





Meeting Date	04 October 20	22	Agenda Item	3.7	
Report Title	Singleton Hospital Cladding Achievements and Improvements				
Report Author	Mark Parsons, Assistant Director of Strategy – Capital				
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy Darren Griffiths, Director of Finance and Performance				
Presented by	Mark Parsons	s, Assistant Direc	ctor of Strategy -	- Capital	
Freedom of Information	Open				
Purpose of the Report	To update the Health Board on key elements of the Singleton Hospital Cladding works.				
Key Issues	Following ARUP's Fire Engineers site inspections and investigation of the existing cladding system at the hospital, it was concluded that two types of cladding system had been installed which contained combustible materials and no cavity barriers were observed within either system it was concluded that neither was compliant with the required Welsh Health Technical Memoranda (WHTM 05-02) or Approved Document B. Cladding replacement works programme Decant and re-occupation of wards Fire (training/evacuation/fire risk assessments) Governance and risk				
Specific Action	Information	Discussion	Assurance	Approval	
Required (please choose one only)					
Recommendations	NOTE the report and all the good work being undertaken by the service group and Kier in maintaining a safe environment.				

SINGLETON HOSPITAL CLADDING REMOVAL AND REPLACEMENT

1. BACKGROUND

Following the initial consultancy and investigatory works undertaken by Arup in late 2017/early 2018, an options appraisal was completed by Arup and issued in March 2019. The purpose of the initial options appraisal was to identify feasible options and supporting cost estimates for removing and replacing the cladding systems and associated work.

As previously reported the major cause for concern has always been the discovery in 2017 (Singleton Hospital risk mitigation paper attached – Appendix A) that the south elevation façade contained combustible panel made by Kingspan. There were also defects in the curtain walling which enclosed previously open balconies. Terra cotta rain screen cladding on the west and east elevation was also defective.

After receiving the various reports the Health Board procured the works through the Designed for Life Framework with Kier being the successful contractor. The contract commenced on 1st March 2021 with a contract completion date of 30th October 2023.

Following a number of site issues that have resulted in additional time being awarded to the contract the Revised Contract Completion Date is currently the 12th February 2024, reasons for the delays have previously been reported to the Health & Safety committee. It should be noted that the contract has a further seventeen months before the current completion date is achieved and further events may occur that amend the stated completion date.

2. CLADDING REPLACEMENT WORKS/PROGRAMME

The contract commenced on the 1st March 2021 with Kier being given access to Phase 1 and the agreed site compound area to establish temporary offices and welfare facilities. Site operations started on the 8th March with the scaffolding to Phase 1 being erected.

The cladding replacement contract consists of the removal of the existing cladding and windows, preparation works, new support steelwork, cladding and windows to one elevation of the main Ward block and its two flank walls.

The ward elevation, due to its size, was broken down into four phases of work to minimise the impact upon the hospital operation. The first phase of work includes the Wards 12B to 2B inclusive and the adjoining flank wall. Phases 2 and 3 are between the two balcony structures with Phase 4 completing the elevation together with the remaining flank wall.

As the works include the replacement of existing windows the wards impacted by these works must be decanted and temporary partitions are erected to form a boundary to the working area. The programme has agreed dates by when each ward must be decanted to allow Kier to progress the works. These dates are

continually reviewed against site progress and hospital operational requirements and amended when required to ensure minimal disturbance to staff, patients and others on site and to maintain a safe environment minimising the potential of harm.

The ward block is known to be contaminated with asbestos due to earlier works and precautions must be implemented to protect the construction operatives, the decanted ward areas and adjoining wards from any possible impact due to the contract works. This results in an additional ward being decanted below the ward that is having the cladding removed. The removal of the existing windows, cladding and supporting structure is carried out from within an air-tight tent formed by the asbestos specialist which is kept pressurised. The removed material is bagged, transported and disposed of in accordance with the appropriate regulations. The original contract programme was based upon four wards being decanted at any one time to allow the works to progress down the building, this has had to be reviewed during the contract period.

The sequence of site operations to complete the works is as follows [some operations overlap:

- Erection of scaffolding to afford access [the scaffolding is sheeted to give weather protection]
- Decanting of ward/s
- Establishment of the temporary internal partition
- Set up of the asbestos tent and test
- Removal of the existing windows, cladding and support structure
- Removal of the asbestos tent
- Installation of the new supporting cladding structure
- Install the new windows and glazing
- Complete the internal works [window surround, making good, window blinds]
- Install the external cladding
- Inspect and remove the access scaffolding

Health and Safety measures are a major concern, given the known contaminated material and the location and methodology being adopted to complete the works. Kier has regular visits from their own inspectors, an independent asbestos consultant is reviewing the site works and the Building Control Officer visits site on a weekly basis. As of August 2022 there have been no accident incidents and the following safety visits carried out:

- 17 Full inspections
- 17 Advisory inspections
- 1 Environmental inspection
- 4 Public Protection Audits
- 16 Principal Designer visits

The site has the required notices displayed and the management staff display a good knowledge and approach to maintaining a safe working site for operatives, subcontractors and visitors.

3. DECANT AND RE-OCCUPATION

The approach taken to the decanting and re-occupation of wards, to allow the programme of work to continue, was established at the contract outset. In conjunction with the Service Group Operations Team, dates were agreed when each ward would be decanted, of both patients and equipment, to allow a safe transfer of patients and for Kier to commence the works and when the ward would be returned to the hospital for occupation. The contract programme includes these dates, identifies the week prior to this date as a period for decanting, the date for completion of the works and a further week for re-occupation. Following the completion of the internal works an inspection is carried out by the Supervisor to ensure the quality of the finished work and to ensure the environment is safe prior to acceptance which enables re-occupation.

As the contract has progressed some amendment to these predetermined dates has become necessary to accommodate various issues and a weekly review of the current and future dates is held to identify any changes and the impact as a result. The Service Group Operations Team, the support consultancies and Kier work closely to mitigate any changes to the forecast programme.

Table 1. Decant and re-occupation programme example

Ward	Decant Date	Hand over	No of	Completion	Hand over	No of
		to Kier	weeks	of works	to HB	weeks
12b	06/04/21	13/04/21	1	24/06/21	30/06/21	12
11b	29/07/22	05/08/22	1	12/12/22	19/12/22	19
9b	05/09/22	12/09/22	1	30/01/23	06/02/22	20

Table 2 Sequence of works example

Works	Commencement	Completion	No of Weeks
	Date	Date	
Asbestos	26/03/21	18/05/21	7
ASB5 Notification period	26/03/21	12/04/21	2
Asbestos set up	13/04/21	19/04/21	1
Asbestos strip	20/04/21	04/05/21	2
Plate existing floor space	20/04/21	04/05/21	2
Asbestos decant	05/05/21	18/05/21	2
Façade	19/05/21	23/06/21	5
Metal framing	19/05/21	02/06/21	2
Windows	26/05/21	09/06/21	2
Cladding install	03/06/21	16/06/21	2
Internal finishes	10/06/21	23/06/21	2

4. FIRE TRAINING/EVACUATION UPDATES and FIRE RISK ASSESSMENTS

The Service Group work closely with the health & safety team (Fire) and have increased fire warden numbers, providing on-site training to ensure there are fire wardens in place in the respective wards and departments and continuously being reviewed and updated.

A number of fire evacuations have been undertaken using scenario's for table top exercises/walk through. This has been welcomed by all involved with positive feedback. There has also been a positive push on fire training in general with current compliance levels for the service group at 89%.

Fire risk assessment (FRA) compliance is 100% and as part of the on-site FRA the fire team walk the areas to discuss issues with staff and ensure areas are free from obstacles where practicable to do so.

5. GOVERNANCE AND RISK ISSUES

The Service Group have daily, weekly meetings where required to ensure there are good communications in place to maintain safety for all concerned. There is a fire safety officer on site most days who can be called upon should there be any concerns, with regular tours with the management team to address any fire and/or safety concerns.

The Health and Safety team link in with Mid and West Wales Fire Services to update on any changes i.e. changes to access/egress points even if on a temporary basis (Crush Hall) and take on board any comments/recommendations from them.

There are regular project boards where updates are provided from Kier and the commissioned experts, with additional meetings that cover project risk register and to agree appropriate mitigations to minimise any potential harm and where required ad hock meetings are convened if there is a particular issue that has been identified that requires specific time to discuss and resolve.

Cladding remains a risk on the service group and health board risk registers and will remain so until the project is completed in Q4 2022/23 based on current projections. The service group highlight cladding within their report to the Health and Safety Operational Group.

6. RECOMMENDATIONS

Health and Safety Committee are asked to: -

• **NOTE** the report and all the good work being undertaken by the service group and Kier in maintaining a safe environment.

Governance and	d Assu	rance				
Link to		orting better health and wellbeing by actively				
Enabling	empowering people to live well in resilient communities					
Objectives (please	Partn	erships for Improving Health and Wellbeing				
choose)	Co-Pi	roduction and Health Literacy				
	Digita	ally Enabled Health and Wellbeing				
	Deliv	er better care through excellent health and care	services			
		eving the outcomes that matter most to people	SCI VICCS			
		Value Outcomes and High Quality Care				
	Desi	value Outcomes and high Quality Care				
	Partn	erships for Care				
	Excel	lent Staff				
	Digita	ally Enabled Care				
	Outst	anding Research, Innovation, Education and				
Health and Care	<u> </u>					
(please		ng Healthy	Т			
choose)	Safe	-				
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		tive Care				
	•	fied Care				
	Timel	y Care				
	Indivi	dual Care				
	Staff	and Resources	\boxtimes			
Quality, Safety a	and Pa	tient Experience	L			
		y external fire spread on the centre ward block I	ouilding using			
		anagement plans.	ounaning doining			
Financial Implia	-41					
Financial Implic			-1			
		(RIBA Stage 3) for the front façade cladding re	piacement			
work was report						
		s remain within the approved sums.				
		cost to be in the region of £14,895,000.				
		cluding equality and diversity assessment)				
None at this sta						
Staffing Implica						
None at this sta						
Long Term Impl Generations (Wa		is (including the impact of the Well-being of Futuct 2015)	ure			
Long term viabi	lity of t	he building and reduced energy cost would be	enhanced			
from the benefit	of cla	dding.				
Report History						
Appendices		Appendix 1 & 2				