



**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Programme Business Case for Letter of Fire Safety Matters at Bronglais Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Elliott, Director of Estates, Facilities and Capital Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Hywel Dda University Health Board (HDdUHB) continues to work closely with Welsh Government (WG) and the Mid and West Wales Fire and Rescue Service (MWWFRS) in managing Fire Enforcement Notices (FENs) and Letters of Fire Safety Matters (LoFSM) on a range of premises across our Estate.

The Programme Business Case (PBC) for Fire Improvements at Bronglais Hospital (BGH), attached with this paper (Appendix 1) represents a further stage of investment within this overall Fire Safety Programme, now agreed with MWWFRS.

The remaining works at BGH will be completed as a single phase noting the work already completed in previous Financial Years (FY).

This report has already been considered at the Capital Sub-Committee on 16 January 2025.

Cefndir / Background

HDdUHB have set out a full delivery plan of how we will approach all of the above investments across our estate to MWWFRS. The most recent update was presented to them in mid-November 2024.

Welsh Government have been fully engaged in the briefings to MWWFRS and have, to date, supported HDdUHB in providing the necessary capital funding to continue with the programme.

This PBC is an updated document following a previous exercise undertaken in early 2023. At this point in time the required investment was in the order of £30m. This was submitted to WG for scrutiny.

During this period HDdUHB were also in detailed negotiations with MWWFRS on reducing the scope of works at both Withybush Hospital (WGH) and Glangwili Hospital (GGH). These sites have now been fully agreed and a substantial reduction of scope formalised.

Due to this ongoing engagement with MWWFRS on scope reduction it was agreed with WG that the BGH PBC would not receive detailed scrutiny until clarity was received on the scope of works necessary.

It was anticipated that taking the additional time to engage more fully with MWWFRS on the scope of works would allow a significant reduction in capital costs necessary for this programme.

Asesiad / Assessment

HDdUHB has already completed a range of investments within BGH in advance of the progress of this PBC.

Advanced works already completed:

- Low-cost investments - supported by Operational Maintenance budgets and the Discretionary Programme
- All vertical escape routes (funded by the Estates Funding Advisory Board (EFAB) support)

This final scheme of work at BGH will incorporate all remaining work required by the LoFSM not already undertaken in the above.

The Health Board has worked closely with MWWFRS and supported by NHS Wales Shared Services Partnership (NWSSP) Senior Fire Safety Advisor (SFSA) to clarify the minimum scope of work which would satisfy the requirements of the LoFSM at BGH. The negotiation is not fully signed off at this point, but we do have sufficient confidence to progress the PBC given that this is an initial document with more detailed work to follow at Business Justification Case (BJC) stage.

The PBC for the LoFSM at BGH is attached at Appendix 1. The Appendices to the PBC are available if required (not included at this point due to size of document).

The investment as set out in this PBC is £25.224m.

The above figure includes an allowance for the replacement of external cladding areas at BGH which is still subject to further review and agreement with MWWFRS.

The current programme plan for BGH Capital works can be confirmed as follows:

- Refresh of the PBC submission – February/March 2025
- Completion of BJC – May 2026
- Welsh Government approval of BJC – June 2026
- Commencement of works – September 2026
- Completion of compliance works – December 2028
- Reinstatement of Decant Accommodation etc – March 2029

There has been a need to slightly amend the project programme from that originally envisaged due to added complexities in the multi-phased decant programme necessary to minimise impact on clinical services.

Whilst dates have been fully presented to MWWFRS the latest position shown above has not been shared at this point as this has only been identified during the latter stages of the PBC completion. We will meet with the MWWFRS at the earliest opportunity to fully explain the background to the adjustment to programme noted above.

We have also set out in the PBC the potential need for cladding replacement on the external elevations at BGH. This is not currently included in any LoFSM received from MWWFRS. The Health Board is seeking additional assurances on this following the reports made available from the Grenfell inquiry in anticipation of any enhanced standards on external cladding on high rise buildings.

HDdUHB will now be commissioning specialist Fire Engineers working jointly with NWSSP-SFSA and in close liaison with MWWFRS to ensure a long-term solution is implemented on this external cladding. We would stress that at this point we are not in a position to confirm whether this is necessary as this will be dependent on the specialist engineer's findings and future decisions by MWWFRS.

It should be noted that this project is at PBC stage, and this will need endorsement by Welsh Government following their scrutiny process. On successful completion of this scrutiny process, HDdUHB will then be in a position to obtain the necessary funding from Welsh Government to develop the BJC to seek formal approval for capital funding.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the position of this Programme Business Case within the overall HDdUHB Fire Investment Programme
- **SUPPORT** the submission of the attached Programme Business Case to the HDdUHB Board for onward transmission to Welsh Government for Endorsement.
- **NOTE** that further reports will be provided to the Committee as this Fire Programme progresses.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

<p>Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>2.1: To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objectives 4 (The best health and wellbeing for our individuals, families and our communities) and 5 (Safe, sustainable, accessible and kind care), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan.</p> <p>2.3: Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>Not applicable</p>

Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Extensive site bases survey information and direct input from key operational estate staff
Rhestr Termiau: Glossary of Terms:	Contained within the body of the text
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Strategic Development & Operational Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Funding sought from Welsh Government
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable

Gweithlu: Workforce:	Delivering a sustainable estate to support Clinical Functions
Risg: Risk:	Business Continuity Management
Cyfreithiol: Legal:	Risk of Enforcement from external agencies
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Hywel Dda University Health Board

Bronglais General Hospital: Fire Precaution Upgrade Works

Programme Business Case

Version: 2.4

8 January 2025

Version Control

Version	Date Issued	Notes	Issued To
1.2	15 February 2023	Board approval	Trust Board
2.0	18 December 2024	Updates to reflect revised scope including programme and capital costings	H Rees (HDUHB) M Brown (MACE) K Parry (Lee Wakemans)
2.1	19 December 2024	Minor revisions	H Rees (HDUHB) M Brown (MACE) K Parry (Lee Wakemans)
2.2	20 December 2024	Final Draft	H Rees (HDUHB) J Wood (HDUHB) M Brown (MACE) K Parry (Lee Wakemans)
2.3	3 January 2025	Incorporation of client comments and inclusion of cladding within scope of works	R Elliott (HDUHB) H Rees (HDUHB) J Wood (HDUHB) M Brown (MACE) K Parry (Lee Wakemans)
2.4	8 January 2025	Final Version	R Elliott (HDUHB) H Rees (HDUHB) J Wood (HDUHB) M Brown (MACE) K Parry (Lee Wakemans)

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1.0 Executive Summary

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to the Bronglais Hospital (BGH), Hywel Dda University Health Board (HDUHB) received letters of fire safety matters in August 2022 in relation to compliance with fire safety regulations.

A Programme Business Case (PBC) was previously developed to determine the potential investment required to support the necessary actions for ensuring compliance with the requirements within the stipulated timescales but was not formally submitted following a review of the approach undertaken at Withybush Hospital working closely with the NWSSP-SES Fire Lead. This review, resulted in a reduction of the scope, complexity and costs associated with the programme in conjunction with MWWFRS. Taking into account the learning at Withybush a revised approach with a reduced scope of works for the Bronglais site is proposed and reflected in this Programme Business Case.

The strategy is to focus on the works relating to inpatient wards and the main plant rooms along with rooms of the highest fire risk. This differs to Withybush in that it recognises the multistorey nature of Bronglais and retains appropriate treatment to risk areas around theatres and similar areas. At present formal acceptance of this approach at Bronglais is awaited from MWWFRS following reviews on 12 December 2024 but will be fully agreed before the BJC work commences.

The focus of this PBC is the works required to ensure that the Health Board is compliant with the MWWFRS obligations in relation to the fire precaution upgrade works and seeks formal endorsement from Welsh Government (WG) for:

- The proposed approach to the works through a single Business Justification Case (BJC);
- Support for the required capital funding of £21,020,420 (plus an additional risk contingency to be held by WG of £4,204,000 – i.e. a total of £25,224,420);
- Remedial works to the external façade cladding is included within this case but the actual detail of works required is to be determined pending further discussions with MWWFRS.

This business case has been structured in line with the Better Business Case Investment Guidance, five case model structure, which is in accordance with HM Treasury best practice and the approach prescribed by Welsh Government.

1.1 Strategic Case

Bronglais General Hospital (BGH) is located in Aberystwyth, mid-west Wales and is built on a steeply sloping site. The original hospital, built in the 1960's, comprises two connected blocks of accommodation: a five-storey high medical block on the lower part of the site, and a six-storey high surgical block on the upper part.

Mid and West Wales Fire and Rescue Service (MWWFRS) visited site in May 2022 and concluded that people were at risk in case of fire. In line with The Regulatory Reform (Fire Safety) Order 2005 MWWFRS issued four letters of fire safety matters dated 31 August 2022 (Appendix 1). These letters set out a series of actions which the UHB must address or risk the potential of escalating to fire enforcement status. This was supplemented in June 2024 with four further letters of fire safety matters being received as a result of fire safety concerns.

The letters of fire safety matters cover a wide variety of works which include general housekeeping improvements. The Health Board has been proactive and undertaken a series of actions to improve matters via works of a lesser nature, including;

- Fire Extinguishers - annual maintenance contract in place;
- Residential Blocks - all works completed;
- Vertical Stair Cores - all fire doors, emergency lighting and firestopping completed;
- Fire Damper maintenance. All existing fire dampers surveyed and remedials under way;
- Fire alarm maintenance - all repairs actioned;
- Emergency Lighting- all repairs actioned;

The outstanding items require substantial further investigation, planning of work and financial investment to remedy:

- Compartmentation – amendments and improvements including fire strategy layout and fire smoke dampers to main and sub compartment walls;
- Fire resisting doors – repairs or replacement;
- General fire stopping.

In order to maintain the safety of all staff, patients and visitors, HDUHB must address all of the areas of concern in line with the stipulated delivery timeline. It is recognised that this is a challenging programme due to the nature of the required works and the complexity of the site, therefore HDUHB have adopted a pragmatic approach to the delivery programme which will be both reviewed with WG and further explored within the next stage business case.

1.1.1 Business Needs

Spending Objective	Existing Arrangement	Business Need
Strategic Driver		
Ensuring the estate is compliant with statutory requirements and latest estate standards and guidance where it is possible to do so and those articulated within the Business Continuity (Major Infrastructure) Programme Business Case submitted to WG	Estate is non-compliant with statutory requirements (Fire Code Regulations) and latest estate guidance (WHTM 05 series).	Compliance with statutory requirements and latest estate guidance requiring substantial upgrade works in respect of fire safety matters as outlined in the MWWFRS letters of fire safety matters.

Spending Objective	Existing Arrangement	Business Need
Investment Objectives		
Ensure compliance with core statutory standards namely Fire Code regulations	Letters of fire safety matters issued from MWWFRS as a result of non-compliance with Fire Code regulations resulting in visitors, staff and patients being at risk in the event of fire.	Compliance with the MWWFRS schedule of requirements to a) ensure safety of individuals on the BGH site and b) avoid the risk of further enforcement action and potentially site closure.
Reduce the risk profile on estate infrastructure	Non-compliance with Fire Code regulations	Ensure the estate is compliant with Fire Code regulations – this will eliminate these elements from the backlog maintenance
Support the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care	Buildings are currently non-compliant with Fire Code regulations resulting in people being at risk in the event of fire – this is not aligned with the aims of delivering safe services and high standards of patient care.	Compliance with Fire Code regulations to support the delivery of safe services.

Table 1: Business Needs

1.1.2 Works Completed

The letters of fire safety cover a wide variety of works which include general housekeeping improvements. HDUHB have confirmed to MWWFRS the actions that have been completed as shown below and referred to in the detailed action plan (Appendix 2):

- Fire Extinguishers - annual maintenance contract in place;
- Residential Blocks - all works completed;
- Vertical Stair Cores - all fire doors, emergency lighting and firestopping completed;
- Fire Damper maintenance. All existing fire dampers surveyed and remedials under way;
- Fire alarm maintenance - all repairs actioned;
- Emergency Lighting- all repairs actioned;
- X ray department - recently partly refurbished, the firestopping remedials are being undertaken as part of those works;
- Pharmacy recently refurbished, the firestopping remedials undertaken as part of those works;
- Front of House / Red Block - relatively recent construction and fire stopping in good condition.

1.1.3 Required Works

A detailed action plan has been developed with close support from NHS Wales Shared Services Partnership fire lead which forms the basis of the outstanding works (Appendix 2). Following initial discussions with MWWFRS the Health Board is confident that the planned works represent the minimum requirements to ensure compliance with the MWWFRS letters of fire safety matters plus other areas of improvement the HB have identified including:

- Inclusion of further lobby areas at key locations;
- Changes to the 60 mins fire compartmentation in some areas;
- Changes of room classification to elevate to 'risk room'.

Spot checks above ceiling voids confirm that whilst general, firestopping appears in good order there do remain areas to be addressed. Breaches vary in size and complexity, ranging from small holes where a cable passes to areas of wall incomplete or missing above the ceiling line.

The location of breaches and the type of repair required varies greatly and as such the difficulty of repair will vary, as will the consequential impact on the ability to maintain a continual clinical service at Bronglais. The type of repair work required, the location of the work and the proximity of adjacent services will determine the complexity of the repair. A summary of work elements includes:

- Reconfiguration of main and sub compartment 60 mins and 30 mins fire resistant compartments;
- Ensuring compartmentation of all required hazard / risk rooms – this will involve fire stopping of holes, infilling at head junctions etc;
- The above will require extensive fire damper works. The reasons for this are covered by Health Board fire Officer guidance as:
 - Firecode (WHTM05/02 Table 7) requires Fire Safety Doors to compartment and sub-compartment penetrations, whereas Fire Dampers are still permitted in hazard room enclosures;
 - Under the legislation (Regulatory Reform (Fire Safety) Order 2005), there is no specific requirement to upgrade the existing hospital to a code-compliant standard. However, recognising the importance of compartmentation and sub-compartmentation in terms of the evacuation strategy, and the potential for this to be compromised through the ventilation system, there is a need to ensure Fire Safety Doors protect the integrity of the compartmentation and sub-compartmentation. Fire Safety Doors triggered by the fire alarm, are more responsive and have better fire / smoke performance characteristics than traditional Fire Dampers which are only heat activated.
- An upgrade to the existing fire alarm systems will be required to accommodate the additional damper connections and control requirements including the upgrade of communication cabling between main fire alarm panels.
- Replacement / repair of doors as necessary to fire compartment lines and risk rooms;
- Emergency Lighting. The site has a mixture of Thorlux Smartlight and Smartscan lighting to certain areas which is deemed suitable to remain., Other areas do not have a suitable standard of emergency lighting and it is proposed that these areas be fitted with Thorlux Smartscan (Appendix 4);
- The works will require elements of asbestos removal;
- The works will involve significant decant arrangements;
- Replacement of existing overcladding to the blue and green blocks is subject to further detailed discussions with MWWFRS.

The following works are excluded from this business case and MWWFRS agreement of this is in progress:

- Residential blocks – works undertaken by Health Board direct;
- Floor void access hatches – deemed acceptable to remain as installed;
- Fire alarm detector heads and fire alarm replacement cabling – works undertaken by Health Board direct;
- X-ray / CT scanner and Pharmacy departments recently partly refurbished. Fire stopping / doors works undertaken by Health Board direct. This PBC will cover any ductwork FSD requirements;
- Other areas of the hospital which have received more recent refurbishment including fire stopping. These are noted as areas shaded blue on the plans contained in Appendix 3;
- Red block which is more recently refurbished and excluded from these proposals;
- Estates department / management block.

It is recognised that undertaking works of this nature, in a live hospital environment is challenging and will result in a high level of disruption and low productivity. Business continuity must be maintained throughout the duration of the works therefore any requirement for service re-provision (i.e. decant facilities / temporary relocations) is also considered to be core scope within this PBC.

Due to the size and complexity of the task and the resulting disruptions it is proposed to approach the works in a phased manner as agreed with both the Hospital Management and MWWFRS. This sequence generally prioritises the inpatient sleeping areas meaning that the highest risk areas are resolved early in the programme.

It is anticipated that a decant facility will be required to facilitate works within ward areas, however, there is no immediately available location which will impact on the ability to deliver the fire precaution upgrade works within the wards and clinical areas without adversely affecting service level.

The UHB is proposing to lease sufficient space within the neighbouring Hafan Y Waun development to provide additional capacity for the duration of the programme in order to provide a decant ward. Mental Health services have very specific needs and it would be uneconomic and impractical for this service to utilise Hafan Y Waun. Therefore it is proposed that an existing ward within the main hospital be adapted for Mental Health service use (anti-ligature measures etc). Y Banwy has initially been identified for this purpose. This approach would help minimise the costs and service risks.

It should be noted that the proposed approach represents an overall site works programme potentially in the order 2.5 years and is based upon a series of assessments and assumptions with the full extent of works, impact of asbestos and methodology restrictions not fully determined at this stage.

1.2 Economic Case

1.2.1 Critical Success Factors

The critical success factors associated with this PBC are:

- Strategic Fit:
 - Compliance with MWWFRS letters of fire safety matters.
- Achievability:
 - Timescales for delivery;
 - Deliverability with minimal site constraints or challenges;
 - Potential affordability (capital).
- Supplier Capacity and Capability:
 - Ability of potential suppliers to deliver the required services;
 - How attractive the option is to the supply side.
- Potential Value for Money.

1.2.2 Main Options

Given the nature of this business case there are limited choices available to the UHB i.e. compliance with fire safety requirements is mandatory. Business as Usual is not a realistic option as this would result in non-compliance with the letters of fire safety matters risking enforcement action and the potential closure of the site. Therefore the scope for this scheme is determined by the MWWFRS stipulated schedule of requirements i.e. undertake works to comply with MWWFRS letters of fire safety matters in a single-phase approach with challenge and joint agreement with the Health Board.

Service Solution

To enable a rolling sequence of ward upgrade works to take place a decant facility will be required. A long list of options has been developed and reduced to two potentially viable options following a sifting exercise:

Option		Appraisal	Sifting
A	Build area on top of red block (new A&E) to create decant capacity	High-cost option to provide and maintain long-term	Potential
B	Review potential to rent additional space from a nearby nursing home (Hafan Y Waun) to be utilised as a step-down facility to expedite discharge of patients.	Potential to allow for larger areas to be decanted, shortening the programme No agreement with Hafan Y Waun	Potential
C	Allocate an existing ward (Y Banwy – Afallon) to be the decant ward for the duration of the works	High reliance on social care to support discharge of patients for initial release of inpatient bed capacity – challenging	Potential

Option	Appraisal	Sifting
	Impact on sustaining a business as usual approach through reduced inpatient capacity	
D	Provide an additional facility (i.e. modular building) on the site footprint to act as decant	Discount
E	Purchase space from the University to decant admin areas releasing space on site for clinical services Potential to purchase additional space likely to be favourable Unlikely that vacated space would be suitable for the delivery of clinical services	Potential

Table 2: Longlist Option Sifting

Options A, B, C and E will continue to be explored as part of the next stage business case process. Option B (the rental of space in Hafan Y Waun) is the emerging preferred option and the current cost and programme in this PBC are based on Option B, with an element of works required in Y Banwy to facilitate a mental health decant remaining within the main hospital.

1.2.3 Preferred Way Forward

The UHB must comply with the requirements of the letters of fire safety matters and has therefore only considered the works required to comply with the letters of fire safety matters. Due to the nature of the situation, and the limited options available, a single stage Business Justification Case is proposed.

1.3 Commercial Case

The detailed consideration of the commercial case will take place within the next stage Business Justification Case.

The preferred funding option for the investment is via Welsh Government Funding as public funding is considered the only viable option.

The Health Board has recently delivered very similar schemes at both Withybush and Glangwili Hospitals. Due to the emergency nature of those works they were procured via The NHS Building for Wales frameworks utilising the NEC Option E (cost reimbursable) form of contract. Following reviews and lessons learnt workshops with NWSSP-SES and Capital Audit a number of recommendations were made and the Health Board propose to take account of these when considering the procurement route for Bronglais.

It is proposed that the designer will be the Principal Contractor and Principal Designer for the purpose of the Construction (Design and Management) Regulations 2015 (CDM 2015).

1.4 Financial Case

The total cost of the investment for the whole programme of work is estimated at £21m plus a WG held project risk contingency of £4.2m (total £25,224,420) as shown in Table 3.

Element	Totals
Business Justification Case – Workstages 2 & 3	£632,000
HDUHB direct cost – Workstages 4 – 6	£1,632,000
Works Cost Phase Summary	£11,891,000
Non-Works Costs	£1,940,000
Equipment	£24,000
Sub Total	£16,119,000
HDUHB Project Risk Contingency (allowance 10%)	£1,612,000
Sub Total	£17,731,000
VAT (20%)	£3,546,200
VAT Reclaim (assume only on HDUHB directly appointed consultants)	(£256,780)
Sub Total	£21,020,420
Welsh Government Held Project Risk Contingency (allowance 20%)	£4,204,000
PBC Total (indexed at Q1 2025)	£25,224,420

Table 3: Indicative Capital Costs

An indicative cash flow for the capital expenditure is included in Table 4.

Financial Year	2025/26	2026/27	2027/28	2028/29
Capital Expenditure	£874,580	£6,766,520	£11,181,780	£6,401,540
Cumulative	-	£7,641,100	£18,822,880	£25,224,420

Table 4: Indicative cash flow

1.4.1 Capital Cost Assumptions

The detailed cost report in relation to this business case is included at Appendix 6 with the following key assumptions made in developing the capital costs for this PBC:

- Capital costs – indexed at first quarter 2025 (NB: escalation will have to be carefully considered by WG and NWSSP-SES based on the long programme duration up to end of construction first quarter 2029);

- Design Fees – allowance of circa 18% based on benchmark data for tenders received for Withybush General Hospital Phase 2 Fire Precaution Upgrade works (this sum could vary greatly dependent upon scope and choice of procurement strategy);
- Non-works costs based on benchmark data in agreement with HDUHB;
- Equipment – based on allowance of 0.1% of works costs;
- Project risk contingency of 10% – based on GGH Phase 1 BJC strategy;
- Allowance of 20% for additional project risk contingency to be held by WG – based on GGH Phase 1 BJC strategy;
- VAT at 20% on all with VAT reclaim assumed only on consultants directly appointed by HDUHB;
- Exclusions: Upgrading the existing fire alarm installation undertaken separately by HDUHB outwith this PBC;
- WG and NWSSP-SES to assess and consider escalation for the PBC from Q1 2025 to Q1 2029.
- Replacement cladding works are subject to further detailed discussions with MWWFRS (costs included at circa £1.9m).

1.4.2 Revenue Implications

With the proposed risk based approach to remedials and the corresponding reduction in scope, it is expected that additional fire wardens will be required at a point in time. This is not yet confirmed, but is to be expected following similar requirements from MWWFRS at WGH. As an example, the annual cost for fire wardens at WGH is in the order of £175k per annum to support the greatly reduced capital necessity. This will need further discussions with MWWFRS as the business case process continues.

Leasing costs associated with rental of Hafan Y Waun for the programme duration are capitalised.

The Health Board's assumption is that capital charges including increased depreciation and any impairment charges on completion will be funded by Welsh Government.

1.5 Management Case

1.5.1 Programme Management Arrangements

The programme management structure for this programme is aligned with the Business Continuity (Major Infrastructure) Programme Approach which has been formally constituted and established in line with best practice (Managing Successful Programmes) and will be managed in accordance with PRINCE 2 methodology.

The programme of works identified within this business case will be managed via the BGH Delivery Team with direct reporting into the Project Board and the Capital Sub-Committee (CSC).

The Health Board Chief Operating Officer is the formal Senior Responsible Officer (SRO) and will ensure that the project meets its overall objectives and delivers its expected benefits. The Director of Estates, Facilities and Capital Management is the Programme Director who will be responsible for the successful delivery of the project. The Capital Development Manager will be the Estates lead overseeing operational delivery of the project.

1.5.2 Programme Milestones

Milestone	Target Date
PBC submission to WG	31 March 2025
WG approval to proceed	May 2025
BJC submission to WG	July 2026
WG approval to proceed	August 2026
Commencement of works on site	September 2026
Completion of Fire Remedial Works	December 2028
Completion of Decant Reversal Works	March 2029

Table 5: Programme Milestones

1.5.3 Main Benefits

The main benefit from this project will be HDUHB compliance with fire regulations and the MWWFRS letters of fire safety matters, avoiding closure of the hospital and supporting the safe delivery of patient services. A comprehensive concise fire strategy for the site will be realised. Through the next stage business justification case further consideration will be given to the potential for any reduction in backlog maintenance as a consequence of the proposed works.

1.5.4 Main Risks

A full risk register will be developed as part of the next stage business case. The most significant risks at this stage of the project are:

- The extent of works proposed aligns with previous works at WGH and GGH hospitals, which have taken a pragmatic approach to the classification and treatment of risk rooms for example in non-sleeping accommodation. Whilst these have been accepted elsewhere, at Bronglais the proposals have not yet been accepted by MWWFS. Positive meetings have been held (12 December 2024), but formal confirmation is yet to be received for inclusion in this PBC.
- Availability of Hafan Y Waun to support decant arrangements;
- Degree of cost certainty due to the limited information at this early PBC stage.
- Building Safety Act – potential to become legislation in Wales in 2025 which has the potential to add significant fee value to the scheme.

1.5.5 Post Project Evaluation

The Programme Board will ensure that post project evaluation will be undertaken in accordance with Welsh Government requirements, the details of which will be included in the business justification case.

1.6 Conclusion and Recommendations

This business case sets the required actions and proposed approach to works for Hywel Dda University Health Board to be compliant with fire safety regulations. MWWFRS have aligned the target completion dates for all actions with the proposed works programme and it is anticipated that they will review progress with the Health Board once works have commenced.

The Health Board must comply within the timeframes agreed with MWWFRS or risk escalating to fire enforcement status which would impact on delivery of all hospital services and could ultimately lead to prosecution / the potential closure of Bronglais Hospital.

It is requested that Welsh Government:

- Acknowledge the MWWFRS expectations for completion of works by August 2028 as presented at meetings with MWWFRS on 13 November 2024. The UHB anticipate MWWFRS realigning the milestones to the agreed programme based on discussions during November and December 2024, and in line with similar agreements on both the WGH and GGH sites. The revised milestone will be for completion of fire remedial works by December 2028.
- Endorse this business case based on the proposed cost and approach to delivery of work;
- Support the resource requirements in terms of fees to progress the BJC.

2.0 Introduction

2.1 Scope of Document

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to Bronglais Hospital (BGH) in 2022, Hywel Dda University Health Board (HDUHB) received letters of fire safety matters in relation to compliance with fire safety regulations. A Programme Business Case (PBC) was previously developed to detail the required investment in relation to the fire precaution upgrade works timescales but was not formally submitted to Welsh Government.

Ongoing discussions with MWWFRS in relation to the scope of the fire strategy at both Withybush and Glangwili Hospitals resulted in a review of the proposed approach for the Bronglais Hospital site and has resulted in an update to the PBC working closely with the NWSSP-SES Fire Lead.

The strategy detailed within this PBC is to focus on the works relating to inpatient wards and the main plant rooms along with rooms of the highest fire risk. At present formal acceptance of this approach at Bronglais is awaited from MWWFRS but will be fully agreed before the BJC detailed work commences.

The PBC seeks formal endorsement from Welsh Government (WG) for the proposed approach to the works through a single Business Justification Case (BJC) approval / capital funding of £21,020,420 plus a WG held project risk contingency of £4,204,000 (total £25,224,420).

The business case is structured in line with the Better Business Case Investment Guidance, five case model structure, which is in accordance with HM Treasury best practice and the approach prescribed by Welsh Government (WG):

- **Strategic Case:** This section provides an overview of the context within which the investment will be made. It sets out the background and strategic context outlining the issues faced by Hywel Dda University Health Board and describes how the proposed investment will support organisational objectives;
- **Economic Case:** This section identifies the options for consideration along with indicative capital costs and the option appraisal process undertaken;
- **Commercial Case:** This section sets out the proposed procurement arrangements for the scheme;
- **Financial Case:** This section confirms funding arrangements and affordability and explains any impact on the balance sheet of the organisation;
- **Management Case:** This section details the plans for successful delivery of the project to cost, time and quality.

A glossary of abbreviations used is included at Section 9.0.

3.0 Strategic Case

This case describes the context within which this programme has been developed and demonstrates that the programme has been informed by, and will address, the identified drivers for change.

Following visits from the Mid and West Wales Fire and Rescue Service (MWWFRS) to the Bronglais Hospital sites, Hywel Dda University Health Board (HDUHB) received letters of fire safety matters in relation to compliance with fire safety regulations. The focus of the programme and this business case is to ensure that the Health Board undertake the necessary actions to ensure compliance within the stipulated timescales.

3.1 Organisational Overview

Hywel Dda University Health Board (HDUHB) is one of seven health boards in Wales and serves the population of mid and west Wales. The Health Board provides primary, community, in-hospital, mental health and learning disabilities services to a population of 384,000 taken from the three counties as follows:

- Carmarthenshire 183,936 residents;
- Ceredigion 79,488 residents;
- Pembrokeshire 120,576 residents.

HDUHB covers more than a quarter of the landmass of Wales and is the second most sparsely populated Local Health Board area, with roughly 13% of the total population of Wales.

Acute and community services are provided via four main hospital sites as well as a range of community-based services. The geography of the Health Board is challenging with journey times between the health board sites ranging from 45 to 105 minutes. The acute sites are:

- Bronglais General Hospital in Aberystwyth (BGH);
- Glangwili General Hospital in Carmarthen (GGH);
- Prince Philip Hospital in Llanelli (PPH);
- Withybush General Hospital in Haverfordwest (WGH).

3.1.1 Summary of Financial Standing

The Health Board's outturn for 2024/25 is a deficit of £31.5m. The annual plan for 2025/26 is under development.

3.1.1.1 Infrastructure Investment Plan

The largest strategic capital commitments in the coming years and, for which detailed planning commenced in 2019/20, relate to the 'A Healthier Mid and West Wales: Our Future Generations Living Well' clinical strategy and the associated infrastructure requirements. Following a paper to the UHB Board in November 2024 the strategy will be subject to a refresh which may impact on the infrastructure requirements listed in the current PBC.

The Infrastructure Investment Plan will prioritise both capital developments and backlog maintenance in line with the current prioritised position and strategic objectives and be informed by the current risks the organisation holds. A core focus of the capital plan is the delivery of essential quality and safety, business continuity schemes including replacements, issues of compliance and infrastructure maintenance.

This business case is a direct response to the issues of compliance and essential fire safety matters identified by MWWFRS letters of fire safety matters and will be reflected in the Infrastructure Investment plan.

3.1.1.2 Discretionary Capital Programme

The UHB receives an annual capital allocation which is allocated into the areas of highest investment needs, primarily focused on backlog and replacement risks in the estate, medical equipment and digital assets. These locally controlled funds are in the main targeted to support issues of quality and safety, and business continuity and is allocated over the following headings:

- Infrastructure and statutory backlog;
- Estates statutory compliance;
- Replacement of medical and other equipment;
- Essential maintenance of estates infrastructure;
- Standardisation of medical equipment and devices across sites to enable cross site working;
- Capital support posts and business case developments;
- Significant upgrades of IT infrastructure and keeping pace with IT replacements.

The UHB faces very significant backlog pressures in IM&T, estates maintenance and equipment replacement which means that not all risks can be mitigated and programmes of replacement over a longer timeline are being developed and will need to be the subject of All Wales Capital support.

3.1.2 Hywel Dda Health and Care Strategy

In 2018, HDUHB published 'A Healthier Mid and West Wales: Our Future Generations living well' (AHMWW), the long-term strategy for transforming health services and delivering quality care closer

to home. The focus is on keeping people healthy with a shift to a social model of health which cannot be separated from our associated workforce, estates, digital and environmental challenges. Hospitals will continue to be a key part of the health and care system, the wider whole system approach will involve the hospitals working much more closely in the community at one end, while forming stronger links to highly specialised services at the other.

The Health Board submitted a Programme Business Case (PBC) to Welsh Government (WG) in March 2022 which sets out the context and high-level need for the resources to support capital and estates planning for the delivery of the Health and Care Strategy transformation programme.

The PBC is yet to be endorsed and the affordability of the programme in the context of the wider WG capital budget is a concern. However, WG had requested a Strategic Outline case be developed for the new hospital and the repurposing of Glangwili and Withybush. A paper presented to the Board in November 2024 proposed that given changes in the UHB's escalation status and changes since the original strategy was developed that now might be an opportune time to refresh the 2018 strategy. Whilst this refresh is unlikely to change the overall direction of travel for the organisation the implementation of the strategy and the infrastructure needed for this may change to reflect changes in digital and new technologies, regional working and standards performance and resilience. The UHB recognises that a new hospital in the south of Hywel Dda is not likely to be operational for another decade and will be presenting to WG Infrastructure Investment Board at the end of January 2025 to agree the next steps for the capital infrastructure associated with the strategy implementation.

A separate PBC has been developed to address the business continuity / estates infrastructure issues across all four acute hospitals which was submitted to Welsh Government and received endorsement in July 2021. The strategic context is such that the existing estate will now need to be sustained for a much longer interim period in advance of significant estate transformation and therefore addressing the essential fire precaution works as detailed in this PBC will be essential to maintaining both continuity of service in the interim period as well as supporting the re-purposing requirements.

3.2 Policy Context

The Health Board has a corporate responsibility to deliver an efficient, safe estate that supports clinical services in line with WHBN-008: Strategic Framework for the efficient management of healthcare estates and facilities. There are also legal responsibilities in the provision of soft and hard FM services requiring adherence to Welsh Health Technical Memoranda (WHTM). WHTMs provide guidance for the design, management and maintenance of healthcare engineering systems including fire safety.

There are a number of regulatory frameworks that the Health Board must comply with in relation to fire safety. These include:

- Building Regulations 2010;
- Regulatory Reform (Fire Safety) Order 2005;
- WHTM 05-01: Firecode – Managing Healthcare Fire Safety (2019);
- WHTM 05-02: Firecode – Fire safety in the design of healthcare premises (2014);
- WHTM 05-03: Firecode – Fire Safety in the NHS (2011);
- Fire and Rescue Services Act (2004).

The Regulatory Reform (Fire Safety Order) consolidated the fire related legislation. As a result, the Healthcare Firecode suite of documents was revised with mandatory requirements for all NHS bodies. The NHS Wales Fire Safety Policy provides an unambiguous statement applicable to the NHS in Wales and premises where patients receive treatment or care. The aims are to minimise the incidence of fire throughout the NHS estate in Wales and to minimise the impact from fire on life, safety, delivery of service, the environment and property.

Compliance with these regulatory frameworks underpins this PBC and HDUHB will maintain focus on continuity of clinical services throughout the work programme.

3.3 Programme Investment Aims

Within the overall NHS planning context, the Minister for Health and Social Services has determined a series of investment objectives for the NHS Infrastructure Investment Programme including capital and revenue funding delivery models. These objectives have been adopted by HDUHB and interpreted for the overarching Estates Infrastructure programme as follows:

- Reduce the risk profile on Estate infrastructure;
- Maintain appropriate levels of patient safety and comfort;
- Extend the operating life of the hospitals;
- Support future service planning by ensuring sufficient infrastructure of systems resilience and capacity for future service modelling;
- Reduce essential backlog maintenance requirements;
- Identify and deliver a cost effective and value for money solution, programme timetable and budget.

The investment aims specific to this Programme Business Case have been developed within the context of the overarching estates infrastructure approach and have a specific focus on ensuring compliance with the NHS Wales Fire Safety Policy on the Bronglais Hospital Site. The schemes of work included within this PBC are specific to BGH. Elements of this works are also packages included in the Estates Infrastructure programme which is the subject of a separate business case.

The specific programme investment aims for this PBC are to:

- Ensure compliance with core statutory standards namely Fire Code regulations;
- Reduce the risk profile on estate infrastructure;
- Support the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care. As part of the BJC process for this fire safety scheme and the business continuity scheme, HDUHB will look for opportunity to carry out concurrent works, to maximise value for money.

3.4 Existing Arrangements

Bronglais General Hospital (BGH) is located in Aberystwyth, mid-west Wales. The hospital has 138 beds and provides a comprehensive range of inpatient and outpatient facilities, mental health services together with a 24 hour Emergency and Urgent Care Centre.

Built on a steeply sloping site near the National Library of Wales, BGH comprises a series of stepped linear accommodation blocks that follow the existing topography and result in a multi storey building with multiple entrances at different floor levels. The original hospital, built in the 1960's, comprises two connected blocks of accommodation: a five-storey high medical block on the lower part of the site, and a six-storey high surgical block on the upper part. The second floor (Level 2) of the medical block is the only floor that continues through into the surgical block, where it becomes the ground floor.

The site includes a number of peripheral buildings, which include domestic scale properties built in the 1900's, and purpose-built residential accommodation blocks and a postgraduate centre that were built in the 1960's.

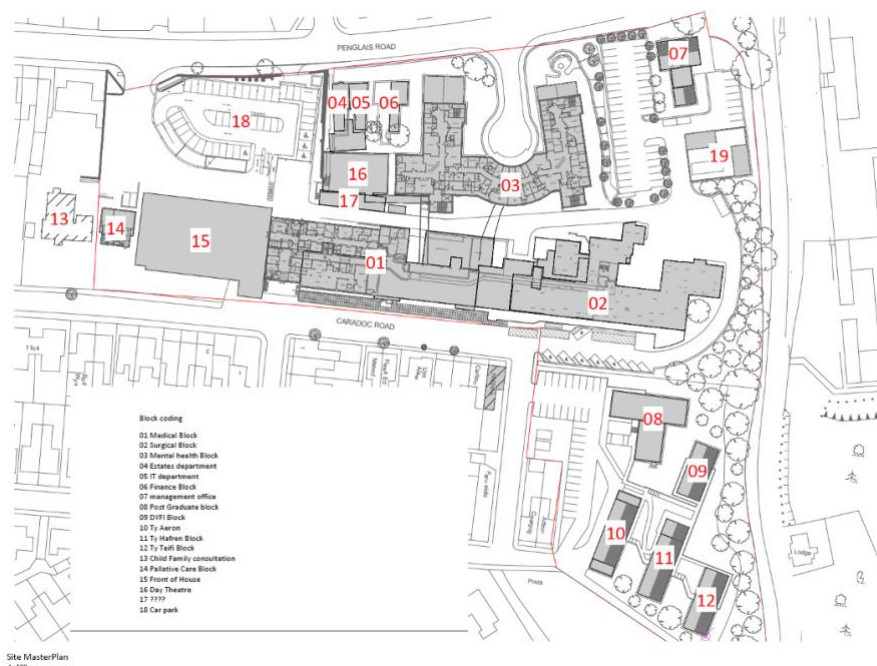


Figure 1: Site Master Plan

Backlog Maintenance Costs by Risk Category for 2022/23				
High Risk Backlog Costs (£)	Significant Risk Backlog Costs (£)	Moderate Risk Backlog Costs (£)	Low Risk Backlog Costs (£)	Total Backlog Costs (£)
£3,222,606	£17,367,512	£12,036,489	£3,378,776	£36,005,383

Table 6: Bronglais Hospital Site – 2023/24 Backlog Maintenance Liability

In line with the AHMWW strategy there is a clear direction of travel for the future of the BGH site. A full range of district general hospital services will continue to be provided from Bronglais as part of a network of services with strengthened roles with the community. As part of this strategy, the Health Board is clear that there is a need to maintain business continuity and a business as usual approach whilst the wider strategy is delivered requiring the UHB to maintain estate and capital requirements to support clinicians to deliver services within the existing model during transition years. The business continuity schemes are crucial to on-going service delivery across the organisation and any deterioration in service delivery within the existing model will impact on clinical care and patient outcomes as well as affecting the ongoing engagement and positive relationship with the local population.

3.5 The Case for Change

An assessment of all acute sites was undertaken in 2018 to determine the extent of works required to bring them in line with statutory compliance regulations and formed the foundation of the PBC submitted to Welsh Government in July 2021 in relation to addressing the business continuity/estates infrastructure issues across all four acute hospitals within the context of the AHMWW Strategy,

Fire compliance was assessed against the current version of HTM 05-02: Firecode – Guidance in support of functional provisions 2015 and it was determined that the core clinical services blocks did not meet the standards with respect to fire safety. In particular the configuration of the blocks, width of existing staircases, doors and corridors combined with the size of existing compartments do not support progressive horizontal escape and as the core non-compliance is related to the configuration of the buildings, refurbishment would not fully resolve these issues.

This assessment of the site also noted that due to the restricted nature of the site there were limited options to provide any decant space impacting on the ability to undertake any development works (including essential upgrade works) on the site without major disruption to the delivery of clinical and essential support services.

Visits from MWWFRS in 2022 has resulted in a series of Letters of Fire Safety Matters being issued, enforcing action on the Health Board. A programme of works was developed in response and the project reached the finalisation of the PBC process (Health Board review in January 2023).

An exercise to reduce scope, complexity and costs at the Withybush Hospital scheme was replicated for both the Glangwili Hospital and Bronglais schemes with MWWFS approval. This has resulted in a change to the original plans and an update to the PBC to reflect the revised scope. Whilst agreed elsewhere, formal approval for the Bronglais proposed approach is yet to be received from MWWFS at time of writing but is anticipated prior to commencement of BJC works.

3.5.1 Letters of Fire Safety Matters

Mid and West Wales Fire and Rescue Service (MWWFRS) visited the Bronglais Hospital site in May 2022 and concluded that some people were at risk in case of fire. In line with The Regulatory Reform (Fire Safety) Order 2005 MWWFRS issued four letters of fire safety matters dated 31 August 2022 (Appendix 1). These letters set out a series of actions for HDUHB to address or risk the potential of further enforcement action. The Health Board has an ongoing duty to ensure the safety of people and MWWFRS advised that arrangements for follow up site visits to monitor progress would be made.

Following a visit to the hospital in June 2024 MWWFRS issued four additional letters of fire safety matters relating to concerns in each of the main blocks. These letters confirmed that the additional stipulated requirements were independent of the action plan agreed in 2022 to avoid duplication of work.

Table 7 sets out the schedule of requirements within the original letter of fire safety matters:

Item	Required Action
ARTICLE 12 – ELIMINATION OR REDUCTION OF RISKS FROM DANGEROUS SUBSTANCES	
Multiplug adaptors and Electrical fittings	Additional electrical sockets are to be provided where trailing leads, adapters or extension leads are in use.
ARTICLE 13 – FIREFIGHTING AND FIRE DETECTION	
Fire Extinguishers	An assessment should be undertaken to ensure that all areas have suitable and sufficient Firefighting equipment installed and in suitable location).(BS 5306-8.
ARTICLE 14 – EMERGENCY ROUTES AND EXITS	
Combustible Material, ignition source and obstruction	All combustible materials, ignition sources and obstructions should be removed from all escape routes, internally and externally.
Signage	A review of signage is required throughout the property. Indicate the nearest way out (in case of fire) with fire exit signs that comply with BS 5499-4.
ARTICLE 17 – MAINTENANCE	
Maintenance	Records must be kept of events, tests, or maintenance of the following equipment / installations. <ul style="list-style-type: none"> • Suppression system • Automatic operated vent (AOV) linked to the fire alarm system

Item	Required Action
ARTICLE 22 CO-OPERATION AND CO-ORDINATION	
Communication between departments and management	Effective systems of communication must be established with those who are responsible for all departments to ensure all relevant persons are provided with suitable and sufficient information in respect of the fire safety measures implemented.
ARTICLE 13 FIRE ALARM SYSTEM	
Fire Alarm System	The existing fire warning system must be updated as necessary to conform fully to BS 5839-1:2017 Category L1, also as stated in NWSSP-HD/F1/018-JFR April 2022 (shared services document). All work involving the fire alarm should be carried out in accordance with BS 5839-1:2017.

Table 7: MWWFRS Schedule of Requirements – Bronglais Hospital Site

The 2022 letters of fire safety failures specific to each of the blocks set out the action plan for remedial measures and the expected timescales for completion as summarised below. Based on discussions with MWWFRS during November and December 2024, and in line with similar agreements on both the WGH and GGH sites, the UHB anticipate the milestones being realigned to March 2029.

Item	Required Action	Timescale
All Blocks		
Fire Doors	<ol style="list-style-type: none"> All fire resisting doors throughout the premises are to be examined and repaired or replaced to ensure they are effectively self-closing onto their rebates. Gaps between door edge and frame are to be no more than 3-5 mm Self-closing devices on all fire resisting doors to be checked and if required adjusted, repaired, or replaced so the doors close completely into their rebates. All self-closing devices to be regularly inspected / maintained. All fire doors should have intumescent strips / smoke seals All fire door vents should be designed in accordance with the required British Standard. 	Phase 1 – January 2025 Phase 2 – October 2027
Compartmentation	An assessment should be undertaken to ensure that there is suitable 30-minute fire resistance sub compartments and 60 minutes fire resistant compartmentation throughout the blocks.	Phase 1 – January 2025 Phase 2 – October 2027
Fire Safety Management	An assessment should be undertaken to ensure there is a suitable and up to date fire management plan.	Complete
Training	It is essential that all staff are fully trained in evacuation procedures for the premises. You should ensure that staffing levels are sufficient and available at all material times to facilitate the movement of residents to safety within the determined safe evacuation time.	January 2023

Item	Required Action	Timescale
Green Block		
Emergency Lighting	An assessment should be undertaken to ensure all Internal and external escape routes are illuminated by emergency lighting that will operate if the local lighting circuit fails. The system should conform to BS 5266.	Complete
Maintenance	Records must be kept of events, tests, or maintenance of the following equipment / installations. <ul style="list-style-type: none"> • Suppression system • Automatic operated vent linked to fire alarm system 	Complete
Blue Block		
Fire Alarm System	The system is to be upgraded to meet a category L1 system., As specified in the British Standard 5839: 1 - 2017 "Fire Detection and Alarm Systems in Buildings", or the equivalent European Standard.	Complete
Maintenance	Records must be kept of events, tests, or maintenance of the following equipment / installations. <ul style="list-style-type: none"> • Dampers • Roller shutter doors 	Complete

Table 8: MWWFRS Action Plan (2022)

The 2024 letters of fire safety matters have stipulated the following additional actions which are also part of the proposed works packages:

Item	Required Action
ARTICLE 8 – GENERAL FIRE PRECAUTIONS	
Door Wedges	Self-closing fire resisting doors are no propped or wedged in the open position. Doors may be held in the open position by the installation of automatic door releases compliant with stipulated requirements (All Blocks)
Compartmentation	Items preventing the fire doors from closing effectively into their rebates in the laundry corridor to be re-located to a more suitable location. (Blue Block)
	Carpenters Workshop – the underside of the mezzanine floor and staircase to be underdrawn to provide a minimum 30 minutes fire resistance standard (Blue Block)
	Confirmation that the fusible link to the shutter of the old ventilation duct within Level 7 plant room is fully operable (Green Block)
	Gap at the head of the fire door serving the Air Plant room is to be sealed to provide a minimum 30 minutes fire escape (Purple Block)
	Unauthorised locks on fire doors in Banwy annex to be removed (Purple Block)
ARTICLE 9 – FIRE RISK ASSESSMENT	
Significant Findings	Continue to action the significant findings of the Fire Risk Assessments (All Blocks)

Item	Required Action
Update Risk Assessment	Fire Risk Assessment should be reviewed, updated and communicated to the appropriate members of staff (All Blocks)
ARTICLE 11 – FIRE SAFETY MANAGEMENT	
Storage	Combustible items stored within close proximity of ignition sources to be relocated to a more suitable location (Blue Block)
Update Evacuation Plan	Evacuation plan for Angharad Children’s Ward to be reviewed, updated and communicated (Blue Block)
ARTICLE 12 – MANAGEMENT OF DANGEROUS SUBSTANCES	
Oxygen Cylinder Storage	Oxygen cylinders to be stored in 30-minute fire resisting compartment (All Blocks)
ARTICLE 13 – FIREFIGHTING AND FIRE DETECTION	
Fire Alarm System	Existing fire detection and warning system to be extended to provide adequate cover to identified areas (Blue, Green and Purple Blocks)
	Confirmation that the old detector head in the paint store, in the Boiler Room is limed and working with the current fire detection and warning system (Blue Block)
Manual Call Point Access	Manual call point in the external carpenters’ workshop is obstructed (Blue Block)
Firefighting Equipment	Extinguishers to be examined and re-tagged (Green Block)
ARTICLE 14 – MEANS OF ESCAPE	
Internal Escape Routes	All passages, corridors and staircases forming part of an escape route to be kept free of any obstructions or combustible materials (All Blocks)
External Escape Routes	Surfaces of all external routes of escape to be maintained (Green Block)
Door Locks	Replace locks on identified rooms with a fastening that can be opened easily in an emergency without a key
Emergency Lighting	Emergency lighting in Outpatients to MRI to be relocated (Blue Block)
	Emergency lighting to provide adequate illumination in Microbiology (Green Block)
	Emergency light in HSDU to be restored to full working order (Green Block)
ARTICLE 19 – PROVISION OF INFORMATION TO EMPLOYEES	
Fire Action Notices	Notices detailing action to be taken conform to BS 5499 (Purple Block)
ARTICLE 21 – TRAINING	
Training	Evacuation training sessions to be conducted (All Blocks)

Table 9: MWWFRS Schedule of Actions (2024)

3.5.2 Works Completed

The letters of fire safety cover a wide variety of works which include general housekeeping improvements. The Health Board has been proactive and undertaken a series of actions to improve

matters via works for the less intrusive elements and the Health Board's fire officer has also undertaken an initial review of the existing site fire strategy (Appendix 3).

HDUHB have confirmed to MWWFRS the actions that have been completed as shown below and referred to in the detailed action plan (Appendix 2):

- Fire Extinguishers – annual maintenance contract in place;
- Residential Blocks – all works completed;
- Vertical Stair Cores – all fire doors, emergency lighting and firestopping completed;
- Fire Damper maintenance. All existing fire dampers surveyed and remedials under way;
- Fire alarm maintenance – all repairs actioned;
- Emergency Lighting– all repairs actioned;
- X ray department – recently partly refurbished, the firestopping remedials are being undertaken as part of those works;
- Pharmacy recently refurbished, the firestopping remedials undertaken as part of those works;
- Front of House / Red Block – relatively recent construction and fire stopping in good condition.

3.6 Business Needs

Following receipt of the letters of fire safety matters, HDUHB is at risk of enforcement action for non-compliance and potentially the enforced closure of areas of the site. In order to maintain the safety of all staff, patients and visitors, HDUHB must address all of the areas of concern in line with the agreed scope of works with MWWFRS and the proposed delivery programme.

Therefore this PBC describes the required action and associated investment plan to ensure compliance with the fire safety matters as identified by MWWFRS. It is recognised that this is a challenging programme due to the nature of the required works and the complexity of the site, therefore the Health Board have adopted a pragmatic approach to the delivery programme which will be both reviewed with WG and further explored within the next stage business case.

The strategic drivers underpinning this PBC are aligned with the organisational strategy:

- Supporting the transformation programme, planning priorities and strategic objectives;
- Ensuring the estate is functionally suitable for purpose;
- Ensuring the estate is compliant with statutory requirements and latest estate standards and guidance where it is possible to do so and those articulated within the Business Continuity (Major Infrastructure) Programme Business Case submitted to Welsh Government.

The table below provides an overview of the business need in relation to the investment objectives:

Spending Objective	Existing Arrangement	Business Need
Strategic Driver		
Ensuring the estate is compliant with statutory requirements and latest estate standards and guidance where it is possible to do so and those articulated within the Business Continuity (Major Infrastructure) Programme Business Case submitted to WG	Estate is non-compliant with statutory requirements (Fire Code Regulations) and latest estate guidance (WHTM 05 series).	Compliance with statutory requirements and latest estate guidance requiring substantial upgrade works in respect of fire safety matters as outlined in the MWWFRS letters of fire safety matters.
Investment Objectives		
Ensure compliance with core statutory standards namely Fire Code regulations	Letters of fire safety matters issued from MWWFRS as a result of non-compliance with Fire Code regulations resulting in visitors, staff and patients being at risk in the event of fire.	Compliance with the MWWFRS schedule of requirements to a) ensure safety of individuals on the BGH site and b) avoid the risk of further enforcement action and potentially site closure.
Reduce the risk profile on estate infrastructure	Non-compliance with Fire Code regulations	Ensure the estate is compliant with Fire Code regulations – this will eliminate these elements from the backlog maintenance
Support the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care	Buildings are currently non-compliant with Fire Code regulations resulting in people being at risk in the event of fire – this is not aligned with the aims of delivering safe services and high standards of patient care.	Compliance with Fire Code regulations to support the delivery of safe services.

Table 10: Business Needs

3.6.1 Required (Outstanding) Works

In developing the PBC during 2022/23 the Health Board completed an initial assessment of the likely extent of works. A spot check above ceiling voids indicated that in general, firestopping appeared in good order, however, there remained some areas to be addressed. The breaches are likely to vary in size and complexity, ranging from small holes where a cable passes to areas of wall incomplete or missing above the ceiling line. Of note is the top level of Purple Block, where ceiling level compartmentation between rooms does not appear to exist. Another example is where compartment lines are amended and require infills above existing corridor doors. HDUHB is aware that the buildings contain asbestos and it is likely that asbestos removal will be required to facilitate the fire safety improvement works.

The Health Board has undertaken a review of requirements with its fire officer and NWSSP's Fire Lead and indicated several improvements that should be made. These relate to:

- Inclusion of further lobby areas at key locations;
- Changes to the 60 mins fire compartmentation in some areas;
- Changes of room classification to elevate to 'risk room' where appropriate.

The outstanding items require substantial further investigation / planning of work and financial investment to remedy.

The Health Board has progressed the fire precaution upgrade works on both the Witybush and Glangwili Hospital sites and in conjunction with MWWFRS has incorporated lessons learnt into the scope of works for the Bronglais Hospital site. This has resulted in a reduction in the works which only focuses on the works relating to inpatient ward areas and main plant rooms and rooms of highest fire risk. The Bronglais proposals have been reviewed positively by MWWFRS on 12 December 2024 and the Health Board is confident that the planned works represent the minimum requirements to ensure compliance with the MWWFRS letters of fire safety matters. Formal communication is awaited.

The location of breaches and the type of repair required varies greatly and as such the difficulty of repair will vary, as will the consequential impact on providing a continual clinical service at Bronglais. The type of repair work required, the location of the work and the proximity of adjacent services determines the complexity of the repair, below is a list of examples:

- Prior alterations to remove / adjust services to gain access to repair compartment breaches;
- Removal of ceilings locally to access the work and bring in materials;
- Congested services in ceiling voids resulting in limited working space;
- Working off access scaffold to reach higher breaches;
- Restricted access in occupied areas, particularly patient accommodations;
- Proximity of asbestos and the associated encapsulation or removal issues;
- Compartment walls missing / breaches over entrance doors restricting access to wards and other departments;
- Replacing / repairing fire door-sets leading into wards and departments;
- Installing fire smoke dampers in main and sub compartment areas;
- Installing smoke dampers to risk / hazard areas;
- Compartment breaches in inpatients areas resulting in decant requirements;
- Compartment breaches in outpatient areas resulting in delayed treatments;
- Compartment breaches in theatre areas resulting in missed procedures;
- Compartment breaches in kitchen area resulting in alternative arrangements required.

The locations impacted are:

- Horizontal and vertical primary escape routes.
- Day patient accommodation, consultation / treatment areas, theatres.
- In patient accommodation, ward areas, theatres.
- Main kitchen.
- Staff areas.
- The floor voids which form their own fire compartment.
- Vertical risers, especially the connection/link to the floor voids.

Due to the size and complexity of the task and the resulting disruptions it is proposed to approach these remaining works in a phased manner as agreed with MWWFRS.

A decant facility will be required to facilitate the works. Due to capacity pressures no potential exists within the existing footprint to reduce the available services.

The UHB is currently leasing space at the adjacent development known as Hafan Y Waun to provide additional capacity whilst Meurig Ward is temporarily closed for emergency repairs to be made to the ward roof. This case includes for rental of additional space at Hafan y Waun, along with adaption works to facilitate hospital use and reversion upon completion. Following consultation with the hospital management team, it was noted that Mental Health services have very specific needs, and it would be uneconomic and impractical for this service to utilise Hafan Y Waun. Therefore is proposed that an existing ward within the main hospital be adapted for mental health service use (anti-ligature measures etc). Y Banwy has initially been identified for this purpose. This approach would help minimise the costs.

Whilst the options for decanting wards / departments will need further exploration, there are services where decant will not be suitable and piecemeal working will be required. These areas are identified below along with a proposed solution.

Area	Approach
Blue Block	
Physiotherapy	Decant & re-provide elsewhere
Outpatients	Decant & re-provide elsewhere
Dining Room	Temporary Closure
Kitchen	Internal decant to servery/dining room with limited menu and freezer-based menu. Will require temporary/additional cold storage and regeneration area. Note. It may be beneficial to purchase rather than hire some equipment and retain on site long term due to current equipment provision levels, and a pending business case to move to permanent cook/freezer. This should be reviewed at the next stage.

Area	Approach
Pharmacy	Further consideration required at BJC
Accident & Emergency	Phased working (2 sections)
Green Block	
2 Theatres, Endoscopy, ITU	Reduce service – take over 1 theatre and rotate zones as needed
Ceredig Ward	Phased working (2 phases)
Rhianon, Tirion	Reduced works as recent refurbishment undertaken by estates
Bio-Chemistry	Further consideration required at BJC
Pathology	Further consideration required at BJC
X Ray	Reduced works as recent refurbishment undertaken by estates
HSDU	Temporary closure and cost for off site supply/transport etc.
Purple Block	
Day Surgery	Reduced works as recent refurbishment undertaken by estates
Leri	Reduced works as recent refurbishment undertaken by estates
Enlli Ward	Phased approach
Undercroft Stores	Phased approach

Table 11: Proposed approach to departmental works

It should be noted that the above approach represents an overall works programme potentially in the order of 2.5 years and is based upon a series of assessments and assumptions with the full extent of works, impact of asbestos and methodology restrictions not fully determined at this stage. Following engagement of a construction partner the proposed methodology will be refined and explored within the next stage business justification case.

3.7 Potential Scope and Service Requirements

The scope of this programme business case is to ensure compliance with fire safety regulations as stipulated in the letters of fire safety matters and associated schedules of requirements issued by MWWFRS in August 2022 and June 2024.

The overall works required will be extensive, a summary of work elements includes:

- Reconfiguration of main and sub compartment 60 mins and 30 mins fire resistant compartments;
- Ensuring compartmentation of all required hazard/risk rooms – this will involve fire stopping of holes, infilling at head junctions etc;
- The above will require extensive fire damper works. The reasons for this are covered by Health Board Fire Officer guidance as:

- Firecode (WHTM05/02 Table 7) requires Fire Safety Doors to compartment and sub-compartment penetrations, whereas Fire Dampers are still permitted in hazard room enclosures;
- Under the legislation (Regulatory Reform (Fire Safety) Order 2005), there is no specific requirement to upgrade the existing hospital to a code-compliant standard. However, recognising the importance of compartmentation and sub-compartmentation in terms of the evacuation strategy, and the potential for this to be compromised through the ventilation system, there is a need to ensure Fire Safety Doors protect the integrity of the compartmentation and sub-compartmentation. Fire Safety Doors triggered by the fire alarm, are more responsive and have better fire / smoke performance characteristics than traditional Fire Dampers which are only heat activated.
- An upgrade to the existing fire alarm system will be required to accommodate the additional damper connections and control requirements including the upgrade of communication cabling between main fire alarm panels;
- Replacement / repair of doors as necessary to fire compartment lines and risk rooms;
- Emergency Lighting. The site has a mixture of Thorlux Smartlight and Smartscan lighting to certain areas which is deemed suitable to remain. Other areas do not have a suitable standard of emergency lighting and it is proposed that these areas be fitted with Thorlux Smartscan (Appendix 4);
- The works will require elements of asbestos removal;
- The works will involve significant decant arrangements;
- Replacement of existing overcladding to the blue and green blocks is subject to further detailed discussions with MWWFRS.

A Programme Business Case (PBC) was previously developed to determine the potential investment required but following a review of the approach undertaken at Withybush Hospital and working closely with the NWSSP-SES Fire Lead a revised scope has been agreed for the Bronglais scheme. The strategy is to focus on the works relating to inpatient wards and the main plant rooms along with rooms of the highest fire risk. The following works are excluded from this business case and MWWFRS agreement of this is in progress:

- Residential blocks – works undertaken by Health Board direct;
- Floor void access hatches – deemed acceptable to remain as installed;
- Fire alarm detector heads and fire alarm replacement cabling – works undertaken by Health Board direct;
- Xray / CT scanner and Pharmacy departments recently partly refurbished. Fire stopping / doors works undertaken by Health Board direct. This PBC will cover any ductwork FSD requirements;
- Other areas of the hospital which have received more recent refurbishment including fire stopping. These are noted as areas shaded blue on the plans contained in Appendix 3;
- Red block which is more recently refurbished and excluded from these proposals;
- Estates department / management block.

It is recognised that undertaking works of this nature, in a live hospital environment is challenging and will result in a high level of disruption and low productivity. Business continuity must be maintained throughout the duration of the works therefore any requirement for service re-provision (i.e. decant facilities / temporary relocations) is also considered to be core scope within this PBC.

3.8 Benefits

The main benefits associated with this business case are:

- Ensuring the safety of patients, visitors and staff in relation to fire safety matters;
- Compliance with MWWFRS letters of fire safety matters – eliminating the risk of enforcement action;
- Removal of the fire enforcement notices.

3.9 Risks

The main risk associated with this business case is the failure to comply with fire enforcement notices / letters of fire safety matters leading to risk of prosecution and potentially the enforced closure of buildings.

- Detrimental impact on delivery of essential patient services;
- Failure to comply with MWWFRS timelines;
- Failure to secure necessary capital funding;
- Difficulty in assessing quantity of works and capital costs;
- Difficulty in gauging / obtaining materials.

3.10 Constraints

There are a number of constraints to the delivery of the programme requiring management:

- Availability of capital funding;
- A need to comply with the actions and timeframes stipulated by MWWFRS;
- A need to minimise disruption to services during the construction phases.

3.11 Dependencies

The programme is dependent on the following considerations:

- Welsh Government support and funding for the proposed approach;
- MWWFRS support to the proposed approach;
- WG and NWSSP SES support to proposed approach;
- HDUHB has an ongoing programme of maintenance and minor capital investment work through their discretionary programme which will also be reviewed and considered alongside this PBC and in relationship to the Business Continuity PBC.

4.0 Economic Case

The purpose of the economic case is to identify and appraise the options for the delivery of the scheme and to recommend the option that is most likely to optimise value for money.

4.1 Critical Success Factors

The critical success factors associated with this PBC are:

- Strategic Fit:
 - Compliance with MWWFRS letters of fire safety matters.
- Achievability:
 - Timescales for delivery;
 - Deliverability with minimal site constraints or challenges;
 - Potential affordability (capital).
- Supplier Capacity and Capability:
 - Ability of potential suppliers to deliver the required services;
 - How attractive the option is to the supply side.
- Potential Value for Money.

4.2 Main Options

Given the nature of this business case there are limited choices available to the Health Board i.e. compliance with fire safety requirements is mandatory. A series of technical surveys have been undertaken to allow initial assessments and assumptions of the required works to be made, however, the full extent of works, impact of asbestos and methodology restrictions cannot be fully determined at this stage. Refinement of the programme and works packages will be considered further within the next stage BJC.

4.2.1 Scoping Options

The scope for this scheme is determined by the MWWFRS stipulated schedule of requirements pertaining to the Bronglais site i.e. undertake works to comply with MWWFRS letters of fire safety matters.

Business as Usual is not a realistic option as this would result in non-compliance with the letters of fire safety matters risking escalation of enforcement action and the potential closure of the site.

4.2.2 Service Solution Options

To maintain an operational hospital site, a phased approach to the works will be required. This will continue to be reviewed throughout the programme and fully defined in the next stage business case, however initial reviews have been undertaken with senior site management representatives (Assistant General Manager and Head of Nursing) to consider the impact on maintaining service continuity. To enable a rolling sequence of ward upgrade works to take place a decant facility will be required.

The options for providing an additional facility to act as a decant ward with the outcome of the longlist option sifting exercise are shown below:

Option		Appraisal	Sifting
A	Build area on top of red block (new A&E) to create decant capacity	High-cost option to provide and maintain long-term	Potential
B	Review potential to rent space from a nearby nursing home (Hafan Y Waun) to be utilised as a step-down facility to expedite discharge of patients.	Potential to allow for larger areas to be decanted, shortening the programme No agreement with Hafan Y Waun	Potential
C	Allocate an existing ward (Y Banwy – Afallon) to be the decant ward for the duration of the works	High reliance on social care to support discharge of patients for initial release of inpatient bed capacity – challenging Impact on sustaining a business as usual approach through reduced inpatient capacity	Potential
D	Provide an additional facility (i.e. modular building) on the site footprint to act as decant	Not practical due to severe site constraints and general lack of space – non-viable option	Discount
E	Purchase space from the University to decant admin areas releasing space on site for clinical services	Potential to purchase additional space likely to be favourable Unlikely that vacated space would be suitable for the delivery of clinical services	Potential

Table 12: Longlist Option Sifting

Options A, B, C and E will continue to be explored as part of the next stage business case process. Option B (the rental of space in Hafan Y Waun for the duration of the works) is the emerging preferred option and the current costs and programme in this PBC are therefore based on Option B, with an element of works required in Y Banwy to facilitate a mental health decant remaining within the main hospital.

There are a number of departments that cannot be easily relocated on a temporary basis. Table 11 details these department with considerations to the proposed approach for undertaking works. Further exploration through the next stage business case anticipated.

4.2.3 Service Delivery Options

The UHB has assumed that due to the scale of the programme that a standard Building for Wales contractor procurement route will be adopted for the works in line with the schemes underway at the Glangwili and Wthybush Hospital sites.

4.2.4 Service Implementation Options

The programme of works associated with the approach is based upon a block by block and floor by floor approach to works with an anticipated completion of March 2029.

4.2.5 Funding Options

The UHB has assumed that in line with the schemes at Glangwili and Wthybush Hospital sites, Welsh Government funding will be required.

4.3 Preferred Way Forward

The UHB must comply with the requirements of the letters of fire safety matters and has therefore only considered the works required to comply with the letters of fire safety matters. Due to the nature of the situation, and the limited options available, a single stage Business Justification Case is proposed.

The cost implications of the preferred way forward are described in Section 6.0 (Financial Case) and the timescales are as described in Section 7.0 (Management Case).

5.0 Commercial Case

5.1 Commercial Arrangements

The detailed consideration of the commercial case will take place within the next stage Business Justification Case with the commercial arrangements forming a key part of the business cases. The preferred funding option for the investment is via Welsh Government Funding as public funding is considered the only viable option.

5.2 Procurement Strategy

The delivery of the required solution requires procurement in relation to the design and build of fire safety improvements in accordance with the agreed brief.

The Health Board has recently delivered very similar schemes at both WGH and GGH. Due to the emergency nature of those works they were procured via The NHS Building for Wales frameworks utilising the NEC Option E (cost reimbursable) form of contract. Following reviews and lessons learnt workshops with NWSSP-SES and Capital Audit a number of recommendations were made and the Health Board propose to take account of these when considering the procurement route for Bronglais. These include:

- The Health Board retaining control of design by directly employing a fire engineer lead multi-disciplinary team.
- This team is afforded suitable time to fully survey and design / schedule the works.
- A more agile, smaller contractor used to working with the Health Board in live hospital environments is engaged to carry out the works.
- The route to market is via a suitable existing framework e.g. the South West Wales Regional Contractors Framework (SWWRCF).
- With the works being suitably scoped, a lump sum form of contract is proposed rather than cost reimbursable.
- The programme allows for the works to be tendered prior to submission of the BJC and the tender returns being used to inform the cost model.

It is proposed that the designer will be the Principal Contractor and Principal Designer for the purpose of the Construction (Design and Management) Regulations 2015 (CDM 2015).

Due to the nature of these works, the limited options available to remedy matters and the technical nature, approval is sought from Welsh Government to adopt the Business Justification Case approach. The programme indicated within this document assumes this is acceptable.

5.3 Personnel Implications

The internal project management arrangements and requirements for specialist advice to support the design, procurement and delivery of the projects will be reviewed on an ongoing basis to ensure that adequate resources are available to deliver projects to the quality, cost and timelines required. The resource implications for each project or work package will be identified in the BJC.

5.4 Proposed Charging Mechanisms

At the completion of the projects there will be no ongoing service arrangements provided by the Procurement partner and therefore no recurring charges associated with the project.

5.5 Potential for Risk Transfer

The general principle is that risks should be passed to “the party best able to manage them”, subject to value for money (VFM). As there is no firm or finalised procurement strategy at present this is yet to be agreed. Once agreed the contractual arrangements will address the ability to transfer risk.

Risk category	Potential Allocation		
	Public	Private	Shared
Design Risk	✓		
Construction and development risk	✓		
Transition and implementation risk	✓		
Availability and performance risk	✓		
Operating risk	✓		
Variability of revenue risks	✓		
Termination risks	✓		
Technology and obsolescence risks	✓		
Control risks	✓		
Residual value risks	✓		
Financing risks	✓		
Legislative risks	✓		
Other project risks	✓		

Table 13: Risk Allocation Matrix

5.6 Accountancy Treatment

All projects will be on the balance sheet of the Health Board.

6.0 Financial Case

6.1 Indicative Capital Costs

The total cost of the investment for the whole programme of work is estimated at £21,020,420 plus a WG held project risk contingency of £4.2M (total £25,224,420) as shown in Table 14. These costs will be further refined as part of the next stage business case.

Element	Totals
Business Justification Case - Workstages 2 & 3	£632,000
HUHB direct cost – Workstages 4 – 6	£1,632,000
Works Cost Phase Summary	£11,891,000
Non-Works Costs	£1,940,000
Equipment	£24,000
Sub Total	£16,119,000
HUHB Project Risk Contingency (allowance 10%)	£1,612,000
Sub Total	£17,731,000
VAT (20%)	£3,546,200
VAT Reclaim (assume only on HUHB directly appointed consultants)	(£256,780)
Sub Total	£21,020,420
Welsh Government Held Project Risk Contingency (allowance 20%)	£4,204,000
PBC Total (indexed at Q1 2025)	£25,224,420

Table 14: Indicative Capital Costs

An indicative cash flow for the capital expenditure is included in Table 15:

Financial Year	2025/26	2026/27	2027/28	2028/29
Capital Expenditure	£874,580	£6,766,520	£11,181,780	£6,401,540
Cumulative	-	£7,641,100	£18,822,880	£25,224,420

Table 15: Indicative cash flow

6.1.1 Capital Cost Assumptions

The detailed cost report in relation to this business case is included at Appendix 6 with the following key assumptions made in developing the capital costs for this PBC:

- Capital costs – indexed at first quarter 2025 (NB: escalation will have to be carefully considered by WG and NWSSP-SES based on the long programme duration, escalation required to first quarter 2029);
- Design Fees – allowance of circa 18% based on benchmark data for tenders received for Withybush General Hospital Phase 2 Fire Precaution Upgrade works (this sum could vary greatly dependent upon scope and choice of procurement strategy);
- Non-works costs based on benchmark data;
- Equipment – based on allowance of 0.1% of works costs in agreement with HDUHB;
- Project risk contingency of 10% – based on GGH Phase 1 BJC strategy;
- Allowance of 20% for additional project risk contingency to be held by WG – based on GGH Phase 1 BJC strategy;
- VAT at 20% on all with VAT reclaim assumed only on consultants directly appointed by HDUHB;
- Exclusions: Upgrading the existing fire alarm installation undertaken separately by HDUHB outwith this PBC;
- WG and NWSSP-SES to assess and consider escalation for the PBC from Q1 2025 to Q1 2029.
- Replacement of existing overcladding to the blue and green blocks are subject to further detailed discussions with MWWFRS (costs included at circa £1.9m).

6.2 Revenue Implications and Affordability

With the proposed risk based approach to remedials and the corresponding reduction in scope, it is expected that additional fire wardens will be required at a point in time. This is not yet confirmed, but is to be expected following similar requirements from MWWFRS at WGH. As an example, the annual cost for fire wardens at WGH is in the order of £175k per annum to support the greatly reduced capital necessity. This will need further discussions with MWWFRS as the business case process continues.

Leasing costs associated with rental of Hafan Y Waun for the programme duration are capitalised.

The Health Board's assumption is that capital charges including increased depreciation and any impairment charges on completion will be funded by Welsh Government.

6.3 Funding Arrangements

This programme of works requires funding from the Welsh Government NHS All Wales Capital programme.

7.0 Management Case

This section of the PBC demonstrates the approach that HDUHB will take to support the delivery of the programme in accordance with best practice. The programme management arrangements are aligned with those described in the Estates Infrastructure Programme Business Case ensuring that the Health Board is able to make progress against the identified key priority areas but also has sufficient flexibility to respond to changing requirements.

7.1 Programme Management Arrangements

The programme management structure for this programme is aligned with the Business Continuity (Major Infrastructure) Programme Approach which has been formally constituted and established in line with best practice (Managing Successful Programmes) and will be managed in accordance with PRINCE 2 methodology.

The programme of works identified within this business case will be managed via the BGH Delivery Team with direct reporting into the Project Board and the Capital Sub-Committee (CSC).

The Estates Infrastructure Programme Board will provide strategic direction in order to develop the specific capital investment proposals associated with this Programme Business Case and ensure that these are aligned with the Business Continuity (Major Infrastructure) PBC. Progress will be reported to the Health Board via the Capital Sub-Committee and Service Development and Operational Delivery Committee as illustrated in Figure 3:

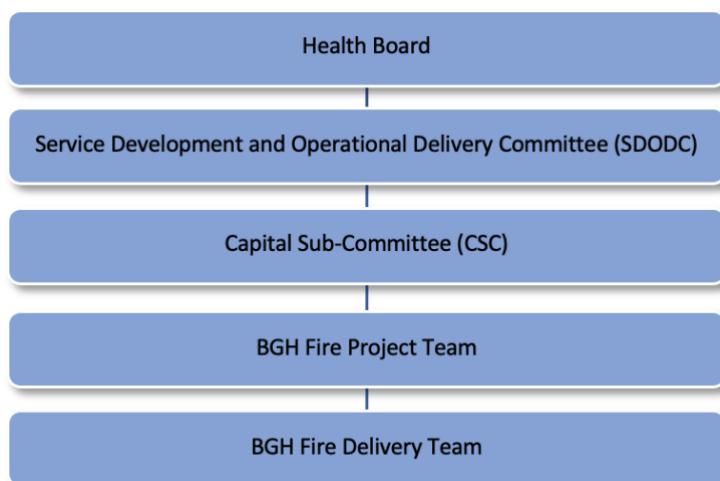


Figure 3: Governance Structure

7.1.1 Programme Roles and Responsibilities

The Health Board Chief Operating Officer is the formal Senior Responsible Officer (SRO) and will ensure that the programme meets its overall objectives and delivers its expected benefits. The Director of Estates, Facilities and Capital Management is the Programme Director who will be responsible for the successful delivery of the programme.

Role	Responsibility
Project Board	<p>Responsible for successful delivery of the Programme to meet MWWFRS requirements:</p> <ul style="list-style-type: none"> • Monitor programme / project plan for completion at key stages in capital investment process and monitor on a monthly or as required basis; • Provide strategic leadership and direction to the Delivery Team; • Approve project plan for completion of key stages and monitor on behalf of HDUHB; • Provide a challenge mechanism for the project; • Receive project reports and outputs ensuring sufficient detail is provided; • Progress strategic specific issues and monitor the associated work programmes; • Support the development of technical briefs and outline design in conjunction with the Delivery Team; • Ensure that there are adequate project management arrangements in place; • Brief WG / MWWFRS on a regular basis to ensure good communication and understanding of project; • Monitor capital costs; • Support and guide the development of technical documentation in support of the delivery team and approval of the Health Board.
Delivery Team	<p>Responsible for delivering the projects</p> <ul style="list-style-type: none"> • Develop programme / project plan for completion at key stages in capital investment process and monitor on a monthly or as required basis; • Implementation of project plan activities on a daily basis; • Develop and monitor project planning, phasing and sequencing programme; • Manage associated work programme; • Provide operational and technical lead for the site; • Communicate with the site operational managers and master planning team; • Ensure suitable project management arrangements are in place; • Implement project systems and controls e.g. risk, change management; • Issue regular progress reports to the Programme Board; • Develop capital costs; • Develop BJCs; • Participate in internal and external audit processes.

Table 16: Programme Roles and Responsibilities

7.1.2 Use of Special Advisors

The following team of specialist advisors has been appointed to by the Health Board to support the PBC. Additional advisors will be appointed to support the individual projects as appropriate.

Advisor	Responsibility
MACE Ltd	Project Management
Lee Wakemans Management	Quantity Surveyors / Cost Advisors
Strategic Healthcare Planning	Business Case Authors

Table 17: Specialist Advisors

7.2 Programme Milestones

At the next stage in the business case process, HDUHB will expedite the detailed exploration of the preferred way forward for the various components of the programme through the development of appropriate scoping strategies and business case for approval. An indicative programme for delivery of the proposed work packages has been included within this business case (Appendix 5). The Programme Director will ensure that subsequent business cases are developed in accordance with the agreed programme. The key milestones are shown in Table 18 below:

Milestone	Timeline
Internal Approvals	
<i>Capital Sub-Committee</i>	16 January 2025
<i>Strategic Development and Operational Delivery Committee</i>	27 February 2025
<i>Board Meeting</i>	27 March 2025
External Approvals	
PBC submission to WG	31 March 2025
WG approval to proceed	16 May 2025
Procurement / BJC	
Appointment of Design Team	August 2025
BJC Submission to WG	July 2026
WG approval to proceed	August 2026
Commencement of works on site	September 2026
Completion of Fire Remedial Works	December 2028
Completion of Decant Reversal Works	March 2029

Table 18: Programme Milestones

7.3 Arrangements for Change Management

The Health Board recognises the challenges associated with delivery of these works whilst maintaining an operational site and works will be implemented in a systematic way that causes the least disruption to services. The project structure has been established to implement the necessary changes and ensure operational management leadership remains central to this.

To take this process forward working groups will be established during the further development of the BJC involving the key hospital managers and nursing heads, or delegated leads. These groups will be fully consulted with regards to any changes to the works that may impact the provision of health services. Any fundamental changes to the project scope or timeline will be authorised in advance by the Project Director and established Project Board.

7.4 Risk Management

There are a number of objectives from the implementation of a robust risk management process:

- Secure predictability: by analysing the risks, greater insight can be gained into the likelihood of successfully delivering the project within budget, on programme and to the required quality;
- Manage the risk exposure proactively: a clear understanding of the threats and opportunities will ensure that robust mitigation strategies can be put in place and opportunities are realised. This significantly reduces the chance of failure through a constant reassessment of the project's risk profile;
- Define mitigation strategies: provide clear mitigation strategies and action plans which are to be addressed by the appropriate owners;
- Ensure opportunities are both identified and realised;
- Address contingency management: ensure that the contingency of both client and contractor allowances are managed, providing adequate cover for identified risks. If the opportunity arises to release contingency back in to working capital this should be addressed in line with the requirements of the project.

Risk management helps with matters of cost control and with overall project delivery by assessing potential problems and formulating mitigation measures through the implementation of a structural approach so that:

- Potential risks to a project are identified;
- Management action plans are drafted as a response to the risks;
- Contingencies can be allocated to reflect identified risks;
- An audit trail is produced for the decisions taken;
- There is increased team understanding of the project and of the implications of certain courses of action;
- Risk events are responded to more swiftly and effectively.

Risk management will be an ongoing project control measure that encourages all participants to be proactive in identifying areas of concern and potential risk that can, when identified at an early enough stage, be managed to reduce / eradicate the impact on the programme.

A risk register will be developed to record and log details of any item or event which is considered by the project team to put the objectives of the programme at risk as part of the next stage business case.

The risk register is a management tool that logs potential risks to the programme, primarily driven by health and safety, cost, programmes delays or any other risks that may be relevant to its successful completion.

The register is a live document and will be updated at regular intervals in Project Team and Board meetings as appropriate. The Project Manager will manage and retain ownership of the risk register throughout the programme. The risk register will be updated by both adding newly identified risks and reallocating risk funds where activities no longer pose risk.

7.4.1 Main Risks

At this early stage of the programme, only the most significant risks have been identified. These will be reviewed and developed into a detailed risk register at the next stage:

- The extent of works proposed aligns with previous works at WGH and GGH hospitals, which have taken a pragmatic approach to the classification and treatment of risk rooms for example in non-sleeping accommodation. Whilst these have been accepted elsewhere, at Bronglais the proposals have not yet been accepted by MWWFS. Positive meetings have been held (12 December 2024), but formal confirmation is yet to be received for inclusion in this PBC.
- Availability of Hafan Y Waun to support decant arrangements;
- Degree of cost certainty due to limited information at this early PBC stage.
- Building Safety Act – potential to become legislation in Wales in 2025 this has the potential to add significant fee value to the scheme.

Based on the schemes underway at WGH and GGH the following table provides an overview of the anticipated main risks to be explored in the next stage Business Justification Case.

Risk	Mitigation Measure
Control of noise – noise levels during construction not acceptable to hospital causing works to stop	Hospital to advise any times/periods when specific restrictions apply during early meetings. Individuals identified with authority to stop works. SCP to maintain regular contact with operational team to resolve issues associated with disruption ASAP.
Disruption to existing services during construction impacting on hospital services	Liaise with Hospital regularly throughout the project. Contractor strategy to be developed to deal with such circumstances.

Risk	Mitigation Measure
Ward disruption to works – Events happening on wards results in contractors having to stop works	Suitable contingency/float to be allowed in programme AND/OR Suitable decant strategy to be prepared and agreed AND/OR Individual rooms to be vacated as per Phase 1 phasing strategy
Fire Precaution works required in key function / high risk areas that must remain operational. E.g. Pharmacy and Labs result in increased cost/duration	Stakeholder meeting to be arranged to discuss approach to working in these areas.
Incomplete / restricted surveys not identifying the entire scope of fire stopping (both sides of wall / entire length of corridors etc)	Establish fire stopping works from other side
Extent of asbestos works / incomplete surveys underestimated	Survey where possible and proceed with caution. Asbestos removal required in U G Duct – stakeholder workshops to be arranged to discuss detailed scope to ensure all aligned in expectations
Capital costs underestimated at BJC	Score updated in line with experience at similar sites. Risk scored high however estimates on cost, programme impact and mitigation actions are covered through the risks on the register.
Significant changes in inflation of key materials / labour or shortages	Contractor to procure the materials in a timely manner
Increased costs due to unknown works	Survey wherever possible.
Unrealistic programme set for the main construction phase.	Detail surveys will determine any issues.
Nature and location of works leads to lack of contractor / tender interest	Review with NWSSP for framework interest. Consider meet the buyer type event.

Table 19: Main Risks

7.5 Benefits Realisation

The main benefit from this project will be HDUHB compliance with fire regulations and the MWWFRS letters of fire safety matters, avoiding closure of the hospital and supporting the safe delivery of patient services.

A comprehensive concise fire strategy for the site will be realised.

Through the next stage business justification case further consideration will be given to the potential for any reduction in backlog maintenance as a consequence of the proposed works.

7.6 Contingency Plans

There are no contingency plans should this project fail to achieve approval. The Health Board are at risk of escalating to fire enforcement status which would impact on delivery of all hospital services.

7.7 Programme Assurance

7.7.1 Risk Potential Assessment

The impact of the programme has been scored against the risk potential assessment (RPA) model (Appendix 7). The project has been assessed as low risk which will continue to be monitored via the Project Board and escalated as required.

7.7.2 Equality and Health Impact Assessment

Due to the nature of this business case, the Health Board has determined that an Equality and Health Impact is not required. Ensuring that buildings are compliant with fire safety regulations will improve the safety for all patients, staff and visitors to the hospital.

7.7.3 Integrated Impact Assessment

An Integrated Impact Assessment (IIA) has been completed by the Health Board to determine impact on service and workforce (Appendix 8).

As an infrastructure upgrade project there are no long-term impacts anticipated, however there will be disruption to services during the delivery phase of the works. The aim is to minimise this impact and a communications plan will be developed to keep staff informed throughout the works duration.

7.8 Post Project Evaluation

The Programme Board will ensure that post project evaluation will be undertaken in accordance with Welsh Government requirements, the details of which will be included in the business justification case.

The Health Board is committed to ensuring that a thorough and robust post-project evaluation (PPE) is undertaken to ensure that positive lessons can be learnt from the project. The lessons learnt will be of benefit to:

- HDUHB – in using this knowledge for future projects including capital schemes;
- Other key local stakeholders – to inform their approaches to future major projects;
- The NHS more widely – to test whether the policies and procedures which have been used in this procurement are effective.

PPE also sets in place a framework within which the benefits realisation plan can be tested to identify which benefits have been achieved and which have not. NHS guidance on PPE has been published and the key stages which are applicable for this programme are:

- Evaluation of the project procurement stage;
- Evaluation of the various processes put in place during implementation;
- Evaluation of the project in use shortly after the works are completed.

8.0 Conclusion and Recommendations

This business case sets the required actions and proposed approach to works for Hywel Dda University Health Board to be compliant with fire safety regulations. MWWFRS have aligned the target completion dates for all actions with the proposed works programme and it is anticipated that they will review progress with the Health Board once works have commenced.

The Health Board must comply within the timeframes agreed with MWWFRS or risk escalating to fire enforcement status which would impact on delivery of all hospital services and could ultimately lead to prosecution / the potential closure of Bronglais Hospital.

It is requested that Welsh Government:

- Acknowledge the MWWFRS expectations for completion of works by August 2028 as presented at meetings with MWWFRS on 13 November 2024. The UHB anticipate MWWFRS realigning the milestones to the agreed programme based on discussions during November and December 2024, and in line with similar agreements on both the WGH and GGH sites. The revised milestone will be for completion of fire remedial works by December 2028.
- Endorse this business case based on the proposed cost and approach to delivery of work;
- Support the resource requirements in terms of fees to progress the BJC.

9.0 Glossary of Abbreviations

Abbreviation	Definition
AHMWW	A Healthier Mid and West Wales: Our Future Generations living well
BGH	Bronglais General Hospital
BJC	Business Justification Case
CDM	Construction (Design and Management)
CEIMTS	Capital, Estates, Information Management and Technology sub-committee
CSF	Critical Success Factor
FM	Facilities Management
GGH	Glangwili General Hospital
GIFA	Gross Internal Floor Area
HBN	Health Building Note
HDUHB	Hywel Dda University Health Board
HTM	Health Technical Memoranda
IM&T	Information Management and Technology
MWWFRS	Mid and West Wales Fire and Rescue Service
NHS	National Health Service
PBC	Programme Business Case
PPE	Post Project Evaluation
PPH	Prince Philip Hospital
SRO	Senior Responsible Officer
TBC	To Be Confirmed
UHB	University Health Board
VAT	Value Added Tax
VFM	Value for Money
WGH	Withybush General Hospital
WG	Welsh Government
WHTM	Welsh Health Technical Memoranda

10.0 Appendices

1. Letters of Fire Safety Matters
2. BGH Fire Precaution Works Action Plan
3. Proposed Fire Compartmentation
4. Emergency Lighting Upgrade Areas
5. Project Programme
6. Capital Costs
7. Risk Potential Assessment
8. Integrated Impact Assessment