

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR – STRATEGY AND PLANNING COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 28 August 2025

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Winston Weir, Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Strategy and Planning Committee had no items of which to **alert** the Board.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Strategy and Planning Committee wish to **advise** members of the Board that:

- Comprehensive work is underway to identify £22.5m of potential cost reduction options to bridge the gap between current projections and the recently evolved Welsh Government expectations. This was reported via the **Targeted Intervention report and Annual Plan 2025/26**. A Quality Impact Assessment (QIA) framework has been established, to ensure quality and patient safety are protected and each proposed cost reduction measure requires the completion of a QIA by 15 August 2025.
- Progress has been made in implementing governance and integrated management infrastructures is strengthening **regional collaborative working arrangements**; however, the ability to progress a number of work programmes such as Stroke and Cancer pathway redesigns at pace is at risk, due to ongoing resource fragilities.
- Over 4000 questionnaires have been completed in response to the **Clinical Services Plan (CSP) consultation**, which is coming to an end imminently. 117 alternative service redesign options have been proposed, which require due consideration and this poses a risk in meeting the timeline for providing options to the Public Board meeting on 27 November 2025.
- The Strategy and Planning Committee Chair's Action meeting held on 15 September 2025 discussed a proposal to consider the business case developed to support an improvement in the performance, quality, safety and experience for patients attending the **Emergency Department (ED) at Glangwili Hospital (GGH)**, to enhance Same Day Emergency Care (SDEC) services. This initiative

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.

responds to urgent patient safety concerns and overcrowding identified by the Ministerial Advisory Group (MAG), Getting It Right First Time (GIRFT), and NHS Executive visits. The proposed scheme aligns with the Health Board's wider integrated urgent and emergency care strategy and aims to be delivered within the current financial year, pending Welsh Government approval by 24 October 2025. The estimated cost is approximately £2.1 million, including contingency and VAT recovery, with a potential risk of exceeding the £1 million threshold, which would require formal Board approval. The project has received clinical sign-off, includes net-zero compliance, and has contingency plans for winter operational pressures. The Strategy and Planning Committee Chair recommends that the Board approves the capital investment proposal as presented, subject to final cost confirmation and within the outlined governance framework.

Assure³ (to note)/ Sicrhau (i nodi)

The Strategy and Planning Committee wish to **assure** members of the Board that:

- All actions agreed in response to the outcomes of the Strategic Planning and Organisational Development **Committee Self-Assessment process** have been reallocated between the Strategy and Planning Committee and the Finance and Performance Committee and are progressing.
- Engagement with key leads has been undertaken to explore which areas of the 2018 **A Healthier Mid and West Wales (AHMWW)** strategy require a refresh, such as high-level strategic opportunities which could shape long-term planning as well as early priorities. Since the approval of the communication plan by Public Board in May 2025, public drop-in events and other on-going engagement events have taken place across the three counties and bordering communities. Opportunities have been taken to gather feedback at events already scheduled, to avoid overwhelming the public following the recent CSP and Prince Philip Hospital Minor Injury Unit public consultations. Initial meetings are taking place with Swansea Bay University Health Board (SBUHB) and Mid Wales partners to develop a shared understanding in refreshing strategies.
- The **Value Based Health Care (VBHC)** programme activity update was shared with the Committee, including the service redesign models for the Diabetes, Orthopaedics, Cardiology and Respiratory Disease pathways, as well as the data to evidence the impact made to date. The refreshed strategic approach to VBHC for the 2026-2029 period is in development and will be shared with the Committee in February 2026 for ratification. The Health Board collates on average 60% of all Patient Reported Outcome Measures (PROMs) data collated across Wales, and discussion took place on exploring utilising this extensive source of feedback during the development of the CSP.
- An All-Wales meeting, taking place to discuss actions in response to the findings from a scoping exercise for the future immunology/allergy service model for the Health Board, was reported via the **Strategic Commissioning Report**.
- During the same report, it was highlighted that the Health Board is experiencing an increasing pattern of commissioned providers issuing formal notices to cease

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

or restrict services, citing insufficient funding or lack of formal commissioning arrangements as the reason. Discussions are taking place to review several regional Service Level Agreements to ensure funding arrangements reflect the level of healthcare services being provided for Hywel Dda University Health Board patients.

- The Mid Wales priorities and delivery plan 2025/26 for April 2025 to July 2025 was shared as part of the **Mid Wales Joint Committee Report**.
- An update report for the **Population Health Planning Objective 10** indicated that, while progress is being made to achieve the objective, capacity issues, particularly with consultant posts in Public Health, are causing challenges in making progress at pace.
- The delivery plan for the **Winter Vaccination programme** has been developed. Several actions are being taken to improve staff take up including that the vaccinations will be offered separately during 2025/26. The timelines for receiving the vaccines will be September 2025 to January 2026.
- An additional £3.3 million **capital funding** has been secured for the replacement of radiology equipment in Withybush Hospital, non-radiology ultrasound equipment in Glangwili Hospital and for improvements at Mental Health and Learning Disabilities estates as part of the shift to new models of care for people in crisis.
- Contingency funding for capital programmes of work that was ear marked at the beginning of the year has been exhausted; however, additional VAT recovery money (£1.52m) has recently been identified. A request has been made to Welsh Government to reinvest the VAT in schemes that will improve the condition of the estate's infrastructure and to invest more money in the spend to save initiatives.

Review of Risks/ Adolygiad o Risgiau

The **Assurance and Risk Report** was reviewed, and the following actions were agreed:

- Consideration will be given by the Executive Team to whether there should be a corporate risk relating to the development of an approvable Integrated Medium-Term Plan (IMTP).
- *Principal Risk Reference 1185: Consistent and Meaningful Engagement Through Workforce*: The risk will be reviewed to include members of the public. Members reflected upon whether a completion date is required, as engagement opportunities will be continuous.
- An action plan with timelines is being developed by the Clinical Director of Pharmacy and Medicines to progress the three overdue audits from the Independent Review of Clinical Pharmacy Services in Wales which were highlighted as overdue within the report.

Sharing of learning/ Rhannu dysgu

Not Applicable

Recommendation/ Argymhelliad

The Board is asked to:

- **Approve** the Glangwili Hospital Front Door Business Case for onward submission to Welsh Government, subject to final cost confirmation and within the outlined governance framework (see next agenda item)
- **Note** the items the Committee is advising them of
- **Take assurance** from the items that the Committee is providing assurance on

Date of next meeting/ Dyddiad y cyfarfod nesaf: 30 October 2025

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: [Strategy and Planning Committee \(SPC\) - Hywel Dda University Health Board](#).

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Glangwili Hospital Front Door – Opportunities for Improved Patient Flow
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Keith Jones, Director of Operational Planning and Performance Sarah Perry, General Manager Carmarthenshire System

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report is being presented to the Board to consider the business case developed to support an improvement in the performance, quality, safety and experience for patients attending the Emergency Department (ED) at Glangwili Hospital (GGH) and to support the submission of this SBAR and appendices to Welsh Government (WG) to seek capital funding to progress the project.

The Formal Executive Team considered this business case and approved it at their meeting, recognising as detailed further within the paper further amendments have been made since this time, on 3 September 2025 and a Chair's Action Meeting of the Strategy and Planning Committee considered and approved the business case at a meeting on 15 September 2025.

This business case for capital should be seen as an enabling project, which is part of the wider emerging Health Board model for Urgent and Emergency Care.

Cefndir / Background

Following a WG visit to the GGH site, a capital solution has been developed to address recommendations made in:

- The report of the Ministerial Advisory Group (MAG) following their visit to Glangwili Hospital in January 2025.
- The 'Getting It Right First Time' (GIRFT) report following the recent visit to GGH ED
- NHS Executive review of opportunities assessment of urgent and emergency care at Glangwili Hospital

A Project Group (PG) to develop and consider potential infrastructure options was set up in April 2025. The PG have been meeting every fortnight to work through the options. The WG Capital Team have confirmed that:

'given the urgency around delivering the scheme this calendar year, they are content with an SBAR and cost forms to be agreed with NWSSP. the need for an appropriate contingency which needs to be arrived at through discussions with NWSSP'

This capital solution also aligns and enables the delivery of the GGH element of the Health Board's ambition to Implement Seven Day Clinical streaming and Same Day Emergency Care (SDEC).

This SBAR is structured in the format of the 5-case model for capital investment which provides information on:

Strategic Case
Economic Case
Commercial Case
Financial Case
Management Case

Asesiad / Assessment

Project Aim:

To support an improvement in the performance, quality, safety and experience for patients attending the Emergency Department (ED) in GGH

Strategic Alignment:

Six Goals for Urgent and Emergency Care

Hywel Dda UHB urgent and emergency care has faced significant challenges in recent years in relation to:

- Ambulance handover performance
- Lost hours and significant rise in 4-hour handover delays
- Deterioration in ED 12-hour performance

These metrics are indicators of an ED which experiences 'exit block'. The correlation between ED overcrowding and exit block and poor patient outcomes and safety concerns are well recognised within the NHS and is often cited as a major concern by the Royal College of Emergency Medicine (RCEM). In March 2024, Welsh Government released a quality statement 'Care in Emergency Departments' as part of the **Six Goals for Urgent and Emergency Care**. The statement sets out the expectation on Health Boards to safely reduce the number of presentations at emergency departments through interventions like NHS 111 Wales enhanced pathways; provision of remote clinical advice, guidance and streaming services; and same day emergency care, and to improve timeliness of flow through hospital systems through improved discharge planning and integrated health and social care action plans to reduce pathways of care delays.

External Ministerial Advisory Group (MAG)

The report by the MAG on NHS Wales Performance and Productivity made two specific recommendations to Welsh Government around the Six Goals Programme and ED:

Recommendation 15

Health Boards should ensure that no ambulance handover will exceed 45 minutes, with a focus on achieving the 15-minute target wherever possible. Timescale – within 6 months.

- Where the 15-minute handover time target is not possible, an absolute maximum handover time of 45 minutes should be introduced by October 2025.

Recommendation 16

Progress against the Six Goals for Urgent and Emergency Care Programme should be reported publicly, using the monthly health board performance reports (see Recommendation 21). Timescale – within 3 months.

- Health boards should ensure that performance reports are aligned with the 6 Goals metrics before winter 2025/26 and made public from June. The report should include both validated and unvalidated four-hour performance data. The clinical group reviewing performance standards should ensure that performance metrics cover the full UEC pathway.

The MAG visit to Glangwili in January 2025 specifically highlighted the following local issues:

- The ED in Glangwili was seriously overcrowded
- The throughput and capacity for SDEC should be monitored and maximised

Winter ED Busiest Day 2023

A local review undertaken in the EDs at GGH and Withybush General Hospital (WGH) during the winter of 2023 found that just under half of attendances could have benefited from an alternative pathway of care to self-presenting or being directed by a professional to the emergency department, being seen in the right place. Recommendations made included the following:

- Reviewing and optimising the Pathways for Speciality Direct Referrals (including Surgical SDEC) which could release 16% of unnecessary ED attendance, unlocking system capacity
- Reviewing and optimising the pathways for Same Day Emergency Care (SDEC) could release 23% of unnecessary ED attendance, unlocking system capacity
- Re direction of self-presenters at the Front Door could reduce the total of ED attendances by 20%
- Optimising GP Primary Care pathways could release 17% of unnecessary ED attendance, unlocking system capacity

This business case provides a capital and infrastructure solution to enable improved performance against both of these MAG recommendations and allows for greater capacity to deliver the SDEC service on the GGH site. Implementation allows the potential for significant whole system impact, with transformation to patient experience and outcomes – to ensure appropriate resources are attributed according to the patient journey, with whole system ‘quality and safety’ and economic benefits.

To ‘Get It Right First Time’ requires a whole-system streamlined approach, to ensure patients access care pathways that are most appropriate to meet their needs, Health care resources and processes must appropriately facilitate the optimal patient journey.

Implementation of Seven Day Clinical Streaming and Same Day Emergency Care

In March 2025, a weekend Streaming Hub and SDEC pilot was conducted. The pilot demonstrated significant benefits in patient flow, hospital avoidance, and cost savings. A full Seven-day model is expected to enhance urgent and emergency care (UEC) system performance, improve patient outcomes, and align with national strategic priorities.

A business case is being developed by the Health Board to implement a Seven Day Clinical Streaming Hub (CSH) and SDEC model across the Health Board.

The business case for the implementation of this model of care is due to be considered by the Board in November 2025.

Case for Change:

Overcrowding in ED

Reviews undertaken across the UK and NHS Wales by the national GIRFT team have identified that overcrowding in EDs has a detrimental effect on patients, relatives and staff within the ED, and there is strong and consistent evidence of harm and associated morbidity and mortality caused by overcrowding in ED. There is also a consequence of moral injury or burnout amongst ED staff. The reduced quality of care and time delays lead to patients deteriorating and increasing their length of stay whilst in hospital.

Decompressing the Emergency Department

The recent **GIRFT** report made the following comments on the ED in GGH:

- The ED is small and cramped and desperately needs more space, if it is to accommodate large numbers of patients waiting for a hospital bed. However, better patient outflow from the ED is obviously required. The current situation is clearly causing increased risk and harm to patients and is distressing for staff.
- The long waits for admission from the ED are undoubtedly causing harm to patients and distress to staff and should be the main focus of any improvement work.
- The ED is used by the hospital as a general waiting room for all specialties and input to the ED by inpatient specialists is poor.
- The main pressure on space is the large number of patients waiting for admission to a hospital bed. This is an inappropriate use of the ED and more support from the rest of the hospital is urgently required.
- SDEC will take GP referrals (and some ambulance referrals) directly but closes at 8pm and only accepts new patients up to 5pm. There is a poor flow of patients to SDEC from the ED.
- The delays in ambulance to ED handovers of patients impair the response times for emergency ambulances and thus also cause harm to patients.
- The level of support to the ED from the acute specialties must be urgently reviewed.

The **Ministerial Advisory Group** (MAG) visited Glangwili on 21 January 2025. Amongst a range of observations shared with the Health Board, the subsequent report of the MAG visit team reported that:

- The ED is seriously overcrowded, and some clinicians reported that they had not seen patients in cubicles for over 18 months.

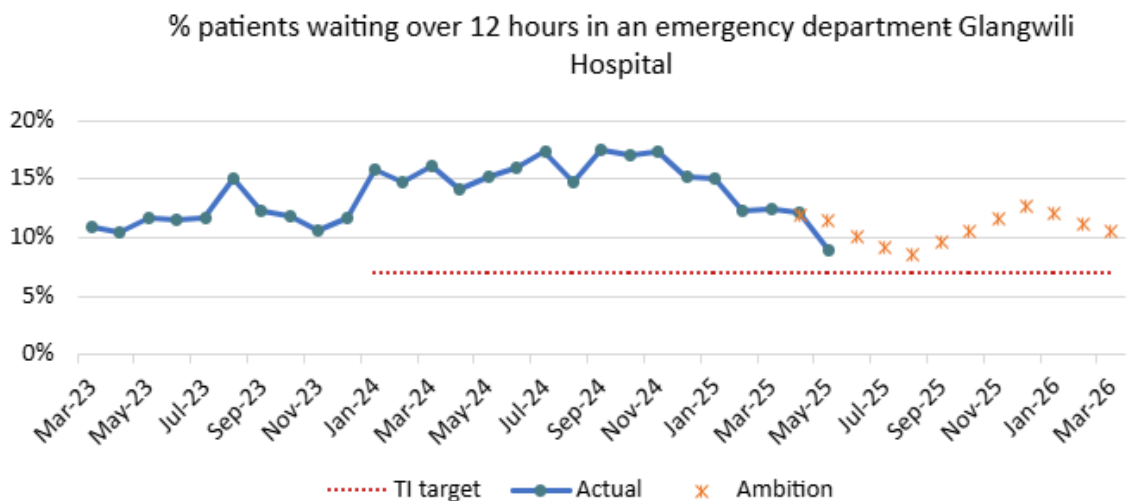
- There are good working relationships in the ED, but concerns were raised that it is operating as an AMU not ED, with clinical activity happening outside of cubicles.
- SDEC is good and is taking patients from GP's and ambulances who would otherwise present to the ED. However, throughput and capacity should be monitored to ensure it is achieving the maximum potential.

Business Need:

SDEC services are considered essential to the future provision of acute care, in an ageing society with limited healthcare resources, and are endorsed by both the Royal College of Emergency Medicine and the Society for Acute Medicine.

An improvement pilot project to direct all GP medical referrals through the Same Day Emergency Care (SDEC) was trialled in January 2025 with good outcomes and metrics, which has contributed to an improvement in the 12-hour breach target in the ED.

Since 20 January 2025, the SDEC has been accepting all the medical GP referrals (within criteria) through SDEC between 8am and 5pm. The graph below shows the improvements in the 12 hour waits seen since then.



A **busiest day review** was undertaken which demonstrated that 50% of the GGH activity at ED is sent there by a health care professional and a significant element was inappropriate.

	Attendances	LoS (4hr target)	% of Admitted	Referral Method				
				ED	GP	OP/ Hot Clinic	Specialty Referrals	WAST
Aug-24	266	4.29	5.26%	51	111	53	50	1
Sep-24	282	4.59	7.80%	67	93	65	50	4
Oct-24	265	4.52	6.04%	70	88	45	55	5
Nov-24	259	4.29	5.79%	67	92	53	43	3
Dec-24	183	4.01	6.56%	44	68	18	52	1
Jan-25	363	4.31	7.99%	111	140	66	42	2
Feb-25	358	4.4	5.87%	107	107	55	88	1
Mar-25	377	4.48	9.55%	127	111	65	70	4
Apr-25	300	4.45	8.33	78	127	47	47	1
May-25	295	4.49	11.10%	72	113	58	48	

The **enhanced week end streaming hub and SDEC pilot** undertaken in March 2025 pilot showed:

- 226 patients diverted from ED
- 91% SDEC discharge rate
- £181,812 estimated cost avoidance vs. £24,831 staffing cost
- Improved ED length of stay despite higher attendance
- Better patient outcomes

The Optimal Model for SDEC indicates:

Streamlining the acute unselected take and utilising the space in SDEC to flow medical patients could create opportunity to align the traditional take through ED, and further decompress the ED footprint, enhancing functioning.

A business case to implement a new UEC model of care is due to be considered by the Board in November 2025. The capital project funding being requested will enable the delivery of this model of care on the Glangwili site.

On 12 February 2025, Jeremy Griffith, Director of Operations NHS Wales, visited the Glangwili ED and indicated the potential for WG capital support for options to de-compress ED capacity related pressures, either through improved assessment space with and/or other options. Although it was concluded that limited scope for physical expansion was available within the vicinity of the ED itself, consideration was given to opportunities to maximise activity and flow through SDEC, via expanded use.

Drivers – Spending Objectives – Expected Benefit Outcomes:

Drivers	Spending Objective	Benefit	Expected Outcome
Effectiveness	Increasing the capacity of the SDEC service in a suitable location	Improvements to patient flow and outcomes Improvement in the patient environment	Enhanced patient experience
Efficiency	Ability to channel medical referrals to appropriate location	Treatment times for patients are quicker Reduced pressure on ED	Reduction in 12-hour breaches in ED
Economy	Ability to provide the service within existing revenue resources	No additional revenue costs	Requirement for the use of bank/agency staff is reduced
Compliance	Investment will provide an environment which will facilitate dealing with the recommendation of MAG and GIRFT report	Improvements in patient flow and outcomes	Implementing the GIRFT and MAG report recommendations
Replacement	Service to be delivered within existing site footprint	No increase in revenue running costs	Revenue costs contained withing current expenditure

This business case for capital is an enabler to the improvement of services at the front door in GGH and, whilst it will deliver physical improvements in the infrastructure, it will also provide the space and capacity to enable improved patient flow. The delivery of this capital project does not constitute a service change. The project delivery comes at a time when wider service changes are also being implemented to improve patient flow. Attached as Appendix 1 is a benefits register that details these improvements where the capital is an essential component in the wider package of change that is required to deliver improvements.

Key Project Risks:

Risk	Mitigation
There is a risk that WG funding will be unavailable for the delivery of this project. This is because of the limited availability of capital in WG. This will impact on the deliverability of this project and the benefits it will deliver.	Engaging WG and NWSSP in discussions on the project
There is a risk that the works contract for this project will require Board approval. This is because it could exceed the £1m threshold requiring Board approval. This could impact on the timeline for delivery of the scheme.	Budget cost will initially inform the likely works cost for the project.
There is a risk that patient flow will not improve as a consequence of the capital project being delivered. This is because improved flow will require changes to the way ED/SDEC/MIU work. This will impact on the delivery of the benefits aligned to the project.	Work being undertaken on GIRFT/MAG report will influence changes in way of work which the project is an enabler for
There is a risk that the tendered cost for this work will exceed the budget estimate. This is because the detailed design on this project will not have been undertaken when the business case for funding is submitted to WG. This may impact the deliverability of the project and potentially require additional All Wales or discretionary capital to complete.	Discussions with WG and NWSSP around the level of contingency on this project have been held. An approval if granted on the basis of a cost not to be exceeded basis will require any additional costs to be picked up by the UHB DCP
There is a risk that the project delivery timeline could be delayed. This is because WG approval for the project is required by 24.10.25 for the construction work and handover and commissioning to be completed by 31.03.26. This will impact on the project go live date and the delivery of the project benefits.	WG have been advised of timeline and scrutiny on budget cost estimates has been agreed
There is a risk that there could be additional revenue costs associated with this project if the wider UEC model of care business case is not progressed. This is because additional staffing associated with the implementation of a wider UEC new model of care may not be supported. This will impact on the ability to utilise the space being created to its maximum capacity.	Existing staff will be able to move into and utilise the space with no additional revenue costs. This will not maximise the utilisation of the capacity being created.

Key Project Constraints:

- Timeline to deliver the project
- Timely access to site to undertake the work

Key Project Dependencies:

- Internal approval of plans by Health Board
- External approval of plans and capital funding by WG
- Availability of contractors to undertake the work
- Staff engagement

Economic Case:

Critical Success Factors:

CSF	Description
Strategic Fit	Meets the project drivers and spending objectives
Business needs	Enhances the quality of the service Improved outcomes
Value for Money	Optimises costs and benefits Timely solution
Supplier capacity and capability	Contractor availability to deliver
Affordability	Affordable from a capital perspective No additionality in revenue costs
Achievability	Deliverable by end of March 2026

Options Analysis:

Options considered and discounted:

Options	Rationale for Discounting
1. Do nothing	This option does not enable the UHB to meet the spending objectives to implement the MAG and GIRFT recommendations
2. Move SDEC to CDU and minors to Priory Day, removal of 5 side rooms to increase assessment capacity	Clinical concerns raised by site clinical team around the loss of side rooms and the movement of MIU to a location further away from ED department
3a. Full medical assessment in SDEC co-locate the medical on call team in SDEC relocation Macmillan/oncology and podiatry. Develop area to have monitored bays, telemetry and piped oxygen. Base ICMDT and one of the frailty team in SDEC location. Hot clinics if space allowed in the extended front door behind priory day. Expansion of SDEC in Priory Day Hospital by reutilising Medical Day space	This option would have required the displacement and relocation of podiatry space and an expansion of the clinical footprint on the GGH site Requirement for additional staffing resources to provide the service Requirement for a direct supply of piped oxygen. This option would lead to additional displacement of services, additional capital costs and a longer timeline for delivery.

Preferred Option:

Options	Rationale
3b. Smaller expansion of “Front Door Model” within current footprint in Priory Day Hospital to delivery expansion of SDEC – without piped medical gases	<ul style="list-style-type: none">• Co-location of SDEC with Medical Day Unit• Creation of 3 additional consultation rooms• Project is contained within the existing site footprint• Does not require a direct supply of piped oxygen• Project deliverable in the required timeline• Limited additional capital costs• Space can be used without the need for additional staffing

The Site Management Team and Senior Clinicians in the Clinical Care Group have undertaken significant engagement with the clinical teams being directly impacted by the project to ensure that all clinicians are aligned with the preferred option:

- Emergency Department
- MIU
- CDU
- Medical

Concerns in relation to the capital project have been logged on the Project Risk and Issues log, with relevant mitigating actions notes.

Any future developments or phases of SDEC services at GGH would need to be considered in the context of a wider site development control plan.

Commercial Case:

Outputs:

The Health Board will procure the refurbishment (including works, furniture and medical equipment, IT hardware and software, infrastructure, networking, installation and construction commissioning) of the facility.

Procurement Route:

The procurement route for all goods, services and works pertaining to the GGH Front Door Project will comply with Hywel Dda Standing Orders and Standing Financial Instructions and ensure due regard to statutory requirements (including Public Contract Regulations), Welsh Government and central government policy and National Audit Office and Audit Wales guidelines are followed.

Contracting Arrangements:

NHS Wales Shared Services Partnership’s (“NWSSP”) Construction Framework 4 West: Hywel Dda University Health Board - £200k to £2million is compliant with UK/EU procurement legislation. The project was procured on a traditional single stage basis under the JCT Intermediate Building Contract 2016 for refurbishment of the Priory Day Hospital within the Glangwili Hospital Site.

The capital cost has been prepared utilising robust capital budget costs worked up with the contractor and sub-contractor on the scheme. The original works cost estimates excluding VAT were anticipated to be below the £1m threshold that require separate Board approval. However, discussions at the Health Board's Extraordinary Ventilation Group meeting on 9 September 2025 resulted in a change to the project brief, whereby rooms previously classified as consulting rooms were now to be classed as treatment rooms. This change will require additional ventilation interventions to comply with current Health Technical Memorandum (HTM) requirements. These requirements are currently being scoped and costed and most likely take the works contract value excluding VAT to over the £1m threshold. The exact value of the contract will be reported to the November Board. Awarding a contract over the £1m threshold will require Board approval. It is currently anticipated that the change in scope of work will be accommodated within the overall budget cost as certain elements of works will now be excluded and contained within the project contingencies already provided.

Financial Case

Funding and Affordability – Capital and Operating Costs for Preferred Option:

The Health Board is seeking funding only for capital costs element of the project. An adequate risk allowance has been built into the capital estimates. The capital costs are based on robust capital budget costs worked up with the contractor and sub-contractor on the scheme. Due to the Health Board's ambition to complete the scheme by 31 March 2026, these cost estimates have been submitted for scrutiny by WG and NWSSP; the project timeline requires WG funding approval by 24 October 2025.

Capital Costs

Recommended option capital expenditure:

	Cost	VAT	2025/26 £'000
Works	981	196	1,177
Fees	193	39	232
Non-Works	264	53	317
Equipment	292	58	350
Project Margin	49	10	59
VAT recovery		(39)	(39)
Total	1,779	317	2,096

Appendix 2 - 4 provides details of the cost forms, cost reports and departmental plans.

Revenue Costs

The delivery of this scheme as an enabler to the wider Health Board's delivery of the SDEC Model of care can be provided with no additional operational costs.

The project is being delivered within the existing site footprint, so there are no additional facilities costs associated with this development.

The delivery of this capital solution, however, would provide the Health Board with the flexibility to extend the SDEC working day and move to seven day working. Changes to the working patterns in SDEC are subject of a Health Board business case due to be considered by Board in November 2025.

The DEL and AME costs associated with this project are:

- An estimated AME Impairment charge on completion of £1.275m (figure subject to change following valuation at completion); and
- Increased annual DEL depreciation of £0.064m from financial year 2026/27.

Management Case

Delivery Arrangements

Project management:

- The Project will be undertaken in line with NHS Infrastructure Investment Guidance and using established project management methodology.
- The Health Board set up the GGH Front Door Project Group (the Project Group) on 23 April 2025. The Project Group is responsible for good management and governance of the project, to ensure its delivery within available resources, on time and to agreed service model specifications and that the Spending Objectives and expected benefit outcomes are realised.
- The Project Group is accountable to the SRO, being the HDdUHB Chief Operating Officer; and HDdUHB Project Director, being the Director of Operational Planning and Performance.

Delivery Plan

Task Name	Duration	Start	Finish
GGH SDEC Front of House Project	181 days	Mon 21/07/25	Mon 30/03/26
Scheme Sign-Off	5 days	Mon 21/07/25	Fri 25/07/25
WPA Professional Services	5 days	Mon 28/07/25	Fri 01/08/25
On Board Framework Contractor	5 days	Mon 28/07/25	Fri 01/08/25
Design Team Meeting	1 day	Mon 28/07/25	Mon 28/07/25
Budget Cost Stage	20 days	Mon 28/07/25	Fri 22/08/25
SBAR	20 days	Mon 28/07/25	Fri 22/08/25
Submit DAF Cost Forms & SBAR	1 day	Fri 22/08/25	Fri 22/08/25
Detailed Design Stage/Tender Docs	15 days	Mon 25/08/25	Fri 12/09/25
Framework/Tender Stage	15 days	Mon 15/09/25	Fri 03/10/25
Tender Review/Approvals	15 days	Mon 06/10/25	Fri 24/10/25
Welsh Government Approval	1 day	Fri 24/10/25	Fri 24/10/25
Mobilisation Period	15 days	Mon 27/10/25	Fri 14/11/25
Construction/Engineering Phase	80 days	Mon 17/11/25	Fri 06/03/26
Construction Commissioning Stage	5 days	Mon 09/03/26	Fri 13/03/26
HDUHB Commissioning Period	10 days	Mon 16/03/26	Fri 27/03/26
Go-Live/Operational	1 day	Mon 30/03/26	Mon 30/03/26

Argymhelliad / Recommendation

The Board is asked to:

- **APPROVE** the GGH Front Door Business Case for onward submission to Welsh Government, to request capital to deliver the project recognising that costs in excess of the funding that may be awarded will be subject to UHB discretionary capital funding which could impact on capital programme of works.
- **APPROVE** the award of the works contract to John Weaver, should the tendered costs be returned at over £1m, noting that this will be formally reported back to the Board, via the table of actions, in November 2025.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1027 Risk to the delivery of timely urgent and emergency care due to demand exceeding current capacity Score 20 1115 Risk of increased time in A&E due to lack of inpatient beds GGH Score 20 1116 Risk of avoidable harm due to lack of access to Medical Assessment Unit, CDU GGH Score 9
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:	3. Great care
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:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Project Group Formal Executive Team Strategy and Planning Committee

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.

GGH Front Door
SBAR
Benefits Register

No	Benefit description	Beneficiary	Category	Indicator	Baseline	Target	Timescale	Monitoring Arrangements	Owner
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S01: Improve Patient Outcomes

B01	Increased number of patients receive more timely assessment, diagnosis and treatment on the same day avoiding unnecessary overnight hospital stays	Patient	Quantifiable	No of patients seen in ED No of patients seen in SDEC per week	Week 12/05/2025 -18/05/25 1088 Week 12/05/2025 -18/05/25 131	Reduction in numbers seen in ED Increase in patients seen in SDEC	Sep-26	Information from IRIS	Project Director
B02	Increase in outpatient hot clinic attendances enabling admission avoidance and early discharge to timely clinics.	Patient	Quantifiable	No of patients seen in hot clinics	No hot clinics	5-10 patients per day seen through hot clinics GGH	Sep-26		Project Director

S02: Reduce pressure on Emergency Department

B03	Reduced number of medical patients having to be assessed (or staying unduly long) in A&E	Health Board & Patients	Quantifiable	Average wait to see Clinician in ED Average length of admission in SDEC	May 2025 - LOS in ED 115.97mins	5% reduction in ED patients with chest pains should reduce waiting times in ED	Sep-26	Information from IRIS	Project Director
B04	Streaming medical take appropriately through SDEC and other assessment areas will ensure faster commencement of treatment and appropriate decision making.	Patients	Quantifiable	Average wait to see Clinician in ED Average length of admission in SDEC	May 2025 - LOS in ED 115.97mins May 2025 - LOS in SDEC 5.19hrs	5% reduction in ED patients with chest pains should reduce waiting times in ED	Sep-26	Information from IRIS	Project Director
B05	Diversion of appropriate medical cases from ED to SDEC	Patients	Quantifiable	A&E referrals to SDEC	May 2025 - 159	5% reduction in ED patients with chest pains 5% increase in SDEC patients with chest pain seen in SDEC with telemetry equipment On the basis that between 2-4% of patients present in ED with chest pains this could increase by 40 patients a week	Sep-26	Information from IRIS	Project Director
B06	Direct referrals from GP's into SDEC and appropriate assessments/pathways	Patients	Quantifiable	GP Referrals SDEC	May 2025 - 172	Increase in direct GP referrals	Sep-26	Information from IRIS	Project Director

S03: Improvement to patient flow

B07	Reduction in 4 hour delays	Health Board & Patients	Quantifiable	4 hour performance in May 2025 No patients spending more than 4 hours in A&E	May 2025 65.86%	Contribute towards achieving 95%	Sep-26	Information from IRIS	Project Director
B08	Reduction in 12 hour delays	Health Board & Patients	Quantifiable	12 hour performance in May 2025 No patients spending more 12 hours in A&E	May 2025 91.08%	Contribute towards achieving 100%	Sep-26	Information from IRIS	Project Director
B09	Improvement in ambulance handover	Health Board & Patients	Quantifiable	Ambulance handover > 1 hour	May 2025 58.39%	Maintain a 100% position on 45 min handover	Sep-26	Information from IRIS	Project Director

S04: Improvement to patient environment

B10	Increase in available consultation rooms	Health Board & Patients	Quantifiable	Delivery of agreed project scope	Footprint as at May 2025	3 additional consulting rooms delivered	Apr-26	On scheme handover	Project Director
B11	Dedicated patient waiting area	Health Board & Patients	Quantifiable	Delivery of agreed project scope	Footprint as at May 2025	Dedicated waiting area provided	Apr-26	On scheme handover	Project Director
B12	Space to allow the segregation of patients	Health Board & Patients	Quantifiable	Delivery of agreed project scope	Footprint as at May 2025	Delivery of project specification	Apr-26	On scheme handover	Project Director



Glangwili Front Door - Opportunities for Improved Patient Flow: Same Day Emergency Care (SDEC) Facility

Stage 3 - Spatial Coordination: Budget Cost Estimate

20 August 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Project Title:
Glangwili Front Door - Opportunities for Improved Patient Flow: SDEC



BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2

Main Contract Procurement Method : NWSSP Construction Framework - Lot 4
 Main Contract Standard Form and Option : JCT Form of Contract - IC
 Proposed start on site : 17th November 2025
 Proposed completion date : 13th March 2026

This estimate is based on current market costs and are valid for 90 days. Applications for revisions should be made after 90 days of this date if these works are being further considered.

Project Timescales (weeks):

Brief Development (1) + Detailed Design Stage (7) + Tender (3) + Review/Approval (3)

Contractors Mobilisation (3) + Construction Phase (16) + Risk Register (0) = 33 weeks

Capital Cost Summary

Ref	Cost Centre	Net £	VAT @ 20% £	Gross £
5	Works Cost (DAF2)	981,156.01	196,231.20	1,177,387.21
6	Fees (DAF3)	193,206.42	38,641.28	231,847.71
7	Non-works Costs (DAF3)	264,115.60	52,823.12	316,938.72
8	Equipment Costs (DAF2)	291,715.15	58,343.03	350,058.18
9	Project Margin	49,057.80	9,811.56	58,869.36
10	Forecast Project Out-turn Cost (Pre VAT Recovery)	1,779,250.98	355,850.20	2,135,101.18
11	LESS RECOVERABLE VAT (DAF5)		38,641.28	38,641.28
12	FORECAST PROJECT OUT-TURN COST	1,779,250.98	317,208.91	2,096,459.89

- **Notes:-** 1) HDUHB's Development Approval Form does not account for VAT on Fees, as such are 100% recoverable.

Project Title:
 Glangwili Front Door - Opportunities for Improved Patient Flow: SDEC



CAPITAL COSTS: WORKS AND EQUIPMENT COSTS (cost breakdowns to be provided as separate documents)

Accommodation	Functional Size	Functional Unit m2/Nr etc	Gross Floor area (GFA)	Cost/m2 GFA	N/A/C	Works Cost	Equipment Cost
			m2	£/m2		£	£
Builders Work	N/A	N/A	320.2	N/A		266,225.72	
Mechanical & Electrical Installation	N/A	N/A	N/A	N/A		415,167.51	
Defined Provisional Sums	N/A	N/A	N/A	N/A		117,000.00	
General Contingency Sum @ 10%	N/A	N/A	N/A	N/A		89,066.46	
Preliminaries & General Conditions	N/A	N/A	N/A	N/A		93,696.32	
Equipment Costs	N/A	N/A	N/A	N/A		0.00	291,715.15

Total (gross) floor area

320.2

291,715.15

Less: Abatement for transferred equipment 0 %

0.00

Works Cost - to DAF1 Summary

981,156.01

291,715.15

Equipment Cost - to DAF1 Summary

291,715.15

Project Title:
Glangwili Front Door - Opportunities for Improved Patient Flow: SDEC



CAPITAL COSTS: FEES AND NON-WORKS COSTS

1	Fees	£	% of Works Cost
	a. In-House Design Fees & Project Management	103,021.38	10.50%
	b. Cost Advisor	24,528.90	2.50%
	c. Capital Team Support	0.00	0.00%
	d. Architect	0.00	0.00%
	e. Civil and Structural Engineer	0.00	0.00%
	f. Building Services Engineer	34,340.46	3.50%
	g. Principal Designer	14,717.34	1.50%
	h. Supervisor	14,717.34	1.50%
	i. FM Advisor	0.00	0.00%
	j. Other: - Time Charge	1,881.00	pro rata
	Total Fees to DAF1 Summary	193,206.42	19.50%
2	Non-Works Costs	£	% of Works Cost
	a. Decant / Enablement / Service Relocations	75,000.00	7.64%
	b. NWSSP Audit & VAT Recovery Costs	10,000.00	1.02%
	c. Planning and Building Control fees	6,000.00	0.61%
	d. Other: - Asbestos Survey / Sampling / Removals	10,000.00	1.02%
	- Digital Services	98,115.60	10.00%
	- Other / Non Cost Items	50,000.00	5.10%
	- Hotel Services / Contract Cleaning	5,000.00	0.51%
	- In-House - Direct Labour Assistance	10,000.00	1.02%
	Total Non-Works Costs to DAF1 Summary	264,115.60	26.92%

Project Title:

Glangwili Front Door - Opportunities for Improved Patient Flow: SDEC



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

PROJECT CASHFLOW FORECAST

Proposed start on site: 17th November 2025

Proposed completion date: 13th March 2026

	Year	0	1	2	3	Total
	Financial year	2024/2025	2025/2026	2026/2027	200*/**	
Works Cost			981,156.01			981,156.01
Fees			193,206.42			193,206.42
Non-works Costs			264,115.60			264,115.60
Equipment Costs			291,715.15			291,715.15
Contingencies			49,057.80			49,057.80
VAT			355,850.20			355,850.20
Sub-total		0.00	2,135,101.18	0.00	0.00	2,135,101.18
Recoverable VAT		0.00	38,641.28	0.00		38,641.28
Total		0.00	2,096,459.90	0.00	0.00	2,096,459.90

Notes:- 1) HDUHB's Development Approval Form does not account for VAT on Fees, as such are 100% recoverable.

2) No VAT Assessment has been undertaken to date.

Project Title:
Glangwili Front Door - Opportunities for Improved Patient Flow: SDEC



RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (ie prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
Works Cost	981,156.01	196,231.20	0.00%	0.00
Fees	193,206.42	38,641.28	100.00%	38,641.28
Non-works Costs	264,115.60	52,823.12	0.00%	0.00
Equipment Costs	291,715.15	58,343.03	0.00%	0.00
Total				£ 38,641.28

Notes:-

- 1) DAF does not account for VAT on Fees, as such are 100% recoverable.
- 2) No VAT Assessment has been undertaken to date.

ANCILLIARY PROJECT INFORMATION

Capital Commitment Charge	128,106.07
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	Cost Net of VAT
	£
Change in Heating Volume	sqm3
Change in Floor Area	sqm2
Change in Energy Costs	0.00
Change in Maintenance - Hard FM	0.00
Change in Hotel Services - Soft FM	0.00
Change in Waste	0.00
Change in Rates	0.00
Change in Departmental Costs	0.00
Change in Equipment Costs	0.00
Total Revenue	0.00

Note - NIL Revenue Costs Per Annum

AtkinsRéalis



Tender Report

Hywel Dda University Health Board

21st August 2025

GGH Priory Day SDEC Project Tender Report

GGH PRIORY DAY SDEC PROJECT BUDGET COST REPORT

Notice

This document and its contents have been prepared and are intended solely as information for Hywel Dda University Health Board and use in relation to GGH Priory Day SDEC Project.

AtkinsRéalis UK Limited assumes no responsibility to any other party in respect of or arising out of or in connection with this document and/or its contents.

This document has 30 pages including the cover.

Document history

Document title: GGH Priory Day SDEC Project Budget Cost Report

Document reference: As above

Revision	Purpose description	Originated	Checked	Reviewed	Authorised	Date
1 st Issue	Budget Cost Report	PQW	JW	JW	JW	21-08-2025



Contents

1. Executive Summary	5
2. Budget Cost Review.....	5
3. Project Cost	6
3.1 John Weaver (Contractors) Ltd Budget Cost Submission	6
4. Conclusion and Recommendations	7
APPENDICES	8



INTRODUCTION

This report captures the commercial assessment only of the GGH Priory Day SDEC Works budget cost which has been submitted by John Weaver (Contractors) Ltd.

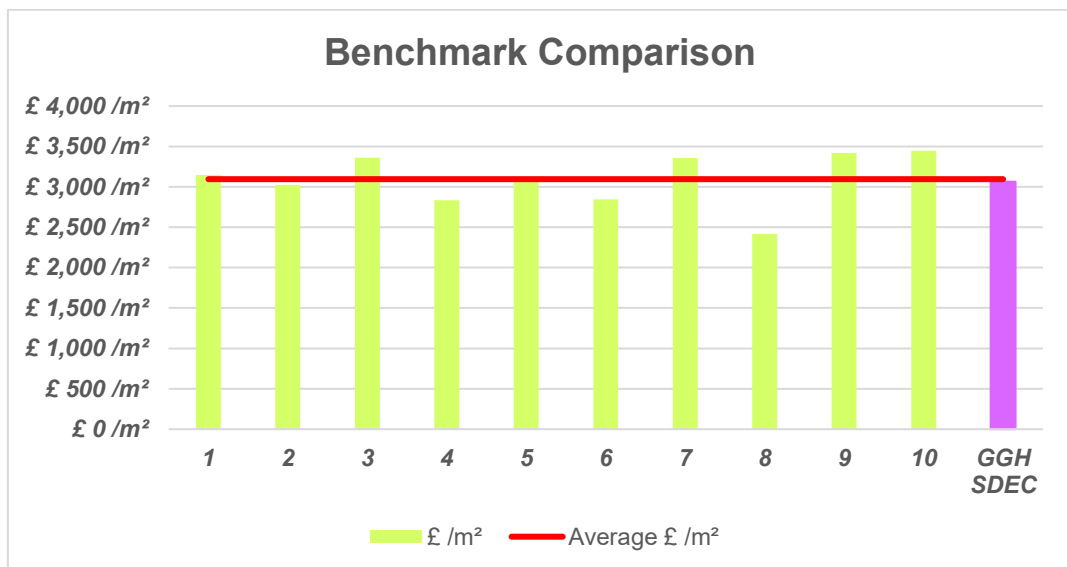
1. Executive Summary

- AtkinsRéalis have been appointed by Hywel Dda for the GGH Priory Day SDEC Refurbishment Scheme in Carmarthen.
- Hywel Dda Health Board is seeking to produce a budget for the SDEC refurbishment works in Glangwili General Hospital.
- AtkinsRéalis have been appointed to review the budget cost documents received and confirm the accuracy of the financial estimate, to ensure it reflects current anticipated market rates.
- This project is currently at stage 3 which John Weaver (Contractors) Ltd has provided a budget cost and being market tested.
- The contractor's budget was submitted on the 20th August 2025 with a sum of £981,156.01 excluding VAT and which is shown in Appendix A.

2. Budget Cost Review

- The submitted budget cost was arithmetically checked by AtkinsRéalis. No arithmetical errors were identified in the total calculation of the priced works items.
- The submission has been assessed in detail against projects of a similar scope and size. These rates have been derived from in-house rates the cost analyses published by the BCIS-Online services which have been adjusted for location and the date of rates being generated.
- Following a review of market rates, the average cost per m2 stands at £3,095/m2. John Weaver's submitted rate of £3,064/m2 is slightly below this benchmark, representing value for money.

Figure 1 - Comparison between project rate and benchmarking rates



- AtkinsRéalis has also assessed the allowance provided by the contractor for preliminaries, overheads and profit, provisional sums and risk allowances.
 - Preliminaries
 - The contractor's preliminaries allowance equated to 7.20% of the works value. For Framework 4, the contractors' preliminaries is 7.90% indicating the contractor has provided cost efficient preliminaries for this scheme.
 - Overheads and Profit
 - The contractor has allowed 4% of overheads and profit which is aligned with the framework agreed rates and deemed reasonable.
 - Provisional Sums
 - John Weaver has included several provisional sums within the budget cost submission, which equates to a total cost of £117,000.00 (excl. VAT). Having reviewed the allowances John Weaver have made for these works, and given the limited design information available, AtkinsRéalis consider these allowances fair and reasonable.
 - Risk Allowances
 - John Weaver has allowed 10% of project contingencies within the budget cost submission, which is reasonable given that the project is in an early RIBA stage. A risk register is shown in Appendix B.
- AtkinsRéalis has requested a breakdown for Mechanical and Electrical works from the contractor. Having reviewed the rates, this correlated with the budget cost submission and was acceptable for the works as described based upon market data for similar scheme.

3. Project Cost

3.1 John Weaver (Contractors) Ltd Budget Cost Submission

Table 1 – John Weaver Budget Cost Submission Breakdown

Element	Cost excl VAT
Construction works excluding total provisional sums and contingencies	£681,393.22
John Weaver Preliminaries, as Hywel Dda Framework Agreement 4	£58,015.00
Overheads and Profits	£34,256.33
Performance bond and Parent Company Guarantee	£1,425.00
Provisional Sums	£117,000.00
Risk Allowance (10%)	£89,066.46
Proposed Budget Cost (Excl. VAT)	£981,156.01

Table 2 – Total Costs including Fees and Non-Works Costs based on DAF dated 20/08/2025


Element	Cost
Budget Contract Sum (excl. VAT)	£981,156.01
Fees and Survey Costs as DAF (excl. VAT)	£193,206.42
Non-Works Costs as DAF (excl. VAT)	£264,115.60
Equipment Costs as DAF (excl. VAT)	£291,715.15
Total Project Costs excluding Contingency and VAT	£1,730,193.18
Project Margin as DAF	£49,057.80
Total Project Costs including Contingency (excl. VAT)	£1,779,250.98
VAT (20%)	£355,850.20
Sub Total	£2,135,101.18
Less Recoverable VAT	-£38,641.28
Forecast Project Out-Turn Cost	£2,096,459.90

4. Conclusion and Recommendations

- Having review John Weaver's budget cost submission, AtkinsRéalis deemed that the contractor's rates have been provided reasonably based on benchmarking rates and BCIS data.
- The allowances for preliminaries and overheads and profit are aligned with the framework agreed rates.
- John Weaver have provided reasonable allowance of provisional sums and risk allowance considering the limited design information available and early stage of the project.
- John Weaver have provided accurate supporting information for their submission and have provided clarity to the queries raised.
- In consideration of the above review, AtkinsRéalis deemed the budgeted contract sum of **£981,156.01 (excl. VAT)** to be reasonable and value for money and would recommend the client proceeds with the project using this figure.

APPENDICES

Appendix A. John Weaver's Budget Cost Plan

Project:	Budget Costs - Glangwili Hospital - SDEC Project					
Job Ref:	W3105C - Version 4					
Revisions	Updated fire compartmentation prov sum to £60k, and updated fire door rates to reflect the Cwm Seren project. Omitted fire door to R57 and removed group 2 signage					
Date:	20/08/2025					
Unit ID	Description	Qty	Unit	Rate	£ p	
	Summary Page					
	<u>Budget Costs Only</u>					
A	Preliminaries				£58,015.00	
A.1	Project Preliminaries	1	item	£58,015.00		
B	Construction Works				£193,625.72	
B.1	Site Preparation Works / Wall Removals	1	item	£7,304.05		
B.2	Soft Strip Demolition	1	item	£23,932.43		
B.3	Alterations, external windows/doors and making good	1	item	£43,449.40		
B.4	Internal Partitioning	1	item	£1,440.00		
B.5	Ceiling Finishes	1	item	£20,243.20		
B.6	Wall Finishes	1	item	£18,886.40		
B.7	Floor Finishes	1	item	£21,187.50		
B.8	Pre-plumbed IPS, Curtains, Blinds	1	item	£33,246.48		
B.9	Reception Desk	1	item	£17,500.00		
B.10	Health Board Signage	1	item	N/A	Omitted	
B.11	Painting Proposed Welfare location	1	item	£2,340.00		
B.12	Store R57 Works	1	item	£4,096.26		
C	Services				£415,167.51	
C.1	Mechanical Costs	1	item	£152,241.00		
C.2	Electrical Costs	1	item	£250,834.25		
C.3	BWIC - 3% of MEP total	1	item	£12,092.26		
D	Fire-stopping / Fire Doors				£72,600.00	
D.1	Fire-stopping new penetrations for MEP services & Fire-doors	1	item	£72,600.00		
E	Provisional Sums				£117,000.00	
E.1	Undefined Provisional Sums	1	item	£117,000.00		
				Sub-Total	£856,408.23	
C	Direct Fee			4.00%	£34,256.33	
D	Parent Company Guarantee				£500.00	
E	Performance Bond				£925.00	
F	Project Contingencies	10%			£89,066.46	
	Grand Total				£981,156.01	
Page Total					£981,156.01	

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	SITE PREPERATION / WALL REMOVALS				
	<u>C EXISTING SITE/BUILDINGS/SERVICES</u>				
	<u>C20 Preparation Works</u>				
	Site Preparation				
A	Installation of hygienic hoarding is required to isolate the work area from the public: entrance foyer R65A	2	m	£150.00	£300.00
B	Installation of hygienic hoarding is required to isolate the work area from the public: Corridor outside SDEC Area 1 & 2	2	m	£150.00	£300.00
C	Provide and lay temp floor protection - Proplex 2mm FR Black recycled corrugated plastic sheeting Locations - Touchdown - 8.1m2 - Corridor R65 - 44.6m2	53	m2	£3.85	£204.05
D	Installation of temporary door (double)	2	nr	£500.00	£1,000.00
	<u>C EXISTING SITE/BUILDINGS/SERVICES</u>				
	<u>C20 Demolishing structures</u>				
E	Masonry walls; including hardwall and skim; assumed 4m high: dividing wall between R64 & R63	4	m	£625.00	£2,500.00
F	Masonry walls; including hardwall and skim; assumed 4m high: assumed 3m high: dividing wall between R64 & R02	4	m	£625.00	£2,500.00
G	Installation of temporary propping;	1	item	£500.00	£500.00
	Page Total 1				£7,304.05

	Description	Qty	Unit	Rate	£ p
	SOFT STRIP DEMOLITION				
	<u>C EXISTING SITE/BUILDINGS/SERVICES</u>				
	<u>C90 Demolition - spot items</u>				
A	Remove and dispose from site fixture and fittings; signage etc.	1	item	£2,500.00	£2,500.00
B	Remove and dispose from site fixture and fittings; kitchen Consult 4 (2 number 600mm base, 2 number 600mm wall, 2nr 300mm wall, plinth 3m, worktop 3m)	1	item	£750.00	£750.00
C	Remove and dispose from site fixture and fittings; Staff R60	1	item	£1,500.00	£1,500.00
D	Hack off wall tiles; dispose from site (Room R62 Disabled toilet) (R12)	1	item	£756.00	£756.00
E	Removal of hatch; within entrance foyer; dispose from site	1	item	£1,100.00	£1,100.00
F	Removal of hatch; within SDEC Area 1; dispose from site	1	item	£500.00	£500.00
G	Removal of Altro Whiterock cladding; dispose from site (R10)	1	item	£486.00	£486.00
H	Removal of single door, fanlight / glazing, door lining and architraves; 1.3m x 2.61	1	item	£600.00	£600.00
I	Removal of double door sets; aluminium; dispose from site; (SDEC Area 1)	1	item	£500.00	£500.00
J	Removal of double door sets; aluminium glazed screen (SDEC Area 1)	1	item	£250.00	£250.00
K	Removal of existing spur shelving within room RD63 / R03	1	item	£200.00	£200.00
L	Removal of existing floor finishes; vinyl; dispose from site	1	item	£6,220.00	£6,220.00
M	Take-up entrance barrier matting; dispose from site	1	item	£300.00	£300.00
N	Removal of skirting timber; dispose from site;	1	item	£1,870.40	£1,870.40
O	Removal of existing ceiling finishes; suspended ceiling; dispose from site (plasterboard ceilings are to remain)	1	item	£3,000.00	£3,000.00
P	Removal of existing curtain tracks	1	item	£500.03	£500.03
	Sanitaryware				
Q	Remove and dispose from site; Doc M pack (R62) (R12)	1	item	£500.00	£500.00
R	Remove and dispose from site; bath (R12)	1	item	£300.00	£300.00
S	Remove and dispose from site; WHB	1	item	£600.00	£600.00
T	Existing IPS ducting;	1	item	£1,500.00	£1,500.00
Page Total 2					£23,932.43

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	ALTERATIONS				
	<u>C EXISTING SITE/BUILDINGS/SERVICES</u>				
	<u>C90 Alterations - spot items</u>				
A	Block-up existing openings; where existing hatch was and single door; blockwork	2	nr	£1,250.00	£2,500.00
B	Installation of new aluminium windows; with openable windows - 5.5m x 2.02m	1	nr	£8,000.00	£8,000.00
C	Installation of new double doors; with openable windows - 1.75m x 1.9m	2	nr	£5,575.00	£11,150.00
D	Installation of new double doors; with openable windows - 3.01m x 2.74m	1	nr	£10,200.00	£10,200.00
E	Installation of new moisture resistant plasterboard; complete with 5mm skim (to areas that had wall tiles previously removed)	57	m2	£25.00	£1,425.00
F	Apply 13mm thick hardwall and skim, to areas that had wall tiles removed (on external walls)	30	m2	£35.00	£1,050.00
G	Apply 13mm thick hardwall and skim, to infilled openings	24	m2	£35.00	£840.00
H	Make good floor following wall removal; assumed latex to make floor level;	8	m	£12.50	£100.00
I	Make good wall following wall removal; hardwall and skim	6	m	£10.50	£63.00
J	Clean windows within entrance lobby	1	item	£700.00	£700.00
K	Installation of steel beam where walls were demolished within waiting area (above the reception desk)	4	m	£875.00	£3,500.00
L					
M	Form opening for single door within consult 2; masonry wall; lintel above;	1	nr	£2,000.00	£2,000.00
	Paint Preparation				
N	Sugar soap walls; sand and fill (prep work prior application)	739	m2	£2.60	£1,921.40
Page Total 3					£43,449.40

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	INTERNAL PARTITIONS				
	<u>K LININGS/SHEATING/DRY/PARTITIONG</u>				
	<u>K10 Plasterboard dry lining/partitions/ceilings</u>				
	<u>Proprietary Partitions</u>				
	<u>Metal Stud Partition; proprietary framing in accordance with manufacturers instructions</u>				
	Metal stud partition, 92mm head channel; 92mm floor channel; fixed to background requiring plugging; 90mm studs at 600mm centres; plasterboard firecheck 15mm thick, two layers each side; both sides joint filled with joint filler and plaster skim coat; 100mm mineral wool insulation within cavity between studs; including deflection head;				
A	Partition height 2m (infill to access hatch SDEC area 1)	2	m	£650.00	£1,300.00
	<u>K11 Rigid sheet</u>				
	<u>flooring/sheathing/decking/sarking/linings/casings</u>				
	<u>Plywood; interior quality; 18mmthick</u>				
	Walls				
B	Width exceeding 300mm	4	m2	£35.00	£140.00
	Page Total 4				£1,440.00
	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>

CEILING FINISHES					
<u>K LININGS/SHEATHING/DRY PARTITIONING</u>					
<u>K40 Demountable suspended ceilings</u>					
<u>Suspended ceiling; Bioguard</u>					
Metal frame suspended ceiling: lay in grid suspended ceiling system with acoustic mineral 600x600mm Bioblock; fixed to existing structure;					
A	Assumed timber soffit: depth of suspension 500 - 1000mm; Lobby	15	m2	£55.00	£825.00
B	Assumed timber soffit: depth of suspension 500 - 1000mm; Waiting area & R62 WC	31	m2	£55.00	£1,705.00
C	Assumed timber soffit: depth of suspension 500 - 1000mm; Consult 1 & 2	23	m2	£55.00	£1,265.00
D	Assumed timber soffit: depth of suspension 500 - 1000mm; SDEC Area 2	50	m2	£55.00	£2,750.00
E	Bulkhead (waiting area) (installation of timbers into steel beam, plaster boarded and skimmed)	4	m2	£350.00	£1,400.00
Accessories					
F	Shadow batten to perimeter	117	m	£5.00	£585.00
G	600x600mm patressing - Mechanical	30	nr	£25.00	£750.00
H	600x600mm patressing - Electrical	30	nr	£25.00	£750.00
<u>M SURFACE FINISHES</u>					
<u>M20 Plastered/Rendered/Roughcast coatings</u>					
<u>Plaster; 'Thistle ' board finish plaster, 5mm thick; one coat, steel trowelled finish, to plasterboard base Ceilings;</u>					
I	Width exceeding 300mm	177	m2	£12.00	£2,124.00
J	E/O Blue grit & hardwall bonding to the ceiling prior application of skim	177	m2	£30.00	£5,310.00
<u>M SURFACE FINISHES</u>					
<u>M60 Painting/Clear finishing</u>					
<u>INTERNAL WORK</u>					
<u>STERISHIELD DIAMOND PAINTWORK</u>					
Painting plaster prepare and apply primer/sealer; vinyl matt emulsion; white; one mist coat emulsion paint, two full coats emulsion paint					
K	General surfaces girth exceeding 300mm (Ceiling)	177	m2	£12.00	£2,124.00
Painting wood one coat wood primer; one coat undercoat, white; two coats gloss paint, white					
L	General surfaces; girth exceeding 300mm	117	m	£5.60	£655.20
Page Total 5					£20,243.20

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	WALL FINISHES				
	<u>M SURFACE FINISHES</u>				
	<u>M20 Plastered/Rendered/Roughcast coatings</u>				
	<u>Plaster; 'Thistle ' board finish plaster, 5mm thick; one coat, steel trowelled finish, to plasterboard base Walls; (plasterboard measured separately)</u>				
A	Width exceeding 300mm (infilled openings)	24	m2	£12.00	£288.00
B	Width exceeding 300mm (walls that have been made good)	97	m2	£12.00	£1,164.00
	<u>M SURFACE FINISHES</u>				
	<u>M60 Painting/Clear finishing</u>				
	<u>INTERNAL WORK</u>				
	<u>STERISHIELD DIAMOND PAINTWORK</u>				
	<u>Painting plaster prepare and apply primer/sealer; vinyl matt emulsion; white; one mist coat emulsion paint, two full coats emulsion paint</u>				
C	General surfaces girth exceeding 300mm (entrance foyer)	52	m2	£11.00	£572.00
D	General surfaces girth exceeding 300mm (waiting area)	62	m2	£11.00	£682.00
E	General surfaces girth exceeding 300mm (Office R03, R04)	76	m2	£11.00	£836.00
F	General surfaces girth exceeding 300mm (Consult R10,R11,R12)	132	m2	£11.00	£1,452.00
G	General surfaces girth exceeding 300mm (R65)	150	m2	£11.00	£1,650.00
H	General surfaces girth exceeding 300mm (R60) Staff	39	m2	£11.00	£429.00
I	General surfaces girth exceeding 300mm (SDEC Area 1)	138	m2	£11.00	£1,518.00
J	General surfaces girth exceeding 300mm (SDEC area 2)	90	m2	£11.00	£990.00
K	Extra over - multiple colour work	739	m2	£5.00	£3,695.00
	<u>Painting wood previously painted; wash and rub down, prepare and apply one coat undercoat, white; two coats gloss paint, colours</u>				
L	General surfaces; isolated surfaces, girth not exceeding 300mm (architraves)	170	m	£5.60	£952.00
M	General surfaces; isolated surfaces, girth not exceeding 300mm (lining)	408	m	£5.60	£2,284.80
N	General surfaces; isolated surfaces, girth not exceeding 500mm (window cills)	13	m	£7.20	£93.60
	<u>K LININGS/SHEATHING/DRY PARTITIONING</u>				
	<u>K11 Rigid sheet flooring/sheathing/decking/sarking/linings/casings Altro Whiterock to new and existing walls as Manufacturer's details; up to height of 3000mm above ffl; including all necessary fixings, trims and accessories;</u>				
O	Exceeding 300mm (R62, disabled toilet)	24	m2	£95.00	£2,280.00
Page Total 6					£18,886.40

	Description	Qty	Unit	Rate	£ p
	Pre-plumbed IPS, Curtains, Blinds				
	<u>N FURNITURE/EQUIPMENT</u>				
	<u>N10 General fixtures/furnishings/equipment</u>				
	Cubicle Track System / Privacy Tracks - Silent Gliss SG 6100				
A	Curtain Bays; Manual controlled; Cubicle track; Length 4.5m long - L Shape	18	nr	£380.00	£6,840.00
B	Curtain Bays; Manual controlled; Cubicle track; Length 6m long - U Shape	2	nr	£800.00	£1,600.00
C	Curtain Bays; Manual controlled; Cubicle track; Length 3m long - L Shape	2	nr	£320.00	£640.00
D	Curtain Bays; Manual controlled; Cubicle track; Length 2.5m long - L Shape	4	nr	£320.00	£1,280.00
E	Curtain Bays; Manual controlled; Cubicle track; Length 4.5m long - Straight	2	nr	£380.00	£760.00
F	Curtain Bays; Manual controlled; Cubicle track; Length 3.5m long - Straight	1	nr	£380.00	£380.00
G	Curtain Bays; Manual controlled; Cubicle track; Length 3m long - Straight	1	nr	£320.00	£320.00
	Vertical blinds				
H	1000mm x 1800mm	7	nr	£250.00	£1,750.00
I	2000mm x 1800mm	3	nr	£450.00	£1,350.00
J	2500mm x 2100mm	1	nr	£500.00	£500.00
K	3000mm x 2100mm	1	nr	£600.00	£600.00
L	2000mm x 2100mm	2	nr	£500.00	£1,000.00
	Wall Protection (excluding Consultation Rooms)				
N	Gradus Standard pvc-u corner guards as P20/160, Gradus CGS5090N	15	nr	£55.00	£825.00
O	Gradus Wall Guard WGS200 as P20/163	141	m	£95.00	£13,395.00
P	Extra for end caps	53	nr	£10.00	£530.00
	<u>N13 Sanitary appliances/fitings</u>				
	Pre-plumbed unit as per quotation from cubicle systems: 12/08/25: Estimate No. E0213705				
	See Modifications / installation to the new domestic water system / lagging for costing within the mechanical section of the BOQ				
	<u>Costs below are for JWC labour only carpentry works</u>				
Q	IPS Ducting & Sanitaryware, 1000mm x full height with wash hand basins	7	nr	£184.56	£1,291.92
R	IPS Ducting & Sanitaryware, full height with wash hand basins (disabled toilet) Part of pre-plumbed system: See Modifications / installation to the new domestic water system / lagging for costing within the mechanical section of the BOQ	1	nr	£184.56	£184.56
S	DOC M PACK ALLOWANCE (to be installed with IPS)	1	nr	included	
Page Total 8					£33,246.48

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	Reception Desk				
	<u>RECEPTION DESK</u>				
	Scope unknown				
A	Reception Desk; supply and install - Entrance Foyer Waiting area	1	nr	£7,500.00	£7,500.00
B	Reception Desk; supply and install - Touchdown	1	nr	£5,000.00	£5,000.00
C	Reception Desk; supply and install - SDEC Area 2	1	nr	£5,000.00	£5,000.00
Page Total 9					£17,500.00

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	Health Board Signage				
	<u>GROUP 2 SIGNANGE</u>				
A	Allowance for group 2 signage Omitted 20/08/2025 By Julian Wheeler	1	item	£0.00	£0.00
Page Total 10					£30,000.00

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	Painting Proposed Welfare location				
	<u>Welfare Accommodation</u>				
	<u>As discussed during out site visit 29/07/2025:</u>				
	Decorate all walls upon completion of works				
	<u>M SURFACE FINISHES</u>				
	<u>M60 Painting/Clear finishing</u>				
	<u>INTERNAL WORK</u>				
	<u>STERISHIELD DIAMOND PAINTWORK</u>				
	Painting plaster prepare and apply primer/sealer; vinyl matt emulsion; white; one mist coat emulsion paint, two full coats emulsion paint				
A	General surfaces girth exceeding 300mm	107	m2	£11.00	£1,177.00
	Painting wood previously painted; wash and rub down, prepare and apply one coat undercoat, white; two coats gloss paint, colours				
B	General surfaces; isolated surfaces, girth not exceeding 300mm (architraves)	60	m	£5.60	£336.00
C	General surfaces; isolated surfaces, girth not exceeding 300mm (lining)	35	m	£5.60	£196.00
D	General surfaces; isolated surfaces, girth not exceeding 300mm (skirting)	51	m	£5.60	£285.60
E	General surfaces; isolated surfaces, girth not exceeding 300mm (fanlight above door)	12	m	£5.60	£67.20
	Extra over;				
F	Sugar soap walls; sand and fill (prep work prior application)	107	m2	£2.60	£278.20
Page Total 11					£2,340.00

	Description	Qty	Unit	Rate	£ p
	Store R57 Works				
	C EXISTING SITE/BUILDINGS/SERVICES				
	<u>C90 Alterations - spot items</u>				
	Spot items				
A	Removal of existing spur shelving; dispose from site	1	item	£500.00	£500.00
B	Removal of existing floor finishes; dispose from site	3	m2	£20.00	£60.00
C	Removal of existing covered skirting and dispose from site	7	m2	£5.60	£39.20
	Alterations				
D	Making good existing doors	1	item	£1,000.00	£1,000.00
F	Making good allowance	1	item	£250.00	£250.00
	<u>M SURFACE FINISHES</u>				
	<u>M20 Plastered/Rendered/Roughcast coatings</u>				
	<u>Plaster; 'Thistle ' board finish plaster, 5mm thick; one coat, steel trowelled finish, to plasterboard base</u>				
	Ceilings;				
G	Width exceeding 300mm	3	m2	£12.00	£36.00
H	E/O Blue grit & hardwall bonding to the ceiling prior application of skim	3	m2	£30.00	£90.00
	<u>M50 PLASTICS/CORK/LINO/CARPET TILING/SHEETING</u>				
	<u>Preparation</u>				
I	Latex smoothing compound: exceeding 300mm wide	3	m2	£10.50	£31.50
	<u>Manufacturer: Altro Limited; Flooring roll:</u>				
	<u>Manufacturer and product reference: Altro Wood</u>				
	<u>2mm thick Safety Floor by Altro; Slip potential: Slip resistance value (SRV) (minimum) / Pendulum test value (PTV); minimum) to BS7976: =36 (wet).</u>				
	Floor				
J	Product reference: Altro Wood; exceeding 300mm;	3	m2	£45.00	£135.00
K	Coved Skirting	7	m	£20.00	£140.00
L	Division strip;	1	m	£15.00	£15.00
	<u>K LININGS/SHEATHING/DRY PARTITIONING</u>				
	<u>K11 Rigid sheet</u>				
	<u>flooring/sheathing/decking/sarking/linings/casings</u>				
	Altro Whiterock to new and existing walls as				
	Manufacturer's details; up to height of 3000mm				
	above ffl; including all necessary fixings, trims and accessories;				
M	Exceeding 300mm (Room 57)	17	m2	£95.00	£1,615.00
	Pre-plumbed unit cost included in mech - cost below labour only				
N	DOC M PACK ALLOWANCE (to be installed with IPS) - including pre-plumbed IPS	1	nr	£184.56	£184.56
Page Total 11					£4,096.26

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	<u>MECHANICAL INSTALLATIONS</u>				
A	Preliminaries	1	Item	£3,831.00	£3,831.00
B	Pre-removals survey inc. generation of hand mark-ups of findings	1	Item	£4,622.00	£4,622.00
C	Pre-removals commissioning checks	1	Item	£4,695.00	£4,695.00
D	Removal of existing services and the provision of temporary connections	1	Item	£8,768.00	£8,768.00
E	Modifications / installation to the new heating / lagging	1	Item	£43,681.00	£43,681.00
F	Modification / installation of existing / new Ventilation / duct wrap	1	Item	£9,719.00	£9,719.00
G	Modifications / installation to the new domestic water system / lagging / including IPS units and sanitaryware	1	Item	£42,961.00	£42,961.00
H	Modifications / installation to the new above ground waste system	1	Item	£4,766.00	£4,766.00
I	Controls	1	Item	£1,971.00	£1,971.00
J	Testing and commissioning (including Client witnessing)	1	Item	£8,622.00	£8,622.00
K	Commissioning witnessing to the client and shared services	1	Item	£1,880.00	£1,880.00
L	Operator Training and User Guide for all Installations	1	Item	£1,722.00	£1,722.00
M	For all As-fitted drawings and operating/maintenance manuals	1	Item	£1,787.00	£1,787.00
N	Access	1	Item	£2,216.00	£2,216.00
O	Provisional Sum (unforeseen work to existing installation, survey findings)	1	Prov- Sum	£3,000.00	£3,000.00
P	Provisional Sum (unforeseen work to existing installation, pre-commissioning findings)	1	Prov- Sum	£3,000.00	£3,000.00
Q	Provisional Sum (unknowns)	1	Prov- Sum	£5,000.00	£5,000.00
	See attached quotation and review clarifications				
Page Total 4/1/1					£152,241.00

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	<u>ELECTRICAL ENGINEERING SERVICES</u>				
	Electrical Summary				
A	Preliminaries	1	item	£6,412.50	£6,412.50
B	Disconnection & Removal of Redundant Electrical Installations	1	item	£3,450.00	£3,450.00
C	Temporary Services - Provisional Sum	1	Prov- Sum	£2,000.00	£2,000.00
D	Electrical Containment Systems	1	item	included	
E	Low Voltage Distribution & Switchgear	1	item	£8,629.20	£8,629.20
F	Small Power, Inc. Cabling & Containment	1	item	£22,806.20	£22,806.20
G	Internal Lighting, Emergency Lighting & Controls,	1	item	£46,178.67	£46,178.67
H	3no. Sets - Life P - Sence Setting Skylight Fittings	1	item	£8,373.60	£8,373.60
I	Bedhead Examination Lights	1	item	£13,382.40	£13,382.40
J	Lighting Controls (as Honeywell c/w Dual Supply LCM's)	1	item	included	
K	Induction Loops (Reception & Touch-Down Bases)	1	item	£2,919.36	£2,919.36
L	Complete New Nurse Call System	1	item	excluded	
M	Nurse Call to Refurbished Areas Only (By Static Systems)	1	item	£55,336.73	£55,336.73
N	Alterations to the retained (Existing) Nurse Call System - Provisional Sum	1	Prov- Sum	£2,500.00	£2,500.00
O	Fire Alarm System Additions / Alterations by Merlin Fire Ltd	1	item	£7,294.79	£7,294.79
P	Vertical Bed Head Trunking (Upgraded from Standard Dado)	1	item	excluded	
Q	Earthing & Bonding	1	item	£2,000.00	£2,000.00
R	Mechanical Services Wiring - Provisional Sum	1	Prov- Sum	£3,000.00	£3,000.00
S	System Witnessing & Operator Training	1	item	£2,000.00	£2,000.00
T	Record Drawings & Operation & Maintenance Manuals	1	item	£1,200.00	£1,200.00
U	Data & Comms Installation by Flotek (Commscope Approved)	1	item	£18,618.00	£18,618.00
V	Provisional Sum - ICT/DATA	1	Prov- Sum	£10,000.00	£10,000.00
W	Provisional Sum (Unforeseen Proposed Work)	1	Prov- Sum	£10,000.00	£10,000.00
X	Provisional Sum (Unforeseen Work to Existing - Pre Commissioning)	1	Prov- Sum	£3,000.00	£3,000.00
Y	Provisional Sum (Unforeseen Work to Existing - Survey Findings)	1	Prov- Sum	£5,000.00	£5,000.00
Z	Testing & Commissioning	1	item	£1,732.80	£1,732.80
AA	Addition to the electrical package: contingency allowance for nurse call, distribution upgrade, and trunking.	1	Prov- Sum	£15,000.00	£15,000.00
	See attached quotation and review clarifications				
Page Total 4/2/1					£250,834.25

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	Bill Page Fire-stopping - Fire-stopping - Budget				
	<u>FIRESTOPPING</u>				
A	Provisional sum; fire-stopping new penetrations to MEP services	1	Prov-Sum	£15,000.00	£15,000.00
	<u>L WINDOWS/DOORS/STAIRS</u>				
	<u>L20 Doors/shutters/hatches</u>				
	<u>Carefully remove existing fire doors, including frames and architraves, and dispose of all arising materials off-site; Supply and install new FIRAS-accredited FD30 fire doors, complete with frames, architraves, and all necessary ironmongery, fully certified on completion. (excluding electrical components)</u>				
	<u>BASED ON HYWEL DDA UHB FRAMEWORK CONTRACTORS RATES CWM SEREN PROJECT</u>				
	Hazard Rooms				
B	R61/R53 Cleaners Store; Single Doorset; FD30s - 44mm thick; Half Height Acrovyn Face Protection to both sides of doors and all necessary ironmongery.	2	Nr	£5,500.00	£11,000.00
C	R53/R05/R58; Double Doorset (Leaf & 1/2); FD30s - 44mm thick; Half Height Acrovyn Face Protection to both sides of doors	3	Nr	£7,200.00	£21,600.00
	30 minute sub compartmentation line				
D	SDEC 1/R65 Circulation; Double Doorset (Leaf & 1/2); FD30s - 44mm thick; Half Height Acrovyn Face Protection to both sides of doors	2	Nr	£7,000.00	£14,000.00
E	R54 Dirty Utility; Single Doorset; FD30s - 44mm thick; Half Height Acrovyn Face Protection to both sides of doors and all necessary ironmongery	1	Nr	£5,500.00	£5,500.00
	Consult Room 2				
F	Remove, supply and install new FIRAS-accredited FD30 single fire doors, complete with frames, architraves, and all necessary ironmongery.	1	Nr	£5,500.00	£5,500.00
	R57 Store				
	no new door required - Omitted 20/08/2025				
Page Total 5/1/1					£72,600.00

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	Bill Page Provisional Sums & Contingency				
	<u>PROVISIONAL SUMS AND CONTINGENCY</u>				
	HEALTH BOARD				
	Undefined Provisional Sums				
A	Drainage requirements for new IPS/WHB	1	Sum	£15,000.00	£15,000.00
B	Re-bed paving externally	1	Sum	£5,000.00	£5,000.00
C	Boxing in pipework with pendock	1	Sum	£5,000.00	£5,000.00
D	Formation of access hatch with drop down ladder, making good upon completion	1	Sum	£2,000.00	£2,000.00
E	1. Remedial works to service penetrations. 2. Fire code improvement works to service 3. penetrations. 4. Access doorway and associated works in ceiling void. 5. Fire compartmentation works 6. AP Suggested Mark up GGH Priory Day SDEC Drawing	1	Sum	£60,000.00	£60,000.00
D	Out of hours: M&E	1	Sum	£10,000.00	£10,000.00
E	Out of hours: Building	1	Sum	£10,000.00	£10,000.00
	JWC - Undefined Provisional Sums				
F	BWIC with MEP works outside site boundary	1	Sum	£10,000.00	£10,000.00
Page Total 6/1					£117,000.00

	<u>Description</u>	<u>Qty</u>	<u>Unit</u>	<u>Rate</u>	<u>£ p</u>
	Health Board Risk Allowances				
	Electrical			£250,834.25	
	Mechanical			£152,241.00	
			Sub-Total:	£403,075.25	
H	MEP Risk Allowance	1	Sum	£60,461.29	£60,461.29
	Contract Total (excluding sums and OHP)			£739,408.23	
I	Project Risk Allowance	1	Sum	£28,605.17	£28,605.17
Page Total 6/2					£89,066.46

Appendix B. Risk Register

Version: 1

Date last reviewed: 21/08/2025
 Estimated Works Cost: £981,156

Produced by:
 Project Margin £49,057.80

Contract Risk Allowances £89,066.46

Total Quantified Risk Costs £138,124

Risk Number	Risk Description	Classification			Risk owner	Risk Type	Risk Implications				Risk Cost	Funding Implication	Risk Countermeasures	Actioned By	Risk Status	Comments
		Likelihood of Occurrence	Potential Impact	Risk Exposure Score			Time	Cost	Quality	Operational						
M004	Client Changes (Planning Contingency)	3	3	9	E	Cons	Time	Cost	N/a	N/a	£9,208	Capital	Client changes are to be kept to an absolute minimum and will not be Actioned unless the effect on both cost and programme have been fully evaluated and the impact has been fully considered on the proposed development.	Health Board	Current	
M009	Construction Delays and Disruption	2	2	4	C	Cons	Time	N/a	N/a	Operational	£4,093	Capital	Close monitoring of the contractor and the operation of a early warning register of potential delay events will facilitate the general management of such risk.	Contractor	Current	
M012	Main Contractor Does Not Perform	2	3	6	C	Cons	Time	Cost	Quality	Operational	£6,139	Capital	The selection of the main contractor will be subject to rigorous quality checks to ensure the selected contractor is of good standing whose performance will be verified by undertaking references on previous projects.	Contractor	Current	
M013	Sub-Contractor Does Not Perform	2	3	6	C	Cons	Time	Cost	N/a	N/a	£6,139	Capital	Whilst the main contractor will be responsible for the performance of his sub-contractors, the selection of key sub-contractors will be subject to the approval of the clients design team.	Contractor	Current	
M034	Labour Availability	1	2	2	C	Cons	Time	N/a	N/a	N/a	£2,046	Capital	The main contractors labour resources and proportion of proposed subcontract works will be established during the selection process. The main contractor will be responsible for ensuring the availability of labour but the underlying market supply will be pro-actively monitored to advise the client. Risk unlikely as there seems to be a dip in the workload at the moment.	Contractor	Current	
M087	Failure to hand over on time (Planning Contingency)	2	3	6	C	Cons	Time	Cost	N/a	N/a	£6,139	Capital	Maintain tight control on progress which is to be monitored on an on-going basis. Issues raised and dealt with on an on-going basis so all issues are dealt with as works progress.	Contractor	Current	
N006	Health And Safety	2	4	8	C/E		N/a	N/a	N/a	N/a	£8,185	Capital	Advise on effect of health and safety to produce efficient procedures including revising work practices in the most economic manner. Produce risk register and site procedures and site inductions.	Health Board	Cleared	
R043	Force Majeure	0	5	0	C/E	Cons	N/a	N/a	N/a	N/a	£0	Capital	In the event of this risk occurring, the effect on construction would be classified as catastrophic and as such should be excluded from the business case and managed independently by WG	Health Board	Current	Excluded from Risk Register as this risk would be classified as catastrophic
R059	Noise	2	2	4	C	Cons	Time	N/a	N/a	N/a	£4,093	Capital	Working methods employed to minimise noise and vibrations. Attenuation barriers. Correct use of equipment producing noise including silencers. If noise unavoidable then do it within normal working hours.	Contractor	Current	
R081	Variations of Design	5	5	25	E	Cons	Time	Cost	N/a	N/a	£25,579	Capital	Minimise by full and appropriately timed design and construction detailing. Utilise contractor's expertise to mitigate any future variations due to buildability problems.	Health Board	Current	
S003	Bad Workmanship	1	3	3	C	Cons	Time	N/a	Quality	Operational	£3,069	Capital	Consideration of site management personnel during selection process and past performance of selected key sub-contractors. Closely review on-going work elements and introduce KPI for quality checks for discussion at site meetings.	Contractor	Current	
S049	Programme - Overrun	2	3	6	C/E	Cons	Time	N/a	N/a	N/a	£6,139	Capital	Closely monitor actual progress against planned and identify relevant events that may lead to an overrun. Consider re-programming operations or accelerating works to prevent an overrun.	Health Board	Current	
S057	Restrictions - Working Hours	1	2	2	E	Cons	Time	N/a	N/a	N/a	£2,046	Capital	Working hours restricted plus noise controls as set out by Planning communicated as part of contract. Advise contractor of restrictions during procurement stage. Ensure close liaison with overseeing authority. Seek approval for relaxation during exceptional circumstances or specific site operations	Health Board	Current	
S088	Infection control / contamination	2	2	4	C	Cons	Time	Cost	N/a	N/a	£4,093	Capital	Ensure contractor fully aware of dust and contamination implications on the hospitals patients. Contamination identified and set out in preconstruction information. Suggest cross infection representative attend some of the site meetings to raise any concerns regard working practices	Health Board	Current	
S106	None compliance with HTMs / HBNs	2	2	4	E	P&D	N/a	Cost	N/a	N/a	£4,093	Capital	Careful checking of all standards prior to design to ensure all in place whilst detailed design progressed. Oncology not well covered under these standards so incorporate good practice	Health Board	Current	
S120	Delay to programme due to commissioning issues	2	2	4	E	Cons	Time	Cost	N/a	N/a	£4,093	Capital	Ensure a full and detailed programme put in place and followed, this to be prepared and managed by the main contractors "M&E Coordinator" who's employment will be a contract requirement	Contractor	Current	
X013	Failure to achieve Building Control approval	2	2	4	E	Cons	Time	Cost	N/a	N/a	£4,093	Capital	Early and regular consultation with Building Control to be put in place to ensure all issues resolved prior to works commencing, appeal process and amend design to comply with approval conditions.	Contractor	Current	
X014	Breach of CDM Regulations	2	2	4	C/E	P&D	Time	N/a	N/a	N/a	£4,093	Capital	Appointment of competent personnel and early involvement of the CDMC after the initial design	Contractor	Current	
X015	Construction buildability issues	2	2	4	E	P&D	N/a	Cost	N/a	N/a	£4,093	Capital	Co-ordinated design across disciplines and appointment of competent and suitably experienced professionals	Contractor	Current	
X020	Noise, Dust And Vibration Prevention Measures	2	3	6	C	Cons	Time	Cost	N/a	N/a	£6,139	Capital	Ensure all controls in tender information and monitor on an on-going basis. Attenuation barriers, use of silencers, damping down and dust screens. (See R059). Ensure Client fully aware of noise and vibration created by various construction proposals. These selected with full liaison so no surprises when work commences	Contractor	Current	
X028	Fire officers additional requirements	2	3	6	E	Cons	Time	Cost	N/a	N/a	£6,139	Capital	Carry out early liaison and agree fire philosophy drawings before design is fully developed	Health Board	Current	
X050	Design Changes - Affordability issues	3	3	9	E	Cons	Time	Cost	N/a	N/a	£9,208	Capital	Suitable alternatives to be considered and agreed to ensure overall design requirements are maintained with the approved budget	Contractor	Current	
X059	Capital Cost over-run (Planning Contingency)	3	3	9	E	Cons	N/a	Cost	N/a	N/a	£9,208	Capital	Robust and informed cost forecasting at each stage allowing consideration of potential over-run and proposed alternatives or changes to eliminate over-run. (See M067)	Health Board	Current	

Total Risk Exp Score 135

0 £138,124

Score
 Low risk
 Medium risk
 High risk



Likelihood:
 Rare 1 (<5%)
 Unlikely 2 (>5% <25%)
 Possible 3 (>25% <50%)

AtkinsRéalis



Pei Qi Wong
AtkinsRéalis UK Limited
West Glamorgan House
12 Orchard Street
Swansea
SA1 5AD
Tel: +44 (0)1792 633580

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Schedule of Accommodation

Area 1:		
R01	Lobby	14.1sqm
R02	Entrance Lobby	23.2sqm
R03	Reception/Office	11.8sqm
R04	Clinical Office	12.2sqm
R67	Store Room	2.8sqm
R80	Store Room	8.8sqm
R82	Patient W/C Facility	3.8sqm
R83	Office (relocated)	10.2sqm
R84	Macmillan (relocated)	10.1sqm
R08	SDEC Main Circulation	44.8sqm
AREA 2:		
R66	SDEC Area 1	88.8sqm
AREA 3:		
R09	SDEC Area 2	48.2sqm
R10	Consult 4	14.8sqm
R11	Staff Room	10.7sqm
R12	Bathroom Facility	14.8sqm
		318.2sqm

Additional space linked to New Clinical Model:

Areas 1 & 3:
Consultation Rooms x 3
Clinical Office Facility
Reception & Waiting Area

AREA 4:
Consultation Rooms x 3 (not clinics/hard)

AREA 5:
Consultation Rooms x 2 (not clinics/hard)

Refurbishment to inc Medical trunking, operable windows, curtain track systems

Consultation Room Refurbishment

Staff Area to be converted to Clinical Office

Bathroom to be converted to Consultation Room

Title
Glangwili Front Door - SDEC Facility
Priority Day Master Floor Plan - As Existing
Block 26 - Ground floor

Scale
1:250 (A1)

Revision number
REV-A

Date
22/07/2025

Designed by
DT

Rev/No
A

Revision description
New Semi Ambulant Patient Toilet Added

Section
GF57

Date
08/08/25

Signature
DT

Approved
JWJ



HDUHB Drawing number AS-GGH26-GF-FP-002

