



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 July 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Sexual Assault Referral Centre Project – Business Justification Case
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Senior Responsible Owner / Executive Director of Strategy & Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt, Project Director / Ceredigion County Director Rachel Stuart, Capital Planning Project Manager

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 provides an overview of the Sexual Assault Referral Centre (SARC) Business Justification Case (BJC) and provides assurance that it has been taken through the Health Board's (HB) internal scrutiny business case review process to:

- Provide early scrutiny and challenge to the BJC;
- Improve the robustness of the business case;
- Ensure that the evidence used is robust;
- Test the strategic fit.

The Board is asked to note that comments and amendments following this robust review have been incorporated into the BJC, which can be found at **Attachment 1** to this report.

The scrutiny journey through the HB has been as follows:

- Key Leads review – complete;
- Strategic Development & Operational Delivery Committee (SDODC) review – complete;
- SARC Board review – complete;
- Executive Team review – complete.

The purpose of this paper is to :

- Update the Board on the progress made on the development of the BJC for SARC services
- Seek Board approval for the submission of the BJC to Welsh Government (WG) for further scrutiny
- Seek Board approval for the use of professional services/consultancy as appropriate to deliver the project
- Note that the capital costs included in this version of the BJC are based on budget costs and the development of fully tendered costs will be undertaken following the receipt of WG scrutiny comments. When these final costs are available, the BJC will be resubmitted to WG for the approval of capital

Cefndir / Background

In 2013, WG undertook a review looking at the unmet needs in SARC services and the lack of integration between services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across Mid, South and West Wales, led by the National Health Service (NHS) Wales Health Collaborative.

A SARC Programme Board was established comprising of representatives from health, police and third sector, to oversee the development of a service model to address the service gaps that were identified. The Board identified concerns at the Aberystwyth SARC, located in Bow Street, concluding it was not fit for purpose and commenced the process of identifying and assessing potential options.

Asesiad / Assessment

Project Aim:

To allow Hywel Dda University Health Board (HDdUHB) to invest in the refurbishment of infrastructure for the delivery of adult (16+) acute Sexual Assault Referral Centre (SARC) services and non-acute SARC services to people of all ages. The project will form part of the Mid and West Wales Hub and Spoke model of care under the national SARC programme of work which is being delivered by three regional Service Delivery Groups (South-West, South-East and North Wales). The delivery of all SARC hubs is being led by the NHS in Wales and governed by the Welsh Sexual Assault Services (WSAS) Programme Board by:

- providing sustainable ISO-accredited infrastructure through the refurbishment of the ground and first floors of the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth. This will replace the current SARC facility, which has an agreement in place between Dyfed-Powys Police (DPP) and Ceredigion County Council (CCC) for SARC services to operate from.

Strategic Alignment:

- The objectives of the Well-being of Future Generations (Wales) Act;
- A Healthier Wales: long term health and care strategy;
- The national WSAS Programme;
- The HDdUHB 'A Healthier Mid and West Wales: Our Future Generations living well' (AHMWW) strategy.
- The Ceredigion Local Well-being Plan 2023-28.

It is also informed by relevant strategies including: The Violence Against Women; Domestic Abuse and Sexual Violence (VAWDASV) Strategy (Wales) 2022-2026; The Victims' Strategy 2018; The Race Equality Action Plan; and Together for Mental Health.

Strategic Case:

Case for Change:

The SARC Project Board identified concerns at the Aberystwyth SARC facility, located in Bow Street, concluding it was not fit for purpose, as the site:

- was not accessible to disabled persons and could not cater for any disabled patients or their families;
- was housed within a residential care home and could not be accessed due to restrictions during the pandemic;
- shares toilet facilities with the care home, which puts patients' anonymity at risk.

- is not conducive to future proofing for developments in remote technologies, such as live links to court for vulnerable witnesses.
- is unable to support the holistic needs of victims and their families due to space limitations.

In December 2022, Bow Street SARC premises was refurbished to ISO 15189:2022 standards, which are currently awaiting accreditation award.

On 4 April 2023 Ceredigion County Council gave notice on Bow Street SARC premises in that the facility would no longer be available to utilise for SARC services from the 1 April 2025.

Currently, Bow Street continues to remain not fit for purpose and the SARC Programme Board, therefore, commenced the process of identifying and assessing potential options.

Drivers – Spending Objectives – Expected Benefit Outcomes:

Drivers	Spending Objective	Benefit	Expected Outcome
Effectiveness	To deliver an acute and non-acute Aberystwyth SARC facility compliant with ISO accredited standards from which DPP, the University Health Board and the third sector can deliver their respective services.	Contribution to achievement of the objectives of the national SARC programme.	Improved access. Provision of on going therapeutic support for victims.
Efficiency	To deliver an acute and non-acute Aberystwyth SARC facility that is compliant with accredited standards to meet an anticipated in acute demand of 194% resulting from the consolidation of services from Newtown and Carmarthen.	Ability to support acute and non-acute cases presenting in Dyfed Powys region, as well as south Gwynedd.	Enhanced integration of clinical, forensic, social and therapeutic services across the region.
Economy	To deliver an acute and non-acute Aberystwyth SARC facility that is compliant with accredited standards to allow for the consolidation of services and the rationalisation of estate.	Rationalisation of Estate.	Outcomes related to cost efficiency.
Compliance	To deliver an acute and non-acute Aberystwyth SARC facility which meets the standards required for ISO 15189:2022 and complies with the requirements of the Equality Act on disabled access.	An ISO-compliant SARC.	Improved quality of evidence collected and in doing so mitigate potential defence challenges and loss of prosecutions in court.
Replacement	To replace the current acute and non-acute Aberystwyth SARC facilities to provide business continuity and prevent the loss of essential SARC services serving Aberystwyth and surrounding areas.	Continuation of Business as Usual continuity for SARC services.	Continuation of BAU SARC Services.

Key Project Business Risks:

Description	Mitigation
Reputational risk arising from failure to provide infrastructure that: <ul style="list-style-type: none">• Meet required timescales.• Meets quality standards.• Is Sustainable.	Technical capability of the SARC project group. Support from and technical capability of wider Wales Sexual Assault Services programme.
Non-compliance with ISO 15189 Accreditation standards.	Technical capability of the SARC project group and wider Wales Sexual Assault Services programme. Award of ISO 15189 Accreditation Standards. The national SARC Programme has procured specialist ISO accreditation resource for the new Aberystwyth and Swansea SARCs.
Design does not meet regulatory standards.	Technical capability of the SARC Project Group and wider Wales Sexual Assault Services programme.
Failure to secure capital funding in time and / or in entirety.	Engagement with WG.
Capital and / or revenue costs are higher than projected.	Technical capability of the SARC Project Group and wider Wales Sexual Assault Services programme. Sensitivity analysis.

Key Project Service Risks:

Description	Mitigation
Failure to achieve planning permissions and / or building regulations approvals.	Engagement with local authorities as required
Noise pollution during construction	Noise reduction / abatement requirements to be detailed in tender specifications.
Tendered price is higher than costs estimated in this BJC	Estates team to follow the University Health Board's project approval process prior to tender for construction and engineering projects based on three key stages: Stage 1: Provisional cost estimate; Stage 2: Budget cost estimate; Stage 3: Pre-tender estimate. Development costs will be re-evaluated at each stage of this process.
Risk associated with potential reduction in parking spaces, including disabled spaces, during construction	Requirements to be detailed in tender specifications

Key Project Constraints

Area	Constraint
Policy decisions	The Project is constrained by the scope and timescales of the national SARC programme.
Legal considerations	The Project is constrained by the need to reach an acceptable agreement with Ceredigion County Council as lessor.
Regulations	The new SARC must meet the quality standards of ISO 15189:2022 – Medical Laboratories: Requirements for Quality and Competence.
Timescales	The new SARC space must be ISO accredited by April 2025.
Affordability – Capital / Revenue	The space must be delivered within the affordability constraints shown in the Financial Case.
Quality of fit-out	The SARC must be of sufficient quality to serve for a typical operational life of 20 years.

Key Project Dependencies:

Area	Dependency
Other Projects	Other projects in the SARC programme.
External factors	Lease / HoTs.
Partner operations	Integrated working between LA, UHB, DPP and New Pathways.
Legislation	The Project will be dependent on receiving accreditation under ISO 15189:2022 – Medical Laboratories: Requirements for Quality and Competence.
Approvals	The Project will be dependent on internal approvals from the University Health Board and the SARC Programme Board and external approvals from Welsh Government.
Availability of capital	The Project will be dependent on capital funding from Welsh Government. This could be vulnerable to inflation and / or competing priorities at a national level.
Supply market availability	The Project will be dependent on the capacity of the supplier market to meet the Project's requirements.

Economic Case.

Critical Success Factors:

CSF	Description
Strategic fit	The option will meet the Spending Objectives and Drivers relating to Effectiveness, Efficiency, Economy, Compliance and Replacement.
Business needs	The option will provide an ISO-compliant SARC facility which will meet projected demand and the needs of all service users.
Value for Money	The option will: <ul style="list-style-type: none">• Provide a robust solution within required timescales.• Optimise costs and benefits.• Provide flexibility to meet future service needs.
Supplier capacity and capability	The scope and timeline of the option are consistent with the capacity and capability of the supplier market.
Affordability	The option is affordable from a capital and revenue perspective.
Achievability	The option is deliverable, specific, measurable, realistic and timely.

Options Analysis

Options considered and discounted:

Option/s	Rational for discounting
Option 1: Business As Usual (BAU)	<p>The option is unachievable as Ceredigion County Council has stated that the accommodation at Bow Street, Aberystwyth will not be available after 1st April 2025.</p> <p>The option does not enable the University Health Board to meet the Spending Objectives and Critical Success Factors.</p>
Option 2: Development of the new SARC facility as part of the Aberystwyth Integrated Care Centre (AICC)	Although this option may comply with the requirement to make a new ISO 15189:2022-accredited SARC facility available, the timescale within which it can be delivered is uncertain. This would mean that services would have to continue to be delivered from the Bow Street SARC, which cannot meet the needs of all service users and will no longer be available after 1 April 2025.

Preferred Option:

Option:	Rational
Option 3: Development of the new SARC facility within the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth.	<p>This option aligns with the Spending Objectives and CSFs.</p> <p>There is some risk to the achievement of the business needs over the longer-term if Ceredigion County Council were to terminate one or both of the leases before the end of their twenty year terms, however this risk is mitigated by the fact that the University Health Board and Ceredigion County Council are partners with a shared interest in providing SARC services to the population.</p> <p>The Project Group has therefore concluded that Option 3 is the only option which is realistically capable of providing an ISO 15189:2022-accredited facility by 1 April 2025 and therefore of mitigating the risk of prosecutions failing or not being possible because admissible evidence cannot be collected.</p>

Commercial Case.

Procurement Route – Outputs

The University Health Board will procure the refurbishment (including works, furniture and medical equipment; IT hardware and software, infrastructure, networking, installation, supervision and commissioning complete) of an area of 342.08m² within the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth.

Capital Cost Estimates:

This BJC is submitted on budget cost estimates, due to the need to expedite the Project so that it will be available by the agreed project timeline. The Forecast Project Out-turn Cost, prior to going to tender , is £2,469,046 (post-VAT recovery). At tender stage market tested costs will be obtained and submitted to Welsh Government (WG) for review and approval. The project completion date under the timeline agreed for the Project is March 2025.

Cost	Net cost (£)	VAT @ 20%	Gross cost (£)
Works cost	1,234,177	246,835	1,481,012
Fees	254,887	50,977	305,865
Non-works costs (includes IT hardware and software, infrastructure, networking, installation, supervision and commissioning complete; does not include DPP informatics costs)	338,929	67,786	406,715
Equipment costs (furniture and medical equipment)	86,900	17,380	104,280
Project contingency	185,127	37,025	222,152
Forecast Project Out-turn Cost (preVAT recovery)	2,100,020	420,004	2,520,024
Less recoverable VAT		50,977	50,977
Forecast Project Out-turn Cost	2,100,020	369,027	2,469,046

Procurement Route – Contracting Arrangements / Payment Terms:

The procurement route for all goods, services and works pertaining to the Aberystwyth SARC will comply with Hywel Dda Standing Orders and Standing Financial Instructions and ensure due regard to statutory requirements (including Public Contract Regulations), WG and central government policy and Audit Commission guidelines are followed.

Contracting Arrangements:

The University Health Board will hold a competitive tender for refurbishment of the premises located within the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth utilising the OJEU compliant Swansea Bay & Hywel Dda University Hospitals Construction Framework – Agreement 4 (Lot 4), which is a multi-supplier framework between the Authority and Framework Suppliers for the provision of Construction works valued between £200k - £2m in respect of the Hywel Dda Region.

Payment Terms:

Payment terms will be determined by the terms and conditions of the form of contract used. The University Health Board is likely to propose payment terms whereby percentages are paid on completion of milestones, with percentages held back until the site is commissioned and for any defects until twelve months after completion date.

Heads of Terms of the Lease

The University Health Board is negotiating Heads of Terms of two leasehold agreements with Ceredigion County Council. Below are the key details:

Landlord	Ceredigion County Council
Tenant	Hywel Dda University Health Board
Security of Tenure	Lease to be excluded from provisions of Part II Landlord & Tenant Act 1954

SARC Ground Floor

Term	20 years (contracted outside the Act)
Rent	£21,250 per annum excluding VAT
Break Clause	Tenant break at 5, 10 and 15 years.
Other	Exclusive of all outgoing. Cleaning/repairs and maintenance to be carried out by Ceredigion County Council and recharged Making good provisions at the cost of HDUHB upon vacation

SARC First Floor

Term	20 years (contracted outside the Act)
Rent	£12,750.00 per annum excluding VAT
Break Clause	Tenant break at 5, 10 and 15 years
Other	Exclusive of all outgoing. Cleaning/repairs and maintenance to be carried out by Ceredigion County Council and recharged Making good provisions at the cost of HDUHB upon vacation

Financial Case

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

Capital expenditure costs are aforementioned within the commercial case and total £2,469,046 (budget cost estimates). These costs are expected to be funded via the All-Wales Capital Programme. Revenue costs shown in the Financial Annex to the BJC include an assumption that the lease is payable to Ceredigion County Council during the works period, however this is to be negotiated therefore the University Health Board may not be liable for the lease until completion. This assumption has been included however to be prudent.

Capital costs of the Recommended Option (£s)

Costs	Total	Y1	Y2	Y3	Y4	Y5	Notes
Capital expenditure		2023/24	2024/25	2025/26	2026/27	2027/28	
Works	1,481,012		1,481,012				
Fees	305,865	148,101	157,763				
Non Works	406,715	42,000	364,715				
Equipment Costs	104,280		104,280				
Contingency	222,152		222,152				
Less Recoverable VAT	- 50,977	- 24,684	- 26,294				VAT assessment will be undertaken with VAT advisors on approval of funding. VAT recovery % to be notified to WG. Recovery shown here relates to VAT on fees, assumed to be fully recoverable.
Total Capital Costs	2,469,046	165,418	2,303,629				

Operating costs and revenues of the Recommended Option (£)

Costs	Total	Y1	Y2	Y3	Y4	Y5	Notes
Operating Expenditure							
Lease costs	163,200		40,800	40,800	40,800	40,800	Annual lease rent estimate on basis of discussion between HBUHB and Ceredigion County Council (to be finalised).
Other premises costs	286,448			95,483	95,483	95,483	Costs based on estimates developed from information provided by Ceredigion County Council and reviewed by HDUHB Estates team.
IT revenue costs	15,000			5,000	5,000	5,000	Estimate provided by HDUHB IT department.
Equipment service contract	9,000			3,000	3,000	3,000	Estimate of service contract on colposcope.
Total Operating Costs	473,648		40,800	144,283	144,283	144,283	
Revenue							
Recharge to WSAS	- 473,648		-40,800	-144,283	-144,283	-144,283	Recharge confirmed by WSAS.
Net Cost to University Health Board	2,469,046	165,418	2,303,629	-	-	-	

The revenue costs will be subject to the Welsh Sexual Assault Services (WSAS) cost pooling arrangement, with the gross estimated annual revenue costs of approximately £144,000 of the facility being covered in full by funds made available through the WSAS Programme, with no net cost to the University Health Board.

Management Case

Delivery Arrangements:

Implementation - Milestones	Timeline
BJC HB internal scrutiny process	June to July 2023
BJC WG scrutiny and approval	August to October 2023
Planning approvals	May to September 2023
Detailed technical design	October to December 2023
Tender period	January to February 2024
Construction	March to September 2024
Commissioning	October to November 2024
ISO Validation period	December 2024 to March 2025
Handover	March 2025

Project management:

- The Project will be undertaken in line with NHS Infrastructure Investment Guidance and using established project management methodology.
- The University Health Board set up the SARC Project Group (the Project Group) on 10 October 2022. 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 Hywel Dda University Health Board Executive Director of Strategy and Planning; and Hywel Dda University Health Board Project Director, being the Ceredigion County Director.

Argymhelliad / Recommendation

The Board is asked to :

- **NOTE** the development of the BJC for SARC services
- **APPROVE** the submission of the BJC to Welsh Government (WG) for further scrutiny
- **APPROVE** the use of professional services/consultancy as appropriate to deliver the project
- **NOTE** that the capital costs included in this version of the BJC are based on budget costs and the development of fully tendered costs will be undertaken following the receipt of WG scrutiny comments. Once the costs are obtained, they will be submitted to Welsh Government (WG) for review and approval

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	A project risk register is held and managed by the Project Group. Risks are summarised under the assessment section of this SBAR.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<p>Public Health England with NHS England and NHS Improvement Public Health Commissioning. NHS public health functions agreement 2019-20 Service Specification No. 30 Sexual Assault Referral Centres. July 2019. https://www.england.nhs.uk/wp-content/uploads/2017/04/Service-Specification-No.30-Sexual-Assault-Referral-Centres.pdf</p> <p>BSI Standards Publication. BS EN ISO 15189:2012. Medical laboratories —Requirements for quality and competence (ISO 15189:2012). 2014</p> <p>Codes of Practice and Conduct. Sexual Assault Examination: Requirements for the Assessment, Collection and Recording of Forensic Science Related Evidence. FSR-C-116. Issue 1. 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886562/116_Requirements_Sexual_Assault_Examination.pdf</p> <p>Codes of Practice and Conduct for forensic science providers and practitioners in the Criminal Justice System. FSR-C-100. Issue 5. 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880708/Codes_of_Practice_and_Conduct_-_Issue_5.pdf</p> <p>Forensic Science Regulator Guidance. Guidance for the Assessment, Collection and Recording of Forensic Science Related Evidence in Sexual Assault Examinations. FSR-G-212. Issue 1. 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886647/212_Guidance_Sexual_Assault_Examination.pdf</p>
Rhestr Termiau: Glossary of Terms:	Included in the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	SARC Project Group Key Leads Senior Responsible Owner Project Director SARC Board

Parties / Committees consulted prior to University Health Board:	Acting/Director of Estates & Facilities Assistant Director of Finance Deputy Director of Operations Assistant Director of Workforce Assistant Director Strategic Planning Strategic Development & Operational Delivery Committee Executive Team
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Mitigate the risk of negative financial impacts Included in the body of the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Reduce the risk of negative impacts on patient care by providing a safe, sustainable SARC service solution.
Gweithlu: Workforce:	No additional workforce costs are anticipated as a result of this development. There will be a need for re-location which will be managed by the Womens and Childrens Directorate.
Risg: Risk:	Included in the body of the report.
Cyfreithiol: Legal:	Included in the body of the report.
Enw Da: Reputational:	Reputational risk arising from failure to, for example: <ul style="list-style-type: none"> • Meet required timescales. • Achieve quality standards.
Gyfrinachedd: Privacy:	Included in the body of the report.
Cydraddoldeb: Equality:	Equality Impact Assessment screening continues to be undertaken and, at this stage, does not indicate adverse impacts for protected groups.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Canolbarth
a Gorllewin
Iachach

Cenedlaethau'r
dyfodol yn byw
bywydau iach

SAFE, SUSTAINABLE, ACCESSIBLE AND KIND



Hywel Dda University Health Board

Aberystwyth Sexual Assault Referral Centre

Business Justification Case

Dated 17 July 2023 v.18





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Hywel Dda University Health Board Aberystwyth Sexual Assault Referral Centre

SRO:	Lee Davies – Director of Strategy and Planning
Project Director:	Peter Skitt – Ceredigion County Director
Organisation:	Hywel Dda University Health Board

	Name	Date	Comments
	Name	Date	Comments
Prepared by:	Greg Haddock, PwC	5/7/23	Reflects changes made in response to scrutiny comments.
Reviewed by:	SARC Project Group, Project Director and SRO	12/6/23	Completed
	University Health Board Scrutiny Key Leads	Issued on 12/6/23	Completed.
	SARC Board	Issued on 12/6/23	Issued.
	Executive Team	21/6/23	Completed
	Strategic Development and Operational Delivery Committee	Issued on 26/6/23	Completed
	Hywel Dda Board	27/7/23	
Approved by:			

Glossary of Abbreviations

Abbreviation	Definition
ABE	Achieving Best Evidence
AHMWW	A Healthier Mid & West Wales
AICC	Aberystwyth Integrated Care Centre
BJC	Business Justification Case
CSF	Critical Success Factor
DPP	Dyfed-Powys Police
DPPCC	Dyfed Powys Police and Crime Commissioners
FCA	Flood Consequence Assessment
FFLM	Faculty of Forensic & Legal Medicine
HDUHB	Hywel Dda University Health Board
HMCPSI	HM Crown Prosecution Service Inspectorate
IAAP	Integrated Assurance Approval Plan
ISVA	Independent Sexual Violence Adviser
MEAT	Most Economically Advantageous Tender (MEAT)
POCT	Point of Care Testing
RES	Remote Evidence Site
RPA	Risk Potential Assessment
SARC	Sexual Assault Referral Centre
SOC	Strategic Outline Case
VAWDASV	Violence Against Women, Domestic Abuse and Sexual Violence
VfM	Value for Money
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WSAS	Welsh Sexual Assault Services

1 Executive Summary

- 1.1 This Business Justification Case (BJC) seeks the approval of Welsh Government (WG) for Hywel Dda University Health Board (the University Health Board or HDUHB) to invest in the refurbishment of premises on the ground and first floors of the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth, so that they can accommodate a new Sexual Assault Referral Centre (SARC) (the Project). Following this refurbishment, Dyfed-Powys Police (DPP) and its partners will provide an adult SARC Hub as part of the Mid and West Wales Hub and Spoke model of care for adults, under the national SARC programme of work.
- 1.2 The delivery of all SARC hubs is being led by the NHS in Wales. The purpose of the Project is to deliver sustainable ISO-accredited infrastructure for SARC services in Aberystwyth, to replace the current SARC facility, which is made available to Dyfed-Powys Police (DPP) under an agreement with Ceredigion County Council and will not be available from 1 April 2025 (see letter attached at Appendix 1). The role of the University Health Board is to procure the new SARC to ISO 15189:2022 quality standards and deliver a capital solution.
- 1.3 This BJC is submitted on budget cost estimates, due to the need to expedite the Project so that it will be available by this date at the latest. The Forecast Project Out-turn Cost, prior to going to tender, is £2,469,046 (post-VAT recovery). At tender stage market tested costs will be obtained and submitted to WG for review and approval. The project completion date under the timeline agreed for the Project is March 2025.
- 1.4 The BJC has been the subject of a robust internal University Health Board scrutiny review through the Aberystwyth SARC Project Group (described in the Management Case), the University Health Board's Strategic Development and Operational Delivery Committee (SDODC), Use of Resources Group, Executive Team and the Board of the University Health Board.
- 1.5 The Project is a tranche within the national SARC programme of work, which is being delivered by three regional Service Delivery Groups (South-west, South-east and North Wales) and governed by the Welsh Sexual Assault Services (WSAS) Programme Board. A letter of support from the WSAS Programme Board's Chair is attached at Appendix 2.
- 1.6 The University Health Board will be the signatory of two leases with Ceredigion County Council for the space in which the new SARC will be located, with terms of twenty years.
- 1.7 DPP's role is to develop the detailed accommodation plan to ensure that the Quality Standards of the Faculty of Forensic & Legal Medicine (FFLM) are met and maintained, and forensic provision meets ISO accreditation requirements, maximising the opportunity to secure convictions.¹
- 1.8 The Project is required as a result of the following:
 - **Closure of the SARC located at Cartref Tregerddan, Bow Street, Aberystwyth (the Bow Street SARC).**

Acute demand in Aberystwyth is currently met by the Bow Street SARC, operated by third sector provider New Pathways. The Bow Street SARC has benefited from an investment of £75,000 to refurbish it to ISO 15189 standards, and accreditation is expected before October 2023. Nonetheless the facility's capacity is limited as it is next to a care home with no scope for

¹ The FFLM Quality Standards have been developed in response to the recognition by the Home Office that the Faculty of Forensic & Legal Medicine (FFLM) is responsible for the standards to be expected from all healthcare providers involved in custody healthcare and forensic examination; and in response to the Violence Against Women and Children Taskforce Report along with the Government's interim response, where it was agreed that the FFLM should set these standards in conjunction with the Forensic Regulator. Further information is available at <https://fflm.ac.uk/resources/publications/fflm-quality-standards-for-nurses-and-paramedics-general-forensic-medicine-gfm/>



expansion, and does not meet disabled access standards, therefore would need to be relocated at some point.

Ceredigion County Council has confirmed that the facility will no longer be available from 1 April 2025 (see letter attached at Appendix 1).

- **Meeting an anticipated 194% increase in acute demand due to the closure of the Newtown and Carmarthen SARCs to acute cases under the national SARC programme.**

This will see 6% of acute cases currently serviced at Carmarthen and 87% of acute cases currently serviced in Newtown transferred to Aberystwyth. These figures do not include growth in demand due to increased incidence and/or reporting of sexual assault as there is no predicted future case load data to reference.

- 1.9 Services must continue to be provided in Aberystwyth with no break in service continuity, therefore it is imperative that the Project is accredited and operational from 1 April 2025 at the latest. If an ISO 15189:2022-compliant facility with the appropriate space and capacity to meet the needs of service users is not put in place by 1 April 2025, there is a risk that it may not be possible to collect admissible evidence for all cases.
- 1.10 The new SARC will be a 342.08m² facility located on the ground and first floors of the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth.
- 1.11 The new SARC facility will provide 24 hour access 365 days of the year to acute specialist health and forensic assessments on the ground floor. There will be dedicated space for non-acute services on the first floor, to be provided by the third sector for victims of sexual assault within north Dyfed Powys region.
- 1.12 This BJC follows the five-case model, and an overview of the cases follows:

Strategic Case

The strategic case for the Project is the need to replace the Bow Street SARC, which must be vacated by 1 April 2025 at the latest.

The new facility must be compliant ISO 15189:2022 and capable of meeting anticipated demand.

The design of the Project will mean that Aberystwyth will have one acute facility for collection of forensic evidence and two suites for collecting recorded evidence at any one time with the capability to support remote court presence.

The Project will align with:

- The objectives of The Well-being of Future Generations (Wales) Act.
- A Healthier Wales: long term health and care strategy.
- The national WSAS Programme.
- The Hywel Dda University Health Board 'A Healthier Mid and West Wales: Our Future Generations living well' (AHMWW) strategy.
- The Ceredigion Local Well-being Plan 2023-28.

It is also informed by relevant strategies, including: The Violence Against Women; Domestic Abuse and Sexual Violence (VAWDASV) Strategy (Wales) 2022-2026; The Victims' Strategy 2018; The Race Equality Action Plan; and Together for Mental Health.



Main benefits of the Project include:

- It will contribute to the achievement of the objectives of the national SARC programme.
- It will secure continuation of Business as Usual for SARC services during a time of change in the sector.

Main risks include:

- Non-compliance with ISO 15189:2022 Accreditation standards – this risk is being mitigated by the employment of an ISO accreditation expert who will scope the transition from the Bow Street SARC to the new Aberystwyth SARC for ISO accreditation.
- Failure to secure capital funding in time and / or in entirety – the Project Group is mitigating this risk by entering into dialogue with WG early through submission of this BJC.
- Failure to have the new SARC in place by 1 April 2025 at the latest – the Project Group is mitigating this risk through engagement with WG, including submission of this BJC.

Economic Case

The University Health Board has identified three options for analysis:

- Option 1 – the “do nothing” option.
- Option 2 – the “do minimum” option – include the Project within the development of the Aberystwyth Integrated Care Centre (AICC).
- Option 3 – development of the new SARC facility within the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth.

Option 1 is not feasible – Ceredigion County Council has stated that the premises in Bow Street, Aberystwyth, will not be available for this use after 1 April 2025.

Option 2 is also not feasible – drafting of the Strategic Outline Case (SOC) for the AICC has not commenced and the timing of delivery of the AICC is uncertain.

Option 3 is therefore the only feasible option. Analysis demonstrates that Option 3 will enable the Project to achieve its Spending Objectives and Critical Success Factors.

Commercial Case

The University Health Board will procure the refurbishment (including works, furniture, medical equipment and IT hardware and software, infrastructure, networking, installation, supervision and commissioning) of an area of 342.08m² on the ground and first floors of the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth.

Suppliers will be procured under an approved framework - the Hywel Dda University Health Board Construction Framework (Lot 4). Lot 4 is a multi-supplier framework for the provision of construction works valued between £200,000 - £2,000,000 in respect of the Hywel Dda Region. This ensures that the suppliers have been verified and carry the appropriate skills, knowledge and experience to deliver the Project.

The Forecast Project Out-turn Cost of the Project, prior to going to tender, is £2,469,046 (post-VAT recovery). This is based on budget cost estimates, which will be revised following receipt of tendered costs and submitted to WG.

Under the timeline agreed for the Project, sustainable infrastructure for SARC services in Aberystwyth, to replace the current SARC facility (subject to ISO accreditation), will be delivered by the end of November 2024.

Financial Case

Total Capital Costs are estimated at £2,469,046. Annual Operating Costs – including lease and service charge costs, IT revenue costs and equipment maintenance - are estimated at £144,000. For full details, including impacts on the University Health Board's balance sheet, see the Financial Case and financial annex at Appendix 5. To be clear, although the University Health Board will be the signatory of the leases with Ceredigion County Council, it will not be liable for any Operating Costs, as all costs will be covered by funds from the WSAS Programme.

Management Case

The University Health Board established the SARC Project Group (the Project Group) on 17 October 2022, responsible for governance and delivery of the Project and the expected benefit outcomes. The Project Group is accountable to the Senior Responsible Officer (SRO), being the Director of Strategy and Planning; and the Project Director, being the Ceredigion County Director.



Lee Davies

Director of Strategy and Planning at Hywel Dda
University Health Board



Peter Skitt

County Director Ceredigion at Hywel Dda
University Health Board

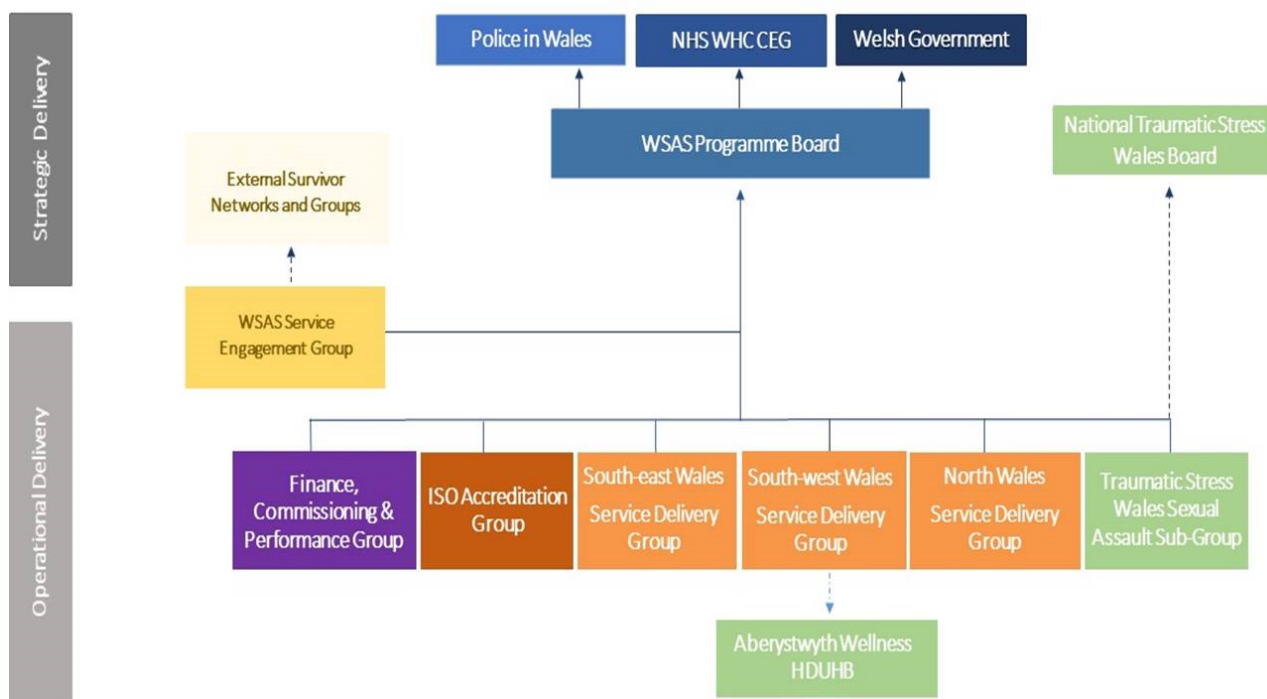
2 Strategic case

2.1 Organisational overview

- 2.1.1 This section provides brief descriptions of the three main parties within the Project – the University Health Board, DPP and New Pathways - and of their roles in the Project.
- 2.1.2 **University Health Board:** The University Health Board is the planner and provider of NHS healthcare services for a population of approximately 385,000 in Carmarthenshire, Ceredigion, Pembrokeshire and bordering counties. The University Health Board delivers services through its four main hospital sites (Bronglais in Aberystwyth, Glangwili in Carmarthen, Prince Philip in Llanelli and Wilybush in Haverfordwest), community hospitals, minor injuries units, centres and clinics and mental health sites.
- 2.1.3 The University Health Board leads the SARC Project Group described in the Management Case. The role of the University Health Board within the Project Group is to procure the refurbishment of premises on the ground and first floors of the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth, so that they can accommodate the Project.
- 2.1.4 The University Health Board will also be the signatory of the leases with Ceredigion County Council for the space in which the new SARC will be located (details of the leases are provided in the Commercial Case and the draft leases are attached at Appendix 3). (Please note that the terms of the leases are still under discussion with Ceredigion County Council and are therefore subject to change).
- 2.1.5 The University Health Board will not be responsible for the accreditation of the premises, nor for the delivery of SARC services.
- 2.1.6 **DPP:** DPP serves Carmarthenshire, Ceredigion, Pembrokeshire and Powys. The resident population is more than 515,000 people, which rises significantly with tourists each year. the strategic direction and priorities for Dyfed-Powys Police are set by the Police and Crime Plan 2021-25. They are:
- Victims are supported.
 - Harm is prevented.
 - Our justice system is more effective.
- 2.1.7 DPP has an agreement with Ceredigion County Council which permits it to make the Bow Street SARC available to CRG Medical Services to deliver forensic examination and to a crisis worker supplied by New Pathways (see below) to deliver victim / client support.
- 2.1.8 The role of DPP in the Project is to develop the detailed accommodation plan to ensure requirements of FFLM standards are met and maintained, and forensic provision meets ISO accreditation requirements, maximising the opportunity to secure convictions.
- 2.1.9 **New Pathways:** The third sector is represented in the SARC Project Group by New Pathways, the largest sexual violence support provider in Wales, with 30 years' experience of delivering specialist therapeutic support to adults and children affected by rape, sexual assault or sexual abuse. As a charitable organisation, New Pathways offers a full range of free specialist crisis, advocacy, wellbeing and counselling services and supports nearly 4,000 people each year. New Pathways runs the Bow Street SARC.
- 2.1.10 The role of New Pathways in the project is to work with the Project Group to develop the detailed accommodation plan for non-acute services in the Project.

2.2 Strategic context

- 2.2.1 In 2013, WG commissioned a review to examine the extent to which the SARC fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across Mid, South and West Wales, led by the National Health Service (NHS) Wales Health Collaborative (Phase 1). A Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.
- 2.2.2 In 2019, following an options appraisal process, Health Boards, police forces, Police and Crime Commissioners, in partnership with the third sector, agreed an integrated service model for the delivery of sexual assault referral services in South Wales, Dyfed Powys and Gwent. This agreed regional model is based on a "hub and spoke" approach, with three adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen. North Dyfed Powys should be served by one acute SARC hub to be based in Aberystwyth, with victims in South Dyfed Powys accessing acute SARC services in Swansea. The delivery of all SARC hubs is being led by the NHS in Wales.
- 2.2.3 The Project is a tranche within this regional hub and spoke model of care for South-west Wales, which in turn is part of the national WSAS programme, which is being delivered through the structure shown in the graphic below:



- 2.2.4 The WSAS programme is being hosted by NHS Wales Executive and delivered jointly with the police. It is governed by the WSAS Programme Board.
- 2.2.5 The South-west Wales Service Delivery Group, which is chaired by the Interim General Manager for Women and Children's Directorate of the University Health Board, is a multiagency group and leads the delivery of the WSAS programme across South-west Wales.

- 2.2.6 The Aberystwyth SARC Project Group (described in the Management Case) is responsible for delivering the Project.
- 2.2.7 SARCs must meet the quality standards of ISO 15189:2022 – Medical laboratories: Requirements for quality and competence, which replaces the 2016 and 2012 standards. It is applicable to medical laboratories in developing their management systems and assessing their competence. It is also applicable for confirming or recognising the competence of medical laboratories by laboratory users, regulatory authorities and accreditation bodies; and to point-of-care testing (POCT).
- 2.2.8 The Project is being developed in alignment with:
- The Well-being of Future Generations (Wales) Act.
 - A Healthier Wales: long term health and care strategy.
 - The national WSAS Programme.
 - The Hywel Dda University Health Board 'A Healthier Mid and West Wales: Our Future Generations living well' (AHMWW) strategy.
 - The Ceredigion Local Well-being Plan 2023-28.
- 2.2.9 The design of the facility is also informed by:
- The Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Strategy (Wales) 2022-2026, a strategy to tackle violence against women, domestic abuse and sexual violence in Wales. The University Health Board, DPP and Powys Teaching Health Board form part of the Mid and West Wales VAWDASV Partnership. The Project will support delivery of the Partnership's objective to improve responses to those experiencing violence and ensure equal access to appropriate support services.
 - The Victims' Strategy 2018, a strategy which aims to develop a systematic process that places the needs of victims of crime at the heart of policing in South Wales, providing support through their engagement with the Criminal Justice System. The Project will support the Victims' Strategy by ensuring the reporting process for and the design of the centre itself are sensitive to the victims and their families and/or support system.
 - The Race Equality Action Plan, which aims to achieve a Wales that is anti-racist by 2030 and sets out measures to tackle structural racial inequalities in order to make meaningful and measurable changes to the lives of Black, Asian and Minority Ethnic people.
 - Together for Mental Health, WG's 10 year cross-governmental strategy to improve mental health and well-being across all ages; and Together for Children and Young People, focused on improving emotional wellbeing and mental health services for children and young people in Wales. The Project will support these strategies by providing counselling and therapy rooms as part of the holistic healing for victims.

2.3 Case for change

2.3.1 Introduction

2.3.1.1 This section sets out:

- Existing arrangements.
- Business needs.

2.3.2 Existing arrangements

2.3.2.1 As previously described, SARC services in Aberystwyth are currently provided from the Bow Street SARC, a facility which occupies rooms above a residential home owned by Ceredigion County Council at Cartref Tregerddan, Bow Street, Aberystwyth.

2.3.2.2 This section looks at existing arrangements under the headings of:

- ISO accreditation.
- Demand.
- Meeting the needs of all service users.

ISO accreditation

2.3.2.3 In December 2022 the Bow Street SARC was refurbished to ISO 15189:2022 standards, to reduce risks to the collection of admissible evidence until the Project is operational (which must occur before 1 April 2025 at the latest). Accreditation is expected to be received by October 2023.

Demand

2.3.2.4 Table 1 below shows the number of acute and non-acute cases referred to the Aberystwyth Bow Street, Swansea, Carmarthen and Newtown SARCs from 2018/19 to 2021/22.

Table 1 – assault type of individuals attending SARCs, 2018/19 to 2021/22

	2018/19			2019/20			2020/21			2021/22			Annual average		
	Acute	Non-acute	Historic	Acute	Non-acute	Historic	Acute	Non-acute	Historic	Acute	Non-acute	Historic	Acute	Non-acute	Historic
Aberystwyth	13	16	26	9	14	13	10	9	18	17	26	40	12	16	24
Carmarthen	58	77	112	65	88	133	37	80	130	81	72	185	60	79	140
Newtown	18	23	42	32	37	46	11	22	34	31	46	89	23	32	53
Swansea	69	50	152	86	68	92	62	74	140	132	123	231	87	79	154
Total	158	166	332	192	207	284	120	185	322	261	267	545	183	206	371

Source: NHS Wales Collaborative

2.3.2.5 Table 1 shows that the number of acute cases referred in Aberystwyth has ranged between 9 and 17 per annum, with an average annual caseload of 12 (one per month). The number of non-acute cases has ranged between 9 and 26 per annum, with an average annual caseload of 16 (1.3 per month).

2.3.2.6 Notwithstanding recent investment to make the facility compliant with the requirements of ISO 15189:2022, the WSAS Programme Board has determined that the facility is not fit for purpose.

2.3.2.7 In addition on 4 April 2023, Ceredigion County Council served notice to DPP that Bow Street must be vacated by 1 April 2025 (see Appendix 1).

Meeting the needs of service users

2.3.2.8 The WSAS Programme Board identified concerns that the Bow Street SARC was not fit for purpose were it to become the main 'hub' for the region (please see letter from the Chair of the WSAS Board attached at Appendix 2), including:

- The facility is located in a housing estate at the back of a care home. Access is via a set of concrete steps and through a small door, meaning that the site is not accessible to those with a disability and cannot cater to any disabled patients or their families, and may be off-putting to other service users.
- Space limitations mean that the facility is unable to support the holistic needs of victims and their families.

- The facility shares toilet facilities with the care home, which puts patients' anonymity at risk.
- The facility is housed within a residential care home, which could not be accessed due to restrictions during the pandemic. As a result, the facility had to be shut down and was unable to provide any services. There is a risk that this could be repeated in a future pandemic situation.
- The site has no room for expansion and is therefore not conducive to future proofing for developments in remote technologies, such as live links to court for vulnerable witnesses and / or provision of additional services e.g. counselling.

2.3.3 Business need

2.3.3.1 The business need for the Aberystwyth SARC Project is to procure a new SARC facility which will be capable of:

- Securing ISO 15189:2022 accreditation by 1 April 2025 at the latest.
- Meeting acute demand in Aberystwyth consolidated from Newtown and Carmarthen.
- Meeting growth in demand due to increased incidence and/or reporting of sexual assault.
- Meeting the needs of all service users.

Securing ISO 15189:2022 accreditation by 1 April 2025 at the latest

2.3.3.2 As stated above, although the Bow Street SARC has been refurbished to a standard which allows for ISO accreditation, Ceredigion County Council has stated that the premises must be vacated by 1 April 2025. There is therefore a business need to find alternative premises accredited to this standard.

Meeting acute demand in Aberystwyth consolidated from Newtown and Carmarthen

2.3.3.3 Under the new hub and spoke model, acute cases currently referred to Newtown or Carmarthen will be referred to either the Aberystwyth or Swansea "hubs". Table 2 below shows that, based on 2021/22 demand figures, 6% of acute referrals to Carmarthen, and 87% of acute referrals to Newtown, will divert to Aberystwyth. This would mean that the annual acute caseload in Aberystwyth would increase to 49 per annum (4.1 per month).

Table 2 – redistribution of demand from Carmarthen and Newtown to Swansea and Aberystwyth

	2021/22
Total Number of acute referrals to Carmarthen	81
% to go to Swansea	88
% to go to Aberystwyth	6
Total Number of acute referrals to Newtown	31
% to go to Swansea	3
% to go to Aberystwyth	87
Total Number of acute referrals to Aberystwyth	17
Potential total with clients from Carmarthen and Newtown added	49

Source: NHS Wales Collaborative

2.3.3.4 The projected demand across the four SARCs, redistributed to reflect the closure of the Newtown and Carmarthen SARCs to acute cases, is shown in Table 3 below. It shows that the anticipated annual acute caseload is 50 and the anticipated annual non-acute caseload is 30. (The number of acute cases in Aberystwyth has been rounded from 49 to 50 to reflect uncertainty; and the

projection of 30 non-acute case is a naïve forecast based on 21/22 figures, rounded to the nearest 10).

Table 3 – projected demand following closure of Carmarthen and Newtown to acute cases

	Acute	Non-acute	Historic
Aberystwyth	50	30	40
Carmarthen	-	80	190
Newtown	-	50	90
Swansea	210	130	240
Total	260	290	560

Source: NHS Wales Collaborative

Meeting growth in demand due to increased incidence and/or reporting of sexual assault

2.3.3.5 In addition, based on the following analysis, the Project is also likely to experience growth in acute demand due to increased incidence and/or reporting of sexual assault:

2.3.3.5.1 The Crime Survey for England and Wales (CSEW) reported in March 2023 that the volume of sexual offences recorded by the police has been increasing over the last decade, although the numbers remain well below the number of victims estimated by the survey: the latest figures for the year ending March 2022 show an increase of 31%, compared with the previous year.² In relation to the 50 predicted acute attendances to the new Aberystwyth site, if there was an increase of 31% this would equate to an extra 15.5 acute attendances in a year.

2.3.3.5.2 In addition to this it is estimated by the CSEW that 1.1 million adults aged 16 years and over across England and Wales experienced sexual assault in the year ending March 2022 (798,000 women and 275,000 men). This equates to a prevalence rate of approximately 2.3% of adults (3.3% women and 1.2% men). It also estimates that approximately 16.6% of adults aged 16 years and over (7.9 million) had experienced sexual assault (including attempts) since the age of 16 years; 1.9 million were a victim of rape (7.7% women and 0.2% men).

2.3.3.5.3 Based on this the estimate of sexual assault incidence for the area the Project will cover is approximately 2,700 per year and for the current Aberystwyth site (the Bow Street SARC) this estimate would be 950 per year.

2.3.3.5.4 In addition to this, demand can also be affected by the impact of high-profile incidents, media coverage, and campaigns on people's willingness to report both recent and historical incidents to the police are likely to result in annual variations in the number of offences recorded by the police.

2.3.3.6 It is difficult to predict demand going forward due to differences between anticipated prevalence and current activity, however the Project will allow us to deal with future growth. A letter confirming the above position on projected demand from the Welsh Sexual Assault Services Programme Director is attached at Appendix 4.

² To be published in July 2023 – see <https://www.gov.uk/government/statistics/announcements/crime-in-england-and-wales-year-ending-march-2023>

Meeting the needs of all service users

2.3.3.7 The Programme Group has identified the business need for a dedicated facility to:

- Provide access 24 hour 365 days of the year to acute forensic assessments for victims of sexual assault within Dyfed Powys region.
- House a full multi-agency SARC suite including a forensic examination room delivered to ISO 15189:2022 accreditation standards, police interview and recording rooms, evidence storage facilities, shower facilities, family waiting area and clinical consultation room.
- Provide IT that supports the safe and confidential movement of information electronically between health and police or third sector and the delivery of remote court access.
- Provide space within which holistic care can be delivered, including Independent Sexual Violence Adviser (ISVA) support, crisis workers and counsellors for all victims of sexual assault, including children, and their families.

2.4 Spending Objectives

2.4.1 The Spending Objectives for the Project are shown in Table 4 below. All are **Specific**, **Measurable**, **Achievable**, **Realistic** and **Time-bound**:

Table 4 – Spending Objectives

No.	Driver	Spending Objective	Specific	Measurable	Achievable	Realistic	Time-bound
1.	Effectiveness	To deliver an acute and non-acute Aberystwyth SARC facility compliant with ISO accredited standards from which DPP, the University Health Board and the third sector can deliver their respective services.	✓	✓	✓	✓	✓
2.	Efficiency	To deliver an acute and non-acute Aberystwyth SARC facility that is compliant with accredited standards to meet an anticipated in acute demand of 194% resulting from the consolidation of services from Newtown and Carmarthen.	✓	✓	✓	✓	✓
3.	Economy	To deliver an acute and non-acute Aberystwyth SARC facility that is compliant with accredited standards to allow for the consolidation of services and the rationalisation of estate.	✓	✓	✓	✓	✓
4.	Compliance	To deliver an acute and non-acute Aberystwyth SARC facility which meets the standards required for ISO 15189:2022 and complies with the requirements of the Equality Act on disabled access.	✓	✓	✓	✓	✓
5.	Replacement	To replace the current acute and non-acute Aberystwyth SARC facilities to provide business continuity and prevent the loss of essential SARC services serving Aberystwyth and surrounding areas.	✓	✓	✓	✓	✓

2.5 Main benefits

2.5.1 Anticipated benefits of the Project are shown in Table 5 below. Benefits have been classified by Beneficiary, Type and Class, as follows:

- Cash Releasing Benefits such as reductions in costs (CRB).
- Non-Cash Releasing Benefits such as staff time saved (Non-CRB).
- Quantifiable Benefits such as achievement of targets (QB).
- Qualitative Benefits such as improved staff morale (Qual).

Table 5: Main benefits

Benefit	Expected outcome	Measures	Beneficiary	Benefit class
Driver – Effectiveness				
Spending Objective 1: To deliver an acute and non-acute Aberystwyth SARC facility compliant with ISO accredited standards from which DPP, the University Health Board and the third sector can deliver their respective services.				
1.	Contribution to achievement of the objectives of the national SARC programme.	Improved access – 24/7, 365 days of the year – to acute specialist adult health and forensic assessments; and ongoing therapeutic support for victims of sexual assault within Dyfed Powys region, as well as south Gwynedd.	National SARC performance measures being introduced in April 2023. National PREMS/PROMS	Direct – service users, HDUHB, DPP, third sector Non-CRB QB Qual
Driver – Efficiency				
Spending Objective 2: To deliver an acute and non-acute Aberystwyth SARC facility that is compliant with accredited standards to meet an anticipated increase in acute demand of 194% resulting from the consolidation of services from Newtown and Carmarthen.				
2.	Ability to support acute and non-acute cases presenting in Dyfed Powys region, as well as south Gwynedd.	Enhanced integration of clinical, forensic, social and therapeutic services across the region.	National SARC performance measures being introduced in April 2023. National PREMS/PROMS. ISO accreditation. Criminal Justice data.	Direct – service users, HDUHB, DPP, third sector. Non-CRB QB Qual
Driver – Economy				
Spending Objective 3: To deliver an acute and non-acute Aberystwyth SARC facility that is compliant with accredited standards to allow for the consolidation of services and the rationalisation of estate.				
3.	Rationalisation of Estate.	Outcomes related to cost efficiency.	ISO accreditation for one facility and not three. Part of Integrated Care Centre.	Direct – DPP, third sector CRB
Driver – Compliance				



Benefit	Expected outcome	Measures	Beneficiary	Benefit class	
Spending Objective 4: To deliver an acute and non-acute Aberystwyth SARC facility which meets the standards required for ISO 15189:2022					
4.	An ISO-compliant SARC.	Improved quality of evidence collected and in doing so mitigate potential defence challenges and loss of prosecutions in court.	Audit ratings and quality measures.	Direct – Patients, HDUHB, DPP, third sector	Non-CRB QB Qual
Driver – Replacement					
Spending Objective 5: To replace the current acute and non-acute Aberystwyth SARC facilities to provide business continuity and prevent the loss of essential SARC services serving Aberystwyth and surrounding areas					
5.	Continuation of Business as Usual continuity for SARC services.	Continuation of BAU SARC Services.	National SARC performance measures being introduced in April 2023. National PREMS/PROMS	Direct – Patients, HDUHB, DPP, third sector	QB

2.6 Main risks

2.6.1 Table 6 below shows the main business and service risks identified with the Project, and proposed mitigations against each. Risks are managed through the SARC Project Group, and the approach to risk management is described in the Management Case.

Table 6 – Main risks

No.	Risk categories	Counter measures
Business risks retained by the Project's Partners (University Health Board, Local Authority, Dyfed Powys Police, third sector)		
1.	Reputational risk arising from failure to provide infrastructure that: <ul style="list-style-type: none"> Meet required timescales. Meets quality standards. Is Sustainable. 	Technical capability of the SARC project group. Support from and technical capability of wider WSAS programme.
2.	Non-compliance with ISO 15189 Accreditation Standards.	Technical capability of the SARC project group and wider Wales Sexual Assault Services programme. Award of ISO 15189 Accreditation Standards. The WSAS Programme Board has procured specialist ISO accreditation resource for the new Aberystwyth and Swansea SARCs.
3.	Design does not meet regulatory standards.	Technical capability of the SARC Project Group and wider Wales Sexual Assault Services programme.
4.	Failure to secure capital funding in time and / or in entirety.	Engagement with WG.
5.	Capital and / or revenue costs are higher than projected.	Technical capability of the SARC Project Group and wider Wales Sexual Assault Services programme. The Project Group may also use sensitivity analysis as a counter measure to test the impacts of an increase in capital and / or revenue costs once more robust costs are received.
Service Risks (may be shared with the supply side)		

No.	Risk categories	Counter measures
6.	Failure to achieve planning permissions and / or building regulations approvals.	Engagement with local authorities as required.
7.	Noise pollution during construction.	Noise reduction / abatement requirements to be detailed in tender specifications.
8.	Tendered price is higher than costs estimated in this BJC.	Estates team to follow the University Health Board's project approval process prior to tender for construction and engineering projects based on three key stages: Stage 1: Provisional cost estimate. Stage 2: Budget cost estimate. Stage 3: Pre-tender estimate. Development costs will be re-evaluated at each stage of this process.
9.	Risk associated with potential reduction in parking spaces, including disabled spaces, during construction.	Requirements to be detailed in tender specifications.

2.7 Constraints

2.7.1 Table 7 below shows the external conditions and parameters within which the Project must be delivered:

Table 7 – Constraints

Area	Constraint
Policy decisions	The Project is constrained by the scope and timescales of the national SARC programme.
Legal considerations	The Project is constrained by the need to reach an acceptable agreement with Ceredigion County Council as lessor.
Regulations	The new SARC must meet the quality standards of ISO 15189:2022 – Medical Laboratories: Requirements for Quality and Competence.
Timescales	The new SARC space must be ISO accredited by April 2025.
Affordability – Capital / Revenue	The space must be delivered within the affordability constraints shown in the Financial Case.
Quality of refurbishment	The SARC must be of sufficient quality to serve for a typical operational life of 20 years.

2.8 Dependencies

2.8.1 Table 8 below sets out the dependencies outside the scope of the Project upon which successful delivery is dependent.

Table 8 – Dependencies

Area	Dependency
Other Projects	Other projects in the SARC programme.
External factors	Lease / HoTs
Partner operations	Integrated working between LA, UHB, DPP and New Pathways
Legislation	The Project will be dependent on receiving accreditation under ISO 15189:2022 – Medical Laboratories: Requirements for Quality and Competence.
Approvals	The Project will be dependent on internal approvals from the University Health Board and the SARC Programme Board and external approvals from WG.
Availability of capital	The Project will be dependent on capital funding from WG. This could be vulnerable to inflation and / or competing priorities at a national level.
Supply market availability	The Project will be dependent on the capacity of the supplier market to meet the Project's requirements.

3 Economic Case

3.1 Critical Success Factors

3.1.1 The Critical Success Factors (CSFs) for the Project are shown in Table 9 below. They were developed by the SARC Project Group described in the Management Case.

Table 9 – CSFs

No.	CSF	Description
1.	Strategic fit	The option meets the Spending Objective Drivers of Effectiveness, Efficiency, Economy, Compliance and Replacement.
2.	Business needs	The option will provide an ISO-compliant SARC facility which will meet projected demand and the needs of all service users.
3.	Value for Money (VfM)	The option will: <ul style="list-style-type: none"> Provide a robust and sustainable solution. Optimise costs and benefits. Provide flexibility to meet future service needs.
4.	Supplier capacity and capability	The scope and timeline of the option are consistent with the capacity and capability of the supplier market.
5.	Affordability	The option is affordable from a capital and revenue perspective.
6.	Achievability	The option is deliverable, specific, measurable, realistic and timely.

3.2 Options

3.2.1 The SARC Project Group identified three options which could feasibly meet the business needs and Spending Objectives described in the Strategic Case, namely:

- Option 1: The “do nothing: business as usual” option.
- Option 2: the “do minimum” option - development of the new SARC facility as part of the Aberystwyth Integrated Care Centre (AICC).
- Option 3: development of the new SARC facility within the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth.

3.2.2 An assessment of the options against the CSFs is shown in Table 10 below.

Table 10 – Summary of options appraisals

Option 1	Do Nothing: Business As usual (BAU)
Description	Services would continue to be delivered at the Bow Street SARC, recently updated as described in the Strategic Case. There would be no further capital investment. Revenue costs would continue to be funded from existing sources and SARC services would continue at current levels.
Net Costs	Nil
Advantages	CSF 5 - Affordability The Bow Street SARC has already benefited from a refurbishment to ISO 15189:2022 standards, therefore no further investment would be required.
Disadvantages	Option 1 will not meet any of the CSFs relating to Strategic fit, Business needs or VfM as it will not be available after 1 April 2025. The CSF relating to Supplier capacity and capability is not relevant.
Conclusion	The option is unachievable as Ceredigion County Council has stated that the accommodation at Bow Street, Aberystwyth will not be available after 1 April 2025.

	Furthermore the option does not enable the University Health Board to meet the Spending Objectives and CSFs for the reasons stated above.
Option 2	Development of the new SARC facility as part of the Aberystwyth Integrated Care Centre (AICC)
Description	The SARC would be located within the proposed AICC.
Net Costs	Not known – a Strategic Outline Case (SOC) has not yet been developed for the AICC.
Advantages	<p>CSF 1 - Strategic fit</p> <p>The option would be capable in principle of meeting the Spending Objectives.</p> <p>CSF 3 - VfM</p> <p>Locating the SARC within the AICC and integrating its costs within the AICC budget could be economically efficient when compared with developing a separate SARC.</p> <p>CSF 5 - Affordability</p> <p>The option could create economies of scale which could make it attractive from an affordability perspective.</p>
Disadvantages	<p>CSF 1 - Strategic fit</p> <p>Because the Bow Street SARC must be vacated by 1 April 2025, the option is not capable of meeting the Replacement Spending Objective.</p> <p>CSF 2 - Business needs</p> <p>As the AICC has not yet reached SOC stage, it is not possible to be certain as to the timescale within which the new SARC facility will be delivered. Services will therefore need to continue to be delivered from the Bow Street SARC, however these premises must be vacated by 1 April 2025. The option is therefore not capable of meeting the business needs of: meeting acute demand in Aberystwyth consolidated from Newtown and Carmarthen; and meeting growth in demand due to increased incidence and/or reporting of sexual assault.</p> <p>CSF 4 - Supplier capacity and capability</p> <p>This will need to be assessed within the context of the development of the whole AICC. This cannot be undertaken until a SOC for the AICC is developed.</p> <p>CSF 5 – Affordability</p> <p>Funding for the AICC has not yet been agreed, therefore it is not possible to assess the affordability of the option.</p> <p>CSF 6 - Achievability</p> <p>It will not be possible to achieve the option within the timescales required for the Project.</p>
Conclusion	Although this option may comply with the requirement to make a new ISO 15189:2022-accredited SARC facility available, the timescale within which it can be delivered is uncertain. This would mean that services would have to continue to be delivered from the Bow Street SARC, which cannot meet the needs of all service users and will no longer be available after 1 April 2025.
Option 3	Development of the new SARC facility within the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth
Description	The University Health Board will sign two leases of twenty years with Ceredigion County Council for space on the ground and first floors of the Canolfan Rheidol building, within which it will refurbish the premises to accommodate a new ISO-accredited SARC. (Please note that the terms of the leases are still under discussion with Ceredigion County Council and have not been finalised as at the date of this BJC).
Net Costs	The Forecast Project Out-turn Cost of the Project, prior to going to tender, is £2,469,046 (post-VAT recovery). This is based on budget cost estimates, which will be revised following receipt of tendered costs.
Advantages	<p>CSF 1 - Strategic fit</p> <p>The option will meet the Spending Objective Drivers as follows:</p> <p>Effectiveness: The option will deliver an acute and non-acute Aberystwyth SARC facility compliant with ISO accredited standards.</p> <p>Efficiency: The new SARC will be capable of meeting an anticipated in acute demand of 194% resulting from the consolidation of services from Newtown and Carmarthen.</p>

	<p>Economy: By enabling the consolidation of acute demand from Carmarthen and Newtown, the option will allow for the consolidation of services; by providing an accredited replacement for the Bow Street SARC which better meets the needs of service users, it will enable the rationalisation of the estate.</p> <p>Compliance: The Project will meet the standards required for ISO 15189:2022 and comply with the requirements of the Equality Act on disabled access.</p> <p>Replacement: The Project will enable the current acute and non-acute Aberystwyth SARC facilities to be replaced before the vacation of the Bow Street SARC by 1 April 2025, which will provide business continuity.</p> <p>CSF 2 - Business needs</p> <p>The option will meet the business needs of:</p> <ul style="list-style-type: none"> • Meeting demand in Aberystwyth consolidated from Newtown and Carmarthen. • Meeting growth in demand due to increased incidence and/or reporting of sexual assault. • Meeting the needs of all service users (including disabled access). • Providing an ISO-compliant SARC facility. <p>CSF 3 - VfM</p> <p>The option will</p> <ul style="list-style-type: none"> • Provide a robust and sustainable solution: the new facility will have a design life of twenty years. • Optimise costs and benefits: as a modern facility with superior access when compared with the Bow Street SARC, the Project will offer: <ul style="list-style-type: none"> • Improved access to acute and non-acute services. • Enhanced integration of clinical, forensic, social and therapeutic services. • Improved quality of evidence collected. • Continuation of BAU SARC Services. • Provide flexibility to meet future service needs – the Project will provide a larger space than the Bow Street SARC within which future improvements will be possible; its location will also provide the possibility of future integration in the AICC. <p>CSF 4 - Supplier capacity and capability</p> <p>Suppliers will be procured utilising the OJEU compliant Swansea Bay & Hywel Dda University Hospitals Construction Framework – Agreement 4 (Lot 4), which is a multi-supplier framework between the Authority and Framework Suppliers for the provision of Construction works valued between £200,000 - £2,000,000 in respect of the Hywel Dda Region. This means that the suppliers have been qualified as carrying the appropriate skills, knowledge and experience to deliver the Project. Due to the value, scope of extent and specification requirements the Project is classed as intermediate scale (change of use from offices to clinical environment).</p> <p>CSF 5 - Affordability</p> <p>The capital costs are considered affordable by the University Health Board on the assumption these are fully funded through this business case.</p> <p>The revenue costs will be subject to the Welsh Sexual Assault Services (WSAS) cost pooling arrangement, with the gross estimated annual revenue costs of approximately £144,000 of the facility being covered in full by funds made available through the WSAS Programme, with no net cost to the University Health Board.</p> <p>CSF 6 - Achievability</p> <p>The Project is a small-scale refurbishment of existing office space with the County Council offices, and as such is easily achievable by the available contractors.</p> <p>The national SARC Programme has procured specialist ISO accreditation resource who will scope the transition from the Bow Street SARC to the new Aberystwyth SARC for ISO accreditation to maintain services for victims and their families.</p>
Disadvantages	<p>CSF 2 - Business needs</p> <p>The premises are not owned by the University Health Board, therefore occupancy is on the conditions set out in the leases to be agreed with Ceredigion County Council for terms of twenty years. This carries some risk in comparison with a University Health Board-owned site to the achievement of the business needs.</p> <p>However this risk is mitigated by the fact that the University Health Board and Ceredigion County Council are partners with a shared interest in providing SARC services to the population.</p>
Conclusion	<p>This option aligns with the Spending Objectives and CSFs, as demonstrated in the analysis above.</p> <p>There is some risk to the achievement of the business needs over the longer-term if Ceredigion County Council were to terminate one or both of the leases before the end of their twenty year terms, however this risk</p>



	<p>is mitigated by the fact that the University Health Board and Ceredigion County Council are partners with a shared interest in providing SARC services to the population.</p> <p>The Project Group has therefore concluded that Option 3 is the only option which is realistically capable of providing an ISO 15189:2022-accredited facility by 1 April 2025 at the latest and therefore of mitigating the risk of prosecutions failing or not being possible because admissible evidence cannot be collected.</p>
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3.3 Recommended option

- 3.3.1 Based on the appraisal above, Option 3 is the Recommended Option. The Financial Annex showing the financial appraisal of Option 3 is attached at Appendix 5.



4 Commercial Case

4.1 Introduction

4.1.1 This Commercial Case describes:

- The outputs to be procured.
- The route for procuring the outputs.
- Payment terms.
- How the procurements will be contracted.
- Legal and personnel implications of the Recommended Option.

4.2 Outputs to be procured

4.2.1 The University Health Board will procure the refurbishment (including works, furniture and medical equipment; IT hardware and software, infrastructure, networking, installation, supervision and commissioning complete) of an area of 342.08m² within the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth, as described in the RIBA Stage 3 - Developed Design attached at Appendix 6. Appendix 6 includes a detailed Schedule of Accommodation, summarised in Table 11 below.

4.2.2 The Developed Design has been informed by the demand profile described in the Strategic Case, with input from the Project Group (described in the Management Case).

4.2.3 The design of the Project (described in detail in the Commercial Case) will mean that Aberystwyth will have one acute facility for collection of forensic evidence and two suites for collecting recorded evidence at any one time with the capability to support remote court presence.³

4.2.4 In relation to the first floor non-acute accommodation, each of the support rooms (for counselling / Independent Sexual Violence Adviser (ISVA) support) could be in use at the same time as they will be soundproofed. There are three rooms, so three clients could be in session simultaneously. Additionally, there are two meeting rooms which have multiple uses including training or larger group support work.

4.2.5 The facility will also comply with the requirements of the Equality Act with regards to disabled access.

4.2.6 The Schedules of Accommodation for the ground and first floors are shown on pages 6 and 8 of Appendix 6 and are summarised in Table 11 below:

³ See 'Achieving Best Evidence' and use of recording interviews <https://www.gov.uk/government/publications/achieving-best-evidence-in-criminal-proceedings>

Table 11: Schedule of Accommodation summary

Room	Description
Ground floor	
Reception	Admin will be based there to meet and greet clients and visitors.
Waiting room	A space for clients to wait for their appointment.
Monitor rooms x 2	Police will be based in these rooms to monitor the Achieving Best Evidence (ABE) interview.
Interview rooms x 2	Clients will provide their Evidence in Chief from these rooms in the form of an Achieving Best Evidence interview. One room will have dual purpose and be the RES (Remote Evidence Site) space too.
Dirty utility	A space to store clinical waste prior to collection following an examination. Cleaning equipment to be stored here.
Clean corridor	Sits within the forensic space which will be accessed controlled. Only in use during a forensic medical examination. The corridor will have to be forensically de-contaminated after each use.
Examination waiting room	A forensic space for the client to be taken to ahead of the examination.
Examination room	Forensically clean room that is accessed controlled. Only used to carry out forensic medical examinations.
Patient change	A space for the client to change in.
Cons' store	An access controlled room where all of the forensic modules will be stored.
PPE staff change	A space for staff to change into their PPE before entering the forensic examination room.
Evidence room	This will hold the forensic, fridge, freezer and dry stores following self-referral (non-police reported) forensic examinations.
General	Staff office space, store room, staff break-out area, staff lockers and shower, WCs, stairwell giving access to the first floor, escape corridor and safe exit, corridor, IT hub, services plant area.
	The design also includes an internal access / entrance point to the facility, which will be a controlled internal entrance point via an access control system linked to the Reception with a further security door added to the circulation.
First floor	
Meeting room	One to one support sessions will take place in this room, with the client and ISVA. A space for advocacy and support needs to be met.
Counselling rooms x 3	One to one counselling sessions will take place in these rooms, with the client and the counsellor.
Waiting area	For clients and carers to wait before and during sessions.
General	Open plan office area, corridor and tea point, stairwell

4.2.7 The Forecast Project Out-turn Cost of the Project is £2,469,046. A Development Approval Cost Form setting out the outputs to be procured and their estimated costs is provided at Appendix 7, and these are summarised in Table 12 below (please note that the table may contain rounding effects). As stated in the Executive Summary, the Forecast Project Out-turn Cost is based on budget cost estimates, which will be revised following receipt of tendered costs (anticipated in February 2024).

Table 12: Estimated capital costs (£)

Cost	Net cost (£)	VAT @ 20%	Gross cost (£)
Works cost	1,234,177	246,835	1,481,012
Fees	254,887	50,977	305,865
Non-works costs (includes IT hardware and software, infrastructure, networking, installation, supervision and commissioning complete; does not include DPP informatics costs)	338,929	67,786	406,715
Equipment costs (furniture and medical equipment)	86,900	17,380	104,280
Project contingency	185,127	37,025	222,152
Forecast Project Out-turn Cost (pre VAT recovery)	2,100,020	420,004	2,520,024
Less recoverable VAT		50,977	50,977
Forecast Project Out-turn Cost	2,100,020	369,027	2,469,046

4.3 Procurement route

4.3.1 Introduction and underlying principles

4.3.1.1 The procurement route for all goods, services and works pertaining to the Aberystwyth SARC will comply with Hywel Dda Standing Orders and Standing Financial Instructions and ensure due regard to statutory requirements (including Public Contract Regulations), WG and central government policy and Audit Commission guidelines are followed.

4.3.1.2 The procurement process will strive to:

- Achieve VfM on behalf of NHS Wales, with VfM defined as the optimum combination of whole-life cost and quality (or fitness for purpose) to meet the user's requirement. Depending on the nature of the contract, whole-life cost may include implementation costs, ongoing operating costs, training and end-of-life disposal.
- Ensure that all suppliers compete on a fair and equal basis.
- Ensure compliance and probity.
- Ensure that all equipment and consumable products purchased are of appropriate specification for their intended purpose.
- Ensure that key processes and procedures are in place to ensure the right quality, price, source, quantity and timing are achieved.
- Monitor and manage contract performance to ensure the contract is being delivered as specified.

4.3.1.3 All contracts will be awarded on the basis of the most economically advantageous tender (MEAT), providing an opportunity to balance the quality of the goods, services and works being procured against price and to frame specifications in a way which encourages innovation rather than defining the solution.

4.3.1.4 For all procurements, due regard will also be given to relevant WG and University Health Board organisational policies, for example, policies in relation to Modern Slavery and Equality, Social Value, Circular Economy and Decarbonisation. As a minimum a 15% weighting will be given for Carbon Footprint and Well Being and Future Generations criteria at the tender evaluation stages.

4.3.1.5 A Programme Plan is provided at Appendix 8. Key dates are shown in Table 13 below:

Table 13 – Key dates

WG scrutiny and approval of this BJC	By 27 October 2023
Tender issue	8 January 2024
Receipt of tenders	By 2 February 2024
Contractor appointment	By 29 February 2024
Construction period	15 April – 27 September 2024
Operational commissioning	27 September – 21 November 2024
ISO validation period	22 November 2024 – 27 March 2025
Completion report	By 31 March 2025



4.3.2 Contracts

4.3.2.1 The University Health Board will hold a competitive tender for refurbishment of the premises located within the Canolfan Rheidol Ceredigion County Council Offices in Aberystwyth utilising the OJEU compliant Swansea Bay & Hywel Dda University Hospitals Construction Framework – Agreement 4 (Lot 4), which is a multi-supplier framework between the Authority and Framework Suppliers for the provision of Construction works valued between £200,000 - £2,000,000 in respect of the Hywel Dda Region.

4.3.2.2 Based on the value, scope of extent and specification requirements of the Project, it is likely to be classified as intermediate scale (change of use from offices to clinical environment). Typical intermediate work under Lot 4 comprises building alterations, remedial, enablement and refurbishment works within a health care setting, including:

- Office refurbishments.
- Room adaptations.
- Alterations and conversions.
- External improvements.
- Clinical areas.
- Extensions.
- New build.
- Multi-phased working.

4.3.2.3 Specification and Build requirements will be in line with the relevant Health Building Notes (HBN), Health Technical Memorandums (HTM), approved documents under the Building Regulations Act and specific National Building Specification (NBS), where deemed applicable. The NHS Wales Terms and Conditions for Contract for Goods or Services will normally form the basis of any contract entered into with suppliers unless otherwise agreed.

4.3.2.4 The main contract standard form and option will be JCT Intermediate Form of Contract.

4.3.3 Payment terms

4.3.3.1 Payment terms will be determined by the terms and conditions of the form of contract used.

4.3.3.2 The University Health Board is likely to propose payment terms whereby percentages are paid on completion of milestones, with percentages held back until the site is commissioned and for any defects until twelve months after completion date.

4.4 Legal and personnel considerations

4.4.1 Leasehold agreement with Ceredigion County Council

4.4.1.1 The University Health Board is negotiating Heads of Terms of two leasehold agreements with Ceredigion County Council. The draft Heads of Terms of the lease are attached at Appendix 3 and key details include the following (however it should be noted that the terms below are still under discussion and are therefore subject to amendment):

Landlord	Ceredigion County Council
Tenant	Hywel Dda University Health Board
Security of Tenure	Lease to be excluded from provisions of Part II Landlord & Tenant Act 1954

SARC Ground Floor

Term	20 years (contracted outside the Act)
Rent	£21,250 per annum excluding VAT
Break Clause	Tenant break at 5, 10 and 15 years
Other	Exclusive of all outgoing Cleaning/repairs and maintenance to be carried out by Ceredigion County Council and recharged Making good provisions at the cost of HDUHB upon vacation

SARC First Floor

Term	20 years (contracted outside the Act)
Rent	£12,750.00 per annum excluding VAT
Break Clause	Tenant break at 5, 10 and 15 years
Other	Exclusive of all outgoing Cleaning/repairs and maintenance to be carried out by Ceredigion County Council and recharged Making good provisions at the cost of HDUHB upon vacation

4.4.2 Planning permission

- 4.4.2.1 The University Health Board has engaged and appointed Asbri Planning Ltd as Planning consultants to prepare, submit and manage the change of use planning application. In addition, a Flood Consultant was appointed through Asbri Planning Ltd and prepared a Flood Consequence Assessment (FCA) as the Local Authority's building is situated within a flood zone.
- 4.4.2.2 As at the date of this BJC Asbri Planning Ltd has confirmed that they have received feedback from the Drainage and Highways Planning sections of Ceredigion County Council and both have no objection to the proposal. In addition, it has been confirmed that a Sustainable Drainage Systems Approval is not required.

5 Financial Case

5.1 Capital costs

5.1.1 The capital costs of the Recommended Option are shown in Table 14 below. The costs are also provided in the Financial Annex attached at Appendix 5. Please note that the table may include rounding effects.

5.1.2 To be clear, the University Health Board is seeking funding only for the capital costs element of the Project.

Table 14 – Capital costs of the Recommended Option (£s)

Costs	Total	Y1	Y2	Y3	Y4	Y5	Notes
Capital expenditure		2023/24	2024/25	2025/26	2026/27	2027/28	
Works	1,481,012		1,481,012				
Fees	305,865	148,101	157,763				
Non Works	406,715	42,000	364,715				
Equipment Costs	104,280		104,280				
Contingency	222,152		222,152				
Less Recoverable VAT	- 50,977	- 24,684	- 26,294				VAT assessment will be undertaken with VAT advisors on approval of funding. VAT recovery % to be notified to WG. Recovery shown here relates to VAT on fees, assumed to be fully recoverable.
Total Capital Costs	2,469,046	165,418	2,303,629				

5.1.3 The Financial Annex does not include an appraisal of option 1: in this case the “do nothing” option does not exist, as it is not possible for the existing Bow Street SARC to remain at its current premises after 1 April 2025 (see Appendix 1).

5.1.4 The Financial Annex also does not include an appraisal of option 2: it is not possible to cost option 2 as this will be done within the SOC for the AICC, the development of which has not yet commenced.

5.2 Operating costs and revenue

5.2.1 The operating costs and revenues of the Recommended Option are shown in Table 15 below.

Table 15 – Operating costs and revenues of the Recommended Option

Costs	Total	Y1	Y2	Y3	Y4	Y5	Notes
Operating Expenditure							
Lease costs	163,200		40,800	40,800	40,800	40,800	Annual lease rent estimate on basis of discussion between HBUHB and Ceredigion County Council (to be finalised).

Other premises costs	286,448			95,483	95,483	95,483	Costs based on estimates developed from information provided by Ceredigion County Council and reviewed by HDUHB Estates team.
IT revenue costs	15,000			5,000	5,000	5,000	Estimate provided by HDUHB IT department.
Equipment service contract	9,000			3,000	3,000	3,000	Estimate of service contract on colposcope.
Total Operating Costs	473,648		40,800	144,283	144,283	144,283	
Revenue							
Recharge to WSAS	473,648		40,800	144,283	144,283	144,283	Recharge confirmed by WSAS.
Net Cost to University Health Board	2,469,046	165,418	2,303,629	-	-	-	

5.2.2 These costs are also shown in the Financial Annex attached at Appendix 5.

5.2.3 The operating costs shown in the Financial Annex include an assumption that the lease is payable to Ceredigion County Council during the works period, however this is to be negotiated therefore the University Health Board may not be liable for the lease until completion. This assumption has been included however to be prudent.

5.2.4 The University Health Board will pay a service charge to Ceredigion County Council, detailed in Appendix 9.

5.2.5 The revenue costs will be subject to the Welsh Sexual Assault Services (WSAS) cost pooling arrangement, with the gross estimated annual revenue costs of approximately £144,000 of the facility being covered in full by funds made available through the WSAS Programme, with no net cost to the University Health Board.

5.3 Balance sheet treatment

5.3.1 The estimated depreciation charges are £92,000 per annum for the Recommended Option. It is assumed that additional depreciation charges will be funded by WG.

5.3.2 It is estimated that the Recommended Option will impact on the balance sheet of the University Health Board by increasing the value of fixed assets by £1,687,000.

5.3.3 The estimated impairment of this scheme on completion will be £782,000. The University Health Board is assuming that Annually Managed Expenditure (AME) impairment on completion of the new build will be funded as AME funding via WG.

5.3.4 The calculations underlying the above figures are attached at Appendix 10.

5.3.5 The lease of the building space will create a Right of Use asset on the University Health Board's balance sheet as a result of recently implemented accounting standard IFRS 16 "Accounting for Leases", with associated additional depreciation charges. There is a separate, scheduled process for requesting the necessary funding adjustments for IFRS 16 leases however, therefore these figures are not presented in this BJC. The next IFRS 16 funding forecast will be made to WG in July 2023 and the SARC lease will form part of that forecast.

6 Management Case

6.1 Project management and governance

- 6.1.1 The Project will be delivered in line with NHS Wales Infrastructure Investment Guidance and using established project management methodology.
- 6.1.2 The University Health Board set up the SARC Project Group (the Project Group) on 17 October 2022. The Project Group has the following responsibilities:
- To ensure the Project is aligned to the SARC programme of work.
 - To ensure that all activity is managed and monitored so that the safe, efficient and effective delivery of SARC services in Aberystwyth is not compromised.
 - To ensure that all governance processes are in place, including the management of risks, issues, decisions, emerging opportunities, constraints and dependencies.
 - To ensure appropriate escalation of any issues which may compromise patient care and / or the reputation of the University Health Board and DPP.
- 6.1.3 The Project Group's full Terms of Reference are provided at Appendix 11.
- 6.1.4 The Project Group is accountable to the SRO, being the Director of Strategy and Planning of the University Health Board; and the Project Director, being the Ceredigion County Director of the University Health Board. Their key responsibilities are outlined in Table 16 below.

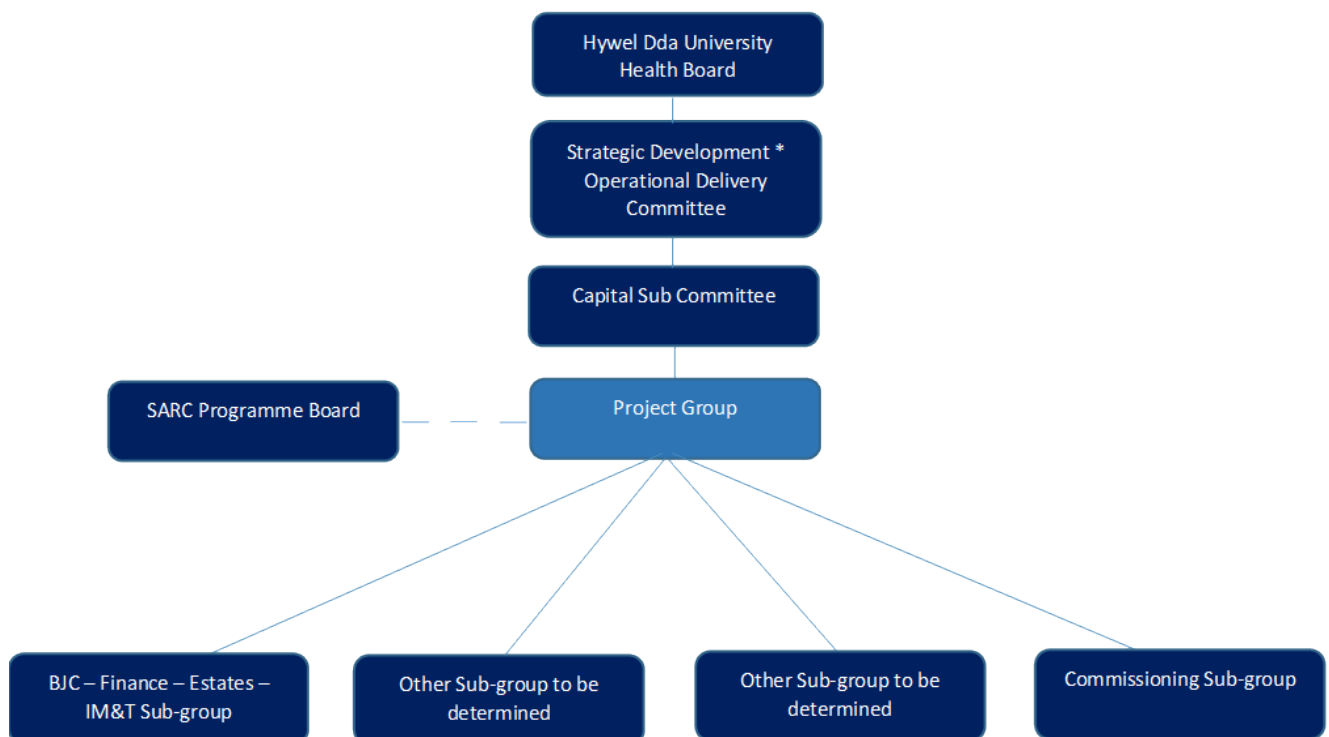
Table 16 – SRO and Project Director roles and responsibilities

Role	Responsibility
Senior Responsible Owner (SRO) Lee Davies, Director of Strategy and Planning	<p>Defines the project objectives, ensuring that they are met to agreed time, cost and quality constraints.</p> <p>Represents the University Health Board in defining what is required and oversees the effectiveness of the Project Group, ensuring the appropriate project management structure is in place to deliver the project objectives and that the benefits are realised.</p> <p>Provides a broad specification of what the Project should deliver and ensures that any change in circumstance affecting the Project is evaluated and appropriate action taken.</p>
Project Director Peter Skitt, Ceredigion County Director	<p>Provides project management and direction.</p> <p>Acts as the lead reporting officer for Board, Committees and Sub-committees.</p> <p>Briefs key stakeholders on the Project's progress, benefits, risks and financial arrangements.</p> <p>Manages the University Health Board's interest in the Project, including coordination of and production of the brief for contractors.</p> <p>Selects and appoints consultants and contractors who will undertake the design and construction activity and ensures they deliver according to the Programme Plan.</p> <p>Acts as the point of contact in all dealings with contractors and other external organisations and provides all decisions and directions on behalf of the University Health Board.</p>

- 6.1.5 The Project Director will be supported by the Project Manager, whose role will be to work closely with the Project Director and the Project Group to enable the successful delivery of the Project and the Project's Management Case.

- 6.1.6 The Project Group's SARC University Health Board lead is Lisa Humphrey, Interim General Manager for Women and Children's Directorate, who chairs the SARC South West Wales Service Delivery Group. Joanna Williams, NHS Wales Collaborative, is the SARC Programme Lead. The University Health Board's Clinical Lead for the Project is Helen Munro, Clinical Director for Clinical Effectiveness Hywel Dda University Health Board and Consultant in Sexual Health.
- 6.1.7 The Project Group is integrated within the University Health Board's governance structure as shown in Figure 1 below.

Figure 1 – Team Structure



- 6.1.8 As part of its principal duties, the Project Group's highlight reports are submitted to the Capital Sub Committee on a bi-monthly basis, drawing specific attention to any significant matter under consideration by the sub-groups.
- 6.1.9 No external specialist advisers have been brought in to assist in the implementation of the Project (other than some external business case writing support).

6.2 Project assurance

- 6.2.1 In order to ensure the quality delivery and management of the project, an Integrated Assurance and Approval Plan (IAAP) has been included at Appendix 12. In addition, as the Project develops, monthly reporting will be made by the responsible sub-groups to the Project Group. Furthermore, the bimonthly reports provided to the Capital Sub-Committee will include a RAG status report.
- 6.2.2 The project reporting arrangements are summarised in Table 17 below.

Table 17 – Reporting requirements

Forum	Requirement	Format
Committees of the Board: Strategic Development and Operational Delivery Committee (SDODC) Audit and Risk Assurance Committee	Covering Situation-Background-Assessment-Recommendation (SBAR) (when required)	Written or verbal.
Executive Team	Update from SRO	Written or verbal.
Capital Sub-Committee (CSC)	Brief update or SBAR	Written or verbal
Project Group	CSC highlight reports Finance report Workforce reports Project timeline Project risk register Construction risk register Action notes Issues register Decisions register Change request register	Written or verbal

6.2.3 In addition to the above reporting, the Project Group may provide project status highlight reports to SDODC and the Board of the University Health Board as and when required.

6.3 Communications and engagement

6.3.1 The Project Manager, along with the engagement and communication leads, will facilitate a communications and engagement plan in consultation with the Project Group. The plan will support delivery of the Project by ensuring stakeholders are consulted on any relevant engagement and communication matters related to infrastructure development.

6.3.2 An internal communication plan will ensure that staff are kept informed about the development of and rationale for the Project and any concerns can be identified and addressed.

6.4 Benefits realisation

6.4.1 A benefits realisation exercise will form part of the Project Closure Report (PCR), a key product in the post implementation and evaluation process (further detailed in section 6.7 below). This process will ensure that a robust analysis is carried out to understand whether the Project has achieved its Spending Objectives, through an assessment of the extent to which benefits have been realised.

6.4.2 The benefits realisation exercise will compare the current position at the time of the post-project evaluation against the Measures shown in Table 5: Main Benefits. 2023/24 data will be used as the baseline. The benefits owner is the SARC Programme Director in the NHS Wales Health Collaborative, which is part of the NHS Executive.

6.4.3 The PCR, its contents and process will be informed by best practice guidance from project methodologies such as PRINCE2 and Better Business Case guidance.

6.5 Project risks

6.5.1 Risk management

6.5.1.1 The risk management process, conducted through the Project Group to date, has comprised the following steps:

- Completion of a Risk Potential Assessment (RPA) – attached at Appendix 13.
- Establishment of a project risk register.
- Assigning / agreeing the ownership of risks.
- Actively managing the agreed actions to mitigate risk.

6.5.1.2 Each risk is assigned an owner responsible for its management. The Project Manager assists the owners of the risks by monitoring and overseeing their progress in managing the risk.

6.5.2 Risk Registers

6.5.2.1 There are two Risk Registers:

- The Project Risk Register – managed by the Project Manager; and
- The Construction Risk Register – this will be managed by the University Health Board's Estates Project Manager.

6.5.2.2 The risk registers enable all risks – either project or construction related – to be captured.

6.5.2.3 The Project Risk Register is a risks, issues and decisions register used to capture the organisational risks that sit outside of the construction programme, actions from the respective project groups, issues and key decisions made in the Project. It is a live document reviewed and updated on a regular basis by the Project Manager during the Project Group meetings. The Project Manager may also convene monthly meetings to review and update the risk register. During these meetings, new risks identified are added, and existing risks revisited to agree whether the risk factor should be altered and ensure that the agreed management action is being adequately undertaken by the risk owner.

6.5.2.4 The risks in the Project Risk Register are scored a factor of 1 to 5 in terms of likelihood and 1 to 5 for impact.

6.5.2.5 The Construction Risk Register will be similar to the Project Risk Register and created following the appointment of the Principal Contractor. All risks that the Principal Contractor can foresee at the outset of the Project will be included and updated at the monthly project review.

6.5.2.6 All risk actions in the Construction Risk Register will be labelled as shown in Table 18 below:

Table 18: Risk action labels

Avoid	Risks that can be managed out, usually by design.
Reduce / share	Risks that have a fairly high probability of occurring, which have some latitude in limiting the impact. There are few instances in construction where risk can be shared.
Transfer	Risks that can be transferred onto insurers or against contingencies.

6.5.3 Risk reporting

- 6.5.3.1 The Project Risk Register forms an integral part of the monthly Project Group meetings. High risk items are included in the weekly Project Group agenda packs to ensure that mitigations are discussed and escalations can be agreed. The Executive Team as sponsoring group for the Project will be informed of risks which are of particular concern and / or do not have appropriate mitigation in place.

6.6 Contract management

- 6.6.1 Issues arising from the Construction Risk Register will be managed by University Health Board's Estates Project Manager and discussed with the Project Group will be assessed and appropriate contingency built into contracts with suppliers. Contingency has been included within the costs detailed in the Commercial Case.

6.7 Project evaluation

- 6.7.1 The Project will be evaluated by the Project Manager one year post-implementation of the Recommended Option. This Post-Implementation Review will be undertaken to ensure that:
- The Project has achieved its Spending Objectives, mainly through assessing the extent to which benefits have been realised (see section 6.4 above).
 - Lessons are captured so that they can be absorbed into the Capital Planning Project Framework to aid the delivery of future capital projects.
 - A formal project closure can take place, with any outstanding risks and remaining benefits to be tracked and monitored identified.
 - Any outstanding audit recommendations are considered, addressed, reported on and closed.

Appendices

No.	Title	Paragraph reference	Description
1.	Letter from Ceredigion County Council	1.2 1.8 2.3.2.7 5.1.3	The letter confirms that vacation of premises currently occupied by the Bow Street SARC will be required by 1 April 2025.
2.	Letter of support from the Chair of the Welsh Sexual Assault Service Programme Board	1.5 2.3.2	This letter confirms support for the Project by the WSAS Programme Board.
3.	Draft Heads of Terms of lease	2.1.4 Table 10 Table 15 4.4.1.1	Sets out the draft heads of terms of leasehold agreements between Ceredigion County Council as lessor and Hywel Dda University Health Board as lessee, with respect to the accommodation at the Canolfan Rheidol building in which the Project will be located. Appendix 3 comprises: - Appendix 3a – ground floor - Appendix 3b – first floor.
4.	Letter from the Welsh Sexual Assault Services Programme Director on anticipated demand	2.3.3.6	This letter provides information on anticipated growth in demand for SARC services.
5.	Financial Annex	1.12 3.3.1 5.1.1 5.2.2	This appendix sets out projected capital and operating costs and revenues for the Recommended Option (Option 3).
6.	RIBA Stage 3 - Developed Design	4.2.1 4.2.6	Provides concept design and schedule of accommodation for the new Aberystwyth SARC.
7.	Development Approval Cost Form (Recommended Option)	4.2.7	This document provides a Budget Cost Estimate for Capital Expenditure under the Recommended Option (Option 3). It has been used as the basis for the figures shown under Option 3 in the Financial Annex, and in the Financial Case.
8.	Programme Plan (Recommended Option)	4.3.1.5	This appendix sets out the current (draft) anticipated Project Programme for the Recommended Option (Option 3).
9.	Canolfan Rheidol Service Charge Costs	5.2.5	Details the service charges which will be payable to Ceredigion County Council as lessor.
10.	DEL – AME Charges	5.3.4	This appendix sets out projected depreciation charges and balance sheet and impairment impacts for Option 2.
11.	Project Group Terms of Reference	6.1.3	This document provides current Terms of Reference for the Project Group described in the Management Case.
12.	Integrated Assurance Approval Plan	6.2.1	This appendix sets out the assurance activities that will be undertaken at portfolio, programme and project level, using pre-defined Gateway 0-5 and flexible Assurance Products (PAR, PVR, Critical Friend) as appropriate and proportionate.
13.	Risk Potential Assessment	6.5.1.1	This document follows WG Independent Assurance Hub guidance to provide a self-assessment of the Project's level of risk under the headings shown below. The University Health Board's self-assessment of the level of risk is also shown: <ul style="list-style-type: none">• Strategic Alignment & Commitment (Medium).• Financial/funding impact (Low).• Stakeholder engagement (Low).• Governance (Low).• Programme/Project Dependencies (Low).



No.	Title	Paragraph reference	Description
			The University Health Board's overall self-assessment risk rating is Low.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Cyngor Sir
CEREDIGION
County Council

Donna Pritchard
Dirprwy Gyfarwyddwr y Gwasanaethau Cymdeithasol
a Swyddog Arweiniol Corfforaethol : Porth Gofal
Deputy Director of Social Services
& Corporate Lead Officer : Porth Gofal

Canolfan Rheidol, Rhodfa Padarn,
Llanbadarn Fawr, Aberystwyth. SY23 3UE
www.ceredigion.gov.uk

Dyddiad
Date

4th April 2023

Gofynnwch am
Please ask for

Llinell uniongyrchol
Direct line

Fy nghyf
My ref

Eich cyf
Your ref

Ebost
Email

DetSupt Jayne Butler
Dyfed Powys Police
jayne.butler@dyfed-powys.police.uk

Re Cartref Tregerddan, Bow Street – Sexual Assault Referral Centre (SARC)

Dear DetSupt Butler, I am writing in respect of the above provision which is used by Dyfed Powys Police currently as the Regional SARC. I wish to give notice that the facility will no longer be available to utilise for this purpose from the 1st April 2025.

I understand that alternative provision is being considered and that there is adequate time available for this to be made operational before this date. I understand there is no formal contract/SLA in place for this arrangement, so please take this letter as formal notice.

Please let me know if you require anything further from Ceredigion County Council in relation to this matter, thank you

Kind regards

Donna Pritchard
Corporate Lead Officer – Porth Gofal Services.
Ceredigion County Council

Cc Gary.Williams2@dyfed-powys.police.uk
alison.perry@dyfed-powys.police.uk
alison.perry@dyfed-powys.police.uk
Peter.B.Skitt@wales.nhs.uk

Rydym yn croesawu gohebiaeth yn Gymraeg a Saesneg. Cewch ateb Cymraeg i bob gohebiaeth Gymraeg ac ateb Saesneg i bob gohebiaeth Saesneg.
Ni fydd gohebu yn Gymraeg yn arwain at oedi.
We welcome correspondence in Welsh and English. Correspondence received in Welsh will be answered in Welsh and correspondence in English will be answered in English. Corresponding in Welsh will not involve any delay.

Prif Weithredwr / Chief Executive :
Cyfarwyddwyr Corfforaethol / Corporate Directors :

Eifion Evans
Barry Rees
James Starbuck



Rhaglen Gwasanaeth Ymosodiadau
Rhywiol Cymru (RGYRC)
Welsh Sexual Assault Service
Programme (WSASP)

Llawr 1af / 1st Floor
Tŷ Afon / River House
Llys Ynys Bridge / Ynys Bridge Court
Gwaelod-y-Garth / Gwaelod-y-Garth
CAERDYDD / CARDIFF
CF15 9SS / CF15 9SS

Ffôn * Tel: 07825 863132
Email * Ebost: joanna.williams@wales.nhs.uk

Lee Davies
Executive Director of Planning
Hywel Dda University Health Board

19 juli 2023

Dear Lee,

Re: Support for OBC – Aberystwyth Sexual Assault Referral Centre (SARC)

I write this letter to give the support of the Welsh Sexual Assault Services (WSAS) Board for the business justification case proposed by Hywel Dda UHB that seeks to develop a purpose-built sexual assault referral centre on the Aberystwyth Integrated Care Centre site.

The current Bow Street Sexual Assault Referral Centre provides an essential service helping those affected by sexual assault across the age ranges. It has been determined that the current SARC is no longer fit for purpose for the following reasons:

1. The facilities and fabric of the building are not suitable for those with disabilities;
2. There has been notice served on the current facility that means it will have to be vacated by 1 April 2025.

There is therefore an urgent need for a replacement ISO-accredited facility which will be capable of meeting acute and non-acute demand currently met by the Bow Street facility and acute demand which will be diverted from Carmarthen and Newtown under the new hub and spoke model.

The proposal for the new development has been discussed widely at the multiagency WSAS board and has received strong support by all partners. This development is an essential part of the new service development required for the implementation of the ISO accredited hub and spoke model that has been approved to improve the services for victims and survivors of sexual assault services across South Wales.

Yours sincerely

Stephen Harry
Chair Welsh Sexual Assault Service Board

Confidential

Heads of Terms

Lease – SARC Sexual Assault Referral Centre (SARC)

Canolfan Rheidol, Aberystwyth.

Ground Floor

Landlord -	Ceredigion County Council
Tenant –	Hywel Dda University Health Board (HDdUHB)
Rent -	SARC Occupation – £21,250 per annum
Property Under Lease –	Exclusive use as delineated in red on the plan provided. Direct external access only.
Term -	20 years from date to be agreed.
Security of Tenure -	Lease to be excluded from provisions of Part II Landlord & Tenant Act 1954
Break Clause -	Tenant break at the fifth, tenth and fifteenth anniversary giving at least 3 months written notice in advance.
Use -	The demised under lease to be used as a SARC by HDdUHB and ancillary uses only and for no other purpose.
Adaptation Works –	TBA
Reinstatement –	Any reinstatement works at the end of the occupation will be carried out by HDdUHB to the satisfaction of the Council. The condition of the property at end of term to be in no worse state than at date of occupation and agreed by both parties at the end of tenant occupation (Schedule of Condition to be attached to this document)
Maintenance –	Internal maintenance to be the responsibility of HDdUHB.
Additional Services -	All cleaning of demised under lease to be carried out by the tenant. However, the Council can provide this service at £13.75 per hour for 2 hours per evening, if required. Please advise.
Opening Hours -	The property will be available for occupation during normal working hours – To be agreed. Out of hours use will be charged accordingly – To be agreed.
Parking –	HDdUHB key staff are able to park in the main Canolfan Rheidol car park, no designated spaces to be provided.
Buildings Insurance -	The Council will recharge HDdUHB for apportioned building insurance costs being based on the Council's total premium

payments calculated as sum based on the percentage of floor area under occupation by HDdUHB. (Percentage to follow)

Other Insurance -

HDdUHB to have adequate employers and public liability in place (PLI being a minimum of £10,000,000)

Outgoings -

All outgoing shall be met by the tenant from date of occupation until date of final reinstatement, these include but not limited to the following, namely, non-domestic rates; Water, electricity, phones, IT, fuel, apparatus testing, repairs/maintenance costs. Electricity costs will be metered and charged accordingly. Costs associated with all other outgoing will be an apportionment of the Council's total outgoing calculated as sum based on the percentage of floor area under occupation by HDdUHB. (Percentage to follow)

Alienation -

The demised under lease not to be sub-let or assigned in whole or part during term of occupation.

Costs -

HDdUHB to pay all the Council's proper and reasonable costs incurred in relation to the agreement and preparation of the lease.

Confidential
Heads of Terms
Lease – SARC Sexual Assault Referral Centre (SARC)
Canolfan Rheidol, Aberystwyth.
First Floor

Landlord -	Ceredigion County Council
Tenant –	Hywel Dda University Health Board (HDdUHB)
Rent -	SARC Occupation – £12,750 per annum
Property Under Lease –	Exclusive use as delineated in red on the plan provided. Direct external access only.
Term -	20 years from date to be agreed.
Security of Tenure -	Lease to be excluded from provisions of Part II Landlord & Tenant Act 1954
Break Clause -	Tenant break at either the fifth, tenth and fifteenth anniversary giving at least 3 months written notice in advance, or on the satisfactory completion of the proposed Aberystwyth Health and Wellbeing Centre. Subject to adequate provision being made to accommodate part SARC services as required.
Use -	The demised under lease to be used as a SARC by HDdUHB and ancillary uses only and for no other purpose.
Adaptation Works –	TBA
Reinstatement –	Any reinstatement works at the end of the occupation will be carried out by HDdUHB to the satisfaction of the Council. The condition of the property at end of term to be in no worse state than at date of occupation and agreed by both parties at the end of tenant occupation (Schedule of Condition to be attached to this document)
Maintenance –	Internal maintenance to be the responsibility of HDdUHB.
Additional Services -	All cleaning of demised under lease to be carried out by the tenant. However, the Council can provide this service at £13.75 per hour for 2 hours per evening, if required. Please advise.
Opening Hours -	The property will be available for occupation during normal working hours – To be agreed. Out of hours use will be charged accordingly – To be agreed.
Parking –	HDdUHB key staff are able to park in the main Canolfan Rheidol car park, no designated spaces to be provided.

Buildings Insurance -	The Council will recharge HDdUHB for apportioned building insurance costs being based on the Council's total premium payments calculated as sum based on the percentage of floor area under occupation by HDdUHB. (Percentage to follow)
Other Insurance -	HDdUHB to have adequate employers and public liability in place (PLI being a minimum of £10,000,000)
Outgoings -	All outgoing shall be met by the tenant from date of occupation until date of final reinstatement, these include but not limited to the following, namely, non-domestic rates; Water, electricity, phones, IT, fuel, apparatus testing, repairs/maintenance costs. Electricity costs will be metered and charged accordingly. Costs associated with all other outgoing shall be an apportionment of the Council's total outgoing calculated as sum based on the percentage of floor area under occupation by HDdUHB. (Percentage to follow)
Alienation -	The demised under lease not to be sub-let or assigned in whole or part during term of occupation.
Costs -	HDdUHB to pay all the Council's proper and reasonable costs incurred in relation to the agreement and preparation of the lease.



Rhaglen Gwasanaeth Ymosodiadau
Rhywiol Cymru (RGYRC)
Welsh Sexual Assault Service
Programme (WSASP)

Llawr 1af / 1st Floor
Tŷ Afon / River House
Llys Ynys Bridge / Ynys Bridge Court
Gwaelod-y-Garth / Gwaelod-y-Garth
CAERDYDD / CARDIFF
CF15 9SS / CF15 9SS

Ffôn * Tel: 07825 863132
Email * Epost: joanna.williams@wales.nhs.uk

Lee Davies
Executive Director of Planning
Hywel Dda University Health Board

19 juli 2023

Dear Lee,

Re: Future Demand – Aberystwyth Sexual Assault Referral Centre (SARC)

I write this letter to provide an overview of the anticipated demand for inclusion in the business justification case proposed by Hywel Dda UHB that seeks to develop a purpose-built sexual assault referral centre on the Aberystwyth Integrated Care Centre site.

The Crime Survey for England and Wales (CSEW) reported in March 2023 that volume of sexual offences recorded by the police has been increasing over the last decade although the numbers remain well below the number of victims estimated by the survey; the latest figures for the year ending March 2022 show an increase of 31%, compared with the previous year. In relation to the 50 predicted attendances to the new Aberystwyth site if there was an increase of 31% this would equate to an extra **15.5** acute attendances in a year.

In addition to this it is estimated by the CSEW that 1.1 million adults aged 16 years and over experienced sexual assault in the year ending March 2022 (798,000 women and 275,000 men). This equates to a prevalence rate of approximately 2.3% of adults (3.3% women and 1.2% men). It also estimates that approximately 16.6% of adults aged 16 years and over (7.9 million) had experienced sexual assault (including attempts) since the age of 16 years; 1.9 million were a victim of rape (7.7% women and 0.2% men).

It has been estimated that the incidence of sexual assault for the population that the new centre will cover is approximately 2700 per year, and for the current Aberystwyth site the estimate is 950 per year. However, when you combine acute and non-acute cases for Aberystwyth in 2021/22 there were only 83 attendances, so there is a significant gap between the anticipated prevalence and the actual attendances at the SARC which makes it difficult to predict demand going forward.

In addition to this the demand can also be affected by the impact of high-profile incidents, media coverage, and campaigns on people's willingness to report both recent and historical incidents to the police are likely to result in annual variations in the number of offences recorded by the police.

Yours sincerely

Joanna Williams
Welsh Sexual Assault Services Programme Director

INSTRUCTIONS

Complete the financial appraisal for each option (add additional tabs as needed).

COSTS/REVENUE - This should reflect the whole life cost of the investment proposal, i.e. the expected lifespan of the proposal. For investment proposals exceeding five years, expand the table accordingly.

BENEFITS - Specify the benefits the option will accrue, in relation to the main benefits identified in Section 1.2.4 of the business case. Further, identify any other benefits specific to the option being considered.

RISKS - Specify the risks that will incur, in relation to the main risks identified in Section 1.2.5 of the business case. Further, identify any other risks specific to the option being considered.

Version 1.2019

	Option 1	Option 3
	Do nothing	Development of the SARC centre at the Local Authority Building in Aberystwyth
Total Capital costs (CAPEX)	-	2,469,046.39
Total Operating costs (OPEX)	-	144,282.74
Total Revenue	-	144,282.74
Net Cost	-	-

OPTION 1 - Do Nothing: Business as Usual (BAU)

COSTS		Total	Year 1	Year 2	Year 3	Year 4	Year 5
Capital Expenditure							
Works	-						
Fees	-						
Non Works	-						
Equipment Costs							
Contingency							
Less Recoverable VAT							
Total Capital costs (CAPEX)	-	-	-	-	-	-	-
Revenue Expenditure							
Personnel	-						
Depreciation	-						
Maintenance	-						
Operating licences etc.	-						
Training	-						
Other Operating costs	-						
Total Operating costs (OPEX)	-	-	-	-	-	-	-
Total Project Costs (CAPEX+OPEX)		-	-	-	-	-	-
Revenue							
Sales							
Other Revenue							
Total Revenue	-	-	-	-	-	-	-
Net Cost		-	-	-	-	-	-

Source of Data	
(sources and assumptions)	

BENEFITS	
Main Benefits (£. 1.2.4)	
Benefit Name	Benefit Description
1	
2	
3	
4	
5	
Option Benefits	
6	
7	
8	
9	
RISKS	
Main Risks (£. 1.2.5)	
Risk Name	Risk Description
1	
2	
3	
4	
5	
Option Risks	
6	
7	
8	
9	

OPTION 3 - Development of the SARC centre at the Local Authority Building in Aberystwyth

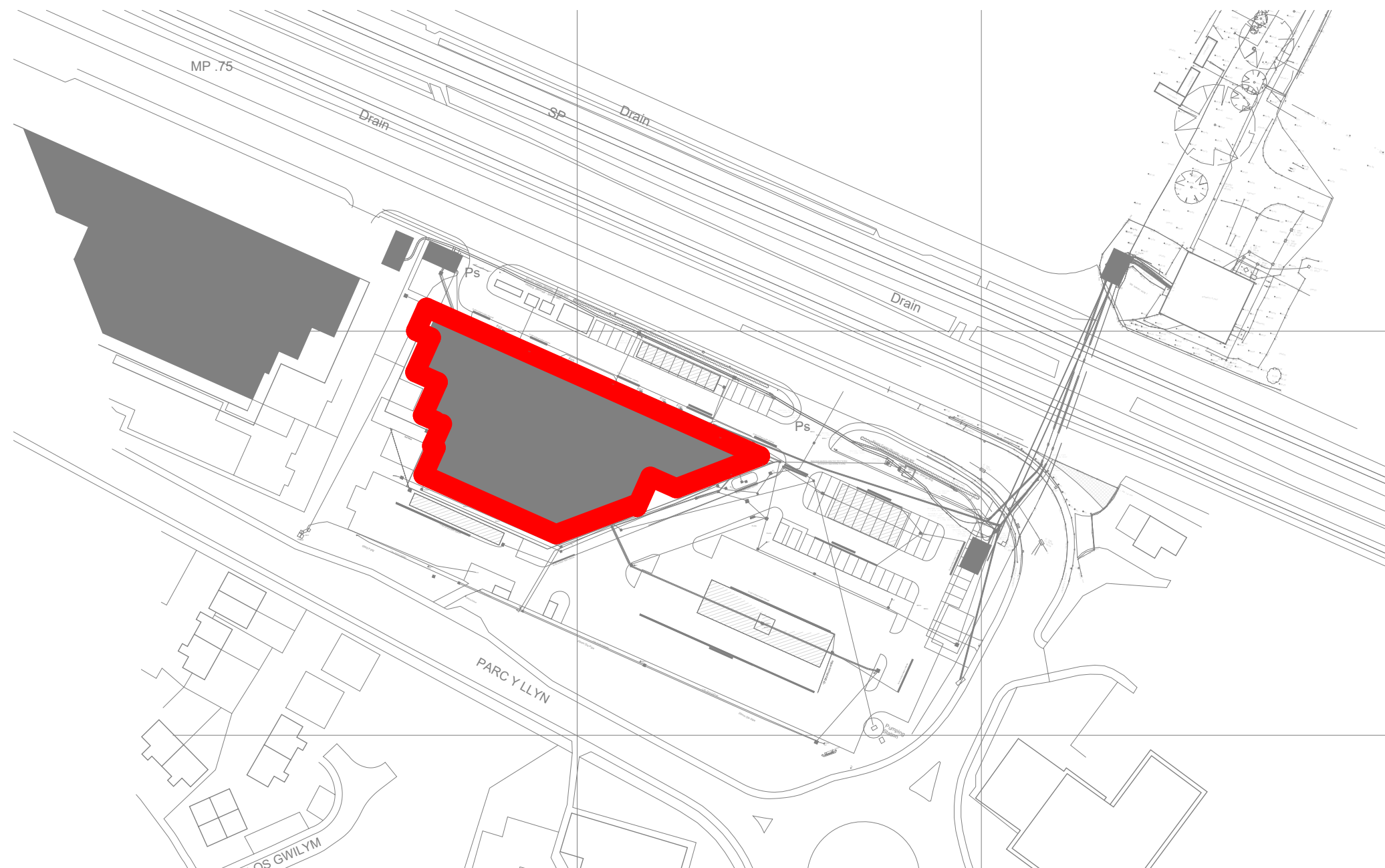
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

PROJECT		
Healthcare Facility		
Canolfan Rheidol, Aberystwyth SY23 3GJ, UK		
DIRECTORATE		
HDUHB - NHS Wales		
FILE No.	SUITIBILITY CODE	DATE
FEAS-221012	S02	01.02.2023
PROJECT STATUS		
RIBA Stage 3 - Developed Design		
PROJECT SUPERVISOR		
Design Team - Hywel Dda University Health Board		
NOTES		
This drawing set shall not be copied, altered or reproduced in any form or passed to a third party without the consent of Hywel Dda University Health Board Estates Team. Any dimensions must be checked and verified on site and any discrepancies reported to the estates department. This set of drawings should be read in conjuncton with other consultants drawings. <u>If in doubt, ask.</u>		
DesignTeam.HDD@Wales.NHS.uk		

HDUHB DESIGN TEAM DRAWING CONVENTIONS	
This project template has been created to align to BIM Standards ISO19650-1. The project suitability codes are outlined follows:	
Drawing File Names have been named under the following convention: PROJECT-ORGANISATION-PHASE-LEVEL-TYPE-ROLE-CLASS-DOC NO.-SUITIBILITY CODE-REV	
FILE NO. Unique Design Team Number - Usually 4 digits	
ORGANISATION Hywel Dda Univeristy Health Board	
PHASE	
SD	Schematic Design
DD	Design Development
CD	Construction Documentation
LEVEL	
ZZ	Multiple Levels
XX	No Level Applicable
00	External Ground Level/Site
01	Ground Floor
02	First Floor
TYPE	
DR	2D Drawing
CP	Cost Plan
RP	Report
HS	Health & Safety
VS	Visualisation
MR	Model Rendition (Energy Model, Lighting Model etc.)
ROLE	
A	Architect
B	Building Surveyor
C	Civil Engineer
D	Drainage, Highways Engineer
E	Electrical Engineer
F	Facilities Manager
G	Geographical and Land Surveyor
H	Heating & Ventilation Designer
I	Interior Designer
K	Client
L	Landscape Architect
M	Mechanical Engineer
P	Public Health Engineer
Q	Quantity Surveyor
S	Structural Engineer
T	Town and County Planner
W	Contractor
X	Sub-Contractor
Y	Specialist Designer
Z	General
CLASSIFICATION	
UNI	Uniclass
NBS	NBS
NUMBERING	
A...	Architectural (suffix as abbreviated in ROLE section)
001	Site
100	Floor Plans
200	Elevations
300	Sections
400	Interior
500	Demolition & Phasing
600	Techical Details
700	Supporting Information Sheets
800	Model Renditions
900	3D Visualisations and Sketches
SUITABILITY CODES	
- S00 - Work in Progress	
- S01 - Suitable for co-ordination	
- S02 - Suitable for Information	
- S03 - Suitable for review	
- S04 - Suitable for approval	
- S05 - Suitable for Construction	
- S06 - As Built	



No.	Description	Date
A	First Floor Amendments made	09.05.2023


PROJECT <div>Healthcare Facility</div> <div>Canolfan Rheidol, Aberystwyth SY23 3GJ, UK</div>			DIRECTORATE <div>HDUHB - NHS Wales</div>			SHEET <div>Existing Site Location Plan</div>		<div><div><div>GIG</div><div>CYMRU</div><div>NHS</div><div>WALES</div></div><div>Bwrdd Iechyd Prifysgol Hywel Dda University Health Board</div></div>
DRAWN Author	CHECKER Checker	SCALE @ A3 1 : 1250	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-00-DR-A-UNI-A001-S02-REV00-EXISTING SITE LOCATION PLAN	REV A	DesignTeam.HDD@Wales.NHS.uk	

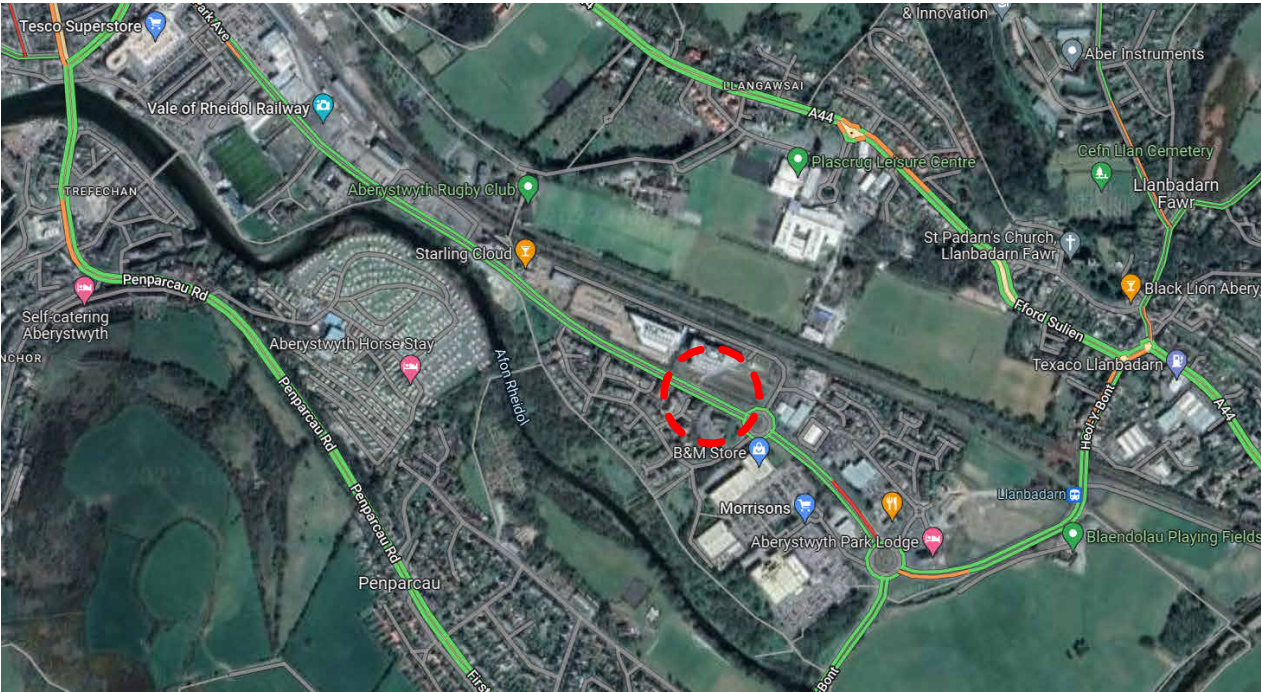
DesignTeam.HDD@Wales.NHS.uk



NOTES

No.	Description	Date
A	First Floor Amendments made	09.05.2023

PROJECT Healthcare Facility Canolfan Rheidol, Aberystwyth SY23 3GJ, UK			DIRECTORATE HDUHB - NHS Wales			SHEET Existing Site Block Plan			 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Hywel Dda University Health Board
DRAWN AW	CHECKER AW	SCALE @ A2 1 : 500	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-00-DR-A-UNI-A002-S02-REV00-EXISTING SITE BLOCK PLAN			REV A	
									DesignTeam.HDD@Wales.NHS.uk



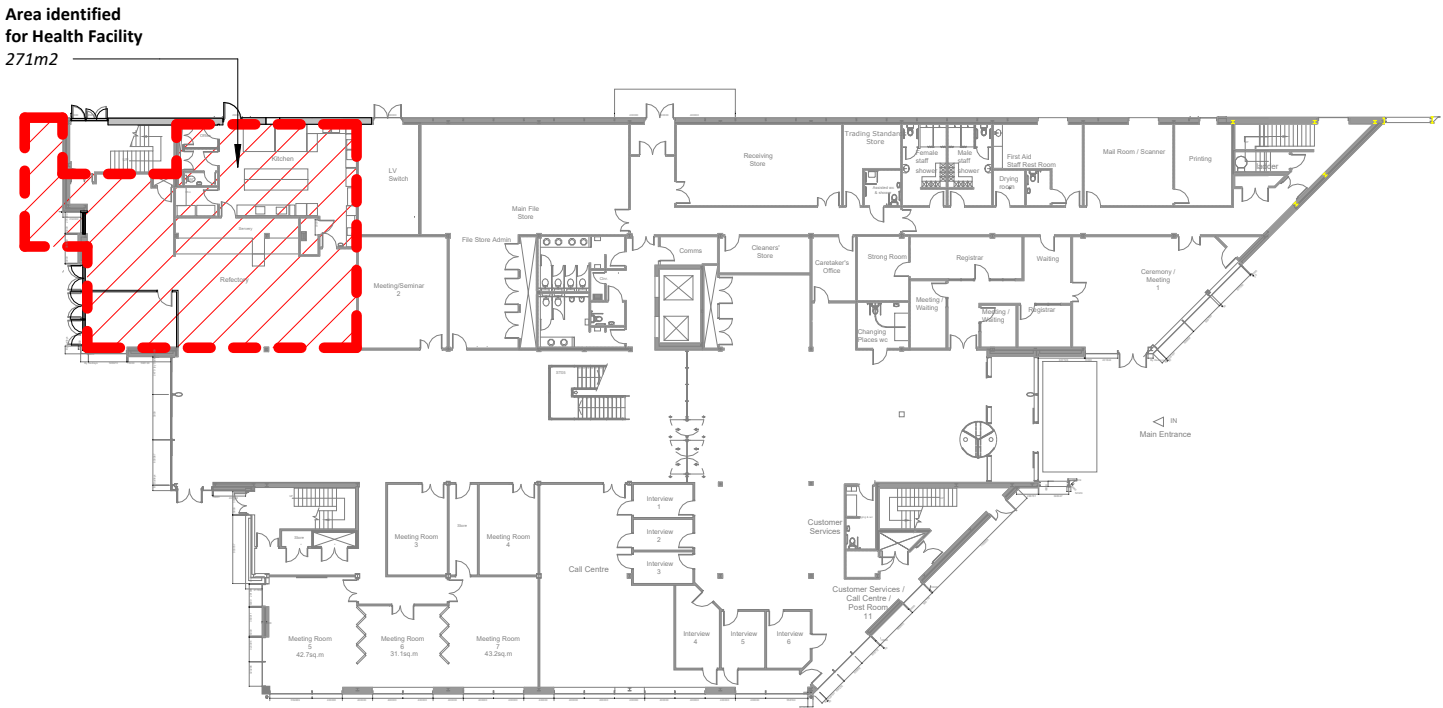
Aerial Photograph 1/2



Aerial Photograph 2/2




Existing First Floor Plan
1:500

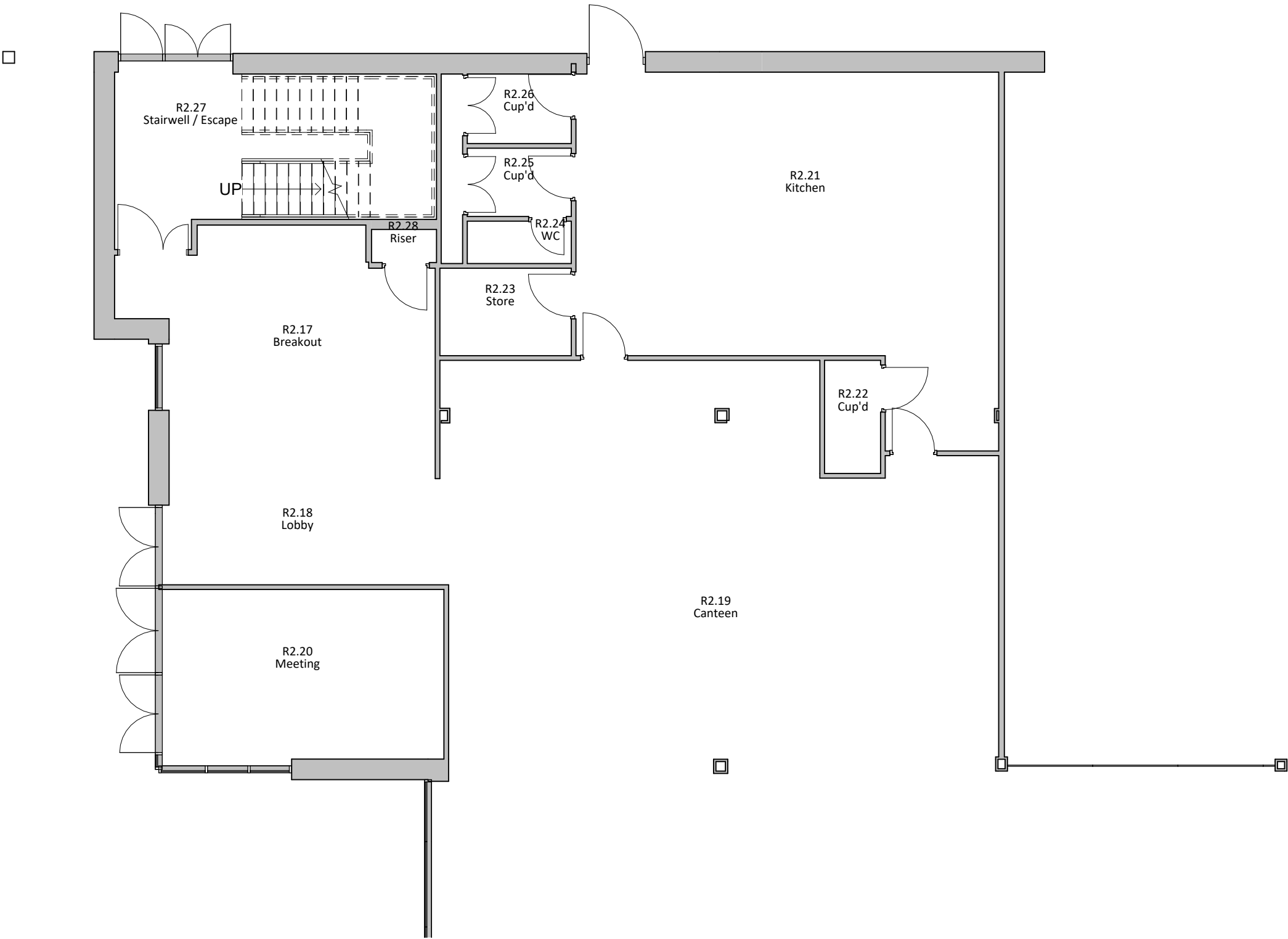


Existing Ground Floor Plan
1:500


No.	Description	Date
A	First Floor Plan Added. Leased areas revised.	18.01.2022
B	Planning App. Information Added.	01.02.2022
C	First Floor Amendments made	09.05.2023

PROJECT Healthcare Facility Canolfan Rheidol, Aberystwyth SY23 3GJ, UK			DIRECTORATE HDUHB - NHS Wales			SHEET Site Identification		 <div><div>GIG CYMRU NHS WALES</div><div>Bwrdd Iechyd Prifysgol Hywel Dda University Health Board</div></div>
DRAWN AW	CHECKER KM	SCALE @ A3 1 : 500	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-XX-DR-A-UNI-A001-S00-REV00-SITE IDENTIFICATION		REV C	

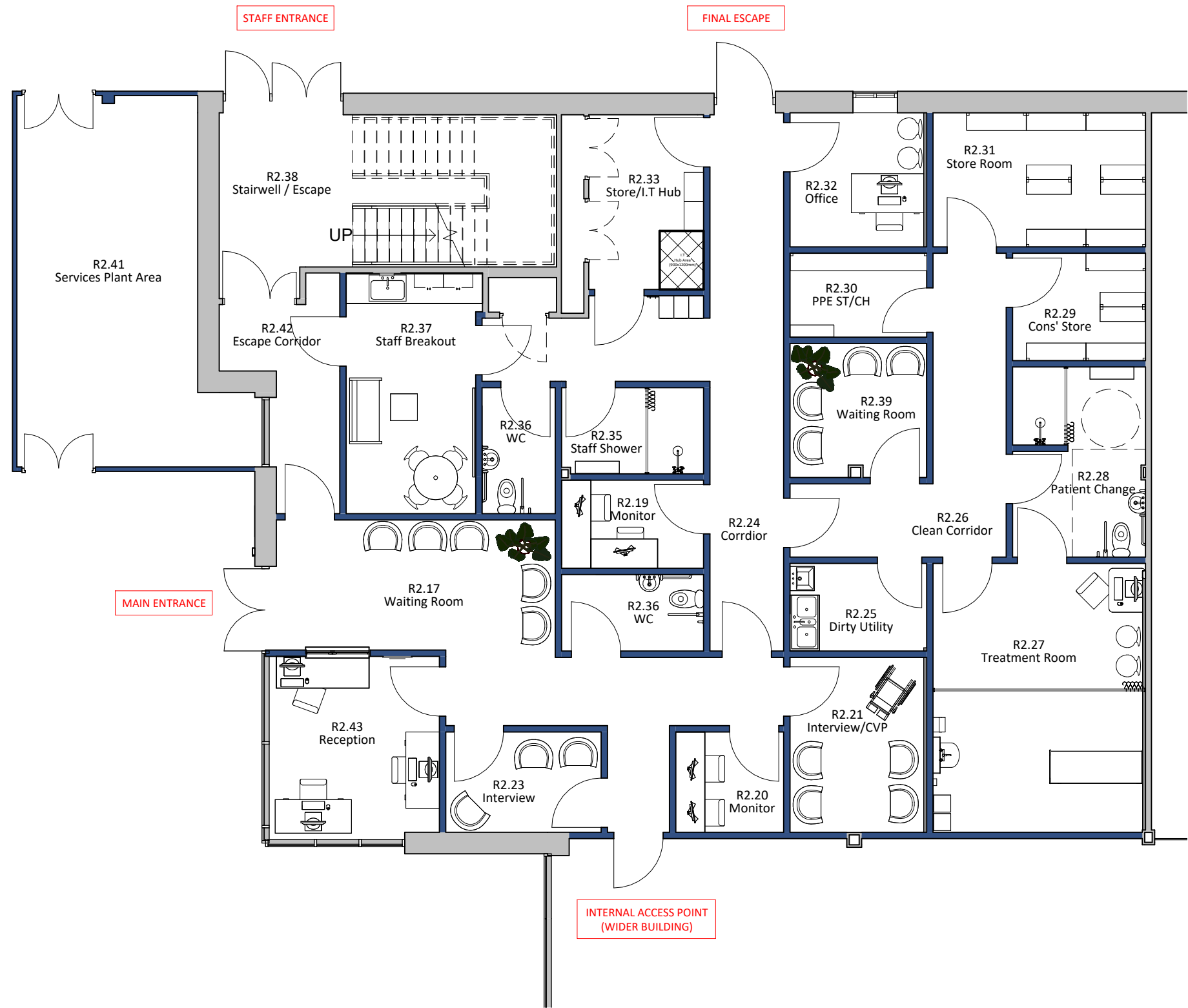
SECTION OF FLOOR PLAN SHOWN ONLY
OTHER AREAS OMITTED FOR CLARITY



No.	Description	Date
A	Planning App. Information Added.	01.02.2022
B	First Floor Amendments made	09.05.2023

PROJECT Healthcare Facility Canolfan Rheidol, Aberystwyth SY23 3GJ, UK			DIRECTORATE HDUHB - NHS Wales			SHEET Existing Ground Floor Plan		 <div>GIG CYMRU NHS WALES</div> <div>Bwrdd Iechyd Prifysgol Hywel Dda University Health Board</div>
DRAWN AW	CHECKER AW	SCALE @ A3 1 : 100	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-01-DR-A-UNI-A101-S00-REV00-EXISTING GROUND FLOOR PLAN	REV B	DesignTeam.HDD@Wales.NHS.uk	

SECTION OF FLOOR PLAN SHOWN ONLY
OTHER AREAS OMITTED FOR CLARITY



PROPOSED ROOM SCHEDULE - GF			
REF	LEVEL	NAME	AREA
R2.17	1.0 - Ground Floor	Waiting Room	28 m ²
R2.19	1.0 - Ground Floor	Monitor	5 m ²
R2.20	1.0 - Ground Floor	Monitor	5 m ²
R2.21	1.0 - Ground Floor	Interview/CVP	10 m ²
R2.23	1.0 - Ground Floor	Interview	7 m ²
R2.24	1.0 - Ground Floor	Corrdior	23 m ²
R2.25	1.0 - Ground Floor	Dirty Utility	5 m ²
R2.26	1.0 - Ground Floor	Clean Corridor	14 m ²
R2.27	1.0 - Ground Floor	Treatment Room	24 m ²
R2.28	1.0 - Ground Floor	Patient Change	10 m ²
R2.29	1.0 - Ground Floor	Cons' Store	6 m ²
R2.30	1.0 - Ground Floor	PPE ST/CH	5 m ²
R2.31	1.0 - Ground Floor	Store Room	12 m ²
R2.32	1.0 - Ground Floor	Office	8 m ²
R2.33	1.0 - Ground Floor	Store/I.T Hub	8 m ²
R2.35	1.0 - Ground Floor	Staff Shower	5 m ²
R2.36	1.0 - Ground Floor	WC	5 m ²
R2.36	1.0 - Ground Floor	WC	4 m ²
R2.37	1.0 - Ground Floor	Staff Breakout	13 m ²
R2.38	1.0 - Ground Floor	Stairwell / Escape	24 m ²
R2.39	1.0 - Ground Floor	Waiting Room	8 m ²
R2.40	1.0 - Ground Floor	Lockers	1 m ²
R2.41	1.0 - Ground Floor	Services Plant Area	30 m ²
R2.42	1.0 - Ground Floor	Escape Corridor	8 m ²
R2.43	1.0 - Ground Floor	Reception	13 m ²

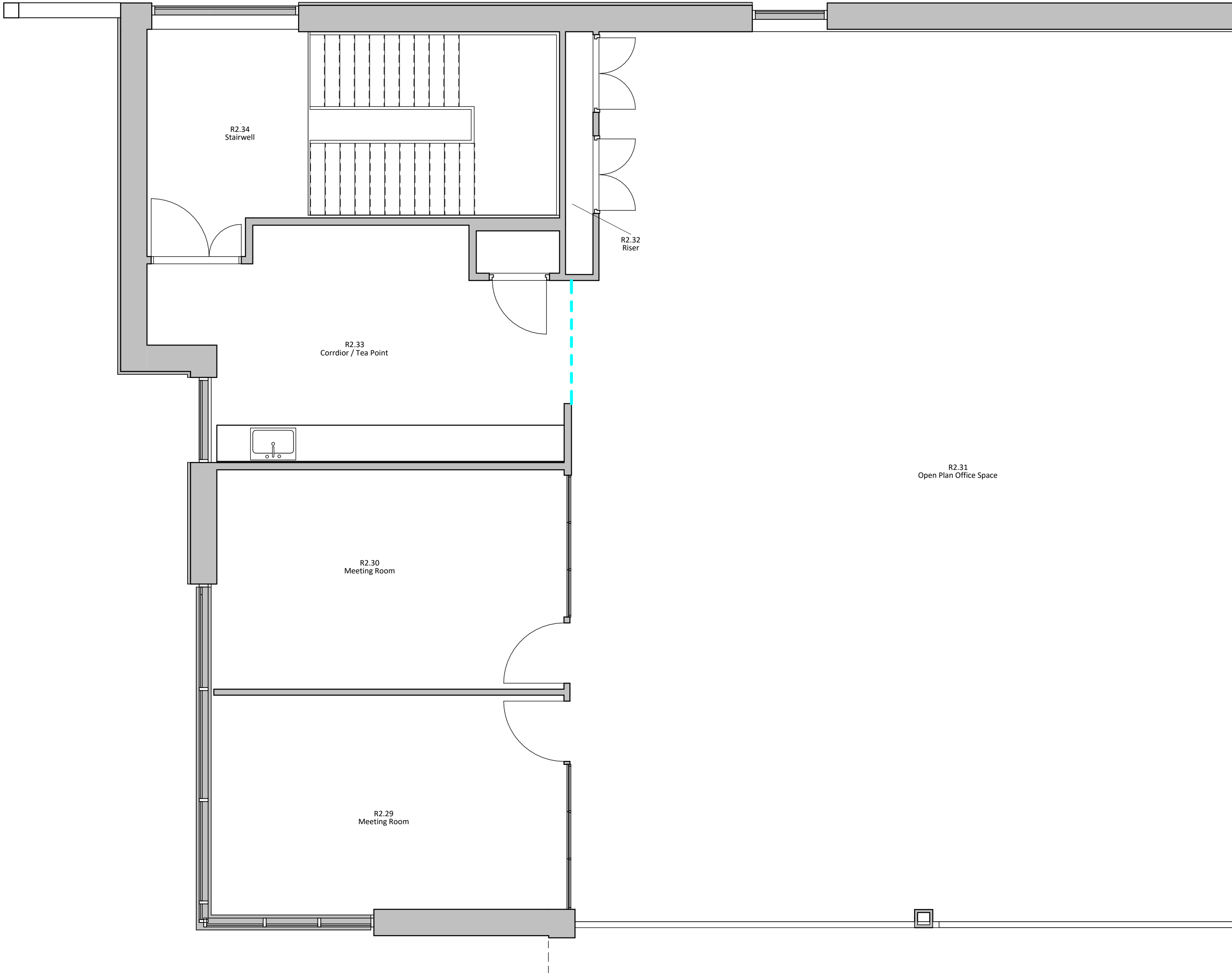
No.	Description	Date
A	Entrance area reorganised. Door position to Dirty Utility amended. NP Comments.	18.01.2022
B	Planning App. Information Added.	01.02.2022
C	First Floor Amendments made	09.05.2023
D	Internal Access door added.	03.07.2023

PROJECT Healthcare Facility Canolfan Rheidol, Aberystwyth SY23 3GJ, UK			DIRECTORATE HDUHB - NHS Wales			SHEET Proposed Ground Floor Plan		
DRAWN AW	CHECKER AW	SCALE @ A3 1 : 100	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-01-DR-A-UNI-A102-S00-REV00-PROPOSED GROUND FLOOR PLAN			REV D




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University Health Board

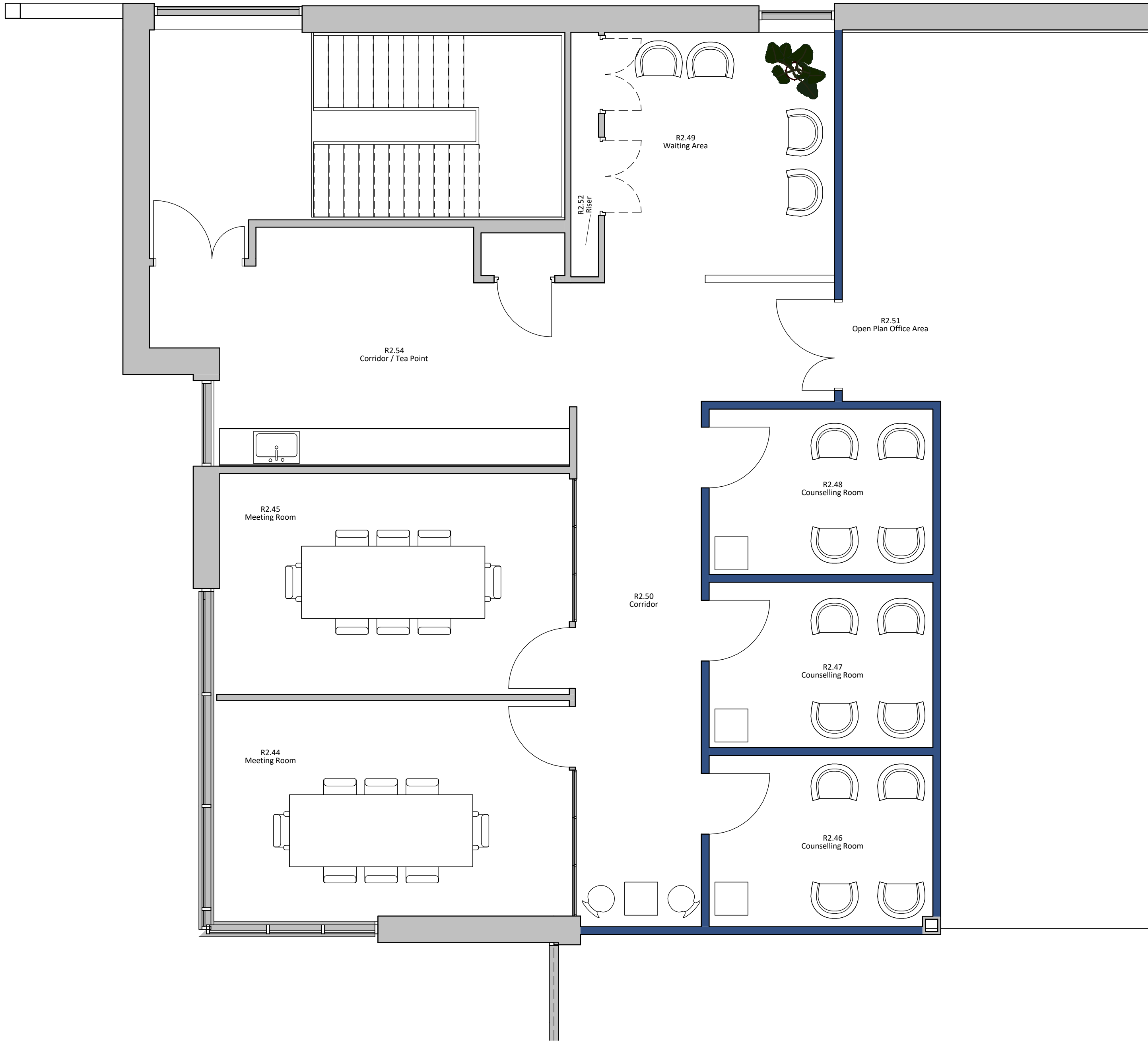
DesignTeam.HDD@Wales.NHS.uk



NOTES

No.	Description	Date
A	Planning App. Information Added.	01.02.2022
B	First Floor Amendments made	09.05.2023

PROJECT Healthcare Facility Canolfan Rheidol, Aberystwyth SY23 3GJ, UK			DIRECTORATE HDUHB - NHS Wales			SHEET Existing First Floor Plan			 <div>GIG CYMRU NHS WALES</div> <div>Bwrdd Iechyd Prifysgol Hywel Dda University Health Board</div>
DRAWN AW	CHECKER AW	SCALE @ A2 1 : 50	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-02-DR-A-UNI-A103-S00-REV00-EXISTING FIRST FLOOR PLAN			REV B	
									DesignTeam.HDD@Wales.NHS.uk




SECTION OF FLOOR PLAN SHOWN ONLY
OTHER AREAS OMITTED FOR CLARITY

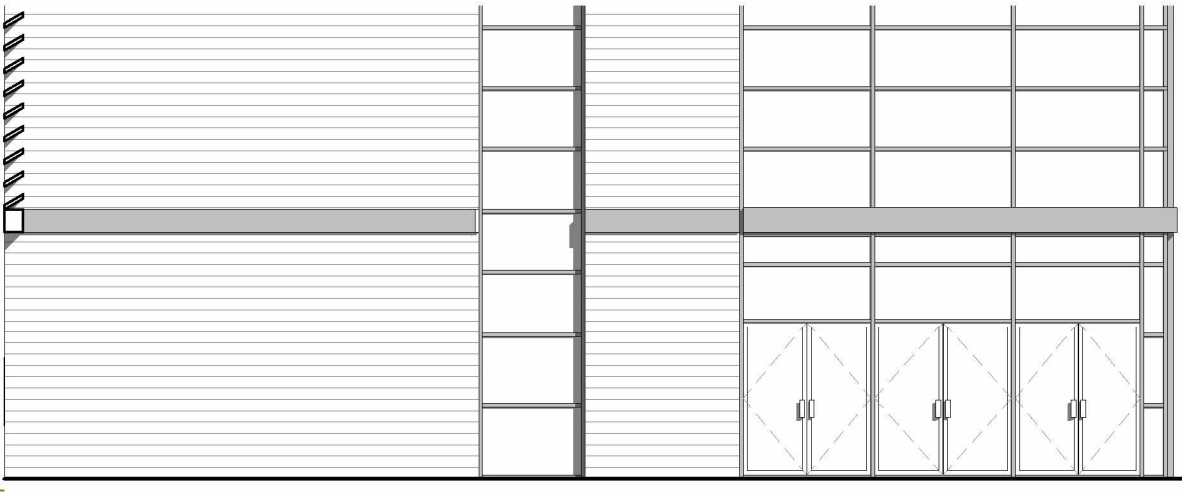
PROPOSED ROOM SCHEDULE - FF			
REF	LEVEL	NAME	AREA
R2.44	4.0 - First Floor	Meeting Room	23 m²
R2.45	4.0 - First Floor	Meeting Room	22 m²
R2.46	4.0 - First Floor	Counselling Room	11 m²
R2.47	4.0 - First Floor	Counselling Room	10 m²
R2.48	4.0 - First Floor	Counselling Room	10 m²
R2.49	4.0 - First Floor	Waiting Area	16 m²
R2.50	4.0 - First Floor	Corridor	27 m²
R2.51	4.0 - First Floor	Open Plan Office Area	97 m²
R2.52	4.0 - First Floor	Riser	2 m²
R2.53	4.0 - First Floor	Stairwell	20 m²
R2.54	4.0 - First Floor	Corridor / Tea Point	23 m²

NOTES

No.	Description	Date
A	First Floor Amendments made	09.05.2023

PROJECT Healthcare Facility Canolfan Rheidol, Aberystwyth SY23 3GJ, UK			DIRECTORATE HDUHB - NHS Wales			SHEET Proposed First Floor Plan			<div><div><div>GIG CYMRU NHS WALES</div><div>Bwrdd Iechyd Prifysgol Hywel Dda University Health Board</div></div></div>
DRAWN AJW	CHECKER AJW	SCALE @ A2 1 : 50	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-02-DR-A-UNI-A104-S00-REV00-PROPOSED FIRST FLOOR PLAN			REV A	
								DesignTeam.HDD@Wales.NHS.uk	

SECTION OF ELEVATION SHOWN ONLY
OTHER AREAS OMITTED FOR CLARITY



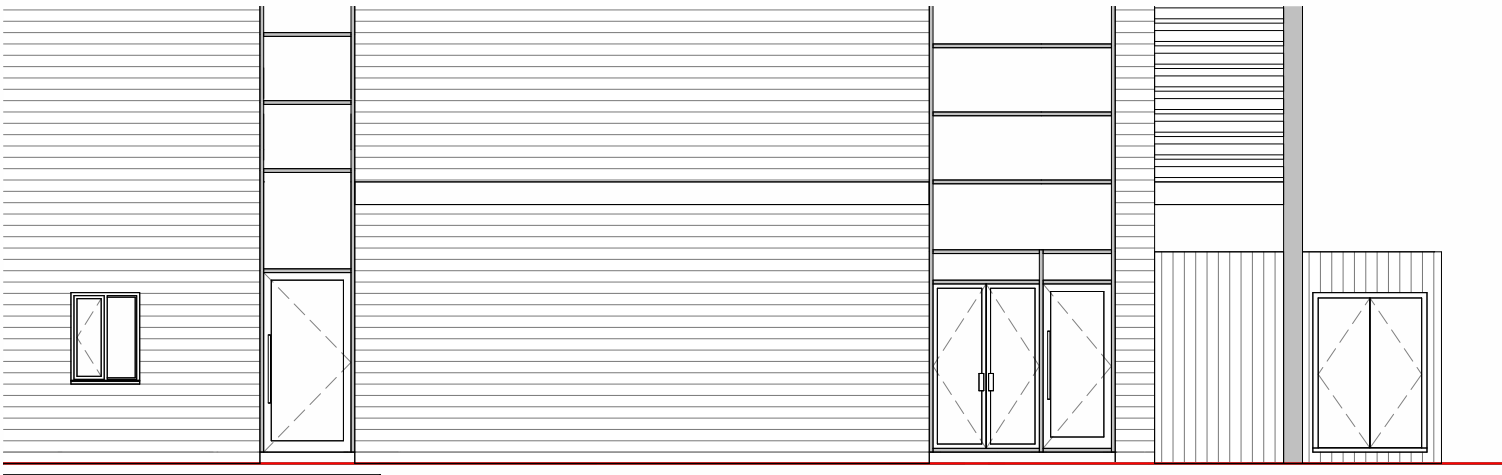
GF Entrance - Existing
1 : 100



GF Entrance - Proposed
1 : 100




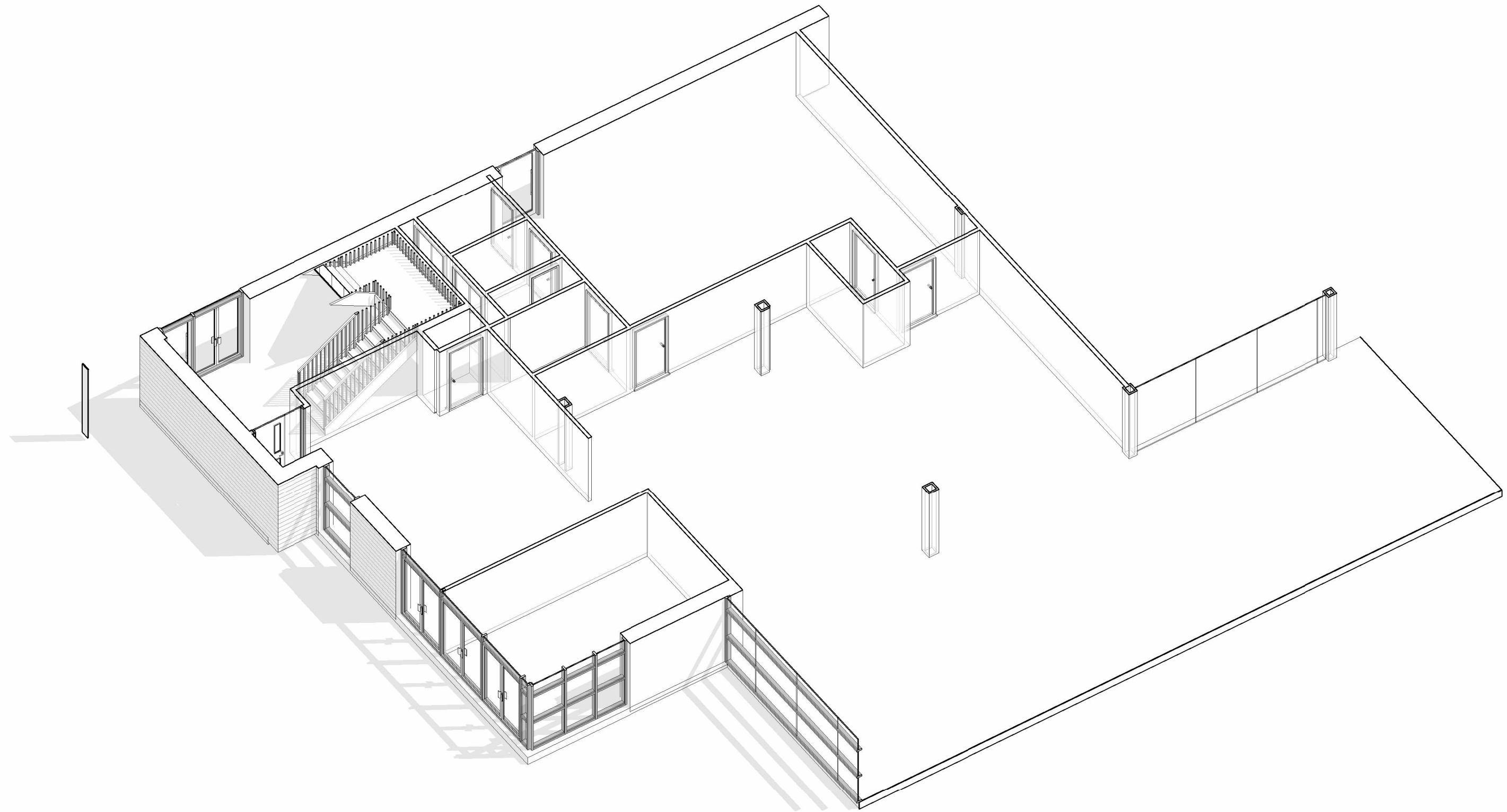
GF Staff Entrance - Existing
1 : 100




GF Staff Entrance - Proposed
1 : 100

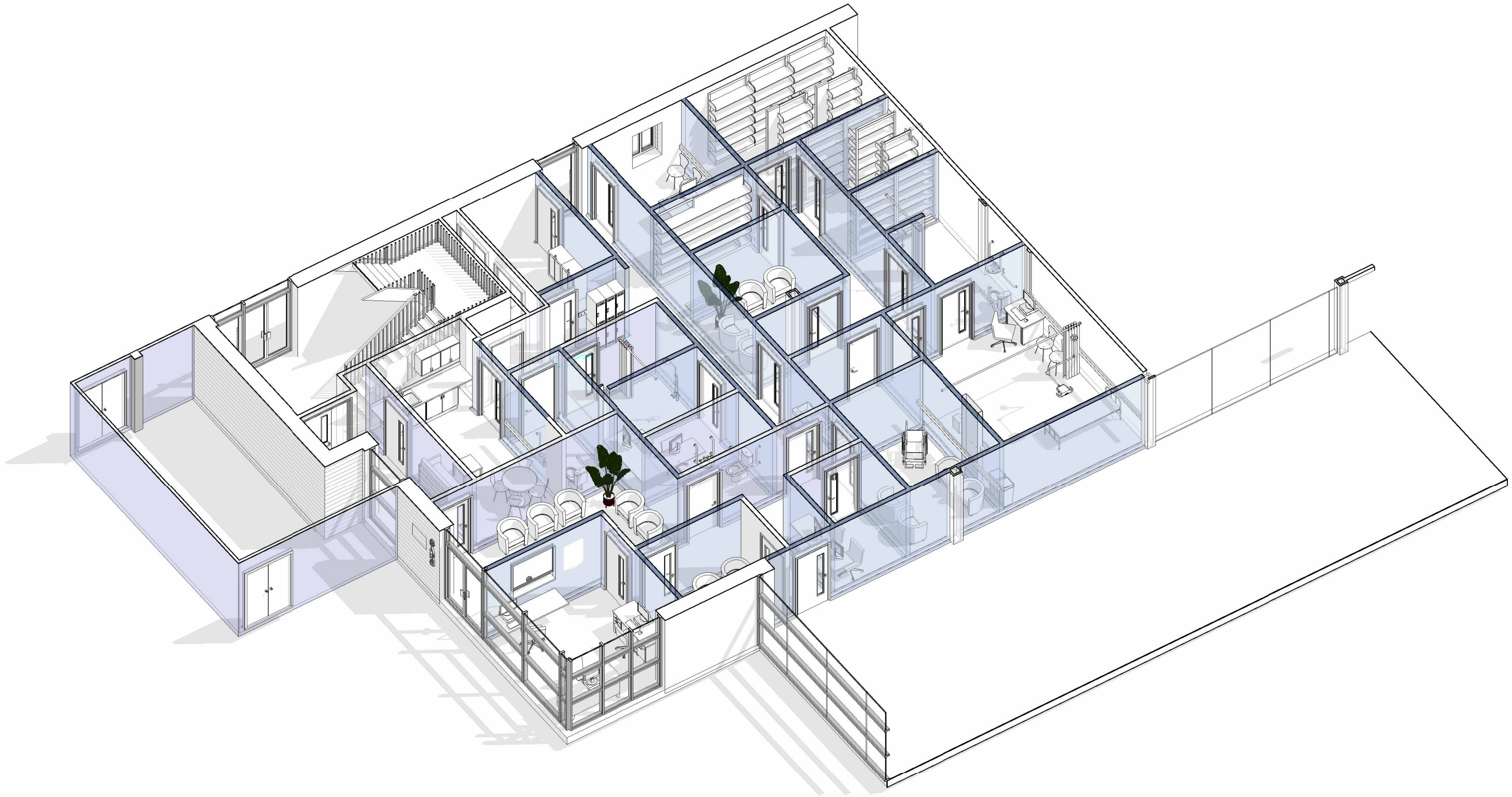
No.	Description	Date
A	First Floor Amendments made	09.05.2023

PROJECT Healthcare Facility Canolfan Rheidol, Aberystwyth SY23 3GJ, UK			DIRECTORATE HDUHB - NHS Wales			SHEET Ground Floor Entrance Alterations		<div><div><div>GIG CYMRU NHS WALES</div><div>Bwrdd Iechyd Prifysgol Hywel Dda University Health Board</div></div></div>
DRAWN AW	CHECKER AW	SCALE @ A3 1 : 100	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-XX-DR-A-UNI-A201-S00-REV00-GF ENTRANCE ALTERATIONS		REV A	



No.	Description	Date
A	First Floor Amendments made	09.05.2023

PROJECT Healthcare Facility Canolfan Rheidol, Aberystwyth SY23 3GJ, UK			DIRECTORATE HDUHB - NHS Wales			SHEET Existing GF 3D Layout		 <div>Bwrdd Iechyd Prifysgol Hywel Dda University Health Board</div>
DRAWN AW	CHECKER AW	SCALE @ A3	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-ZZ-VS-A-UNI-A801-S00-REV00-EXISTING GF 3D LAYOUT		REV A	
								DesignTeam.HDD@Wales.NHS.uk



No.	Description	Date
A	Entrance area reorganised. Door position to Dirty Utility amended. NP Comments.	18.01.2022
B	First Floor Amendments made	09.05.2023

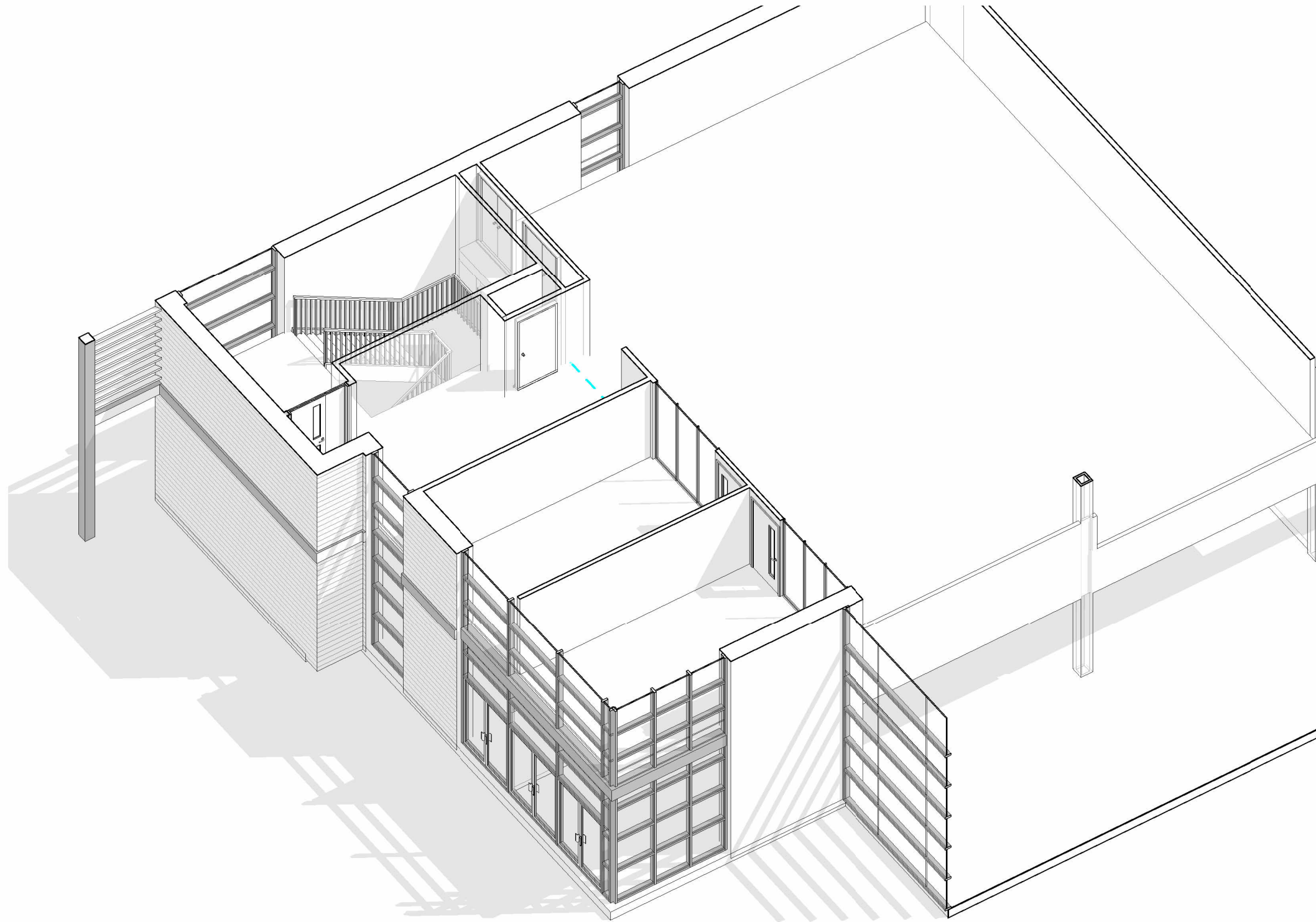
PROJECT			DIRECTORATE			SHEET		
Healthcare Facility			HDUHB - NHS Wales			Proposed GF 3D Layout		
Canolfan Rheidol, Aberystwyth SY23 3GJ, UK								
DRAWN	CHECKER	SCALE @ A3	FILE No.	DATE	DRAWING NUMBER	REV		
AW	AW		FEAS-221012	01.02.2023	FEAS-221012-SD-ZZ-VS-A-UNI-A802-S00-REV00-PROPOSED GF 3D LAYOUT	B		




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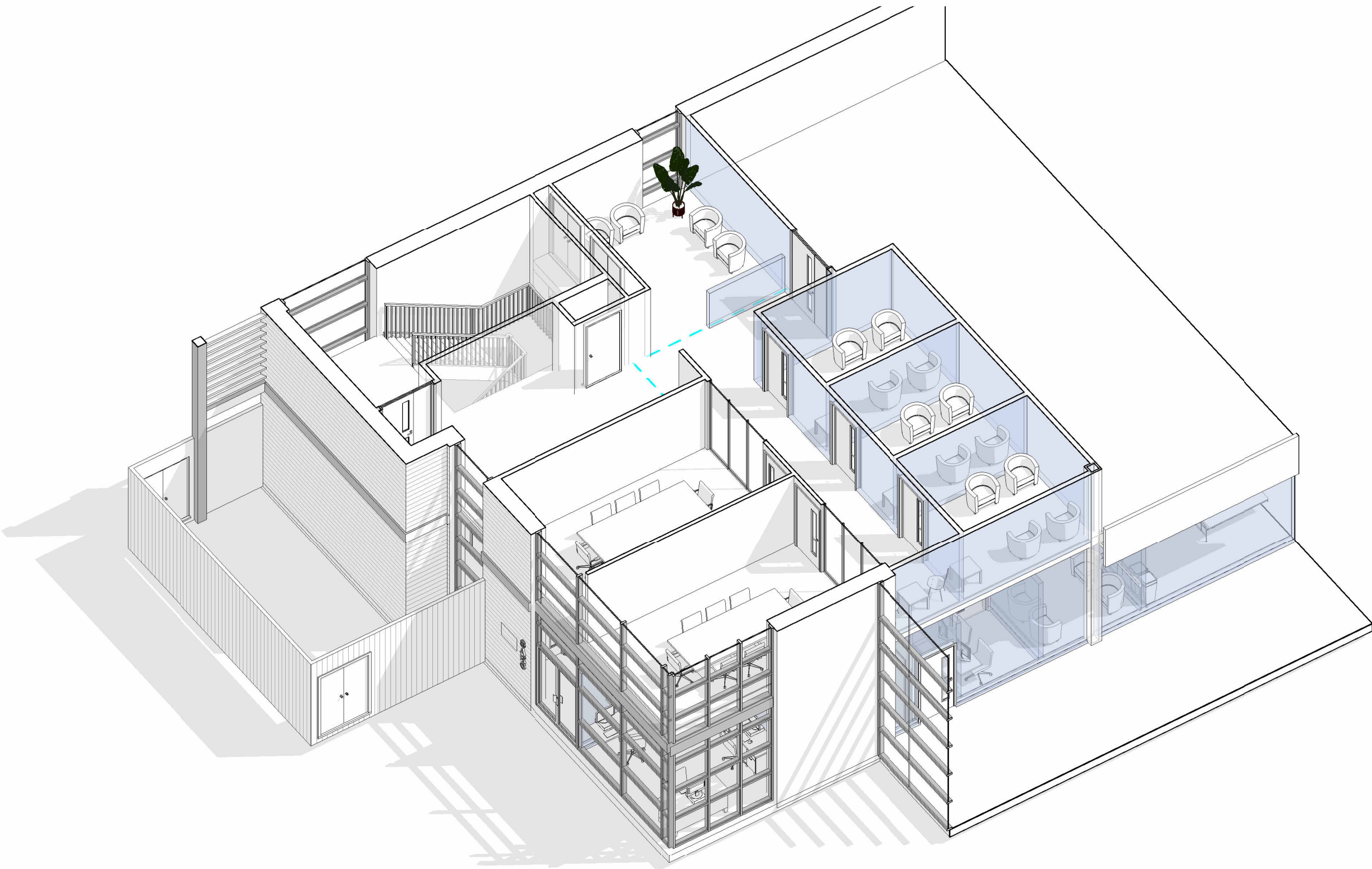
DesignTeam.HDD@Wales.NHS.uk



No.	Description	Date
A	First Floor Amendments made	09.05.2023

PROJECT <div>Healthcare Facility</div> <div>Canolfan Rheidol, Aberystwyth SY23 3GJ, UK</div>			DIRECTORATE <div>HDUHB - NHS Wales</div>			SHEET <div>Existing FF 3D Layout</div>		<div><div><div>GIG CYMRU NHS WALES</div><div>Bwrdd Iechyd Prifysgol Hywel Dda University Health Board</div></div></div>
DRAWN AW	CHECKER AW	SCALE @ A3	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-ZZ-VS-A-UNI-A804-S00-REV00-EXSITING FF 3D LAYOUT		REV A	
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No.	Description	Date
A	First Floor Amendments made	09.05.2023

PROJECT Healthcare Facility Canolfan Rheidol, Aberystwyth SY23 3GJ, UK			DIRECTORATE HDUHB - NHS Wales				SHEET Proposed FF 3D Layout	
DRAWN AW	CHECKER AW	SCALE @ A3	FILE No. FEAS-221012	DATE 01.02.2023	DRAWING NUMBER FEAS-221012-SD-ZZ-VS-A-UNI-A805-S00-REV00-PROPOSED FF 3D LAYOUT		REV A	



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Development Approval Cost Forms

Status: **Budget Cost Estimate**

Health Board: : Hywel Dda University Health Board

Hospital/Site : Aberwystyth - Canolfan Rheidol

Project Title : Sexual Assault Referral Centre

Client Unit : Sexual and Reproductive Health

Supervising Officer : Ashley Wood

Project Allocation : TBA

Project No : FEAS221012 Cost Code : C720

Prepared by : AW Capital Support : P. Walker

Date : 20th Dec 2022 Version : 6

Reviews & Updates			
Version No:	Summary of Changes	By:	Date Issued:
V1	First Issue	AW	20.12.2022
V2	I.T Costs Added. Vat Advisor Costs Added. FCA Added.	AW	05.04.2023
V3	Costs Updated to include M&E. I.T Costs Revised	AW	04.05.2023
V4	Name Updated.	AW	25.05.2023
V5	FCA Fees Amended	AW	22.06.2023
V6	AHU Updated - Shared Services Discussion (DAF2 27-41). BCE	AW	27.06.2023

Project Title:

Sexual Assault Referral Centre

BASIS OF ESTIMATING

Healthcare Capital Investment document

: Version 2

Main Contract Procurement Method

: HDUHB Lot 4

Main Contract Standard Form and Option

: JCT Intermediate Form of Contract

Proposed start on site

: 15/04/2024

Proposed completion date

: 28/03/2025

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):

RIBA STAGE	TASK	WEEKS	COMPLETE
0 - Strategic Definition	Initial Engagement and Scope	Refer to Project Programme	YES
1 - Preparation and Brief	Brief Development		YES
2 - Concept Design	Concept Design		YES
3 - Developed Design	Developed Design & Statutory Approvals		ON HOLD
4 - Technical Design	Technical Design		ON HOLD
4 - Technical Design	Tender Process		ON HOLD
4 - Technical Design	Tender Report and Approval		ON HOLD
5 - Construction	Contractor Mobilisation		ON HOLD
5 - Construction	Construction Process		ON HOLD
6 - Handover	Risk Register and Handover Docs.		ON HOLD
7 - In Use	In Use Monitoring and Defects Period		ON HOLD
PROJECT TIMESCALE		WEEKS	

Capital Cost Summary

Ref	Cost Centre	Net £	VAT @ 20% £	Gross £
5	Works Cost (DAF2)	1,234,176.79	246,835.36	1,481,012.14
6	Fees (DAF3)	254,887.24	50,977.45	305,864.69
7	Non-works Costs (DAF3)	338,929.32	67,785.86	406,715.18
8	Equipment Costs (DAF2)	86,900.00	17,380.00	104,280.00
9	Project Contingency	185,126.52	37,025.30	222,151.82
10	Forecast Project Out-turn Cost (Pre VAT Recovery)	2,100,019.87	420,003.97	2,520,023.84
11	LESS RECOVERABLE VAT (DAF5)		50,977.45	50,977.45
12	FORECAST PROJECT OUT-TURN COST	2,100,019.87	369,026.53	2,469,046.39

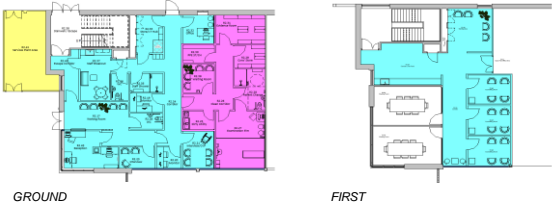
NOTES: 1. HDUHB's Development Approval Form does not account for VAT on Fees, as such are 100% recoverable.

Project Title:
Sexual Assault Referral Centre

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

Accommodation	Functional Size	Functional Unit m2/Nr etc	Gross Floor area (GFA) m2	Cost/m2	N/A/C	Works Cost £	Equipment Cost £
				GFA £/m2			
SARC External Works <i>Plant Area compound utilising acoustic fencing system to dampen AHU noise. Complete with Access doors for maintenance. Alterations to existing curtainwalling system. Inclusion for clinical waste disposal area.</i>	N/A	N/A	31	1,000.00		31,000.00	
SARC External Fabric <i>Alterations to the existing curtainwalling system, inclusive of any manifestation and replacement glazing units. Inclusion of standalone entrance canopy</i>	N/A	N/A	N/A	N/A		25,000.00	
SARC Non-Clinical Area (Ground Floor)	N/A	N/A	149.95	1,000.00		149,950.00	
SARC Clinical (Ground Floor)	N/A	N/A	90.66	1,200.00		108,792.00	
SARC Non-Clinical Support (First Floor)	N/A	N/A	101.47	500.00		50,735.00	
SARC Mechanical & Electrical Services <i>Air-conditioned: Includes for soil/waste, cold water, hot water, dry risers, sprinklers, LTHW heating, supply and extract ventilation, 4 pipe air conditioning, WC/kitchen extract, BMS, LV installations, standby generation, lighting, small power, fire alarms, earthing/lightning protection, nurse call systems, security, IT wireways</i>	N/A	N/A	240.61	1,565.00		376,554.65	
AHU Enclosure - Builders Works	N/A	N/A	N/A	N/A		15,000.00	
AHU Enclosure - Enclosure Structure	N/A	N/A	N/A	N/A		40,000.00	
ISO Requirements; Points of Ligature	N/A	N/A	N/A	N/A		35,000.00	
ISO Requirements; Building Fabric	N/A	N/A	N/A	N/A		20,000.00	
HTM Commissioning & Validation	N/A	N/A	N/A	N/A		15,000.00	
HTM Design Allowance	N/A	N/A	N/A	N/A		20,000.00	
HTM - Builders Works in Connection	N/A	N/A	N/A	N/A		10,000.00	
Dedicated Mains Supply Services	N/A	N/A	N/A	N/A		20,000.00	
3rd Party Commissioning; ISO, M&E etc.	N/A	N/A	N/A	N/A		15,000.00	
Undefined Provisional Sums	at			2.50%		18,550.79	
Provisional Sums	at			2.50%		18,550.79	
Preliminaries & General Conditions	at			15.00%		145,369.98	
Overheads, Profit & Management	at			5.00%		55,725.16	
Construction Works Contingency	at			5.00%		58,511.42	
Equipment Costs (Ground Floor)							74,800.00
Equipment Costs (First Floor)							12,100.00
Works Inflation Allowance							
Estimated Start	15/04/2024	at		5.00%		61,436.99	
Estimated Finish	28/03/2025						
Total (gross) floor area							86,900.00
Less: Abatement for transferred equipment 0 %							0.00
Works Cost - to DAF1 Summary						1,234,176.79	86,900.00
Equipment Cost - to DAF1 Summary						1,234,176.79	86,900.00

NOTES: 1-First Floor Area yet to be confirmed due to file transfer delays- Estimated m2 rate for area applied to First Floor-
2-First Floor Area yet to be scoped due to file transfer delays- Estimated Equipment Costs applied to First Floor-
3- Ground Floor Equipment Schedule inc. £5,000 extra. PW Email 19/12/2022 15:32
4- Project Construction Costs provided utilising SPONS 2022, Architectural and M&E Price Books
5- Project Inflation costs provided by BCIS Cost Indices - Quarterly Percentage
6- GIFA's are for areas that require construction work only. GF Total Leased Area is 325m2, FF is 175m2
7- Floor Plans (below) depict cost splits per area allowed; clinica (purple), non clinical (cyan) and external works (Yellow)



Project Title:

Sexual Assault Referral Centre

CAPITAL COSTS: FEES AND NON-WORKS COSTS

1	Fees	£	Budget % of Work Cost
	a. In-House Design Fees & Project Management	129,588.56	10.50%
	b. Cost Advisor	30,854.42	2.50%
	c. Capital Team Support	0.00	0.00%
	d. Architect	0.00	0.00%
	e. Civil and Structural Engineer	12,341.77	1.00%
	f. Building Services Engineer	49,367.07	4.00%
	g. Principal Designer	12,341.77	1.00%
	h. Supervisor	18,512.65	1.50%
	i. FM Advisor	0.00	0.00%
	j. Other:	1,881.00 pro rata	
	Total Fees to DAF1 Summary	254,887.24	20.50%
2	Non-Works Costs	£	% of Works Cost
	a. Staff Relocations & Transport	5,000.00	0.41%
	b. Statutory and Local Authority charges	5,000.00	0.41%
	c. Planning and Building Control fees (Inc. FCA)	10,300.00	0.83%
	d. Other:		
	- Asbestos Survey / Sampling / Removals	0.00	0.00%
	- Business Justification Case	25,000.00	2.03%
	- External & Internal Signage	15,000.00	1.22%
	- VAT Advisors	5,000.00	0.41%
	- Informatics & Telecommunications	242,629.32	1965.92%
	- Other / Non Cost Items	20,000.00	1.62%
	- Hotel Services / Contract Cleaning	5,000.00	0.41%
	- In-House - Direct Labour Assistance	1,000.00	0.08%
	- Property Legal Fees	5,000.00	0.41%
	Total Non-Works Costs to DAF1 Summary	338,929.32	1973.72%

NOTES:

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

Project Title:

Sexual Assault Referral Centre

PROJECT CASHFLOW FORECAST

Proposed start on site:

15/04/2024

Proposed completion date:

28/03/2025

	Year	0	1	2	3	Total
	Financial year	2022/2023	2023/2024	2024/2025		
Works Cost			0.00	1,234,176.79		1,234,176.79
Fees			123,417.68	131,469.56		254,887.24
Non-works Costs			35,000.00	303,929.32		338,929.32
Equipment Costs			0.00	86,900.00		86,900.00
Contingencies			0.00	185,126.52		185,126.52
VAT		0.00	31,683.54	388,320.44		420,003.97
Sub-total		0.00	190,101.21	2,329,922.63		
Recoverable VAT		0.00	24,683.54	26,293.91		
Total		0.00	165,417.68	2,303,628.71		

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:

Sexual Assault Referral Centre

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	1,234,176.79	246,835.36	0.00%	0.00
Fees	254,887.24	50,977.45	100.00%	50,977.45
Non-works Costs	338,929.32	67,785.86	0.00%	0.00
Equipment Costs	86,900.00	17,380.00	0.00%	0.00
Total			£	50,977.45

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 @ 6%	74,050.61
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<i>Assumed - TBC by Property</i>	Rate (£)	Quantity	Cost exc. VAT (£)
Area	£ -	342.08	
Change in Heating Volume (m3)	£ -	923.616	
Change in Floor Area (m2)	£ -	342.08	
Change in Energy Costs	£ 35.00	342.08	£ 11,972.80
Change in Maintenance - Hard FM	£ 30.00	342.08	£ 10,262.40
Change in Hotel Services - Soft FM	£ 30.00	342.08	£ 10,262.40
Change in Waste	£ 5,000.00	1.00	£ 5,000.00
Change in Rates	£ 20,000.00	1.00	£ 20,000.00
Change in Departmental Costs (TBC)	£ -	0.00	£ -
Change in Equipment Costs (TBC)	£ -	0.00	£ -
Total Revenue			£ 57,497.60

Note - Extra over Revenue Costs Per Annum

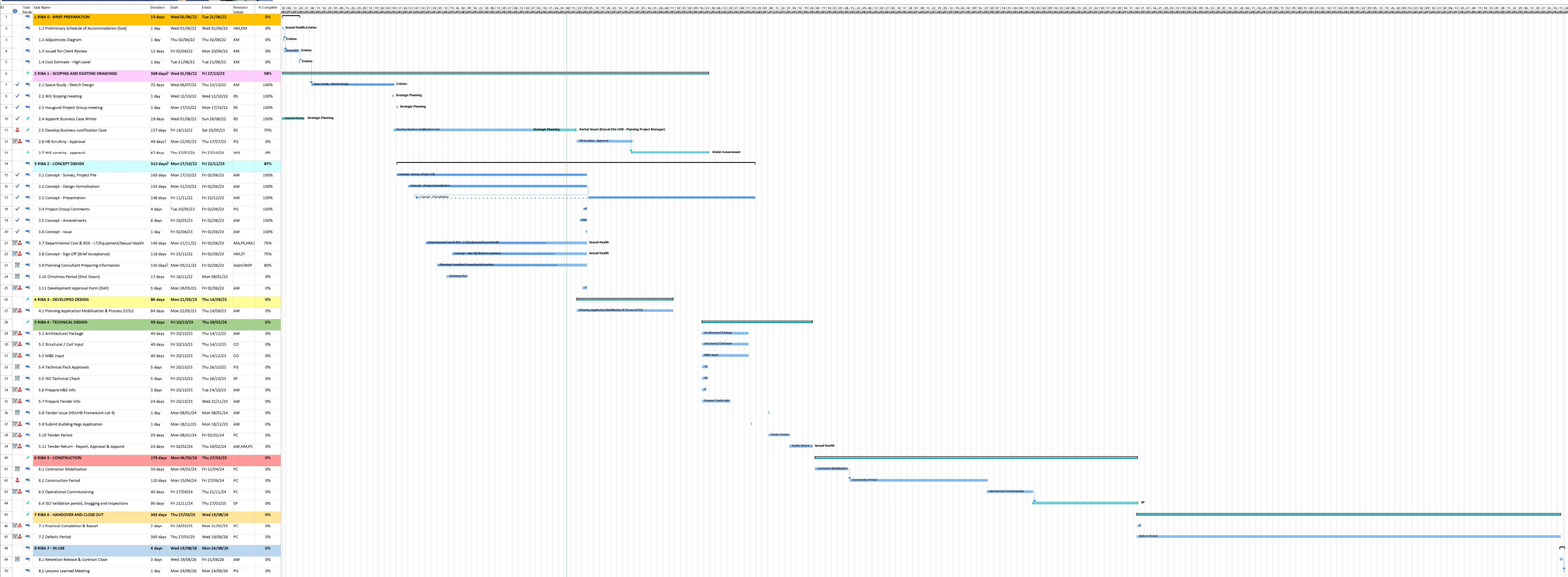
Project Title:

Sexual Assault Referral Centre

20th Dec 2022

RETENTION CALCULATION

	Project Allocation	Planned Expenditure	Retention	Released to DCP
Works Cost (inc VAT)	1,481,012.14		1,481,012.14	
Fees (Ex VAT)			0.00	
Internal	131,469.56		131,469.56	
External	123,417.68		123,417.68	
Non Works (inc VAT)				
Additional (to be named)	6,000.00		6,000.00	
Statutory & Local Authority Charges	6,000.00		6,000.00	
Planning & Building Control Fees	12,360.00		12,360.00	
Asbestos	0.00		0.00	
IT/Telecoms	291,155.18		291,155.18	
Other	24,000.00		24,000.00	
Hotel Services	6,000.00		6,000.00	
DLO	1,200.00		1,200.00	
Contingency (inc Vat)	222,151.82		222,151.82	
Total	2,304,766.39	0.00	2,304,766.39	0.00



Canolfan Rheidol - Service Charge Costs			
Description	Pre-Covid Actual	Actual 2020/21	Actual 2021/22
Sals Operation	23,114.36	0.00	33.74
Sals Support	-328.59	0.00	0.00
Wages Cleaners	35,339.62	0.00	225.54
Wages C-Takers	51,903.23	0.00	0.00
NI Operation + Apprenticeship Levy	2,711.55	0.00	3.13
NI Support + Apprenticeship Levy	-37.20	0.00	0.00
NI for use with wrong home detail code	104.99	0.00	0.00
NI Cleaners + Apprenticeship Levy	1,557.55	0.00	0.00
NI Care Takers + Apprenticeship Levy	4,757.26	0.00	0.00
S-An Operation	3,651.03	0.00	5.33
S-An Support	-51.92	0.00	0.00
S-An for use with wrong home detail code	99.67	0.00	0.00
S-An Cleaners	4,585.22	0.00	0.00
S-An C-Takers	8,319.08	0.00	0.00
Staff Phones	387.60	0.00	0.00
R & M - General	2,573.98	0.00	0.00
R & M - Contractors	10,410.10	2,365.09	210.50
R & M - Grounds DSO	12,273.00	12,611.00	12,737.00
R & M - Mechanical Contractors	8,384.85	1,013.10	5,789.83
R & M - Electrical Contractors	13,807.54	3,836.45	6,472.64
Electricity	83,209.05	62,627.84	65,001.74
Biomass Heating	0.00	0.00	0.00
Service Charges	7,881.21	1,904.57	3,635.14
Rates*	288,900.00	288,900.00	288,900.00
Water Metered	8,317.93	3,811.79	3,188.39
Fixtures & Fittings	0.00	0.00	0.00
Cleaning Materials	0.00	72.80	0.00
Window Cleaning	710.00	0.00	0.00
Contract Maintenance Repairs	0.00	540.00	0.00
Operational Equipment & Materials	0.00	169.97	0.00
Plants	0.00	0.00	0.00
Protective Clothing	0.00	51.95	0.00
Hygiene	0.00	0.00	0.00
Legionella Testing	97.70	0.00	0.00
Materials	15.95	0.00	0.00
Health & Safety Equipment	119.97	0.00	0.00
Cleaning Materials	5,953.54	0.00	0.00
Operating Lease Equipment & Other	2,855.64	418.91	1,739.25
Licences	0.00	190.00	0.00
Postages & Courier Services	0.00	0.00	0.00
Mobile Telephone Call Costs inc Voucher	0.00	0.00	0.00
Subscriptions to Associates	0.00	0.00	0.00
General Expenditure	4,126.20	8.31	0.00
Waste Removal Operations	4,163.50	1,191.86	1,420.69
Total	589,913.61	379,713.64	389,362.92
2022/23 plus 11% inflation	64,890.50	41,768.50	42,829.92
Total	£654,804.11	£421,482.14	£432,192.84
SARC 7.25% Apportionment (based on 400m ²)	£47,473.30	£30,557.46	£31,333.98

Total SARC Costs	
Rental per annum	£21,250.00
Rental per annum - Additional FF area	£12,750.00
Rental per annum	£34,000.00
Estimated Service Charge	£47,473.30
Estimated Demised Cleaning Cost*	£10,010.00
Maintenance - Demised Area*	£5,000.00
Clinical Waste*	£4,000.00
Biomass Heating	£3,085.65
Service Charge Total	£69,568.95
Total	£103,568.95

***Note:**
All costs exclude VAT
Cleaning £13.75/hr - Assuming 2hrs per day 7 days a week and 52 weeks = £10,010.00
Does not take account of any specialist cleaning requirements??
Rent £/m² - £21,250.00/250 = £85/m²
Business Rates - RV from 01.01.2023 = £540,000.00 x 0.535 => £288,900.00
Service Charge - Based on pre COVID costs as the building was fully occupied and it is anticipated that the building will be re-occupied on completion of the SARC scheme (costs uplifted by 11%).
Biomass Heating Costs 2022/23 - £42,560.68 x 0.0725 => £3,085.65
Maintenance - Low estimate inserted as this will be a new facility (excludes replacement of any M&E plant).
Clinical Waste - estimate low level of waste generated - £4k

£/m ² Costs	GIA m ²	Rental £/m ²	GIA m ²	Service Charge £/m ²
£/m ²	-	£85.00	-	£173.92
SARC Demise area GF	400	£34,000.00	400	£69,568.95
£/ft ² Costs	GIA ft ²	Rental £/ft ²	GIA ft ²	Service Charge £/ft ²
£/ft ²	-	£7.90	-	£16.16
SARC Demise area GF	4,305.56	£34,000.00	4,305.56	£69,568.95

REVENUE COSTS

HB Name: Hywel Dda Health Board
Scheme Name: Aberystwyth SARC
Project Stage: BJC

Summary			Capital Cost Based on BJC	Impairment	Additional Dep'n
Option Names: Current Costs Canolfan Rheidol	N/A		2,469,046	782,357	91,755

Note: Works on existing Hospital sites. No building sales

CALCULATION OF CAPITAL CHARGE

Projected Capital Cost MIPS

	Net	VAT	Gross
Works	1,234,177	246,835	1,481,012
Planning Contingency	185,127	37,025	222,152
Equipment	86,900	17,380	104,280
Fees	254,887	50,977	305,865
Non Works Cost	338,929	67,786	406,715
Recoverable VAT		(50,977)	-50,977
Total Cost	2,100,020	369,027	2,469,046

Allocation between building structure and engineering costs

	Structure	Engineering	Total
Percentage	50%	50%	100%
Building and Engineering	791,205	791,205	1,582,409
Fees			0
Total	791,205	791,205	1,582,409

	Value	Depreciation %	Annual Depreciation	Current Dep'n	Additional Dep'n
Annual Depreciation Costs - lease is 20 years so all building depreciated over 20 years					
Structure-20 years	791,205		39,560		39,560
Engineering-20 years	791,205		39,560		39,560
Furnishings(Donated) - 10years		10.00%	0		0
Furnishings(NHS)-10years	82,214	10.00%	8,221		8,221
Equipment	22,066	20.00%	4,413	0	4,413
	1,686,689		91,755		91,755

Impairment Impact

	Total	% Impairment	Impairment
Current Valuation		0	-
Land	0	0.00	-
New Build		0.23	-
Refurbishment		0.60	-
Tenants improvements	2,109,879	0.25	- 527,470
Fees	254,887	1	- 254,887
Estimated Impairment Impact	2,364,766		- 782,357
Equip	104,280		
	2,469,046		
New Valuation after impairment			1,582,409
Balance sheet impact			1,686,689

TERMS OF REFERENCE

Sexual Assault Referral Centre

Project Group

Version	Date	Updated By	Update Detail
v.1	17 08 22	Rachel Stuart Capital Planning Project Manager	Initial Draft – For Approval
v.2	30 01 23	Peter Skitt Project Director	Membership
v.3	23 05 23	Rachel Stuart Capital Planning Project Manager	Membership

Sexual Assault Referral Centre (SARC) ToRs

1. Introduction, Objective, Constitution, Scope, Timeframe, Reporting Structure.

Project Introduction:

The Sexual Referral Assault Centre (SARC) Project Group was established in the on 17th October 2022 with plans to develop a small scale capital refurbishment of Local Authority offices in Aberystwyth to allow Dyfed Powys Police to provide an adult SARC hub to form part of the Aberystwyth element of the Mid and West Wales 'hub and spoke' model of care for adults, in collaboration with Swansea Bay University Health Board (SBUHB) and the Mid and West Wales SARC model for acute paediatric care based in Swansea.

Project Objective:

The aim of the project is to deliver SARC facilities which meet the standards required for ISO accreditation.

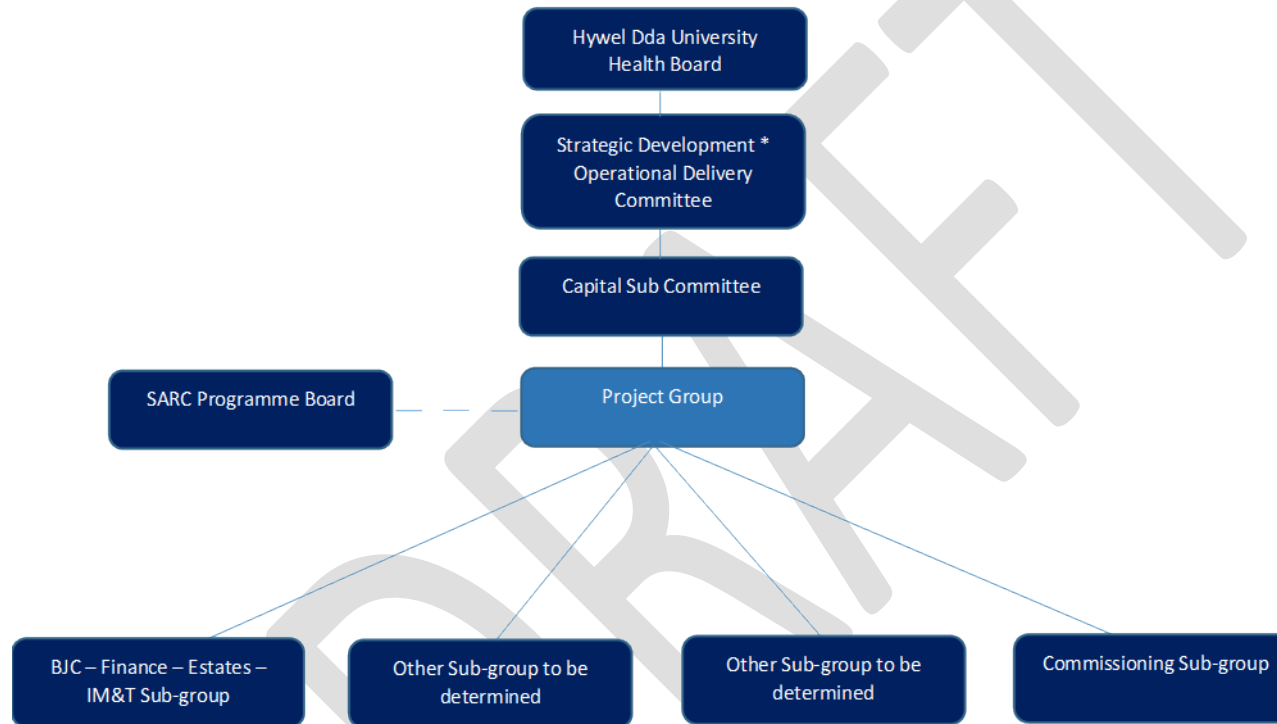
Project Constitution:

The Project Group operates in line with the principals of the 'NHS Wales Infrastructure Investment Guidance and will provide assurance that all planning and monitoring arrangements are robust to allow the Health Board and Dyfed Powys Police to manage the successful delivery of the overall project.

Project Scope: Options analysis to be undertaken during the development of the Business Justification Case (BJC). Currently there is one potential option to develop a small scale capital refurbishment of Local Authority offices in Aberystwyth.

Sexual Assault Referral Centre (SARC) ToRs

Proposed Reporting Structure:



Sexual Assault Referral Centre (SARC) ToRs

2. Membership

The Senior Responsible Officer (SRO) for the scheme is Lee Davies, Director of Strategic Development & Operational Delivery and the Project Director is the Ceredigion County Director. A detailed description of the roles of the SRO and PD is provided in Chapter 5.

Members are expected to nominate deputies to attend in instances of unavoidable absence. Deputies must be suitably briefed and have delegated authority to contribute and make decisions and share key messages and delegate tasks as appropriate within departments and wider networks.

The membership of the Project Group is split into two categories:

- Core membership requiring attendance at project meetings.
- Circulation group to keep key internal and external stakeholders informed with attendance at project group meetings as and when required.

Proposed Core membership:

Name/s	Designation/s	Role
Lee Davies	Senior Responsible Office / Executive Director Strategic Development & Operational Delivery	<p>Defines the project objectives, ensuring that they are met to agreed time, cost and quality constraints;</p> <p>Represents the Health Board in defining what is required and oversees the effectiveness of the project group management team, ensuring the appropriate project management structure is in place to deliver the project objective and that the benefits are realized;</p> <p>Provides a broad specification of what the project should deliver and ensures that any change in circumstance affecting the project is evaluated and appropriate action taken.</p>
Peter Skitt	Project Director / Ceredigion County Director (Chair)	<p>Provide project leadership, management and direction;</p> <p>Act as the lead reporting officer for Board, Committees and Sub-committees;</p> <p>Brief key stakeholders on the projects progress, benefits, risks and financial arrangements</p> <p>Managing the Health Boards interest in the project, including co-ordination of and the production of the brief for the contractors.</p>

Sexual Assault Referral Centre (SARC) ToRs

Name/s	Designation/s	Role
Louise Berner	Project Secretary	To provide administrative support to the Project Group.
Joanne Williams	Programme Director SARC NHS Wales Health Collaborative.	To provide leadership and management to ensure successful delivery of the project.
Anna Coote	Senior Project Manager SARC NHS Wales Health Collaborative	To ensure that the Project Execution Plan is aligned to the overall Regional SARC delivery plan.
Sarah Thomas	Head of Sexual Assault Services New Pathways	To provide leadership and management to ensure successful delivery of the project. To ensure that the Project Execution Plan is aligned to the overall Regional SARC delivery plan.
Alison Perry	Dyfed Powys Police	To provide leadership and management to ensure successful delivery of the project. To ensure that the Project Execution Plan is aligned to the overall Regional SARC delivery plan.
Lisa Humphrey's	Interim General Manager Women & Children's Directorate (Chair Regional SARC Board)	To provide leadership and management to ensure successful delivery of the project. To ensure that the Project Execution Plan is aligned to the overall Regional SARC delivery plan.
Helen Munro	Sexual Reproductive Health Consultant	To provide leadership and management to ensure successful delivery of the project. To ensure that the Project Execution Plan is aligned to the overall Regional SARC delivery plan.
Sue Rees	Senior Infection Prevention Nurse	Provide professional infection control input into all relevant aspects of the project.
Kevin Morgan Julian Wheeler Jones	Major Capital Projects Manager DCP Estates Project Manager	Project architect and estates design lead; Preparation of the schedule of accommodation and Development Approval Form; Co-ordination of tender and contracting processes; Liaise between the contractor and the Project Group on technical matters and progress reports;

Sexual Assault Referral Centre (SARC) ToRs

Name/s	Designation/s	Role
		Production and monitoring of the Project Execution Plan timeline (estates implementation).
Paul Williams	Head of Property Performance	To provide advice and support to the Project Group on property performance matters to include purchasing, leasing and Heads of Terms negotiations.
Stuart Irwin	Estates Senior Officer	
Rachel Stuart	Capital Planning Project Manager	Co-ordinate the planning process, including facilitation of governance arrangements; business justification case; project execution plan; project risk register, issues register, decisions escalation register, capital highlight reports; equality impact assessment; reports to Committee/Board as required.
Maggie Annison	Facilities Information and Capital Management	Provide professional advice and support to the Project Group on equipping and commissioning.
Penny Walker	Capital Administration Officer	Establish relevant mechanisms to undertake the equipping necessary for the project; Liaise between the relevant services and Project Group to prepare a costed equipping schedule and co-ordinate the procurement as appropriate; Advise on room layouts and interior décor; Liaison between the services and IT to ensure effective communications are in place.
Paul Solloway	Deputy Digital Director	To lead on providing Information Management & Technology advice and support to the Project Group;
Preet Singh	Senior Project Manager	To work closely with SARC services and estates design lead.
Jon Wilson	Clinical Engineering Lead Ceredigion	To lead on providing clinical engineering advice and support to the Project Group; To work closely with SARC services and estates design lead.
Alun James	Head of Procurement	To lead on providing stores management advice and support to the Project Group; To work closely with SARC services and estates design lead.
Sarah Welsby	Business Partner Planning & Major Projects	Provide finance advice and support to the Project Group;

Sexual Assault Referral Centre (SARC) ToRs

Name/s	Designation/s	Role
Peter Evans	Finance Business Partner	<p>Monitor project finance steam, providing financial report updates to the Project Group;</p> <p>Preparing the financial case and monitoring project finances;</p> <p>Ensuring robust capital and revenue budgets;</p> <p>Reporting financial status to the Project Group and Welsh Government (as appropriate).</p>
Elizabeth Merriman Shelly Dony	Assistant Head of Workforce Workforce Planning Project Manager	<p>Involvement unlikely to be determined?</p> <p>Provide leadership, direction and support to the Project Group on workforce planning.</p>

Circulation Group:

Name/s	Designation/s	Role
Paul Williams	Assistant Director of Strategic Planning	Ensure planning guidance is adhered to. If required to act as a conduit between the Health Board and Welsh Government via Welsh Government Capital Review Meetings.
Matthew Willis Rita Stuart (Rep)	BGH Interim General Manager BGH Service Delivery Manager	Provide effective input into the project by providing advice and support to the Project Group on consistency between BGH plans and overall site/service development.

As part of the BJC approval process the following members will be include in the circulation as necessary:

Sexual Assault Referral Centre (SARC) ToRs

Name/s	Designation/s	Role
Keith Jones	Director of Hospitals	Ensure W&C guidance is adhered to regarding implementation
Rob Elliott	Director of Estates, Facilities and Capital Management	Ensure estate guidance is adhered to regarding implementation.
TBD	Community Health Council Representative	To undertake a scrutiny and advocacy role. Advise and support to the Project Group, providing an independent voice for people who use NHS services.

Sub-group Key Stakeholders: Addition members to be included following sub-group establishment as the project progresses:

Name/s	Designation/s	Role
Tim Harrison	Head of Health & Safety	To lead on providing Health & Safety advice and support to the Project Group; To work closely with SARC services and estates design lead.
TBD	Fire Safety Advisor	To lead on providing fire safety advice and support to the Project Group; To work closely with SARC services and estates design lead.
Communications Officer	TBD	Provide communications leadership, direction and support to the Project Group and update the communications and engagement plan as appropriate.
Engagement Officer	TBD	Provide engagement leadership, direction and support to the Project Group and update the communications and engagement plan as appropriate.

3. Quoracy and Attendance

The membership of the Project Group shall be determined by the SRO and PD. A quorum shall consist of as a minimum the SRO/PD or delegated deputies and 1/3 membership. Should any member be unavailable to attend, they may appoint a fully briefed deputy who will have delegated authority to act on their behalf.

4. Proposed Principal Duties

Sexual Assault Referral Centre (SARC) ToRs

- To ensure the project plans are aligned to the SARC Programme of work.
- To agree the services estate model solution to deliver the SARC hub to form part of the Aberystwyth element of the Mid and West Wales 'hub and spoke' model of care for adults,
- To ensure that all activity is managed and monitored to ensure the safe, efficient and effective delivery of SARC services.
- To ensure all governance processes are in place to include the management of risks, issues, decisions, emerging opportunities, constraints and dependencies.
- To ensure highlight reports are submitted to the Capital Sub Committee on a bi-monthly basis drawing specific attention to any significant matter under consideration by the projects sub-groups.
- Ensure appropriate escalation arrangements are in place to alert the Project Director/SRO of any urgent/critical matters that may compromise patient care or reputation of the Health Board and Dyfed Powys Police.
- To manage and oversee the development Equality Impact Assessment.
- To agree and establish various sub-groups to oversee the implementation of the project.
- To formally carry out a Post Project Evaluation within one year of the service being operational to assess whether it has achieved its spending objectives and report the findings to the Capital Sub Committee.

Agenda, Papers, Frequency of Meetings.

- The Project Group Secretary shall be provided by the Project Director, Chair.
- The Project Group Secretary is responsible for drafting agendas in collaboration with the Project Director.
- The Project Group meeting will be held monthly for 1.5 hours. Additional meetings will be arranged as determined by the Project Director (Chair).
- Meetings will be held via Microsoft Teams unless otherwise required and agreed with the PD. Microsoft Teams protocols to be followed.
- The Project Group Secretary is responsible for circulating papers three working days in advance of the meeting.
- The Project Group Secretary will service the meeting and circulate minutes and action notes approved by the Project Director within 7 working days.
- Members must forward amendments to the Project Secretary within the next seven days. The Project Secretary will then forward the final version to the Chair for approval.
- Meetings will be held monthly and reviewed periodically.

Standing Items to include:

- Status summary – Timeline key deliverables / milestones in the Project Plan.

Sexual Assault Referral Centre (SARC) ToRs

- Project Risk Register
- Project Issues Register
- Project Decisions Register
- Project Finance Report

5. Reporting, Accountability, Authority, Review

- The Project Group shall be accountable to the SRO and Project Director.
- The Project Group shall embed the Health Board's vision, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- The Chair will report back into the Capital Sub-Committee on Project Groups activity, decisions, risks and issues.
- The Project Group shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- Any urgent matters that may compromise patient care, affect the operation of the service and/or the reputation of the Health Board will be escalated to the SRO for the project via the Project Director.
- The Project Group will establish sub-groups or task and finish groups to carry out specific aspects of project business. The Project Group will receive written update reports following each meeting which details the business undertaken on its behalf.
- These Terms of Reference will be reviewed on a quarterly basis.

6. Links to Other Established Groups

SARC Programme Group. The Project Group will provide a project status highlight report as required.

Capital Sub-committee. Highlight reports on a bi-monthly basis.

Strategic Development and Operational Delivery Committee. As and when required.

HDdUHB – As and when required.

Integrated Assurance & Approval Plan

Name of Project		Sexual Assault Referral Centre (SARC)	
Version Number	Draft v.1	Last Updated	24 05 23
SRO Name	Lee Davies		
Project Manager	Rachel Stuart	Project Director	Peter Skitt
RPA - date submitted to IAH	01/07/2023	RPA - Outcome	Low
WG Major Portfolio/Programme/Project	Yes	IAH Ref	TBC

Guidance

The Integrated Assurance and Approvals Plan (IAAP) sets out the assurance activities that will be undertaken at portfolio, programme and project level.

As part of the IAAP, assurance activities will take place across all levels of the Programme – programme and project. The Programme will utilise the pre-defined Gateway 0-5 and flexible Assurance Products (PAR, PVR, Critical Friend) as appropriate and proportionate.

The IAAP has been developed using a risk-based approach to ensure that the assurance provision is both proportionate and meets the needs of all those parties requiring assurance. It takes into account Portfolio/Programme/Project milestones and planned assurance activities. The Programme IAAP takes into account the assurance coverage of its constituent Projects.

1st Line Defence/Assurance will be provided by the Portfolio/Programme/Project itself through its Governance.
2nd Line Defence/Assurance refers to independent assurance such as Gateway Assurance.
3rd Line Defence/Assurance refers to scrutiny provided by 'external' organisations such as Audit.

This IAAP has been developed in line with the WG Integrated Assurance Strategy and is a live document. It will be periodically reviewed and updated and if appropriate, after each assurance review, change in scope, or risk potential of the Programme/Project. The IAAP will be maintained until the Programme/Project is closed and delivery responsibility passes to the operational business.

The milestones for governance, assurance and audit activity are based upon timescales included within the Current Portfolio and Programme Implementation Plans and will be updated should timetables change.

The Welsh Government Integrated Assurance Hub (IAH) have provided support in the completion of the IAAP and tailoring it to suit the specific needs of the Programme.

Glossary

AB - Accountable Body

IA - Internal Audit

IAH - Integrated Assurance Hub

JC - Joint Committee

JSC - Joint Scrutiny Committee

LAs - Local Authorities

NAO - National Audit Office

OGC - Gateway (0 to 5)

PAC - Public Accounts Committee

PAR - Programme/Project Assessment Review

PB - Programme Board

PMO - Programme Management Office

PVR - Programme/Project Validation Review

RPA - Risk Potential Assessment

SRO - Senior Responsible Owner

WAO - Wales Audit Office



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Canolbarth a Gorllewin Iachach

Cenedlaethau'r
dyfodol yn byw
bywydau iach



Risk Potential Assessment Form (RPA)

Sexual Assault Referral Centre (SARC)



Llywodraeth Cymru
Welsh Government

Welsh Government Integrated Assurance

Risk Potential Assessment Form (RPA)

(IAH-RPA)

Version 2 – April 2022

April 2022

INTRODUCTION

About OGC Gateway™:

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

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

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

Value of the OGC Gateway Process

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

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

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

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

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

The RPA form is in five sections :

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

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

SECTION 1 :	Programme/Project General Information
1. Is this a Portfolio/Programme or Project?	Project
2. Programme/Project name	Sexual Assault Referral Centre (SARC)
3. Your Division/Department	Capital Planning
4. Programme/Project Type	Capital Construction
5. SRO Contact Details (to include telephone number, mobile number and e-mail address)	Lee Davies, Executive Director of Strategic Development and Operational Delivery lee.davies3@wales.nhs.uk
6. Programme/Project Director details (to include telephone number, mobile number and e-mail address)	Peter Skitt Hywel Dda University Health Board Ceredigion County Director peter.b.skitt@wales.nhs.uk
7. Primary contact point for administration of the OGC Gateway™ Review (to include telephone number, mobile number and e-mail address)	Eldeg Rosser Head of Capital Planning Hywel Dda university Health Board Eldeg.Rosser@wales.nhs.uk 07813769310
8. Finance Officer details: Review (to include telephone number, mobile number and e-mail address) <i>(N.B. review costs will initially be met by the Integrated Assurance Hub but will be recouped via journal at the end of the review)</i>	Sarah Welsby Business Partner, Planning and Major Projects Hywel Dda University Health Board Sarah.Welsby@wales.nhs.uk 01267283036
9. Date of previous Gateway Review if applicable – <i>please include previous Gateway Product & IAH unique number).</i>	Click here to enter a date. Choose an item.
10. Does the Programme/Project have an Integrated Assurance and Approvals Plan?	Yes

SECTION 2 : PROGRAMME / PROJECT DETAILS

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

Sexual Assault Referral Centre (SARC) acute demand in Aberystwyth is currently met by the Bow Street SARC, operated by third sector provider New Pathways.

The Bow Street SARC has benefited from an investment of £75,000 to refurbish it to ISO 15189 standards, and accreditation is expected before October 2023. Nonetheless the facility's capacity is limited as it is next to a care home with no scope for expansion, and does not meet disabled access standards, therefore would need to be relocated at some point.

In addition, Ceredigion County Council has confirmed that the facility will no longer be available from 1st April 2025. SARC services must continue to be provided in Aberystwyth with no break in service continuity, therefore it is imperative that the Project is accredited and operational from 1st April 2025 at the latest. If an ISO 15189:2022-compliant facility with the appropriate space and capacity to meet the needs of service users is not put in place by 1st April 2025, there is a risk that it may not be possible to collect admissible evidence for all cases.

Currently, Hywel Dda University Health Board to invest in the development of a new SARC in Aberystwyth (the Project) is planning to submit an interim Business Justification Case based on tender cost estimates to enable the development of accredited infrastructure for the delivery of adult (16+) acute SARC services and non-acute SARC services to people of all ages in Aberystwyth and surrounding areas. The BJC will be re-submitted with robust costs at tender stage.

Spending objectives:

	Driver	Spending Objective	Specific	Measurable	Achievable	Realistic	Time-bound
1	Effectiveness	To deliver an acute and non-acute Aberystwyth SARC facility compliant with ISO accredited standards from which DPP, the University Health Board and the third sector can deliver their respective services.	✓	✓	✓	✓	✓
2	Efficiency	To deliver an acute and non-acute Aberystwyth SARC facility that is compliant with accredited standards to meet an anticipated in acute demand of 194% resulting from the consolidation of services from Newtown and Carmarthen.	✓	✓	✓	✓	✓
3	Economy	To deliver an acute and non-acute Aberystwyth SARC facility that is compliant with accredited standards to allow for the consolidation of services and the rationalisation of estate.	✓	✓	✓	✓	✓
4	Compliance	To deliver an acute and non-acute Aberystwyth SARC facility which meets the standards required for ISO 15189:2022 and complies with	✓	✓	✓	✓	✓

		the requirements of the Equality Act on disabled access.						
5	Replacement	To replace the current acute and non-acute Aberystwyth SARC facilities to provide business continuity and prevent the loss of essential SARC services serving Aberystwyth and surrounding areas.	✓	✓	✓	✓	✓	

SECTION 3 : GUIDANCE

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

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

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

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

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

SECTION 3.1 Strategic Alignment & Commitment	
3.1.1: Does the programme/project satisfy a ministerial commitment? If YES, please state who is the responsible minister(s)	Yes The Well-being of Future Generations (Wales) Act; and A Healthier Wales: long term plan for health and social care. Eluned Morgan
3.1.2: Does the programme/project cut across ministerial portfolios	No
3.1.3: Does the programme/project satisfy a major policy commitment? If YES, Which policy?	Yes <div style="border: 1px solid black; padding: 5px;"> The project is part of the National Sexual Assault Referral Centre Programme of work and is led by NHS Wales Health Collaborative </div>
3.1.4: Does the Programme/Project impact Key Organisational Objectives?	Critical link to delivery of key strategic objectives /targets
3.1.5: Does the Programme/Project impact Business Change?	Low impact
Strategic Alignment & Commitment – Self assessed risk rating	Low
Further information & explanatory note: The project seeks to maintain the essential delivery of SARC services to the population of Mid and West Wales, and therefore aligns with SARC and AHMWW strategy.	

SECTION 3.2: Financial/funding impact	
3.2.1: How much is the projected budget for the programme/project? <i>N.B. when completing this part of the form, please take into account the <u>whole-life costs</u> of the programme/project (as defined by HM Treasury Green Book)</i>	£1M - £5M
3.2.2: How long is the programme/project expected to run?	Over 2 Years
3.2.3: Is funding secured and in place for the entire lifecycle of the programme/project?	No

3.2.4: Does the programme/project receive external funding?	Yes - Capital Revenue
3.2.5: How is the Programme/Project budget managed?	Budget within delegations and local control
Financial/Funding Impact – Self assessed risk rating	Low
Further information & explanatory note: 3.2.4: Capital: Project requires All Wales capital investment which will be via submission of a Business Justification Case. 3.2.4: Revenue: Costs will be subject to the Welsh Sexual Assault Services cost pooling arrangement.	

SECTION 3.3 Stakeholder Engagement	
3.3.1: Has the Programme/Project identified all stakeholders?	Yes - All stakeholders identified and engaged
3.3.2: How complex is stakeholder management?	several stakeholders across organisations
3.3.3: Impact on resources	resources yet to be identified
3.3.4: How many staff within the organisation will be affected by the programme/project?	less than 10
3.3.5: Impact on Public	No impact
Stakeholder Engagement – Self Assessed Risk Rating	Low
Further information & explanatory note: The purpose of the project is to deliver sustainable accredited infrastructure to enable SARC services in Aberystwyth to operate from. Outside of the project scope is the SARC programme of work which is responsible for and leading on any public communication and engagement activity requirements.	

SECTION 3.4 Governance	
3.4.1: Has the programme/project undertaken a scoping exercise to ensure there is no duplication of work in any other part of the organisation?	Yes

3.4.2: Are the Programme/Project Governance arrangements in place?	Yes
3.4.3: Are the Programme/Projects Time & Quality Targets Achievable?	Yes
3.4.4: Has the Programmes/Projects benefits been identified?	Yes
3.4.5: Has the programme/project considered and implemented security standards in compliance with regulatory Acts e.g. GDPR?	Yes
3.4.6: Governance – Self Assessed Risk Rating	Low
Further information & explanatory note: No further comments	

SECTION 3.5 Programme/Project Dependencies	
3.5.1: Is the Programme or Project dependant on or connected to wider initiatives?	standalone programme/project with no dependency
3.5.2: Does the programme/project depend on key components, consent or approvals which are outside the organisations direct control?	key component of programme/project objective requires consent or approval from external organisation
3.5.3: Does the programme/project key objective require new IT systems and/or the need to develop interfaces with existing IT systems?	key component requires new IT system and/or interface with internal systems
3.5.4: How complex are the commissioning/procurement arrangements for the programme/project	Single supplier required from existing commissioning/procurement framework
Programme/Project Dependencies – Self Assessed Risk Rating	Low
Further information & explanatory note: 3.5.1: The project is dependent on All Wales capital funding and is aligned to the National SARC Programme of work in terms of achieving additional service sustainability. 3.5.2: External Organisations: meaning the SARC Board which in addition to Health as members includes, Dyfed Powys Police and 3 rd Sector members. Other external organisations would also include Ceredigion Local Authority on the approval of planning permission.	

Section 4: Programme/Project overall self assessment risk rating

Low

Section 5: SRO ENDORSEMENT

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

Signed: Lee Davies, Executive Director of Strategic Development and Operational Delivery
(Senior Responsible Owner)

Date 24 05 2023

Signature

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

Signed: Lee Davies, Executive Director of Strategic Development and Operational Delivery
(Senior Responsible Owner)

Date

Signature