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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27th May 2021	Agenda Item	2.4
Report Title	Ward G Morriston Hospital – IPC Update		
Report Author	Service Group Director – Morriston		
Report Sponsor	Executive Director of Strategy and Planning		
Presented by	Executive Director of Strategy and Planning		
Freedom of Information	Open		
Purpose of the Report	This report sets out the business case to support the refurbishment of Ward G, Morriston Hospital. This was as a result of the recommended remedial actions required to eradicate the carbapenemase-producing organism (CPO) from Ward G at Morriston Hospital. This work was originally considered in early February 2020, however, could not be progressed due to COVID.		
Key Issues	The preferred option is to undertake a complete refurbishment of the ward and to take the opportunity to implement Chief Medical Officer Guidance and have a 50/50 balance of single and multi-bed rooms. As a result, this is now supported by a business justification case for approval to submit to Welsh Government to seek funding in 2021/22 to support Board quality priority on reducing infection. The impact of the ward on system capacity has been considered and suitable alternative arrangements can be made. Subject to Board approval the BJC will be submitted to Welsh Government by the Director of Strategy who will lead on implementation from a capital perspective and with the Chief Operating Officer from an operational position.		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Approval
			<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • APPROVE the business justification for submission to Welsh Government to seek funding 2021/22 to support the board's quality priority on reducing infection. 		

WARD G REFURBISHMENT PLAN

1. INTRODUCTION

This report serves as a supporting document for the Business Justification Case (BJC), for the refurbishment of Ward G at Morriston Hospital. This was as a result of the recommended remedial actions required to eradicate the carbapenemase-producing organism (CPO) from Ward G at Morriston Hospital. This was originally considered in early February 2020, however it could not be progressed due to COVID. This is the earliest opportunity there has been for a further consideration and refinement of the proposals and finalisation of the BJC. Due to the delay in progressing this programme of work, it was felt that this decision needed further consideration by the Management Board despite it being initially approved by the Senior Leadership team in February 2020.

2. BACKGROUND

A paper was considered at the Senior Leadership Team on 19th February 2020 on the basis of the following information:

Ward G at Morriston Hospital is a surgical ward utilised for the admission and post-operative care of patients with complex gastrointestinal conditions. It is therefore common to have patients presenting with altered gastrointestinal habits, resulting in the frequent spread of gastrointestinal infections. Unfortunately, the Ward has been in the midst of a CPO outbreak since September 2019 and has been managing with limited flow and increased risk of spread during this period.

Although patients with a positive CPO diagnosis may not suffer any significant ill-effects as a result, the issue is managing medical conditions with such patients due to the resistance to “routine” antibiotic regimes. Obviously, any further spread of this infection has far reaching consequences for the overall health system. Therefore, eradication of source and containment of spread is a high priority for the Unit.

The unit has worked collaborative with the Infection Prevention and Control Team, Facilities services and Capital Planning colleagues to review possible options for the immediate eradication of this organism on Ward G and future containment / isolation of patients presenting as CPO+.

Options Appraisal

Any options for the remedial work to be undertaken on Ward G are reliant upon the ward being empty. There is currently very limited scope for a decant ward at Morriston hospital. However, the commitment of the annual plan 2021/22 releases significant bed capacity. If this plan realises its ambition, then it would be feasible to create a decant ward within Morriston Hospital. However, if this is not possible then it would be a feasible option to transfer award from Morriston to either Singleton or Neath Port-Talbot Hospitals. This would be a cost neutral option as the ward staff would also temporarily transfer.

Option 1 - Empty ward and deep clean – not recommended

This is the minimum required level of remedial work recommended following any outbreak of CPO. Unfortunately, this has been undertaken previously but the source of the infection remains and further spread has occurred.

It should be noted that option 1 also comes with the added costs for the restocking of the ward and procuring new ward furnishing. All existing stock items are required to be disposed of due to the risk of cross-contamination.

Option 2 - Empty ward and undertake basic ward upgrade works

In this option the “snag” list produced by the ward including the development of two en-suite cubicles that have shower and toilet facilities. One of these cubicles will be Disability Discrimination Act (DDA) compliant.

This option has been reviewed by Capital Planning colleagues and estimated as follows:

- Two week design project – can be undertaken whilst the ward is partially occupied
- Ward needs to be vacated and deep cleaned prior to work commencing
- Anticipated 8 weeks to do the works, subject to the contractor confirming if material and resources are available.
- Estimated time for completion 10 weeks with commissioning.
- Estimated cost £156k out-turn.
- Risk : will result in the loss of two beds

Option 3 – Empty Ward and undertake a full ward refresh

In this option the ward will undertake a full programme of works in line with the current “Ward refresh programme” including the development of two en-suite cubicles that have shower and toilet facilities. One of these cubicles will be Disability Discrimination Act (DDA) compliant.

This option has been reviewed by Capital Planning colleagues and estimated as follows:

- Ward needs to be vacated and deep cleaned prior to work commencing
- Three-month design project – cannot be undertaken whilst the ward is partially occupied
- Three-month procurement process.
- Anticipated 4-month work scheme at 7 days per week.
- Estimated cost £880k out-turn
- Risk: will result in the loss of two beds

Option 4 – Empty Ward and undertake a full ward refresh and implement CMO Guidance on 50/50 occupancy

In this option the ward will undertake a full programme of works in line with the current “Ward refresh programme” including the development of 50/50

occupancy (single / multiple). At least one of these cubicles will be Disability Discrimination Act (DDA) compliant.

This option has been reviewed by Capital Planning colleagues and estimated as follows:

- a. Ward needs to be vacated and deep cleaned prior to work
- b. Four-month design project – extended from Option 3 due to complexities on mechanical / electric and fire compartmentation to ensure HTM compliance.
- c. Three-month procurement process.
- d. Anticipated 6-month work scheme.
- e. Tendered cost £2m out-turn including vat and fees.
- f. Risk: disruption to the Physiotherapy department located below Ward G to undertake drainage works.
- g. Risk: due to space constraints it is anticipated this will result in the loss of up to six beds.

Note: the timeline indicated in the above option are at this stage considered to be worst-case scenario and written confirmation on funding from the Welsh Government would be required prior to signing any contracts.

Preferred Option

The prevalence of this organism on Ward G is such that more radical action than that taken previously is required. The usual / enhanced cleaning regimes adopted by the Health Board have not been successful thus far and it is the view of the IPC Team that this organism is now colonised on Ward G.

Therefore, Option 1 is not recommended.

There is an opportunity to fully refurbish Ward G and create a ward environment that meets the needs of the patient population admitted to that ward and move towards the CMO's recommendation to have 50% single occupancy accommodation on each hospital ward. The prevalence and nosocomial spread of COVID-19 at Morriston Hospital has highlighted the importance of being able to appropriately isolate patients with infectious diseases. The lack of cubicle space exacerbates the spread of HAIs and therefore it is felt that there has to be a shift to increase the availability of cubicle space.

Therefore, the recommended option is Option 4. This facility would then be used as the infection control facility in Morriston to improve isolation to support the quality priority of reducing infection.

3. GOVERNANCE AND RISK ISSUES

There is an inevitable loss of bed capacity with any option for the remedial work undertaken on Ward G. However, the risk from an IPC perspective is such that this has to be considered to be an acceptable compromise. The Health Board can mitigate this by commissioning existing closed ward capacity for a cohort of clinically appropriate patients (which may include those awaiting social support, nursing homes and community hospital placements).

4. FINANCIAL IMPLICATIONS

There is a cost implication with each option. However, it should be noted that there remain significant cost implications of continuing to manage the spread of CPO on any hospital site. Whilst this is difficult to quantify there are real-time cost benefits in undertaking this work. The financial implications are detailed within the business case but summarised below.

- Option 1 – yet to be costed but estimated in the range of £50k to restock the ward and replace ward furniture.
- Option 2 – option one plus the cost of the “snag list”, restocking the ward and procuring new ward furniture. The existing stock in its entirety will need to be scrapped and replaced.
- Option 3 - £880k plus the costs of option 1
- Option 4 - £2m plus the costs of option 1

5. RECOMMENDATION

Members are asked to:

- **APPROVE** the Business Justification Care for submission to Welsh Government.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>	
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
There are significant quality, safety and patient experience implications as a result of this business case. An increase in the availability of cubicles will have a direct, positive impact on the control of infectious diseases and the ability to manage appropriate end of life pathways for patients and families.		
Financial Implications		
The business justification case outlines the full financial implications, which are all capital. There are no revenue implications as a result of this development.		
Legal Implications (including equality and diversity assessment)		
This development will aid the Health Board's compliance with IPC and Disability Discrimination Act compliance.		
Staffing Implications		
There may be associated staffing implications should there be a need to decant a ward from Morriston to an outlier hospital. This will be a temporary move, with an indicative timeline of six months.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
There will be associated benefits to the delivery of the Well-being of Future Generations (Wales) Act 2015		
Report History	Previous iterations of this report have been received by: <ul style="list-style-type: none"> • Senior Leadership Team – Feb 2020 • Management Board – April 2021 • Independent Members Briefing Session – April 2021 	

Appendices	<p>The following supporting documents are included:</p> <ul style="list-style-type: none"> • Ward G vBJC final draft • Appendix A – cost form V3 • Appendix B – drawing • Appendix C – Capital Risk Register 29th April 2021



Business Justification Case

Refurbishment of Surgical Ward G, Morriston Hospital, Swansea



Vfinal

Document control sheet

Client	Swansea Bay University Health Board
Document Title	Refurbishment of Surgical Ward G, Morriston Hospital, Swansea
Version	Final
Status	Final
Reference	
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Date	5 th May 2021
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Strategic Context and Case for Change

1.1 Introduction

This Business Justification case (BJC) seeks support from Welsh Government (WGov) of between £2.012m (including non-recoverable VAT) for capital investment in the refurbishment of Ward G at Morriston Hospital.

Ward G at Morriston Hospital is a surgical ward utilised for the admission and post-operative care of patients with complex gastrointestinal conditions. It is common to have patients presenting with altered gastrointestinal habits, resulting in the frequent spread of gastrointestinal infections.

In September 2019 a highly contagious but drug resistant infection (carbapenemase-producing organism (CPO)) was present on Ward G. Although patients with a positive CPO diagnosis may not suffer any significant ill-effects as a result, the issue is managing medical conditions with such patients due the resistance to “routine” antibiotic regimes. Obviously any further spread of this infection has far reaching consequences for the overall health system. It is the view of the Health Board’s Infection Prevention Control (IPC) Team that this organism is now colonised on Ward G. Therefore, eradication of source and containment of spread is a high priority for the Unit.

There is a small window of opportunity to eradicate the source and contain the spread of infection.

This investment targets intervention for Healthcare Associated Infections (HAIs) and addresses environmental challenges on this ward. It supports the delivery of high quality care to patients and by design allows for improved decontamination and isolation of vulnerable patients. It supports national and local strategies, guidance and best practice, including the following:

- *The Wellbeing and Future Generations (Wales) Act 2015;*
- *Prudent Healthcare – Securing Health and Well-Being for Future Generations (Wales) Act 2015;*
- *A Healthier Wales: Our Plan for Health and Social Care (2018);*
- SBUHB’s *Clinical Services Plan 2019-2024 (2019),*
- SBUHB’s *Annual Plan 2019/20;*
- SBUHB’s *Site Development Control Plan for Morriston Hospital, and;*
- Infection control and governance requirements.

1.2 Business Needs

Surgical Wards support the flow patients requiring surgical admissions and interventions within the Health Board. The majority of the surgical admissions originate from the Emergency Department (ED). Ward G acts as a tertiary centre for gastrointestinal surgery for the region conducting highly specialised surgical interventions.

Ward G’s environment is outdated and does not promote the efficient use of clinical space for those requiring bed based care.

The proposed investment will deliver the following benefits:

Figure 1 – Changes and Types of Benefit

Area	Benefit
Improvements to infection control	<ul style="list-style-type: none"> • Refurbishes the ward environment in compliance with best practice. Eradicates the carbapenemase-producing organism (CPO) from ward.
	<ul style="list-style-type: none"> • Reconfigures the position and size of the Dirty Utility room to create a separate Clean and Dirty Utility room, reducing the risk of cross contamination and enhancing infection control.
	<ul style="list-style-type: none"> • Reduces bed capacity from 25 to 18 beds but maintaining a viable number of beds to support the regional service, which enables the development of fully compliant additional shared, single, en-suite and assisted bathrooms and provision of six additional bathrooms above baseline, (two of which are assisted bathrooms).
Additional single-bed capacity	<ul style="list-style-type: none"> • Creates an additional three fully compliant single rooms above baseline by reconfiguring two of existing 4 multiple bed-bays to provide additional single rooms. • Promotes higher levels of patient confidentiality.

	<ul style="list-style-type: none"> ▪ Newest single beds are sited closer to the Nurse Station, improving the safety of vulnerable and dementia patients. ▪ Newest single rooms are configured to allow free and fully compliant movement of beds and hoists. ▪ Creates a calmer environment with increased single room facilities, to be used as required.
Additional en-suite capacity	<ul style="list-style-type: none"> ▪ Creates an additional two single en-suite bedrooms and two assisted en-suite bedrooms. ▪ Increases single room capacity above baseline. ▪ Enhances privacy and dignity for patients. Enhances the patient and carers' experience.
Improvements to clinical processes and flow	<ul style="list-style-type: none"> ▪ Improves patient flow ▪ Promotes improved clinical efficiencies and effectiveness.
Improved patient confidentiality	<ul style="list-style-type: none"> ▪ Creates a Doctors set-down support space adjacent to the Nurses' Station, providing separate and flexible areas for discussions and updating of patients' medical records.
Environment	<ul style="list-style-type: none"> ▪ Achieves compliance with fire compartmentation and fire damper as per Fire Code requirements.

1.3 Problem with Status Quo

The current facilities and their configuration do not optimally meet the needs of this patient group - Ward G currently has four multiple bedded bays (1 x 4-bedded, 1 x 5-bedded, and two 6-bedded bays) and only four single bed cubicles (only two of which are en-suite):

- There are currently no assisted bedrooms or bathrooms or bariatric en-suites.
- The ward environment is outdated and the configuration of the ward is inefficient, e.g. the current ward configuration and facilities does not fully comply with the Equality Act and does not provides any bariatric facilities; ward fire compartmentation and surrounding fire dampers need upgrading to ensure fire compliance with Fire Code.
- The ward's bathroom fittings, lighting, flooring, cupboards and décor is below standard and in need of upgrade.
- Patients' privacy and dignity is limited due to the high ratio of shared bedroom bays.
- Ward equipment docking stations are inadequate and poorly sited.
- Infection control within the clinical areas.
- Cannot section the ward at times of infection due to lack of bathroom and toilet facilities.
- Patient and staff experience.

1.4 Spend Objectives

The following key investment objectives have been identified:

- **Spend Objective 1:** To provide a high quality and optimally configured surgical ward environment to the population served by SBUHB as evidenced by:
 - Provide a fit for purpose surgical ward environment that is fully compliant with WHBN/WHTM standards/Fire Code;
 - Provide two single en-suites, two assisted en-suites and two shared en-suites above baseline;
 - Provide more appropriately located bathroom facilities for the 5-bed and 6-bed bays;
 - Enhance patient privacy and dignity;
 - Increase patient safety;
 - Provide improved staff welfare and changing facilities, and;
 - Create a calmer and more secure environment for vulnerable and dementia patients.
- **Spend Objective 2:** To improve single bed capacity within Ward G as evidenced by increasing current single bedroom provision from 4 to 7.

Disbenefits: There is a loss of seven beds' capacity on Ward G. The Health Board is mitigating this by commissioning an additional ward at Neath Port Talbot Hospital, Ward A.

1.5 Benefits

The main outcomes and benefits of this investment are as follows:

- Provides access to new and modern ward infrastructure.
- Additional single bed and en-suite capacity, providing improved privacy and dignity and improved access to seclusion facilities.
- An enhanced patient experience and higher levels of patient confidentiality.
- Improves infection control prevention, reduces governance risks and provides a clinically safer environment for patients and staff.
- Achieves compliance with WHTM & WHBN and best practice guidelines.
- Improves clinical service efficiency.
- Designed with the involvement of clinical staff and the infection control team

1.6 Risks

The main risks associated with this project and the countermeasures will be detailed in a risk register, which will be regularly monitored by the Project Board.

1.7 Constraints and Dependencies

A number of constraints were identified as follows:

- The ward must be empty for deep cleaning and full ward remodelling / a refresh to be carried out effectively or further spread can occur.
- The estates solution must be fit for purpose, make best use of the available space and service infrastructure, and be delivered on a timely basis.
- The solution must support clinical needs.
- The solution must be affordable and must be delivered within project budget.

The main dependencies were identified as follows:

- Continued support for the agreed model of care.
- Availability of capital funding from the Welsh Government.

2 Available Options

2.1 Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector). This section of the business case demonstrates that the most economic advantageous option has been selected. This option best meets the service needs, realises the most benefits, and optimises Value for Money.

2.2 Critical Success Factors

The Critical Success Factors (CSFs) have been identified to allow evaluation of the potential options. These are shown below:

Figure 2 – Critical Success Factors (CSFs)

CSF 1 Compliance – The solution must comply with WHBM/WHTM standards

CSF 2 Acceptability - The solution must be acceptable to users and clinicians.

CSF 3 Strategic Fit - The solution must 'fit with national, regional, local strategies.

CSF 4 Achievability - The ward must be empty and the physical solution must be deliverable within the required timescale of installation completed on a timely basis.

CSF 5 Benefits Optimisation – The solution should assist SBUHB to improve the acceptability and functionality of its older wards.

CSF 6 Affordability - The organisation must be able to fund the capital and revenue consequences associated with the proposed investment solution and support overall financial balance.

2.3 The List of Options

The Morriston Delivery Unit has worked collaboratively with the Infection Prevention and Control Team, Facilities services and Capital Planning colleagues to review possible options for the immediate eradication of this organism on Ward G and future containment / isolation of patients presenting as CPO+. The team considered a limited range of potential technical options as follows:

- **Deep Clean of Ward G** – this involves emptying the ward and replacing all ward furnishings to reduce risk of cross-contamination. Morriston Delivery Unit **rejected** this option as this has been undertaken previously but the source of the infection remains;
- **Minor refurbishment of Ward G** – this is limited to developing two en-suite cubicles to support disabled patients. Morriston Delivery Unit **rejected** this option as more radical action was required to fully address the source of infection;
- **Major refurbishment of Ward G (enhancement of disabled facilities only)** – this involves an extensive programme of works including the development of two en-suite cubicles to support disabled patients Morriston Delivery Unit **rejected** this option as it did not achieve essential statutory compliance, and;
- **Major refurbishment of Ward G (enhancement of disabled facilities, compliance with CMO 50/50 single/multiple room occupancy guidance, and compliance with WHTM/WHBN environmental standards & Fire Code)** - Morriston Delivery Unit agreed this option met all the spend objectives and CSFs and it was taken forward for further consideration.

2.4 The Short Options

Morrison Delivery Unit agreed the short list of options as follows:

Figure 3 – Short List Options

Option	Description	Finding	Outcome
1	'Business as Usual' (Status Quo) - Involves planned/statutory maintenance or minor enhancement only.	Does not support any of the spend objectives or CSFs. Does not eradicate CPO. Clinically unacceptable.	Rejected – retained as baseline comparator
2	Empty Ward G and deep clean.	This is the minimum required level of remedial work recommended following any outbreak of CPO. Unfortunately, this has been undertaken previously but the source of the infection remains and further spread has occurred; Added costs for the restocking of the ward and procuring new ward furnishing. All existing stock items are required to be disposed of due to the risk of cross-contamination.	Rejected
3	Empty Ward G and undertake basic ward upgrade works.	This includes the development of two en-suite cubicles with shower and toilet facilities. One of these cubicles would be Equality Act (disabled) compliant. Ward needs to be vacated and deep cleaned prior to work commencing. Loses two beds. Indicative programme – two weeks.	Rejected
4	Empty Ward G and undertake a full ward refresh.	As Option 3 plus a full programme of ward refresh works in line with Unit's Ward Refresh Programme. Indicative programme – three months.	Rejected
5	Empty Ward G and undertake a major refurbishment of Ward G (enhancement of disabled facilities, compliance with CMO 50/50 single/multiple room occupancy guidance, and compliance with WHTM/WHBN environmental standards & Fire Code)	As Option 4 – more complex mechanical / electric and fire compartmentation works to achieve Health Technical Memorandum compliance. Loses six beds. Indicative programme – four months. This is the only acceptable, viable and clinically safe option. It fully achieves statutory compliance. It supports SBUHB's Clinical Services Plan.	Preferred Option

2.5 The Preferred Option

Morrison Delivery Unit agreed the preferred option is **Option 5** (i.e. Empty Ward G and undertake a major refurbishment of Ward G - enhancement of disabled facilities, compliance with CMO 50/50 single/multiple room occupancy guidance, and compliance with WHTM/WHBN environmental standards & Fire Code).

This involves the following:

- Rationalising the current 1 x 4-bed and 1 x 6-bed bay to create two single en-suite bedrooms and two assisted en-suite bedrooms.
- Moving the location of support space to create appropriately positioned bathroom facilities to support the remaining 1 x 6-bed and 1 x 5-bed bays.
- Achieving compliance with WHBN/WHTN and Fire Code guidance (i.e. upgrading fire compartmentalisation and fire dampers).

- Rationalising the Treatment space to create flexible Doctors 'Set-Down' support space (equipped with workstations) and a Store Room.
- Moving the location of offices and storage space to create changing space, a dedicated staff toilet and two appropriately located hoist docking-stations at either end of the ward.
- Rationalising the position and size of the Dirty Utility room to create a separate Clean and Dirty Utility room.
- Replacement of windows.

Please see **Appendix B – Drawing** for an illustration of the current and planned ward configuration and **Appendix D – Indicative Programme**.

3 Procurement Route

3.1 Introduction

This section of the business case sets out how this scheme will be procured.

3.2 Procurement Strategy and Route

The local Engineering and Enabling works elements will be managed via SBUHB's Local Contractor and Consultant Framework.

3.3 Essential Services

The essential requirements to be provided as part of this contract are:

- The major refurbishment of Ward G, Morriston Hospital to deliver enhanced disabled facilities, compliance with CMO 50/50 single/multiple room occupancy guidance, and compliance with WHTM/WHBN environmental standards & Fire Code;
- A transition process to ensure clinical services are not disrupted during main works and commissioning stages, and;
- The operational commissioning of the ward to realise the organisational benefits of the scheme.
- The Design Team will be required to ensure compliance with environmental, clinical and IM&T requirements so as to ensure compatibility with other integrated systems

3.4 Key Appointments

The following key appointments have been made:

- (To be advised) will supply the enabling/building works.
- Architectural & Principal Design services are provided by Stride Treglown.
- Structural Engineering design services are provided by (to be advised).
- Mechanical & Electrical design services are provided by AECOM.
- Health Board Cost Planning services are provided by AECOM.
- Construction and other technical commissioning services are provided by SBUHB.

Risk Management

SBUHB's Morriston Delivery Unit management will manage the change process and will endeavour to mitigate any risk of disruption to clinical services and performance during the transition phase.

The planning contingency has been assessed by an independent Cost Advisor in consultation with the Health Board Project Manager (who has expertise in delivering similar projects). The planning contingency sum of £97,979 (including recoverable VAT) is a robust assessment of risk and complies with NWSSP-FS guidance. Please see **Appendix C – Risk Register**.

3.5 Implementation Timescales

The preferred option would involve a four-month design stage, be subject to a three-month procurement process and works could be completed with an estimated six months, subject to accessing an empty ward and agreement of funding. Estimated time for completion is 3rd Qtr 2021.

4 Funding and Affordability

4.1 Introduction

The purpose of this section is to set out the financial implications of the contracted solution.

4.2 Capital Requirements

The capital costs of the scheme are £2.012m (including VAT). All costs are fully tendered.

VAT incurred on external fees incurred directly by the Health Board are fully recoverable. These have been factored into the cost forms (**Appendix A – Cost Form**).

Figure 4 – Capital Expenditure £000's (incl of non-recoverable VAT)

£(000's)	Prior Years	2021/22	2022/23	Total
Capital Costs	93	1,920	0	2,012
Capital Funding	0	2,012	0	2,012

4.3 Impact on the Statement of Comprehensive Net Expenditure

The revenue impact of the scheme on the Health Board's Operating Cost Statement is shown below:

Figure 5 – Revenue Expenditure £000's above baseline

£(000's)	21/22	22/23	23/24	24/25	25/26
Recurrent Revenue	0	0	0	0	0
Depreciation	18	70	70	70	70
Impairment (AME) Initial Valuation	1,551				

Capital and Revenue Assumptions

Capital Cost forms include a breakdown of works and non-works elements, and identify new equipment costs. Where Health Board in-house fees would usually have been outsourced these fees have not been charged against revenue. Their contribution towards delivery of this scheme has been based on an agreed resource allocation and are detailed in the attached cost forms (**Appendix A – Cost Form**). A VAT rate of 20% has been reflected in the capital costs.

This is a like-for-like replacement of a ward and therefore the establishment and non-pay are expected to remain the same as baseline.

4.4 Impact on the Balance Sheet and Impairment

The Health Board will engage the services of the District Valuer to provide a valuation of the scheme following completion. This scheme would result in an estimated AME Impairment of £1,551k on the initial valuation of the unit and this will need to be taken through the Health Board's SOCNE in 2021/22. The Health Board would require funding from WGov and this will be included in the AME impairment funding submission to WGov in 2021/22.

The Health Board will require additional recurring depreciation of £70k from 2022/23 with one quarter of depreciation funding required in 2021/22.

4.5 Overall Affordability

The project requests capital investment 'not to exceed' £2.012m (including VAT) to be allocated by the WGov.

The Health Board requests AME Impairment funding of £1,551k in 2021/22 and funding to support recurrent depreciation costs of £70k from 2022/23 with one quarter of depreciation funding required in 2021/22.

5 Management Arrangements

5.1 Introduction

The section details the plans for the successful delivery of this scheme to cost, time and quality. Given the works value is below £2m the project management structure and reporting arrangements are scaled accordingly. The details are set out below.

5.2 Project Management Arrangements and Project Reporting Structure

To ensure successful project delivery a robust project management reporting structure has been established. The structure is based on the Prince2 principles, with key members of the project team trained in Prince2 methodology.

The Senior Responsible Owner is Deb Lewis, Service Director - Morriston Hospital Delivery Unit.

There is a Project Manager who will manage the day-to-day delivery of the project. The Project Manager reports to the Health Board's Capital Management Group and to the Morriston Hospital's Strategic Capital Planning Committee.

The contractual framework that has been adopted for this project will ensure that project structures are robust from the outset and that the parties have agreed the contractual approach to be adopted between them.

5.3 Contingency Plans

The Health Board can identify two major categories of project failure: failure to achieve business case approval and the failure of the equipment supplier/contractor to deliver the scheme resulting in disruption of essential services to patients.

The contingency plan for the project in the event of failure to achieve business case approval is for the Health Board to continue to revise its plans, working with Welsh Government to develop an interim solution that is acceptable.

In the event of supplier or contractor failure the organisation would seek recompense in line with the agreed contractual arrangements and appoint another supplier and/or contractor to complete the project.

Appendix A – Cost Form



Appendix A - Cost
form v3.xlsx

Appendix B – Drawings



Appendix B -
Drawing.pdf

Appendix C – Risk Register



Appendix C -
Capital Risk Register

Appendix D – Indicative Programme



Appendix D -
Indicative Programr

Business Justification Case

Trust/Health Board:	Swansea Bay University Health Board
Hospital/Site:	Ward G
Project Title:	Refurbishment of ward including new shower rooms off bed areas.
Option	Preferred Option
Prepared by:	AECOM
Date:	March 2021
Revision:	

Project Title: Refurbishment of ward including new shower rooms off bed areas.
Option: Preferred Option
Revision:

BASIS OF ESTIMATING

Healthcare Capital Investment document

Main Contract Procurement Method : Single Stage Selective Tenders

Main Contract Standard Form and Option : NEC3 ECC Option A (TBC)

Proposed start on site : JULY 2021

Proposed completion date : OCT 2021

Date budget discussed with Estates Development*(ED) :

(Note - as soon as it is agreed with the WG that the project will be processed via a BJC, Estates Development must be contacted to discuss the intended content of the BJC and where appropriate a meeting is then to be arranged with ED to agree a draft budget based upon functional content. A separate reconciliation document linking the draft budget with BJC costs is to be issued separately directly to ED at the time of the BJC submission to the WG.)

*Estates Development is a part of Facilities Services (previously Welsh Health Estates), tel (029) 20315500

Capital Cost Summary

Ref	Cost Centre	Net £	VAT @ 20% £	Gross £
5	Works Cost (BJC2)	£ 1,229,995	£ 245,999	£ 1,475,994
6	Fees (BJC3) (19.98% of (5))	£ 245,753	£ 49,151	£ 294,904
7	Non-works Costs (BJC3)	£ 99,000	£ 19,800	£ 118,800
8	Equipment Costs (BJC2) (5% of (5))	£ 61,500	£ 12,300	£ 73,800
9	Contingency (4.99% of (5+6+7+8))	£ 81,649	£ 16,330	£ 97,979
10	Forecast Project Out-turn Cost (Pre VAT Recovery)	£ 1,717,897	£ 343,579	£ 2,061,476
11	LESS RECOVERABLE VAT (BJC5)	£ -	£ 49,151	£ 49,151
12	FORECAST PROJECT OUT-TURN COST	£ 1,717,897	£ 294,429	£ 2,012,325

Project Title: Refurbishment of ward including new shower rooms off bed areas. □

Option: Preferred Option

CAPITAL COSTS: WORKS AND EQUIPMENT COSTS

Accommodation	Cost/m2 GFA	N/A/C	Works Cost	Equipment Cost
	£/m2		£	£
Works Costs				
Architectural				
Demloition and new building works		C	£ 307,882	
External works		C	£ 21,144	
M&E				
New Mechanical, Electrical and Plumbing		C	£ 679,340	
BWIC				
BWIC		C	£ -	
Preliminaries				
Pre Contract management		C	£ -	
On site Preliminaries		C	£ 130,518	
Main Contractors OH&P		C	£ 91,111	
Equipment Costs				
Equipment - to be advised by SBUHB				£ 61,499.75
Total (gross) floor area; approx total 863 m2				<hr/> £ 61,500
Less: Abatement for transferred equipment 0 %				<hr/> £ -
				£ 61,500
Works Cost - to BJC1 Summary			<div>£ 1,229,995</div>	
				<div>£ 61,500</div>

Cost Plan

Tender Return from TRJ Feb 2021

1		2	3	4	5	6
			AECOM Cost Plan			
			Market Tested* TRJ Tender Feb 2021	Non Market Tested	Total	Total Including No Risk
	Architectural					
	Demloition and new building works		307,882.00	0.00	307,882.00	307,882.00
	External works		21,144.00	0.00	21,144.00	21,144.00
	M&E					
ME 1	New Mechanical, Electrical and Plumbing		679,340.00	0.00	679,340.00	679,340.00
	BWIC					
BWIC 1	BWIC	incl		0.00	0.00	0.00
	Preliminaries					
PRE 1	Pre Contract management		0.00	0.00	0.00	0.00
PRE 2	On site Preliminaries		130,518.00	0.00	130,518.00	130,518.00
	Main Contractors OH&P		91,111.00	0.00	91,111.00	91,111.00
	Sub Total				1,229,995.00	1,229,995.00
	Total		1,229,995.00			
Tender Scheme Budget Cost					1,229,995.00	1,229,995.00

Project Title: Refurbishment of ward including new shower rooms off bed areas. ☐
Option: Preferred Option

CAPITAL COSTS: FEES AND NON-WORKS COSTS

1	Fees	£	% of Works Cost
	a. Project Manager	£ 25,215	2.05%
	b. Cost Advisor	£ 22,017	1.79%
	c. Health Planner	£ -	0.00%
	d. Architect	£ 49,200	4.00%
	e. Civil and Structural Engineer	£ 24,600	2.00%
	f. Building Services Engineer	£ 49,200	4.00%
	g. Principal Designer	£ 6,027	0.49%
	h. Supervisor	£ 12,300	1.00%
	i. FM Advisor	£ -	0.00%
	j. Other (list and describe)		
	j.1 Health Board - Internal Costs	£ 12,300	1.00%
	j.2 Audit Fees	£ 6,150	0.50%
	j.3 Pre-Construction Fee - Contractor	£ -	0.00%
	j.4 Feasibility - Consultants (Pre Framework)	£ 2,460	0.20%
	j.5 Commissioning	£ 6,150	0.50%
	j.6 Ops Recharge	£ 6,150	0.50%
	j.7 VAT Advisor	£ 6,150	0.50%
	j.8 Business Case Support (QS)	£ 4,920	0.40%
	j.9 General Business Case Support	£ 6,765	0.55%
	j.10 Technical Advisors; Accoustics, Fire etc	£ 6,150	0.50%
	Total Fees to BJC1 Summary	£ 245,753	19.98%

2	Non-Works Costs	£	% of Works Cost
	a. Land purchase costs and associated legal fees	£ -	0.00%
	b. Statutory and Local Authority charges	£ -	0.00%
	c. Planning and Building Control fees	£ 2,000	0.36%
	d. Other (list and describe)		
	d.1 Health Board Other Costs - See list	£ 93,000	6.63%
	d.2 Survey Cost & the like	£ 4,000	0.72%
	Total Non-Works Costs to BJC1 Summary	£ 99,000	7.71%

Project Title: Refurbishment of ward including new shower rooms off bed areas. ☐
Option: Preferred Option

PROJECT CASHFLOW FORECAST

Proposed start on site (Mobilisation): July 2021
Proposed completion date: Oct 2021

	Year				Total
	0	1	2	3	
Financial year	Prior Years	2019/20	2020/21	2021/22	
Works Cost	£ -	£ -	£ 1,229,995		£ 1,229,995
Fees		£ -	£ 245,753		£ 245,753
Non-works Costs		£ -	£ 99,000		£ 99,000
Equipment Costs	£ -	£ -	£ 61,500		£ 61,500
Contingencies		£ -	£ 81,649		£ 81,649
VAT		£ -	£ 343,579		£ 343,579
Sub-total	£ -	£ -	£ 2,061,476		£ 2,061,476
Recoverable VAT			-£ 49,151		-£ 49,151
Total	£ -	£ -	£ 2,012,325		£ 2,012,325

Project Title: Refurbishment of ward including new shower rooms off bed
Option: Preferred Option

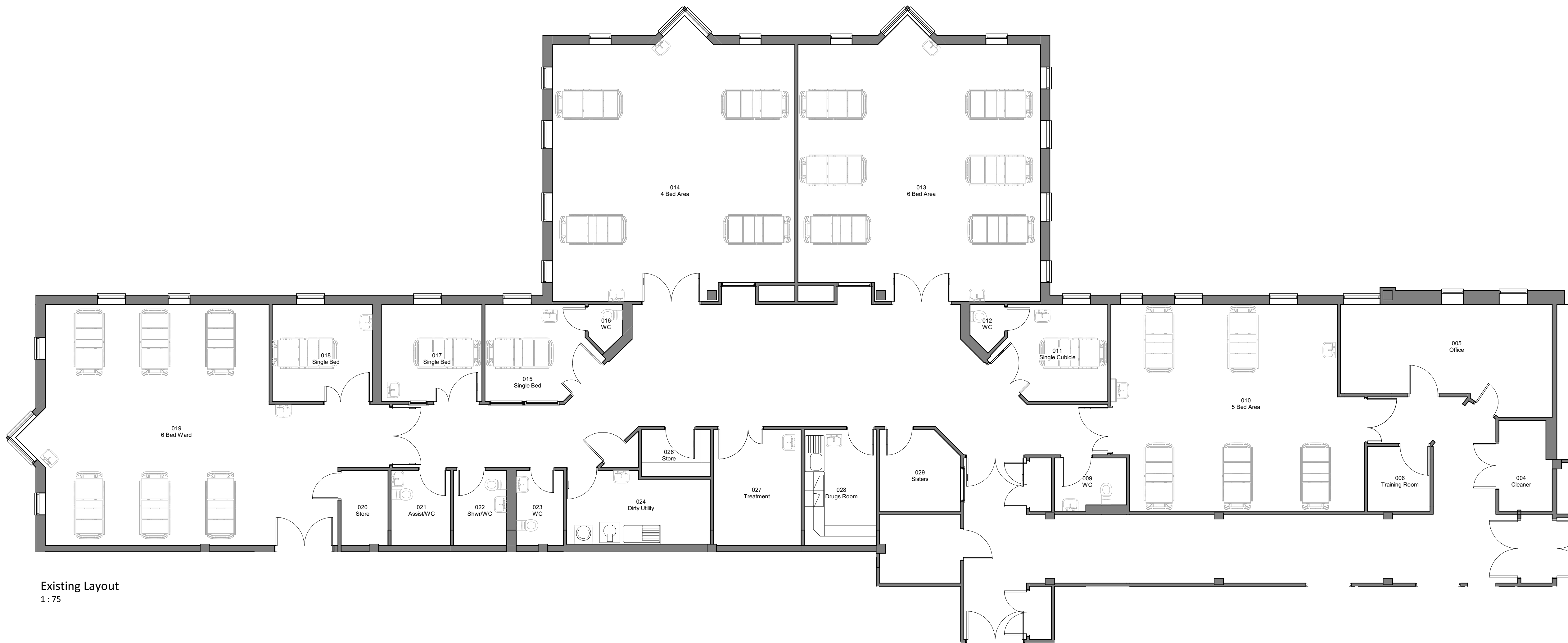
RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (ie prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
Works Cost	£ 1,229,995	£245,999	0.00%	£ -
Fees	£ 245,753	£49,151	100.00%	£ 49,151
Non-works Costs	£ 99,000	£19,800	0.00%	£ -
Equipment Costs	£ 61,500	£12,300	0.00%	£ -
Contingencies	£ 81,649	£16,330	0.00%	£ -
Total				£ 49,151

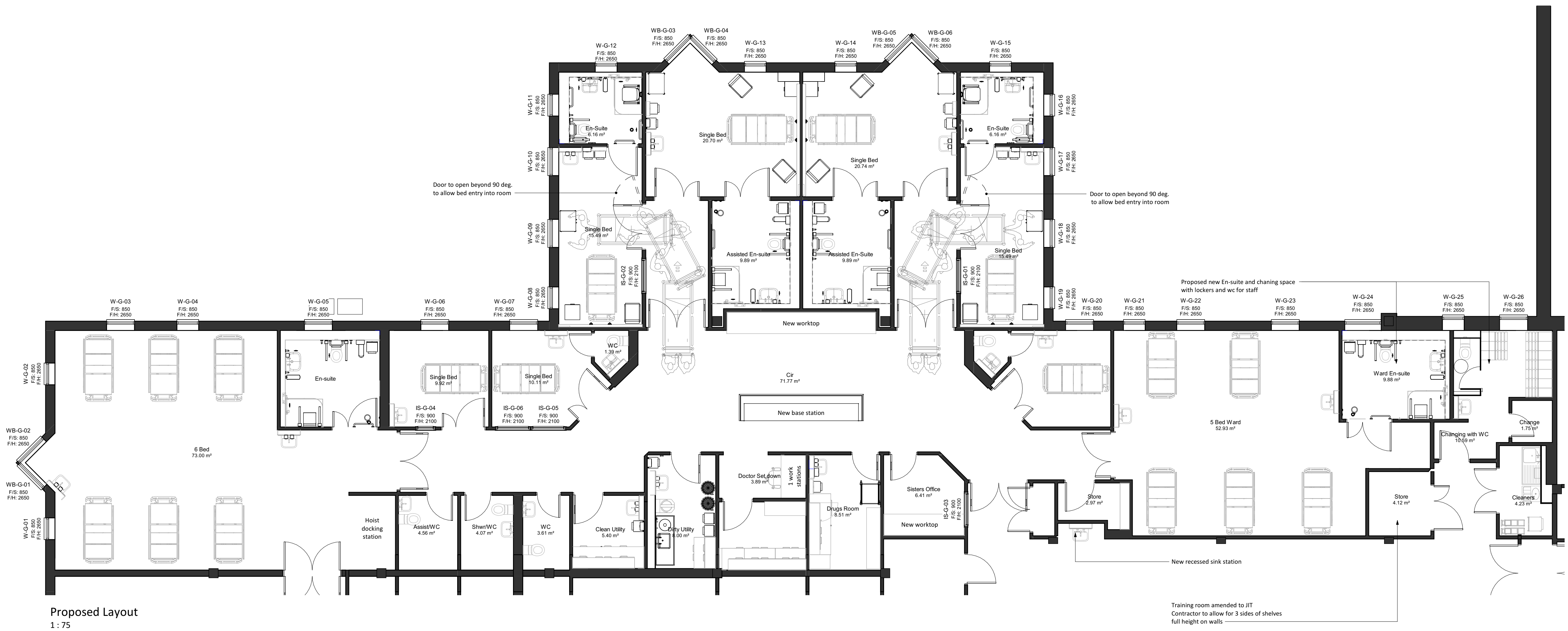
renovishment of ward including new shower rooms on bed areas.

Preferred Option

Cost Head		Comments	Quantity	Unit	Rate	Total	Total to Business Case
Non-Works Costs:							
Land Purchase costs		Not applicable	0	lt	£0.00	£0	
Legal Fees - Associated with Land		Not applicable	0	lt	£0.00	£0	
							£0.00
Statutory and Local Authority charges:							
Gas Mains		Not applicable	0	lt	£0.00	£0	
Diversion of Water Main		Not applicable	0	lt	£0.00	£0	
Electrical Mains		Not applicable	0	lt	£0.00	£0	
Drainage		Not applicable	0	lt	£0.00	£0	
							£0.00
Planning and Building Control fees:							
Planning Approval		Provisional allowance	0	lt	£2,000.00	£0	
Building Control		Provisional Allowance - £2000	1	lt	£2,000.00	£2,000	
							£2,000.00
Health Board Other Costs:							
Arts		Provisional Allowance	1	lt	£5,000.00	£5,000	
IT wiring, telephony & IT Support			1	lt	£15,000.00	£15,000	
Decant Accommodation / Costs		None	0	lt	£0.00	£0	
Removal of Existing within Contractors costs			1	lt	£0.00	£0	
Portering Cost during decant of existing accommodation			1	lt	£2,000.00	£2,000	
Portering Cost associated with bringing the New Facility into Use			1	lt	£2,000.00	£2,000	
Deep clean on completion of the works - Clinical Clean			1	lt	£2,000.00	£2,000	
Non Statutory Signage			1	lt	£2,000.00	£2,000	
Site Security & Temporary Secure Storage		Not Required	0	lt	£0.00	£0	
Legal Fees - Non Land Associated		Not Required	0	lt	£0.00	£0	
Waste Removal Costs to ISO14001		As advised by HE under email 15/02/18	1	lt	£1,000.00	£1,000	
Patient Lifts [2nr one for each Bariatrics Bedroom)			2	nr	£32,000.00	£64,000	
							£93,000.00
Other Costs:							
Acoustic Consultants Fee		Not required	0	lt	£0.00	£0	
Air Leakage Testing		Not required	0	lt	£0.00	£0	
Archaeological Watching Brief		Not required	0	lt	£0.00	£0	
Asbestos survey & Removal		Type 3 Refurbishment & Demolition survey	1	lt	£2,000.00	£2,000	
BREEAM assessor		Not required	0	lt	£0.00	£0	
CCTV Drainage Survey		Provisional allowance	1	lt	£0.00	£0	
Climate Based Day Time Modelling		Not required	0	lt	£0.00	£0	
Condition Surveys Including Dimensional Survey		Included in Prof Fees	0	lt	£0.00	£0	
Contamination Soils Assessment		Not required	0	lt	£0.00	£0	
DDA consultant		Not required - Included in Architect Fee	0	lt	£0.00	£0	
Environmental Consultant / Ecologist Report / Tree Survey etc.		Not required	0	lt	£1,000.00	£1,000	
Fire Engineering		Included in Prof Fees	0	lt	£0.00	£0	
Flood risk assessment		Not required	0	lt	£0.00	£0	
Ground Investigation		Not required	0	lt	£0.00	£0	
Historical records		Included in Prof Fees	0	lt	£0.00	£0	
Interior Design / Landscaping / Sundry Design		Not required	0	lt	£0.00	£0	
Section 278 Design		Not required	0	lt	£0.00	£0	
Site Investigation/Testing		Provisional allowance	1	lt	£1,000.00	£1,000	
Topographical Surveys		Not required	0	lt	£0.00	£0	
Traffic Survey - Highways		Not required	0	lt	£0.00	£0	
Utilities Survey		Not required	0	lt	£0.00	£0	
Virtual Model		Not required	0	lt	£0.00	£0	
							£4,000.00
							£99,000



Existing Layout
1 : 75



Proposed Layout
1 : 75

S2	P10	12/05/2021	First Issue
STATUS	REV	DATE	DESCRIPTION
CLIENT	Swansea Bay University Health Board		
REVISOR	Lea Watkins		
CHECKED BY	Lea Watkins		
ORIGINATOR NO	153876		

CONSULTANT
STRIDE TREGLOWN
www.stridetreglown.com © Stride Treglown Limited 2020
PROJECT
Ward G
Morriston Hospital, Heol Maes Eglwys,
Cwmrhydyceirw, Swansea, SA6 6NL

DRAWING TITLE
Existing and Proposed GA Plan - Preferred Option

SUITABILITY STATUS S2 : SUITABLE FOR INFORMATION	SCALE 1 : 75 @ A1
PROJECT-ORIGINATOR-VOLUME-LEVEL-TYPE-ROLE-NUMBER 153876-STL-XX-01-DR-A-1015	STATUS_REVISION S2_P10

Ref	Comments	Author	Date
[enter the next number in the sequence]	[Enter a description here of the changes made to this version]	[Enter the initial of the person making the changes]	[Enter the date when the changes were made]
v1	AECOM	JT	15/04/2021
v2			
v3			
v4			
v5			
v6			
v7			
v8			
v9			
v10			
v11			
v12			
v13			
v14			
v15			
v16			
v17			

Project Risk Register - 15 April 2021

Identification			Scheme	Assessment			Quantification		Management				Risk Quantification Calculation			
Nr	Risk Description	Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational		Probability	Impact	Score	Category	Quantified Unquantified	Estimated cost impact £	Management Actions	Action Owner	Review Date	Comments	Cost if it happens £	Likelihood Factor	Expected Value
STRATEGIC RISKS																
1	Service requirements/scope significantly changes at a strategic level, impacting on service scope, capital costs/ revenue affordability /design footprint	Time, Cost, Quality, Operational	Ward G	2	3	6	Strategic	Quantified	95,000	Continued liaison with key stakeholders.	SBU HB	Project Team Meetings		95,000	0.24	22,800
2	Design brief is not clear with changes being made by the client, impacting on scheme design and capital and revenue affordability	Time, Cost, Quality, Operational	Ward G	1	2	2	Strategic	Quantified	10,000	(1) Project Team signs off SoAs (2) Project Team signs off design brief; (3) Project Team signs off 1:500 & 1:200 design plans.	SBU HB	Project Team Meetings		10,000	0.08	800
3	Capacity & Demand Planning - Significant changes in capacity/demand	Time, Operational	Ward G	3	3	9	Strategic	Quantified	10,000	Project Team signs off SoA based on forecast activity levels.	SBU HB	Project Team Meetings	NICHE study undertaken in 2019	10,000	0.36	3,600
5	Failure to maintain political /staff / executive level / press support for agreed service model/modernisation proposals	Operational	Ward G	1	2	2	Strategic	Quantified	48,630		SBU HB	Project Team Meetings		48,630	0.08	3,890
6	Leadership - Changes in key personnel/leadership at project and senior operational level	Time, Cost, Quality, Operational	Ward G	2	3	6	Programme	Quantified	25,000	(1) Confirm support of Service Director, Morriston Hospital Delivery Unit (2) Ensure project structure is resilient	SBU HB	Project Team Meetings		25,000	0.24	6,000
7	Management resources - The project takes up significant portion of senior management time and detracts from operational management	Time, Operational	Ward G	1	2	2	Strategic	Quantified	30,000	Liaise with operational managers	SBU HB	Project Team Meetings		30,000	0.08	2,400
8	Ineffective project management arrangements during project planning and delivery stages	Time, Operational	Ward G	2	4	8	Programme	Quantified	4,675	Establish a Project Team	SBU HB	Project Team Meetings		4,675	0.32	1,496
PLANNING RISKS																
9	Internal approvals delayed - There is a risk that internal Health Board(s) approvals are delayed.	Time	Ward G	3	4	12	Programme	Quantified	0	Continued liaison with Key Stakeholders	SBU HB	Project Team Meetings		0	0.48	0
10	Site Development Control Plan priorities change requiring an alternative technical solution	Time, Cost, Operational	Ward G	3	4	12	Programme	Quantified	10,000	Continued liaison with Key Stakeholders	SBU HB	Project Team Meetings		10,000	0.48	4,800
11	Building Regs. - Failure to achieve timely planning permission and / or conditions are excessive/ building control approvals are more involved than anticipated	Time, Cost	Ward G	2	4	8	Programme	Quantified	10,000		SBU HB	Project Team Meetings		10,000	0.32	3,200
12	Capital funding approval delayed or timing of funding does not match our current programme	Time	Ward G	4	4	16	Programme	Quantified	15,000	Maintain regular dialogue re the procurement arrangements with WG and other key stakeholders.	SBU HB	Project Team Meetings		15,000	0.64	9,600
13	Unrealistic programme for delivery of new build	Quality, Operational	Ward G	2	3	6	Programme	Quantified	10,000	Engage with constructor;	SBU HB	Project Team Meetings		10,000	0.24	2,400
14	Equipment General - The implementation strategy fails	Strategic	Ward G	3	3	9	Programme	Quantified	20,000	Develop a Costed General Equipment List	SBU HB	Project Team Meetings		20,000	0.36	7,200
15	Equipment IM&T - The implementation strategy fails	Time, Cost, Quality, Operational	Ward G	3	3	9	Programme	Quantified	49,999	Develop a Costed IM&T Equipment List	SBU HB	Project Team Meetings		49,999	0.36	18,000
FINANCIAL RISKS																
16	Capital costs - Capital Cost over-run	Time, Cost, Quality	Ward G	3	3	9	Financial	Quantified	25,000	Appoint Health Board Cost Advisor	SBU HB	Project Team Meetings		25,000	0.36	2,593
17	Revenue affordability - Affordability of revenue model is over/under estimated	Quality, Operational	Ward G	2	3	6	Financial	Quantified	5,000		SBU HB	Project Team Meetings		5,000	0.24	1,200
DESIGN / DELIVERY RISKS																
18	A&E/ET Review performance process identifies design conflicts requiring adjustment of designs	Time, Cost, Quality, Operational	Ward G	2	2	4	Design	Quantified	15,000	Continued liaison with NWSSP-SES during design development/ if required.	SBU HB	Project Team Meetings		15,000	0.16	2,400
19	Planning guidance - Changes to Legislation/ British Standard/ WHM/ WHBN/ Royal College guidance/ best practice	Time, Cost, Quality	Ward G	1	2	2	Design	Quantified	25,000	Project Team monitors wider NHS design changes.	SBU HB	Project Team Meetings		25,000	0.08	2,000
20	Drainage / Ground works / Service Diversions works may be more than expected if site has insufficient capacity to accommodate new build	Time, Cost	Ward G	3	4	12	Construction	Quantified	2,500	Undertake surveys	SBU HB	Project Team Meetings		2,500	0.48	1,200
21	Adjacent Buildings/External Works Risks, Damage to adjacent buildings, damage during the works, fire risk and noise disruption.	Time, Cost	Ward G	1	1	1	Construction	Quantified	30,000	Undertake surveys	SBU HB	Project Team Meetings		30,000	0.04	1,200
22	Economic impact of COVID19 There is a risk that market factors concerning an extended COVID19 outbreak could lead to tender returns significantly over the HB budget as contractors include for additional associated costs	Time, Cost	Ward G	2	4	8	Construction	Quantified	0	Continued liaison with NWSSP-SES	SBU HB	Project Team Meetings		0	0.32	0
23	Economic impact of COVID19 There is a risk that current factors concerning the COVID19 outbreak slow or prevent implementing a timely design process.	Time, Cost	Ward G	2	4	8	Construction	Quantified	0	Continued liaison with NWSSP-SES	SBU HB	Project Team Meetings		0	0.32	0

Nr	Risk Description	Risk Consequence: 1. Time 2. Cost 3. Quality 4. Operational	Scheme	Probability	Impact	Score	Category	Quantified Unquantified	Estimated cost impact £	Management Actions	Action Owner	Review Date	Comments	Cost if it happens £	Likelihood Factor	Expected Value
24	Budget Constraints post-BREXIT. Returned prices due to Brexit and availability of labour and resources are affected due to EU movement of goods and people and tender prices exceed budget.	Time	Ward G	2	3	6	Construction	Quantified	0	Continued liaison with NWSSP-SES / Constructor	SBU HB	Project Team Meetings		0	0.24	0
25	Statutory Authorities. There is a risk that 'others' (who the Health Board appoints) do not perform in accordance with the programme e.g. Utilities	Time, Cost	Ward G	2	3	6	Construction	Quantified	5,000	Undertake surveys	SBU HB	Project Team Meetings		5,000	0.24	1,200
						134		Total £:	222,499						Contingency Total £:	97,979

Probability	Almost certain 100%	5	5	10	15	20	25
	Likely 75%	4	4	8	12	16	20
	Possible 50%	3	3	6	9	12	15
	Unlikely 25%	2	2	4	6	8	10
	Rare 5%	1	1	2	3	4	5
			1	2	3	4	5
			Insignificant	Minor	Moderate	Major	Catastrophic
			Impact				

To close a risk, enter 0 into Probability and Impact

Likelihood Factor %		
1	Green	0.04
2		0.08
3		0.12
4		0.16
5		0.20
6		0.24
8		0.32
9	Amber	0.36
10		0.40
12		0.48
15		0.60
16	Red	0.64
20		0.80
25		1.00