

University Hospital Llandough – Theatre Development

Outline Business Case – Appendices (Document 3)

January 2023

CONTENTS

Appendix 1 – Summary of Relevant Legislative, Policy and Strategic Context

Appendix 2 – Theatre Steering Group Terms of Reference

Appendix 3 – Detailed analysis of capacity, demand and workforce

Appendix 4 - Shortlisted Options Drawings

Appendix 5 – Qualitative Benefits Appraisal: List of Attendees

Appendix 6 – Non Financial Option Appraisal Scoring

Appendix 7 – Capital Cost Forms

Appendix 8 - Economic Option Appraisal Outputs

Appendix 9 – Risk Appraisal Matrix

Appendix 10 - Project Board Terms of Reference

Appendix 11 – Project Team Terms of Reference

Appendix 12 - Benefits Realisation Plan

Appendix 13 - Risk Register

Appendix 14 - Equality & Health Impact Assessment

Appendix 15 - Risk Potential Assessment (RPA): Stage 1

Appendix 16 – Integrated Assurance Approval Plan (IAAP)

Appendix 1 – Summary of Relevant Legislative, Policy and Strategic Context

Anti-racist Wales Action Plan (June 2022)

The Anti-racist Wales Action Plan builds on previous Welsh Government initiatives on race equality and has been developed in collaboration with a wide range of communities and organisations across all parts of Wales. It is a real opportunity to make a difference as a catalyst to improving life chances and tackling poverty across all protected groups.

The Plan builds on the findings of the Welsh Government Socio-Economic Subgroup report on coronavirus (COVID 19) and people from the ethnic minority backgrounds in Wales and is built on the values of anti-racism. This means that a common theme that runs across all the chapters is the desire to strive for a nation in which there is zero tolerance for racism in all its guises. In this regard, the Plan is comprehensive and touches every institution over which the Welsh Government has influence.

The guiding principle of this Plan is that the rhetoric on racial equality should be translated into meaningful action, with organisations and institutions made accountable for turning this into reality as is common with other important policy areas.

NHS Wales Planning Framework 2022 – 2025 (2021)

This Framework looks ahead to the next three years to deliver sustainable services for patients in Wales as we learn to live with covid. The requirement is for organisations to produce a three year Integrated Medium Term Plan (IMTP) covering the period 2022-2025.

A Healthier Wales remains the overarching policy context for health and social care and drives the commitments to deliver seamless care. Integrated plans must focus on improving population health as the mechanism to deliver health equity, learning from the pandemic and address the impact of issues such as obesity and smoking on people's outcomes.

While the covid response necessarily remains integral to NHS planning, the next three years will need a renewed focus on recovery. This must be a whole system approach and build on the learning and experiences across health and care. Digital technology and innovation has been instrumental in maintaining and evolving care and services during the pandemic. The changes must be accelerated and embedded wherever possible to revolutionise delivery of appropriate aspects of services.

In order to optimise the capacity, efficiency and effectiveness across health care settings, prudent health care principles and value-based healthcare will be the basis on which services are planned and delivered. This must be supported by rigorous infection and protection control measures in hospitals and the community which keep staff and patients safe and maintain capacity.

Future Wales – The National Plan 2040 (2021)

Future Wales – the National Plan 2040 is the national development framework, setting the direction for development in Wales to 2040. It is a development plan with a strategy for addressing key national priorities through the planning system, including sustaining and developing a vibrant economy, achieving decarbonisation and climate-resilience, developing strong ecosystems and improving the health and well-being of communities.

Future Wales is a plan promoting development that enhances wellbeing and quality of life. It is a framework to focus on achieving big ambitions when developing and regenerating cities, towns and villages. Future Wales empowers plans at the regional and local scales to identify schemes and projects that benefit communities and help to achieve national ambitions.

NHS Wales Decarbonisation Strategic Delivery Plan (2021)

This plan demonstrates how NHS Wales can play its part in the covid recovery, its commitment to the *Wellbeing of Future Generations (Wales) Act 2015* and builds further upon the 2019 decarbonisation strategy, *Prosperity for All: A Low Carbon Wales* further stating the ambition for the public sector to be net zero by 2030, and the specific policy to reduce emissions in the health sector.

Sustainability is key to ensuring the Health Board can continue delivering healthcare outcomes that matter today and, in the future, and in support of this, the Health Board have adopted their own strategic sustainability objectives with the agenda including:

- Biodiversity;
- Energy consumption and exploration of low-energy alternatives;
- Waste reduction and recycling measures;
- Water usage reduction initiatives;
- Sustainable buildings and infrastructure;
- A commitment to Active Travel.

National Clinical Framework: a learning health and care system (2021)

The National Clinical Framework sets out a coherent vision for the strategic and local development of NHS clinical services. It is grounded in the life course approach to service delivery and aligned to the burden of disease facing the population. Its intent is to improve patient outcomes and support the planning and delivery of resilient clinical services. It builds upon the findings of the Parliamentary Review and the direction set in *A Healthier Wales* and has benefited from looking at international experience and engagement with NHS colleagues. The Framework will sit at the centre of the system of planning.

The Framework sets out a new model of planning and delivery for clinical services. It sets out how the NHS Executive will emerge as the central guiding hand called for by the Organisation for Economic Co-operation and Development (OECD) and Parliamentary

Review. Over time the Executive will incorporate the existing national networks, programmes and support units. It will use these components to direct, support and enable the NHS in Wales to transform clinical services in line with national priorities. It will have a significant focus on ensuring that nationally agreed service innovations and holistic pathways of care that have been developed through the collaboration of NHS bodies are then implemented. The National Clinical Framework links the Executive to other NHS bodies through its national programmes and networks. The Framework confirms the introduction of a new suite of documents to guide the development of clinical services called 'quality statements'.

A More Equal Wales – The Socio-economic Duty (2021)

The Socio-Economic Duty builds upon the principles of the Equality Act 2010 and the Future Generations of Wales Act 2015 however the Duty which came into force in March 2021 will be a key mechanism in planning Wales's recovery from the impact of covid, making sure that the most vulnerable people in communities are supported. This enables a move towards the reconstruction of a fairer and more prosperous Wales.

National Development Framework (NDF) (October 2019)

NB: This became Future Wales – The National Plan 2040 (2021)

In summary, the main features of the draft NDF include:

- Significant employment and housing growth will mainly take place in three 'National Growth Areas':
 - Cardiff, Newport and the Valleys
 - Swansea Bay and Llanelli, and
 - Wrexham and Deeside
- A secondary role for 'Regional Growth Areas' located around Wales
- Urban growth to be supported by public transport and active travel (walking and cycling) networks
- 114,000 new homes needed by 2038, 47% of these to be affordable homes during the first five years
- Three regions, each with its own Strategic Development Plan, to enable bespoke approaches in different parts of Wales
- Each region has its own allocation for new homes by 2038:
 - North Wales, 19,400
 - Mid and South West Wales, 23,400, and
 - South East Wales, 71,200
- Improved transport links within Wales and cross-border with England, with support for the North Wales, Swansea Bay and South Wales Metros
- 'Wind and Solar Energy Priority Areas' where there is a presumption in favour of development and an acceptance of landscape change
- Mobile Action Zones to improve mobile coverage

- More electric vehicle charging infrastructure
- Support for District Heat Networks
- A national forest and frameworks for enhancing biodiversity and ecosystem resilience
- Greenbelts in North East and South East Wales
- A Valleys Regional Park
- Policies for specific areas – Cardiff, Swansea, Newport and the Heads of the Valleys, and
- Policies for strategic infrastructure – Port of Holyhead, Cardiff Airport, North West Wales Energy and the Haven Waterway in South Pembrokeshire

Prosperity for All: A Low Carbon Wales (September 2019)

Climate change is the globally defining challenge of our time and is a matter which transcends political and social boundaries, it is also often the most vulnerable in communities who are impacted the most. Decarbonisation offers enormous opportunities to create a vibrant and socially-just economy helping create a society in Wales that ensures well-being and tackles inequality.

The Prosperity for All: A Low Carbon Wales Plan sets out the Welsh Government's approach to cut emissions and increase efficiency in a way that maximises wider benefits for Wales, ensuring a fairer and healthier society. It sets out 100 policies and proposals that directly reduce emissions and support the growth of the low carbon economy. Delivering these ambitious decarbonisation targets will require significant leadership, collaboration with partners and the involvement of society as a whole and over the coming years WG will continue to refine the policies and raise ambition to accelerate action in line with the pathway towards a low carbon Wales.

The Topol Review - Preparing the healthcare workforce to deliver the digital future (February 2019)

As people live longer, but also with more long-term conditions, there is an inexorable increase in the demand for healthcare. The workforce is also changing, there are new expectations and most people seek a good work-life balance through flexible careers. The *NHS Long Term Plan* identifies the need for more healthcare workers to respond to this increasing demand. Digital healthcare technologies, defined here as genomics, digital medicine, artificial intelligence (AI) and robotics, should not just be seen as increasing costs, but rather as a new means of addressing the big healthcare challenges of the 21st century. It is estimated that within 20 years, 90% of all jobs in the NHS will require some element of digital skills. Staff will need to be able to navigate a data-rich healthcare environment and all staff will need digital and genomics literacy.

The Topol Review proposes three principles to support the deployment of digital healthcare technologies throughout the NHS:

1. Patients need to be included as partners and informed about health technologies, with a particular focus on vulnerable/marginalised groups to ensure equitable access.
2. The healthcare workforce needs expertise and guidance to evaluate new technologies, using processes grounded in real-world evidence.
3. The gift of time: wherever possible the adoption of new technologies should enable staff to gain more time to care, promoting deeper interaction with patients.

Genomics, digital medicine and AI will have a major impact on patient care in the future. A number of emerging technologies, including low-cost sequencing technology, telemedicine, smartphone apps, biosensors for remote diagnosis and monitoring, speech recognition and automated image interpretation, will be particularly important for the healthcare workforce. In the future, many aspects of care will shift closer to the patient's home, while more specialised care is centralised into national or regional centres. The NHS has been working towards a less paternalistic relationship between patients and staff for some time, and digital healthcare technologies have the potential to speed up that process, to empower individuals to be more informed about their care, and to allow them to work together with healthcare staff to make treatment decisions.

Planning Policy Wales 10th edition (December 2018)

Planning Policy Wales (PPW) aims to deliver the vision of the Wales that was set out in the Well-being of Future Generations Act: a more prosperous Wales, a resilient Wales, which supports healthy, functioning ecosystems and recognises the limits of the global environment, a healthier Wales, a more equal Wales, a Wales of more cohesive communities, a Wales of vibrant culture and a globally responsible Wales.

PPW plays a significant contribution to the improvement of well-being in all its aspects as defined by the statutory well-being goals and aims to ensure that the planning decisions taken in Wales, no matter how big, or how small, are going to improve the lives of both the current and future generations. It will support changing the way people live and work, and the buildings and environment of Wales, today, building a better environment to accommodate current and future needs.

A Healthier Wales: Our Plan for Health and Social Care (2018)

The aims of this plan are to provide health and social care services in the future that:

- Support people to stay well, not just treat them when they become ill
- When people need help, work with them and their loved ones to find out what is best for them and agree how to make those things happen - 'person-centred approach'
- Will provide most services outside of hospitals, closer to home, or at home, and people will only go to hospital for treatment that cannot be provided safely elsewhere

- Will be a 'community-based approach' to help take pressure of hospitals, reduce the time people have to wait to be treated, and the time they spend in hospital
- Will use the latest technology and medicines to help people get better, or to live the best life possible if they aren't able to get better

Prosperity for All: The National Strategy (2017)

Prosperity for All: The National Strategy recognises that how we deliver can be just as important as what we deliver, and in order to make a real difference to people's lives, we need to do things differently and to do different things. The strategy appreciates the contribution that the healthy and active agenda, in combination with other objectives that form the strategy, can make towards raising prosperity. The objectives make specific reference to promoting good health and wellbeing, building healthier communities and better environments and the need for greater collaboration and integration across health and social care.

Prosperity for All: Economic Action Plan: The purpose of the Economic Action Plan is to support delivery of Prosperity for All – the national strategy for Wales. The Plan drives the twin goals of growing the economy and reducing inequality. It sets out a number of ambitious proposals which commit the Government to a major shift in policy direction in a range of key areas mobilised around a common purpose to work with business and others to build resilience and future proof the Welsh economy. The Economic Contract will require organisations seeking investment to demonstrate the following as a minimum requirement:

- Growth potential (measured for example, by contribution to employment, productivity, or multiplier effects through the supply chain)
- Fair Work (as defined by the Fair Work Board)
- Promotion of health, including a special emphasis on mental health, skills, and learning in the workplace
- Progress in reducing carbon footprint

Taking Wales Forward 2016-2021

This plan sets out the government's five year programme to drive improvement in the Welsh economy and public services, delivering a Wales which is prosperous and secure, healthy and active, ambitious and learning, united and connected. In terms of the healthy and active agenda, the ambition is to embed healthy living throughout Welsh Government programmes and to place a focus on health at the heart of everything that we do. Key actions are to:

- Promote healthy lifestyles and choices:
 - Helping children and young people to develop healthy behaviours
 - Supporting older people to stay well into later life, reduce loneliness and isolation
 - Prioritising mental health treatment including a pilot social prescription scheme and increase access to talking therapies

- Improve links between health and social services and strengthen community provision, including investment in a new generation of integrated health and social services centres
- Introduce a new Wales Wellbeing Bond aimed at improving mental and physical health and to reduce sedentary lifestyles, and
- Better organise general hospital and specialised services, including moving more care and services from hospitals into communities

Public Health Wales - Making Every Contact Count (MECC)

Making Every Contact Count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. *Making Every Contact Count* can lead to improvements in people's health and well-being, reduce avoidable premature mortality linked to poor lifestyle choices, reduce health inequalities and help people better manage long term conditions.

The fundamental idea underpinning the MECC approach is simple. It recognises that staff across health, local authority and voluntary sectors, have thousands of contacts every day with individuals and are ideally placed to promote health and healthy lifestyles.

- For organisations, MECC means providing their staff with the leadership, environment, training and information that they need to deliver the MECC approach
- For staff, MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them
- For individuals, MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health

Prudent Healthcare (2016)

The proposed new service models are based on the principles of prudent healthcare:

- Achieve health and well-being with the public, patients and professionals as equal partners through co-production
- Care for those with the greatest health need first, making the most effective use of all skills and resources
- Do only what is needed, no more, no less; and do no harm
- Reduce inappropriate variation using evidence based practices consistently and transparently

The debate around prudent healthcare has identified three priority areas for action:

- APPROPRIATE tests, treatment and medications
- Changing the model of OUTPATIENTS
- Public services WORKING TOGETHER to improve healthcare

Health and Care Standards (April 2015)

The *NHS Outcomes and Delivery Framework* identifies key population changes and indicators grouped under seven themes. The *Health and Care Standards* have been designed to fit with these and so that they can be implemented in all health care settings and locations.

They establish a basis for improving the quality and safety of healthcare services by providing a framework, which can be used in identifying strengths and highlighting areas for improvement.

Digital First (2015)

The Welsh Government's vision for *Digital First* is to enable responsive, consistent and excellent public services through transformed digital delivery. This is a vision that can only be achieved by addressing the fundamental barriers currently holding back the public sector, and through joined up working across all of its constituent parts.

Every part of the public sector in Wales has a responsibility to ensure that the services it delivers, and the ways, in which it offers those services, responds to this societal evolution and remains relevant. Making the fullest possible use of the opportunities that technology offers will help to deliver the services that users want to engage with. It also has the potential to make the delivery of those services more efficient and cost effective.

The *Digital First strategy* sets out the intention to provide leadership and action in all aspects of digital service development and design and outlines the first steps that the Welsh Government will take to create the environment necessary to enable and empower the public sector to provide excellent online services to the people and businesses of Wales.

Well-being of Future Generations (Wales) Act 2015

The Wellbeing of Future Generations (Wales) Act 2015 acknowledges the contribution that everyone can make to the shared goals for Wales and gives a basis for creating a different kind of public service in Wales.

Appendix 2 – Theatre Steering Group Terms of Reference



Theatres Strategy Steering Group

2016 – 2018

Terms of Reference

BACKGROUND

The Operating Theatre strategic plans contain 'five' five strategic priorities on which need to be focused on over the next two to three years.

The five strategic priorities are as follows:

Strategic Priority A

To achieve a well-governed, quality, safe, efficient service; support a common understanding of healthcare quality amongst stakeholders

Strategic Priority B

To develop our ICT and business reporting systems to significantly enhance the efficient delivery of high-quality healthcare for all stakeholders.

Strategic Priority C

To promote the health and wellbeing of our staff and promote honest and meaningful staff engagement.

Strategic Priority D

Develop a robust clinical education, training, research and innovation agenda in collaboration with our academic and service development partners, to promote clinical education and research skills that can inform the innovation agenda.

Strategic Priority E

Devise and implement a development plan for new and existing physical facilities to ensure a better patient and staff experience across all Operating Theatres Departments in the UHB.

These will be underpinned by cross cutting themes which support the desire for a major reform of Operating Theatre Services whilst demonstrating that it provides:

- *High-quality clinical services*
- *Consistently high standards of care*
- *Consistent access to care*
- *Strong leadership*
- *A high level of integration between the healthcare agenda and the teaching, training, research and innovation agenda.*

PURPOSE

The overall aims of the theatres strategy is to support the UHB and Clinical Boards who access Perioperative care services with;

- A vision for the future service model for Perioperative care delivery
- Support UHB to produce business cases and plans in order to meet the required capacity demands on Perioperative services
- Provide a mechanism by which the delivery and implementation of modern Perioperative care services can be achieved by 'unblocking' key issues, obstacles, risks and interdependencies through;
 - (a) Shared decision-making for all services across the UHB who use peri-operative care services
 - (b) Using the tools and enablers provided by the work of the leaner and fitter workstream
 - (c) Using staff engagement work to provide recommendations and solutions to both prospective and retrospective issues that affect the service

MEMBERSHIP AND ATTENDANCE AT MEETINGS

Membership

The membership of the Theatres Strategy Steering Group shall consist of:

- Chair Chief Operating Officer and Executive Sponsor
- Surgery Clinical Board Director
- Surgery Clinical Board's Head of Delivery
- Surgery Clinical Board Nurse (Project lead)
- Surgery Head of Finance
- Clinical Director manager Perioperative care
- Lead Nurse manager Perioperative care
- Directorate manager Perioperative care
- Senior Service Improvement Manager

Attendance

The Theatres Strategy Steering Group may also invite other people to attend meetings in order to provide updates or provide expertise on specific pieces of work. These could include group members involved in any of the five strategic priority work streams.

ROLE AND RESPONSIBILITIES

Authority

The Theatres Strategy Steering Group may recommend the attendance of individuals and authorities from outside the Health Board with relevant experience and expertise if it considers this necessary or expedient to the aims and objectives of the workstreams.

The Theatres Strategy Steering Group is authorised to hold to account the Operational Implementation Leads and Project Managers for delivery of their workstreams.

The Theatres Strategy Steering Group is authorised to obtain internal information (in a reasonable timeframe) as is necessary to fulfil the aims and objectives of the workstreams.

Appendix 3 – Detailed analysis of capacity, demand and workforce

ANNEX 3 – Cardiff and Vale Health Board review

CAV has one site that can deliver elective orthopaedic surgery – University Hospital Llandough (UHL) and the co-located CAVOC. UHL does have an acute medical take but whilst the distinction between these two sites is not physical, it is operationally completely separate, ring fenced and has never been breached. There are four laminar flow theatres in CAVOC, two in UHL and a further two non-laminar flow in UHL. There are three non-laminar flow day theatres in UHL also. Spinal surgery is no longer in UHL so this orthopaedic capacity is ring fenced for elective orthopaedic surgery. Trauma has now been moved back to UHW.

The current CAV theatre capacity and recovery strategy is significantly less than could be achieved in the model that the NCSOS 3 report was based on. This is due to staffing limitations and other competing specialities. Two theatres run three days per week and three theatres two days per week, mixed between daycase and inpatient (Fig 1).

There are plans to develop a further two laminar flow theatres in UHL for orthopaedics by May 2026. The health board strategy is for the four UHL laminar flow theatres to be used predominantly for arthroplasty/implant surgery and two of the non-laminar flow for other elective orthopaedic surgery. This will be dependent on sub specialty discussion and appropriate case-mix. For the purposes of NSCOS modelling LF has been appropriated to majority of daycase specialties except hand surgery which has been modelled all NLF. The HB should be encouraged to increase the proposed 2026 theatre allocation in UHL for Orthopaedics to allow increased regional remit. This should be discussed within the SEW regional Orthopaedic breakout project and WON.

	Current/Actual						Total	Available Capacity
	Total Demand	Consultant Capacity	UHW	St Josephs	UHL/Cavoc			
					LF	NLF		
Daycase Capacity			0	2	10	5	17	
S&E (87%)	4.26	3.71			3.71			
H&W (67%)	10.58	7.09		2		5		-0.81
Hip	0.12	0.12			0.1			
Knee	4.83	4.83			3			
F&A (162%)	6.00	6.00			4			
Total	25.80	21.75	0	2	10.81	5	17.81	
Inpatient Capacity					14		14	
S&E	1.12	0.97			1			
H&W	0.02	0.01			0.02			-0.52
Hip HVLC (199%)	7.46	7.46			4			
Hip LVHC (131%)	2.21	2.21			2.2			
Knee HVLC (442%)	8.07	8.07			4			
Knee LVHC (1400%)	4.42	4.42			3			
F&A (162%)	0.32	0.32			0.3			
Total	23.65	23.49			14.52	0	14.52	

CAV Fig 1. Current capacity

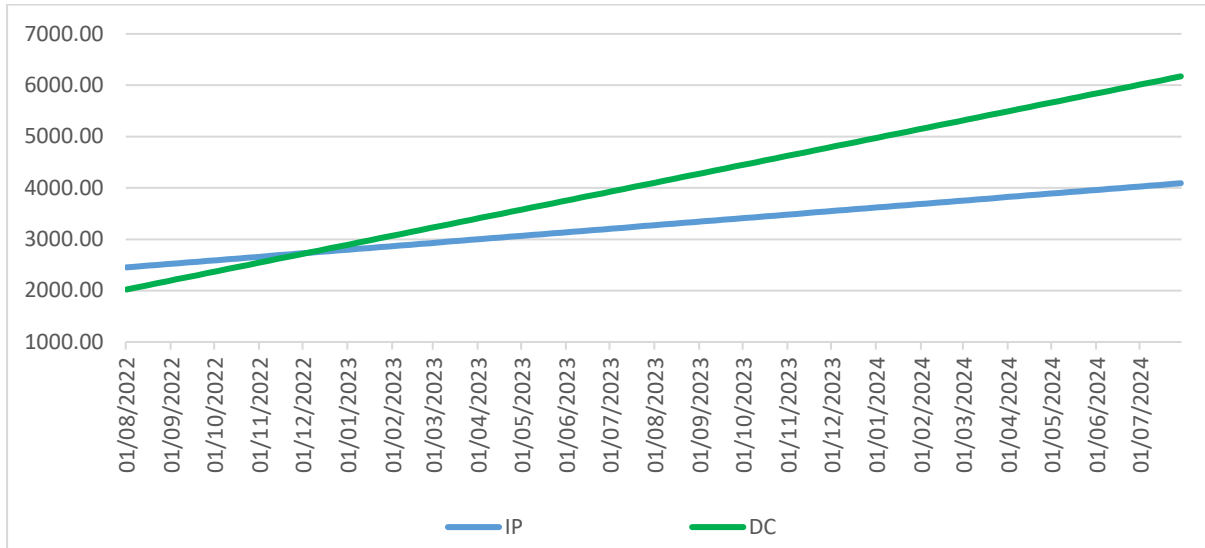
2026								
	Total Demand	Consultant Capacity	UHW	NA	UHL/Cavoc		Total	Available Capacity
					LF	NLF		
Daycase Capacity			0	0	18	30	48	
S&E (87%)	4.26	3.71			5.1			
H&W (67%)	10.58	7.09				7.09		23.11
Hip	0.12	0.12			0.1			
Knee	4.83	4.83			5.5			
F&A (162%)	6.00	6.00			7.1			
Total	29.06	24.81	0	0	17.8	7.09	24.89	
Inpatient Capacity			0	0	24	0	24	
S&E	1.12	0.97			1			
H&W	0.02	0.01						18.4
Hip HVLC (199%)	7.46	7.46			7.5			
Hip LVHC (131%)	2.21	2.21			2.2			
Knee HVLC (442%)	8.07	8.07			8.1			
Knee LVHC (1400%)	4.42	4.42			4.4			
F&A (162%)	0.32	0.32			0.3			
Total	23.65	23.49			23.6	0	23.6	

CAV Fig 2. CAV. 0% Model. Mapping required Consultant WF to available estate. 2026.

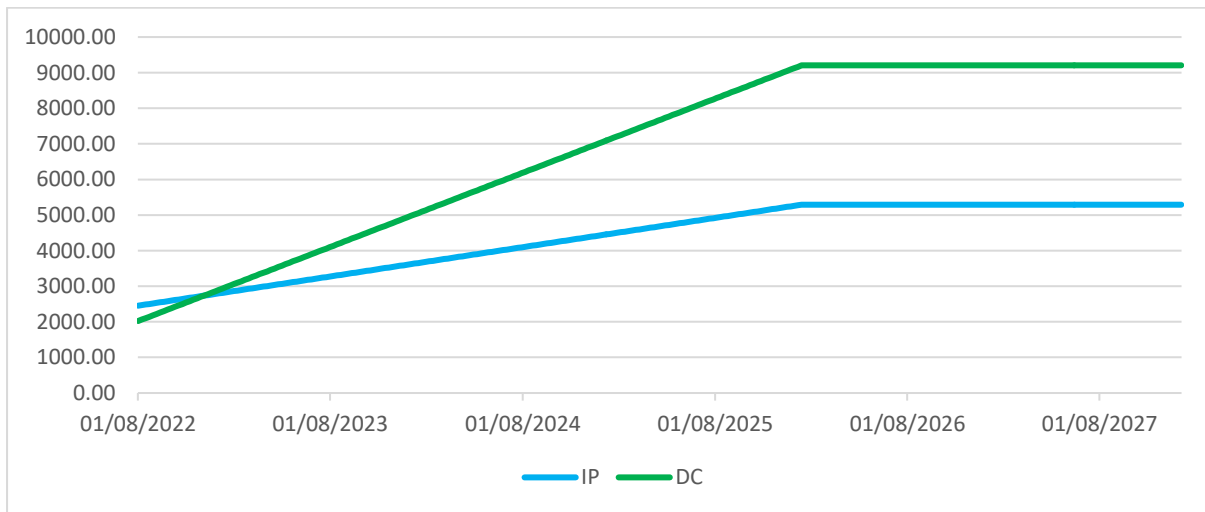
Service Model	Daycase Demand	Daycase Capacity	Daycase Deficit/Surplus	Inpatient Demand	Inpatient Capacity	Inpatient Deficit/Surplus
Current Model	26	17	-9	24	14	-10
HB/NCSOS Strategy 2026	26	28	+2	24	24	-

CAV Fig 3. Current versus 2026 model Summary

Extrapolating the current CAV capacity is modelled in Fig. 4. The daycase and inpatient backlogs will almost double in two years. If the intended 2026 strategy is fulfilled however, the 0% model can be met in all but shoulder & elbow which has a minor consultant staffing deficit – this could easily be mitigated with job planning changes. The overall daycase CAV backlog could be reversed but this would be to the detriment of regional mutual aid possibilities. The inpatient capacity will only reach 0% model, with no regional aid capacity. It would also necessitate daycase procedures to be performed in non-laminar flow environments. We recommend that the WON and constituent subspecialty CRGs review the various orthopaedic procedures with a view to concluding which procedures can be performed in non-laminar flow theatres.



CAV Fig 4. DC & IP backlog with current capacity

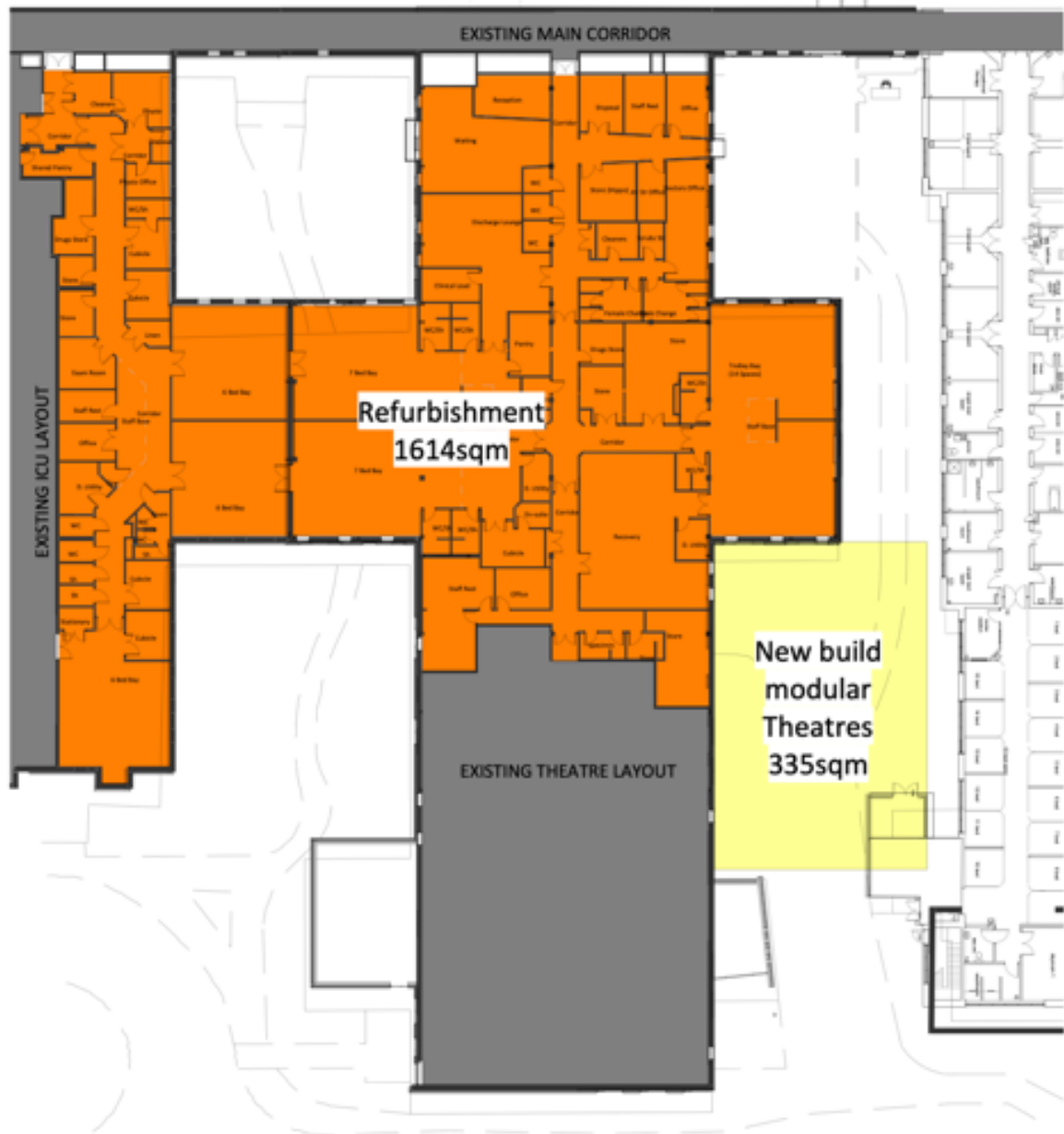


CAV Fig 5. Backlog with 2026 intended capacity

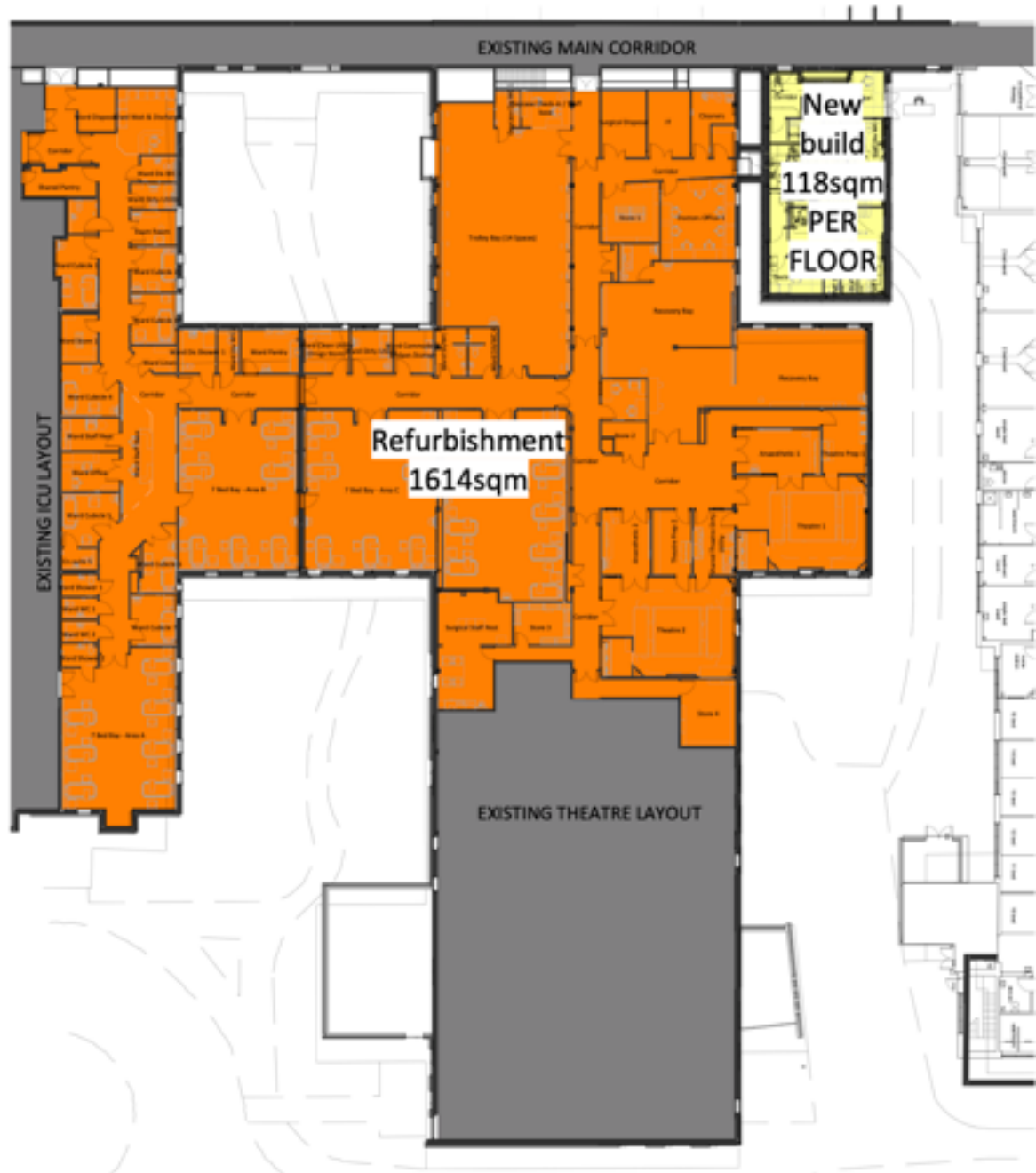
CAV report significant frailties in their interdependency workforce, particularly in theatre scrub staff with high numbers of WTE vacancies as a result of low staff morale and opportunities in the independent sector and neighbouring HB's.

Appendix 4 – Shortlisted Options Drawings

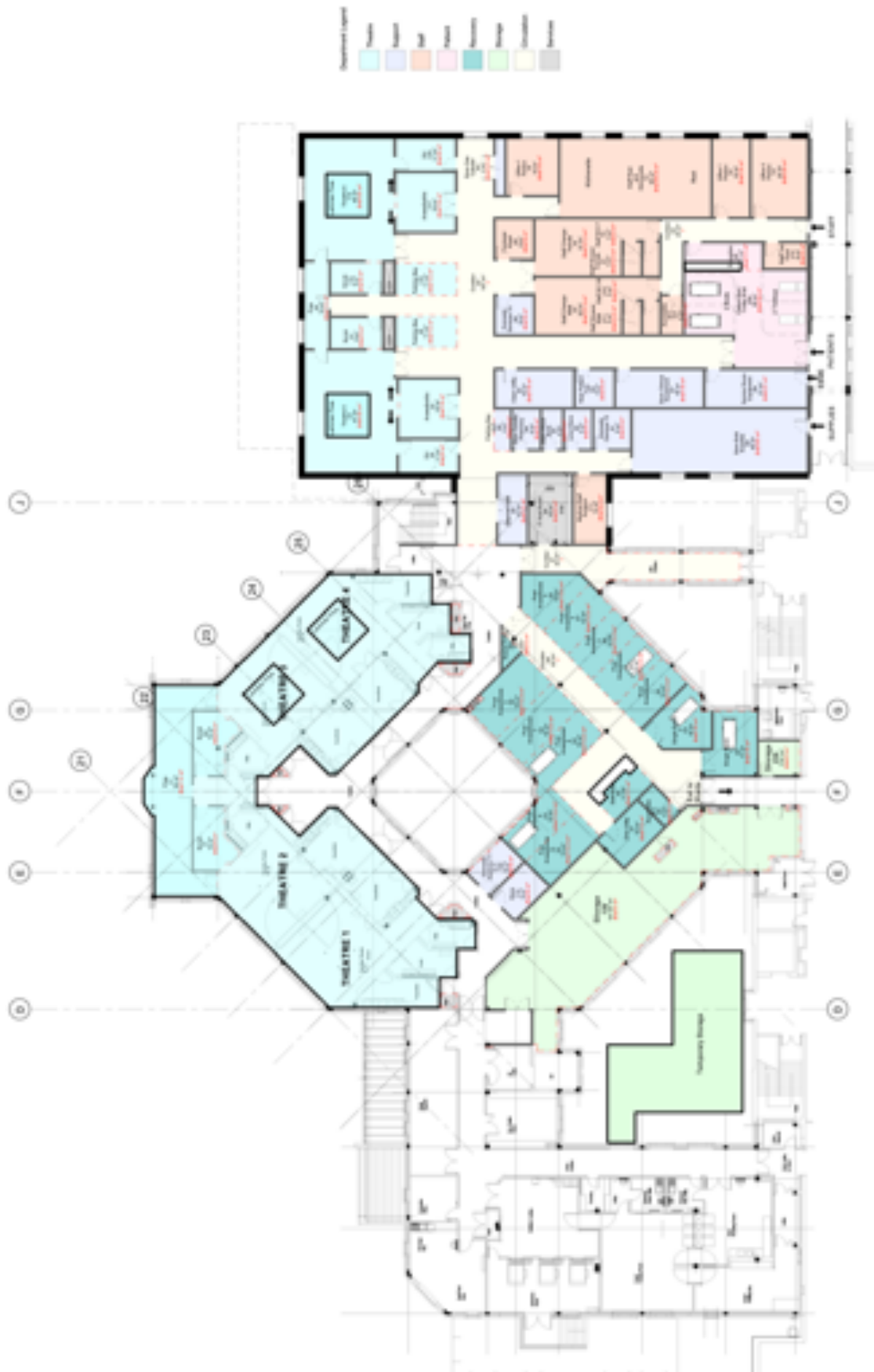
Option 2:



Option 3:



Option 4:



Appendix 5 – Qualitative Benefits Appraisal: List of Attendees

ATTENDANCE



Meeting: CAVOC Option Appraisal Workshop

Venue: Meeting Room 1, Lakeside, UHW

Date/Time: Tuesday 3rd July 2017 – 1.30pm

Name	Title	Organisation
Geoff Walsh	Director of Capital Estates and Planning	CVUHB
Nicola Broomfield	Head of Acute Planning	CVUHB
Tony Ward	Head of Discretionary Capital and Compliance	CVUHB
Lee Davies	Head of Service Planning	CVUHB
Linda Walker	Director of Nursing, Surgery Clinical Board	CVUHB
Anthony Turley	Clinical Director, Perioperative Care	CVUHB
Leanne Sadler	Directorate Manager, Trauma and Orthopaedics	CVUHB
Simon White	Clinical Director, Trauma & Orthopaedics	CVUHB
Jane McMahon	Healthcare Planner	Adcuris

Appendix 6 – Non Financial Option Appraisal Scoring

Scoring of Options

Option 0				
Criteria	Weight	Score	Total	Comment
1. Provide safe and appropriate environments	18.0	0	0	
2. Maintaining appropriate privacy and dignity	10.0	4	40	No change to existing layout
3. Improved staff morale	6.0	0	0	
4. Provides sufficient theatre capacity	16.0	0	0	
5. Enable delivery of high quality patient care	14.0	0	0	
6. Appropriate adjacencies and minimised journeys	12.0	8	96	
7. Maintain continuity of services	9.0	2	18	Interruptions to service due to breakdowns and high level of maintenance
8. Maximise use of existing accommodation	8.0	5	40	Existing theatres cannot be fully utilised
9. Maximise flexibility of facilities	7.0	5	35	
Totals	100	24	229	

Option 1				
Criteria	Weight	Score	Total	Comment
1. Provide safe and appropriate environments	18.0	4	72	Theatres under current guidance size
2. Maintaining appropriate privacy and dignity	10.0	4	40	No change to existing layout
3. Improved staff morale	6.0	3	18	
4. Provides sufficient theatre capacity	16.0	6	96	Two theatres out of use during refurbishment
5. Enable delivery of high quality patient care	14.0	5	70	
6. Appropriate adjacencies and minimised journeys	12.0	8	96	
7. Maintain continuity of services	9.0	4	36	Out of use during refurbishment but then minimal breakdowns and lower levels of maintenance required
8. Maximise use of existing accommodation	8.0	10	80	
9. Maximise flexibility of facilities	7.0	5	35	
Totals	100	49	543	

Option 2				
Criteria	Weight	Score	Total	Comment
1. Provide safe and appropriate environments	18.0	10	180	
2. Maintaining appropriate privacy and dignity	10.0	7	70	
3. Improved staff morale	6.0	6	36	
4. Provides sufficient theatre capacity	16.0	10	160	
5. Enable delivery of high quality patient care	14.0	9	126	
6. Appropriate adjacencies and minimised journeys	12.0	7	84	
7. Maintain continuity of services	9.0	6	54	Requires a difficult structural breakthrough
8. Maximise use of existing accommodation	8.0	7	56	
9. Maximise flexibility of facilities	7.0	6	42	
Totals	100	68	808	

Option 3				
Criteria	Weight	Score	Total	Comment
1. Provide safe and appropriate environments	18.0	10	180	
2. Maintaining appropriate privacy and dignity	10.0	9	90	Reconfiguring waiting and discharge improves privacy for patients on trolleys
3. Improved staff morale	6.0	7	42	
4. Provides sufficient theatre capacity	16.0	10	160	
5. Enable delivery of high quality patient care	14.0	9	126	
6. Appropriate adjacencies and minimised journeys	12.0	10	120	Opportunity to reconfigure and add an entrance/exit from main corridor
7. Maintain continuity of services	9.0	6	54	Theatre activity maintained but potential greater disruption to other patient accommodation due to amount of refurbishment
8. Maximise use of existing accommodation	8.0	7	56	
9. Maximise flexibility of facilities	7.0	8	56	
Totals	100	76	884	

	Option 4			
Criteria	Weight	Score	Total	Comment
1. Provide safe and appropriate environments	18.0	10	180	
2. Maintaining appropriate privacy and dignity	10.0	9	90	Reconfiguring waiting and discharge improves privacy for patients on trolleys
3. Improved staff morale	6.0	7	42	
4. Provides sufficient theatre capacity	16.0	10	160	
5. Enable delivery of high quality patient care	14.0	9	126	
6. Appropriate adjacencies and minimised journeys	12.0	10	120	Opportunity to reconfigure and add an entrance/exit from main corridor
7. Maintain continuity of services	9.0	8	72	Theatre activity maintained and minor disruption due to limited amount of refurbishment
8. Maximise use of existing accommodation	8.0	8	64	Sharing of spaces with existing theatres
9. Maximise flexibility of facilities	7.0	9	63	Combined with main theatres to create a six theatre suite
Totals	100	80	917	

Sensitivity Analysis of Non Financial Appraisal

Base Weightings

Criteria	Weight	Option 0		Option 1		Option 2		Option 3		Option 4	
		Score	Total	Score	Total	Score	Total	Score	Total	Score	Total
1. Provide safe and appropriate environments	18.0	0	0	4	72	10	180	10	180	10	180
2. Maintaining appropriate privacy and dignity	10.0	4	40	4	40	7	70	9	90	9	90
3. Improved staff morale	6.0	0	0	3	18	6	36	7	42	7	42
4. Provides sufficient theatre capacity	16.0	0	0	6	96	10	160	10	160	10	160
5. Enable delivery of high quality patient care	14.0	0	0	5	70	9	126	9	126	9	126
6. Appropriate adjacencies and minimised journeys	12.0	8	96	8	96	7	84	10	120	10	120
7. Maintain continuity of services	9.0	2	18	4	36	6	54	6	54	8	72
8. Maximise use of existing accommodation	8.0	5	40	10	80	7	56	7	56	8	64
9. Maximise flexibility of facilities	7.0	5	35	5	35	6	42	8	56	9	63
TOTAL	100	24	229	49	543	68	808	76	884	80	917
Ranking		5		4		3		2		1	

Reverse Weightings

Criteria	Weight	Option 0		Option 1		Option 2		Option 3		Option 4	
		Score	Total	Score	Total	Score	Total	Score	Total	Score	Total
1. Provide safe and appropriate environments	6.0	0	0	4	24	10	60	10	60	10	60
2. Maintaining appropriate privacy and dignity	10.0	4	40	4	40	7	70	9	90	9	90
3. Improved staff morale	18.0	0	0	3	54	6	108	7	126	7	126
4. Provides sufficient theatre capacity	7.0	0	0	6	42	10	70	10	70	10	70
5. Enable delivery of high quality patient care	8.0	0	0	5	40	9	72	9	72	9	72
6. Appropriate adjacencies and minimised journeys	9.0	8	72	8	72	7	63	10	90	10	90
7. Maintain continuity of services	12.0	2	24	4	48	6	72	6	72	8	96
8. Maximise use of existing accommodation	14.0	5	70	10	140	7	98	7	98	8	112
9. Maximise flexibility of facilities	16.0	5	80	5	80	6	96	8	128	9	144
TOTAL	100	24	286	49	540	68	709	76	806	80	860
Ranking		5		4		3		2		1	

No Weightings

Criteria	Weight	Option 0		Option 1		Option 2		Option 3		Option 4	
		Score	Total	Score	Total	Score	Total	Score	Total	Score	Total
1. Provide safe and appropriate environments	11.1	0	0	4	44	10	111	10	111	10	111
2. Maintaining appropriate privacy and dignity	11.1	4	44	4	44	7	78	9	100	9	100
3. Improved staff morale	11.1	0	0	3	33	6	67	7	78	7	78
4. Provides sufficient theatre capacity	11.1	0	0	6	67	10	111	10	111	10	111
5. Enable delivery of high quality patient care	11.1	0	0	5	56	9	100	9	100	9	100
6. Appropriate adjacencies and minimised journeys	11.1	8	89	8	89	7	78	10	111	10	111
7. Maintain continuity of services	11.1	2	22	4	44	6	67	6	67	8	89
8. Maximise use of existing accommodation	11.1	5	56	10	111	7	78	7	78	8	89
9. Maximise flexibility of facilities	11.1	5	56	5	56	6	67	8	89	9	100
TOTAL	100	24	267	49	544	68	756	76	844	80	889
Ranking		5		4		3		2		1	

Low Weightings

Criteria	Weight	Option 0		Option 1		Option 2		Option 3		Option 4	
		Score	Total	Score	Total	Score	Total	Score	Total	Score	Total
1. Provide safe and appropriate environments	15.0	0	0	4	60	10	150	10	150	10	150
2. Maintaining appropriate privacy and dignity	9.0	4	36	4	36	7	63	9	81	9	81
3. Improved staff morale	6.0	0	0	3	18	6	36	7	42	7	42
4. Provides sufficient theatre capacity	13.0	0	0	6	78	10	130	10	130	10	130
5. Enable delivery of high quality patient care	12.0	0	0	5	60	9	108	9	108	9	108
6. Appropriate adjacencies and minimised journeys	11.0	8	88	8	88	7	77	10	110	10	110
7. Maintain continuity of services	9.0	2	18	4	36	6	54	6	54	8	72
8. Maximise use of existing accommodation	8.0	5	40	10	80	7	56	7	56	8	64
9. Maximise flexibility of facilities	7.0	5	35	5	35	6	42	8	56	9	63
TOTAL	90	24	217	49	491	68	716	76	787	80	820
Ranking		5		4		3		2		1	

High Weightings

Criteria	Weight	Option 0		Option 1		Option 2		Option 3		Option 4	
		Score	Total	Score	Total	Score	Total	Score	Total	Score	Total
1. Provide safe and appropriate environments	21.0	0	0	4	84	10	210	10	210	10	210
2. Maintaining appropriate privacy and dignity	10.0	4	40	4	40	7	70	9	90	9	90
3. Improved staff morale	6.0	0	0	3	18	6	36	7	42	7	42
4. Provides sufficient theatre capacity	19.0	0	0	6	114	10	190	10	190	10	190
5. Enable delivery of high quality patient care	16.0	0	0	5	80	9	144	9	144	9	144
6. Appropriate adjacencies and minimised journeys	14.0	8	112	8	112	7	98	10	140	10	140
7. Maintain continuity of services	9.0	2	18	4	36	6	54	6	54	8	72
8. Maximise use of existing accommodation	8.0	5	40	10	80	7	56	7	56	8	64
9. Maximise flexibility of facilities	7.0	5	35	5	35	6	42	8	56	9	63
TOTAL	110	24	245	49	599	68	900	76	982	80	1015
Ranking		5		4		3		2		1	

Appendix 7 – Capital Cost Forms

Outline Business Case

Trust: Cardiff and Vale University Health Board

Hospital/Site University Hospital Llandough

Project Title UHL Theatres

Project No :

Option No Option 0

Option Title Do nothing

Prepared by Gleeds

Date August 2022

Project Title UHL Theatres
Option No Option 0

Option Title Do nothing

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2

MIPS Index Level FP/VP : **291**
 Equipment cost level : **N/A**
 Location factor : 100%
 Proposed start on site : May-24
 Proposed completion date : Mar-25

Capital Cost Summary

Ref	Cost Centre	Net £	VAT £	Gross £
1	Departmental Cost (OB2)	1,195,600	239,120	1,434,720
2	On costs (OB3) (0% of (1))	0	0	0
3	Sub-total	1,195,600	239,120	1,434,720
4	Provisional location adjustment (0.**)	0	0	0
5	Works Cost	1,195,600	239,120	1,434,720
6	Fees (OB4) (16.65% of (5))	199,067	39,813	238,881
7	Non-works Costs (OB4)	215,300	43,060	258,360
8	Equipment Costs (OE (23.63% of (1))	698,400	139,680	838,080
9	Quantified Risk Contingency			
	Trust	0		
	SCP	0		
	0 (10% of (5+6+7+8))	230,837	46,167	277,004
10	VAT Reclaim		-63,725	-63,725
11	Project Cost (for approval purposes)	2,539,204	444,115	2,983,319
12	Project Costs at Business Reporting Index 250	2,181,447	381,542	2,562,989

Project Title UHL Theatres
 Option No Option 0

Option Title Do nothing

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Space allowance		Allowance	Equipment Allowance £
	m2	£/m2		

Backlog Maintenance

Backlog maintenance to Two CAVOC Theatres 1,195,600 698,400

Total floor area	0	698,400
Less: Abatement for transferred equipment 0 %		
Departmental Cost - to OB1 Summary	1,195,600	
Equipment Cost - to OB1 Summary		698,400

Project Title UHL Theatres

Option No Option 0

Option Title Do nothing

CAPITAL COSTS: ON-COSTS

	Cost	% of DCA
1 Communications)		
a Space)		
b Medical Gases)		
c Lifts)		0.00%
)		
2 "External" Building Work)		
a Drainage)		0.00%
b Roads,paths and parking)		0.00%
c Site layout, walls, fencing, gates)		0.00%
d BWIC with "External" engineering wor)		0.00%
)		
3 "External" Engineering Work)		
a Steam, condensate, heating, hot wate)		0.00%
and gas supply mains)		
b Cold water mains and storage)		0.00%
c Electricity mains, sub-stations,)		0.00%
standby generating plant)		
d Calorifiers and associated plant)		0.00%
e Miscellaneous services)		0.00%
)		
4 Auxiliary Buildings)		0.00%
)		
5 Other on-costs and abnormals)		
a Building abnormals(See Annex A))		0.00%
b Engineering(See Annex B))		0.00%
c Other on-costs(See Annex C))		
)		
Total On-costs - to OB1 Summary	0	0.00%

PROJECT CASHFLOW FORECAST

Proposed start on site: May-24
Proposed completion date: Mar-25

	Year	1	2	3	4	5	6	7	8	Total
	Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27		
Works Cost						1,195,600				1,195,600
Fees				25,000	25,000	149,067				199,067
Non-works Costs						215,300				215,300
Equipment Costs						698,400				698,400
Quantified Risk Contingency				2,500	2,500	225,837				230,837
<i>Sub-total</i>		-	-	27,500	27,500	2,484,204	-	-	-	2,539,204
Gross VAT			-	5,500	5,500	496,841	-	-	-	507,841
Less: Reclaimable VAT				5,000	5,000	53,725				63,725
Net VAT		-	-	500	500	443,116	-	-	-	444,116
Total		-	-	28,000	28,000	2,927,320	-	-	-	2,983,320

Do nothing

CASHFLOW FORECAST OF FUNDING SOURCES

Proposed start on site: May-24
 Proposed completion date: Mar-25

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year	1	2	3	4	5	6	7	8	Total
Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27		
Works Cost					1,195,600		-		1,195,600
Fees			25,000	25,000	149,067				199,067
Non-works Costs					215,300				215,300
Equipment Costs					698,400				698,400
Quantified Risk Contingency			2,500	2,500	225,837				230,837
Sub-total	-	-	27,500	27,500	2,484,204	-	-	-	2,539,204
Gross Vat	-	-	5,500	5,500	496,841	-	-	-	507,841
Less: Reclaimable VAT			5,000	5,000	53,725				63,725
Sub-total	-	-	500	500	443,116	-	-	-	444,116
Total			28,000	28,000	2,927,320	-	-	-	2,983,320

Funding source:

Year	0	1	2	3	4	5	6	Total
Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	
Works Cost								0
Fees								0
Non-works Costs								0
Equipment Costs								0
Quantified Risk Contingency								0
Sub-total	0	0	0	0	0	0	0	0
Gross Vat	0	0	0	0	0	0	0	0
Less: Reclaimable VAT	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

Funding source:

Year	0	1	2	3	4	5	6	Total
Financial year	200*/**	200*/**	200*/**	200*/**	200*/**	200*/**	200*/**	
Works Cost								0
Fees								0
Non-works Costs								0
Sub-total	0	0	0	3	0	0		3
Sub-total	0	0	0		0			3
Gross Vat	0	0	0	0	0	0	0	0
Less: Reclaimable VAT	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	3

KEY PROGRAMME DATES

	Planned @ OBC	Actual
Submission of SOC to WAG		N/A
WAG Approval		
Submission of OBC to WAG		Jan-23
		Forecast @ OBC
WAG Approval		May-23
Submission of FBC to WAG		Jan-24
WAG Approval		Aug-23
Agreement of Target Cost		Apr-24
Start on Site		May-24
Handover		Mar-25
Opening of Facility		
Project Closure		Mar-26

Project Title UHL Theatres
 Option No Option 0

Option Title Do nothing

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (ie prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
<i>Works Cost</i>				
Alterations	1,195,600	239,120	10%	23,912
ON-COSTS	0	0	0%	0
Fees	199,067	39,813	100%	39,813
Non-works Costs	215,300	43,060	0%	0
Equipment Costs		0	0%	0
Contingencies	230,837	46,167	0%	0
Total	Do nothing	368,161	£	63,725

Outline Business Case

Trust: Cardiff and Vale University Health Board

Hospital/Site University Hospital Llandough

Project Title UHL Theatres

Project No :

Option No Option 1

Option Title Refurbish CAVOC theatres and associated rooms

Prepared by Gleeds

Date August 2022

Project Title UHL Theatres
Option No Option 1

Option Title Refurbish CAVOC theatres and associated rooms

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2

MIPS Index Level FP/VP : **291**
 Equipment cost level : **N/A**
 Location factor : 100%
 Proposed start on site : May-24
 Proposed completion date : Mar-25

Capital Cost Summary

Ref	Cost Centre	Net £	VAT £	Gross £
1	Departmental Cost (OB2)	2,646,160	529,232	3,175,392
2	On costs (OB3) (0% of (1))	0	0	0
3	Sub-total	2,646,160	529,232	3,175,392
4	Provisional location adjustment (0.**)	0	0	0
5	Works Cost	2,646,160	529,232	3,175,392
6	Fees (OB4) (16.65% of (5))	440,586	88,117	528,703
7	Non-works Costs (OB4)	302,300	60,460	362,760
8	Equipment Costs (OE (30.23% of (1))	800,000	160,000	960,000
9	Quantified Risk Contingency			
	Trust	0		
	SCP	0		
	0 (10% of (5+6+7+8))	418,905	83,781	502,685
10	VAT Reclaim		-141,040	-141,040
11	Project Cost (for approval purposes)	4,607,950	780,550	5,388,500
12	Project Costs at Business Reporting Index 250	3,958,720	670,575	4,629,295

Project Title UHL Theatres
 Option No Option 1

Option Title Refurbish CAVOC theatres and associated rooms

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation		Space allowance		Allowance	Equipment Allowance £
		m2	£/m2		

Refurbish existing Theatres

Replace existing plant and refurb two theatres and associated rooms	776	3,410	A	2,646,160	800,000
---	-----	-------	---	-----------	---------

Total floor area	776	800,000
------------------	-----	---------

Less: Abatement for transferred equipment 0 %

Departmental Cost - to OB1 Summary	2,646,160	
------------------------------------	-----------	--

Equipment Cost - to OB1 Summary	800,000
---------------------------------	---------

Project Title UHL Theatres

Option No Option 1

Option Title Refurbish CAVOC theatres and associated rooms

CAPITAL COSTS: ON-COSTS

	Cost	% of DCA
1 Communications)		
a Space)		
b Medical Gases)		
c Lifts)		0.00%
)		
2 "External" Building Work)		
a Drainage)		0.00%
b Roads,paths and parking)		0.00%
c Site layout, walls, fencing, gates)		0.00%
d BWIC with "External" engineering wor)		0.00%
)		
3 "External" Engineering Work)		
a Steam, condensate, heating, hot wate)		0.00%
and gas supply mains)		
b Cold water mains and storage)		0.00%
c Electricity mains, sub-stations,)		0.00%
standby generating plant)		
d Calorifiers and associated plant)		0.00%
e Miscellaneous services)		0.00%
)		
4 Auxiliary Buildings)		0.00%
)		
5 Other on-costs and abnormals)		
a Building abnormals(See Annex A))		0.00%
b Engineering(See Annex B))		0.00%
c Other on-costs(See Annex C))		
)		
Total On-costs - to OB1 Summary	0	0.00%

PROJECT CASHFLOW FORECAST

Proposed start on site: May-24
Proposed completion date: Mar-25

	Year	1	2	3	4	5	6	7	8	Total
	Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27		
Works Cost						2,646,160				2,646,160
Fees				50,000	75,000	315,586				440,586
Non-works Costs					44,000	258,300				302,300
Equipment Costs						800,000				800,000
Quantified Risk Contingency				5,000	11,900	402,005				418,905
<i>Sub-total</i>		-	-	55,000	130,900	4,422,051	-	-	-	4,607,951
Gross VAT		-	-	11,000	26,180	884,410	-	-	-	921,590
Less: Reclaimable VAT		-	-	10,000	15,000	116,040	-	-	-	141,040
Net VAT		-	-	1,000	11,180	768,370	-	-	-	780,550
Total		-	-	56,000	142,080	5,190,421	-	-	-	5,388,501

-

CASHFLOW FORECAST OF FUNDING SOURCES

Proposed start on site: May-24
 Proposed completion date: Mar-25

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year	1	2	3	4	5	6	7	8	Total
Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27		
Works Cost					2,646,160		-		2,646,160
Fees			50,000	75,000	315,586				440,586
Non-works Costs				44,000	258,300				302,300
Equipment Costs					800,000				800,000
Quantified Risk Contingency			5,000	11,900	402,005				418,905
Sub-total	-	-	55,000	130,900	4,422,051	-	-	-	4,607,951
Gross Vat	-	-	11,000	26,180	884,410	-	-	-	921,590
Less: Reclaimable VAT			10,000	15,000	116,040				141,040
Sub-total	-	-	1,000	11,180	768,370	-	-	-	780,550
Total			56,000	142,080	5,190,421	-	-	-	5,388,501

Funding source:

Year	0	1	2	3	4	5	6	Total
Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	
Works Cost								0
Fees								0
Non-works Costs								0
Equipment Costs								0
Quantified Risk Contingency								0
Sub-total	0	0	0	0	0	0	0	0
Gross Vat	0	0	0	0	0	0	0	0
Less: Reclaimable VAT	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

Funding source:

Year	0	1	2	3	4	5	6	Total
Financial year	200*/**	200*/**	200*/**	200*/**	200*/**	200*/**	200*/**	
Works Cost								0
Fees								0
Non-works Costs								0
Sub-total	0	0	0	3	0	0		3
Sub-total	0	0	0		0			3
Gross Vat	0	0	0	0	0	0	0	0
Less: Reclaimable VAT	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	3

KEY PROGRAMME DATES

	Planned @ OBC	Actual
Submission of SOC to WAG	N/A	
WAG Approval		
Submission of OBC to WAG		Jan-23
WAG Approval		May-23
Submission of FBC to WAG		Jan-24
WAG Approval		Aug-23
Agreement of Target Cost		Apr-24
Start on Site		May-24
Handover		Mar-25
Opening of Facility		
Project Closure		Mar-26

Forecast @ OBC

Project Title UHL Theatres
Option No Option 1

Option Title Refurbish CAVOC theatres and associated rooms

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (ie prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
<i>Works Cost</i>				
Alterations	2,646,160	529,232	10%	52,923
ON-COSTS	0	0	0%	0
Fees	440,586	88,117	100%	88,117
Non-works Costs	302,300	60,460	0%	0
Equipment Costs		0	0%	0
Contingencies	418,905	83,781	0%	0
Total	3,807,950	761,590	£	141,040

Outline Business Case

Trust: Cardiff and Vale University Health Board

Hospital/Site University Hospital Llandough

Project Title UHL Theatres

Project No :

Option No Option 2

Option Title Refurb existing CAVOV and Bethan wards,
provide two new additional theatres and
temporary ward accommodation

Prepared by Gleeds

Date August 2022

Project Title UHL Theatres
Option No Option 2

Option Title Refurb existing CAVOV and Bethan wards, provide two new additional theatres and temporary ward accommodation

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2

MIPS Index Level FP/VP : **291**
 Equipment cost level : **N/A**
 Location factor : 100%
 Proposed start on site : Sep-24
 Proposed completion date : Sep-26

Capital Cost Summary

Ref	Cost Centre	Net £	VAT £	Gross £
1	Departmental Cost (OB2)	16,153,440	3,230,688	19,384,127
2	On costs (OB3) (3.47% of (1))	560,000	112,000	672,000
3	Sub-total	16,713,440	3,342,688	20,056,127
4	Provisional location adjustment (0.**)	0	0	0
5	Works Cost	16,713,440	3,342,688	20,056,127
6	Fees (OB4) (17.45% of (5))	2,916,441	583,288	3,499,729
7	Non-works Costs (OB4)	1,314,868	262,974	1,577,842
8	Equipment Costs (OE (13.62% of (1))	2,200,000	440,000	2,640,000
9	Quantified Risk Contingency			
	Trust	0		
	SCP	0		
	0 (10% of (5+6+7+8))	2,314,475	462,895	2,777,370
10	VAT Reclaim		-676,756	-676,756
11	Project Cost (for approval purposes)	25,459,223	4,415,088	29,874,311
12	Project Costs at Business Reporting Index 250	21,872,185	3,793,031	25,665,216

Project Title UHL Theatres
 Option No Option 2
 Option Title Refurb existing CAVOV and Bethan wards, provide two new additional theatres and temporary ward accommodation

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Space allowance		Allowance	Equipment Allowance £
	m2	£/m2		
1.0 Provision of temporary accommodation for CAVOC and Bethan wards	1442		A 5,948,093	
2.0 Upgrade existing CAVOC and Bethan wards	962		A 4,673,413	
3.0 Two new theatres at first floor level adjacent to CAVOC	1080		N 5,531,933	2,200,000

Total floor area	3484	2,200,000
Less: Abatement for transferred equipment 0 %		
Departmental Cost - to OB1 Summary		16,153,440
Equipment Cost - to OB1 Summary		2,200,000

Project Title UHL Theatres
 Option No Option 2
 Refurb existing CAVOV and Bethan wards, provide two new
 Option Title additional theatres and temporary ward accommodation

CAPITAL COSTS: ON-COSTS

	Cost	% of DCA
1 Communications)		
a Space)		
b Medical Gases)		
c Lifts)		0.00%
))		
2 "External" Building Work)		
a Drainage)	65,000	0.40%
b Roads, paths, parking)	45,000	0.28%
c Site layout, walls, fencing, gates)		0.00%
d BWIC with "External" engineering wor)	15,000	0.09%
))		
3 "External" Engineering Work)		
a Steam, condensate, heating, hot wate)		0.00%
and gas supply mains)		
b Cold water mains and storage)		0.00%
c Electricity mains, sub-stations,)		0.00%
standby generating plant)		
d Calorifiers and associated plant)		0.00%
e Miscellaneous services)		0.00%
))		
4 Auxiliary Buildings)		0.00%
))		
5 Other on-costs and abnormals)		
a Building abnormals(See Annex A))	275,000	1.70%
b Engineering(See Annex B))	160,000	0.99%
c Other on-costs(See Annex C))		
))		
Total On-costs - to OB1 Summary	560,000	3.47%

Project Title UHL Theatres
Option No Option 2

Option Title Refurb existing CAVOV and Bethan wards, provide two new additional theatres and temporary ward accommodation

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Works Cost
1 Fees		
<u>Trust</u>		
a. Project Manager	250,702	1.50%
b. Trust Cost Advisor	183,848	1.10%
c. Supervisor	122,008	0.73%
d. Planning Consultant	33,569	0.20%
e. In-house Project Sponsorship	167,134	1.00%
f. Business Case Writer	60,000	0.36%
g. VAT Advisor		0.00%
h. Audit	5,000	0.03%
i. Specialist Advisors	5,000	0.03%
 <u>SCP</u>		
j. Constructor - pre-construction)		
k. Project Manager)		
l. Health Planner)		
m. Architect)		
n. Civil and Structural Engineer)	2,089,180	12.50%
o. Building Services Engineer)		
p. Planning Supervisor)		
q. FM Advisor)		
r. Building Services Installer- pre-co)		
s. Other)		
Total Fees to OB1 Summary	2,916,441	17.45%
 2 Non-Works Costs		
a. Land purchase costs and associated legal fees		
b. Statutory and Local Authority charges	360,868	2.16%
c. Planning, Building Control and SABS fees	40,000	0.24%
d. Other		
Decant - Portering ,moving	50,000	0.30%
SABS	65,000	0.39%
IT & Telephony - software	465,000	2.78%
Asbestos removal	100,000	0.60%
Survey's	75,000	0.45%
Wayfinding/Signage	35,000	0.21%
Commissioning and staff training	37,000	0.22%
Works to existing electricalsupply	87,000	0.52%
Total Non-Works Costs to OB1 Summary	1,314,868	7.35%

PROJECT CASHFLOW FORECAST

Proposed start on site: 20 September 2024
Proposed completion date: 03 September 2026

	Year	1	2	3	4	5	6	7	8	Total
	Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27		
Works Cost						4,051,338	8,385,133	4,276,969		16,713,440
Fees			167,558	444,985	541,786	642,469	769,643	350,000		2,916,441
Non-works Costs					50,000	60,000	934,338	270,530		1,314,868
Equipment Costs								220,000		2,200,000
Quantified Risk Contingency						1,100,000	710,000	504,475		2,314,475
<i>Sub-total</i>		-	167,558	444,985	591,786	5,853,807	10,799,114	7,601,974	-	25,459,224
Gross VAT		-	33,512	88,997	118,357	1,170,761	2,159,823	1,520,395	-	5,091,845
Less: Reclaimable VAT		-	2,624	11,745	15,000	300,000	202,442	144,945	-	676,756
Net VAT		-	30,888	77,252	103,357	870,761	1,957,381	1,375,450	-	4,415,089
Total		-	198,446	522,237	695,143	6,724,568	12,756,494	8,977,424	-	29,874,312

CASHFLOW FORECAST OF FUNDING SOURCES

Proposed start on site: Sep-24
 Proposed completion date: Sep-26

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year	1	2	3	4	5	6	7	8	Total
Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27		
Works Cost					4,051,338	8,385,133	4,276,969		16,713,440
Fees		167,558	444,985	541,786	642,469	769,643	350,000		2,916,441
Non-works Costs				50,000	60,000	934,338	270,530		1,314,868
Equipment Costs							220,000		2,200,000
Quantified Risk Contingency					1,100,000	710,000	504,475		2,314,475
Sub-total	-	167,558	444,985	591,786	5,853,807	10,799,114	7,601,974	-	25,459,224
Gross Vat	-	33,512	88,997	118,357	1,170,761	2,159,823	1,520,395	-	5,091,845
Less: Reclaimable VAT		2,624	11,745	15,000	300,000	202,442	144,945	-	676,756
Sub-total	-	30,888	77,252	103,357	870,761	1,957,381	1,375,450	-	4,415,089
Total	-	198,446	522,237	695,143	6,724,568	12,756,494	8,977,424	-	29,874,312

Funding source:

Year	0	1	2	3	4	5	6	Total
Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	
Works Cost	0	0	0	0	0	0	0	0
Fees	0	0	0	0	0	0	0	0
Non-works Costs	0	0	0	0	0	0	0	0
Equipment Costs	0	0	0	0	0	0	0	0
Quantified Risk Contingency	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Gross Vat	0	0	0	0	0	0	0	0
Less: Reclaimable VAT	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

Funding source:

Year	0	1	2	3	4	5	6	Total
Financial year	200**	200**	200**	200**	200**	200**	200**	
Works Cost	0	0	0	0	0	0	0	0
Fees	0	0	0	0	0	0	0	0
Non-works Costs	0	0	0	0	0	0	0	0
Sub-total	0	0	0	3	0	0	0	3
Sub-total	0	0	0	0	0	0	0	3
Gross Vat	0	0	0	0	0	0	0	0
Less: Reclaimable VAT	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	3

KEY PROGRAMME DATES

	Planned @ OBC	Actual
Submission of SOC to WAG		
WAG Approval		
Submission of OBC to WAG		
		Jan-23
		Forecast @ OBC
WAG Approval		May-23
Submission of FBC to WAG		Jan-24
WAG Approval		Aug-23
Agreement of Target Cost		Apr-24
Start on Site		Sep-24
Handover		Sep-26
Opening of Facility		Mar-27
Project Closure		Sep-27

Project Title UHL Theatres
 Option No Option 2

Option Title Refurb existing CAVOV and Bethan wards, provide two new additional theatres and temporary ward accommodation

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (ie prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
<i>Works Cost</i>				
Temporary Accommod	5,948,093	1,189,619	0%	£ -
New Construction	5,531,933	1,106,387	0%	
Alterations	4,673,413	934,683	10%	93,468
ON-COSTS	560,000	112,000	0%	0
Fees	2,916,441	583,288	100%	583,288
Non-works Costs	1,314,868	262,974	0%	0
Equipment Costs	2,200,000	440,000	0%	0
Contingencies	2,314,475	462,895	0%	0
Total	25,459,223	5,091,845	£	676,756

Outline Business Case

Trust: Cardiff and Vale University Health Board

Hospital/Site University Hospital Llandough

Project Title UHL Theatres

Project No :

Option No Option 3

Option Title Refurb existing CAVOV and Bethan wards, provide two new additional theatres within existing footprint, new two storey extension to CAVOC and temporary ward accommodation

Prepared by Gleeds

Date August 2022

Project Title UHL Theatres
Option No Option 3

Option Title Refurb existing CAVOV and Bethan wards, provide two new additional theatres within existing footprint, new two storey extension to CAVOC and temporary ward accommodation

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2

MIPS Index Level FP/VP : **291**
 Equipment cost level : **N/A**
 Location factor : 100%
 Proposed start on site : Sep-24
 Proposed completion date : Sep-26

Capital Cost Summary

Ref	Cost Centre	Net £	VAT £	Gross £
1	Departmental Cost (OB2)	15,423,928	3,084,786	18,508,714
2	On costs (OB3) (4.6% of (1))	710,000	142,000	852,000
3	Sub-total	16,133,928	3,226,786	19,360,714
4	Provisional location adjustment (0.**)	0	0	0
5	Works Cost	16,133,928	3,226,786	19,360,714
6	Fees (OB4) (17.44% of (5))	2,814,069	562,814	3,376,883
7	Non-works Costs (OB4)	1,066,000	213,200	1,279,200
8	Equipment Costs (OE (14.26% of (1))	2,459,560	491,912	2,951,472
9	Quantified Risk Contingency			
	Trust	0		
	SCP	0		
	0 (10% of (5+6+7+8))	2,247,356	449,471	2,696,827
10	VAT Reclaim		-722,320	-722,320
11	Project Cost (for approval purposes)	24,720,913	4,221,862	28,942,775
12	Project Costs at Business Reporting Index 250	21,237,898	3,627,030	24,864,927

Project Title UHL Theatres
 Option No Option 3

Option Title Refurb existing CAVOV and Bethan wards, provide two new additional theatres within existing footprint, new two storey extension to CAVOC and temporary ward accommodation

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Space allowance		Allowance	Equipment Allowance £
	m2	£/m2		
1.0 New two storey extension , alterations to first floor of CAVOC, infill under Theatre 5 for offices	504		N 1,464,613	
2.0 Provision of temporary accommodation for CAVOC and Bethan wards	1442		N 5,984,000	259,560
3.0 Upgrade existing CAVOC and Bethan wards	962		A 4,598,413	
4.0 Upgrade first floor of CAVOC to form two theatres and recovery bay	464		A 3,376,901	2,200,000

Total floor area 3372

2,459,560

Less: Abatement for transferred equipment 0 %

Departmental Cost - to OB1 Summary 15,423,928

Equipment Cost - to OB1 Summary 2,459,560

Project Title UHL Theatres
 Option No Option 3
 Refurb existing CAVOV and Bethan wards, provide two new
 Option Title additional theatres within existing footprint, new two storey

CAPITAL COSTS: ON-COSTS

	Cost	% of DCA
1 Communications)		
a Space)		
b Medical Gases)		
c Lifts)		0.00%
)		
2 "External" Building Work)		
a Drainage)	100,000	0.65%
b Roads, paths, parking)	75,000	0.49%
c Site layout, walls, fencing, gates)	0	0.00%
d BWIC with "External" engineering wor)	25,000	0.16%
)		
3 "External" Engineering Work)		
a Steam, condensate, heating, hot wate)		
and gas supply mains)		0.00%
b Cold water mains and storage)		0.00%
c Electricity mains, sub-stations,)		0.00%
standby generating plant)		
d Calorifiers and associated plant)		0.00%
e Miscellaneous services)		0.00%
)		
4 Auxiliary Buildings)		0.00%
)		
5 Other on-costs and abnormals)		
a Building abnormals(See Annex A))	350,000	2.27%
b Engineering(See Annex B))	160,000	1.04%
c Other on-costs(See Annex C))		
)		
Total On-costs - to OB1 Summary	710,000	4.60%

Project Title	UHL Theatres
Option No	Option 3
Option Title	Refurb existing CAVOV and Bethan wards, provide two new additional theatres within existing footprint, new two storey extension to CAVOC and temporary ward accommodation

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	% of Works
1 Fees		
Trust		
a. Project Manager	242,009	1.50%
b. Trust Cost Advisor	177,473	1.10%
c. Supervisor	112,937	0.70%
d. Planning Consultant	33,569	0.21%
e. In-house Project Sponsorship	161,339	1.00%
f. Business Case Writer	60,000	0.37%
g. VAT Advisor		0.00%
h. Audit	5,000	0.03%
i. Specialist Advisors	5,000	0.03%
SCP		
j. Constructor - pre-construction)		
k. Project Manager)		
l. Health Planner)		
m. Architect)		
n. Civil and Structural Engineer)	2,016,741	12.50%
o. Building Services Engineer)		
p. Planning Supervisor)		
q. FM Advisor)		
r. Building Services Installer- pre-co)		
s. Other)		
Total Fees to OB1 Summary	2,814,069	17.44%
2 Non-Works Costs		
a. Land purchase costs and associated legal fees		
b. Statutory and Local Authority charges	140,000	0.87%
c. Planning, Building Control and SABS fees	40,000	0.25%
d. Other		
Decant - Portering ,moving	50,000	0.31%
SABS	65,000	0.40%
IT & Telephony - software	410,000	2.54%
Hygenic Clean	37,000	0.23%
Asbestos removal	100,000	0.62%
Survey's	75,000	0.46%
Wayfinding/Signage	25,000	0.15%
Commissioning and staff training	37,000	0.23%
Works to existing electrical supply	87,000	0.54%
Total Non-Works Costs to OB1 Summary	1,066,000	6.07%

PROJECT CASHFLOW FORECAST

Proposed start on site: 20 September 2024
Proposed completion date: 03 September 2026

	Year	1	2	3	4	5	6	7	8	Total
	Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27		
Works Cost						3,910,864	8,094,392	4,128,672		16,133,928
Fees			167,558	444,985	541,786	542,469	769,643	347,628		2,814,069
Non-works Costs					50,000	60,000	730,000	226,000		1,066,000
Equipment Costs								220,000		2,200,000
Quantified Risk Contingency						1,100,000	810,000	311,400		2,221,400
<i>Sub-total</i>		-	167,558	444,985	591,786	5,613,333	10,404,035	7,213,700	-	24,435,397
Gross VAT		-	33,512	88,997	118,357	1,122,667	2,080,807	1,442,740	-	4,887,079
Less: Reclaimable VAT			2,624	11,745	15,000	200,000	310,000	182,951	-	722,320
Net VAT		-	30,888	77,252	103,357	922,667	1,770,807	1,259,789	-	4,164,759
Total		-	198,446	522,237	695,143	6,536,000	12,174,842	8,473,489	-	28,600,157

CASHFLOW FORECAST OF FUNDING SOURCES

Proposed start on site: Sep-24
 Proposed completion date: Sep-26

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year	1	2	3	4	5	6	7	8	Total
Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27		
Works Cost					3,910,864	8,094,392	4,128,672		16,133,928
Fees		167,558	444,985	541,786	542,469	769,643	347,628		2,814,069
Non-works Costs				50,000	60,000	730,000	226,000		1,066,000
Equipment Costs							220,000		2,200,000
Quantified Risk Contingency					1,100,000	810,000	311,400		2,221,400
Sub-total	-	167,558	444,985	591,786	5,613,333	10,404,035	7,213,700	-	24,435,397
Gross Vat	-	33,512	88,997	118,357	1,122,667	2,080,807	1,442,740	-	4,887,079
Less: Reclaimable VAT		2,624	11,745	15,000	200,000	310,000	182,951	-	722,320
Sub-total	-	30,888	77,252	103,357	922,667	1,770,807	1,259,789	-	4,164,759
Total	-	198,446	522,237	695,143	6,536,000	12,174,842	8,473,489	-	28,600,157

Funding source:

Year	0	1	2	3	4	5	6	Total
Financial year	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	
Works Cost	0	0	0	0	0	0	0	0
Fees	0	0	0	0	0	0	0	0
Non-works Costs	0	0	0	0	0	0	0	0
Equipment Costs	0	0	0	0	0	0	0	0
Quantified Risk Contingency	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Gross Vat	0	0	0	0	0	0	0	0
Less: Reclaimable VAT	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

Funding source:

Year	0	1	2	3	4	5	6	Total
Financial year	200*/**	200*/**	200*/**	200*/**	200*/**	200*/**	200*/**	
Works Cost								0
Fees								0
Non-works Costs								0
Sub-total	0	0	0	3	0	0		3
Sub-total	0	0	0		0			3
Gross Vat	0	0	0	0	0	0	0	0
Less: Reclaimable VAT	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	3

KEY PROGRAMME DATES

	Planned @ OBC	Actual
Submission of SOC to WAG	N/A	
WAG Approval		
Submission of OBC to WAG		Jan-23
		Forecast @ OBC
WAG Approval		May-23
Submission of FBC to WAG		Jan-24
WAG Approval		Aug-23
Agreement of Target Cost		Apr-24
Start on Site		Sep-24
Handover		Sep-26
Opening of Facility		Mar-27
Project Closure		Sep-27

Project Title
Option No

UHL Theatres
Option 3

Option Title

Refurb existing CAVOV and Bethan wards, provide two new additional theatres within existing footprint, new two storey extension to CAVOC and temporary ward accommodation

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (ie prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
<i>Works Cost</i>				
		-		£ -
New Construction	7,448,613	1,489,723	0%	
Alterations	7,975,315	1,595,063	10%	159,506
ON-COSTS	710,000	142,000	0%	0
Fees	2,814,069	562,814	100%	562,814
Non-works Costs	1,066,000	213,200	0%	0
Equipment Costs	2,459,560	491,912	0%	0
Contingencies	2,247,356	449,471	0%	0
Total	24,720,913	4,944,183	£	722,320

Outline Business Case

Trust: Cardiff and Vale University Health Board

Hospital/Site University Hospital Llandough

Project Title UHL Theatres

Project No :

Option No Option 4

Option Title Two New Theatres in a new building with ancillary accommodation, Upgrade of two existing Theatres and expand existing Recovery Bay, demolitions and rehousing Medical Records and House Keeping

Prepared by Gleeds/Willmott Dixon

Date August 2022

Project Title	UHL Theatres
Option No	Option 4
Option Title	Two New Theatres in a new building with ancillary accommodation, Upgrade of two existing Theatres and expand existing Recovery Bay, demolitions and rehousing Medical Records and House Keeping

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2

MIPS Index Level FP/VP	:	291
Equipment cost level	:	N/A
Location factor	:	100%
Proposed start on site	:	Jul-24
Proposed completion date	:	Apr-28

Capital Cost Summary

Ref	Cost Centre	Net £	VAT £	Gross £
1	Departmental Cost (OB2)	20,432,556	4,086,511	24,519,067
2	On costs (OB3) (5.15% of (1))	0	0	0
3	Sub-total	20,432,556	4,086,511	24,519,067
4	Provisional location adjustment (0.**)	0	0	0
5	Works Cost	20,432,556	4,086,511	24,519,067
6	Fees (OB4) (22.77% of (5))	3,681,899	736,380	4,418,278
7	Non-works Costs (OB4)	2,036,000	407,200	2,443,200
8	Equipment Costs (OE (15.24% of (1))	2,200,000	440,000	2,640,000
9	Quantified Risk Contingency			
	Trust	0		
	SCP	0		
	0 (12.77% of (5+6+7+8))	3,620,000	724,000	4,344,000
10	VAT Reclaim		-812,605	-812,605
11	Project Cost (for approval purposes)	31,970,455	5,581,486	37,551,941
12	Project Costs at Business Reporting Index 250	27,466,026	4,795,091	32,261,118

Project Title UHL Theatres
 Option No Option 4
 Option Title Two New Theatres in a new building with ancillary accommodation, Upgrade of two existing Theatres and expand existing Recovery Bay, demolitions and rehousing Medical Records and House Keeping

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Space allowance		Allowance	Equipment Allowance £
	m2	£/m2		

Works split into construction Phases

1.0 Infill under CAVOC 5 theatre to accommodate Housekeeping	177		N	776,778	
2.0 Demolition of existing redundant theatres and Medical Records Building	2343		A	368,749	
3.0 New building with theatres at First Floor, Plant on Second Floor and Open Undercroft at Ground Floor	2041		N	15,475,783	2,200,000
4.0 Enlarge existing recovery bay and alterations to adjacent areas	579		A	1,749,302	
5.0 Refurbishment of Two Existing theatres	138		A	2,061,944	

Total floor area					2,200,000
Less: Abatement for transferred equipment 0 %					
Departmental Cost - to OB1 Summary				20,432,556	
Equipment Cost - to OB1 Summary					2,200,000

Project Title UHL Theatres

Option No Option 4

Two New Theatres in a new building with ancillary accommodation, Upgrade of two existing Theatres and expand existing Recovery Bay, demolitions and rehousing

Option Title Medical Records and House Keeping

CAPITAL COSTS: ON-COSTS

	Cost	% of DCA
1 Communications		
a Space)		
b Medical Gases)		
c Lifts)		0.00%
2 "External" Building Work)		
a Drainage)		0.00%
b Roads, paths, parking)		0.00%
c Site layout, walls, fencing, gates)		0.00%
d BWIC with "External" engineering worl)		0.00%
3 "External" Engineering Work		
a Steam, condensate, heating, hot water)		0.00%
and gas supply mains)		
b Cold water mains and storage)		0.00%
c Electricity mains, sub-stations,)		0.00%
standby generating plant)		
d Calorifiers and associated plant)		
e Miscellaneous services)		
4 Auxiliary Buildings)		0.00%
5 Other on-costs and abnormals		
a Building abnormals(See Annex A))		0.00%
b Engineering(See Annex B))		0.00%
c Other on-costs(See Annex C))		
)		
Total On-costs - to OB1 Summary	0	0.00%

Project Title	UHL Theatres
Option No	Option 4
Option Title	Two New Theatres in a new building with ancillary accommodation, Upgrade of two existing Theatres and expand existing Recovery Bay, demolitions and rehousing Medical Records and House Keeping

CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	Works Cost
1 Fees		
<u>Trust</u>		
a. Project Manager	345,456	1.69%
b. Trust Cost Advisor	280,000	1.37%
c. Supervisor	200,000	0.98%
d. Planning Consultant	33,569	0.16%
e. In-house Project Sponsorship	204,326	1.00%
f. Business Case Writer	57,953	0.28%
g. VAT Advisor		0.00%
h. Audit		0.00%
i. Specialist Advisors	5,000	0.02%
<u>SCP</u>		
j. Constructor - pre-construction)		
k. Project Manager)		
l. Health Planner)		
m. Architect)		
n. Civil and Structural Engineer)	2,555,595	12.51%
o. Building Services Engineer)		
p. Planning Supervisor)		
q. FM Advisor)		
r. Building Services Installer- pre-co)		
s. Other)		
Total Fees to OB1 Summary	3,681,899	18.02%
2 Non-Works Costs		
a. Land purchase costs and associated legal fees		
b. Statutory and Local Authority charges	147,500	0.72%
c. Planning, Building Control and SABS fees	55,000	0.27%
d. Other		
Commissioning/Staff Training	25,000	0.12%
Decant	76,000	0.37%
Hygenic Clean	20,000	0.10%
Upgrade MHSOP for Medical Records	750,000	3.67%
Asbestos surveys and removal	80,000	0.39%
IT installation	500,000	2.45%
Survey's	85,000	0.42%
Additional BREEAM surveys	25,000	0.12%
Wayfinding/Signage	20,000	0.10%
Mobile racking for Medical Records	400,000	1.96%
Total Non-Works Costs to OB1 Summary	2,036,000	9.96%

PROJECT CASHFLOW FORECAST

Proposed start on site: 20 July 2024
Proposed completion date: 06 April 2028

Year	1	2	3	4	5	6	7	8	Total
Financial year	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28		
Works Cost			-	1,613,844	3,375,112	11,218,229	4,225,371		20,432,556
Fees	167,558	822,238	1,199,347	405,000	350,000	380,000	357,756		3,681,899
Non-works Costs				1,100,000	156,000	534,338	245,662		2,036,000
Equipment Costs						2,200,000			2,200,000
Quantified Risk Contingency			180,000	410,000	510,000	1,885,000	635,000		3,620,000
<i>Sub-total</i>	167,558	822,238	1,379,347	3,528,844	4,391,112	16,217,567	5,463,789	-	31,970,455
Gross VAT	33,512	164,448	275,869	705,769	878,222	3,243,513	1,092,758	-	6,394,091
Less: Reclaimable VAT	2,624	23,400	40,000	200,000	150,000	325,029	71,551	-	812,604
Net VAT	30,888	141,048	235,869	505,769	728,222	2,918,484	1,021,207	-	5,581,487
Total	198,446	963,286	1,615,216	4,034,613	5,119,334	19,136,051	6,484,996	-	37,551,942

CASHFLOW FORECAST OF FUNDING SOURCES

Proposed start on site: Jul-24
 Proposed completion date: Apr-28

Funding source: Department for Health and Social Services: Welsh Assembly Government

Year	1	2	3	4	5	6	7	8	Total
Financial year	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28		
Works Cost			-	1,613,844	3,375,112	11,218,229	4,225,371		20,432,556
Fees	167,558	822,238	1,199,347	405,000	350,000	380,000	357,756		3,681,899
Non-works Costs				1,100,000	156,000	534,338	245,662		2,036,000
Equipment Costs						2,200,000			2,200,000
Quantified Risk Contingency			180,000	410,000	510,000	1,885,000	635,000		3,620,000
Sub-total	167,558	822,238	1,379,347	3,528,844	4,391,112	16,217,567	5,463,789	-	31,970,455
Gross Vat									
Less: Reclaimable VAT	33,512	164,448	275,869	705,769	878,222	3,243,513	1,092,758	-	6,394,091
Sub-total	2,624	23,400	40,000	200,000	150,000	325,029	71,551	-	812,604
Total	30,888	141,048	235,869	505,769	728,222	2,918,484	1,021,207	-	5,581,487
Total	198,446	963,286	1,615,216	4,034,613	5,119,334	19,136,051	6,484,996	-	37,551,942

Funding source:

Year	1	2	3	4	5	6	7	8	Total
Financial year	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28		
Works Cost									0
Fees									0
Non-works Costs									0
Equipment Costs									0
Quantified Risk Contingency									0
Sub-total	0	0	0	0	0	0	0	0	0
Gross Vat	0	0	0	0	0	0	0	0	0
Less: Reclaimable VAT	0	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

Funding source:

Year	0	1	2	3	4	5	6	Total
Financial year	200*/**	200*/**	200*/**	200*/**	200*/**	200*/**	200*/**	
Works Cost								0
Fees								0
Non-works Costs								0
Sub-total	0	0	0	3	0	0		3
Sub-total	0	0	0	0	0	0		3
Gross Vat	0	0	0	0	0	0	0	0
Less: Reclaimable VAT	0	0	0	0	0	0	0	0
Sub-total	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	3

KEY PROGRAMME DATES

	Planned @ OBC	Actual
Submission of SOC to WAG	N/A	
WAG Approval		
Submission of OBC to WAG	Jan-23	
		Forecast @ OBC
WAG Approval	May-23	
Submission of FBC to WAG	Jan-24	
WAG Approval	May-24	
Agreement of Target Cost	Jun-24	
Start on Site	Jul-24	
Handover	Apr-28	
Opening of Facility	Sep-28	
Project Closure	Sep-29	

Project Title UHL Theatres
 Option No Option 4

Option Title Two New Theatres in a new building with ancillary accommodation, Upgrade of two existing Theatres and expand existing Recovery Bay, demolitions and rehousing Medical Records and House Keeping

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (ie prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
<i>Works Cost</i>				
Demolitions	368,749	73,750	0%	£ -
New Construction	16,252,561	3,250,512	0%	
Alterations	3,811,246	762,249	10%	76,225
ON-COSTS				
Fees	3,681,899	736,380	100%	736,380
Non-works Costs	2,036,000	407,200	0%	0
Equipment Costs	2,200,000	440,000	0%	0
Contingencies	3,620,000	724,000	0%	0
Total	31,970,455	6,394,091	£	812,605

Appendix 8 - Economic Option Appraisal Outputs

ECONOMIC APPRAISAL
OUTPUTS SUMMARY
UHL
Theatre Development
15th December 2022

£000

UNITS

1.0 CAPITAL COSTS for VfM	Option 0 <i>Do Nothing</i>	Option 1 <i>Refurbish Existing Theatres</i>	Option 2 <i>New Build at Fron of Cavoc</i>	Option 3 <i>New Build at Rear of Cavoc</i>
Works Cost	1,195.6	2,646.2	16,713.4	16,133.9
Fees	199.1	440.6	2,916.4	2,814.1
Non-Works	215.3	302.3	1,314.9	1,066.0
Land Acquisition	0.0	0.0	0.0	0.0
Land Sale	0.0	0.0	0.0	0.0
Equipment	698.4	800.0	2,200.0	2,459.6
Planning contingency	230.8	418.9	2,314.5	2,247.4
Optimism Bias	0.0	0.0	3,846.9	4,259.4
TOTAL CAPITAL COSTS AT APPROVAL PUBSEC	2,539.2	4,608.0	29,306.1	28,980.3
VAT	444.1	780.6	5,082.2	4,949.3
1.1 TOTAL CAPITAL COSTS AT APPROVAL LEVEL	2,983.3	5,388.5	34,388.3	33,929.6
PUBSEC INDEX	291	291	291	291
GIA m2	3,410	3,410	3,484	3,372
1.2 TOTAL NEW CAPITAL COSTS AT OUTTURN LEVEL	2,983	5,389	34,388	33,930
PUBSEC INDEX	291	291	291	291
1.3 TOTAL NEW CAPITAL COSTS AT CURRENT LEVEL	2,983	5,389	34,388	33,930
PUBSEC INDEX	291	291	291	291

2.0 ECONOMIC IMPACT	Option 0 <i>Do Nothing</i>	Option 1 <i>Refurbish Existing Theatres</i>	Option 2 <i>New Build at Fron of Cavoc</i>	Option 3 <i>New Build at Rear of Cavoc</i>
<i>APPRAISAL PERIOD (YEARS)</i>	66	66	66	66
2.1 COSTS NPC				
Capital Costs inc Lifecycle		7,650	36,370	36,603
Residual Value		0		
Revenue Costs	242,835	244,983	248,742	251,382
Transitional Costs	0	0	0	0
Externality Costs	0	0	0	0
Net Contribution (Benefit)	0	0	0	0
Total NPC excluding Risk	242,835	252,633	285,112	287,984
NPC Risk	0	385	2,125	2,064
Total NPC including Risk	242,835	253,017	287,237	290,048
EAC excl Risk	9,168	9,340	10,541	10,647
RANK all options	1	2	3	4
RANK development options		1	2	3
Margin all options		0.0%	-12.9%	-14.0%
NPC Switch Value		0	(34,220)	(37,031)

3.0 ECONOMIC SENSITIVITY - Changes required to switch preferred preferred NPC option	Option 1 <i>Refurbish Existing Theatres</i>	Option 2 <i>New Build at Fron of Cavoc</i>	Option 3 <i>New Build at Rear of Cavoc</i>
Base Costs:	Base Cost Change Needed: (Lower)/ Higher		
Capital Costs	0.0%	-94.1%	-101.2%
Residual Value	0.0%		
Revenue Costs	0.0%	-13.8%	-14.7%
NPC change needed	0	(34,220)	(37,031)

Net Present Social Value
Option 0
 UHL
 Theatre Development
 15th December 2022

66 YEARS APPRAISAL
 £000 UNITS

PRINT SUMMARY

	NPC		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	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	1,078	1,196	0	0	0	1,196	0	0	0	0	0	0	0	0	0	0	0	0
Fees	182	199	0	25	25	149	0	0	0	0	0	0	0	0	0	0	0	0
Non-Works & Land Acquisition	194	215	0	0	0	215	0	0	0	0	0	0	0	0	0	0	0	0
Equipment	630	698	0	0	0	698	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)	2,084	2,308	0	25	25	2,258	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	1,167	3,580	0	0	0	0	0	0	34	34	34	34	55	34	34	34	34	76
Equipment Lifecycle	1,896	5,587	0	0	0	0	0	0	0	0	0	0	0	0	698	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL COSTS	5,148	11,476	0	25	25	2,258	0	0	34	34	34	34	55	34	733	34	34	76
REVENUE COSTS																		
Clinical Services																		
Pay	114,681	279,840	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240
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	114,681	279,840	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240
Non-Clinical Services																		
Non-Pay	124,608	304,062	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607
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	124,608	304,062	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607
Buildings and Facilities Costs																		
FM	3,546	8,652	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131
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	3,546	8,652	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131
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	242,835	592,554	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978
TRANSITIONAL COSTS																		
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	242,835	592,554	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978	8,978
TOTAL COSTS FOR VFM	247,983	604,030	13,716	13,716	13,716	13,716	13,716	13,716	13,716	13,716	13,716	13,716	13,716	13,716	13,716	13,716	13,716	13,716
	TRUE	TRUE																

Net Present Social Value
Do Nothing
 UHL
 Theatre Development
 15th December 2022

66 YEARS APPRAISAL
 £000 UNITS

PRINT SUMMARY

	NPC		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	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	2,387	2,646	0	0	0	2,646	0	0	0	0	0	0	0	0	0	0	0	0
Fees	403	441	0	50	75	316	0	0	0	0	0	0	0	0	0	0	0	0
Non-Works & Land Acquisition	274	302	0	0	44	258	0	0	0	0	0	0	0	0	0	0	0	0
Equipment	722	800	0	0	0	800	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)	3,785	4,189	0	50	119	4,020	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	1,692	5,441	0	0	0	0	0	0	34	34	34	34	80	34	34	34	34	127
Equipment Lifecycle	2,172	6,400	0	0	0	0	0	0	0	0	0	0	0	0	800	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL COSTS	7,650	16,030	0	50	119	4,020	0	0	34	34	34	34	80	34	834	34	34	127
REVENUE COSTS																		
Clinical Services																		
Pay	114,681	279,840	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240
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	114,681	279,840	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240
Non-Clinical Services																		
Non-Pay	124,608	304,062	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607
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	124,608	304,062	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607
Buildings and Facilities Costs																		
FM	3,546	8,652	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131
Equipment Service/Maintenance	2,148	5,856	0	0	0	0	0	96	96	96	96	96	96	96	96	96	96	96
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	5,694	14,508	131	131	131	131	131	227	227	227	227	227	227	227	227	227	227	227
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	244,983	598,410	8,978	8,978	8,978	8,978	8,978	9,074	9,074	9,074	9,074	9,074	9,074	9,074	9,074	9,074	9,074	9,074
TRANSITIONAL COSTS																		
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	244,983	598,410	8,978	8,978	8,978	8,978	8,978	9,074	9,074	9,074	9,074	9,074	9,074	9,074	9,074	9,074	9,074	9,074
TOTAL COSTS FOR VFM	252,633	614,441	13,716	13,716	13,716	13,716	13,716	13,812	13,812	13,812	13,812	13,812	13,812	13,812	13,812	13,812	13,812	13,812
	TRUE	TRUE																

Net Present Social Value
Option 2
 UHL
 Theatre Development
 15th December 2022

66 YEARS APPRAISAL
 £000 UNITS

PRINT SUMMARY

	NPC	CASH	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			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	14,562	16,713	0	0	0	4,051	8,385	4,277	0	0	0	0	0	0	0	0	0	0
Fees	2,648	2,916	168	445	542	642	770	350	0	0	0	0	0	0	0	0	0	0
Non-Works & Land Acquisition	1,143	1,315	0	0	50	60	935	270	0	0	0	0	0	0	0	0	0	0
Equipment	1,852	2,200	0	0	0	0	0	2,200	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)	20,206	23,145	168	445	592	4,754	10,089	7,097	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	6,843	23,683	0	0	0	0	0	0	35	35	35	35	329	35	35	35	35	624
Equipment Lifecycle	5,974	17,600	0	0	0	0	0	0	0	0	0	0	0	2,200	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	3,348	3,847	25	67	89	718	1,524	1,422	0	0	0	0	0	0	0	0	0	0
TOTAL CAPITAL COSTS	36,370	68,275	193	512	681	5,472	11,614	8,519	35	35	35	35	329	35	2,235	35	35	624
REVENUE COSTS																		
Clinical Services																		
Pay	114,681	279,840	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240
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	114,681	279,840	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240
Non-Clinical Services																		
Non-Pay	124,608	304,062	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607
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	124,608	304,062	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607
Buildings and Facilities Costs																		
FM	3,546	8,652	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131
Equipment Service/Maintenance	5,907	16,104	0	0	0	0	0	264	264	264	264	264	264	264	264	264	264	264
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	9,453	24,756	131	131	131	131	131	395	395	395	395	395	395	395	395	395	395	395
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	248,742	608,658	8,978	8,978	8,978	8,978	8,978	9,242	9,242	9,242	9,242	9,242	9,242	9,242	9,242	9,242	9,242	9,242
TRANSITIONAL COSTS																		
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	248,742	608,658	8,978	8,978	8,978	8,978	8,978	9,242	9,242	9,242	9,242	9,242	9,242	9,242	9,242	9,242	9,242	9,242
TOTAL COSTS FOR VFM	285,112	676,933	13,716	13,716	13,716	13,716	13,716	13,980	13,980	13,980	13,980	13,980	13,980	13,980	13,980	13,980	13,980	13,980
	TRUE	TRUE																

Net Present Social Value
Option 3
 UHL
 Theatre Development
 15th December 2022

66 YEARS APPRAISAL
 £000 UNITS

PRINT SUMMARY

	NPC		YEARS																
	CASH		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
			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	14,057	16,134	0	0	0	3,911	8,094	4,129	0	0	0	0	0	0	0	0	0	0	
Fees	2,556	2,814	168	445	542	542	770	348	0	0	0	0	0	0	0	0	0	0	
Non-Works & Land Acquisition	927	1,066	0	0	50	60	730	226	0	0	0	0	0	0	0	0	0	0	
Equipment	2,071	2,460	0	0	0	0	0	2,460	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)	19,611	22,474	168	445	592	4,513	9,594	7,162	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	6,608	22,866	0	0	0	0	0	0	34	34	34	34	318	34	34	34	34	602	
Equipment Lifecycle	6,678	19,676	0	0	0	0	0	0	0	0	0	0	0	0	2,460	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	3,705	4,259	29	77	102	778	1,653	1,621	0	0	0	0	0	0	0	0	0	0	
TOTAL CAPITAL COSTS	36,603	69,275	196	522	694	5,291	11,247	8,783	34	34	34	34	318	34	2,493	34	34	602	
REVENUE COSTS																			
Clinical Services																			
Pay	114,681	279,840	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	
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	114,681	279,840	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	4,240	
Non-Clinical Services																			
Non-Pay	124,608	304,062	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	
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	124,608	304,062	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	4,607	
Buildings and Facilities Costs																			
FM	6,186	15,850	131	131	131	131	131	249	249	249	249	249	249	249	249	249	249	249	
Equipment Service/Maintenance	5,907	16,104	0	0	0	0	0	264	264	264	264	264	264	264	264	264	264	264	
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	12,093	31,954	131	131	131	131	131	513	513	513	513	513	513	513	513	513	513	513	
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	251,382	615,856	8,978	8,978	8,978	8,978	8,978	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	
TRANSITIONAL COSTS																			
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	251,382	615,856	8,978	8,978	8,978	8,978	8,978	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	
TOTAL COSTS FOR VFM	287,984	685,132	13,716	13,716	13,716	13,716	13,716	14,216	14,216	14,216	14,216	14,216	14,216	14,216	14,216	14,216	14,216	14,216	
	TRUE	TRUE																	

Appendix 9 – Risk Appraisal Matrix

Risk Description	Option 0			Option 1			Option 2			Option 3			Option 4		
	Impact	Likelihood	Score	Impact	Likelihood	Score	Impact	Likelihood	Score	Impact	Likelihood	Score	Impact	Likelihood	Score
Demand and Revenue															
Life cycle costs, including energy (engineering maintenance) exceeds budget	2	3	6	2	2	4	2	2	4	2	2	4	2	2	4
Costs of providing service during works	4	1	4	4	5	20	4	5	20	4	5	20	4	4	16
Outsourcing to private sector as a consequence of loss of capacity (beds, theatres)	4	4	16	4	4	16	4	3	12	4	3	12	4	3	12
DEMAND AND REVENUE TOTAL			26			40			36			36			32
Service and Performance															
Reduction in operational efficiency during works	2	1	2	2	4	8	2	3	6	2	3	6	2	2	4
Disruption to adjacent areas due to service delivery during works	2	1	2	2	1	2	2	4	8	2	2	4	2	2	4
SERVICE AND PERFORMANCE TOTAL			4			10			14			10			8
Capital, Design & Construction															
Investment not secured	1	1	1	5	3	15	5	3	15	5	3	15	5	3	15
Failure to secure planning permission	4	1	4	4	1	4	4	1	4	4	1	4	4	1	4
Scheme not completed on time	3	1	3	3	3	9	3	2	6	3	2	6	3	2	6
Cost of scheme overruns	3	1	3	3	3	9	3	3	9	3	3	9	3	3	9
Delayed approval by WG	3	2	6	3	2	6	3	2	6	3	2	6	3	2	6
Unexpected inflation	2	1	2	2	1	2	2	1	2	2	1	2	2	1	2
Failure to deliver to HTM/HBN standards	2	5	10	2	5	10	2	4	8	2	4	8	2	4	8
Disruption to adjacent areas - construction noise etc	3	1	3	3	3	9	3	4	12	3	4	12	3	3	9
Risk to staff and patients during works	4	1	4	4	1	4	4	1	4	4	1	4	4	1	4
Rookwood project construction taking place concurrently with this project	1	5	5	1	5	5	1	5	5	1	5	5	1	5	5
Design doesn't fully meet the operational requirements	3	5	15	3	4	12	3	2	6	3	2	6	3	2	6
Disruption to M&E services	4	3	12	4	3	12	4	2	8	4	2	8	4	2	8
Insolvency of Contractor	4	1	4	4	1	4	4	1	4	4	1	4	4	1	4
Availability of adequate M&E services	4	1	4	4	1	4	4	1	4	4	1	4	4	1	4
Changes to regulations/guidelines resulting in delays or additional costs	3	2	6	3	2	6	3	2	6	3	2	6	3	2	6
Users change design, impacting on programme and costs	3	3	9	3	3	9	3	3	9	3	3	9	3	3	9
Industrial action affecting Contractor	3	2	6	3	2	6	3	2	6	3	2	6	3	2	6
CAPITAL, DESIGN & CONSTRUCTION TOTAL			97			126			114			114			111
Project Resources															
Insufficient resources within the Health Board Team to deliver the project	2	2	4	2	2	4	2	2	4	2	2	4	2	2	4
Ineffective project management arrangements	3	1	3	3	1	3	3	1	3	3	1	3	3	1	3
PROJECT RESOURCES TOTAL			7			7			7			7			7
Technology and Obsolescence															
Changes to clinical technology that can't be implemented	4	2	8	4	2	8	3	2	6	3	2	6	3	2	6
TECHNOLOGY AND OBSOLESCENCE TOTAL			8			8			6			6			6
TOTAL			142			191			177			173			164

Appendix 10 - Project Board Terms of Reference



GIG
CYMRU
NHS
WALES

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

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.

- Abigail Harris, Director of Strategy & Planning - Chair
- Geoff Walsh, Director of Capital Estates and Facilities - Vice Chair
- Marie Davies, Deputy Director of Planning, Strategic and Service Planning
- Mike Bond, Director of Operations, Surgery Clinical Board
- Matthew Tenby, Director of Operations, CD&T
- Iain Hardcastle, Interim Director of Operations, Medicine Clinical Board
- Sarah Lloyd, Interim Director of Operations, Specialist Clinical Board
- Jason Roberts, Deputy Director of Nursing
- Sandeep Hemmadi, Clinical Board Director, CD&T
- Guy Blackshaw, Clinical Board Director, Specialist Clinical Board
- Adam Wright, Head of Service Planning
- Steve Hill, Head of Finance, Surgery Clinical Board
- Hywel Pullen, Deputy Director of Finance
- 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

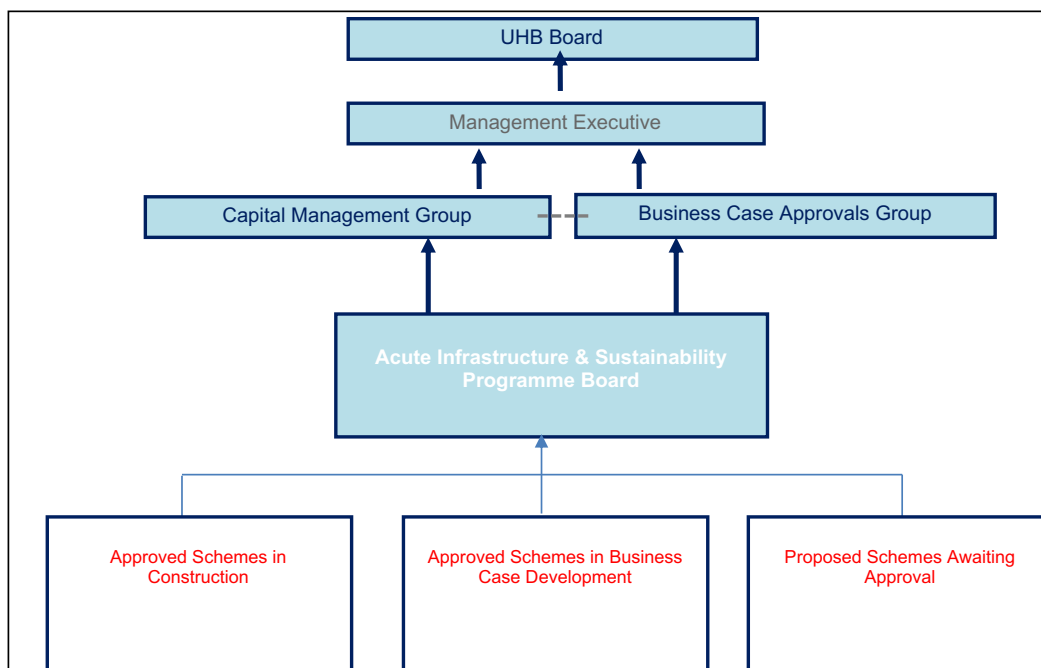
To oversee

- 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



APPENDIX A

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 11 – Project Team Terms of Reference

CARDIFF AND VALE UHB

UNIVERSITY HOSPITAL LLANDOUGH

REDEVELOPMENT OF CAVOC THEATRES – PROJECT TEAM

TERMS OF REFERENCE V.5 – OCTOBER 2022

1. INTRODUCTION

Theatres 5 and 6 at University Hospital Llandough (UHL), were previously Ministry of Defence Field hospital facilities and were originally procured to provide a temporary solution whilst the development of permanent facilities, were planned. However, following the development of CAVOC at UHL, demand for theatre capacity continued to increase at a rapid rate and the theatres had to be retained to keep pace with demand.

These theatres now fail to meet modern standards, in terms of environment, infrastructure, ventilation, heating, space provision, and compliance with relevant current clinical guidance and building standards which poses a very high risk to essential business continuity and delivery of core service priorities and commitments.

It is proposed that these theatres are now replaced and an Outline Business Case will need to be produced to secure all Wales Capital funding.

2. ROLE

The Project Team will be responsible for the operational delivery of the business case and the procurement process on behalf of the UHB Wide Theatre Capacity Programme Board which will act as the Programme Board for this scheme. 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.

3. 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 UHB Wide Theatre Capacity Programme Board 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 UHB Wide Theatre Capacity Programme Board 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 UHB Wide Theatre Capacity Programme Board

Project Management

- To recommend options to meet orthopaedic demand
- 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 ensure the identification and realisation of benefits
- To review capital and revenue risks and ensure appropriate mitigation plans are developed
- 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

4. REPRESENTATION

Membership of the Project Team will consist of representation from within the UHB.

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

Geoff Walsh, Director of Capital Estates and Facilities (**Chair**)

Alex Morris, Interim Capital Planning Manager

Paul Bracegirdle, General Manager Perioperative Care

Nikki Rabone, Service Manager

Claire Landells, Interim Theatre Manager

Carly Podger, Finance Representative

Alun John, Consultant Orthopaedic Surgeon

Sivagnanam Karthikeyan, Anaesthetics

Ryan Trickett, Consultant Hand and Wrist Surgeon

Antonio Riccioli, Trauma & Orthopaedics

Naomi Goodwin, Anaesthetics

Jane McMahon, Healthcare Planner, Adcuris

FREQUENCY OF MEETINGS

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

The meetings will be facilitated by the capital planning team and all papers will be circulated within a week of the forthcoming meeting.

ACCOUNTABILITY AND REPORTING ARRANGEMENTS

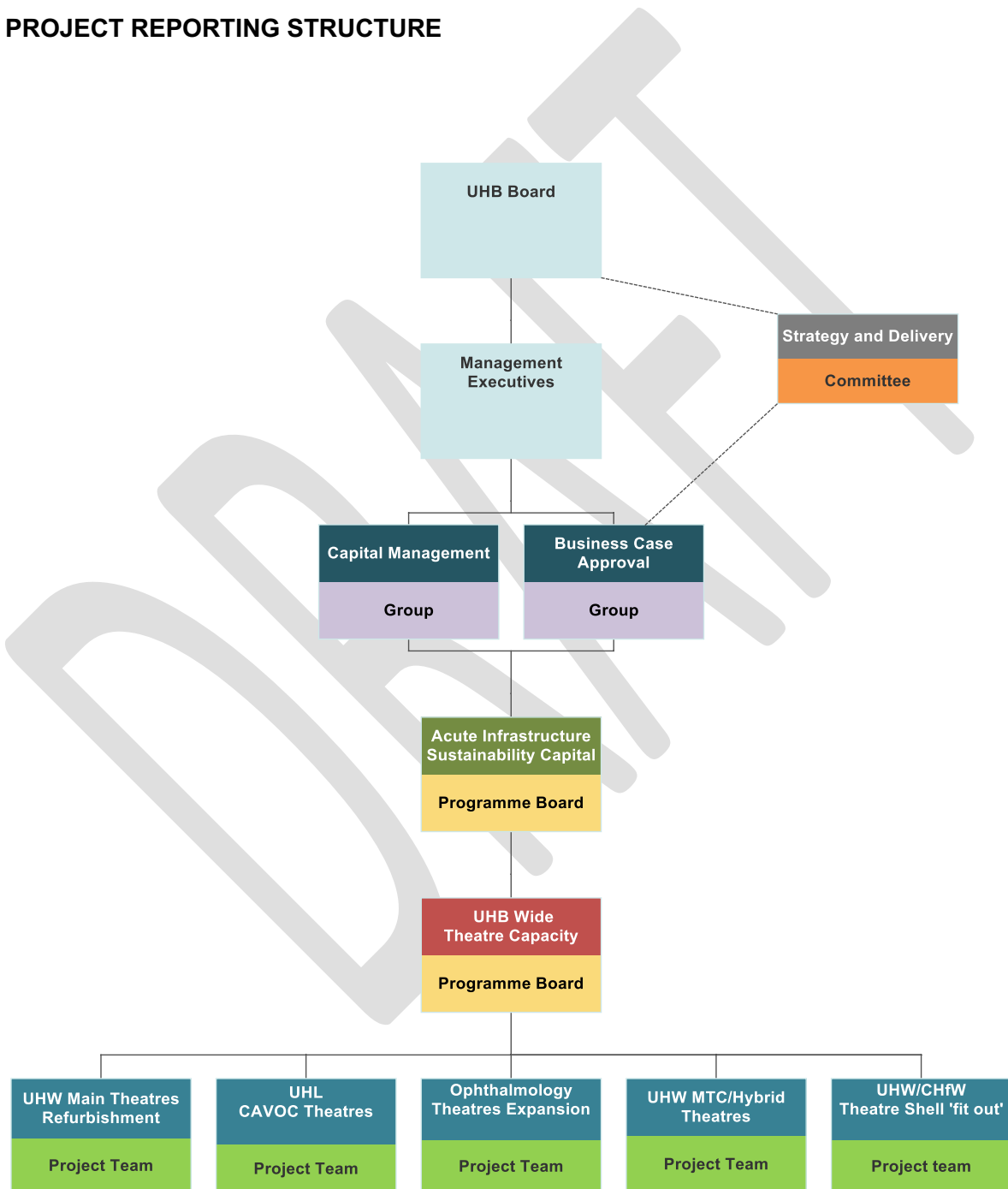
The Project Team will report to the UHB Wide Theatre Capacity Programme Board which will be chaired by the Deputy Director of Strategic and Service Planning. The Chair will provide verbal/written reports to the UHB Wide Theatre Capacity Programme Board as appropriate, highlighting progress to date, major 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.

REVIEW

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

PROJECT REPORTING STRUCTURE



Appendix 12 - Benefits Realisation Plan



GIG
CYMRU
NHS
WALES

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

University Hospital Llandough - Theatre Development
Benefits Realisation Plan
September 2022 – Draft v5

Ref	Benefit Description	Indicator	Performance			Monitoring Arrangements	Benefit Owner
			Baseline	Target	Timescale		
1.	Reduction in cancelled operations due to environment failures	Cancelled sessions	34 in the last 3 years prior to Covid	0	Upon delivery of new theatres	Datex	Peri-operative Care
2.	All funded theatres sessions running	Number of theatre sessions available	24	Increase of 20 sessions per week	Upon delivery of new theatres	Theatre sessions available	Peri-operative Care
3.	Reduction in the cost of outsourcing theatre activity	Cost of outsourcing	£1.5m per annum	0	Upon delivery of new theatres	Monitoring outsourcing costs	Dan Jones
4.	Reduction in waiting times	Waiting lists	52 weeks	26 weeks	By 2027	Waiting list monitoring	Antonio Riccioli
5.	Reduction in infection rates, particularly with regard to implant patients	Infection rates	1%	<1%	Upon delivery of new theatres	Monitoring infection rates	Antonio Riccioli
6.	Increase in number of primary arthroplasty cases per session	Number of cases	3.5	4	Upon delivery of new theatres	Number of cases	Antonio Riccioli

Appendix 13 - Risk Register

6.0 CAVOC Risk Register November 2022.xlsx

CAVOC Theatres - 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.

Completed by: Project Team Date: 23/11/2022

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



OPEN PROJECT/CLINICAL BOARD/SERVICE RISKS

Ref	Date Raised	Category/Type	Bearer of Risk	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	24/05/2022	Capital	UHB	Changes between SOC and OBC maybe considered to be more extensive than acceptable.	H	L	M	GW	Ensuring that the brief remains consistent with the SOC, and that the Project team remain committed to the principles. And ensure ongoing communication with WG.	14/09/2022		Open	
R2	24/05/2022	Financial	UHB	Life cycle costs, including energy (engineering maintenance) exceeds budget	M	L	L	GW	Ongoing review and management with escalation as appropriate	14/09/2022		Open	
R3	24/05/2022	Reputational, Ethics and Responsibility	UHB	Unsynchronised development of plans leading to inefficiencies at delivery, reduced benefits and missed opportunities	M	L	L	MB	Timely coms between SRO and Project Director	14/09/2022		Open	
R4	24/05/2022	Construction	UHB	Security of the site during and after construction will need to sufficient to protect the assets	M	L	L	GW	The UHB Security function provides support as the contractor is responsible for the security of their site, as with the F10.	14/09/2022		Open	
R5	24/05/2022	Financial	UHB	Increase costs of providing service during works (eg.storage, housekeeping, medical records)	H	H	H	GW	Detailed logistical planning to minimise impact upon operational services.	14/09/2022		Open	
R7	24/05/2022	Operational	UHB	Reduction in operational efficiency during works	H	M	H	MB		14/09/2022		Open	
R8	24/05/2022	Operational	UHB	Disruption to adjacent areas - storage solution, site wide, road ways behind area, CAVOC stores, divered access within hospital	H	L	M	GW	Detailed logistical planning to minimise impact upon operational services.	14/09/2022		Open	
R9	24/05/2022	Financial	UHB	Capital investment not secured	H	M	H	GW	Continual dialogue with Welsh Government and Shared Services. Ensure a robust Buissness Case including costs.	14/09/2022		Open	
R10	24/05/2022	Programme	UHB	Scheme not completed on time, based on service delivery.	M	L	M	GW	Continual dialogue with SRO to monitor and review the progress.	14/09/2022		Open	
R11	24/05/2022	Financial	UHB	Cost of scheme overruns	M	M	M	GW	To have robust market testing for FBC and monitoring during construction.	14/09/2022		Open	
R12	24/05/2022	Programme	UHB	Delayed approval by WG	M	L	M	GW	Continual dialogue with Welsh Government to monitor and review the progress. UHB to respond to scrutiny queries in a timely fashion.	14/09/2022		Open	
R13	24/05/2022	Financial	UHB	Unexpected inflation	H	H	H	GW	Where unexpected cost increases occur escalation to WG.	14/09/2022		Open	
R14	24/05/2022	Operational	UHB	Failure to deliver to HTM/HBN standards	L	M	M	GW	Any deregations will be considered and agreed with the Clinical teams.	14/09/2022		Open	
R15	24/05/2022	Reputational, Ethics and Responsibility	UHB	Risk to staff and patients during works	H	L	M	GW	Appropriate planning with RA MS in place, and ensure secure site boundaries.	14/09/2022		Open	
R16	24/05/2022	Operational	UHB	Design doesn't fully meet the operational requirements	M	M	M	GW	Managing the brief and the design to ensure everying is captured, prior to sign off by the Clinical Board.	14/09/2022		Open	
R17	24/05/2022	Construction	UHB	Insolvency of Contractor	H	L	L	GW	Appointment of SCP is via the BfW framework where checks have taken place.	14/09/2022		Open	
R18	24/05/2022	Programme	UHB	Changes to regulations/guidelines resulting in delays or additional costs	M	L	M	GW	Assess the impact as the issues arise.	14/09/2022		Open	
R19	24/05/2022	Financial	UHB	Users change design, impacting on programme and costs	M	L	M	MB	Stakeholder consultation during design and stage review sign offs.	14/09/2022		Open	
R20	24/05/2022	Programme	UHB	Insufficient resources within the Health Board Team to deliver the project eg. Isolation requests, clinical availability to complete sign offs	L	L	L	MB	Ensure sufficient resources are inplace.	14/09/2022		Open	
R21	24/05/2022	Programme	UHB	Ineffective project management arrangements	L	L	L	GW	Mitigated through regular monitoring and submitting KPI's via framework managers.	14/09/2022		Open	
R22	24/05/2022	Programme	UHB	Failure to secure planning permission - CAVOC	L	L	L	GW	Early dialogue with Local Planning Authority.	14/09/2022		Open	
R23	24/05/2022	Operational	UHB	Changes to clinical technology that can't be implemented	H	L	L	MB	Assess the impact as the issue arises	14/09/2022		Open	
R24	24/05/2022	Operational	UHB	Risk of contamination of residual theatre during building process and impact on type of work possible	H	L	H	GW	Agreement with IP&C teams to agree and appropriate protection.	14/09/2022		Open	
R25	24/05/2022	Construction	UHW	Risk of availability of funding to develop ground floor during construction, would impact upon delivery main scheme.	H	L	L	GW	Any future Buissness case identifying the ground floor as the prefered option would need to be assessed to determine the impact on the main development.	14/09/2022		Open	
R26	22/06/2022	Programme	UHB	Risk of failure to agree gender neutral provision, affecting the ability to freeze layout design and progress design further. Also unable to develop cost forms further	H	H	H	MB	Agreement to be reached through stakeholder dialogue and review of further iterations of layout.	14/09/2022		Open	
R27	22/06/2022	Operational	UHB	Risk of signing off plans and agreeing to the current design.	L	M	M	MB	Agreement to be reached through stakeholder dialogue and sign off of plans to enable design development.	14/09/2022		Open	
R28												Open	
R6	24/05/2022	Financial	UHB	Outsourcing to private sector as a consequence of loss of capacity (beds, theatres)				MB	Detailed logistical planning to minimise impact upon operational services.	22/07/2022	14/09/2022	Closed	

Appendix 14 - Equality & Health Impact Assessment

Equality & Health Impact Assessment for

Business Justification Case for Theatre Development at University Hospital of Llandough

Introduction and Aim

The Business Justification Case (BJC) presents the proposal for the replacement of the existing theatres 5 and 6 at the University Hospital of Llandough, Cardiff and Vale University Health Board. These theatres are no longer fit for purpose and cannot be utilised to deliver the clinical services required by the Health Board. It has therefore been deemed that the only solution is a direct replacement to ensure the continuation of these services by the Health Board.

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	The replacement of two theatres at University Hospital of Llandough 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	<p>Investment Objective 1: Provide a high quality physical environment All facilities will be compliant with statutory Welsh Health Technical Memoranda (WHTM), Healthcare Inspectorate Wales (HIW) and other relevant environmental standards</p> <p>Investment Objective 2: Provide appropriate service capacity To provide accommodation that will meet the required current service capacity</p> <p>Investment Objective 3: Facilitate the delivery of the model of care and high quality patient services To deliver facilities that will allow the Health Board to achieve best possible outcomes of care for patients that are effective across the continuum of the surgical pathway</p> <p>Investment Objective 4: Effective use of Resources Providing a solution that makes optimum use of human, capital and estate resources</p>
4.	<p>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 Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	<p>The Health Board have considered many aspects of evidence in developing the business case. Each of these is specific to the particular service, for example:</p> <p>Significant analysis has been undertaken regarding the future requirements for theatre sessions, including population growth, transfer of activity to other Health Board facilities (such as University Hospital of Llandough) and the development of regional services such as major trauma and orthopaedics.</p> <p>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>

¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Individuals who require orthopaedic surgery along with their families, carers, visitors and staff.
----	--	--

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.
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Patients treated in a high quality environment, which is welcoming and conducive their care and recovery, with an improved environment which meets Standard of Care Guidelines 		<p>Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services.</p>
	<ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. <p>Potential negative impacts: None</p>		<p>Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services.</p>

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.
<p>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</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. <p>Potential negative impacts: None</p>		<p>Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services.</p>
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>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</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. <p>Potential negative impacts: None</p>		<p>Design of facilities will comply with equality implications and other relevant standards and guidelines</p>

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.
<p>6.4 People who are married or who have a civil partner.</p>	<ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. • Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines. <p>Potential negative impacts: None</p>		<p>Design of facilities will comply with equality implications and other relevant standards and guidelines</p>
<p>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.</p>	<p>Pregnant members of staff will be subject to the UHB risk assessment process and will be moved to non-clinical areas if necessary</p>		<p>Design of facilities will comply with equality implications and other relevant standards and guidelines</p>

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.
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. <p>Potential negative impacts: None</p>		<p>Design of facilities will comply with equality implications and other relevant standards and guidelines</p>
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. <p>Potential negative impacts: None</p>		

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.
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. <p>Potential negative impacts: None</p>		

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.
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients • IT supports patient engagement and communication 	<ul style="list-style-type: none"> • Translation services to be available as required by the Welsh Language Standards • All public documents available in Welsh • Develop IT support /social media programmes in Welsh • Employ Welsh speaking staff • Develop local patient engagement programmes in Welsh • Promote the availability of Welsh speaking staff 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Strategy & Service Planning Team • Clinical Boards • UHB IM&T Team • Workforce and Organisational Development • Patient Experience Team

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.
<p>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</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. <p>Potential negative impacts: None</p>		
<p>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</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need for all welsh patients • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. <p>Potential negative impacts:</p> <ul style="list-style-type: none"> • Transport links <p>Potential negative impacts: None</p>		<ul style="list-style-type: none"> • Provide information in relation to public transport routes/timetables • Provide information for voluntary services

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.
<p>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. <p>Potential negative impacts: None</p>		

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
<p>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</p> <p>Well-being Goal - A more equal Wales</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. • Services on a major site with accessibility by ambulance, car, walking, cycling and public transport <p>Potential negative impacts: None</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>7.2 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>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. <p>Potential negative impacts: None</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>7.3 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 access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. • Improved environment that complies with standards and guidelines • Services provided on a hospital site with good transport links • DDA compliant facilities <p>Potential negative impacts: None</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>7.5 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</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Improved access to services at the point of need • Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate. • Improved environment that complies with standards and guidelines <p>Potential negative impacts: None</p>		
<p>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</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Ability and capacity to continue to provide care to welsh patients within Wales. • Delivery of UHB Policy and Standards of Care • Ability to meet well-being objectives <p>Potential negative impacts: None</p>		

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

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>Summary of Analysis</p> <p>The impact of the project should have a positive impact on all of the protected characteristics.</p> <p>The implementation of the preferred option will deliver the following key benefits:</p> <ul style="list-style-type: none">- Improved operating theatre space ensuring provision promotes service of excellence- Patients treated in a high quality fit for purpose environment focussed on the needs of the client group- Enhanced levels of safety and observation facilitating improved response times- Welcoming patient environment- Support adherence to DDA compliance and BREEAM standards- Ability to future proof to cope with the predicted rise of demand in terms of complexity of cases, the ageing community and increased population projections- Improved clinical outcomes through more timely treatment- Better continuity of service- Improved staff recruitment and retention- Improved environment and condition of estate leading to reduced maintenance costs- Compliance with HBN/HTM Standards- Improved job satisfaction- Improved levels of staff and patient satisfaction regarding service provision
--	--

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?	<p>Translation services to be available as required by the Welsh Language Standards</p> <p>All public documents available in Welsh</p> <p>Develop IT support /social media programmes in Welsh</p> <p>Employ Welsh speaking staff</p> <p>Develop local patient engagement programmes in Welsh</p> <p>Promote the availability of Welsh speaking staff</p> <p>Employment of local people to reflect demographic population as far as possible given the specialist nature of the service</p>	<p>Strategy & Service Planning Team</p> <p>Clinical Boards</p> <p>UHB IM&T Team</p> <p>Workforce and Organisational Development</p> <p>Patient Experience Team</p> <p>SOFW Programme Team (including PCIC and other Clinical Board members)</p>		<p>Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services.</p> <p>Design of facilities will comply with equality implications and other relevant standards and guidelines</p> <p>Provide information in relation to public transport routes/timetables</p> <p>Provide information for voluntary services</p>

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>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?</p>	<p>As there has been potentially no negative impacts identified, and consultation and engagement activity with users has taken place both face to face and through user satisfaction surveys, it is unnecessary to undertake a more detailed assessment.</p>			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:- Decide whether the strategy, policy, plan, procedure and/or service proposal:</p> <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. <p>Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment</p> <p>Monitor and review</p>	<p>On reviewing this service delivery strategy positive changes have been made. The EHIA has been consulted upon.</p> <p>The Strategy will continue, enhanced by the actions identified within the EHIA</p> <p>The EHIA will be published, alongside the Strategy, on the intranet and internet once approved.</p> <p>This EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required</p>			

Appendix 15 - 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 CAVOC Theatres at University Hospital of Llandough
3. Your Division/Department	Cardiff and Vale University Health Board
4. Programme/Project Type	Construction
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, Headquarters Building, University Hospital of Wales, Heath Park, Cardiff CF14 4XW Tel: 029 2184 7508 Email: 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>
8. Finance Officer details: Review (to include telephone number, mobile number and e-mail address) <i>(N.B. review costs will initially be met by the Integrated Assurance Hub but will be recouped via journal at the end of the review)</i>	<p>Steven Hill, Assistant Director of Finance, Cardiff & Vale UHB Woodland House, Maes y Coed Road, Heath, Cardiff, CF14 4HH Tel: 029 2183 6412 Email: Steven.Hill2@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. Choose an item.</p>

SECTION 2 : PROGRAMME / PROJECT DETAILS

Theatres 5 and 6 at University Hospital Llandough (UHL), were previously Ministry of Defence Field hospital facilities and were originally procured to provide a temporary solution whilst the development of permanent facilities, were planned. However, following the development of the Cardiff and Vale Orthopaedic Centre (CAVOC), demand for theatre capacity continued to increase at a rapid rate and the theatres had to be retained to keep pace with demand. These theatres now fail to meet modern standards, in terms of environment, infrastructure, ventilation, heating, space provision, and compliance with relevant current clinical guidance and building standards which poses a very high risk to essential business continuity and delivery of core service priorities and commitments.

It is proposed that these theatres are now replaced, as an interim measure a temporary modular theatre has been provided to minimise disruption to clinical activity.

As part of this project a 24-bedded decant ward will be created to enable the refurbishment of the existing wards at UHL.

The key objectives are:

Investment Objective 1: Provide a high quality physical environment

All facilities will be compliant with statutory Health Technical Memoranda (HTM), Healthcare Inspectorate Wales (HIW) and other relevant environmental standards

Specific	All theatres and the 18 bedded enabling/decant ward will be compliant with statutory HTM, HIW and other relevant environmental standards including requirements for privacy and dignity and infection prevention
Measurable	Audit against HTMs
Achievable	HTMs are a recognised national standard utilised across NHS Wales
Relevant	This investment will contribute to the following objective within the Wales Infrastructure Investment Plan for Growth and Jobs 2012: To continuously improve and update the existing estate, address backlog maintenance, improve sustainability and maximise energy efficiency
Time-bound	The accommodation to support a high quality physical environment will be completed by September 2024. This date is dependent upon the timing of approval of this SOC and the subsequent OBC and FBC

Investment Objective 2: Provide appropriate service capacity

To provide accommodation that will meet the required current service capacity

Specific	To provide accommodation that will meet the required service capacity and is capable of responding to future clinical, epidemiological, population and demographic changes
Measurable	Monitoring and recording of activity information to include cancelled and delayed operations
Achievable	The Health Board has undertaken robust activity and capacity planning to ensure the appropriate number of theatres across it's sites
Relevant	This investment is in line with the NHS Infrastructure Investment Objectives, in particular: Promote the use of innovation to improve the quality of care, to reduce costs and to deliver the necessary service change.
Time-bound	The accommodation to support the service capacity will be completed by September 2024. This date is dependent upon the timing of approval of this SOC and the subsequent OBC and FBC

Investment Objective 3: Facilitate the delivery of the model of care and high quality patient services

To deliver facilities that will allow the Health Board to achieve best possible outcomes of care for patients that are effective across the continuum of the surgical pathway

Specific	To provide accommodation for theatre teams that will enable the Health Board to deliver the required model of surgical care and ensure the best possible outcomes for patients and to provide suitable inpatient accommodation to allow the Health Board to meet it's capacity needs
Measurable	The accommodation will be completed and available for occupation as per the agreed schedule of accommodation, design brief and building specifications and will be subject to post project evaluation
Achievable	The Project Team will monitor the outputs and evaluate against recognised best practice models
Relevant	This investment will contribute to the following objective within the Wales Infrastructure Investment Plan for Growth and Jobs 2012: Services which are accessible to patients and carers (providing the right services in the right places).
Time-bound	The accommodation to support the model of care will be completed by September 2024. This date is dependent upon the timing of approval of this SOC and the subsequent OBC and FBC

Investment Objective 4: Effective use of Resources

Providing a solution that makes optimum use of human, capital and estate resources

Specific	To provide an environment that maximises the use of available resources and promotes improved service efficiency
Measurable	To assess the departmental plans with regard to workflows and pathways during the design development and to assess space utilisation through a post occupancy survey
Achievable	The Project Team is confident that the correct support is in place and resources are available to develop a solution that maximises efficiency
Relevant	This investment is in line with the NHS Infrastructure Investment Objectives, in particular: Promote the maximum efficient utilisation of assets and to improve asset condition and performance
Time-bound	The accommodation to support the effective use of resources will be completed by September 2024. This date is dependent upon the timing of approval of this SOC and the subsequent OBC and FBC

The project is at OBC 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?	Yes
If YES, please state who is the responsible minister(s)	Eluned Morgan
3.1.2: Does the programme/project cut across ministerial portfolios	No
3.1.3: Does the programme/project satisfy a major policy commitment?	Yes
If YES, Which policy?	<ul style="list-style-type: none"> • Anti-racist Wales Action Plan (June 2022) • NHS Wales Planning Framework 2022 – 2025 (2021) • Future Wales – The National Plan 2040 (2021) • NHS Wales Decarbonisation Strategic Delivery Plan (2021) • National Clinical Framework: a learning health and care system (2021) • A More Equal Wales – The Socio-economic Duty (2021) • National Development Framework (NDF) (October 2019) • Prosperity for All: A Low Carbon Wales (September 2019) • The Topol Review - Preparing the healthcare workforce to deliver the digital future (February 2019) • Planning Policy Wales 10th edition (December 2018) • A Healthier Wales: Our Plan for Health and Social Care (2018) • Prosperity for All: The National Strategy (2017) • Taking Wales Forward 2016-2021 • Public Health Wales - Making Every Contact Count (MECC) • Prudent Healthcare (2016) • Health and Care Standards (April 2015) • Digital First (2015) • Well-being of Future Generations (Wales) Act 2015
3.1.4: Does the Programme/Project impact Key Organisational Objectives?	Critical link to delivery of key strategic objectives /targets
3.1.5: Does the Programme/Project impact Business Change?	Low impact
Strategic Alignment & Commitment – Self assessed risk rating	Low
Further information & explanatory note:	

SECTION 3.2: Financial/funding impact

3.2.1: How much is the projected budget for the programme/project?

£5M and above

N.B. when completing this part of the form, please take into account the whole-life costs of the programme/project (as defined by HM Treasury Green Book)

3.2.2: How long is the programme/project expected to run?

Over 2 Years

3.2.3: Is funding secured and in place for the entire lifecycle of the programme/project?

No

3.2.4: Does the programme/project receive external funding?

No

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:

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	Fully resourced
3.3.4: How many staff within the organisation will be affected by the programme/project?	50-100
3.3.5: Impact on Public	No impact
Stakeholder Engagement – Self Assessed Risk Rating	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?	Yes
3.4.2: Are the Programme/Project Governance arrangements in place?	Yes
3.4.3: Are the Programme/Projects Time & Quality Targets Achievable?	Yes
3.4.4: Has the Programmes/Projects benefits been identified?	Yes
3.4.5: Has the programme/project considered and implemented security standards in compliance with regulatory Acts e.g. GDPR?	Yes
3.4.6: Governance – Self Assessed Risk Rating	Very Low

Further information & explanatory note:

SECTION 3.5 Programme/Project Dependencies


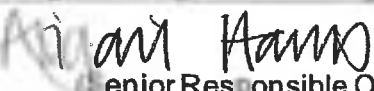
3.5.1: Is the Programme or Project dependant on or connected to wider initiatives?	standalone programme/project with no dependency
3.5.2: Does the programme/project depend on key components, consent or approvals which are outside the organisations direct control?	No external factors that requires consent or approval
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	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 03/10/22
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 03/10/22

Appendix 16 – Integrated Assurance Approval Plan (IAAP)

Assurance/Approval	Outline Scope	2023/24				2024/25				2025/26				2026/27			
		Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27	Q2 26/27	Q3 26/27
Programme/Project Milestones																	
Approvals	Estimated Cost - £34m Targets: OBC Submission - end Jan 2023 OBC Approval - April 2023 FBC Submission - June 2024 WAG FBC Approval - August 2024 Start on Site - September 2024 Completion - June 2026	HB Approval/OBC submission	WG OBC Approval	FBC Preparation				HB Approval/FBC submission	WG FBC Approval	Construction				Post Completion/			
General Programme-Level Assurance																	
Validation of Management Action	Assurance of Management Actions																
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. Design Brief Affordability Management of Derogations Impact of Value Engineering / Affordability Analysis Compliance with Design Warranties Sign Off/Approvals																
Planning	e.g. Planning Approvals Delivery of Planning Conditions/ Requirements Communications/Management																
Change Control	e.g. Change Management Arrangements Delegated Authority Case for Change Design Change Management Approvals																
Equipping	e.g. 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																	

2023/24 16,712.04

2024/25 17,213.40

2025/26 17,729.80

Total 51,655.23

Notes: 1) Prices may be adjusted to reflect NHS inflationary uplifts
 2) Coverage/Timing may be adjusted to reflect programme amendments e.g. due to approval delays etc.