

**Tîm Cyfarwyddwyr
STRATEGY AND PLANNING COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Targeted Estates Fund (TEF) Project: Provision of Second Generator at Prince Philip Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy & Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Chiffi, Head of Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report sets out the position with regards to the proposed Second Generator provision and associated electrical installations, groundworks & controls works at Prince Philip Hospital (PPH).

Funded by Welsh Government support (Targeted Estates Funding (TEF)), approval is sought to award the contract to deliver the main contract works, in line with Welsh Government guidance.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) has received funding from the Welsh Government (WG) to support the provision of a Second Generator at PPH to significantly improve site resilience and continuity of our healthcare services in the event of a network power-outage and support alignment with the requirements of WHTM 06-01.

The WG confirmed a commitment totalling £5.269 million of Infrastructure funding to HDdUHB on 21/03/2025, with the provision of the Second Generators being a key element of the programme. This investment will support the purchase of second generators and associated infrastructure upgrading to improve site resilience, reflecting our dedication to sustaining healthcare services for our communities. By working closely with the NHS Wales Shared Services Partnership (NWSSP) and the Welsh Government, we are ensuring these improvements align with wider efforts to strengthen estate resilience and ensure service continuity.

This funding and the planned upgrades reflect our commitment to meeting essential service needs and delivering better care for all.

Asesiad / Assessment

The Contract Award is in line with Section 10 of the NHS Wales Infrastructure Investment Guidance. Paragraph 13 (3) of Schedule 2 to the National Health Service (Wales) Act 2006

requires Local Health Boards to obtain Welsh Ministers' consent to acquire and dispose of property and enter into contracts. Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required.

The Contract will be funded via the £5.269m WG funding & HDdUHB Discretionary Capital match-funding and is in line with NHS Wales Shared Services Partnership's ("NWSSP") Construction Framework West: HDdUHB - £200k to £2m compliant with UK/EU procurement legislation. This framework included several potential providers who had achieved inclusion on the framework following a qualification process.

The HDdUHB Estates & Facilities directorate seeks to establish a single call-off contract for the provision of a Second Generator and associated infrastructure works at PPH. The Call-off Contract will be actioned by HDdUHB, utilising standard Joint Contracts Tribunal (JCT) contract templates (Intermediate Form of Contract and Agreements in place by Legal Team - Bevan Brittan). The framework is structured by awarding contracts on a rotational basis. The Call-Off option of direct award is available subject to supplier being next on rotation.

This multi-supplier framework agreement covers the provision of qualified construction contractors to undertake various packages of minor/intermediate and major works which meets HBUHB's requirements. All suppliers have been added to the framework following a robust and compliant tendering process, enabling the inclusion of suppliers both willing and able to provide customers with the construction related works required to meet the Health Board's strategic objective.

The tender was assessed in detail against subcontractor pricing, the framework agreed uplift percentages and the works requirements using industry data to benchmark the submitted rates and rates from previous phases of works to confirm acceptance and value for money. The tender is in line with the NWSSP construction framework - award and call off procedures:

- NWSSP Procurement Services Tender Reference CAP-OJEU-91888
- Region B: Lot 4 Projects from £200k to £2m - HDdUHB
- Rotational – Direct Award with T. Richard Jones (Betws) Ltd

For the 2024/25 Discretionary Capital Projects, the Capital Systems Final Internal Audit Report concluded a ****substantial audit rating**** for both the selection and appointment processes and the value for money and award considerations. This outcome reflects the robust stewardship and financial control exercised by the Discretionary Capital Design Team at HDdUHB, in line with NHS Wales standards. By leveraging the direct award mechanism within an approved framework, we have streamlined procurement, reduced costs, and maintained transparency, ensuring the selection of suitable suppliers based on objective criteria. This approach not only prioritises the Health Board's service needs and also frees up valuable clinical and estates resources, delivering measurable efficiency gains. The substantial rating affirms our commitment to achieving economy, efficiency, and effectiveness, reinforcing public trust in our management of taxpayer funds. This success positions us well to advance our "spend to save" objectives, delivering long-term value for the organisation.

The HDdUHB and external cost adviser Atkins Realis, undertook the cost plan process and evaluation in accordance with the framework evaluation criteria, specification, schedules and assessment of the sustainability and overall value for money:

1. Framework Requirements – Award and Call off Procedure
2. Quoted Price / Commercial Arrangements - 100%

3. Social Value in Construction in-line with Framework Lot 4
4. The Framework Supplier will be required to assist the Authority in delivering its obligations under the Wellbeing of Future Generations (Wales) Act 2015, with respect to improving the social, economic, and environmental wellbeing ('Social Value) of the local area through its activities.

The budget for the contract works at PPH is £1,197,665.00 (exc. VAT):

Element	Cost
TRJ Construction Contract Sum (excl. VAT)	£1,197,665.00
Fees and Survey Costs as DAF (excl. VAT)	£104,254.20
Non-Works Costs as DAF (excl. VAT)	£5,857.00
Equipment Costs as DAF (excl. VAT)	£0.00
Total Project Costs excluding Contingency and VAT	£1,307,776.20
Contingency as DAF	£19,924.39
Total Project Costs including Contingency (excl. VAT)	£1,327,700.59
VAT (20%)	£265,540.12
Sub Total	£1,593,240.71
Less Recoverable VAT	-£20,850.84
Forecast Project Out-Turn Cost	£1,572,389.87

The outcome of the suppliers' bid based on their written response resulted in a recommendation to award the contract to 'T Richard Jones (Betws) Ltd ' for the works in the sum of £1,197,665.00(exc.VAT) for PPH, as their bid offers the best fit with the key criteria, could meet the required timescales and offered the best overall value for money.

Argymhelliad / Recommendation

The Strategy & Planning Committee is requested to:

- **RECOMMEND**, for onward ratification by Board on 28 May 2026 award of the contract at £1,197,665.00 (exc. VAT) for Prince Philip Hospital to 'T. Richard Jones (Betws) Ltd', with call-off agreement to be prepared and executed by the Health Board.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.11. Seek assurance on the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy, and review documents prior to Board approval.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Prince Philip Hospital: Datix Risk Register Reference: 1077 Current risk score: 20 (Extreme)
Parthau Ansawdd: Domains of Quality	1. Safe 2. Timely

Quality and Engagement Act (sharepoint.com)	3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
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	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Within report
Rhestr Termau: Glossary of Terms:	Within report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Tîm Cyfarwyddwyr Parties / Committees consulted prior to Strategy and Planning Committee:	TEF Project Group Forma Executive Team (FET) 8 April 2026

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital Funding in place to deliver the works. Refer to Integrated Impact Assessment Template (Appendix 1)
Ansawdd / Gofal Claf: Quality / Patient Care:	Direct impact on patient environment. Refer to Integrated Impact Assessment Template.
Gweithlu: Workforce:	No direct impact. Refer to Integrated Impact Assessment Template.
Risg: Risk:	The risk is identified on the corporate risk register. Business continuity plans in place for project period. Refer to Integrated Impact Assessment Template.

Cyfreithiol: Legal:	Not applicable.
Enw Da: Reputational:	Unlikely due to temporary/limited nature of disruption during installation period. Refer to Integrated Impact Assessment Template.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation. <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes, refer to Appendix 2 • Has a full EqIA been undertaken? No, not applicable

Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
Financial/Service Impacts				
1. Has the new proposal/service model been costed? If so, by whom?	Y	<p>The discretionary capital team and external cost adviser Atkins Realis, undertook the cost plan process and evaluation in accordance with the framework evaluation criteria, specification, schedules and assessment of the sustainability and overall value for money:</p> <ol style="list-style-type: none"> 1. Framework Requirements – Award and Call off Procedure 2. Quoted Price / Commercial Arrangements - 100% 3. Social Value in Construction in-line with Framework Lot 4 4. The Framework Supplier will be required to assist the Authority in delivering its obligations under the Wellbeing of Future Generations (Wales) Act 2015, with respect to improving the social, economic, and environmental wellbeing ('Social Value) of the local area through its activities. 	SD/DB	
2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc?	Y	WG has committed funding for the purchase of a second generator and associated works together with DCP match-funding . The HDdUHB Estates & Facilities directorate seeks to establish a single call-off contract for the provision of a second	SD/DB	

		generator & associated works work at Prince Philip Hospital		
3. Is the new proposal/service model affordable from within existing budgets?	Y	WG funding secured and DC funding committed	SD/DB	
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?	N		SD/DB	
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?	N		SD/DB	
6. What is the financial or efficiency payback (prudency), if any?	N		SD/DB	
7. Are there risks if the new proposal/service model is not put into effect?	Y	There is a serious risk to patients & service-delivery of power-outage at these acute sites from network or existing (aged) generator failure if these projects are not implemented	SD/DB	
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)	N		SD/DB	
9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? If so, with whom e.g. staff, current providers, external funders, etc?	Y	There are significant lead-in times for manufacture & delivery of the generator sets, thus the need to proceed to contract and orders as swiftly as possible	SD/DB	
10. Are capital requirements identified or funded?	Y	WG funding approved & DC funding committed.	SD/DB	
11. Will capital projects need to be completed in time to support any service change proposed?	N		SD/DB	
12. Has a Project Board been identified to manage the implementation?	N		SD/DB	

13. Is there an implementation plan with timescales to performance manage the process and risks?	Y	Project working group have defined and monitor programme for implementation	SD/DB	
14. Is there a post project evaluation planned for the new proposal/service model?	Y	On completion, with NWSSP	SD/DB	
15. Are there any other constraints which would prevent progress to implementation?	N		SD/DB	
Quality/Patient Care Impacts			SD/DB	
16. Could there be an impact on patient outcome/care?	Y	As 7 above	SD/DB	
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.	N		SD/DB	
18. Is there any potential for inconsistency in approach across the Health Board?	N		SD/DB	
19. Is there are potential for postcode lottery/commissioning?	N		SD/DB	
20. Is there a need to consider exceptional circumstances?	N		SD/DB	
21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?	N		SD/DB	
22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?	N		SD/DB	
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	N	Infrastructure projects	FSD/DB	

24. Are there any population health impacts?	N		SD/DB	
Workforce Impact			SD/DB	
25. Has the impact on the existing staff/WTE been determined?	N	N/A	SD/DB	
26. Is it deliverable without the need for premium workforce?	Y		SD/DB	
27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	N		SD/DB	
28. Is there potential for professional body/college/union involvement?	N		SD/DB	
29. Could there be any perceived interference with clinical freedom?	N		SD/DB	
30. Is there potential for front line staff conflict with the public?	N		SD/DB	
31. Could there be challenge from the 'industries' involved?	N		SD/DB	
32. Is there a communication plan to inform staff of the new arrangements?	N	Engagement with service-leads in advance of any works if considered to be disruptive	SD/DB	
33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	N	N/A	SD/DB	
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	Y	Estates-team specific induction/training on project handover to ensure future management & maintenance of installation	SD/DB	
Risk Impact			SD/DB	
32. Has a risk assessment been completed?	N		SD/DB	

33. Is there a plan to mitigate the risks identified?	Y	Business continuity plans in place for project period.	SD/DB	
Legal Impact			SD/DB	
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?	Y		SD/DB	
35. Is there a likelihood of legal challenge?	N		SD/DB	
36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?	N		SD/DB	
37. Is there any existing contract and/or notice periods?	N		SD/DB	
Reputational Impact			SD/DB	
38. Is there a likelihood of public/patient opposition?	N		SD/DB	
39. Is there a likelihood of political activity?	N		SD/DB	
40. Is there a likelihood of media interest?	N		SD/DB	
41. Is there the potential for an adverse effect on recruitment?	N		SD/DB	
42. Is there the likelihood of an adverse effect on staff morale?	N		SD/DB	
43. Potential for judicial review?	N		SD/DB	

Privacy Impact			SD/DB	
44. Have the Information Governance Team been contacted about the project to assess whether a Data Protection Impact Assessment (DPIA) needs to be undertaken?	N		SD/DB	
45. Has a full DPIA been undertaken – Please contact Information.Governance3@wales.nhs.uk for the template.	N		SD/DB	
Equality Impact (unless otherwise completed as part of the accompanying SBAR)			SD/DB	
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	Y		SD/DB	Appendix 2
47. Has a full EqIA been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	N		SD/DB	
48. Have any negative/positive impacts been identified in the EqIA documentation?	Y	<p>Positive</p> <ul style="list-style-type: none"> The second generator will provide improved resilience to this acute site, ensuring continuity of healthcare service provision in the event of a network power outage <p>Negative</p> <ul style="list-style-type: none"> Temporary disruption for patients & services during installation period 	SD/DB	

Director and Directorate	Lee Davies – Executive Director Strategy & Planning
Service Area	Estates & Facilities

Title of Procedure, Project, Proposal, Policy being screened:	Proposed Second Generator provision and associated infrastructure work at Prince Philip Hospital (PPH).
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Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

Hywel Dda University Health Board (HDdUHB) has received funding from the Welsh Government to support the provision of a Second Generator at Prince Philip Hospital to significantly improve site resilience and continuity of our healthcare services in the event of a network power-outage and support alignment with the requirements of WHTM 06-01.

The Welsh Government confirmed a commitment totalling £5.269 million of Infrastructure funding to HDdUHB on 21/03/2025, with the provision of the Second Generators being a key element of the programme. This investment will support the purchase of second generators and associated infrastructure upgrading to improve site resilience, reflecting our dedication to sustaining healthcare services for our communities. By working closely with the NHS Wales Shared Services Partnership (NWSSP) and the Welsh Government, we are ensuring these improvements align with wider efforts to strengthen estate resilience and ensure service continuity.

This funding and the planned upgrades reflect our commitment to meeting essential service needs and delivering better care for all.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Temporary disruption for patients & services during installation period, managed within each service area & patient needs will be considered and appropriate adaptations made, but no direct impact on specific groups
- Disruption period, to form supply connections, will be limited & controlled with service areas informed well in advance of works
- The second generator will provide improved resilience to this acute site, ensuring continuity of service provision in the event of a network power-outage

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact).

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](http://sharepoint.com)

Age					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Disability					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Gender Reassignment					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Marriage / Civil Partnership					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Pregnancy and Maternity					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Race / Ethnicity					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>

Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.			
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	<input type="checkbox"/>	Negative Impact	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: There will be no expected impact on patients relating to this group in respect of these projects.			

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](https://sharepoint.com)

Screening Completed by:	Name	Darrel Barnes
	Title	Design Manager
	Contact details	darrel.barnes@wales.nhs.uk
	Date	09/02/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Simon Day
	Title	Head of Maintenance & Engineering
	Contact details	simon.day@wales.nhs.uk
	Date	10/02/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	11/03/2026
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.