

Mortuary at University Hospital of Wales

Business Justification Case – Appendices

(Document 3 of 3)

January 2023

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Appendix 1 – Report on Derogations

DEROGATION REPORT

UHW Mortuary and PM

University Hospital of Wales



STRIDE TREGLOWN JOB NO.

154336

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DATE

20.10.2010

REVISION

DRAFT

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Revisions

Revision	Description
Rev A	Description of revision(s).

1. Introduction

- 1.1.1 Stride Treglown have been engaged to provide a review report for the existing mortuary facilities. Following the issue of the HTA Inspection Report dated August 2017, the purpose of this report is to review the existing unit against current Health Building Note guidance for compliance.
- 1.1.2 The report will assist Cardiff & Vale Healthboard to plan future capital investment in mortuary facilities and decide whether to undertake a minor refurbishment or major refurbishment of the existing facility or construct a new build facility.
- 1.1.3 The following documents have been referred to:
- HBN 20 Facilities for Mortuary and Post Mortem Room Services 2005
 - HBN 40 Circulation and Communication spaces
 - HBN 00-09 Infection Control in the Built Environment
 - SHPN 16-01 Mortuary and Post Mortem facilities – design and briefing guide. 2017
- 1.1.4 Other documents referred to:
- HTA Inspection Report 9/10 August 2017
 - Legislative documents noted in the body of the report.

2. Functional Requirements

2.1. Existing Facilities

- 2.1.1 University Hospital Wales is part of Cardiff and Vale University Health Board. The building was constructed in the 1960's. The mortuary is located in the basement of one of the main hospital 5/6 storey wings at the east end, near the old entrance to hospital site. The unit is accessed via an undercroft.
- 2.1.2 The UHW mortuary acts as a mortuary for a large City (Cardiff – population 364,903) and a District centre (Vale of Glamorgan - population 200,000)
- 2.1.3 The unit is managed as part of the Cellular Pathology Services.
- 2.1.4 The existing mortuary provides the following accommodation and undertakes between 800 and 850 PM examinations each year comprising adult, paediatric and perinatal cases including Home Office and high-risk cases (hazard group 3 biological agents).
- 2.1.5 The mortuary currently contains:
- 116 fridge spaces for adult bodies in total including 4 bariatric spaces
 - 68 of these spaces are in a walk in cold room which provides flexibility in the layout and provision of spaces meaning that additional bariatric storage space can be provided if required.
 - 6 space refrigeration unit for frozen storage
 - 10 compartment spaces fridge for perinatal and paediatric bodies. Perinatal and paediatric cases are transferred directly to the mortuary and not stored elsewhere in the hospital.
 - PM area with 5 x post mortem tables, dirty utility and tissue and specimen store.
 - Forensic post mortem suite with 1 table and bench together with briefing room and preparation.
 - Staff change area, general stores, offices, support accommodation
 - Visitor viewing suite



Access to undercroft, visitor parking to left handside.

2.2. Key Functional Requirements

2.2.1 The following functional requirements are recommended for both District and Major Regional Centres. These are extracted from SHPN16-01 Mortuary & Post Mortem facilities – design and briefing guidance published in 2017.

2.2.2 District Centre: Mortuary and PM, functional requirements:

- Bereaved visitor facilities;
- Body storage suite containing: min. 50 bodies, incl. 8no or 20% bariatric; min. 4no – 10% freezer; also consider 'bariatric plus' e.g. cold room;
- Post mortem suite two - four PM tables.

2.2.3 Major Regional Centre: joint agency, Mortuary and PM, key functional requirements:

- Bereaved visitor facilities: min. two bier viewing suites; (if dedicated infant viewing required = above +1);
- Body storage suite containing: min.150 bodies, incl. 10no or 20% bariatric; min. 10no or 10% freezer; min. 2no or 4% 'bariatric plus' cold room;
- Post mortem suite with observation: min. four PM tables, min.1no in a high risk PM room;
- Consider e. Teaching and Research suite;
- Consider resilience in exceptional event or a major incident

2.2.4 Table to show comparison of existing body storage capacity and no's of PM tables against current requirements:

Body Storage Capacity	Existing	Required	Comments
Fridge – Adult spaces	116 including 4 bariatric	min 250 including 50 bariatric and 20 freezable	
Fridge – perinatal, paediatric spaces	10		
Freezer - adult	6	20 (included in above total)	
Post mortem tables	5 + forensic	2-4	

2.3. Existing Accommodation & Area Derogations

2.3.1 HBN 20 Example 5, Schedule of Accommodation provides a standard Schedule of Accommodation for a 100 body space mortuary and PM facility.

Note: the existing facility capacity is slightly above this, (116 body spaces). As this facility is located within an existing building constructed in 1960's, the above Area Schedule has been used for area derogation purposes, however due to developments of HBN spatial requirements since the time of construction, we anticipate that the existing nett internal area will be less than required and a further area review is required.

2.3.2 An Area Derogation Schedule is appended based on the above.

2.3.3 Existing Gross Internal Departmental Area: 693.27sqm (measured from existing drawings)

2.3.4 HBN 20 Example 5 - Schedule of Accommodation for 100 body mortuary, post mortem area and viewing facilities GIA based on the Area Derogation Schedule:

Nett Internal Area:	532sqm
Planning 5%	26.6sqm
Total	559.6sqm
Engineering 3%	16.88sqm
Circulation 15%	83.94
Total GIA	660.42sqm

2.3.5 If Healthcare Premises Cost Guide percentages are applied, these would produce the following GIA based on the attached Accommodation Schedule:

Nett Internal Area:	532sqm
Circulation 35%	186sqm
Engineering 28%	148sqm
Total GIA	866sqm Additional 206 sqm Room & Area Derogations and Recommendations

2.3.6 We recommend a further review of the Schedule of Accommodation is undertaken to provide more accurate floor areas for a new build facility option.

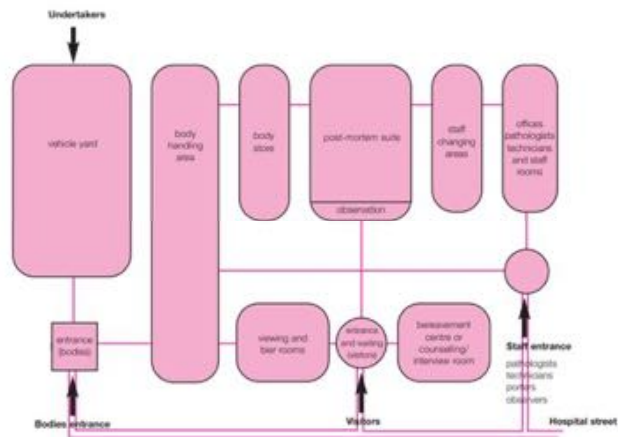
2.3.7 Rooms more than 10% below area are noted on the Area Derogation Schedule. These include Visitor Waiting area, Body Store & Handling area and Post Mortem room.

2.3.8 Rooms not currently provided: 2 x Bier Rooms, 2 x Interview, Counselling Rooms, and PM room: medical observation area: 6-8 person. Staff support: technicians room. Location of Disposal hold to be identified.

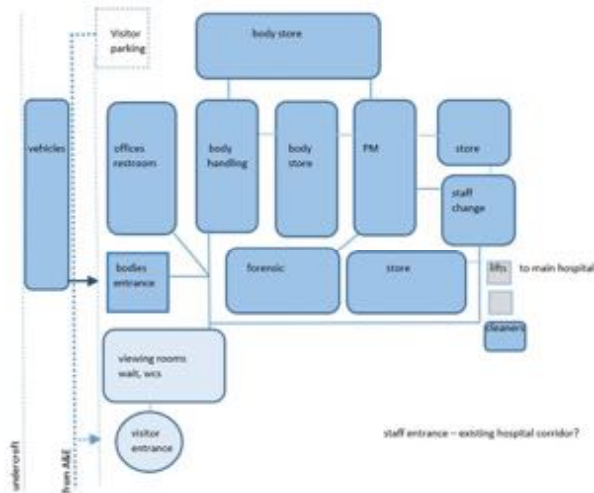
2.3.9 Some existing rooms are over area: e.g. General Store. Space could be reallocated.

2.4. Location and Layout

2.4.1 HBN 20 diagrammatic layout – fig 2



2.4.2 Existing diagrammatic layout



2.4.3 Flows: proximity of visitor entrance and body entrance compromises privacy and dignity. Visitors may walk past the body entrance to the facility. At the moment a shutter is provided to improve the situation.



Access to viewing suite, narrow pavement, poor lighting, cross flows.

2.4.4 Body handling is not adjacent the viewing rooms.

2.4.5 Pathologist and technical offices accommodation is located away from staff change areas.

2.5. Adjacencies

2.5.1 The department is serviced vertically by two lifts from floors above connecting it to main hospital departments.

2.5.2 The department can be accessed internally from the tunnel corridor.

2.6. Mortuary Facility M&E Services

2.6.1 Electrical report has been carried out by Gavin Evans, Project Engineer, and Capital Estates & Facilities.

2.6.2 Mortuary Ventilation system condition report was provided by Richard Jones, Mechanical Project Engineer, Capital & Service Planning.

2.7. Fire Strategy

2.7.1 Fire drawings were not provided or reviewed

3. HBN 20 – Facilities for mortuary and post-mortem room services

3.1. General Function Design Requirements

3.1.1 Due to the specific HBN requirements for mortuary facilities, relevant HBN clauses are tabled below with commentary. Some requirements are also raised in the HTA report.

HBN clauses	Commentary/Derogation
Security 2.2 Unauthorised entry must be prevented and risk assessments for lone working maybe required. Consideration given to security issues that might arise due to out of hours, due to delivery of bodies to the mortuary. Audio visual intercoms and video surveillance should be provided that links back to the main hospital security centre.	UHW to review provision as a part of the refurbishment Refer HTA report
Storage requirements 2.3 Storage lockers for staff personal clothing Storage of valuables removed from bodies, including items from infectious or contaminated bodies. Police may need to secure items of value in cases of bodies admitted fully clothes.	UHW to review provision as a part of the refurbishment
Information Technology 2.4 Must operate for the whole mortuary and PM room facility and determined locally.	UHW to review adequacy of existing IT infrastructure. Refer HTA report
Accessibility 2.7 Essential that suitable access and facilities are provided for people who have problems of mobility, orientation, wheelchair bound or difficulty walking, may use sticks, crutches or other assistive devices and those who have visual or hearing impairment. Full access to all administration and support areas are required. Wheelchair access to body handling area and PM room should be considered carefully as wheelchairs should not cross clean/dirty area boundaries. A separate wheelchair may be kept for use in dirty areas. <ul style="list-style-type: none"> Disability Discrimination Act 1995 BS8300, 2001 The Building regulation 2000 Approved Document M Access and Facilities for Disabled People 2004. 	UHW to confirm. Staff wheelchair sanitary facilities are not currently provided and existing staff WCs are too small to be upgraded. There is existing provision for visitor WC wheelchair facilities only. UHW to review provision as a part of the refurbishment Refer HBN 00-40 section for further guidance.

Internal Environment 2.11 Good interior design contributes to staff morale. A pleasant, comfortable and safe environment should be created. Interior design should also be sensitive to the needs of the bereaved relatives.	Existing finishes are dated and deteriorating in some areas. Refer drawing STL10001 appended. UHW to review provision as a part of the refurbishment
Daylight 2.14 Daylight should be incorporated whether possible with windows that maximise light but maintain privacy.	Limited opportunity for natural daylight due to existing location in basement.
Artificial Lighting 2.16 Artificial lighting should be capable of providing the required level of illumination at all times. Task lighting to the required intensity with low contrast glare free background illumination. The body viewing room and reception area should have dimmable lights.	Refer Electrical Services report. Note, current lighting colour rendering is poor . Suggest a full M&E review is completed as a part of these works.
FF&E 2.17 Fittings and equipment should be made of robust impervious non-rusting, non-decaying and non-staining materials, which will not deteriorate under continuous hard use. They should be designed for ease of cleaning and be free from sharp corners.	There are multiple failings in this area. Refer HTA Report Refer drawing STL10001 appended.
Finishes Floor to be hardwearing non-slip and impervious to water and disinfectant. Floors falling to gullies are easier to clean than those falling to channels. Walls and ceilings should be capable of withstanding regular washing/hosing down.	There are multiple failings in this area. Refer HTA Report Refer drawing STL10001 appended.
Control of Infection 2.18 Ledges in the details of floors, walls and door junctions should be avoided. All joints should be sealed. Robust thresholds required in areas where body trolleys circulated.	There are multiple failings in this area. Refer HBN00-09 Section Refer drawing STL10001 appended.
Flooring and Drainage 2.20 Floor covering should be attractive and suitable for cleaning regime	There are multiple failings in this area. Refer HTA Report Refer drawing STL10001 appended.

2.21 Floors should be finished to falls to drainage channel, grates should be designed for ease of removal and cleaning, drains should be of sufficient diameter to prevent blockages.	Refer HTA Report Refer drawing STL10001 appended.
2.24 Communications Telephones, visitors and undertakers staff call, intercom provision.	UHW to review installation with M&E team and users Refer HTA Report
Risks and Waste Disposal 3.0 Control of Substances Hazardous to Health Regulations 1999 (COSH) Health Safety at Work Act	UHW to review relevant guidance and undertake risk assessments. Refer HTA report
3.15 Two basic provisions are necessary to enable the safe management of waste: Sluice or sluices for material suitable for direct discharge to the drains Adequate secure storage space for material in bags, packages or drums.	Users to confirm current provision Sluices to comply with HBN 00-10
3.20 The design of the facility should adhere to guidelines set out in the Ionising Radiations regulations and statutory requirements of the Radioactive Substances Act 1993/2000	Users to confirm current provision
3.35 Clean and dirty areas within the mortuary and PM area, determines working practices within these areas.	The transfer arrangements between these areas is currently poor, this should be addressed as a part of any refurbishment works.
4.9 PM room may be connected to the Disposal Room. Access also required from outside the post mortem room. Ideally the disposal room should be connected to the dirty utility	Disposal hold location not identified on the plan.
4.11 There should be a hatch between the post mortem room and the store for taking in specimens and separate access to the store from the corridor for collecting specimens.	Users to confirm current provision

3.2. Specific Design Requirements for Key Spaces

3.2.1 Due to the specific HBN requirements for key mortuary and PM rooms, relevant HBN clauses are tabled below with commentary.

HBN Clause	Commentary/Derogation
Entrances and Signposting	
5.3 Entrances required - Staff entrance, body delivery entrance, visiting relatives, supplies	Visitor flow and body delivery routes cross over. Visitors parking in the visitor spaces on the west side of the mortuary, will walk past the main mortuary entrance through the undercroft to the visitor entrance. However a roller shutter is provided to screen off the main entrance if required.
5.4 Bodies should not be taken in and out of the building within sight of patients and/or visitors. External entrance should be covered and screened.	Visitor entrance via an existing undercroft is badly maintained with inadequate lighting. Narrow pedestrian pavement. This would be the main access route for visitors from A&E.
Body Viewing Suite	
5.6 Should comprise a separate entrance, a waiting room, an interview counselling room, access to sanitary facilities (wheelchair accessible) a viewing room and a bier room.	Neither Interview/counselling room nor bier room currently provided. 2 no. required for 100 body space mortuary.
5.10 The viewing room should connect with both the waiting room and the bier room. The wall adjacent the bier room should incorporate a sliding viewing window at a suitable height to allow wheelchair users to touch and view the body.	Adjacency not currently provided.
5.11. The bier room should adjoin the body handling area and viewing room.	Adjacency not currently provided.
HBN Clause	Commentary/Derogation
Body Store and Body Handling Area	
For 100 body space mortuary and PM the following allocation is given:	
<ul style="list-style-type: none"> 85 refrigerated bodies 5 obese refrigerated bodies 10 deep freeze bodies 	<ul style="list-style-type: none"> Existing capacity in excess of this 4 bariatric spaces however space in cold store if required. 6 space deep freeze unit 10 compartment spaces
	Refer para 2.2.3

5.15 The body handling area should be adjacent to the post mortem room and adjoin the bier room. Space is required in the body handling area for parking and manoeuvring of trolleys, placing of shrouds, transfer of bodies, confirmation of identity before handing over to the undertakers or for police identifications. Body weighing facilities are required. If bodies are prepared and/or undressed in the body handling area, there should be at least one screened bay to provide some privacy. Space also required for a record book or computer for labelling and recording purposes.	No bier room provided therefore adjacency not currently achieved. Body handling area below HBN recommended area. Provision of these requirements to be confirmed.
5.17 Compartment bays may either have a door at one end or maybe double ended in the case of pass-through fridges, the latter although more expensive and requiring additional space on the post mortem side to allow for the extraction of bodies, are preferable for reasons of hygiene and efficiency. A number of the compartment bays should be deep-freeze and extra wide compartment bays should be provided to accommodate obese bodies.	Bodies in the body store are stored in open racks. Bariatric bays are provided. The store is accessible from both the body handling area and the post mortem room. Some compartment bays are deep freeze, however UHW to review requirements.
5.18 Doors to refrigerated compartment bays must open to give access to the body trays and be constructed so as not to fall closed when in use. All doors should be fitted with locks, locks should be openable from inside the compartment bay for safety purposes. All compartment bays should be capable of being drained.	UHW to confirm provision Drainage of compartment bays to be confirmed
5.19 Internal rollers and racking holding body trays should be removable to permit clear entry to the compartment bay for cleaning purposes. Refrigeration plant must be fully accessible for maintenance.	UHW to confirm provision
5.20 Hand hygiene facilities and wash down points must be provided in the body handling area.	Location of hand hygiene/washdown points to be confirmed.
5.21 Lockers for storage of personal effects removed from bodies should be provided.	UHW to confirm provision
5.22 Implications of frequent movement of mortuary trolleys should not be overlooked. Protection to corners, doors, required.	Wall protection/door protection not provided.
5.23 Trolley area for parking of trolleys and hoist when not in use.	UHW to confirm location.

HBN Clause	Commentary/Derogation
Post Mortem Room	
5.30 PM tables should be easily cleanable and free from traps for potentially infected material. Downdraft ventilated PM tables offer microbiological improvement over conventional tables.	Existing PM table type to be confirmed. Users noted that it's not functional or appropriate
5.31 Adjustable- height tables should be provided to comply with European standards for working heights. Consideration should also be given to rotating tables.	Existing PM tables are not height adjustable.
5.32 Each table should have a hot and cold water supply, waste outlet and located over a drain.	Provision to all tables to be confirmed.
5.34 Dissection bench should have raised edges and slope to sink. Sluice required for opening of organs. Dissecting bench should be located facing the observation area.	Location to be confirmed.
5.37 Emergency eye wash must be provided in close proximity to the PM suite.	Provision to be confirmed
5.42 Some acoustic control will be needed in the PM room to provide a useable working environment.	Acoustics review required.
Dirty Utility/Instrument Store	
5.49 Should open directly off the PM room, access to the disposal hold is useful. An automated washer disinfectant should be provided for cleansing of instruments.	No access to disposal hold.
5.50 Sinks are required for washing and disinfection blows and instruments.	Sink arrangement and washer to be confirmed.
5.52 A washbasin with hands free tap controls is needed. A flushing sluice may be sited in this room or immediately outside it within the PM room.	Provision to be confirmed.

HBN Clause	Commentary/Derogation
Post Mortem Transit Area	
5.53 Entry to the PM room will be via the PM transit area, which leads off the staff changing area and separates clean and dirty activity areas.	Existing area is lower than required meaning that ergonomic distances cannot be achieved between staff changing to minimise spread of infection.
5.55 Staff entering the PM room will need to change into protective clothing. Suitable shelving racks and hooks should be provided for storage of clothing and boots.	Limited area for shelving and hooks. UHW to review
5.56 Hand hygiene facilities with hands free tap control should be provided for washing of hands following removal of protective clothing.	A small scrub trough is currently provided with hands free taps, however the size does not meet HTM size requirements to comply with infection control.
5.57 Staff must pass through a boot wash before entering and upon leaving the PM. Boots should be stored in the PM transit area.	Boot washing facilities are not currently provided. Existing boot storage is inadequate.
Observation Area 5.59 Subject to local procedures. If separate from the PM area, an entrance door is required from outside the PM room.	UHW to confirm location.
Pathologists office 5.64 for writing reports, it should have a window for natural ventilation and light	Office provided adjacent body entrance, we understand that unit currently has 7 staff. The office is undersized for that capacity.
Technicians Office/rest room 5.65 Should have access to the body viewing facilities and situated near the body handling area and undertakers entrance so that bodies may be registered.	UHW to confirm requirements.
General Purpose and Linen Store 5.71 The store must be accessible to staff servicing both the body handling and viewing areas and the PM room activity requirements.	Adjacencies not achieved, however small store off PM transit area. UHW to confirm supplies route.
Training and Teaching Facilities	UHW to confirm requirements.

4. HBN 00-04 Circulation and communication spaces

4.1. Doors, Corridors and Lobbies

- 4.1.1 Existing door widths within visitor and staff areas not checked on site. However door widths drawn in the STL Revit model are drawn as 910 structural opening doors. Doors widths to occupied rooms should generally be a min. 1000mm structural opening doorsets.
- 4.1.2 For two wheelchairs to pass and general traffic corridor width, the minimum dimension is 1800mm. The main corridor from the entrance up to the lift lobby generally meets this dimension. Corridors beyond the lift lobby to the specimen room and staff change are below this. Existing corridors all appear to generally meet the minimum dimension of 1500mm (wheelchair turning circle) with the exception pinch points.
- 4.1.3 Existing lobbies to briefing room and from forensic preparation are below HBN recommended dimensions to allow for wheelchair movement or an ambulatory person to be accommodated between the lobby doors. Lobby at body entrance is too restricted to allow for a body or person to be accommodated between both sets of doors. We assume doors are automatic opening.
- 4.1.4 The existing building design may impede access by staff who are wheelchair users, to gain access the staff change, PM and forensic areas. UHW to review.

4.2. Lifts and landings

- 4.2.1 Lifts and lobbies are existing. Assumption made that existing lifts are used for transporting bodies from other parts of the hospital. Size of existing lifts are slightly below current HBN requirements, however. The lift lobby is below current HBN recommended size for movement of trolleys.
- 4.2.2 Lifts should open onto a landing of adequate depth in order not to restrict traffic flow in front of the lift entrance. If designed for trolley movement, a nom depth of 3.1m is required. The existing landing is nom 2.3m deep which is adequate for general traffic. Lifts should not open directly onto a corridor and a protected lobby should be provided where a lift does not open off a hospital street. However this could be risk assessed and access is to the briefing room and forensic preparation room is lobbied.

5. HBN 00-09 Infection control in the built environment

5.1. Key design principles

- 5.1.1 Use of finishes that are impervious, smooth and seamless as far as practical, floors to have coved skirtings. Junctions coved skirtings/architraves damaged.
- 5.1.2 As can be seen on Drawing STL 10001, coving junctions with doors are damaged, tiling to floors in some areas is broken and grouting has failed. There are some areas of exposed plaster due to damp. Scope of remedial works to be reviewed by the UHW.

- 5.1.3 Consider hands free operation of other facilities eg automatic doors, proximity sensors, as well as sensor taps, automatic lights movements sensors, toilet flushes. Scope to be reviewed by UHW for refurbishment option.
- 5.1.4 Sanitary supply pipework should be always be concealed. Existing pipework exposed in some areas. Scope for replacement sanitaryware and IPS to be reviewed together with space implications.
- 5.1.5 All joints should be sealed. Broken sealant visible at base of PM table.
- 5.1.6 Unnecessary horizontal surfaces for example window sills to discourage clutter and aid cleaning should be design out. Existing ledges visible to screens in the PM room.
- 5.1.7 There should be sufficient space for activities around equipment for staff to carry out required tasks comfortably and avoid cross contamination, including splashing from wash handbasins.
- 5.1.8 Where room areas are below HBN area recommendations, infection control may therefore be compromised. PM room and the transit areas are examples, where staff are carrying out post mortems, changing in and out of protective clothing and carrying out hand hygiene activities. The space between existing PM tables is slightly below that recommended in HBN 20 Appendix 3.
- 5.1.9 Plan deliver good separation of clean and dirty activities, provide sufficient space for storage and preparation of cleaning materials, ensure segregation and management of waste including clinical waste and linen. Location of Disposal hold for example needs to be identified.
- 5.1.10 Refer drawing 154336_STL-10001



Lack of storage in transit area



Uneven threshold



Broken sealant to pm table.

6. Summary & Next Steps

- 6.1.1 Commentary and derogations are noted either within each section or within the tables relating to relevant HBN's within the report
- 6.1.2 UHW/Users to review queries noted in the body of the report.
- 6.1.3 HBN 20 General Design Issues regarding, IT, Security, Processes are also discussed in the HTA report. These issues also would be non-compliance against HBN guidance. Design requirement for wheelchair users to have access to all body store/post mortem areas needs to be reviewed in particular.
- 6.1.4 Schedule of Accommodation, existing room areas, adjacencies, rooms not provided, cross flows are highlighted within the report. UHW/Users to review existing accommodation requirements particularly over area rooms noted on the Area Derogation Schedule such as the general store and review whether area could be reallocated.
- 6.1.5 Further development of the Schedule of Accommodation/Area Derogations to meet current provision of 116 body places required.
- 6.1.6 STL to review scope of works for design options.

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Schedule of Derogations

STRIDE TREGLOWN

XXXXXX-STL-XX-XX-SH-A-4075-SH001-
Document: ScheduleOfDerogations
Status: Draft
Revision: -

KEY	
Area derogation not required	
Under HBN recommended area	Rooms less than 10% under area - no derogation required.
Over HBN recommended area	Rooms over area to be reviewed.

Level	Room Name	ADB Room	ADB Area m²	Area m²	HBN Area Diff m²	Comments	Rooms over 10% reduction	Derogation Agreed/to be Agreed/ Clarification	Notes
	Public/Relatives								
	Entrance: visitors		0		0	circulation provision			
	Entrance: staff		0		0	circulation provision			
	Entrance: bodies		0		0	circulation provision			
	Mortuary facilities: Body Viewing								
	Storage		0	13.0	13				
	Office		0	6.6	6.62	Can this be used as a counselling room?			
	Public telephone: single booth, accessible		1.5	0.0	-1.5				
	Public telephone: single booth		1.5	0.0	-1.5				
	Waiting Room: 5 people 1		11	14.8	3.81				
	Waiting Room: 5 people 2		11	0.0	-11	2 no included in SoA for 100 spaces			
	Interview & counselling: 5 persons 1		9	0.0	-9	no provision			
	Interview & counselling: 5 persons 2		9	0.0	-9	no provision			
	Body viewing room 1		8	10.1	2.05				
	Body viewing room 2		8	10.1	2.05				
	Bier Room 1		10	0.0	-10	no provision			
	Bier room 2		10	0.0	-10	no provision			
	WC & handwash: accessible, wheelchair-assisted		4.5	4.7	0.22				
	Store		0	1.5	1.5	whb shown, is this a wc?			
	Mortuary facilities: Body storage and handling								
	Body store & handling area: 20 bays double ended, 100 bodies. (85 refrigerated bodies, 5 obese refrigerated bodies, 10 deep freeze bodies)		125	38.9	-86.15	116 fridge spaces in total (inclu 6 refrig unit, 10 mortuary)			
	Body Cold Store		0	57.6	57.56	68 body spaces incl 4 bariatric			
	Parking Bay: mortuary trolleys & X ray machine		9	0.0	-9	included in PM area?			
	Plantroom: refrigeration & switchgear		10	12.2	2.23				
	Post Mortem Facilities								
	Post Mortem Room: 4 tables		135	98.3	-36.7	5 tables existing			
	Store: specimen		5.5	17.5	12.04				
	Store: off transit area		0	4.6	4.61				
	Store: tissue		0	11.7	11.66				
	Dirty Utility & instrument store		12	16.7	4.66	labelled support on GA?			
	Post mortem room transit area with staff changing		10	4.4	-5.6				
	Medical observation area: 6-8 persons		8	0.0	-8	included in forensic area?			
	Parking Bay: cleaning machine		1.5	0.0	-1.5				
	Staff Support								
	Office: 2-pathologists		12	10.2	-1.8	Old reception office. More than 2 staff use this office.			
	Office: change and rest room: 2 technicians		11	0.0	-11	where located?			
	Rest Room with beverage & snack preparation bay: 5 staff		11	11.8	0.79				
	Staff Changing Room: 10 place		10	11.4	1.38	male			
	Staff Changing Room: 10 Place		10	12.3	2.31	female			
	WC & wash: ambulant 1		2	1.8	-0.2	male			
	WC & wash: ambulant 2		2	1.8	-0.2	female			
	Shower: ambulant (non patient) 1		2	0.0	-2	included in male change			
	Shower: ambulant (non patient) 2		2	0.0	-2	included in female change			
	Support Facilities								
	Store: General & Linen		6	57.4	51.4				
	Disposal hold: dual access		10	0.0	-10	where located?			
	Cleaners' room		5.5	4.1	-1.38				
			483	433.4	-49.64				
	Optional accommodation								
	Forensic Post Mortem Facilities								
	Post Mortem Room 1 table - forensic		27	26.0	-1.05				
	Forensic Preparation		12	14.3	2.28				
	Briefing		10	8.5	-1.46				
			532	482.1	-49.87				

Appendix 2 – Schedule of Accommodation

SCHEDULE OF ACCOMMODATION



Version: 3

Cardiff and Vale University Health Board

Mortuary

Contents

- | | |
|---|----------------------|
| 1 | Version Control |
| 2 | Departmental Summary |
| 3 | Base Schedule |

Document Author

Adcuris Consulting Ltd

Document Compiler

Jane McMahon

Document Owner

Geoff Walsh

Version Control

[illegible]

Departmental Summary

Functional Zone		Version 3	Notes	Effect of Change on Area from previous version
Mortuary		887.91		(15.50)
Sum of Gross Departmental Areas		887.91		(15.50)
Plant	8.00%	71.03		(1.24)
Communication	6.00%	53.27		(0.93)
Gross Internal Area		1,012.21		(17.67)

Mortuary		
Strategic Content	Proposed Function	Comments
Entrance Facilities	Entrance: visitors	
	Entrance: staff	
	Entrance: bodies and service area, screened	
Mortuary Facilities: Body Viewing (<i>Bereaved Visitors Module</i>)	Waiting room: relatives, visitors, 5 persons	
	Office: 2 staff incl. reception	
	Interview & counselling room: 5 persons	
	Counselling room with beverage bay: 8 persons	
	Body viewing room	
	Bier room	
	Viewing/ Bier combined room, for infants	Optional requirement based upon project need
	WC: ambulant	
	WC & handwash: wheelchair independent / semi-ambulant	

Version 3				
Area Derived From	Proposed Unit Area (sqm)	Quantum	Total Area (sqm)	Sub Totals (sqm)
Project	0.00	1	0.00	
Project	0.00	1	0.00	
Project	0.00	1	0.00	
				0.00
Project	9.00	1	9.00	
Project	12.00	1	12.00	
Project	9.00	2	18.00	
Project	16.00	1	16.00	
Project	8.00	2	16.00	
Project	10.00	2	20.00	
Project	12.00	0	0.00	
Project	2.00	1	2.00	
Project	5.50	1	5.50	
				98.50

Mortuary		
Strategic Content	Proposed Function	Comments
Mortuary Facilities: Body Storage & Handling	Body store & handling area: 30 bays <150 bodies incl. >20 obese, >9 bariatric with >15 freezer	
	Body store: 5 bays, 25 bodies	Freezer
	Cold room: >4 bariatric plus size body store	
	Body handling admin area	
	Parking bay: trolley / large equipment parking - 2 space	
	Store: secure / valuables	
	Plant room: refrigeration & switchgear	
	Sub Total (Net)	
Post Mortem Facilities (with Forensic Cases module)	Post-mortem room: 4 tables (access to 9-20 body store bays)	
	Additional table space	Optional requirement
	Post-mortem room: 1 table, special procedures. High risk >3bays	Optional requirement
	Store: specimen	
	Store: secure, evidence	
	Dirty utility & instrument store	
	Post-mortem room transit area with staff changing. Incl WC, wash, gown and boot	
	PM changing: 10 lockers	
	WC & wash: semi ambulant	
	Shower & wash: semi ambulant	
	PM observation area, 6 - 8 persons	
	Dedicated imaging room	Optional requirement based upon project need
	Parking cleaners / equipment bay	

Version 3				
Area Derived From	Proposed Unit Area (sqm)	Quantum	Total Area (sqm)	Sub Totals (sqm)
Project	145.00	1	145.00	
Project	0.00	0	0.00	
Project	21.00	1	21.00	
Project	5.00	1	5.00	
Project	4.00	2	8.00	
Project	12.00	1	12.00	
Project	12.00	1	12.00	
				203.00
Project	145.00	1	145.00	
Project	20.00	0	0.00	
Project	27.00	1	27.00	
Project	8.00	1	8.00	
Project	8.00	1	8.00	
Project	12.00	1	12.00	
Project	12.00	1	12.00	
Project	11.00	1	11.00	
Project	2.50	1	2.50	
Project	3.50	2	7.00	
Project	8.00	1	8.00	
Project	12.00	0	0.00	
Project	8.00	1	8.00	
				248.50

Mortuary		
Strategic Content	Proposed Function	Comments
Sample Storage Facilities	Tissue Separation Area	
	PACE Storage Room	
	Relevant Slides Storage	
	Relevant Blocks Storage	
	Surgical Slides Storage	
	Surgical Blocks Storage	
Staff Support Facilities	Office: 2 pathologists	
	Office: 4 person or meetings	
	Office, change & rest room: 2 technicians	
	Rest room with beverage & snack preparation bay: <12 staff	
	Staff changing room: 10 lockers	
	Changing room: semi ambulant	
	WC & wash: semi ambulant	
	Staff wheelchair WC: independent / semi ambulant	
	Shower & wash: semi ambulant	
Teaching & Research Module - Optional	Meetings: incl CCTV <14 staff	Optional requirement based upon project need
	Office: hot desk - 2-3 students	Optional requirement based upon project need
Support Facilities	Store: general & linen	
	Hold: disposal, 3000 litres dual access	
	Cleaners (Housekeeping) room	
	IT node room	Optional requirement based upon project need
	Switchgear cupboard	
	Sub Total (Net)	

Version 3				
Area Derived From	Proposed Unit Area (sqm)	Quantum	Total Area (sqm)	Sub Totals (sqm)
		1	0.00	
		1	0.00	
		1	0.00	
		1	0.00	
		1	0.00	
		1	0.00	
				0.00
Project	12.00	1	12.00	
Project	20.00	1	20.00	
Project	0.00	0	0.00	
Project	20.00	1	20.00	
Project	11.00	2	22.00	
Project	2.50	1	2.50	
Project	2.50	1	2.50	
Project	5.50	1	5.50	
Project	3.50	2	7.00	
				91.50
Project	20.00	0	0.00	
Project	12.00	0	0.00	
				0.00
Project	12.00	2	24.00	
Project	12.00	1	12.00	
Project	8.00	1	8.00	
Project	12.00	0	0.00	
Project	2.00	1	2.00	
				46.00

5.0%	687.50
	34.38
	721.88
3.0%	21.66
20.0%	144.38
	887.91

Appendix 3 – Qualitative Benefits Appraisal Outputs

Scoring of Options

	Option 0 - Business as usual (for comparative purposes)			
Criteria	Weight	Score	Total	Comment
1. Enables the Health Board to deliver high quality services that deliver best practice	15.0	4	60	Services are currently of high quality but not to best practice standards
2. Provides appropriate departmental adjacencies and minimises journey times both within the department and to end users	6.0	6	36	There are issues with the movement of bodies to the PM suite, in particular bariatric patients
3. Provide safe and appropriate environment for mortuary services	14.0	5	70	
4. The facilities meet the relevant HTA regulatory standards and guidelines	17.0	8	136	
5. Provides sufficient capacity to meet the demands of the patient population over the next 10 to 15 years	11.0	2	22	There is insufficient capacity to meet expected demand
6. Enables the Health Board to improve productivity and provide a service that supports patients, families and other stakeholders	13.0	4	52	The family space is currently insufficient
7. Maximise use of existing accommodation to enable estate rationalisation and improved utilisation	4.0	7	28	
8. Maximise flexibility of facilities to enable the delivery of safe, sustainable and accessible services in the short to medium term	8.0	2	16	The existing facilities is very constrained
9. Deliverable within an acceptable timescale to satisfy the requirements of the HTA inspection schedule	12.0	1	12	This option does not deliver the HTA requirements
Totals	100	39	432	

	Option 1 - Do Minimum - refurbishment of the current facilities at UHW to meet the HTA findings			
Criteria	Weight	Score	Total	Comment
1. Enables the Health Board to deliver high quality services that deliver best practice	15.0	5	75	There is little improvement over the existing facilities
2. Provides appropriate departmental adjacencies and minimises journey times both within the department and to end users	6.0	6	36	
3. Provide safe and appropriate environment for mortuary services	14.0	5	70	
4. The facilities meet the relevant HTA regulatory standards and guidelines	17.0	9	153	The requirements of the HTA inspection would be met
5. Provides sufficient capacity to meet the demands of the patient population over the next 10 to 15 years	11.0	2	22	There is no increase in capacity
6. Enables the Health Board to improve productivity and provide a service that supports patients, families and other stakeholders	13.0	4	52	Flow are not improved
7. Maximise use of existing accommodation to enable estate rationalisation and improved utilisation	4.0	7	28	
8. Maximise flexibility of facilities to enable the delivery of safe, sustainable and accessible services in the short to medium term	8.0	2	16	
9. Deliverable within an acceptable timescale to satisfy the requirements of the HTA inspection schedule	12.0	7	84	
Totals	100	47	536	

	Option 2 - Refurbishment of the current facilities at UHW to meet the HTA findings and provide a wider refurbishment			
Criteria	Weight	Score	Total	Comment
1. Enables the Health Board to deliver high quality services that deliver best practice	15.0	8	120	The flows within the department would be improved
2. Provides appropriate departmental adjacencies and minimises journey times both within the department and to end users	6.0	6	36	
3. Provide safe and appropriate environment for mortuary services	14.0	8	112	There will be improvements in the environment, including resolving some areas that create additional risks for staff
4. The facilities meet the relevant HTA regulatory standards and guidelines	17.0	9	153	
5. Provides sufficient capacity to meet the demands of the patient population over the next 10 to 15 years	11.0	7	77	Capacity is increased
6. Enables the Health Board to improve productivity and provide a service that supports patients, families and other stakeholders	13.0	7	91	The family area is improved
7. Maximise use of existing accommodation to enable estate rationalisation and improved utilisation	4.0	9	36	
8. Maximise flexibility of facilities to enable the delivery of safe, sustainable and accessible services in the short to medium term	8.0	7	56	
9. Deliverable within an acceptable timescale to satisfy the requirements of the HTA inspection schedule	12.0	6	72	
Totals	100	67	753	

	Option 3 - New build at UHW			
Criteria	Weight	Score	Total	Comment
1. Enables the Health Board to deliver high quality services that deliver best practice	15.0	9	135	
2. Provides appropriate departmental adjacencies and minimises journey times both within the department and to end users	6.0	6	36	It may be less convenient for inpatient deaths but better for community deaths
3. Provide safe and appropriate environment for mortuary services	14.0	9	126	
4. The facilities meet the relevant HTA regulatory standards and guidelines	17.0	9	153	
5. Provides sufficient capacity to meet the demands of the patient population over the next 10 to 15 years	11.0	9	99	
6. Enables the Health Board to improve productivity and provide a service that supports patients, families and other stakeholders	13.0	9	117	
7. Maximise use of existing accommodation to enable estate rationalisation and improved utilisation	4.0	1	4	Creation of new accommodation and vacating existing area
8. Maximise flexibility of facilities to enable the delivery of safe, sustainable and accessible services in the short to medium term	8.0	9	72	
9. Deliverable within an acceptable timescale to satisfy the requirements of the HTA inspection schedule	12.0	2	24	Unlikely to be deliverable within the required timescales due to additional requirements such as planning permission and finding a suitable location on the UHW site as this may require other services to be relocated
Totals	100	63	766	

Sensitivity Analysis of Non Financial Appraisal

Base Weightings

		Option 0		Option 1		Option 2		Option 3	
Criteria	Weight	Score	Total	Score	Total	Score	Total	Score	Total
1. Enables the Health Board to deliver high quality services that deliver best practice	15	4	60	5	75	8	120	9	135
2. Provides appropriate departmental adjacencies and minimises journey times both within the department and to end users	6	6	36	6	36	6	36	6	36
3. Provide safe and appropriate environment for mortuary services	14	5	70	5	70	8	112	9	126
4. The facilities meet the relevant HTA regulatory standards and guidelines	17	8	136	9	153	9	153	9	153
5. Provides sufficient capacity to meet the demands of the patient population over the next 10 to 15 years	11	2	22	2	22	7	77	9	99
6. Enables the Health Board to improve productivity and provide a service that supports patients, families and other stakeholders	13	4	52	4	52	7	91	9	117
7. Maximise use of existing accommodation to enable estate rationalisation and improved utilisation	4	7	28	7	28	9	36	1	4
8. Maximise flexibility of facilities to enable the delivery of safe, sustainable and accessible services in the short to medium term	8	2	16	2	16	7	56	9	72
9. Deliverable within an acceptable timescale to satisfy the requirements of the HTA inspection schedule	12	1	12	7	84	6	72	2	24
TOTAL	100	39	432	47	536	67	753	63	766
Ranking		4		3		2		1	

Reverse Weightings

		Option 0		Option 1		Option 2		Option 3	
Criteria	Weight	Score	Total	Score	Total	Score	Total	Score	Total
1. Enables the Health Board to deliver high quality services that deliver best practice	6	4	24	5	30	8	48	9	54
2. Provides appropriate departmental adjacencies and minimises journey times both within the department and to end users	15	6	90	6	90	6	90	6	90
3. Provide safe and appropriate environment for mortuary services	8	5	40	5	40	8	64	9	72
4. The facilities meet the relevant HTA regulatory standards and guidelines	4	8	32	9	36	9	36	9	36
5. Provides sufficient capacity to meet the demands of the patient population over the next 10 to 15 years	13	2	26	2	26	7	91	9	117
6. Enables the Health Board to improve productivity and provide a service that supports patients, families and other stakeholders	11	4	44	4	44	7	77	9	99
7. Maximise use of existing accommodation to enable estate rationalisation and improved utilisation	17	7	119	7	119	9	153	1	17
8. Maximise flexibility of facilities to enable the delivery of safe, sustainable and accessible services in the short to medium term	14	2	28	2	28	7	98	9	126
9. Deliverable within an acceptable timescale to satisfy the requirements of the HTA inspection schedule	12	1	12	7	84	6	72	2	24
TOTAL	100	39	415	47	497	67	729	63	635
Ranking		4		3		1		2	

No Weightings

		Option 0		Option 1		Option 2		Option 3	
Criteria	Weight	Score	Total	Score	Total	Score	Total	Score	Total
1. Enables the Health Board to deliver high quality services that deliver best practice	6.7	4	27	5	33	8	53	9	60
2. Provides appropriate departmental adjacencies and minimises journey times both within the department and to end users	6.7	6	40	6	40	6	40	6	40
3. Provide safe and appropriate environment for mortuary services	6.7	5	33	5	33	8	53	9	60
4. The facilities meet the relevant HTA regulatory standards and guidelines	6.7	8	53	9	60	9	60	9	60
5. Provides sufficient capacity to meet the demands of the patient population over the next 10 to 15 years	6.7	2	13	2	13	7	47	9	60
6. Enables the Health Board to improve productivity and provide a service that supports patients, families and other stakeholders	6.7	4	27	4	27	7	47	9	60
7. Maximise use of existing accommodation to enable estate rationalisation and improved utilisation	6.7	7	47	7	47	9	60	1	7
8. Maximise flexibility of facilities to enable the delivery of safe, sustainable and accessible services in the short to medium term	6.7	2	13	2	13	7	47	9	60
9. Deliverable within an acceptable timescale to satisfy the requirements of the HTA inspection schedule	6.7	1	7	7	47	6	40	2	13
TOTAL	60	39	260	47	313	67	446	63	420
Ranking		4		3		1		2	

Low Weightings

		Option 0		Option 1		Option 2		Option 3	
Criteria	Weight	Score	Total	Score	Total	Score	Total	Score	Total
1. Enables the Health Board to deliver high quality services that deliver best practice	13.0	4	52	5	65	8	104	9	117
2. Provides appropriate departmental adjacencies and minimises journey times both within the department and to end users	6.0	6	36	6	36	6	36	6	36
3. Provide safe and appropriate environment for mortuary services	12.0	5	60	5	60	8	96	9	108
4. The facilities meet the relevant HTA regulatory standards and guidelines	14.0	8	112	9	126	9	126	9	126
5. Provides sufficient capacity to meet the demands of the patient population over the next 10 to 15 years	10.0	2	20	2	20	7	70	9	90
6. Enables the Health Board to improve productivity and provide a service that supports patients, families and other stakeholders	12.0	4	48	4	48	7	84	9	108
7. Maximise use of existing accommodation to enable estate rationalisation and improved utilisation	4.0	7	28	7	28	9	36	1	4
8. Maximise flexibility of facilities to enable the delivery of safe, sustainable and accessible services in the short to medium term	8.0	2	16	2	16	7	56	9	72
9. Deliverable within an acceptable timescale to satisfy the requirements of the HTA inspection schedule	11.0	1	11	7	77	6	66	2	22
TOTAL	90	39	383	47	476	67	674	63	683
Ranking		4		3		2		1	

High Weightings

		Option 0		Option 1		Option 2		Option 3	
Criteria	Weight	Score	Total	Score	Total	Score	Total	Score	Total
1. Enables the Health Board to deliver high quality services that deliver best practice	18.0	4	72	5	90	8	144	9	162
2. Provides appropriate departmental adjacencies and minimises journey times both within the department and to end users	6.0	6	36	6	36	6	36	6	36
3. Provide safe and appropriate environment for mortuary services	16.0	5	80	5	80	8	128	9	144
4. The facilities meet the relevant HTA regulatory standards and guidelines	20.0	8	160	9	180	9	180	9	180
5. Provides sufficient capacity to meet the demands of the patient population over the next 10 to 15 years	11.0	2	22	2	22	7	77	9	99
6. Enables the Health Board to improve productivity and provide a service that supports patients, families and other stakeholders	14.0	4	56	4	56	7	98	9	126
7. Maximise use of existing accommodation to enable estate rationalisation and improved utilisation	4.0	7	28	7	28	9	36	1	4
8. Maximise flexibility of facilities to enable the delivery of safe, sustainable and accessible services in the short to medium term	8.0	2	16	2	16	7	56	9	72
9. Deliverable within an acceptable timescale to satisfy the requirements of the HTA inspection schedule	13.0	1	13	7	91	6	78	2	26
TOTAL	110	39	483	47	599	67	833	63	849
Ranking		4		3		2		1	

Appendix 4 – BJC Cost Forms

Option Appraisal

Health Board: **Cardiff and Vale University Health Board**

Hospital/Site : **University Hospital of Wales, Cardiff**

Project Title : **New Mortuary
Business as Usual - Backlog Maintenance
Option 0**

Project No : **1**

Prepared by : **Gleeds**

Date : **Oct-22**

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 0
Option Title	Business as Usual - Backlog Maintenance

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2.1

Proposed start on site : Apr-23

Proposed completion date : Mar-24

Capital Cost Summary

Ref	Cost Centre	Net £	VAT £	Gross £
1	Departmental Cost (BJC2)	£758,115	£151,623	£909,739
2	Oncosts 0.00% of (1)	£0	£0	£0
3	Sub-total	£758,115	£151,623	£909,739
4	Provisional location adjustment	-	-	-
5	Works Cost	£758,115	£151,623	£909,739
6	Fees 0.00% of (5)	£0	£0	£0
7	Non-works Costs (BJC4)	£0	£0	£0
8	Equipment Costs (BJC2) 0.00% of (1)	£0	£0	£0
9	Planning Contingency 0.00% of (5+6+7+8)	£0	£0	£0
10	Base Project Cost	£758,115	£151,623	£909,739
11	BJC Project Cost	£758,115	£151,623	£909,739
12	Inflation Cost	£0	£0	£0
13	VAT Recovery	£0	£0	£0
13	Forecast Project Outturn Cost	£758,115	£151,623	£909,739

Project Title Cardiff & Vale University Health Board New Mortuary
Option No Option 0
Option Title Business as Usual - Backlog Maintenance

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

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

Refurbishment of existing UHW Mortuary Space N £758,115 £0

Total floor area (existing space so n/a) 0 m2

Equipment £0

Departmental Cost - to BJC1 Summary £758,115

Equipment Cost - to BJC1 Summary £0

CAPITAL COSTS: FEES AND NON-WORKS COSTS

£	% of Works Cost
---	-----------------

1 Fees

Health Board

a. Project Manager	£0	0.00%
b. Trust Cost Advisor	£0	0.00%
c. Supervisor	£0	0.00%
d. Project Director	£0	0.00%
e. In-house Project Sponsorship	£0	0.00%
f. Financial Vetting	£0	0.00%
g. Audit	£0	0.00%
h. Business Case Writer	£0	0.00%

SCP

j. Constructor - pre-construction)	
k. Project Manager)	
l. Health Planner)	
m. Architect)	
n. Civil & Structural Engineer)	£0 0.00%
o. Building Services Engineer)	
p. Principal Designer)	
q. Cost Manager)	
r. FM Advisor)	
s. Building Services Installer - pre-construction)	
t. Specialist Consultants)	

Total Fees to BJC1 Summary £0 0.00%

2 Non-Works Costs

a. Land purchase costs and associated legal fees	£0
b. Statutory and Local Authority charges	£0
c. Planning and Building Control fees	£0
d. Surveys	£0
e. SABS	£0
f. Commissioning	£0
g. Decant	£0
h. IT & telephone Installations	£0
i. Generator	£0
d. Other	£0
Asbestos surveys and removal	£0

Total Non-Works Costs to BJC1 Summary £0

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 0
Option Title	Business as Usual - Backlog Maintenance

CAPITAL COSTS: ON-COSTS

	Net Cost	% of DCA
1 Communications		
a. Space	£0	0.00%
b. Medium Gasses	£0	0.00%
c. Lifts	£0	0.00%
2 "External" Building Work		
a Drainage	£0	0.00%
b. Roads, paths, parking	£0	0.00%
c. Site Layout, walls, fencing, gates	£0	0.00%
d. BWIC with "External" engineering work	£0	0.00%
3 "External" Engineering Work		
a Steam, condensate, heating, hot water and gas supply mains	£0	0.00%
b. Cold water mains and storage	£0	0.00%
c. Electricity, mains, sub-stations, standby generator plant	£0	0.00%
d. Calorifiers and associated plant	£0	0.00%
e. Miscellaneous services	£0	0.00%
4 Auxiliary Buildings	£0	0.00%
5 Other on-costs and abnormals		
a. Building abnormals	£0	0.00%
b. Engineering abnormals	£0	0.00%
Total On-costs - to BJC1 Summary	£0	0.00%

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 0
Option Title	Business as Usual - Backlog Maintenance

PROJECT CASHFLOW FORECAST

Proposed start on site: Apr-23
Proposed completion date: Mar-24

	Year	0	1	2	3	4	Total
	Financial year	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	
Works Cost		0	758115.48	0	0	0	758,115
Fees		0	0	0	0	0	0
Non-works Costs		0	0	0	0	0	0
Equipment Costs		0	0	0	0	0	0
Contingencies		0	0	0	0	0	0
VAT		0	151,623	0	0	0	151,623
VAT Recovery		0	0	0	0	1	1
Total		0	909,739	0	0	0	909,740

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 0
Option Title	Business as Usual - Backlog Maintenance

CAPITAL COSTS: ASSUMPTIONS / CLARIFICATIONS LOG

NOTES TO BE READ IN CONJUNCTION WITH BJC COST FORMS

- 1 The maintenance works in this BJC document are as per the retained Cardiff & Vale UHB log of maintenance requirements and costs

Option Appraisal

Health Board: **Cardiff and Vale University Health Board**

Hospital/Site : **University Hospital of Wales, Cardiff**

Project Title : **New Mortuary
Do Minimum - HTA Refurbishment
Option 1**

Project No : **1**

Prepared by : **Gleeds**

Date : **Oct-22**

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 1
Option Title	Do Minimum - HTA Refurbishment

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2.1

Proposed start on site : Apr-23

Proposed completion date : Mar-24

Capital Cost Summary

Ref	Cost Centre	Net £	VAT £	Gross £
1	Departmental Cost (BJC2)	£2,896,686	£579,337	£3,476,023
2	Oncosts 0.00% of (1)	£0	£0	£0
3	Sub-total	£2,896,686	£579,337	£3,476,023
4	Provisional location adjustment	-	-	-
5	Works Cost	£2,896,686	£579,337	£3,476,023
6	Fees 18.90% of (5)	£547,474	£109,495	£656,968
7	Non-works Costs (BJC4)	£215,000	£43,000	£258,000
8	Equipment Costs (BJC2) 0.86% of (1)	£25,000	£5,000	£30,000
9	Planning Contingency 8.00% of (5+6+7+8)	£294,733	£58,947	£353,679
10	Base Project Cost	£3,978,892	£795,778	£4,774,671
11	BJC Project Cost	£3,978,892	£795,778	£4,774,671
12	Inflation Cost	£294,733	£58,947	£353,679
13	VAT Recovery	£0	-£384,008	-£384,008
13	Forecast Project Outturn Cost	£4,273,625	£470,717	£4,744,342

Project Title Cardiff & Vale University Health Board New Mortuary
Option No Option 1
Option Title Do Minimum - HTA Refurbishment

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Functional Size	Space allowance		N/A/C	Departmental Allowance £	Equipment Allowance £
		m2	£/m2			
Refurbishment of existing UHW Mortuary Space		415	£6,980	N	£2,896,686	£25,000

Total floor area (existing space so n/a) **415** m2

Equipment						£25,000
	Departmental Cost - to BJC1 Summary				£2,896,686	
	Equipment Cost - to BJC1 Summary					£25,000

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	% of Works Cost
1 Fees		
<u>Health Board</u>		
a. Project Manager	£86,901	3.00%
b. Trust Cost Advisor	£86,901	3.00%
c. Supervisor	£57,934	2.00%
d. Project Director	£0	0.00%
e. In-house Project Sponsorship	£68,072	2.35%
f. Financial Vetting	£0	0.00%
g. Audit	£15,932	0.55%
h. Business Case Writer	£14,483	0.50%
i. Architect	£57,934	2.00%
j. Civil & Structural Engineer	£57,934	2.00%
k. Building Services Engineer	£57,934	2.00%
l. Principal Designer	£43,450	1.50%
Total Fees to BJC1 Summary	£547,474	18.74%
2 Non-Works Costs		
a. Land purchase costs and associated legal fees	£0	
b. Statutory and Local Authority charges	£5,000	
c. Planning and Building Control fees	£5,000	
d. Surveys	£50,000	
e. SABS	£0	
f. Commissioning	£10,000	
g. Decant	£15,000	
h. IT & telephone Installations	£15,000	
i. Generator	£0	
j. Other	£0	
Temporary body storage for duration of works	£85,000	
Temporary car parking/laydown areas during works	£30,000	
Total Non-Works Costs to BJC1 Summary	£215,000	

Project Title Cardiff & Vale University Health Board New Mortuary
 Option No Option 1
 Option Title Do Minimum - HTA Refurbishment

CAPITAL COSTS: ON-COSTS

	Net Cost	% of DCA
1 Communications		
a. Space	£0	0.00%
b. Medium Gasses	£0	0.00%
c. Lifts	£0	0.00%
2 "External" Building Work		
a Drainage	£0	0.00%
b. Roads, paths, parking	£0	0.00%
c. Site Layout, walls, fencing, gates	£0	0.00%
d. BWIC with "External" engineering work	£0	0.00%
3 "External" Engineering Work		
a Steam, condensate, heating, hot water and gas supply mains	£0	0.00%
b. Cold water mains and storage	£0	0.00%
c. Electricity, mains, sub-stations, standby generator plant	£0	0.00%
d. Calorifiers and associated plant	£0	0.00%
e. Miscellaneous services	£0	0.00%
4 Auxiliary Buildings	£0	0.00%
5 Other on-costs and abnormals		
a. Building abnormals	£0	0.00%
b. Engineering abnormals	£0	0.00%
Total On-costs - to BJC1 Summary	£0	0.00%

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 1
Option Title	Do Minimum - HTA Refurbishment

PROJECT CASHFLOW FORECAST

Proposed start on site: Apr-23
Proposed completion date: Mar-24

	Year	0	1	2	3	4	Total
	Financial year	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	
Works Cost		£0.00	£2,896,686.00	£0.00	£0.00	£0.00	£2,896,686.00
Fees		£0.00	£520,099.97	£27,373.68	£0.00	£0.00	£547,473.65
Non-works Costs		£0.00	£204,250.00	£10,750.00	£0.00	£0.00	£215,000.00
Equipment Costs		£0.00	£25,000.00	£0.00	£0.00	£0.00	£25,000.00
Contingencies		£0.00	£294,732.77	£0.00	£0.00	£0.00	£294,732.77
Inflation		£0.00	£291,682.88	£3,049.89	£0.00	£0.00	£294,732.77
VAT		£0.00	£846,490.32	£8,234.72	£0.00	£0.00	£854,725.04
VAT Recovery		£0.00	-£377,673.50	-£6,335.74	£0.00	£1.00	-£384,008.23
Total		£0.00	£5,078,941.95	£49,408.29	£0.00	£0.00	£4,744,342.01

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 1
Option Title	Do Minimum - HTA Refurbishment

CAPITAL COSTS: ASSUMPTIONS / CLARIFICATIONS LOG

NOTES TO BE READ IN CONJUNCTION WITH BJC COST FORMS

1 The Capital Costs referred to in the cost forms included in this BJC are based upon the following information: -

- the works are as per the indicative scope of works and the associated programme and phasing
- the costs are as per the cost plan for the works provided by Gleeds August 2022
- group 1 equipment costs are included in the works cost/cost plan

2 Costs included for fees are based on a percentage allowance

3 Costs associated with Non-Works Costs are based on provisionial cost allowances and/or approximate quantities based on the assumptions noted here in. These will be verified as the scheme progresses

4 The costs referred to in this BJC are based on an indicative programme of works. Any change(s) to the methodology of the works implementation caused by externalities which can not be considered in this BJC submission (eg delay in the approvals process) may affect the capital costs referred within this business case submission.

5 Planning contingency has been based on a provisional planning percentage. As the project develops through the NHS Workstages and beyond, a detailed risk register will be developed and updated regularly on a monthly basis to monitor and manage the current identified risks and any new risks which may be encountered during the development of the works.

6 VAT has been applied at the standard rate of 20% to all cost components with the exception of professional fees, which are classed as VAT Zero Rated. There maybe an element of VAT recovery and this will be determined in consultation with specialist advisors during the development of the BJC.

7 The Gross Floor Areas referred to in the cost forms included in this BJC are based upon the designed scope

8 Inflation is based on the forecast allowance as indicated by the BCIS All-In Tender Price Index as at 1st November 2022

9 No Allowance has been made for the following: -

Downtime or demobilisation between the two phases of work. It is assumed that both sites will be available on the agreed programme dates to facilitate the contractor moving seamlessly from one to the other

Option Appraisal

Health Board: **Cardiff and Vale University Health Board**

Hospital/Site : **University Hospital of Wales, Cardiff**

Project Title : **New Mortuary
HTA-Plus Refurbishment
Option 2**

Project No : **1**

Prepared by : **Gleeds**

Date : **Oct-22**

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 2
Option Title	HTA-Plus Refurbishment

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2.1

Proposed start on site : Apr-23

Proposed completion date : Mar-24

Capital Cost Summary

Ref	Cost Centre	Net £	VAT £	Gross £
1	Departmental Cost (BJC2)	£3,142,319	£628,464	£3,770,783
2	Oncosts 0.00% of (1)	£0	£0	£0
3	Sub-total	£3,142,319	£628,464	£3,770,783
4	Provisional location adjustment	-	-	-
5	Works Cost	£3,142,319	£628,464	£3,770,783
6	Fees 18.90% of (5)	£593,898	£118,780	£712,678
7	Non-works Costs (BJC4)	£215,000	£43,000	£258,000
8	Equipment Costs (BJC2) 0.80% of (1)	£25,000	£5,000	£30,000
9	Planning Contingency 8.00% of (5+6+7+8)	£318,097	£63,619	£381,717
10	Base Project Cost	£4,294,315	£858,863	£5,153,178
11	BJC Project Cost	£4,294,315	£858,863	£5,153,178
12	Inflation Cost	£318,097	£63,619	£381,717
13	VAT Recovery	£0	-£414,813	-£414,813
13	Forecast Project Outturn Cost	£4,612,412	£507,669	£5,120,082

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 2
Option Title	HTA-Plus Refurbishment

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Functional Size	Space allowance		N/A/C	Departmental Allowance £	Equipment Allowance £
		m2	£/m2			
Refurbishment of existing UHW Mortuary		415	£7,572	N	£3,142,319	£25,000

Total floor area (existing space so n/a) **415** m2

Equipment						£25,000
	Departmental Cost - to BJC1 Summary				£3,142,319	
	Equipment Cost - to BJC1 Summary					£25,000

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	% of Works Cost
1 Fees		
<u>Health Board</u>		
a. Project Manager	£94,270	3.00%
b. Trust Cost Advisor	£94,270	3.00%
c. Supervisor	£62,846	2.00%
d. Project Director	£0	0.00%
e. In-house Project Sponsorship	£73,844	2.35%
f. Financial Vetting	£0	0.00%
g. Audit	£17,283	0.55%
h. Business Case Writer	£15,712	0.50%
i. Architect	£62,846	2.00%
j. Civil & Structural Engineer	£62,846	2.00%
k. Building Services Engineer	£62,846	2.00%
l. Principal Designer	£47,135	1.50%
Total Fees to BJC1 Summary	£593,898	18.90%
2 Non-Works Costs		
a. Land purchase costs and associated legal fees	£0	
b. Statutory and Local Authority charges	£5,000	
c. Planning and Building Control fees	£5,000	
d. Surveys	£50,000	
e. SABS	£0	
f. Commissioning	£10,000	
g. Decant	£15,000	
h. IT & telephone Installations	£15,000	
i. Generator	£0	
j. Other	£0	
Temporary body storage for duration of works	£85,000	
Temporary car parking/laydown areas during works	£30,000	
Total Non-Works Costs to BJC1 Summary	£215,000	

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 2
Option Title	HTA-Plus Refurbishment

CAPITAL COSTS: ON-COSTS

	Net Cost	% of DCA
1 Communications		
a. Space	£0	0.00%
b. Medium Gasses	£0	0.00%
c. Lifts	£0	0.00%
2 "External" Building Work		
a Drainage	£0	0.00%
b. Roads, paths, parking	£0	0.00%
c. Site Layout, walls, fencing, gates	£0	0.00%
d. BWIC with "External" engineering work	£0	0.00%
3 "External" Engineering Work		
a Steam, condensate, heating, hot water and gas supply mains	£0	0.00%
b. Cold water mains and storage	£0	0.00%
c. Electricity, mains, sub-stations, standby generator plant	£0	0.00%
d. Calorifiers and associated plant	£0	0.00%
e. Miscellaneous services	£0	0.00%
4 Auxiliary Buildings	£0	0.00%
5 Other on-costs and abnormals		
a. Building abnormals	£0	0.00%
b. Engineering abnormals	£0	0.00%
Total On-costs - to BJC1 Summary	£0	0.00%

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 2
Option Title	HTA-Plus Refurbishment

PROJECT CASHFLOW FORECAST

Proposed start on site: Apr-23
Proposed completion date: Mar-24

	Year	0	1	2	3	4	Total
	Financial year	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	
Works Cost		£0.00	£3,142,319.00	£0.00	£0.00	£0.00	£3,142,319.00
Fees		£0.00	£564,203.38	£29,694.91	£0.00	£0.00	£593,898.29
Non-works Costs		£0.00	£204,250.00	£10,750.00	£0.00	£0.00	£215,000.00
Equipment Costs		£0.00	£25,000.00	£0.00	£0.00	£0.00	£25,000.00
Contingencies		£0.00	£318,097.38	£0.00	£0.00	£0.00	£318,097.38
Inflation		£0.00	£314,861.79	£3,235.59	£0.00	£0.00	£318,097.38
VAT		£0.00	£913,746.31	£8,736.10	£0.00	£0.00	£922,482.41
VAT Recovery		£0.00	-£408,013.99	-£6,799.98	£0.00	£1.00	-£414,812.97
Total		£0.00	£5,482,477.86	£52,416.61	£0.00	£0.00	£5,120,081.50

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 2
Option Title	HTA-Plus Refurbishment

CAPITAL COSTS: ASSUMPTIONS / CLARIFICATIONS LOG

NOTES TO BE READ IN CONJUNCTION WITH BJC COST FORMS

- 1 The Capital Costs referred to in the cost forms included in this BJC are based upon the following information: -
 - the works are as per the indicative scope of works and the associated programme and phasing
 - the costs are as per the cost plan for the works provided by Gleeds August 2022
 - group 1 equipment costs are included in the works cost/cost plan
- 2 Costs included for fees are based on an assumed percentage allowance
- 3 Costs associated with Non-Works Costs are based on provisional cost allowances and/or approximate quantities based on the assumptions noted here in. These will be verified as the scheme progresses
- 4 The costs referred to in this BJC are based on an indicative programme of works. Any change(s) to the methodology of the works implementation caused by externalities which can not be considered in this BJC submission (eg delay in the approvals process) may affect the capital costs referred within this business case submission.
- 5 Planning contingency has been based on a provisional planning percentage. As the project develops through the NHS Workstages and beyond, a detailed risk register will be developed and updated regularly on a monthly basis to monitor and manage the current identified risks and any new risks which may be encountered during the development of the works.
- 6 VAT has been applied at the standard rate of 20% to all cost components with the exception of professional fees, which are classed as VAT Zero Rated. There maybe an element of VAT recovery and this will be determined in consultation with specialist advisors during the development of the BJC.
- 7 The Gross Floor Areas referred to in the cost forms included in this BJC are based upon the designed scope
- 8 Inflation is based on the forecast allowance as indicated by the BCIS All-In Tender Price Index as at 1st November 2022
- 9 No Allowance has been made for the following: -

Downtime or demobilisation between the two phases of work. It is assumed that both sites will be available on the agreed programme dates to facilitate the contractor moving seamlessly from one to the other

Option Appraisal

Health Board: **Cardiff and Vale University Health Board**

Hospital/Site : **University Hospital of Wales, Cardiff**

Project Title : **New Mortuary
New Build UHW Option
Option 3**

Project No : **1**

Prepared by : **Gleeds**

Date : **Oct-22**

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 3
Option Title	New Build UHW Option

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2.1

Proposed start on site : Apr-23

Proposed completion date : Oct-24

Capital Cost Summary

Ref	Cost Centre	Net £	VAT £	Gross £
1	Departmental Cost (BJC2)	£4,251,282	£850,256	£5,101,538
2	Oncosts 13.53% of (1)	£575,198	£115,040	£690,238
3	Sub-total	£4,826,480	£965,296	£5,791,777
4	Provisional location adjustment	-	-	-
5	Works Cost	£4,826,480	£965,296	£5,791,777
6	Fees 18.90% of (5)	£912,205	£182,441	£1,094,646
7	Non-works Costs (BJC4)	£375,000	£75,000	£450,000
8	Equipment Costs (BJC2) 7.00% of (1)	£297,590	£59,518	£357,108
9	Planning Contingency 8.00% of (5+6+7+8)	£512,902	£102,580	£615,482
10	Base Project Cost	£6,924,177	£1,384,835	£8,309,012
11	BJC Project Cost	£6,924,177	£1,384,835	£8,309,012
12	Inflation Cost	£641,128	£128,226	£769,353
13	VAT Recovery	£0	-£182,441	-£182,441
13	Forecast Project Outturn Cost	£7,565,305	£1,330,620	£8,895,924

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 3
Option Title	New Build UHW Option

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Functional Size	Space allowance		N/A/C	Departmental Allowance £	Equipment Allowance £
		m2	£/m2			
Mortuary (New Build)		1,012	£4,200	N	£4,251,282	£297,590

Total floor area	1,012 m2
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Equipment		£297,590
Departmental Cost - to BJC1 Summary	£4,251,282	
Equipment Cost - to BJC1 Summary	£297,590	

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	% of Works Cost
1 Fees		
Health Board		
a. Project Manager	£144,794	3.00%
b. Trust Cost Advisor	£144,794	3.00%
c. Supervisor	£96,530	2.00%
d. Project Director	£0	0.00%
e. In-house Project Sponsorship	£113,422	2.35%
f. Financial Vetting	£0	0.00%
g. Audit	£26,546	0.55%
h. Business Case Writer	£24,132	0.50%
i. Architect	£96,530	2.00%
j. Civil & Structural Engineer	£96,530	2.00%
k. Building Services Engineer	£96,530	2.00%
l. Principal Designer	£72,397	1.50%
Total Fees to BJC1 Summary	£912,205	18.90%
2 Non-Works Costs		
a. Land purchase costs and associated legal fees	£0	
b. Statutory and Local Authority charges	£15,000	
c. Planning and Building Control fees	£35,000	
d. Surveys	£75,000	
e. SABS	£15,000	
f. Commissioning	£50,000	
g. Decant	£10,000	
h. IT & telephone Installations	£150,000	
i. Generator	£0	
j. Other		
Decommissioning of old mortuary	£25,000	
Total Non-Works Costs to BJC1 Summary	£375,000	

Project Title Cardiff & Vale University Health Board New Mortuary
 Option No Option 3
 Option Title New Build UHW Option

CAPITAL COSTS: ON-COSTS

	Net Cost	% of DCA
1 Communications		
a. Space	£0	0.00%
b. Medium Gasses	£0	0.00%
c. Lifts	£0	0.00%
2 "External" Building Work		
a Drainage	£45,914	1.08%
b. Roads, paths, parking	£66,320	1.56%
c. Site Layout, walls, fencing, gates	£26,783	0.63%
d. BWIC with "External" engineering work	£21,256	0.50%
3 "External" Engineering Work		
a Steam, condensate, heating, hot water and gas supply mains	£36,136	0.85%
b. Cold water mains and storage	£27,208	0.64%
c. Electricity, mains, sub-stations, standby generator plant	£65,045	1.53%
d. Calorifiers and associated plant	£7,227	0.17%
e. Miscellaneous services	£21,256	0.50%
4 Auxiliary Buildings	£5,102	0.12%
5 Other on-costs and abnormals		
a. Building abnormals	£131,365	3.09%
b. Engineering abnormals	£121,587	2.86%
Total On-costs - to BJC1 Summary	£575,198	13.53%

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 3
Option Title	New Build UHW Option

PROJECT CASHFLOW FORECAST

Proposed start on site: Apr-23
Proposed completion date: Oct-24

DRAFT

	Year	0	1	2	3	4	Total
	Financial year	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	
Works Cost		0	£3,378,536.32	£1,206,620.11	£241,324.02	£0.00	£4,826,480.45
Fees		0	£638,543.36	£228,051.20	£45,610.24	£0.00	£912,204.81
Non-works Costs		0	£262,500.00	£93,750.00	£18,750.00	£0.00	£375,000.00
Equipment Costs		0	£148,794.87	£148,794.87	£0.00	£0.00	£297,589.74
Contingencies		0	£256,451.00	£256,451.00	£0.00	£0.00	£512,902.00
Inflation		0	£320,563.75	£320,563.75	£0.00	£0.00	£641,127.50
VAT		0	£1,001,077.86	£450,846.19	£61,136.85	£0.00	£1,513,060.90
VAT Recovery		0	-£127,708.67	-£45,610.24	-£9,122.05	£0.00	-£182,440.96
Total		0	£5,878,758	£2,659,467	£357,699	£0	£8,895,924

Project Title	Cardiff & Vale University Health Board New Mortuary
Option No	Option 3
Option Title	New Build UHW Option

CAPITAL COSTS: ASSUMPTIONS / CLARIFICATIONS LOG

NOTES TO BE READ IN CONJUNCTION WITH BJC COST FORMS

- 1 The Capital Costs referred to in the cost forms included in this BJC are based upon the following information: -
 - Note: It is assumed that a free site is made available on the UHW site and that no incidental costs covering demolitions, enabling works and the like are to be included in the reported development costs in this budget BJC outturn cost.
 - No Drawings or Specifications have been provided and thus costs are based on anticipated cost/m2 for undertaking the intended scope of the works.
- 2 Capital costs are based on historic cost information and should be considered as "Indicative Costs" and treated strictly as provisional allowances. These will be further developed at the next step in the development process.
- 3 The costs included for equipment are based on typical allowances and this is intended to cover the costs for Group 2, 3 & 4 Equipment. These allowances are based on historic cost information and should be considered as "Indicative Costs" and treated strictly as provisional allowances. These will be further developed at the next stage in the development process.
- 4 Cost included for fees are based on typical Designed for Life 4 cost allowances.
- 5 Costs associated with Non-Works Costs are based on provisionial cost allowances and/or approximate quantities based on the assumptions noted here in. These will be verified as the scheme progresses through detailed design during the BJC period.
- 6 The costs referred to in this BJC are based on an indicative programme of works outlined on Form BJC1. Any changes(s) to the methodology of the works implementation caused by externalities which can not be considered in this BJC submission (eg delay in the approvals process) may affect the capital costs referred within this business case submission.
- 7 Planning contingency has been based on a provisional planning percentage. As the project develops through the NHS Workstages and beyond, a detailed risk register will be developed and updated regularly on a monthly basis to monitor and manage the current identified risks and any new risks which may be encountered during the development of the works.
- 8 VAT has been applied at the standard rate of 20% to all cost components with the exception of professional fees, which are classed as VAT Zero Rated. There maybe an element of VAT recovery and this will be determined in consultation with specialist advisors during the development of the BJC.
- 9 The Gross Floor Areas referred to in the cost forms included in this BJC are based upon a guide from C&V UHB
- 10 Allowance has been made for decommissioning the existing UHW mortuary - limited to removing equipment and deep cleaning the facility only
- 11 Inflation is based on the forecast allowance as indicated by the BCIS All-In Tender Price Index as at 1st November 2022
 - No Allowance has been made for the following: -
Demolitio or repurposing/refurbishing works to the existing Mortuary provision in either UHW or UHL

Appendix 5 – Economic Option Appraisal Outputs

ECONOMIC APPRAISAL
OUTPUTS SUMMARY
NWPSS
Mortuary PBC
2022 December 5th

£000

UNITS

UPDATE CAPITAL SHEETS

1.0 CAPITAL COSTS for Vfm	Option 0 Business as usual	Option 1 Do Minimum - HTA Refurb Existing	Option 2 HTA Enhanced Refurb	Option 3 New Build at UHW
Works Cost	758.1	2,896.7	3,142.3	4,826.5
Fees	0.0	547.5	593.9	912.2
Non-Works	0.0	215.0	215.0	375.0
Land Acquisition	0.0	0.0	0.0	0.0
Land Sale	0.0	0.0	0.0	0.0
Equipment	0.0	25.0	25.0	297.6
Planning contingency	0.0	294.7	318.1	512.9
Optimism Bias	0.0	439.7	485.7	972.2
TOTAL CAPITAL COSTS AT APPROVAL PUBSEC	758.1	4,418.6	4,780.0	7,896.3
VAT	151.6	486.7	526.3	1,389.0
1.1 TOTAL CAPITAL COSTS AT APPROVAL LEVEL	909.7	4,905.2	5,306.3	9,285.3
PUBSEC INDEX	250	250	250	250
GIA m2	415	415	415	1,012
1.2 TOTAL NEW CAPITAL COSTS AT OUTTURN LEVEL	909.7	5,268.6	5,699.2	10,145.0
PUBSEC INDEX	250	270	270	273
1.3 TOTAL NEW CAPITAL COSTS AT CURRENT LEVEL	910	4,905	5,306	9,285
PUBSEC INDEX	250	250	250	250
	0.0	363.4	392.9	859.8

2.0 ECONOMIC IMPACT	Option 0 Business as usual	Option 1 Do Minimum - HTA Refurb Existing	Option 2 HTA Enhanced Refurb	Option 3 New Build at UHW
APPRAISAL PERIOD (YEARS)	64	64	64	64
2.1 COSTS NPC				
Capital Costs inc Lifecycle		5,013	5,492	9,687
Residual Value		0		
Revenue Costs	12,267	12,267	11,613	12,560
Transitional Costs	0	0	0	0
Externality Costs	0	0	0	0
Net Contribution (Benefit)	0	0	0	0
Total NPC excluding Risk	12,267	17,281	17,105	22,246
NPC Risk	0	266	287	513
Total NPC including Risk	12,267	17,547	17,392	22,759
EAC	499	645	638	830
RANK all options		2	1	3
RANK development options		2	1	3
Margin all options		-1.0%	0.0%	-30.1%
NPC Switch Value		(155)	155	(5,368)

3.0 ECONOMIC SENSITIVITY - Changes required to switch preferred preferred NPC option	Option 1 Do Minimum - HTA Refurb Existing	Option 2 HTA Enhanced Refurb	Option 3 New Build at UHW
Base Costs:	Base Cost Change Needed: (Lower)/ Higher		
Capital Costs	-3.1%	2.8%	-55.4%
Residual Value	0.0%		
Revenue Costs	-1.3%	1.3%	-42.7%
NPC change needed	(155)	155	(5,368)

Net Present Social Value
Option 0
 Cardiff and Vale UHB
 Mortuary PBC
 2022 December 5th

64 YEARS APPRAISAL
 £000 UNITS

PRINT SUMMARY

			0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	NPC	CASH	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37
OPPORTUNITY COST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAPITAL COSTS																		
Initial Capital Costs (ex Optimism)																		
Works	708	758	0	0	758	0	0	0	0	0	0	0	0	0	0	0	0	0
Fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Works & Land Acquisition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Contingencies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Initial Capital Costs (ex Optimism)	708	758	0	0	758	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Works Lifecycle	346	1,083	0	0	0	0	4	4	4	4	16	4	4	4	4	27	4	4
Equipment Lifecycle	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Existing Lifecycle	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residual Value	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Optimism Bias	44	47	0	0	47	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL COSTS	1,098	1,888	0	0	805	0	4	4	4	4	16	4	4	4	4	27	4	4
REVENUE COSTS																		
Clinical Services																		
Pay	5,217	12,462	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
Clinical Supplies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Clinical Costs	5,217	12,462	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
Non-Clinical Services																		
Non-Pay	3,446	8,233	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129
Support Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Clinical Costs	3,446	8,233	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129
Buildings and Facilities Costs																		
FM	3,605	8,611	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135
Equipment Service/Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Building and Facilities Costs	3,605	8,611	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135
Other Revenue Costs																		
Buy in service BAU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Revenue Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUB-TOTAL REVENUE COSTS	12,267	29,306	458	458	458	458	458	458	458	458	458	458	458	458	458	458	458	458
TRANSITIONAL COSTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXTERNALITIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CONTRIBUTION (Cost Reduction)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUE COSTS	12,267	29,306	458	458	458	458	458	458	458	458	458	458	458	458	458	458	458	458
TOTAL COSTS FOR VFM	13,365	31,194	721	721	721	721	721	721	721	721	721	721	721	721	721	721	721	721
	TRUE	TRUE																

Net Present Social Value
Option 0
 Cardiff and Vale UHB
 Mortuary PBC
 2022 December 5th

64 YEARS APPRAISAL
 £000 UNITS

PRINT SUMMARY

			0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	NPC	CASH	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37
OPPORTUNITY COST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAPITAL COSTS																		
Initial Capital Costs (ex Optimism)																		
Works	2,704	2,897	0	0	2,897	0	0	0	0	0	0	0	0	0	0	0	0	0
Fees	510	547	0	0	520	27	0	0	0	0	0	0	0	0	0	0	0	0
Non-Works & Land Acquisition	200	215	0	0	204	11	0	0	0	0	0	0	0	0	0	0	0	0
Equipment	23	25	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0	0
Contingencies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Initial Capital Costs (ex Optimism)	3,438	3,684	0	0	3,646	38	0	0	0	0	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Works Lifecycle	1,165	3,521	0	0	0	0	4	4	4	4	56	4	4	4	4	107	4	4
Equipment Lifecycle	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Existing Lifecycle	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residual Value	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Optimism Bias	410	440	0	0	435	4	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL COSTS	5,013	7,645	0	0	4,081	42	4	4	4	4	56	4	4	4	4	107	4	4
REVENUE COSTS																		
Clinical Services																		
Pay	5,217	12,462	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
Clinical Supplies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Clinical Costs	5,217	12,462	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
Non-Clinical Services																		
Non-Pay	3,446	8,233	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129
Support Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Clinical Costs	3,446	8,233	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129	129
Buildings and Facilities Costs																		
FM	3,605	8,611	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135
Equipment Service/Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Building and Facilities Costs	3,605	8,611	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135
Other Revenue Costs																		
Buy in service BAU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Revenue Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUB-TOTAL REVENUE COSTS	12,267	29,306	458	458	458	458	458	458	458	458	458	458	458	458	458	458	458	458
TRANSITIONAL COSTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXTERNALITIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CONTRIBUTION (Cost Reduction)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUE COSTS	12,267	29,306	458	458	458	458	458	458	458	458	458	458	458	458	458	458	458	458
TOTAL COSTS FOR VFM	17,281	36,951	721	721	721	721	721	721	721	721	721	721	721	721	721	721	721	721
	TRUE	TRUE																

Net Present Social Value
Option 2
 Cardiff and Vale UHB
 Mortuary PBC
 2022 December 5th

64 YEARS APPRAISAL
 £000 UNITS

PRINT SUMMARY

			0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	NPC	CASH	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37
OPPORTUNITY COST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAPITAL COSTS																		
Initial Capital Costs (ex Optimism)																		
Works	2,933	3,142	0	0	3,142	0	0	0	0	0	0	0	0	0	0	0	0	0
Fees	553	594	0	0	564	30	0	0	0	0	0	0	0	0	0	0	0	0
Non-Works & Land Acquisition	200	215	0	0	204	11	0	0	0	0	0	0	0	0	0	0	0	0
Equipment	23	25	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0	0
Contingencies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Initial Capital Costs (ex Optimism)	3,711	3,976	0	0	3,936	40	0	0	0	0	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Works Lifecycle	1,256	3,798	0	0	0	0	4	4	4	4	60	4	4	4	4	116	4	4
Equipment Lifecycle	72	200	0	0	0	0	0	0	0	0	0	0	25	0	0	0	0	0
Existing Lifecycle	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residual Value	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Optimism Bias	453	486	0	0	481	5	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL COSTS	5,492	8,460	0	0	4,417	45	4	4	4	4	60	4	29	4	4	116	4	4
REVENUE COSTS																		
Clinical Services																		
Pay	5,217	12,462	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
Clinical Supplies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Clinical Costs	5,217	12,462	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
Non-Clinical Services																		
Non-Pay	2,792	6,524	129	129	129	129	100	100	100	100	100	100	100	100	100	100	100	100
Support Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Clinical Costs	2,792	6,524	129	129	129	129	100	100	100	100	100	100	100	100	100	100	100	100
Buildings and Facilities Costs																		
FM	3,605	8,611	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135
Equipment Service/Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Building and Facilities Costs	3,605	8,611	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135	135
Other Revenue Costs																		
Buy in service BAU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Revenue Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUB-TOTAL REVENUE COSTS	11,613	27,597	458	458	458	458	429	429	429	429	429	429	429	429	429	429	429	429
TRANSITIONAL COSTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXTERNALITIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CONTRIBUTION (Cost Reduction)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUE COSTS	11,613	27,597	458	458	458	458	429	429	429	429	429	429	429	429	429	429	429	429
TOTAL COSTS FOR VFM	17,105	36,058	721	721	721	721	664	664	664	664	664	664	664	664	664	664	664	664
	TRUE	TRUE																

Net Present Social Value
Option 3
 Cardiff and Vale UHB
 Mortuary PBC
 2022 December 5th

64 YEARS APPRAISAL
 £000 UNITS

PRINT SUMMARY

			0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	NPC	CASH	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37
OPPORTUNITY COST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAPITAL COSTS																		
Initial Capital Costs (ex Optimism)																		
Works	4,453	4,826	0	0	3,379	1,207	241	0	0	0	0	0	0	0	0	0	0	0
Fees	842	912	0	0	639	228	46	0	0	0	0	0	0	0	0	0	0	0
Non-Works & Land Acquisition	346	375	0	0	263	94	19	0	0	0	0	0	0	0	0	0	0	0
Equipment	273	298	0	0	149	149	0	0	0	0	0	0	0	0	0	0	0	0
Contingencies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Initial Capital Costs (ex Optimism)	5,913	6,411	0	0	4,428	1,677	306	0	0	0	0	0	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Works Lifecycle	2,015	6,059	0	0	0	0	10	10	10	10	96	10	10	10	10	182	10	10
Equipment Lifecycle	862	2,381	0	0	0	0	0	0	0	0	0	0	298	0	0	0	0	0
Existing Lifecycle	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residual Value	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Optimism Bias	897	972	0	0	671	254	46	0	0	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL COSTS	9,687	15,823	0	0	5,100	1,932	362	10	10	10	96	10	308	10	10	182	10	10
REVENUE COSTS																		
Clinical Services																		
Pay	5,217	12,462	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
Clinical Supplies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Clinical Costs	5,217	12,462	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195	195
Non-Clinical Services																		
Non-Pay	2,700	6,284	129	129	129	129	96	96	96	96	96	96	96	96	96	96	96	96
Support Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Clinical Costs	2,700	6,284	129	129	129	129	96	96	96	96	96	96	96	96	96	96	96	96
Buildings and Facilities Costs																		
FM	4,643	11,322	135	135	135	135	180	180	180	180	180	180	180	180	180	180	180	180
Equipment Service/Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Building and Facilities Costs	4,643	11,322	135	135	135	135	180	180	180	180	180	180	180	180	180	180	180	180
Other Revenue Costs																		
Buy in service BAU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Revenue Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUB-TOTAL REVENUE COSTS	12,560	30,068	458	458	458	458	471	471	471	471	471	471	471	471	471	471	471	471
TRANSITIONAL COSTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXTERNALITIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CONTRIBUTION (Cost Reduction)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUE COSTS	12,560	30,068	458	458	458	458	471	471	471	471	471	471	471	471	471	471	471	471
TOTAL COSTS FOR VFM	22,246	45,891	721	721	721	721	746	746	746	746	746	746	746	746	746	746	746	746
	TRUE	TRUE																

Appendix 6 – Project Board Terms of Reference

Acute Infrastructure Sustainability Capital Programme Board

1. INTRODUCTION & ROLE

This Programme Board will provide assurance and direction of the major capital projects and discretionary capital schemes with a value over £xxxK - collectively comprising the Acute Capital Development Programme - in respect of the infrastructure and facilities at UHW and UHL hospital sites. It will also undertake the role of project board for individual major and discretionary capital schemes and will be responsible for ensuring the appropriate development of scheme plans, capital business cases and the delivery of the projects within its scope.

The Board will also continuously review the highest infrastructure risks in order to make recommendations to the Capital Management Group regarding relative prioritisation of schemes against the UHB's discretionary capital investment and also identify those schemes that will meet the criteria for submission for All Wales Major Capital Investment.

Whilst the Board of the UHB hold ultimate responsibility for the project, the purpose of the Programme Board is to direct and oversee the planning and delivery of acute infrastructure major capital schemes in to ensure delivery within the timescales and budget through to financial close.

The Programme Board will take responsibility for ensuring that the capital schemes are developed in line with the UHB's strategy and IMTP. In line with the UHB's strategy to replace the UHW site, the focus of the Programme Board's role for UHW capital scheme proposals will be to manage and mitigate the highest infrastructure risks.

The Programme Board will ensure that acute infrastructure capital scheme proposals are objectively assessed and that a recommendation is made to Capital Management Group on relative priority and resource requirements to develop capital proposals into fully developed project plans with supporting capital business cases. All business cases will be produced in line with internal capital management group requirements for discretionary capital schemes and WG Infrastructure Investment Guidance for major capital investment requests.

Once approved by the UHB, the major capital business cases will be submitted to WG for scrutiny, and where appropriate inclusion in the All Wales Capital Programme, and approval to proceed to the next stage in the business planning process.

2. RESPONSIBILITIES

The Terms of Reference for the Programme Board set out their responsibilities to ensure timely delivery of the proposals, and the development of the business case to support them.

These are as follows:

- To continuously review all acute infrastructure capital investment proposals to make a recommendation to Capital Management Group on scope and options to progress scheme;
- To confirm all appropriate planning resource requirements to progress each agreed capital scheme;
- To maintain a risk register for major acute infrastructure – UHW & UHL;
- To oversee the delivery of the projects within the timetable and cost and required quality;

- To ensure that robust business cases are developed by the Project Teams, which are compliant with the WG Infrastructure Investment Guidance, providing an internal scrutiny and assurance role, challenging the information on which the service proposals are based;
- To undertake appropriate programme assurance exercises including risk potential assessments, OGC Gateway Review, health impact assessment, equality impact assessment;
- To recommend to the UHB Board for approval project proposals in the form of a compliant business case based on a robust case for change, with affordable capital and revenue costs, and which can demonstrate value for money
- To ensure the various stages of the procurement process are managed in accordance with the Capital Investment Manual and the UHB's standing orders;
- To provide formal authority for committing resources, and obtaining appropriate approvals within the UHB, to deliver the capital projects;
- To ensure capital and revenue risk assessment and risk management strategies are in place for each scheme and monitored regularly;
- To ensure that the schemes deliver value for money;
- To ensure and monitor adherence to the project programme and to report variance;
- To ensure that effective communication and engagement is maintained and stakeholders are actively represented on the project;
- To liaise with WHSSC and other commissioners to ensure agreement and support for proposed developments – including additional revenue where appropriate;
- To ensure that there are mechanisms in place to minimise the disruptive effects of the projects on the running of the UHB, its staff, patients and visitors;
- To provide regular reports on Programme Performance to Capital Management Group.

3. REPRESENTATION

Membership of the Programme Board will consist of representation from within the UHB.

- Chair – Abigail Harris, Director of Strategy & Planning
- Geoff Walsh, Director of Capital Estates and Facilities
- Marie Davies, Deputy Director of Planning, Strategic and Service Planning
- Mike Bond, Director of Operations, Surgery Clinical Board
- Matthew Temby – Director of Operations, CD&T
- Geraldine Johnstone, Director of Operations, Medicine Clinical Board
- Cath Wood – Director of Operations, Specialist Clinical Board
- Jason Roberts, Deputy Director of Nursing
- Meriel Jenney – Clinical Board Director, CD&T
- Guy Blackshaw – Clinical Board Director, Specialist Clinical Board
- Adam Wright – General Manager, Perioperative Care
- Lee Davies – Director of Operational Planning
- Steve Hill - Head of Finance, Surgery Clinical Board
- Hywel Pullen – Head of Finance, Specialist Clinical Board
- David Thomas – Director of Digital & Health Intelligence
- TBC – Workforce Lead

There may be occasions where it will be necessary to invite other representatives to discuss/agree specific issues.

4. QUORUM AND ATTENDANCE

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

5. FREQUENCY OF MEETINGS

Meetings will, in general, be scheduled at bi-monthly intervals although additional meetings may be arranged from time to time, if required, to support the effective functioning of the project.

6. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Programme Board will be accountable for providing assurance to the UHB Board via the Management Executive and Capital Management Group. It will be responsible for the work progress of the Project Teams. The Chair will provide verbal/written reports to the Board as appropriate, highlighting progress to date, major issues, project risks and any actions to be taken.

7. OUTPUTS

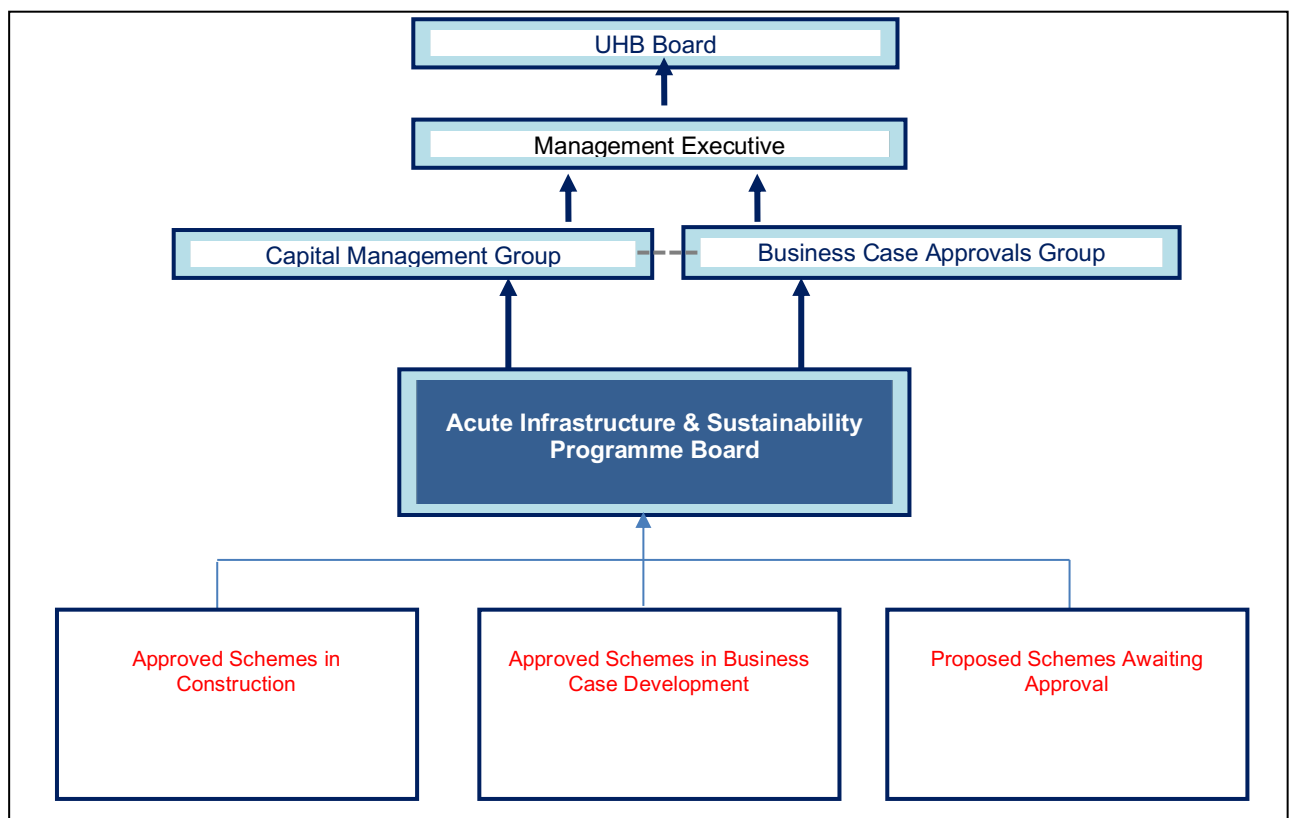
To oversee

- The production of capital business cases documents for approved schemes in line with the 5-case model or discretionary capital planning requirements.
- Scheme implementation to budget and timescales reporting on risks and delivery of benefits post implementation
- Prioritised capital scheme proposals for endorsement by Management Executive and Capital Management Group to proceed to formal scheme and business case planning

8. REVIEW

The Terms of Reference of this Programme Board will be reviewed annually.

9. PROGRAMME REPORTING STRUCTURE



CURRENT ACUTE INFRASTRUCTURE PROGRAMME:

Major Schemes in business case development:

- OBC – CAVOC Theatres replacement @ UHL and Ward Accommodation (SOC awaiting approval)
- OBC – Hybrid Vascular and Major Trauma Theatres (no SOC approved by WG – planning funded through discretionary programme)
- OJC – Radio-pharmacy Replacement (no SOC approved by WG – planning funded through discretionary programme)
- OBC – Genomics Facility (no SOC approved by WG – planning funded through discretionary programme)

Major schemes in construction:

- Construction of Cystic Fibrosis Facilities – UHL
- Construction of Specialist Neuro & Spinal Unit at UHL (Rookwood relocation)

Appendix 7 – Project Team Terms of Reference

CARDIFF AND VALE UHB

MORTUARY REFURBISHMENT PROJECT TEAM

DRAFT TERMS OF REFERENCE V.1 25TH JULY 2018

INTRODUCTION

The recent Human Tissue Authority (HTA) inspection of the UHW mortuary has identified several areas of concern both with the physical environment and the equipment within the area.

It is essential that consideration is given to the options to address the findings of the inspection which may include but is not restricted to the refurbishment of the existing facility or the provision of a new facility.

A Business Justification case (BJC) will need to be developed to secure All Wales Capital funding. The project team will have responsibility to oversee the production of the BJC.

ROLE

The Project Team will be responsible for the operational delivery of the business case and the procurement process on behalf of the UHB. The purpose of the group is to manage and co-ordinate the work at each key stage of the production of the business case and its subsequent implementation.

RESPONSIBILITIES

The Terms of Reference for the Project Team set out their responsibilities to ensure timely delivery of the proposals, and the development of the business case to support them. These are as follows:-

Accountability

- To support the Capital Management Group in managing the delivery, to time and cost, the capital and service change element of the development.
- Maintaining an efficient and auditable project administration function.
- To provide monthly verbal/written reports to the Capital Management Group highlighting progress to date, major issues, project risks and any actions to be taken.

Business Case Development Process

- To develop robust business case documents in line with the 5 case model on behalf of the Capital Management Group

Project Management

- To monitor the development of service models and operational policies associated with the development of the proposals.
- To monitor and approve the development of the design brief for the proposals.
- To monitor project progress against the project milestones as set out in the Management Control Plan

- To ensure that the capital spend is in line with the identified budget
- To review capital and revenue risks and ensure appropriate mitigation plans are developed
- To liaise with WHSSC to ensure agreement and support for proposed Mortuary refurbishment project
- To ensure the scheme delivers value for money
- To develop and implement post project evaluation plans

Communication

- To implement and deliver the internal and external communication activities associated with project communication strategy

REPRESENTATION

The Development of Mortuary Refurbishment Project Team will consist of representation from all appropriate stakeholders to the project. It is expected that members will attend personally. Deputies may attend by advance agreement only.

Chair

The Project Team will be chaired by Geoff Walsh, **Director**, Capital, Estates and Facilities

In Geoff Walsh's absence the Project Team will be chaired by Jeremy Holifield – Head of Capital Planning

Membership

Ryan James	Project Officer
Mike Bourne	CD&T
Scott Gable	Cellular Pathology Services Manager
Thomas Hockey	
Matthew Temby	Head of Operations and Delivery
Clive Morgan	Assistant Director of Therapies
Jane McMahon	Healthcare Planner

Support

Zoe Riden will be responsible for co-ordinating the meetings and developing agendas and papers in the week prior to the meeting.

FREQUENCY OF MEETINGS

Meetings will, in general, be scheduled at monthly intervals although the frequency of meetings may need to be adapted to reflect critical stages of the business case development action plan. It may be necessary, at times, for key members of the Project Team, to address any immediate issues that arise between meetings.

REPORTING ARRANGEMENTS

The Project Team will report to the Capital Management Group. The Chair will provide verbal/written reports to the Capital Management Group as appropriate, highlighting progress to date, major issues, project risks and any actions to be taken.

The Project Team will set up Sub Groups as appropriate to undertake specific detailed work on behalf of the Project Team. The Project Team will receive monthly reports from the Chairs of the Sub Groups on progress to date, major issues and project risks along with identified actions to be taken.

Sub Groups

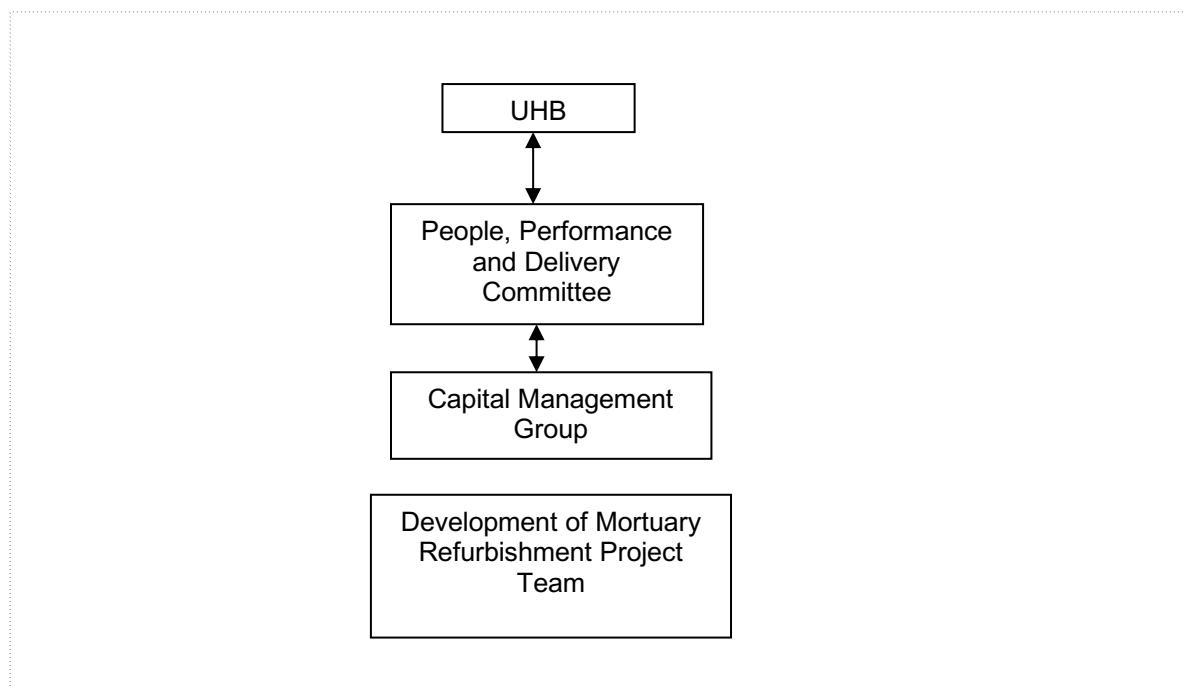
The function of the Sub Groups is to plan and carry out the detailed activities on behalf of the Project Team. The Project team will agree each groups work stream and deliverables and track them on a weekly basis. Work streams or sub streams are added or existing ones consolidated as the project progresses.

A member of the Project Team will lead each sub group and each team will comprise of UHB officers, advisors and where appropriate, clinical users and patient and public representatives and other key stakeholders.

A high level project reporting structure is attached as Appendix 1

Appendix 1

PROJECT REPORTING STRUCTURE



Appendix 8 – Benefits Realisation Plan

BENEFITS REALISATION PLAN – UHW MORTUARY REDEVELOPMENT

Benefit No.	Description of Benefit	Activities Required (to secure benefit)	Beneficiary	Baseline value (including measurement tool)	Target Improvement (expected level of change)	Timing (when benefit will be achieved)	Lead Responsibility
1	Rapidity of post mortem examinations	Improvements to flows through department	Health Board Relatives External partners	4 days until post mortem	2 days until post mortem	Upon completion of the facilities	Mortuary Service Lead
2	Improved productivity	Improvements to flows through department	Health Board	1 delayed post mortems	No delayed post mortems	Upon completion of the facilities	Mortuary Service Lead
3	Increased bariatric capacity	Increased bariatric capacity	Health Board Relatives	>1 patient occupying multiple non-bariatric spaces	No patients occupying multiple non-bariatric spaces Maximized storage, single space occupancy	Upon completion of the facilities	Mortuary Service Lead
4	Increased capacity	Increased non-bariatric capacity	Health Board Relatives	>10 patients being store in contingency spaces, transferred between sites	<10 patients being store in contingency spaces, transferred between sites	Upon completion of the facilities	Mortuary Service Lead
5	Improved Maintenance of dignity	Increase in freezer capacity	Health Board Relatives	>1 Long stay patients (beyond 30 days) not frozen when clinically applicable	No long stay patients not frozen, when clinically applicable	Upon completion of the facilities	Mortuary Service Lead

Appendix 9 – Equality & Health Impact Assessment

Equality & Health Impact Assessment for

Outline Business Case for the Development of the Mortuary at University Hospital of Wales

Introduction and Aim

The Business Justification Case (BJC) presents the proposal for the development of the Mortuary at University Hospital of Wales.

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	The development of the Mortuary at University Hospital of Wales Business Justification Case
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	The Senior Responsible Owner (SRO) for this development is: Abigail Harris, Executive Director of Planning Cardiff and Vale UHB Headquarters University Hospital of Wales (UHW) Heath Park Cardiff CF14 4XW

3. Objectives of strategy/ policy/ plan/ procedure/ service	The specific investment objectives for this business case are:			
	Investment Objective	Description	Measure	Time
	1. Quality of Service	Maintenance of HTA license and improved productivity Storage of relevant materials	HTA License Number of post mortems carried out	This objective will be achieved when new facilities are commissioned
	2. Quality of Environment	Improved environment for the deceased Improved local facilities for the bereaved Improved working environment for staff	Compliance with HBN/HTMs User feedback Staff survey	This objective will be achieved when new facilities are commissioned
	3. Capacity	To provide sufficient capacity to meet the demands of the population over the next 10 years, in line with demographic projections to include increased demand associated with winter pressures and local emergency planning	Capacity deficient reports – daily	This objective will be achieved when new facilities are commissioned
	4. Effective Use of Resources	To provide an environment that promotes improved service efficiency through improved flow, productivity and	Reduction in damage sustained to building fabric and infrastructure – reduction in	This objective will be achieved when new facilities are commissioned

		improved patient and relevant material management pathway flows	avoidable maintenance costs Avoidance of HTARIs associated with body handling and maintenance of dignity of the deceased and retention of relevant mater	
	5. Sustainability	To provide a service within an environment that is sustainable and accreditable, and with particular reference to HTA licensing requirements and reduction of ongoing maintenance costs.	HTA requirements Ability to recruit high quality clinical staff Maintenance costs	This objective will be achieved within 1 year of new facilities being commissioned
	6. Practicality of Delivery	Ensure a solution which can be delivered in a timely manner and with services being maintained during construction with minimal disruption	Project programme / delivery date	Business Case approval by CVUHB and WG

<p>4. Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages • Cluster and GP Practice Plans <p>Population pyramids are available from Public Health Wales Observatory and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p> <p>For more information please see: http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face</p> <p>6 All Wales Standards for Communication and Information for People with Sensory Loss 2013)</p> <p>http://www.gmc-uk.org/guidance/ethical_guidance/21179.asp</p> <p>http://www.stonewallcymru.org.uk/our-work/research/have-your-say</p> <p>More than just words: Strategic Framework for Welsh Language Services in Health, Social Services and Social care (2012)</p>	<p>Under the Equality Act 2010 the Health Board has a legal duty to pay due regard to duties to eliminate discrimination, advance equality and foster good relations between those who share protected characteristics and those who do not.</p> <p>This means taking into account the needs of people from different groups within the population who might be affected by the proposals. The Health Board must take reasonable and proportionate steps wherever possible to eliminate or mitigate any identified potential or actual negative impact or disadvantage. Developing a major trauma network also gives the opportunity to identify and enhance any potential positive impact on protected groups. The Equality Act 2010 gives people protection from discrimination in relation to "protected characteristics"</p> <p>The Health Board also has a responsibility to carers under the legislation.</p> <p>The Human Rights Act 1998 places a positive duty to promote and protect rights for all. In Wales, there is a responsibility to comply with the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No. 7) Regulations 2018 in terms of seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.</p> <p>Further the Health Board needs to adhere to the All Wales Sensory Loss Standards for Accessible Communication and Information for People with Sensory Loss and will take all their legal duties into consideration when making decisions around this proposal</p> <p>The Health Board recognise that consideration of the needs of protected groups helps to develop and deliver cost-effective services and person-centred care, ensuring that people are treated fairly and equitably.</p>
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	<p>EHIA is an ongoing process running throughout the course of the decision making process, from the start through to implementation and review. It requires consideration of how the development of the proposal may affect a range of people in different ways</p> <p>It is worth specifically mentioning that under the Equality Act 2010 there is a duty to make reasonable adjustments for people with disabilities and deliver appropriate service provision. The Act also helps to ensure that people with disabilities are protected against discrimination.</p> <p>The Health Board has been gathering evidence to inform the assessment of the potential impact of the proposed establishment on patients, families and carers, staff, and other stakeholders and are looking at a range of national research evidence and engagement with key stakeholders has helped in considering the potential impact. In particular, the Health Board are aware that many people who share certain protected characteristics such as disability, older age, younger people and some minority ethnic groups also face social and or economic disadvantage.</p> <p>While socio-economic status is not a protected characteristic under the Equality Act 2010, there is a strong correlation between the protected characteristics and low socio-economic status, demonstrated by the findings of numerous research studies. The report Transport and Social Exclusion: Making the Connections (Social Exclusion Unit, 2003) highlighted the current challenges faced by socially excluded groups in accessing health and other services. They found people who are socially excluded are more likely to experience a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age, coupled with poor transport provision or services sited in inaccessible locations. It also found that the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups.</p> <p>Looking at socio-economic disadvantage goes some way to showing due regard to equality considerations. There will also be other distinct areas that are not driven by socio-economic factors but which relate directly to people with different protected characteristics.</p> <p>2.1 Potential impacts on protected characteristic groups?</p>
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		<p>2.1.1 <i>Gender</i> No impacts upon this protected characteristic are anticipated.</p> <p>2.1.2 <i>Age</i> No impacts upon this protected characteristic are anticipated.</p> <p>2.1.3 <i>Race</i> No impacts upon this protected characteristic are anticipated.</p> <p>2.1.4 <i>Disability</i> No impacts upon this protected characteristic are anticipated.</p> <p>2.1.5 <i>Marriage and civil partnership</i> No impacts upon this protected characteristic are anticipated.</p> <p>2.1.6 <i>Pregnancy and maternity</i> No impacts upon this protected characteristic are anticipated.</p> <p>2.1.7 <i>Religion or belief (including lack of belief)</i> No impacts upon this protected characteristic are anticipated.</p> <p>2.1.8 <i>Sexual orientation</i> No impacts upon this protected characteristic are anticipated.</p> <p>2.1.9 <i>Transgender</i> No impacts upon this protected characteristic are anticipated.</p> <p>2.1.10 <i>Welsh Language</i> No impacts upon this protected characteristic are anticipated.</p>
5	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>No patients, relatives or carers will be affected by this project.</p> <p>Staff members will have improved facilities.</p>

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	No impact		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	No impact		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	No impact		

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
6.4 People who are married or who have a civil partner.	No impact		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	No impact		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	No impact		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No impact		
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	No impact		

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	No impact		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	No impact		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No impact		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No impact		

Note 1 The Building and Engineering Standards including Equality & Health Implications 2018 checklist is attached at Appendix A for use during the development and refurbishment of the UHB Estate. This reference document brings together the statutory and mandatory requirements that guide any development and also includes best practice for promoting population health.

KATE ROBERTS WILL HAVE A BETTER VIEW IF THE BELOW AND SO MAY WISH TO COMMENT.

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	No impact		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	No impact		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>If vacancies arise the recruitment of staff, will be in accordance with Health Board recruitment policies</p>	<p>Employment of local people to reflect demographic population as far as possible given the specialist nature of the service</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved working conditions for staff • Reduced manual handling risks <p>Potential negative impacts: No negative impacts</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	No impact		
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	No impact		

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Summary of Analysis The project is a refurbishment of existing facilities. There will be some improvements for staff and reduction in risks around manual handling but very little material change in other aspects
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No key actions			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops. Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review	Continues unchanged as there are no significant negative impacts			

Appendix 10 – Risk Register

November 2022 Mortuary Refurbishment Risk Register.xlsx



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Mortuary Refurbishment UHW- Risk/Issue Log

This template should be updated on a monthly basis. It should contain the key risks and issues facing each work stream. Each project work stream lead is responsible for ensuring that risks and issues are updated accurately.

Reference	Guidance	Scoring
Impact	Impact if the risk materialises, scored 1 - 5	4 & 5 = high
		3 = medium
		1 & 2 = low
Likelihood	Likelihood of the risk materialising, scored 1 - 5	4 & 5 = high
		3 = medium
		1 & 2 = low
Overall Rating	Impact x Likelihood, scored 1 - 25	16 - 25 = high
		8 - 16 = medium
		1 - 8 = low

Completed by:

Project Team

01/11/2022

OPEN PROJECT/CLINICAL BOARD/SERVICE RISKS

Ref	Date Raised	Category/Type	Risk/Issue (including impact and interdependencies with other risks)	Impact	Likelihood	Overall Rating	Owner	Mitigation and actions required	Last Reviewed	Closed Date	Risk /Issue Status	Notes and Actions taken
R1	30/07/2021	Financial	Capital Investment not secured	H	H	H	Geoff Walsh	Ongoing discussions with Welsh Government	01/11/2022		Open	
R2	30/07/2021	Delivery through Third Parties	Insufficient resources within the Health Board Team to deliver the project	M	M	L	Geoff Walsh	Internal Health Board supported by external consultants where appropriate	01/11/2022		Open	
R3	30/07/2021	Operational	Reduction in operational efficiency during works - may affect other services on site	H	M	M	Geoff Walsh	Planning and scheduling of works to minimise impact and any loss of areas (e.g. mortuary capacity) will be provided elsewhere	17/08/2021		Open	
R4	30/07/2021	Operational	Design doesn't fully meet the operational requirements	H	L	M	Geoff Walsh	Ensure signed off drawings with end users	17/08/2021		Open	
R5	30/07/2021	Programme	Scheme not progressed to programme, impacting on the service delivery and the HTA expectations	H	M	H	Geoff Walsh	Regular programme review with Project Manager and Project Team to identify any potential impacts to the programme	01/11/2022		Open	
R6	30/07/2021	Financial	Cost of scheme overruns (listed status, unexpected conditions)	H	H	H	Geoff Walsh	Robust interrogation of costs by external advisor to ensure they are valid	01/11/2022		Open	
R7	30/07/2021	Programme	Delayed approval by WG and resulting additional costs given volatility of the construction market	H	H	H	Geoff Walsh	Ongoing discussions with Welsh Government. Review with the successful contractor any inflationary uplifts at the time of approval. Tender returns are currently valid for 6 months	01/11/2022		Open	
R8	30/07/2021	Construction	Risk to staff and patients during works	M	L	L	Geoff Walsh	Clear segregation of construction works and deliveries planned in advance. Good communication plan in place	01/11/2022		Open	
R9	16/08/2021	Operational	Regulatory compliance during works	M	L	L	Scott Gable		17/08/2021		Open	
R10	16/08/2021	Operational	Reduced storage capacity	M	L	L	Scott Gable	additional storage containers could be sourced during the build. Large equipment may need to be moved to semi-permanent stores	17/08/2021		Open	
R11	16/08/2021	Operational	Partner agency impact	M	M	M	Scott Gable	Partners will be told in advance of the works and asked to take appropriate steps to mitigate risks	17/08/2021		Open	
R12	16/08/2021	Premises Operational Risk	Unexpected findings/operational delivery delays	M	M	M	Scott Gable	Where ever possible, prior warning will be given regarding operational delays. Where this is not possible, the team will work collaboratively to accommodate any inconvenience	01/11/2022		Open	
R13	16/08/2021	Governance	Transportation of the deceased between sites- tracing issues, crashes etc	M	L	L	Scott Gable	SOP's will be put in place for transferring patients between sites	01/11/2022		Open	
R14	16/08/2021	Human resources	Operation across multiple sites - staffing, communication, transport of notes, transport of pathologists	M	L	L	Scott Gable	All teams affected by the work will be engaged at the beginning of the project to identify potential risks. Appropriate SOP's will be drafted by the staff.	01/11/2022		Open	
R15	17/08/2021	Financial	Cost of transporting the deceased (£90)	M	L	L	Scott Gable	The mortuary are looking to purchase a vehicle that we can use to transport patients on a permanent basis	01/11/2022		Open	
R18	17/08/2021	Policy Implementation	WIFM - will have to look elsewhere as we won't be able to accommodate them as we currently do	M	L	L	Scott Gable	Advanced notice will be given to WIFM to allow them sufficient time to find aultemative accomodation	01/11/2022		Open	
R20	17/08/2021	Construction	Activity scheduling - there will be a lack of flexibility for the referb period.	L	L	L	Scott Gable	Staff will aim to work as flexibly as possible while construction is underway.	01/11/2022		Open	
R21	17/08/2021	Operational	Out of hours receipt of the deceased will become an issue as UHL porters will need training and HTA compliance. UHL may not have the resource to assist in the capacity that is needed.	M	L	L	Scott Gable	UHL porters will be trained in HTA compliance	17/08/2021		Open	
R22	17/08/2021	Operational	Transport and storage of relevant materials for a scheduled purpose	M	L	L	Scott Gable	SOP's will be put in place for the transferring of relevant materials	17/08/2021		Open	
R23	17/08/2021	Premises Operational Risk	Temperature monitoring and alarms - we exceed recommended temperature storage limits	M	M	M	Scott Gable	appropriate temperature monitoring and alarms will be implemented in UHL to mitigate the risk of exceeding the recommended temperature	01/11/2022		Open	
R24	17/08/2021	Human resources	Staff may have to travel further to get to their place of work and this would require staff to be reimbursed for travel	L	M	L	Scott Gable	Staff will be given advanced notice of the works to allow them adequate time to adjust their arrangements to get to and from work. where appropriate staff will be reimbursed for their travel	01/11/2022		Open	

November 2022 Mortuary Refurbishment Risk Register.xlsx

Ref	Date Raised	Category/Type	Risk/Issue (including impact and interdependencies with other risks)	Impact	Likelihood	Overall Rating	Owner	Mitigation and actions required	Last Reviewed	Closed Date	Risk /Issue Status	Notes and Actions taken
R25	17/08/2021	Operational	Licence application is a risk as HTA may turn it down	H	M	M	Scott Gable	HTA will be given all appropriate information and all risks mitigated to increase chances of obtaining a HTA licence for UHL	17/08/2021		Open	
R26	03/05/2022	Financial	There is a risk that additional revenue is needed during construction - this can result from increases in costs for materials due to the global market etc.	H	M	H	Scott Gable	CAV will endeavor to ensure there is sufficient contingency funding to mitigate resonable increases in costs due to global markets	01/11/2022		Open	
R27	03/05/2022	Operational	Currently the facility is not compliant with HTA standards. As the facility continues to age, without renovation works, it will continue to deteriorate. The ongoing deterioration and non compliance presents a risk that the HTA could insist on the facility closing until improvements are complete.	H	M	H	Scott Gable	The HTA are aware of our efforts to update the facility. Scott is in close contact with the HTA to ensure we minimise the risk of closure	01/11/2022		Open	
R28	24/05/2022	Operational	If R27 is realised there is a reputational risk to CAVHB through media exposure - this has happened previously	H	M	H	Scott Gable	The HTA are aware of our efforts to update the facility. Scott is in close contact with the HTA to ensure we minimise the risk of closure	01/11/2022		Open	

Appendix 11 – Risk Potential Assessment (RPA): Stage 1



Llywodraeth Cymru
Welsh Government

Welsh Government Integrated Assurance

Risk Potential Assessment Form (RPA)

(IAH-RPA)

Version 2.0 – March 2019

March 2019

INTRODUCTION

About OGC Gateway™:

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

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

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

Value of the OGC Gateway Process

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

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

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

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

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

The RPA form is in five sections :

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

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

SECTION 1 :	Programme/Project General Information
1. Is this a Portfolio/Programme or Project?	Project
2. Programme/Project name	Development of Mortuary at University Hospital of Wales
3. Your Division/Department	Planning
4. Programme/Project Type	Infrastructure
5. SRO Contact Details (to include telephone number, mobile number and e-mail address)	<p>Abigail Harris, Executive Director of Planning, Cardiff and Vale University Health Board Woodland House Maes Y Coed Rd Llanishen, Cardiff CF14 4TT</p> <p>Tel. 029 20 747747. Abigail.Harris@wales.nhs.uk</p>
6. Programme/Project Manager details (to include telephone number, mobile number and e-mail address)	<p>Geoff Walsh, Director of Capital Estates and Facilities, Cardiff & Vale UHB Woodland House, Maes y Coed Road, Heath, Cardiff, CF14 4HH Tel: 029 2183 6227 Email: Geoff.Walsh@wales.nhs.uk</p>
7. Primary contact point for administration of the OGC Gateway™ Review (to include telephone number, mobile number and e-mail address)	<p>Alex Morris, Interim Capital Planning Manager, Cardiff & Vale UHB Woodland House, Maes y Coed Road, Heath, Cardiff, CF14 4HH Tel: 029 218 36439 Email: alex.morris2@wales.nhs.uk</p>
<p>8. Finance Officer details: Review (to include telephone number, mobile number and e-mail address)</p> <p><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></p>	<p>Pingyan Lau, Finance, Cardiff & Vale UHB Woodland House, Maes y Coed Road, Heath, Cardiff, CF14 4HH Tel: 029 2183 6412 Email: pingyan.lau@wales.nhs.uk</p>
9. Date of previous Gateway Review if applicable – <i>please include previous Gateway Product & IAH unique number).</i>	<p>Click here to enter a date.</p> <p>Choose an item.</p>

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:

This project will redevelopment of the mortuary at University Hospital of Wales (UHW).

The specific investment objectives for this project are:

Spending Objective	Description	Measure	Time
1. Quality of Service	Maintenance of HTA license and improved productivity Storage of relevant materials	HTA License Number of post mortems carried out	This objective will be achieved when new facilities are commissioned
2. Quality of Environment	Improved environment for the deceased Improved local facilities for the bereaved Improved working environment for staff	Compliance with HBN/HTMs User feedback Staff survey	This objective will be achieved when new facilities are commissioned
3. Capacity	To provide sufficient capacity to meet the demands of the population over the next 10 years, in line with demographic projections to include increased demand associated with winter pressures and local emergency planning	Capacity deficient reports – daily	This objective will be achieved when new facilities are commissioned
4. Effective Use of Resources	To provide an environment that promotes improved service efficiency through improved flow, productivity and improved patient and relevant material management pathway flows	Reduction in damage sustained to building fabric and infrastructure – reduction in avoidable maintenance costs Avoidance of HTARIs associated with body handling and maintenance of dignity of the deceased and retention of relevant mater	This objective will be achieved when new facilities are commissioned

5. Sustainability	To provide a service within an environment that is sustainable and accreditable, and with particular reference to HTA licensing requirements and reduction of ongoing maintenance costs.	HTA requirements Ability to recruit high quality clinical staff Maintenance costs	This objective will be achieved within 1 year of new facilities being commissioned	
6. Practicality of Delivery	Ensure a solution which can be delivered in a timely manner and with services being maintained during construction with minimal disruption	Project programme / delivery date	Business Case approval by CVUHB and WG	

This project is at Business Justification Case (BJC) stage

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?	No
If YES, please state who is the responsible minister(s)	Choose an item.
3.1.2: Does the programme/project cut across ministerial portfolios	No
3.1.3: Does the programme/project satisfy a major policy commitment?	Yes
If YES, Which policy?	<ul style="list-style-type: none"> • <i>National Development Framework (October 2019)</i> • <i>Prosperity for All: A Low Carbon Wales (2019)</i> • <i>A Healthier Wales: Our Plan for Health and Social Care (2018)</i> • <i>Together for Health: A five Year Vision for the NHS in Wales</i> • <i>Planning Policy Wales (10th edition, 2018)</i> • <i>Well-being of Future Generations (Wales) Act 2015</i>
3.1.4: Does the Programme/Project impact Key Organisational Objectives?	Aligned to organisational objectives - No Change
3.1.5: Does the Programme/Project impact Business Change?	No change
Strategic Alignment & Commitment – Self assessed risk rating	Low
Further information & explanatory note: <p>This project will require legislation and statutory compliance in relation to H&S, Fire Regulations and environmental standards. HBN's and HTN's where applicable and appropriate. Planning and building legislation and licensing. Ecological guidance and legislation.</p>	

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?	1 Year or less
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: Funding awaiting Business Case approval	

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?	Small number of stakeholders in one organisation
3.3.3: Impact on resources	resources identified
3.3.4: How many staff within the organisation will be affected by the programme/project?	no impact
3.3.5: Impact on Public	No impact
Stakeholder Engagement – Self Assessed Risk Rating	Very Low
Further information & explanatory note:	

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?	No
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	Very Low

Further information & explanatory note:

SECTION 3.5 Programme/Project Dependencies

3.5.1: Is the Programme or Project dependant on or connected to wider initiatives?	standalone programme/project with no dependency
3.5.2: Does the programme/project depend on key components, consent or approvals which are outside the organisations direct control?	approval or consent already obtained
3.5.3: Does the programme/project key objective require new IT systems and/or the need to develop interfaces with existing IT systems?	No IT dependency
3.5.4: How complex are the commissioning/procurement arrangements for the programme/project	Single supplier required from existing commissioning/procurement framework
Programme/Project Dependencies – Self Assessed Risk Rating	Very Low
Further information & explanatory note:	

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 (Senior Responsible Owner)	Date
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 (Senior Responsible Owner)	Date

Appendix 12 – Audit and Assurance Plan

Assurance/Approval		Outline Scope	2022/23						2023/24										2024/25					
		October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	
Programme/Project Milestones																								
Approvals	Estimated Cost - £4m	BIC Preparation		BIC Submission	WG Scrutiny	Target BIC Approval	Construction													Completion and Operation				
	BIC Submission - End January 2023																							
	Targets:																							
	BIC Submission - End January 2023																							
	BIC Approval - April 2023																							
Start on Site - May 2023																								
UHL Complete - Sept 2023																								
UHW Complete - April 2024																								
Source: HB Programme Info (Oct 2022)																								
General Programme-Level Assurance																								
Validation of Management Action																								
Governance	Defined Arrangements																							
	Programme Management																							
	Effectiveness of Operation																							
	Adequacy of Management and Control Arrangements																							
	Approvals																							
	Readiness to Proceed																							
	Adequacy and effectiveness of work streams																							
Functional Assurance																								
Financial	e.g.																							
	Approvals																							
	Budget setting																							
	Financial Monitoring/Management																							
	Use of Project Bank Accounts																							
	Cost Control																							
	Contingency Management																							
	Risk Management (and associated costs)																							
	Ongoing Cost Monitoring																							
Technical	e.g.																							
	Programme Management																							
	Contractual Appointments																							
	Determination of Target Cost																							
	Validation of Costs to Date																							
	Calculation of Pain/Gain																							
	Compliance with Framework Conditions																							
	Agreement of the Final Account																							
Advisers	e.g.																							
	Appointments																							
	Contractual arrangements																							
	Fee Management																							
	Monitoring/Reporting																							
	Performance																							
Design	e.g.																							
	Affordability																							
	Management of Derogations																							
	Impact of Value Engineering / Affordability Analysis																							
	Compliance with Design Warranties																							
	Sign Off/Approvals																							
Planning	e.g.																							
	Delivery of Planning Conditions/ Requirements																							
	Communications/Management																							
Change Control	e.g.																							
	Change Management Arrangements																							
	Delegated Authority																							
	Case for Change																							
	Design Change Management																							
	Approvals																							
Equipping	Procurement																							
	Use of single tender actions/National frameworks etc																							
	Specification/User requirements																							
	Warranty/Guarantees																							
	Delivery/Installation & Commissioning																							
Quality	e.g.																							
	Achievement/delivery of critical success factors																							
	Compliance with Community Benefits Policy																							
	Performance Management																							
	Application of Contract Requirements																							
	Client Quality control arrangements/Internal scrutiny																							
	Commissioning/Handover																							
	Post completion/Handover/Operational																							
Information	e.g.																							
	Information Management Systems																							
Stakeholder(s)	e.g.																							
	Stakeholder engagement																							
	Local Authority Engagement																							
	Welsh Government																							
	Fire Service engagement																							
	Other																							
Non- Opinion Assurance																								
Attendance at Key Meetings																								
SRO/Deputy SRO Support																								
General Advisory Support																								
Audit Committee Prep & Attendance																								

2022/23 £ -

2023/24 £ 9,550

2024/25 £ -

Total £ 9,550