reports** returned to WG in February 2025 on the schemes being funded through a range of sources, including Primary Care, Integration and Rebalancing Capital Fund/ Integrated Regional Capital Fund (IRCF), and All Wales Capital Programme.
- **The Estates Funding Advisory Board (EFAB) Update Report** and the following projects on site and complete.
- **The Fire Safety Management Update Report and update on the fire programme.**
 - Phase 1 - Successfully completed for Withybush Hospital (WGH) and Glangwili Hospital (GGH) with enforcement notices lifted for this phase, significant investments ~£40m-£45m between both schemes.
 - Phase 2 – Completion dates: WGH current completion date August 2027. GGH current completion date December 2027.
 - CSC received assurance that both schemes are on the WG prioritisation list for Hywel Dda University Health Board (HDdUHB).
 - CSC were advised that the Bronglais Hospital (BGH) project is not yet on the approved list for the Health Board, however there is a high degree of assurance this will go through on the same basis. The Programme Business Case (PBC) was submitted to Board in March 2025 and WG are conducting advance scrutiny on this. Until the detailed scrutiny and endorsement of PBC there is no certainty on this scheme.
 - **The update on the ‘A healthier Mid and West Wales’ (AHMWW) Programme on 23 January 2025** and the follow-up meeting to the Infrastructure and Investment Board (IIB) on 21 March 2025 indicated

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

that the HDdUHB was committed to working through potential options and to presenting these at the WG meeting in June 2025.

- **The West Wales Regional Capital Programme Update Report** on the key activities currently being worked through in support of the West Wales Strategic Capital Plan indicated that the Regional Partnership Board (RPB) was required to submit the next tranche of priority capital schemes, endorsed by all partners and RPB Strategic Capital Board, by 31 March 2025. . It was noted the Health Board ambition in developing community facilities would likely exceed available capital funding and HDdUHB and WG would need to consider their response.
- **The Infrastructure Investment Plan (IIP)** - with minor amendments the final version would be available as an annex to the Annual Plan and sent to WG for information.
- **The Energy & Carbon Programmes of Work update** - the three programmes of work that will target reductions in the energy use and carbon impact on the estate:
 - A new Energy Performance Contract (EPC).
 - Heat Network Efficiency Scheme (HNES) optimisation and funding.
 - Private wire solar farm project near Prince Philip Hospital (PPH).
- **The EPC End of year contract arrangements**

Reports for information were noted by the CSC as follows:

- Capital Monitoring Forum – Minutes of meetings on 14 January 2025 and 11 February 2025.
- Capital Planning Group – Minutes of meetings on 31 January 2025 and 28 February 2025.

Review of Risks

The Capital Sub Committee discussed and noted the risks highlighted in relation to:

- **The Major Infrastructure Business Continuity - Risks & Patient Impact Report** and the key risks around business continuity of critical services.

Sharing of learning

None noted for this meeting

Recommendation

The Strategy and Planning Committee is asked to **NOTE** the Capital Sub Committee Update Report following it's meeting on 21 March 2025.

Hywel Dda University Health Board

Major Infrastructure (Business Continuity) Investment Programme (MIIP)

Review of initial MIIP priorities, their specific risks and consequences for patient services.

Version – V1

Date – 06th March 2025

Author – Kyle Wheeler (BSc Hons I.Eng ACIBSE) – Assistant Major Capital Development Manager

Department – Estates

Document Control Log

Document Issue/Rev. No.	Description:	Issued by.	Date.
Version 1	Original Issue	KW	06/03/2025

Notes:

All Copyright and Design Rights subsisting in this document are the property of:

English:

Hywel Dda University Health Board

Estates Department

Glangwili General Hospital

Dolgwilli Road

Carmarthen

Carmarthenshire

SA31 2AF

Cymraeg:

Bwrdd Iechyd Prifysgol Hywel Dda

Adran Ystadau

Ysbyty Cyffredinol Glangwili

Heol Dolgwilli

Gaerfyrddin

Sir Gaerfyrddin

SA31 2AF

This document shall not be reproduced without the written consent of Hywel Dda University Health Board / Bwrdd Iechyd Prifysgol Hywel Dda

Document Sign Off Log

Sign Off Reference	Description:	By / Role	Date.
<i>Health Board Estates</i>	<i>Priorities accepted</i>	<i>Simon Day / Head of Maintenance & Engineering</i>	<i>28/02/2025</i>
<i>NWSSP-SES</i>	<i>Document accepted</i>	<i>Stuart Douglas</i>	<i>06/03/2025</i>

Contents

1 Executive Summary	5
2 Introduction	7
3 Background	8
4 Supported Projects	9
4.1 Withybush General Hospital	9
4.1.1 Electrical LV Infrastructure – Sub Mains Boards (Project 1)	9
4.1.2 Roofing Systems <i>RAAC Risk</i> (Project 2)	11
4.1.3 Domestic Water Infrastructure Distribution Pipework (Project 3).....	12
4.2 Bronglais General Hospital.....	13
4.2.1 Electrical High Voltage (HV) & Low Voltage (LV) Infrastructure (Project 1).....	13
4.3 Glangwili General Hospital.....	16
4.3.1 Electrical HV & LV Infrastructure (Project 1).....	16
4.3.2 Roofing, Building Envelope & Guttering (Project 2).....	18
4.4 Prince Philip Hospital.....	19
4.4.1 Water Infrastructure - Water Storage Tanks (Project 1).....	19
4.4.2 Electrical Switch Gear – High Voltage (HV) (Project 2a).....	19
4.4.3 Low Voltage (LV) Mains Distribution Boards (Project 2b)	20
4.4.5 Ventilation Plant – Air Handling Units (AHUs) serving Theatres 1 & 2 (Project 3).....	21

1 Executive Summary

This document intends to set out in clear terms, what we, Hywel Dda University Health Board (HDdUHB) supported by NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES), feel are the most urgent specific and unacceptable risks associated with its critical infrastructure and the impact that these will have on business continuity and patient safety.

There will be a need to consider this further given the recent decisions on estate reconfiguration and extended operational timelines on an estate which already has circa £250M back log maintenance. This would best be served by a refresh of the previous Programme Business case undertaken in 2018/19 (*noted below*). This would give assurance that all current risks are known, and appropriate mitigation measures are in place. Also to be clear on any future Service changes planned within this extended timeline and incorporated into a Strategic Plan supported by an appropriate estate investment plan.

This report however summarises the first part of this journey.

The detail is contained in later pages of this report, but what is being reported by the Health Board is the potential for significant disruption to clinical services and patient risks.

The identification of the priorities was initially linked to the delivery of the A Healthier Mid and West Wales (AHMWW) programme – 16/11/2018 and refreshed on 13/03/2020.

The sole intention of this investment plan was to maintain business continuity for the short interim period until Estates reconfiguration was in place. Now that this time horizon has been extended, this brings greater levels of need to address the key priorities to both uphold business continuity and minimise the potential risk of harm to patients, staff, and visitors. This report focusses on the most urgent and higher complexity schemes which have potential for significant disruption to the

Health Board and its core services, which will require significant planning and works to mediate. The lower complexity schemes have now been omitted from this report as these have been submitted for separate funding via Targeted Estates Funding (TEF) bids to WG (*confirmation of funding is pending*).

By undertaking the initial phase of projects, this would assist with a reduction in the total backlog maintenance quantum that are currently forecasted at c.£255.45m. The delivery of the projects outlined in latter sections of this report would assist the Health Board to remove some highly critical risks that could have significant impact on business.

To summarise, without support and funding, there is potential for serious harm and consequences to patients under the care of Hywel Dda University Health Board. While this report focuses on a minimum 3 – 4-year investment programme (linked to previous AHMWW programme), we now need to understand the wider consequence of remaining on our existing estate for potentially 10 -15 years.

Further works are now underway to finalise and detail the scopes of the project contained in the latter part of this report. This will include the assessment of deliverability, outline timescales, and provide a Rough Order of Cost (ROC), at current cost indices, of the schemes retained within this initial Major Infrastructure Investment Programme (MIIP).

Full design teams are now appointed to undertake this work, and we are currently developing a programme so that we can present likely timelines for this process.

In addition to all the above, the Health Board has substantial and disruptive works planned in managing fire enforcement notices at Glangwili General Hospital & Witybush General Hospital, especially in-patient ward areas. This will bring challenges and opportunities to clinical capacity as the phases

progress. Of note would be an opportunity to undertake a refresh of ward accommodation to improve the Patient environment aligned with Fire improvement works. This is not included here but is being reviewed by the Health Board and discussed with NWWSSP Shared Services. Any additional, unplanned

failures caused by the issues set out in this document will add significantly to the challenges faced by the Health Board in maintaining clinical services.

2 Introduction

This document has been compiled following an assessment of the existing major infrastructure priorities that were identified as the top infrastructure risks currently managed by Hywel Dda University Health Board (HDdUHB). The list was agreed jointly between the Health Board supported by NHS Wales Shared Services Partnership Specialist Estate Services (NWSSP-SES) colleagues.

Initial surveys were undertaken in September 2023 by:

Kyle Wheeler – *Assistant Major Capital Development Manager (HDdUHB)*
Jason Wood – *Major Capital Development Manager (HDdUHB)*
Simon Day – *Head of Maintenance & Engineering (HDdUHB)*
Mark Gapper – *Head of Engineering (NWSSP-SES)*
Anthony Goddard – *Principal Electrical Engineer (NWSSP-SES)*

Surveys were supported by Site Operational Staff at each acute site:

Malcolm Arnold – *Estates Manager WGH*
Claus Schilke – *Estates Officer WGH*

Elfyn Jones – *Estates Manger BGH*
Nick Hossington – *Senior Estates Officer BGH*

Andrew Stephens – *Senior Estates Officer GGH*
Gari Owen – *Estates Officer GGH*

Stewart Evans – *Estates Manager PPH*
Steve Thomas – *Senior Estates Officer PPH*

Further subsequent meeting and site surveys were undertaken in November 2024 by:

- Kyle Wheeler – *Assistant Major Capital Development Manager (HDdUHB)*
- Anthony Goddard – *Principal Electrical Engineer (NWSSP-SES)*
- Steve Rees – *Electrical Engineer (NWSSP-SES)*
- Nigel Bolan – *Electrical Engineer (NWSSP-SES)*
- Aran Chaplin – *Assistant Engineer (NWSSP-SES)*

Site surveys were undertaken with representatives from each site.

3 Background

Hywel Dda University Health Board (HDUHB) initially completed a Programme Business Case (PBC) in 2018 which identified the level of investment required to improve the condition of the Estate and to reduce its backlog maintenance. At this stage there was an aspiration to improve the estate, to Estate Condition B – defined as: “Sound – Operationally safe and exhibits only minor deterioration.” The level of investment was determined through the identification of the works required at:

- Glangwili General Hospital,
- Withybush General Hospital,
- Bronglais General Hospital and
- Prince Philip Hospital.

The original PBC identified full project costs of £246.5m (Pub Sec 250) which included a 4 – 5-year prioritised programme of work at both Glangwili and Withybush hospitals (taking account of the A Healthier Mid & West Wales (AHMWW) programme). Additionally, the PBC included the whole programme of priority works and improvements to CAT B standard at both Prince Phillip and Bronglais hospitals.

The original PBC was revisited in 2020/21 to take account of the proposed AHMWW programme which was endorsed by Infrastructure Investment Board (IIB) in July 2021 at approximate £87m (Pub Sec 250).

In 2022 further support was provided by Welsh Government (WG) to refresh the priorities to ensure all highest risks that had significant impact on patient safety were identified. This was costed and submitted to WG in February 2023 with an associated project cost of £130m (PubSec 293).

Following this submission discussions with WG were held and the HB was asked to target the highest risks at each site, reducing the project scope from 54No. key priorities, broken into 166No. individual projects, to just the risks detailed in this report. The reduction in scope reduced the project costs to c.£17.4m and it was proposed this would be delivered over a 3 to 4-year time horizon at approximately £5m/annum. While this option was not fully supported, some monies (c.£1.4m) was supported to deliver the designs associated with the first-year schemes as well as dealing with undertaking the works to the Bronglais Lift Shaft façade and replacing some of the electrical infrastructure at Glangwili Hospital. Further scope changes have been made in January 2025 by moving some risks, e.g., AHU refurbishments, IPS/UPS systems, & secondary standby generators from the MIIP programme into the Targeted Estates Funding (TEF) project stream.

This report seeks to expand on the risks associated with priorities with significant complexity and clearly demonstrate the significant impact that a failure would mean to the Health Board and the potential impacts this would have on its patients, in terms of patient safety, and associated operational impacts of service delivery.

Further works are now underway to finalise and detail the scope(s), assess the deliverability, outline timescales, and provide a Rough Order of Cost (ROC) of the retained schemes at current cost indices. As noted previously this is only an initial assessment of short-term priorities over the next 3-4 years and does need further consideration given the extended period that existing estate will need to be maintained.

4 Supported Projects

The following identified projects were assessed, acknowledged, and supported by NWSSP-SES as the main key priorities which needed to be remediated to reduce the risks to patient safety and operational continuity to tolerable levels.

4.1 Withybush General Hospital

Project Hierarchy

1. Electrical Low Voltage (LV) Infrastructure – Sub Mains Boards
2. Roofing Systems [*note RAAC management risk*]
3. Domestic Water Infrastructure Distribution Pipework

4.1.1 Electrical LV Infrastructure – Sub Mains Boards (Project 1)

HB Risk Register Entry No. 1131

HB Risk Rating 12 (**High** – 3x4 (likelihood x impact))

Observations of Existing Installation

- Aged Essential and Non-Essential Sub mains boards. Existing configuration allows for switching between supplies however never exercised due to risk of contacts not making – resulting in loss of services.
- Obsolete fuses in boards with no spares available.
- NWSSP-SES Authorising Engineers for High Voltage (HV) and Low Voltage (LV) have identified issues with existing incoming High Voltage (HV) supplies and front-end LV panel board in Engineering Block namely:
 - I. Transformers on site are at or very near to full capacity, thus in current guise no scope for additional works on site or upgrades* to existing areas due to greater reliance on electrically led systems unless significant investment was made to upgrade incoming supplies.

**Upgrades to wards in line with potential services changes to current HBNS / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes.*
 - II. Aged Essential and Non-Essential panel boards with parts and breakers that are no longer available feeding supplies to critical areas of the building. Switches not being exercised / switched due to fear of contacts not making and not switching back on, resulting in areas being shut down.
 - III. Single point of failure on incoming HV supplies – loss of which would cut all mains power to the site. If bus-coupler were to fail, then potentially no mains power to site for weeks. *District Network Operator (DNO) to confirm availability of bus couplers and incoming switches in event of a failure.*
 - IV. Poorly designed LV front-end board leading to concerns with resilience - multiple single points of failure in series.
 - V. Single point of failure in existing LV front-end board - if bus-coupler between incoming feeds and the busbars were to fail, there would be no mains power to hospital resulting in a blackout to all lighting and power and heating systems. Depending on location of this failure the site could be left running on generator until this is rectified.

- VI. Single point of failure exists for the sole permanent generator on site – only one connection supplying site from generator and connected via single bus coupler.
- VII. Existing generator connected to non-essential side of LV board, if bus coupler was to fail under generator conditions, then all essential services would be without power.
- VIII. Original and very aged “Town & Country” boards changed to supply Essential and Non-Essential circuits. These are served by single supplies from front-end board – single point of failure. This would result in sub-mains panel boards within the hospital not getting power, thus could result in loss of kitchens, whole blocks and critical areas. Power outage would likely be multiple weeks.
- IX. Resilience concerns in existing site Isolated Power Supply (IPS) / Uninterruptible Power Supply (UPS) systems not maintaining power for their design period, so undertaking statutory maintenance to LV breakers is troublesome and routinely not being undertaken.
- X. Obsolete parts making it difficult to fix in an event of a failure – some spare parts available but extremely limited stock. Initial discussions with Site Operations teams suggested spare breakers could be sought but with a 10+ week lead in.
- XI. Limited spare capacity available in existing front-end LV-Board, so limited future expansion.

Existing Mitigation

- None
- System configuration does not facilitate maintenance to be done without prolonged shutdowns.
- No spare breakers available on site to facilitate changeovers for servicing or in an event of a failure.
- Provision of additional secondary standby generator to connect to the “essential side” supply has been submitted as part of the TEF bids.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is proposed that the recommendations are delivered via 2off. Phases of works:

Phase 1

- Source spare breakers / ACBs to enhance immediate reaction in event of a local failure.
- Ascertain capacity within existing & local infrastructure and available capacity for potential future developments via contact with the local District Network Operator (DNO).
- Reconfiguration of the existing transformers to for A & B supplies to provide greater resilience and reduce risks associated with site capacity concerns.
- Installation of new A & B Low Voltage (LV) boards to remove existing front end and aged “Town & County / essential & non-essential” boards. This reduces number of single points of failure in the system.
- Undertake diversity assessment to understand load profile and demand on site.

Phase 2

- Consider the formation of a High Voltage (HV) ring on site to facilitate additional resilience, additional capacity within the on-electrical system thus mitigating the risks associated with

site capacity concerns and have the ability to cater for future expansion, and service changes linked to the adjusted AHMWW programme.

NOTE - Due to costs associated with the recommendations above, the NWSSP-SES Authorising Engineers (AEs) suggested that the above works are undertaken via the Major Infrastructure / Business Continuity Scheme and that the original, and supported project to address risks of the sub-mains boards within the main risers within the hospital are undertaken via Targeted Estates Funding (TEF) or Backlog Maintenance funding streams.

4.1.2 Roofing Systems RAAC Risk (Project 2)

HB Risk Register Entry No. 1382

HB Risk Rating 15 (**Extreme** – 5x3 (likelihood x impact))

Observations of Existing Installation

- Evidence of water ingress into the roof voids. Issues mainly from valleys and Velux window systems on Western aspect.
- Water tracking along steel beams and being diverted to internal rainwater gully's / downpipes.
- Internal gully systems are inappropriate causing ponding on flat roof areas within the roof space.

Existing Mitigation

- Limitation of access to roof spaces due to limit weight bearing down on to the Reinforce Aerated Autoclaved Concrete (RAAC) below roof space.
- Velux windows removed from Eastern roof aspects to limit amount of water ingress.
- Catchment troughs and pipework installed to intercept worse effected areas and divert to existing above ground drainage stacks.

Specific Risk to Patient / Site Activities

- Potential for water to effect Reinforce Aerated Autoclaved Concrete (RAAC) planks below the former flat roof water-proof membrane. Ingress since the RAAC remediation works have been noted above Ward 7 and moisture levels within the RAAC planks has been recorded as elevated. Although most of the RAAC planks above Ward 7 are supported via the uni-strut system, some unsupported "amber" planks are located throughout, thus further ingress could cause existing "amber" planks to degrade.
- Further ingress could result in failures that would result in closing of wards / areas and or result in serious harm / or even death to patients, staff, or visitors (*public*).
- Site wide impact due to associated service relocations.
- Potential for site or large areas to be closed for months.
- Ingress could see accelerated deterioration to RAAC planks leading to:
 - o Further localised ward closures.
 - o Further substantial capital support needed for RAAC remediation due to leaks.
 - o Difficult to manage public perceptions.

Recommendations from site visits

It is recommended that the existing tile roof is replaced in its entirety to ensure risk of future water ingress is mitigated as far as is practicably possible.

4.1.3 Domestic Water Infrastructure Distribution Pipework (Project 3)

HB Risk Register Entry No. 1546

HB Risk Rating 9 (**High** – 3x3 (likelihood x impact))

Observations of Existing Installation

- Current infringement notices given by Dwr Cymru Welsh Water (DCWW) potentially leading to water quality issues.
- Pipework within main system is largely oversized due to aged infrastructure sizing and arrangements. This could lead to water stagnation and raising likelihood of growth of water-borne pathogens.
- Existing pipework design facilitates good water flow rates at outlets however lack of pressure is evident in areas, especially second floor wards.

Existing Mitigation

- Existing PPM's require additional flushing to be undertaken to sufficiently flush large pipes. Increase revenue due to increased volumes being taken directly to drain.

Specific Risk to Patient / Site Activities

- Water quality is of a concern and could lead to IPC issues and contamination to patients, staff, and visitors.
- Potential for site wide impact if pathogen growth was high.
- Risks with associated chlorination of pipework due to system infrastructure design

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works.

- Surveys to be undertaken to understand domestic hot and cold-water system layouts and identify associated pipe sizes.
- Water system analysis to identify correct water loading units for each area.
- Re-design and install new water infrastructure pipework to minimise risks of stagnation and remove dead-legs in existing systems.

4.2 Bronglais General Hospital

Project Hierarchy

1. Electrical High Voltage (HV) & Low Voltage (LV) Infrastructure

4.2.1 Electrical High Voltage (HV) & Low Voltage (LV) Infrastructure (Project 1)

HB Risk Register Entry No. 1070

HB Risk Rating 12 (**High** – 3x4 (likelihood x impact))

HV/LV Switchgear Room –

Observations of Existing Installation

- Board configured Essential / Non-Essential; generator sized to cater for whole site.
- Single point of failure on LV Panel as current configuration has both incoming supplies terminated to the same side of the bus-coupler.
- Site the only hospital in Wales not on protected site's list by District Network Operators (DNOs)
- Existing breakers are now obsolete. Spare parts becoming increasingly difficult to source. Site Operations have stated that they have found suitable breakers outside of the UK however these have a lead in of 10+ weeks.
- Multiple areas of the building are fed off the same side of the board e.g., Front Of House / A&E extension – loss of which would close the associated areas for some time.
- Only 1 off. generator installed on site. Single point of failure exists for the sole permanent generator on site.

Existing Mitigation

- Critical departments (ITU, Theatres, MRI & CT) supported by UPS/IPS systems however these are only rated for 1-hour of use.
- Temporary generator connection and controls have been installed however full shut down to site required to safely connect in temporary generator.
- Provision of additional secondary standby generator to support the site is currently in planning phases to be delivered by the Operational Estates / Discretionary Capital Projects department(s).

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is recommended that the following works are undertaken to address existing resilience issues:

- o Source spare breakers / ACBs to enhance immediate reaction in event of a local failure.
- o Undertake load and capacity assessment to ensure proposed solution is the correct size whilst also accounting for potential future expansion capacity / and or Ward refurbishments*.

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

- Provide permanent connection from temporary generator panel to bus bars to facilitate immediate connection to temporary electrical source.
- New HV/LV panel is installed and reconfigured as A&B circuits.
- New sub-mains cables installed between Electrical switchgear and hospital blocks.

Medical Block –

Observations of Existing Installation

- Single supply from energy centre. Single point of failure.
- Aged breakers that are obsolete. No spares available.
- Panel is no longer manufactured, and asbestos used internally so limited scope for maintenance.
- Potential high risk to personnel whilst undertaking maintenance tasks as boards feature live terminals behind covers.
- Existing cables supplying boards approaching or at design original design capacity. If more load was introduced, then it could create issues with overheating of cables.

Existing Mitigation

None

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visit

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is recommended that the following works are undertaken to address existing resilience issues:

- New medical block panel is installed and reconfigured as A&B circuits.
- 2off. new sub-mains cables installed between Electrical switchgear and hospital blocks to allow board to be split into A&B supplies.

Surgical Block –

Observations of Existing Installation

- Single supply from energy centre. Single point of failure.
- Aged breakers that are obsolete. No spares available.
- Panel is no longer manufactured, and asbestos used internally so limited scope for maintenance.
- Potential high risk to personnel whilst undertaking maintenance tasks as boards feature live terminals behind covers.
- Existing cables supplying boards approaching or at design capacity.

Existing Mitigation

None

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visit

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is recommended that the following works are undertaken to address existing resilience issues:

- New surgical block panel is installed and reconfigured as A&B circuits.
- 2off. new sub-mains cables installed between Electrical switchgear and hospital blocks to allow board to be split into A&B supplies.

4.3 Glangwili General Hospital

Project Hierarchy

1. Electrical HV & LV Infrastructure
2. Roofing, Building Envelope & Guttering Systems

4.3.1 Electrical HV & LV Infrastructure (Project 1)

HB Risk Register Entry No. 1066 / 1149

HB Risk Rating 12 (**High** – 4x3 (likelihood x impact))

Observations of Existing Installation

- Potential to have either site wide or local impact resulting in closures, especially if secondary faults result in critical parts.
- Existing switches and breakers are no longer manufactured, and the existing infrastructure has no ability to adjust the breakers to prevent false tripping.
- Potentially long lead in times to source new breakers and challenges with installation of new requiring complete blocks / areas to be shut down.
- Panels are serving very critical areas and main Ward Blocks.
- Panel manufacturer has confirmed the availability of spares is sparse and extent of modifications required for upgrade. Modifications require the installation of new carriers onto the busbars to accept new breakers.
- Monies have been made available by WG to undertake a scheme to free up spares in less critical boards to be used in more critical boards however this does not remove other, potential, single points of failure in the electrical infrastructure.

NWSSP-SES Authorising Engineers for High Voltage (HV) and Low Voltage (LV) have identified issues with existing incoming High Voltage (HV) supplies and front-end LV panel board in Engineering Block namely:

- I. Single point of failure on incoming HV supplies – loss of which would cut all mains power to the site.
- II. Poorly designed transformer change over panel board introduces further single points of failure to the system, leading to concerns with resilience.
- III. Single point of failure exists for the sole permanent generator on site.
- IV. Existing generator connected via single bus coupler, if this was to fail under generator conditions, then all essential services would be without power.
- V. Resilience concerns in existing site Isolated Power Supply (IPS) / Uninterruptible Power Supply (UPS) systems not maintaining power for their design period, so undertaking statutory maintenance to LV breakers is troublesome and routinely not being undertaken.
- VI. Obsolete parts making it difficult to fix in an event of a failure – some spare parts available but extremely limited stock.
- VII. Limited spare capacity available in existing front-end LV-Board, so limited future expansion.
- VIII. Main LV panel board in fair condition for its age (circa 20years old).
- IX. No isolation between temporary generator connection point and connection to generator panel.

Existing Mitigation

- Provision of additional secondary standby generator to connect to the “essential side” supply has been submitted as part of the TEF bids.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is proposed that the recommendations are delivered via 3off. Phases of works:

Phase 1

- o It is recommended to undertake works to existing LV sub-mains boards via the Backlog Maintenance funded monies to free up spares for use in an event of failure within panels within the main hospital.

Phase 2

- o It is recommended that the incoming HV is upgraded along with the transformers to provide full A&B supplies to the site.
- o Undertake load and capacity assessment to ensure proposed solution is the correct size whilst also accounting for potential future expansion / refurbishments* capacity via contact with the local District Network Operator (DNO).

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

- o It is recommended that spare ACBs are purchased to facilitate maintenance on existing breakers and to swap out in the event of a failure.

Phase 3

- o It is recommended that in 5-years' time the main LV panel board is upgraded to remove risks with obsolescence.

NOTE - Due to costs associated with the recommendation for Phase 2 above, the NWSSP-SES Authorising Engineers (AEs) suggested that the above works are undertaken via the Major Infrastructure / Business Continuity Scheme and that project scopes are correctly identified jointly with NWSSP-SES to ensure accurate costings can be obtained at Business Case stage ahead of submittal to WG.

4.3.2 Roofing, Building Envelope & Guttering (Project 2)

HB Risk Register Entry No. 1154 / 212 / 1139 / 1140 / 1147

HB Risk Rating 16 (**Extreme** – 4x4 (likelihood x impact))

Observations of Existing Installation

- Guttering systems around main ward block roofs in very poor condition. Falls within guttering system are insufficient resulting in stagnation of water, vegetation & algae growth leading to corrosion.
- Failing guttering resulting in water tracking into plant areas below.
- Roofing sheets showing signs of degradation and pin-holing.
- Flat roofs over OPD are in poor condition and leaks entering patient treatment and consultation rooms below.
- Failing internal guttering systems and poor roof falls are exacerbating the issues.
- Some monies have been made available to remediate worst areas – Blocks 2, 5 & 6 however other key core ward blocks 2, 4 & 8 will remain in existing guise.
- Original curtain walling within concave façade of Blocks 5 & 6 is aged and showing signs of water ingress into core service areas. Existing curtain wall system is single glazed with poor U-values. Some departments have installed secondary glazing to remove draughts and increase thermal performance of the glazing.

Existing Mitigation

- Some monies have been made available to remediate worst areas – Blocks 2, 5 & 6.
Note - A separate TEF bid has been submitted to continue works to Blocks 5 & 6 and the external envelope however exact scopes are not fully detailed. Lastly this is subject to funding approval.
- Should a leak be reported following inclement weather, site operations will inspect and repair where possible. If leak cannot be stemmed, specialist roofing contractors will be engaged to ascertain extent of repair. Depending on cost this may be followed by a capital bid to remediate.
- Monies have been spent via hospital operational estates department to touch up areas of paint and flooring following reactive works.

Specific Risk to Patient / Site Activities

- Water ingress into areas a potential IPC risk and potential for mould growth and slips trips and falls.
- Impact on daily services and potential to reduce appointment lists if leaks cannot be stemmed, thus impacts felt by patients and could lead to harm if critical appointments are missed.
- Lower thermal performance of building fabric resulting in higher revenue costs.

Recommendations from Site Visits

It is recommended that further surveys are undertaken to the gutters and valleys, and further surveys are undertaken to the existing roof to understand current condition and areas of most deterioration, and initial investment is made to target the areas of highest deterioration.

Due to changes in the AHMWW programme, additional benefit would be realised from undertaking works to the curtain walling system to increase its thermal performance and weather proofness. This would assist the HB reduce revenue costs through better thermal performance and utilise fabric first principles to assist with decarbonisation of the estate. This work would also provide an upgrade to the aesthetic appearance of the building and provide betterment to the patient, staff and visitors perception of the hospital.

4.4 Prince Philip Hospital

Project Hierarchy

1. Water Infrastructure – Water Storage Tanks
2. Electrical HV & LV Infrastructure
3. Ventilation Plant – *Theatres 1 & 2*

4.4.1 Water Infrastructure - Water Storage Tanks (Project 1)

HB Risk Register Entry No. 1331

HB Risk Rating 16 (**Extreme** – 4x4 (likelihood x impact))

Observations of Existing Installation

- Bitumen coatings were removed to comply with Water Regulations Approval Scheme (WRAS) standards and regulations.
- Water tanks recoated with epoxy coating however this needs annual inspection and regular repair. Recent inspections show evidence of rust forming between steel tank and epoxy coating creating discolouration of epoxy coating, and potential for contamination to water.
- Tanks in very poor condition and if they were to fail then potential for serious site wide impact if failure occurred.
- Mains bypass fitted but supplies site via the tanks therefore cannot be used in event of emergency.
- Risk to personnel due to confined space working.
- Working at height risks due to tanks being located on elevated gantry.
- Tank volumes to be rationalised to reduce stored water capacity and risks associated with large volumes of stored water.

Existing Mitigation

- Periodic inspections and tank cleaning undertaken along with associated water sampling and microbiology testing.

Specific Risk to Patient / Site Activities

- If major failure were to occur, then no water to site, resulting in significant disruption such as no domestic hot or cold water to the site.
- Serious impact on patients. Patient transfers would be required.

Recommendations from Site Visit

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. To remove tanks from high level gantry system, replace with ground mounted tanks and supply site via run and standby booster pump sets and convert existing system to a pressurised system.

4.4.2 Electrical Switch Gear – High Voltage (HV) (Project 2a)

HB Risk Register Entry No. 1099

HB Risk Rating 16 (**Extreme** – 4x4 (likelihood x impact))

Observations of Existing Installation

- Existing HV incoming supplies on same side of HV board, single point of failure to site transformers. If bus-coupler fuse was to fail, there would be no power to hospital resulting in a blackout to most lighting and power and heating systems. Site generator would provide power to essential circuits only.
- HV breakers are aged and far beyond life expectancy. HV breakers are oil filled – H&S risk.

- Only 1 off. generator installed on site. Single point of failure exists for the sole permanent generator on site.

Existing Mitigation

- None
- System configuration does not facilitate maintenance to be done without prolonged shutdowns to relevant areas.
- No spare breakers available on site to facilitate changeovers for servicing or in an event of a failure.
- Provision of additional secondary standby generator to connect to the “essential side” supply has been submitted as part of the TEF bids.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visits

The following are recommendations that were summarised as part of the site survey and shall be developed by the appointed MEP consultants into a firm scope of works. It is anticipated that the works would be delivered via 2 off. phases:

Phase 1

Short term recommendations are to:

- o Install a second set of batteries to the existing generator to provide N+1 resilience to starting sequence of the generator.

Phase 2

It is recommended that the following works are undertaken to address existing resilience issues:

- o New HV/LV panel is installed and reconfigured as A&B circuits.
- o Load assessment undertaken to ascertain if new transformers are required and to understand capacities required for future expansion capacity / and or Ward refurbishments*.

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

NOTE – It has been recommended by the NWSSP-SES Authorising Engineers (AEs) that monies for Phase 1 recommendations are sought from the EFAB 3 / TEF funding streams.

Due to costs associated with the recommendation for Phase 2 above, the NWSSP-SES suggested that the above works are undertaken via the Major Infrastructure / Business Continuity Scheme and that project scopes are correctly identified jointly with NWSSP-SES to ensure accurate costings can be obtained at Business Case stage ahead of submittal to WG.

4.4.3 Low Voltage (LV) Mains Distribution Boards (Project 2b)

Observations of Existing Installation

- LV board has no spare capacity for additional circuits within the building. Breakers are no longer available and can only be replaced with refurbished units however this requires whole board to be turned off (loss of power to site).

- No IPS/UPS systems installed to existing theatres so undertaking statutory maintenance to LV breakers is troublesome and routinely not being undertaken as results in loss of theatre lists.
- Single point of failure at incoming point of board. Single bus-coupler between incoming supply and busbars in panel board, a failure would result in power to the essential side only via the generator. All non-essential circuits would be lost.
- Aged breakers that are no longer manufactured.
- Potential high risk to personnel whilst undertaking maintenance tasks as boards feature live terminals behind covers.

Existing Mitigation

- ACBs are serviced by third party however spares are extremely limited / obsolete. Spares can be sought however lead in times are 10+ weeks.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Potential for serious harm to patient – especially if essential supplies are lost.

Recommendations from Site Visit

Phase 1

- o Procure spare ACBs to facilitate maintenance of existing, and aging ACBs.

Phase 2

It is recommended that the following works are undertaken to address existing resilience issues:

- o New panel boards shall be installed and reconfigured as A&B circuits.
- o Undertake load and capacity assessment to ensure proposed solution is the correct size whilst also accounting for potential future expansion capacity / and or Ward refurbishments*.

**Refurbishments to wards in line with potential services changes to current HBNs / HTMs / CIBSE and Building Regulations standards would likely require wards to be mechanically ventilated to ensure sufficient fresh air is available and to prevent overheating during summer months. Thus greater electrical capacity would be required to facilitate any future service changes*

4.4.5 Ventilation Plant – Air Handling Units (AHUs) serving Theatres 1 & 2 (Project 3)

AHU Serving Theatres 1 & 2 shall remain within the guise of the MIIP portfolio of projects due to the complexity of the works.

HB Risk Register Entry No. 369.

HB Risk Rating 12 (**High** – 4x3 (likelihood x impact))

Observations of Existing Installation

- Shared plant between 2 off. theatres. Theatres 1 & 2 are the main cancer pathway theatres for the HB.
- Ventilation plant in fair condition for its age due to being installed internally.
- Plant is aged and beyond its design life. Units installed late 1980's, so approaching twice the industry design guides.
- Existing units suffering with ingress of water into intake sections causing premature collapse and failure due to corrosion. Works to replace intake sections via capital bids have been undertaken however these are now failing.
- Water ingress causing accelerated deterioration of frost coils requiring additional maintenance.

- Fire dampers are actuated by pneumatics however are aged and in poor operational capacity.
- Fire damper surveys have identified dampers have failed in many locations. If dampers fail closed this would result in no ventilation to the associated spaces.
- If operation of dampers is poor, cannot guarantee that the fire compartmentation will be maintained resulting in fire risks throughout the building.

Specific Risk to Patient / Site Activities

- Potential for significant disruption to clinical services.
- Loss of plant will result in 50% of theatre lists being lost.
- Potential for serious harm to patient – especially if essential supplies are lost.
- Failure of some Fire Dampers would result in loss of critical plant thus result in loss of theatre lists and significant service disruption, additional pressures on remainder of the service across Health Board.
- Serious fire management risks by association.

Existing Mitigation

- Additional PPMs are undertaken to reduce speed of deterioration however inspections and works becoming more frequent.
- Existing DCP scheme is targeting works associated with replacement of the Fire Dampers (FDs) on the site. A further TEF bid has been submitted for funding to address remaining FDs on site.

Recommendations from Site Visit

- Given the changes to the AHMWW programme replacement of the plant should be explored including Fire Dampers to plant where not undertaken by the DCP / TEF bids, and costs ascertained to determine final scope of the project.
- Refurbishment* of the units may be possible via:
 - o Upgrade to intake sections including flooring sections,
 - o Installation of new atmospheric damper systems and associated actuators,
 - o Replace old, obsolete fans for new, energy efficient EC fans,
 - o Installation of new components and ancillaries.

**Exact scopes to be ascertained to determine cost benefit analysis of refurb versus replacement.*

Subject to further analysis, temporary theatre capacity may be required to be supplied as enabling works ahead of the delivery of the AHUs to existing theatres.

CAPTIAL SUB- COMMITTEE

ANNUAL REVIEW REPORT

2024/2025

1. Introduction and Chair's summary

In line with Standing Orders the Capital Sub-Committee must submit an Annual Report to the Committee through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Groups it has established, setting out how the Sub-Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework:

2. Terms of Reference and Workplan

The TOR for the Capital Sub-Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 19 November 2024.

The Capital Sub-Committee has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The Capital Sub-Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

3. Groups

The Capital Planning Group reports into the Capital Sub-Committee with its own terms of reference and workplan for the year.

The Capital Monitoring Forum reports into the Capital Sub-Committee with its own terms of reference and workplan for the year



4. Table of attendance

5. **Key:**

Present	Delegated Member Present	Apologies	Absence
---------	--------------------------	-----------	---------

6.

7. **Attendance Table:**

Member/In Attendance	21/05/24	19/07/24	16/09/24	19/11/24	16/01/25	21/03/25
Executive Director of Strategy and Planning (Chair)						
Assistant Director of Strategic Planning & Development (Vice Chair)						
Independent Member						
Director of Estates, Capital Management & Facilities						
Assistant Director of Nursing, IP&C						
Senior Finance Business Partner						
Head of Facilities Information & Capital Management						
Deputy Director of Operations						
Assistant Director, Medical Directorate						
Digital Director						
Assistant Director of Primary Care						
Head of Assurance & Risk						
Head of Procurement						
Head of Capital Planning						
Chair of the Medical Devices Group						
In Attendance:						
Committee Support/Secretary						
Director of Mental Health and Learning Disabilities						
County Director – Carmarthen						
County Director - Ceredigion						
County Director - Pembrokeshire						
Head of Radiology						

General Manager, Women & Children's Directorate	Yellow	Red	Red	Red	Yellow	Red
Head of Pathology	Yellow	Red	Red	Red	Red	Red
Head of Capital Audit (Quarterly attendance only)	Yellow	Green	Green	Green	Green	Green
Head of Property Performance	Green	Green	Green	Red	Red	Green
Capital Programme Manager, Capital Planning	Yellow	Green	Green	Green	Green	Green
Project Manager, Capital Planning	Green	Green	Green	Green	Green	Light Blue
Capital Programme Manager, Regional Partnership Board	Green	Green	Yellow	Yellow	Red	Green
Clinical Director of Pharmacy and Medicines Management	Red	Red	Yellow	Yellow	Green	Light Blue
Meeting quorate?	Yes	Yes	Yes	Yes	Yes	Yes

8. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

(Include highlights of work undertaken as headings. Include any decisions made by the Committee. Any feedback from patients or staff)

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

19 July 2024

- There is ongoing discussion around the **Strategic Outline Case (SOC)** and the additional scenarios Welsh Government (WG) are expecting the Health Board to explore. The key point to note from a capital perspective is that it is becoming clearer if the Health Board are expected to widen the scope of the SOC, there will be significant cost and timeline consequences.
- Formal advice has been received from external advisors in relation to the changes WG are asking Hywel Dda University Health Board (HDdUHB) to consider in relation to exploring new scenarios. The Health Board is now seeking legal opinion on the potential implications.
- Several of the **community schemes** have capital and revenue affordability challenges. It is key going forward to agree how the Health Board sees the strategy of developing community hubs going over the next couple of years.

- The **Annual Strategic Medical Device Replacement Report** highlighted the challenge of how the Health Board manages the risk without the significant levels of investment required. Also, how the Health Board needs to look at the strategic decisions it is making in relation to equipment.

16 September 2024

- The **A Healthier Mid and West Wales update report** noted that several of the community schemes have capital and revenue affordability challenges. Strategic Outline Case (SOC)/ Programme Business Case (PBC) update:
 - The programme timelines have already seen significant delay from the plans set out in the PBC. These are likely to be delayed further if, as seems likely, the Health Board is required to explore additional scenarios in the SOC.
 - There was a meeting arranged for 12 September 2024 with the Deputy Chief Executive – NHS Wales. Next steps are that the work from the past months will be taken for Executive Team discussion and Board Seminar discussion prior to deciding on a course of action with Welsh Government (WG) over the next few months.
- **The annual update on the Estate's backlog** noted there was not sufficient funding to cover the high-risk backlog. The increase in backlog is significant.
- The **Capital Governance Update** noted that there was a delay to the completion of the Business Justification Case (BJC) for the Aseptic Project due to no tenders being submitted for the demountable building element of the scheme. A revised approach to the delivery of this work has been introduced so it is managed by the lead contractor and a revised tender has been issued.

19 November 2024

- **The CSC Terms of Reference (ToR) have been reviewed** with updates to membership made and are attached in Annex 1A for approval by SDODC.
- The **A Healthier Mid and West Wales update** paper to Board in November 2024 explicitly outlined the current situation with the development of Health Board infrastructure plans to support the strategy and the expectation the New Hospital is a minimum of 10 years away, and the significant implications of this. This will require a refresh of the Strategic Plan and there will be a requirement for this CSC to consider the capital components of this.

16 January 2025

- **A Healthier Mid & West Wales Programme Business Case Update** Agreement has been sought with Welsh Government (WG) on the way forward and an Infrastructure Investment Board (IIB) session agreed for 23 January 2025. Key points to note:
 - It was hoped that IIB would be the start of a discussion leading to formal agreement of the scope. There were three queries it would be important to be aligned on.

- It is assumed the Health Board will need to develop a refreshed Programme Business Case (PBC). WG have indicated that a wider set of options should be considered.
 - WG indicated that Hywel Dda University Health Board (HDdUHB) would need to consider the needs of Glangwili (GGH) and Withybush (WGH) Hospitals over the interim period and the interface with primary and community care. WG added a further point on the linkages with Swansea Bay University Health Board (SBUHB) and the approaches to internal and external communications around this.
 - This would be a very substantial piece of work with associated costs. The investment needed for this is not currently in the Health Board's financial plans and would influence the 3-year financial roadmap.
- **The feedback received from WG Prioritisation Process**
The Presentation given by WG colleagues to the Chief Executives of NHS Wales in early December 2024 noted that there is currently no funding available to support a hospital building programme across Wales.

21 March 2025

- **The Major Infrastructure Business Continuity - Risks & Patient Impact Report** and the key risks around business continuity of critical services. This report is attached as Annex 3. Extensive risk assessment has been undertaken and a report included that has been co-developed between the Health Board and NHS Wales Shared Services Partnership (NWSSP) outlining the top priority current risks. The next steps are to conclude the future scoping works and engage with Welsh Government (WG) to progress development to Business Case stage and further consider the longer-term needs of the estate and how this is incorporated into wider clinical service redesigns and development control planning.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

21 May 2024

Capital Resource Limit 2024/25:

- Unaudited 2023/24 position
 - Underspend of £0.32m.
 - Health Board managed end of year 2023/24 with minimal impact on 2024/25 Programme.
- WG have now confirmed Glangwili Hospital (GGH) Phase 1 Fire Works.

Capital Programme 2024/25

- Board approved 2024/25 Programme at the 28 March 2024 meeting.
- £1.5m put aside to deal with emergency issues of which £60k has been used to date.

- In the last 10 days Welsh Government (WG) have asked the Estates Team to submit bids against £30m in the All-Wales allocation for maintenance type issues of which bids for £7m have already been sent to WG which include Bronglais Hospital (BGH) improvements and are now awaiting their response.

19 July 2024

- There are no concerns regarding being able to meet the **Capital Resource Limit 2024/25**, both in terms of underspend and overspend. It is currently forecast that all schemes are to progress as expected.

Capital Programme 2024/25

- HDdUHB have been awarded two amounts of additional WG funding. This includes £4m to address backlog maintenance issues and £3.2m to replace the Magnetic Resonance Imaging (MRI) in Prince Phillip Hospital (PPH); and Fluoroscopy room and Radiology room in Withybush Hospital (WGH)
- Whilst the Health Board has committed just under £0.500m out of the contingency pot, there are still a significant number of bids that have yet to be reviewed. These will be further discussed at the Capital Planning Group meeting being held on Friday 26 of July 2024, and a verbal update will be provided.
- It was noted that there are several items that had not been anticipated such as the potential additional costs associated with the handing back of the General Medical Services (GMS) contract in St Davids, depending on a decision at Board on 25 July 2024. Also, fees that may need to be spent before receiving WG approval on the next phase of the Fire Schemes.

16 September 2024

Capital Resource Limit 2024/25:

- There are no risks currently being highlighted regarding ability to deliver against the Capital Resource Limit (CRL) for this financial year, with all schemes expected to finish before the end of March 2025.
- Welsh Government will expect the Health Board to fix the CRL for the All Wales Capital Funded schemes at the end of October 2024, and this will be the last opportunity the Health Board will have to return any slippage or underspend.

Capital Programme 2024/25

- Recovery monies have been identified which are available to be used this year.
- A review has been completed on the identified pre-commitments for this year, and the need to use these allocations in the year 2024-25. Just over £1m of allocation has been identified that could be redistributed.

- The Health Board was advised towards the end of the week ending 13 September 2024 that WG potentially had some slippage and the Health Board have been asked to schedule end of year bids, to be prioritised against backlog maintenance, infrastructure risks, and backlog equipment.
- Given some of the slippage on pre-commitments, there would be a range of pre-commitments potentially going into 2025-26; currently this range was between £800k - £900k.
- EFAB is not currently included in the pre-commitments. It was likely EFAB would need to be included in the pre-commitments, and this could potentially be a substantial amount of money.

The Welsh Government Building, Picton Terrace Development report.

- The Health Board has been working with WG towards a solution that allows it to occupy the building in Picton Terrace. A report will be submitted to Public Board in September 2024 to seek approval to proceed the scheme subject to all approvals being in place. If approved the scheme will be delivered over the next financial year and be ready to occupy in January 2026.
- The key focus for the Sub-Committee was regarding the agreement on the Discretionary Capital Programme (DCP) of the provision on £110k annually to pay this investment back.

19 November 2024

- **Capital Resource Limit (CRL) 2024/25:**
 - The CRL needed to be fixed with Welsh Government (WG) by end of October 2024. The amounts returned / to note are:
 - £500k forecast underspend on Reinforced Autoclaved Aerated Concrete (RAAC) works at Witybush Hospital (WGH).
 - £660k slippage associated with backlog maintenance schemes.
 - There are no risks to be highlighted to achieve the forecasted spend by end of March 2025.
 - A forecast overspend against the WGH Imaging Scheme was highlighted. The current indicative position is an overspend of £1.9m against the budget received from WG.
 - The risk to the Discretionary Capital Programme (DCP) was discussed. In the meeting on 18 November 2024 WG advised there is an imaging allocation in the next financial year. It was indicated although not confirmed this scheme would be the priority against this funding.
- **Capital Programme 2024/25**
 - Since the last update there has been approval for the Sexual Assault Referral Centre (SARC) in Aberystwyth at £3.354m over two years and works costs for Picton Terrace at £3.835m over two years. There has been capital approval for Pentre Awel equipment and digital items and equipment in WGH.

- A bid was submitted to WG of £2.5m for items which could be delivered before 31 March 2025 that would assist with the reduction of waiting times. Response anticipated from WG by week ending 22 November 2024.
- The preparatory work for developing the capital plan for next year for the Capital Planning Group has begun.
- There is £800k pre-commitment against next year for the work resulting from the Paediatric Consultation.
- Whether there needed to be an allocation from DCP for any work resulting from the Clinical Services Plan was raised. It was noted that due to the timing, there may be no requirement next financial year, and that a substantial contingency was held as standard. A discussion with Executives was suggested.
- **Audit Wales will be undertaking a Review of Capital Investment Prioritisation** - this is expected to be within the next few months.
- **The Infrastructure Investment Enabling Plan 2024-2027 schemes** have been reviewed for progress and work on the Infrastructure Investment Enabling Plan for 2025 - 2028 has commenced. A draft plan will be presented to the Capital Sub-Committee in January 2025

16 January 2025

Capital Resource Limit 2024/25:

- At the end of December 2024 - 50% of the total allocation had been spent.
- There are around 170 significant individual schemes which need to be completed; therefore, it has been assessed there is a risk to underspending against the Capital Resource Limit (CRL) and a corporate risk scored at 12 was agreed at January 2025 Executive Team (ET) meeting. To mitigate against this risk the Health Board has over-committed against the programme.

Capital Programme 2024/25 and 2025/26

- A bid of £2.9m was submitted to WG for end of year monies on 6 January 2025. Confirmation has been received that £1.3m of this has been approved.
- The discretionary allocation has increased from £7.4m to £10m for next year. A report has been prepared for consideration by the Executive Team on 15 January 2025 on how the discretionary allocation for 2025/26 is split
- WG have made available a Targeted Estates Fund (TEF) for next year of £40m across Wales; this has a requirement for the Health Board to contribute 30% with WG contributing 70%. These bids were submitted to WG by end of January 2025.
- The ET approved Option 1 with TEF allocation capped at £1.7m. This option would allow flexibility for the Capital Group. The ET were satisfied to be guided on allocation, and a view on how this could be taken through the CSC.
- CSC were advised that the Paediatrics work was not progressing with the anticipated pace, and that there was a risk that the whole amount (£800k)

may not be used next year. Action agreed to meet with the service on the planning of the Paediatrics work.

21 March 2025

- The Capital Sub Committee Annual Report is presented in Annex A which was approved by CSC for onwards submission to the Strategy and Planning Committee at their meeting on 24 April 2025.
- **Capital Resource Limit (CRL) 2024/25**
- As of morning of 21/03/25 £6.4m spend remaining.
- Slippages have been identified and mitigations put in place.
- Although the above would need to be receipted over the next week, some assurance could be provided that the CRL should be met.

Capital Programme 25/26

- The Capital Programme for 2025/26 was presented to the Executive Team in January and allocations were agreed.
- The programme was due to be submitted to Board in March 2025 for approval, however since this programme was compiled there have been changes which need to be considered.
- There is the opportunity to increase contribution to the Targeted Estate Fund (TEF) allocation from £1.7m to £1.9m.
- The proposal is to manage the slippage and increase in TEF bid through the pre-commitment allocation, and to manage the additional £460k for the CHPs through the spend-to-save allocation and contingency reserve.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

21 May 2024

- The Capital Sub-Committee endorsed the Capital Sub-Committee Work Plan for 2024/25.
- Capital Governance Highlight Reports have been reviewed by CSC for all projects with Red and Amber Schemes.
- The EFAB Update Report.
- Capital Audit Tracker Report - and the progress of the implementation of outstanding capital themed audit recommendations. Also noted information provided in respect of lapsed timescales which will be reported to the Audit and Risk Assurance Committee (ARAC).
- WG Dashboard Reports - and the ongoing positive responses from WG.
- Regional Capital Programme - verbal update and progress made in respect of the Regional Capital Programme.
- The A Healthier Mid and West Wales (AHMWW) update report and progress made in respect of the AHMWW Programme Business Case.

- Cross Hands Health and Wellbeing Centre Project - and challenges facing the Cross Hands Project.
- The Sexual Assault Referral Centre (SARC) Business Justification Case (BJC) – Progress Update Report and that the Executive Team have approved the Business Case to go to Board for approval on 30 May 2024.
- WG funding for radiology schemes - The Capital Sub-Committee were advised that the Health Board has received notification from WG of potential three radiology schemes they may support in year. We have been asked to review costs and delivery by 31 March 2025.

Papers for information were noted by the CSC as follows:

- Capital Monitoring Forum – Minutes of meeting held on 12 March.

19 July 2024

- **Capital Governance Highlight Reports** have been reviewed by CSC for all projects with Red and Amber Schemes
- The Sub-Committee endorsed the **Environmental Management Review** for the period 2023/24 and Objectives and Targets for 2024/25 with a query to check if alternative governance routes for the reports approval was more appropriate for the future.

The Capital Sub Committee noted the following:

- **The EFAB Update Report** and that all projects are currently Red, Amber, Green (RAG) rated Green (Low Risk) and are currently on programme.
- The **A Healthier Mid and West Wales (AHMWW) update report** and progress made in respect of the AHMWW Programme Business Case.
- The progress made in respect to the **Community Schemes**.
- The report and actions taken to implement the **Advisory Report, Management Action Plan** prepared as a consequence of the A Healthier Mid and West Wales Programme: Forward Look Governance Review.
- **The Annual Strategic Medical Device Replacement report.**
- **The Regional Capital Prioritisations Approach (Integrated Regional Capital Fund (IRCF)).**
- The Business Justification Case (BJC) for **Carmarthen Hwb** and funding approval received from WG.
- The submission of the **Pentre Awel** Full Business case (FBC) to WG and that the Council and Health Board are awaiting feedback through the WG scrutiny process and a date when this will be considered by the IRCF Panel.

Papers for information were noted by the CSC as follows:

- Capital Review Meeting – 24 March and 24 May 2024.
- Capital Monitoring Forum – Minutes of meetings held on 13 May, 11 June and 9 July 2024.
- Capital Planning Group – 31 May 2024.

16 September 2024

1. **Capital Governance Highlight Reports** have been reviewed by CSC for all projects with Red and Amber Schemes and a revised reporting process has been approved which aligns with the Health Board's 3 A's approach (Alert, Advise, Assure).

The Capital Sub Committee noted the following:

2. The contents of the **Dashboard Reports** returned to WG on the schemes being funded through a range of sources, including Primary Care, IRCF, and All Wales Capital Programme AWCP.
3. **The Estates Funding Advisory Board (EFAB) Update Report** and that all projects are currently RAG rated Green.
4. **The Capital Project Audit Tracker** report and the process followed.
5. **The Annual Diagnostic Imaging Update** and the remaining corporate risk 684 – the risk to timely investment and replacement of radiology equipment. This is because there is no secured funding each year to be able to sufficiently plan ahead.
6. **The Land adjacent to Glangwili General Hospital (GGH) report.** The report recommended the Sub-Committee approve proceeding with next steps and the funding to support due diligence costs circa. £3k.

Papers for information were noted by the CSC as follows:

1. Pentre Awel SBAR to Sustainable Resources Committee (SRC) was included for information.
2. Capital Review Meeting – 31 May and 1 July 2024.
3. Capital Monitoring Forum – Minutes not yet available.
4. Capital Planning Group – 26 July 2024

19 November 2024

- **Capital Governance Highlight Reports** have been reviewed by CSC for all projects with Red and Amber. Other key points highlighted:
 - Workshops would be needed with the Community teams and Primary Care to work through a priority list for community infrastructure priorities and how this supported the strategic plans, linking to the work being done to refresh the regional capital prioritisation through the Regional Partnership Board (RPB) and the Regional Capital Group.
 - The delay in the regional pathology scheme may cause the Health Board to incur capital spending to provide an interim solution. Work is ongoing to evaluate this. It was noted that progress on the capital prioritisation process and how this affected the regional pathology scheme would be raised in the next Capital Review Meeting with WG.
 - Radiology schemes were not currently included on the Highlight Report (HLR) for capital governance updates, and these would be added to this bi-monthly reporting.
- **The Arts and Health Annual Update Report** outlining the range of projects and growing evidence base shows that the Arts have a role to play in creating

therapeutic and healing environments. The Bronglais Cancer Treatment Unit was identified as a flagship project for the incorporation of the arts into this capital project.

16 January 2025

1. The contents of the **Committee Key Actions report**.
2. **The Capital Governance Highlight Reports** and the projects with Red and Amber status.
3. **The Audit Recommendation Update Report** which noted five open reports, which generated 50 recommendations. 28 of these had been completed with 22 recommendations outstanding and 11 recommendations behind schedule.
4. The contents of the **Dashboard Reports** returned to WG in December 2024 on the schemes being funded through a range of sources, including Primary Care, Integrated Regional Capital Fund (IRCF), and All Wales Capital Programme.
5. **The Estates Funding Advisory Board (EFAB) Update Report** and that the two projects were proceeding satisfactorily.
6. **The feedback from WG Prioritisation** and the Presentation given by WG colleagues to the Chief Executives of NHS Wales in early December 2024.
 - 182 prioritisation forms across Wales were submitted.
 - There was a budget gap of £1.25b over three years with a gap of £3.8b shown in future years.
 - The All Wales budget would need to be doubled to afford the priorities received from organisations.
 - There is currently no funding available to support a hospital building programme across Wales.
 - The letter received from WG and that the Health Board will be formally responding. CSC noted there were some clear points to be drawn.
 - It was not thought WG had intention of a prioritisation refresh, therefore the Health Board would need to consider how changing prioritisation was updated or dealt with.
 - That the Bronglais Hospital (BGH) Fire Works were not included on the list in the letter from WG was discussed. The implications for this work were unknown. A clear steer on this would be sought in the next Capital Review Meeting (CRM) meeting with WG on 21 January 2025.
7. **The BGH Fire Precaution Scheme Programme Business Case (PBC)** and approval to progress to Formal Executive Team on 19 February 2025 and then SDODC on 27 February 2025.
8. **The draft Infrastructure Investment Enabling Plan** and the work undertaken to update it.
9. **The Aseptics BJC** which was submitted to Public Board on 30 January 2025 and following Board approval, would be submitted to WG.

Papers for information were noted by the CSC as follows:

1. Capital Review Meeting – Minutes of meeting 21November 2024

2. Capital Monitoring Forum – Minutes of meeting 10 December 2024
3. Capital Planning Group – Minutes of meeting 29 November 2024 and 20 December 2024.

21 March 2025

- The contents of the **Committee Key Actions report**
- **The Capital Governance Highlight Reports** and the projects with Red and Amber status. The CSC endorsed the timeline changes of the Sexual Assault Referral Centre (SARC) and Clinical Decision Unit (CDU) schemes and were assured on the actions taken on Cross Hands and the pathology development.
- The contents of the **Dashboard Reports** returned to WG in February 2025 on the schemes being funded through a range of sources, including Primary Care, Integration and Rebalancing Capital Fund/ Integrated Regional Capital Fund (IRCF), and All Wales Capital Programme.
- **The Estates Funding Advisory Board (EFAB) Update Report** and the following projects on site and complete.
- **The Fire Safety Management Update Report and update on the fire programme.**
 - Phase 1 - Successfully completed for Withybush Hospital (WGH) and Glangwili Hospital (GGH) with enforcement notices lifted for this phase, significant investments ~£40m-£45m between both schemes.
 - Phase 2 – Completion dates: WGH current completion date August 2027. GGH current completion date December 2027.
 - CSC received assurance that both schemes are on the WG prioritisation list for Hywel Dda University Health Board (HDdUHB).
 - CSC were advised that the Bronglais Hospital (BGH) project is not yet on the approved list for the Health Board, however there is a high degree of assurance this will go through on the same basis. The Programme Business Case (PBC) was submitted to Board in March 2025 and WG are conducting advance scrutiny on this. Until the detailed scrutiny and endorsement of PBC there is no certainty on this scheme.
 - **The update on the ‘A healthier Mid and West Wales’ (AHMWW) Programme on 23 January 2025** and the follow-up meeting to the Infrastructure and Investment Board (IIB) on 21 March 2025 indicated that the HDdUHB was committed to working through potential options and to presenting these at the WG meeting in June 2025.
- **The West Wales Regional Capital Programme Update Report** on the key activities currently being worked through in support of the West Wales Strategic Capital Plan indicated that the Regional Partnership Board (RPB) was required to submit the next tranche of priority capital schemes, endorsed by all partners and RPB Strategic Capital Board, by 31 March 2025. . It was noted the Health Board ambition in developing community facilities would likely exceed available capital funding and HDdUHB and WG would need to consider their response.

- **The Infrastructure Investment Plan (IIP)** - with minor amendments the final version would be available as an annex to the Annual Plan and sent to WG for information.
- **The Energy & Carbon Programmes of Work update** - the three programmes of work that will target reductions in the energy use and carbon impact on the estate:
 - A new Energy Performance Contract (EPC).
 - Heat Network Efficiency Scheme (HNES) optimisation and funding.
 - Private wire solar farm project near Prince Philip Hospital (PPH).
- **The EPC End of year contract arrangements**

Reports for information were noted by the CSC as follows:

- Capital Monitoring Forum – Minutes of meetings on 14 January 2025 and 11 February 2025.
- Capital Planning Group – Minutes of meetings on 31 January 2025 and 28 February 2025.

Items approved by the Committee during the year.

- **Capital Sub Committee Terms of Reference**
- **Capital Sub Committee Annual Report**
- **The Land adjacent to Glangwili General Hospital (GGH) report.**

9. Conclusion

The Sub-Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to the Committee as appropriate, and the Sub-Committee uses feedback from the self-assessment process to evolve and continually improve.