Business Justification Case

Development of High Dependency Units (HDUs) in Caswell Clinic, Medium Secure Mental Health Hospital at Glanrhyd Hospital, Bridgend.

V.11

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1 Executive Summary

Introduction

This fully tendered Business Justification Case (BJC) seeks approval from the Welsh Government (WGov) for Swansea Bay University Health Board (SBUHB) to develop two additional High Dependency Units (HDUs) in Caswell Clinic, Medium Secure Mental Health Hospital at Glanrhyd Hospital, Bridgend. The Health Board would require capital investment of £5.733m (inclusive of recoverable VAT).

THE STRATEGIC CASE

A. Strategic Context

Caswell Clinic is a medium secure forensic mental health unit for men and women, managed by SBUHB and located on a Cwm Taf Morgannwg University Health Board site. It serves patients from six Health Boards who have serious mental illnesses and pose a risk to themselves or the public, including those who have offended. The clinic offers evidence-based treatments and therapies through a multi-disciplinary team, focusing on risk management and collaborative recovery. Caswell has 61 beds across 5 wards (50 male, 11 female). The clinic currently has two seclusion suites: an outdated 20-year-old facility on the male ward, and a modern facility with de-escalation spaces on the female ward.

The absence of sufficient environmental security (namely Forensic HDU's which include seclusion suites), results in Welsh forensic patients having to access medium secure services in the private sector across the UK. Patients with increased acuity often receive care further afield, when it would be beneficial for them to be cared for in Wales. Many of the alternative providers are in the independent sector and this is not the best use of the allocated resource within Wales to meet the patient population needs. We have, on occasions, moved patients from Caswell Clinic to alternative providers, where we are unable to manage clinical presentations within the current environment.

There are a several patients currently placed in independent provider sectors, who cannot be admitted to Caswell, as we are unable to meet their needs due to environmental limitations. This patient group costs the NHS in Wales £4.99m per annum for their current placements.

This project aligns with key national, regional and local strategic drivers and strategies, the development of the HDU facilities would not only improve services for new referrals but also support a programme of repatriation to allow patients in alternative Medium Secure Unit placements to access care closer to their homes and families.

B. The Case for Change

This case supports the development of two additional High Dependency Units (HDUs) in Caswell Clinic, Medium Secure Mental health Hospital.

The current seclusion facilities are outdated, non-compliant, and inadequate for the patient population, limiting safe care and admissions. Modern, purpose-built male and female seclusion suites are needed to:

- Improve clinical outcomes by enabling safe, evidence-based care and risk management.
- Enhance patient experience by ensuring dignity, privacy, and trauma-informed care.
- Support clinical decision-making with better layouts, observation, and communication systems.
- Protect and support staff by reducing escorting risks and operational pressures.

The spend objectives are summarised as follows:

Figure – Spend Objectives

Spend Objective 1	To improve the quality of south Wales' specialist mental health services care by providing additional and fully compliant high dependency units in Caswell Clinic Medium Secure Unit by October 2027
Spend Objective 2	To provide a more flexible and appropriate mental health estate which meets the demand for seclusion facilities for adult men
Spend Objective 3	To improve clinical efficiencies by providing specialist mental health facilities closer to home
Spend Objective 4	To improve clinical effectiveness by providing patients with a less restrictive environment which promotes a culture of safety, puts the patient first and gives patient experience the highest priority
Spend Objective 5	To improve economies by providing care closer to home

THE ECONOMIC CASE

The project's shortlist options are as follows:

Figure – Short Listed Options

Option	**Business As Usual**	**Intermediate – Do More**
Service Scope	Maintain the status quo of the existing service model at Caswell Clinic. *(x1 male and x1 female seclusion suite*	Provide additional and fully compliant HDU's seclusion and de-escalation suites at Caswell Clinic Medium Secure Unit (Cardigan and Tenby Wards)
Service / Technical Solution		Invest in two additional and fully compliant HDU's without the permanent loss of patient bedrooms: As part of a phased approach to deliver the desired specification, the service is able to release four beds to commence the immediate construction of the first HDU facility on Cardigan Ward
Service Delivery		NHS Delivery
Implementation Solution		Phased
Funding Solution		Capital

The preferred option is 'Option 4; Intermediate – Do More' to provide two fully compliant High Dependency Units and de-escalation suites at Caswell Clinic's Medium Secure Unit. This option would provide compliance with WHTM/WHBN's and support sustainable, future-proofed HDU's that will enable safe and equitable patient care. This option would require a phased approach to delivery, allowing the service to manage patients across Tenby, Cardigan and Taith Newydd.

THE COMMERCIAL CASE

Required Services and Procurement Strategy:

The Main Contractor will be appointed via the South West Wales Regional Contractors Framework (SWWRCF) , under an NEC Option A Form of Contract. The associated design team will be procured through a mix of the Health Boards Local Consultants Framework together with the NHS Shared Business Services (SBS) Framework, for Construction Consultancy. These procurement routes ensure value for money and compliance in accordance with the Procurement Act 2023. Furniture and general equipment for High Dependency Units will be procured with the support of NWSSP-Procurement Services' Capital Equipping Team.

THE FINANCIAL CASE

The indicative financial implications of the proposed investment for the preferred option (inclusive of non-recoverable VAT) are as follows:

Figure – Capital Requirements (£000 incl. non-recoverable VAT)

Cost Centre	Net £	VAT at 20% £	Gross £
Works Cost	3,831	766	4,597
Fees	754	151	905
Non-works Cost	165	33	198
Equipment Costs	44	9	53
Contingency	237	47	284
Forecast Project Out-turn Cost (Pre-VAT Recovery)	**5,031**	**1,006**	**6,037**
Less Recoverable VAT	0	£304	£304
Forecast Project Out-turn Cost	**5,031**	**702**	**5,733**

The capital costs include a non-tendered provisional works-cost allowance outturn of £773,221 to support fire safety improvement works across Cardigan and Tenby wards, which have been identified by Cwm Taff Morganwg University Health Board (CTMUHB). The requirements have been shared with CTMUHB as the owners of Glanrhyd Hospital building, CTMUHB capital planning colleagues have liaised with Welsh Government to discuss the fire improvement.

Whilst this is not directly linked to the High Dependency Unit scheme, CTMUHB have requested that the costs are included as part of the Business Justification Case, to allow the fire improvement to be undertaken at the same time of the High Dependency Unit works, to avoid further closure of the wards and patient beds in the near future.

The detailed scope of this work will be further developed with fire officers and NWSSP Specialist Estates Services colleagues during the business case scrutiny process, and the cost estimate will be reviewed and refined as the detailed design information becomes available.

Overall Affordability

The business case is revenue finance neutral, with no additional revenue costs required for the development of the two high dependency units.

Figure – Revenue Costs (2 Wards)

Subjective Type	Headcount (WTE)	Cost (£000)
Pay	65.02	2,893
Non-Pay		0.008
Total	65.02	2,901

THE MANAGEMENT CASE

Project Management Arrangements

The project management arrangements are as follows:

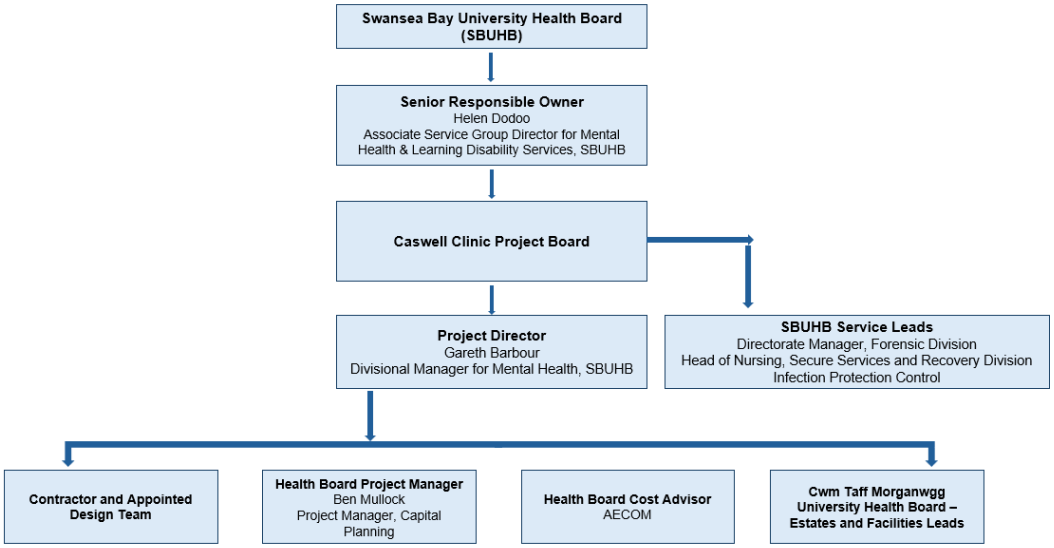


Figure – Key indicative milestones

Activity	Due Date
Health Board endorses business case	March 2026
WGov approve business case	May 2026
Agree and Enter Contract	June 2026
Handover in full (subject to contractor's programme)	October 2027
Commissioning	November 2027
High Dependency Units Operational	December 2027
Benefits Realisation (12 months post operational)	December 2027

RECOMMENDATION

The Health Board recommends that the Welsh Government provide capital investment of £5.733m (inclusive of recoverable VAT) to support the development of the additional High Dependency Units at Caswell Clinic.

Subject to funding, the work could commence in Qtr.2 2026/27 and be fully operational within Qtr.3 2027/28.

Helen Dodoo,

Associate Service Group Director for Mental Health and Learning Disabilities, Swansea Bay University Health Board

Signed:……..

Dated:……..…..

2 The Strategic Case

2.1 Introduction

This Business Justification Case (BJC) seeks approval from the Welsh Government (WGov) for Swansea Bay University Health Board (SBUHB) to develop two additional High Dependency Units (HDUs) in Caswell Clinic, Medium Secure Mental Health Hospital at Glanrhyd Hospital, Bridgend. The Health Board would require capital investment of £5.733m inclusive of recoverable VAT).

2.2 Background

Caswell Clinic Medium Secure Unit

Caswell Clinic is a medium secure forensic mental health unit for men and women. Caswell Clinic service is currently managed by SBUHB; however, the site is managed by Cwm Taff Morgannwg University Health Board's site.

The clinic provides forensic psychiatric inpatient care to patients from six Health Boards who have serious mental illnesses, are at risk of offending, or have offended, and who pose a risk to public safety. The service provides a broad range of evidence-based treatments and therapies delivered via a multi-disciplinary team with a focus on addressing, reducing and managing risk, through collaborative working with the patient to support them during their treatment and road to recovery. There are 61 beds in Caswell across 5 wards (50 male and 11 female patients).

Currently there are two seclusion suites in Caswell Clinic - a twenty-year old, outdated facility on Penarth's male ward, which is wholly inadequate to deal with the patient population, and a modern facility with adjoining de-escalation spaces on Newton's female ward

2.3 Service Description

Review of the current trends in referrals to our service reflects higher acuity, in both the male and female population with a significant percentage of these not been deemed suitable at a given time for Caswell Clinic due to the limitations in our environment. Current estates for the NHS Wales secure services provision require modernisation to allow additional seclusion suite provision for our patient population and provide greater flexibility and functional agility to meet the needs of our population now and in the future.

The absence of sufficient environmental security (namely Forensic HDU's which include seclusion suites), results in Welsh forensic patients having to access medium secure services in the private sector across the UK.

Patients with increased acuity often receive care further afield when it would be beneficial for them to be cared for in Wales. Many of the alternative providers are in the independent sector and this is not the best use of the allocated resource within Wales to meet the patient population needs. On occasions, patients have been moved from Caswell Clinic to alternative providers when clinical presentations cannot be managed within the current environment.

There are 11 patients currently placed in independent provider sectors, who cannot be admitted to Caswell, as we are unable to meet their needs due to environmental limitations. This patient group costs the NHS in Wales £4.99m per annum for their current placements. Development of additional HDU facilities would not only improve services for new referrals but also support a programme of repatriation to allow patients in alternative MSU placements to access care closer to their homes and families.

Seclusion Suites

'Seclusion refers to the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others.' – Mental Health Act, 1983.

Seclusion suites in Medium Secure Mental Health hospitals are specialised areas designed for the safe isolation of patients experiencing acute episodes of mental illness or exhibiting violent behaviour. Patients in seclusion still have access to mental health care and support, ensuring that their needs are addressed during their time in seclusion. These suites typically feature the following:

- **Safety Features:** Rooms are designed to minimize risks of self-harm or harm to others.
- **Observation:** Staff can closely monitor patients through viewing windows or cameras to ensure their safety and well-being.
- T**herapeutic Environment:** While the focus is on safety, efforts are made to create a calming atmosphere, with access to therapeutic activities when appropriate.

Use of seclusion is governed by strict protocols to ensure it is employed as a last resort and for the shortest duration necessary. These specialist environments are crucial in managing crises while promoting recovery and safety in a structured environment.

Seclusion within the mental health setting can involve an involuntary containment in a space that might be less than ideal, leading to longer recovery rates, increased aggression and lower satisfaction levels for patients and staff. All design options curated utilise a standardised design approach which safeguards the dignity and wellbeing of service users who need to be cared for in seclusion, with the end goal in promoting a calm, comfortable and non-institutional atmosphere whilst meeting the functional requirements of the unit.

Caswell's clinical stakeholders have set out a detailed seclusion suite Service Specification to inform design requirements. This aligns with seclusion and de-escalation facilities per modern best practice standards including, guidance produced in 2017 by the National Association of Psychiatric Intensive Care Units and Design in Mental Health (DIMH), and all relevant mental health guidance including the Mental Health Act 1983 Code of Practice and WHBN 03-01 Adult Acute Mental Health Units.

2.4 Workforce

The investment will facilitate essential service change which will strengthen delivery of safe and effective care to a high acuity patient population within the Framework for Reducing Restrictive Practice. Enhancing environmental security is vital in increasing physical and psychological safety of the clinical workforce, it is envisaged that development of these HDU facilities will result in a more sustainable and effective workforce.

The workforce model is based on the current arrangements at Caswell Clinic as demonstrated below.

Figure 1. Workforce Model

Cardigan Ward	Description	Band	WTE
	Ward Manager	7	1.0
	Charge Nurses	6	3.0
	Registered Mental Health Nurses	5	11.89
	Nurse Support Workers	3	19.93
	Activity Co-ordinator	3	1.0
	Ward Clerk	3	1.0
Tenby Ward	**Description**	**Band**	**WTE**
	Ward Manager	7	1.0
	Charge Nurses	6	3.0
	Registered Mental Health Nurses	5	11.89
	Nurse Support Workers	3	19.93
	Activity Co-ordinator	3	1.0
	Ward Clerk	3	1.0

Part B - The Strategic Context

This section outlines the strategic context for this investment.

2.5 The Current Swansea Bay University Health Board Service

Swansea Bay UHB plans, secures, and delivers healthcare services for the people of Neath Port Talbot and Swansea, and works to improve their health and wellbeing. The Health Board has three major hospitals providing a range of services: Morriston and Singleton hospitals in Swansea and Neath Port Talbot Hospital in Baglan, Port Talbot. Primary care independent contractors play an essential role in the care of our population, and the Health Board commissions services from 49 GP practices, 31 optometry practices, 72 dental practices and 92 community pharmacies across our region. It has a community hospital at Gorseinon and Primary Care Resource Centres providing clinical services outside of the main hospitals. It also provides Adult Mental Health assessment and treatment in-patient services, Older Persons assessment and Adult Rehabilitation and Step-Down services across sites in Swansea and NPT. Low Secure and Medium Secure mental health units are sited at Glanrhyd Hospital, Bridgend, and commissions Psychiatric Intensive Care (PICU) services from the Princess of Wales Hospital, Bridgend. It provides regional forensic mental health services and community based mental health and learning disability assessment and continuing care services. It provides more than 70 services to the populations of southwest Wales, south Wales, and for highly specialised services, on a national basis.

Caswell Clinic

Built in 2004, Caswell Clinic is a regional medium secure, forensic mental health unit for men and women, situated within Glanrhyd Hospital, which currently provides care for 61 service users across 5 functional wards, comprising:

Figure 2. Ward Capacity

Ward	Beds	Function
Tenby Ward	14	Male admission, assessment and treatment
Ogmore Ward	14	Male admission, rehabilitation and recovery
Cardigan Ward	14	Male admission, rehabilitation and recovery
Newton Ward	11	Female admission, rehabilitation and recovery is supported with a recently developed modern seclusion suite with an adjoining bedroom.
Penarth Ward	8	Male Psychiatric Intensive Care Unit (PICU) has a dated seclusion suite (20-years old).
Total No. beds	61	

Clinical lessons learned from the recent development of a dedicated HDU suite on Newton Ward, support the development of a modern seclusion suite with adjoining de-escalation room and a low stimulus space within Tenby and Cardigan Wards for high acuity male patients. The seclusion suite strengthens environmental security and is supplemented by the de-escalation and low stimulus areas which support clinically effective de-escalation strategies (with features as relaxed music, mood lighting and décor).

See **Appendix A Estates Annexe A1** for an overview of the estate condition, utilisation and functionality.

Commissioning of Mental Health & Vulnerable Groups' Services

In Wales, medium secure psychiatric services are commissioned by the NHS Wales Joint Commissioning Committee (JCC) on behalf of the Welsh Health Boards' it serves, either directly from two NHS Units in Wales (The South Wales Forensic Psychiatric Service Caswell Clinic, Glanrhyd Hospital, Bridgend and; The North Wales Forensic Psychiatric Service, Ty Llewellyn, Bryn y Neuadd Hospital site, Llanfairfechan), or, from NHS England or the independent sector through the NHS Wales National Collaborative Framework.

Caswell Clinic provides 61 beds in total (50 male and 11 female) and Ty Llewellyn provides 25 (male) beds. Private providers of specialised services, of which there are two in Wales and several across the wider UK, charge on average £250k per patient p.a. Very few of the 38 patients currently in private care can be repatriated into Wales' NHS medium secure facilities due to their highly specialised needs.

And of these, 11 patients could be admitted to Caswell Clinic if we had the appropriate environment. Overall, this patients group costs the NHS in Wales £4.99m p.a. for their current placements. The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. This can be summarised within the Quality Framework:

Figure 3. Quality Framework Summary

Quality Framework Summary	
Safe	Avoid harm
Effective	Evidence based and appropriate
Person Centred	Respectful and responsive to individual needs and wishes
Timely	At the right time
Efficient	Avoid waste
Equitable	An equal change of the same outcome regardless of geography, socioeconomic status etc.

2.6 Clinical Specification

Seclusion should only be undertaken in a room or suite of rooms that have been specifically designed and designated for the purpose of seclusion, and which serve no other function on the ward.[1]

Seclusion rooms must provide a single-function space, specifically designed for low levels of stimulus and to ensure the safety and physical wellbeing of the service user. Their design and location must protect service users' privacy and dignity and minimise interaction between secluded and non-secluded service users. In addition, seclusion suites should:

- Provide privacy from other patients but enable staff to observe and communicate with the patient in seclusion at all times, e.g. via an intercom.
- Be safe and secure and not contain anything which could cause harm to the patient or others.
- Be quiet, but not soundproofed, and with some means of calling for attention.

[1] Mental Health Act Code of Practice, 26.105

- Have furniture which should include a bed, pillow, mattress and blanket or covering, window(s) and door(s) that can withstand damage.
- Have no apparent safety hazards.
- Have robust, reinforced window(s) that provide natural light (where possible the window should be positioned to enable a view outside).
- Have externally controlled lighting, including a main light and subdued lighting for night time.
- Be well insulated and ventilated, with externally controlled heating and/or air conditioning, which enable staff observing the patient to monitor the room temperature.
- Have no 'blind spots'.
- Alternate viewing panels or CCTV should be available when required.
- Have a clock that is always visible to the patient from the room for their orientation.
- Have access to toilet and washing facilities (where dispensers are not available in the room, toilet paper, hand soap and hand towels must be easily accessible by staff to give to the patient).

Further to the above the National Association of Psychiatric Intensive Care Units (NAPICU) minimum standards (2014) require that seclusion rooms should be located in an area away from the main patient areas and bedrooms, be appropriately sized and' equipped with fixtures and fittings and light fittings per best practice and be easily cleaned.

The three basic functional components of a seclusion suite should include: A clinical area in which the patient is 'secluded': the seclusion room; An adjoining clinical area (accessible to the seclusion room), which serves as an en-suite bath/toilet facility (it should be possible for this to be controlled by the clinical team), and; A clinical area in which the clinical team can continuously observe and engage the secluded patient. From an operational and design perspective, these three functional components of the seclusion suite are interconnected both with each other and the wider clinical unit (ward) in which they are based. Principally operated to safeguard the patient and others from harm, the seclusion suite is designed to be a low-stimulus environment, with robust infrastructure and minimal furnishings within a single-function space. It is important that design principles establish a sense of safety, validation, and provide robust protection both physically and emotionally.

Whilst appreciating difficult experiences may arise, the design of the seclusion room should avoid triggering feelings of humiliation, powerlessness or punishment - moving away from a clinical atmosphere in the event of promoting a therapeutic experience. This is where a peaceful environment with calming-coloured walls may support patients to feel more relaxed, valued, particularly with the environment appearing less clinical.

Seclusion Suites should be located away from main thoroughfares & lobbied with secured entrance to minimise interaction between secluded & non - secluded areas. Seclusion bedroom & en-suite meet Min. 15m2 of recommended area. Observation office provides access to a communication wall within observation room to promote relational security & orientation for the patient. No blind-spots allowing staff to observe entire seclusion suite (where blind-spots do occur, CCTV within ceiling to provide panoramic view of room to be integrated). De-Escalation room in close proximity to the seclusion room. Existing service risers utilised.

Close proximity and access to low stimulus or quiet room provides crucial functionality to support the patient's gradual de-escalation before reintegration to the main ward environment. This underlines the need to establish a comprehensive High Dependency Unit with the appropriate facilities to ensure safe and dignified care is provided to patients requiring acute care and to support a safe transition back to the ward following de-escalation.

2.7 Health Population

The following table provides the population statistics for Wales. SBUHB are commissioned to care for patients across all Health Boards in Wales, with the exception of Betsi Cadwalladr Health Board and North Powys. SBUHB

Figure 4. Population Base (as at Mid-Year 2024)

Key Statistics	Wales
Total population	3,186,581
% Population aged 65 to 74	11.5%
% Population aged 75 to 83	8%
% Population aged 85 and over	2.2%
% Total Population aged 65 and over	21.7%

Source: Gov Wales, Mid-Year Estimates of the Population: 2024

The population of Wales at Mid-Year 2024 was 3,186,581 and expected to grow 3,447,522 by Mid-Year 2046 (8%).

2.8 Health Status

The following table provides the latest health statistics for Wales.

Figure 5. Morbidity

Key Statistics / Health Morbidity	Wales
Life expectancy at birth (males)	78 years
Health Life Expectancy (males)	67 years
Life expectancy at birth (females)	82 years
Health Life Expectancy (females)	67 years
Working age adults overweight or obese	62%
Adults who smoke Adults reporting at least one long-term condition Adults with two or more long-term conditions	13% 46% 19%

Source: StatsWales.gov

2.9 Current Activity

Caswell Clinic receives approximately 60 – 70 MSU referrals each financial year. The referrals are assessed by the Forensic Gatekeeping Service (comprised of case managers and medics) to determine whether referred patients warrant admission to conditions of medium secure. In general terms approximately 50% of patients referred are admitted to an MSU placement (in Caswell Clinic or an alternative provider) each year.

All healthcare providers must uphold the requirements of the *Equality Act* (2010), the *Human Rights Act* (1998) and the *Gender Recognition Act* (2004) when treating transgender patients. The gender of medium secure patients in 2022 was 77 (80%) male and 19 (20%) female. It is estimated that 6 (2.2%) of patients being cared for in secure hospitals, identify as transgender, and 0.6% of patients are from black and ethnic diverse origins.[2]

Equivalent secure hospital placement data for mid-year 2024/2025 is not currently published in Government statistical releases. The most recent available secure placement breakdown is for 2022 (312 patients, 96 of whom required medium secure placement care). However, the Patients in Mental Health Hospitals and Units (Welsh Gov) 31 March 2024 release, provides a snapshot of resident patients with mental illnesses; during this time, there were 1,192 resident patients with a mental illness in NHS mental health hospitals and units in Wales.

2

Figure 6. Information derived from Bed Occupancy Dashboard, SBUHB

Financial Year	Average Allocated Beds	Average Available Beds	Average Number of Patients Midday	Average Number of Patients Midnight	% Midday Occupancy Rate	% Midnight Occupancy Rate
2018/19	60	60	57	57	94.97%	95.02%
2019/20	60	60	57	57	95.63%	95.72%
2020/21	60	60	54	55	90.83%	90.84%
2021/22	60	60	50	50	83.55%	83.59%
2022/23	61	60	46	46	76.00%	76.00%
2023/24	61	61	47	47	77.16%	77.20%
2024/25	61	61	48	48	78.74%	78.87%
2025/26	61	61	52	52	85.03%	84.76%
Total	**60**	**60**	**51**	**51**	**85.21%**	**85.23%**

Information derived from Bed Occupancy Dashboard, SBUHB

Please note that the occupancy position in Caswell Clinic has been artificially increased since Nov-24 following the emergency transfer of 13 LSU patients following a fire in Taith Newydd, which required partial closure of that Unit.

Medium secure services in Wales are not comparative to similar types of services across the UK. Due to the limitations of the current service provision, we must decline patients, when it would be beneficial for them to be cared for in Wales. Many of the alternative providers are in the independent sector and this is not the best use of the allocated resource within Wales to meet the patient population needs. We have, on occasions, moved patients from Caswell Clinic to alternative providers, where we are unable to manage clinical presentations within the current environment. Consequently, there are several patients currently placed in independent provider sectors, who cannot be admitted to Caswell, as we are unable to meet their needs due to environmental limitations.

Making Days Count National Review of Patients Cared for in Secure Mental Health Hospitals highlighted that the average length of stay in medium secure services was 2 years and 1 in 5 spend more than 5 years in medium secure services. Placed with the private sector this patient group costs the NHS in Wales £4.99m p.a.

2.10 Business Strategies

This investment in new seclusion and de-escalation facilities meets modern best practice standards including Guidance produced in 2017 by the National Association of Psychiatric Intensive Care Units and Design in Mental Health (DIMH) and be used in line with all relevant mental health guidance including the Mental Health Act 1983 Code of Practice and WHBN 03-01 Adult Acute Mental Health Units.

It supports Mental Health and Wellbeing Strategy 2025 – 2035 (2025) is the Welsh Government's 10-year strategy for mental health services across all age groups and aims to improve mental health services and outcomes.

It supports A Healthier Wales (2018) long term plans for health & social care's national well-being goals, which describes a whole system approach to health and social care. It will help ensure we can meet the demands of the Health and Social Care (Quality and Engagement) (Wales) Act (2020), the National Clinical Framework for Wales (2021) and the Quality and Safety Framework (2021).

Collectively these set out an aspiration for quality-led health and care services, underpinned by Prudent Healthcare principles, value-based healthcare and the quadruple aim. It aligns with a number of reviews into mental health services in Wales have been published, including Service Review of Secure Services' Making Days Count - National Review of Patients Cared for in Secure Mental Health Hospitals conducted by the National Collaborative Commissioning Unit (NCCU) (2022) which reviews the secure services provision in NHS Wales; Prudent Healthcare, which puts good experience of care, treatment and support is an essential part of an excellent health and social care service, alongside clinical effectiveness and a culture of safety puts the patient first and gives patient experience the highest priority; Patient and public engagement expectations of good and excellent practice.

It supports ***The Well-Being and Future Generations Act*** **(2015)** by:

- Improving the wellbeing of the population Wales by providing access to modern, safe and fully compliant mental health infrastructure.
- Investing in high-level (observational) technology, which will make a real difference to improving patients' health and keeping them well, whilst allowing our staff to work more safely and effectively.
- Supporting a more sustainable mental health service model.

It supports delivery of SBUHB's Organisational Strategy: Better Health, Better Care, Better Lives (2019 – 2030), Clinical Services Plan (2019-2024) and Annual Plan.

Part B - The Case for Change

The investment must provide two additional fully compliant seclusion suites in Caswell Clinic to mitigate need to outsource patients to private providers, without the permanent loss of patient bedrooms. The new suites must be specifically designed, and provide a single-function space, and a safe and therapeutic environment. The design and location must protect service users' privacy and dignity and minimise interaction between secluded and non-secluded service users. This should reduce NHS Wales' reliance on the independent sector for high-cost placements.

2.11 Spend Objectives

The key spend objectives supports SBU's business needs by increasing capacity to safe and compliant seclusion suites. These objectives align with NHS Infrastructure Investment Guidance objectives and criteria. In particular, they align with SBU's strategic response to access pressures as set out in "*Changing for the Future*" which references Morriston and Singleton Hospitals' roles as a centre of excellence.

The spend objectives have been identified as follows:

Figure 7. Spend Objectives

Spend Objective 1	To improve the **quality** of south Wales' specialist mental health services care by providing additional and fully compliant high dependency units in Caswell Clinic Medium Secure Unit
Spend Objective 2	To provide a more **flexible and appropriate mental health estate** which meets the demand for seclusion facilities for adult men
Spend Objective 3	To improve **clinical efficiencies** by providing specialist mental health facilities closer to home
Spend Objective 4	To improve **clinical effectiveness** by providing patients with a less restrictive environment which promotes a culture of safety, puts the patient first and gives patient experience the highest priority
Spend Objective 5	To improve **economies** by providing care closer to home

All the above to be achieved 12-months following the handover of Caswell Clinic, subject to funding and planning approvals. Please see **Appendix C – Benefits Realisation and Appendix E Spend Objectives.** There are no potential dis-benefits.

2.12 Problems with the Status Quo

Caswell Clinic has 5 wards but currently has only two seclusion suites: A twenty-year old, outdated and non-compliant facility for males within Penarth Ward, which is wholly inadequate to deal with the patient population, and a modern facility with adjoining bedroom for females within Newton Ward. This level of provision is too low to accommodate the needs of patients with higher acuity.

Any service users in an escalating state which require de-escalation and seclusion must be taken off their ward and placed into a seclusion suite on site. This poses a potential logistical issue whereby patients requiring seclusion would be escorted through communal corridors/main thoroughfares - which impacts dignity and privacy. Newton Ward is also a female only ward, which means clients identifying as male will need to be brought onto a female ward, posing potential clinical, personal and cross over risks.

This has negative effects upon the service users and staff as stated below:

- Increased state of despair to the service user.
- Increased safety risk to staff members whilst escorting services users to and from distant seclusion spaces.
- Reduced staff numbers on the wards as a result of transfer off ward.

Review of the current trends in referrals to our service reflects higher acuity, in both the male and female population with a significant percentage of these not been deemed suitable at a given time for Caswell Clinic (Forensic Medium Secure Services) due to the limitations in our environment to manage the level of acuity (currently, 11 patients cannot be admitted to Caswell Clinic as the service are unable to meet their needs due to environmental limitations).

Current estates for the NHS Wales secure services provision require a modernisation to allow provision for more robust services for our female population and provide a basis for flexibility and further development to meet the needs of our population now and in the future, we need to provide en-suite facilities and develop sufficient seclusion suites, with a separate women's seclusion suite.

Clinic currently has 2 quality related risks recorded on the Forensic Risk Register, both relating to the lack of appropriate facilites.

- **Datix ID no.4149 Outdated Seclusion Suite on Penarth Ward – Rating 16**
- **Datix ID no.4148 Lack of Seclusion Suites – Rating 20**

We cannot adequately modify our existing estate to meet the needs of our patients without major investment. Commissioners support investment in the development of the current estate to ensure sufficient capacity and suitable accommodation to include an increase in en-suite and seclusion facilities is necessary to provide the best care for our patients. *No investment is not an option.*

Figure 8. Service Issues

	Service Issue	Mitigation
Quality	Outdated seclusion suites risk patient and staff safety and breaches modern standards.	Develop fully compliant High Dependency Units (HDU) as per WHBN 03-1, ensure clinical input and design approval.
	Lack of appropriate seclusion capacity leading to inconsistent care standards and over-reliance on private providers.	Appropriate HDU capacity to meet demand, appropriate monitoring and governance for seclusion use.
Patient experience	Current environment is not conducive to therapeutic recovery	Consideration has been given to guidance-led design principles to reduce stress and promote therapeutic recovery. The proposed design has been informed by user experience feedback from Newton Ward, particularly regarding improved access to quiet spaces for service users. Supplementary mood lighting is incorporated within the new HDU's, specifically in the quiet and seclusion room, to enhance the environment. Lessons learned from Newton ward have informed the selection of lighting colours, this avoids the use of tones such as red and green, which were observed to be potentially triggering for some service users.
Maintenance considerations	New facilities will require maintenance regimes to sustain safety, hygiene, and compliance (e.g., anti-ligature fittings)	Staff training will be required on any new planned preventive maintenance (PPM). All maintenance requirements will be carried out by Cwm Taf Morgannwg University Health Board Estates team.
Future needs	Increasing acuity suggests demand for secure service and modern facilities	Design flexibility has been embedded within the HDUs to allow for future reconfiguration and the integration of evolving technologies, supporting a future-proofed approach to service delivery. The new facilities utilise drylining construction systems, which inherently allow greater adaptability for alterations and future works with minimal disruption. Technological infrastructure, including nurse call and related systems, has been aligned with the current CTM platform to ensure seamless integration with existing site-wide provisions while allowing for future upgrades.
Reliability	Dependence on environmental and technological systems for patient safety	Back-up power and maintenance systems in place to ensure business continuity during any technological issues. Any local shutdowns will be reviewed with the Project Team and Estates.
Access	One seclusion suite at present for 50 male patients in Caswell Clinic. As a result, some patients are sent to private placements to receive care.	Ensuring patients are repatriated back to NHS Wales care where possible to improve continuity of care, closer to home.
	Physical site constraints at Caswell Clinic may restrict access routes for construction	Early engagement with project management team and contractors to ensure a safe and appropriate plan is in place for site access and working.
Hospital/Staff Benefits	Staff are exposed to higher safety risks due to inadequate facilities.	Modern suite design will improve safety infrastructure in Caswell Clinic.
	Increased workload during adaptation.	Phased commissioning and training, and usage of Taith Newydd, will provide reduce disruption throughout the construction period.
	Staff morale affected by outdated, high-risk environment	New therapeutic environment will support safer working, professional pride and retention.

2.13 Business Needs

The key business needs are as follows:

- **Improve Clinical outcomes:** Current seclusion facilities are outdated, non-compliant, and insufficient for the growing acuity of the patient population. These limitations prevent safe, evidence-based care and restrict admissions, with 11 patients currently unable to be accepted due to environmental constraints. Modern seclusion suites are needed to improve safety, manage risk, and deliver effective treatment.

- **Improve the Patient experience:** Patients in crisis must currently be escorted through communal areas or onto the opposite-gender ward to access the single compliant suite. This compromises dignity, privacy, emotional wellbeing, and trauma-informed care. Purpose-built, calming, separate male and female seclusion facilities are required to provide a respectful and therapeutic environment.

- **Improve Capacity & Compliance with Best Practice:** Additional, compliant seclusion facilities are essential to meet service demand, ensure safety, and support a modern medium-secure environment. Existing provision (one outdated male suite and one female suite) does not meet clinical specifications, NAPICU standards, or commissioner expectations.

- **Improve Clinical Decision Making**: Current layouts hinder effective observation and communication, creating safety risks and limiting rapid clinical assessment. Modern suites with integrated observation areas, communication systems, and appropriate design will support more timely, confident, and consistent clinical decisions.

- **Trained and Supported Workforce:** Escorting patients across the unit during escalation increases staff safety risks, reduces ward staffing levels, and adds operational pressure. Updated facilities will reduce risk to staff, support safer practices, and improve workforce resilience and wellbeing.

- **Improve Efficiency and VfM:** The current estate drives inefficiency through staff-intensive escorts, reactive maintenance of outdated areas, and restricted admissions. Investment in modern seclusion suites will support smoother patient flow, reduce operational costs, and provide long-term value for money.

2.14 Future Workforce & Training

The investment will facilitate essential service change which will strengthen delivery of safe and effective care to a high acuity patient population within the Framework for Reducing Restrictive Practice. Enhancing environmental security is vital in increasing physical and psychological safety of the clinical workforce, it is envisaged that development of the HDU facility will result in a more sustainable and effective workforce.

The workforce model is based on the current arrangements at Caswell Clinic demonstrated below. The development of the High Dependency Units will have no impact or change to the current workforce provisions.

2.15 Communications Plan

All business case related matters, design changes, and project updates will be managed through the established Project Board.

The Project Board will serve as the central governance and decision-making body, ensuring that any changes or updates are communicated effectively to relevant stakeholders. This approach provides a structured forum for discussion, approval, and dissemination of critical information, maintaining transparency and alignment throughout the project lifecycle.

2.16 Digital Strategy

The nursing team in Caswell Clinic utilise 'Signal' as a digital system to capture day to day clinical information on all patients on the ward. Signal is a designated patient flow system with key modules to capture MDT activities. This system is used to generate an electronic nursing handover log which is used across all wards. Despite this there is no bespoke electronic contemporaneous medical record within the service at present. In 2027 the service is scheduled for roll out of RIO which will be adopted as the electronic inpatient record system. This system will revolutionise digital ways of working across the service on a daily basis.

2.17 Potential Service Scope Business Needs

This section describes the potential scope for the project in relation to the above for business needs in terms of modalities and service drivers. Potential Service Scope solutions for this investment are limited to the following options:

The potential service scope framework options for this project are as follows:

Figure 9. Service Scope Framework Options

Option 1 - Business As Usual	Option x - Do Minimum
Currently Caswell Clinic has two seclusion suite (one for male & one female patients)	Provide additional and fully High Dependency Units suites in Caswell Clinic Medium Secure Unit
Discount	Preferred

2.18 Main Outcomes and Benefits

The main potential outcomes benefits are classified in terms of cash releasing benefits (CRBs), non-cash releasing benefits (NCRBs), quantifiable or quantitative benefits (QBs), and non-quantifiable or qualitative benefits (NQBs) as follows:

Figure 10. Main Benefits

Description of Benefit	Target Improvement	Beneficiary
Health Gain	• Improved Health outcomes and enhanced patient pathways • The HDU will maximise improved patient safety and meet the complexities of high acuity patients through safe, ergonomic design.	Patients, Health Boards, Staff and Wider Community
Affordability	▪ Development of two additional HDU's without permanent loss of bedrooms.	Patients, Health Boards, Staff and Wider Community
Clinical Skills & Sustainability	• Facilitates improved multi-disciplinary collaboration, clinical supervision and training opportunities, supporting long-term workforce planning and service resilience. Supports best practice under the Mental Health Act Code of Practice, Physical Intervention Training (RPI) and RC Psychiatric Standards • Patients currently in commissioned care, who need to be repatriated back into NHS care, have complex mental health needs and behavioural challenges. Additional HDU capacity will reduce high levels of staff intervention through appropriate environments and observation, allowing staff to work **safely.** • Reduces staff stress and incidents linked to inadequate facilities, improving workforce retention and well-being.	Patients, Health Boards, Staff and Wider Community
Equity	• Improves equity of access for Welsh population requiring forensic mental health inpatient care – ensuring patient environments are fit for purpose, compliant, provide dignity, respect and equal access to therapeutic care • Investment will reduce inconsistency in service provision and some reliance on private placements. There are no other NHS ***medium-secure*** forensic mental health services in South East and West	Patients, Health Boards, Staff and Wider Community

	Wales to care for this patient group, and NHS England-commissioned services are not accessible to NHS Wales under current commissioning arrangements. • Higher acuity patients can be managed and cared for appropriately, streamlining patient pathway and remaining within Southwest and east Wales region.	
Value for Money	▪ By reducing dependency on independent hospital placement, the additional HDU's will improve economies by: - Supporting the reduction of repatriation costs (secure transfers approx. £4k per patient – depending on location and acuity. Some high acuity patient beds cost up to £2k per day) - Supporting long term cost avoidance through improved operational efficiency and decreased reliance on additional staffing. For example, absence of appropriate observation and HDU facilities can necessitate intensive staffing ratios, resulting in significant additional expenditure.	Patients, Health Boards, Staff and Wider Community

See Appendix C – Benefits Realisation for further details.

2.19 Main Risks

The main business and service risks associated with the potential scope options for this project together with their counter measures, are detailed in **Appendix A Estates Annexe A7**. Refer to **Appendix F – Workshops** for details of the appraisal team members. The main risks are as follows:

Figure 11. Main Risks

Risk	Probability	Impact	Score	Mitigation
Strategic / Planning / Financial				
Datix ID no.4148 Lack of Seclusion Suites	4	4	16	Development of a Business Justification Case to seek Capital Funding for the implementation of two additional seclusion suites on Cardigan and Tenby Wards.
If Capital funding is not supported, there is a risk of increased/ongoing revenue Implications associated with out-of-area/private hospital placements. This results in a cost pressure for the NWJCC.	4	4	16	SBUHB Finance Business Partner to report regularly as to Project Board outlining the financial risk
Service revenue funding changes through amended SLA with commissioners	3	4	12	SBUHB Finance Business Partner to report regularly as to Project Board outlining the financial risk
Escalated management phasing : Lack of seclusion suites will result in a lack of admissions driving a reduction in occupancy	3	4	12	
Capital costs – Estimate capital costs increasing significantly	3	3	9	Appoint Cost Advisor to evaluate the fully tendered cost.
Any potential delays of the Taith Newydd scheme will delay commencement of the construction work on Tenby Ward	3	3	9	SBUHB Project Manager to report regularly at Caswell Clinic and Taith Newydd Project Board.
Construction Phase				
Working within live environment	3	3	9	The first HDU will be built in a live ward environment, contractors and associated risk will be isolated at the end of the patient corridor. A chaperone will be made available to ensure safe working practice is adopted.

				The second phase of work will require patients from Caswell to be moved into Taith Newydd for the second HDU facility and restoration work to be undertaken.
Construction noise, adjacent buildings: general acoustics	3	3	9	Stakeholder engagement with users
Risk of accidental removal/Isolation of current systems; Hospital service interruption	3	3	9	CTMUHB Maintenance team/estates to be consulted prior to removals and isolations; specific attention to IT installations and their routes

2.20 Constraints and Dependencies

The key project constraints are as follows:

Figure 12. Constraints and Dependencies

Constraint	**Mitigation**
The solution must be integrated, fit for purpose, make best use of the available space.	Appoint an expert design team to inform feasibility and detailed design development and sign-off plans with the clinical lead and project board.
The solution must be delivered on a timely basis.	Engage with Welsh Government through to ensure timely support for funding and work with a reputable constructor to work up a design solution & construction timetable, that fits as closely as possible, with the clients' expectations.
The solution must be delivered within project budget.	Work with expert design team and reputable constructor to design a fully compliant product, which meets the clients brief as cost effectively as possible.
The solution should provide value for money and be affordable in capital & revenue terms.	Ensure the business case includes robust revenue and capital affordability proposals, which represent good use of public monies, is endorsed by the Health Board/key stakeholders, and in due course secures Welsh Government approval.
The solution should support clinical needs and improve the patient experience.	The solution must meet the clinical brief and align with the Health Board's strategic direction and best practice.
Dependency	**Mitigation**
The solution must be supported by a fully trained and resourced workforce.	The Caswell Clinic has sufficient resource to support the new facility. Training on new operational arrangements will be supported at handover.
Continued support for the agreed model of care.	Project supports Health Board's Clinical Services Plan and is endorsed by the Health Board.
The solution must be fully supported by external partners to secure capital investment	Develop working relationships with key stakeholders ensuring project alignment and support throughout the project life cycle.

3 The Economic Case

3.1 Introduction

In accordance with the Capital Investment Manual and requirements of HMT's *The Green Book* (2020), this section of the business case demonstrates the wide range of options that have been considered in response to the potential scope identified in this business case.

3.2 Critical Success Factors

The following Critical Success Factors (CSFs) formed the basis for informing evaluation of the project's potential options. Please see below:

Figure 13. Critical Success Factors (CSFs)

Critical Success Factor		How well the option satisfies the CSF
CSF1	Strategic fit and business needs	The *preferred option* must fit with the National, Regional and Local Strategies for Mental Health services,
CSF2	Compliance	The preferred option must comply with best practice.
CSF3	Benefits Optimisation	The preferred option should optimise benefits and provide public value for money (social, economic and environmental), in terms of potential costs, benefits and risks.
CSF4	Potential affordability	The preferred option must be deliverable on a timely basis to enable patients to be repatriated and prevention of out of area placements.
CSF5	Acceptability	The preferred option must be acceptable to patients, clinicians and other stakeholders.
CSF6	Potential Affordability	The organisations' ability to fund the required level of expenditure; the capital and revenue consequences associated with the proposed investment.

3.3 Framework Options

This section of the business case explains the process for the project's framework options, within the context of its own population's business and clinical needs, and local service drivers. The framework options were limited and only viable and practicable options available were agreed by the clinical team.

3.4 Methodology

In accordance with HM Treasury's *Green Book* 2020 (A Guide to Investment Appraisal in the Public Sector) and Better Business Case guidance the solution proposed in this case is based on the following five categories of choice:

- **Potential Service Scope Options** – what is the potential coverage of the service to be delivered (the 'what');
- **Potential Service / Technical Solution Options** – potential options for delivering the preferred service scope option (the 'how');
- **Potential Service Delivery Options** – who will deliver the preferred scope & preferred service / technical solution options (the 'who');
- **Potential Service Implementation Options** – potential timescales options for delivering the preferred scope, preferred service / technical solution, and preferred delivery options (the 'when');
- **Potential Finance Options** – potential funding and affordability options for delivering the preferred scope, preferred service / technical solution, preferred delivery preferred implementation options.

The Project Board's members reviewed the spend objectives, CSFs and agreed framework options and developed local framework options during a framework development workshop. A list of participants is attached in **Appendix G – Framework Workshop**.

Members completed a hi-level SWOT-style analysis of the long list options. An option scored 'x' if it failed to deliver on an SO or CSF, '~' if it partially delivered, and '✓' if it fully delivered as follows:

Key:	X Not Achieved	~ Partially achieved	✓ Fully achieved

Options 'scored' multiples of '✓' if an option optimally delivered on an updated Spend Objective or CSF. The pros and cons for each long list option were recorded to provide an audit trail and the options were be ranked in order of achievement, indicating the 'preferred' solution and 'do less' or 'do more ambitious' solutions as appropriate.

3.5 Summary of Long List Framework Options

The Board members agreed the framework options as follows:

Figure 14 – Service Scope Options

Business As Usual	Do Minimum
Maintain the status quo of the existing service model at Caswell Clinic (x1 male and x1 female seclusion suite)	Provide additional and fully compliant HDU's seclusion and de-escalation suites at Caswell Clinic Medium Secure Unit (Cardigan and Tenby Wards)
Discounted	Preferred

The technical solutions identified potential options for delivering the preferred service scope option. They were agreed as follows:

Figure 15 – Service/Technical Solutions Options

Option 1 BAU	Option 2 Do Minimum	Option 3 Intermediate1	Option 4 Intermediate2	Option 5 Do Maximum
Maintain the status quo of the existing service model at Caswell Clinic (x1 male and x1 female seclusion suite)	Invest in two additional and fully compliant HDU's (Lose 8 beds)	Invest in two additional and fully compliant HDU's without the permanent loss of patient bedrooms: Progress seclusion suite on Cardigan and Tenby Wards and re-provide patient bedrooms phased in future years	Invest in two additional and fully compliant HDU's without the permanent loss of patient bedrooms: As part of a phased approach to deliver the desired specification, the service is able to release four beds to commence the immediate construction of the first HDU facility on Cardigan Ward	Invest in two additional and fully compliant HDU's without the permanent loss of patient bedrooms: Progress HDU's and bedrooms on Cardigan and Tenby Wards simultaneously
Discounted	Discounted	Partially Achieved	Preferred	Discounted

The service delivery options identified the potential timescales options for delivering the preferred scope, preferred technical solution. They were agreed as follows:

Figure 16 – Delivery Options

Business As Usual	Do Maximum
NHS Delivery	Non-NHS Delivery
Preferred	Discounted

The implementation options identified the means for delivering the preferred service solution, technical solution and delivery solution. They were agreed as follows:

Figure 17 – Implementation Options

Business As Usual/ Do Minimum	Intermediate	Do Maximum
BAU – no construction work	Phased	Not Phased
Discounted	Preferred	Discounted

The funding options identified the funding solutions for delivering the preferred service solution, technical solution implementation solution and delivery option. They were agreed as follows:

Figure 18 – Funding Options

Do Maximum	Intermediate
Private Public Partnership	Capital Funding
Discounted	Preferred

The long list of local framework options is summarised below:

Figure 19. Long List Options

<table>
<tr><th></th><th>Option 1
BAU</th><th>Option 2
Do Minimum</th><th>Option 3
Intermediate1</th><th>Option 4
Intermediate</th><th>Option 5
Do Maximum</th></tr>
<tr><td rowspan="2">Service Scope</td><td>Maintain the status quo of the existing service model at Caswell Clinic. (x1 male and x1 female seclusion suite</td><td colspan="4">Provide additional and fully compliant HDU’s seclusion and de-escalation suites at Caswell Clinic Medium Secure Unit (Cardigan and Tenby Wards)</td></tr>
<tr><td>Discounted (maintained as baseline comparator)</td><td colspan="4"></td></tr>
<tr><td rowspan="2">Service /Technical Solution</td><td rowspan="6"></td><td>Invest in two additional and fully compliant HDU’s

(Lose 8 beds)</td><td>Invest in two additional and fully compliant HDU’s without the permanent loss of patient bedrooms:

Progress seclusion suite on Cardigan and Tenby Wards and re-provide patient bedrooms phased in future years</td><td>Invest in two additional and fully compliant HDU’s without the permanent loss of patient bedrooms:

As part of a phased approach to deliver the desired specification, the service is able to release four beds to commence the immediate construction of the first HDU facility on Cardigan Ward</td><td>Invest in two additional and fully compliant HDU’s without the permanent loss of patient bedrooms:

Progress HDU’s and bedrooms on Cardigan and Tenby Wards simultaneously</td></tr>
<tr><td>Discounted</td><td>Discounted</td><td>Preferred</td><td>Discounted</td></tr>
<tr><td rowspan="2">Service Delivery</td><td colspan="4">NHS Service Delivery</td></tr>
<tr><td colspan="4">Preferred</td></tr>
<tr><td rowspan="2">Implementation Solution</td><td colspan="3">Phased</td><td>Not Phased</td></tr>
<tr><td colspan="3">Preferred</td><td>Discounted</td></tr>
<tr><td rowspan="2">Funding Solution</td><td colspan="4">Capital Funding</td></tr>
<tr><td colspan="4">Preferred</td></tr>
</table>

Please see **Appendix D – Option Appraisal** for details of the Long List appraisal process and the rationale for accepting or rejecting local framework options.

The Steering Group members identified only one viable means for implementing, delivering, and funding the preferred service solution, technical solution, and implementation solution – *a phased, NHS staffed, and Capital funded solution*.

3.6 Summary of Short List Options

The Board members identified the following three shortlisted local options to be taken forward for detailed financial analysis:

Figure 20. Summary of Short List Options

Option	Option 1 – BAU	Option 4 – Intermediate – Do More (Preferred)
Service Scope	Maintain the status quo of the existing service model at Caswell Clinic. *(x1 male and x1 female seclusion suite*	Provide additional and fully compliant HDU's seclusion and de-escalation suites at Caswell Clinic Medium Secure Unit (Cardigan and Tenby Wards)
Service / Technical Solution		Invest in two additional and fully compliant HDU's without the permanent loss of patient bedrooms: As part of a phased approach to deliver the desired specification, the service is able to release four beds to commence the immediate construction of the first HDU facility on Cardigan Ward
Service Delivery		NHS Delivery
Implementation Solution		Phased
Funding Solution		Capital

Please see **Appendix D – Option Appraisal** for details of the shorting appraisal process and for details of the preferred option apparaisal process.

Capital Costs

The initial capital cost estimate was developed during the early feasibility stage of the project by the appointed cost advisors, AECOM, to inform the option appraisal. Since this stage, the selected contractor has undertaken a detailed review and pricing of the works package through the procurement process. The Health Board received fully tendered costs in February 2026, which provide a robust and tested position. The costs associated with the preferred option are presented within the Financial Case.

The *early feasibility estimate* capital costs for the shortlisted option are as follows:

Figure 21. Estimate Capital Requirements (£000 excl VAT)

	Preferred
Works Costs	3,831
Fees	754
Non-Works Costs	165
Equipment Costs	44
Planning Contingency	237
Total	**5.031**

The indicative phasing of the shortlisted options is as follows:

Option	Reason for Acceptance or Rejection for further consideration	Finding
Business as Usual – Currently Caswell Clinic has two seclusion suite (one for male & one female patients)	Fails to deliver required Spend Objectives and CSFs. Fails to improve Mental Health Services' resilience or meet current / future demand.	Discounted but retained as Baseline Comparator.
Provide additional and fully compliant High Dependency Unit seclusion and de-escalation suites at Caswell Clinic Medium Secure Unit (Invest in two additional and fully compliant seclusion and de-escalation suites (without the permanent loss of eight beds), capital solution, phased delivery)	Delivers all the required Spend Objectives Delivers and the CSFs.	Preferred Recommended

3.7 Risk Appraisal

The key risks associated with the preferred option at this stage have been assessed by an independent Cost Advisor with Project Team members using WG guidance methodology for business cases. The scheme risk register reflects an assessment of the pre-construction risks and informs this project's 'knowns' & 'unknowns' at this point in time.

Risks have been apportioned to either the Health Board or private sector and mitigating strategies have been identified in the Risk Register. The risk appraisal was undertaken using the Welsh Government's risk methodology for business cases. It included the following distinct elements:

- Identifying the risks and definitions for assessing options.
- Assessing the impact and likelihood for each option against these categories.
- Calculating the risk score.

The range of scales used to quantify the risk for impact and likelihood was: Low = 2; Medium = 3; High = 5

Likelihood					
	5	10	15	20	25
	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	1	2	3	4	5
	Impact				

3.8 The Preferred Option

The preferred option supports the development of two additional and fully compliant High Dependency Units at Caswell Clinic Medium Secure Unit. The investment will ensure the provision of two suites, without the permanent loss of patient bedrooms through appropriate phased delivery. The preferred option presents optimal benefits, value for money, appropriate facilities for higher acuity patient management and has been deemed clinically acceptable. See **Appendix A Estates Annexe A5** for drawings.

3.9 Design Concept

Accessibility:

This investment provides two additional fully compliant HDU suites to increase on-site access to higher-acuity care, reduces the need for external placements by ensuring capacity within the Medium Secure Unit, maintains overall bed availability through phased delivery to prevent disruption to patient flow, and ensures timely access to specialist environments designed for complex patient needs.

Site Location:

The design proposal utilises the existing Caswell Clinic Medium Secure Wards, ensuring continuity of service delivery within a familiar and established clinical environment. Maintaining close proximity to current clinical teams, security infrastructure, and support services promotes efficient patient management and strengthens operational resilience, while avoiding the disruption or safety risks associated with relocating high-acuity patients to external or unfamiliar settings. The approach also ensures compatibility with the current estate layout and adjacencies, enabling efficient phased construction without affecting overall bed capacity. By building on existing infrastructure, it offers a cost-effective solution that avoids the need for off-site development or additional land acquisition, while supporting strategic estate objectives by enhancing the functionality and clinical capability of the medium secure site.

Facilities:

It provides modern, compliant HDU suites aligned with current clinical and estate standards, improves the quality, layout and functionality of the clinical environment for staff and patients, enhances operational efficiency through improved adjacencies and purpose-designed spaces, and represents a value-for-money solution that meets long-term service and estate requirements.

Patient Comfort & Safety:

This investment strengthens patient safety and therapeutic care by delivering purpose built HDU environments that support enhanced observation and risk management, reducing clinical risk by ensuring high acuity patients are cared for in appropriately designed and fully compliant spaces. It prevents overcrowding or inappropriate placement by avoiding the permanent loss of patient bedrooms and maintains continuity of care within a familiar secure setting, minimising the safety risks associated with transferring vulnerable patients to alternative locations. Additionally, access to fit-for-purpose HDUs mitigates the need for repatriation for some patients, enabling staff to work therapeutically and build key professional relationships and trust that support individuals through the step-down process. The additional HDU's will enhance patient pathways and experience and support staff in managing patients to achieve the best possible outcomes.

Drawings:

The drawings were signed off by Project Board on the 03rd of December 2025. See **Appendix A Estates Annexe A5** for drawings

Schedule of Accommodation:

The Schedule of Accommodation is detailed in **Appendix A Estates Annexe A9.**

Design and Method of Construction**:**

The design will be in accordance with WHBN 03-01 Adult Acute Mental Health with any derogations reviewed by the end users. The design team has proposed that some elements of Modern Methods of Construction (MMC) are relevant to this project.

Building Research Establishment's Environmental Assessment Method (BREEAM):

The NHS Wales Infrastructure Investment Guidance sets out that BREEAM accreditation is required only where the capital cost exceeds £2m and the floor are exceeding **1,000 m²**. The proposed project as Caswell Clinic does not meet these thresholds. Confirmation has been provided through NWSSP Specialist Estates (SES) Environmental and Facilities Management team that, due to the projects scale, a BREEAM accreditation would provide minimal value and is therefore not required under existing Welsh Government guidance. The project will nonetheless incorporate proportionate sustainability and energy-efficiency measures aligned with Welsh Government policy.

Derogations:

All derogations have been signed off by the Project Board. See **Appendix A Estates Annexe A12** for details of the derogations.

Supporting the Well-being of Future Generations (Wales) Act 2015:

The proposal aligns with the Well-being of Future Generations (Wales) Act 2015 by supporting a healthier and more equal Wales through improved access to safe, high-quality mental health care, whilst making efficient and sustainable use of the existing estate. The phase delivery approach demonstrates long-term planning and prevention by avoiding service disruption and reducing reliance on private, out of area placements. The development contributes to the UN Sustainable Development Goals, particularly SD3 (Good Health and Well-being) and SDG 9 (Industry, Innovation and Infrastructure) by investing in modern, resilient infrastructure which improves patient outcomes.

4 Commercial Case

4.1 Introduction

This section of the business case outlines the proposed 'deal' as outlined in the Economic Case.

4.2 Required Services

The Health Board requires investment to develop two additional High Dependency Units (HDU's) in Caswell Clinic, Medium Secure Mental Health Hospital at Glanrhyd Hospital, Bridgend. The construction work will be carried out alongside the reinstatement of Taith Newydd Ward.

4.3 Procurement Route

The Health Board will deliver the enabling works and main works via the South West Wales Regional Contractors Framework via a Direct Award. The Direct Award appointment offers a compliant route to market, supported by NWSSP Procurement Services.

The HDU's and reprovision of bedrooms have been developed to RIBA Stage 4 (i.e., the design has detailed technical drawings, specifications and schedules required for tendering and construction to support this application). The scheme's work's packages have been issued to an identified following a successful expression of interest process.

The Health Board notes that the formal award of a contract is contingent upon the confirmation of funding approval. To ensure commercial confidentiality, safeguard the integrity of the procurement process, and mitigate the risk of challenge to the contract award, the tender report has been excluded from this submission for approval.

4.4 Key Appointments & Contract Arrangements

The essential outputs to be procured as part of this contract are:

- Enabling works, infrastructure services and connections.
- Remodel and refurbish existing facility to provide healthcare services.
- A transition process to ensure clinical areas are not disrupted during decommissioning of the old clinic, main works in the new clinic and commissioning stages.
- The Design Team will be required to ensure compliance with clinical and IM&T requirements to ensure compatibility with other integrated systems.

The following key appointments have been made to support delivery of this project:

To support the delivery of this project, the following key appointments have been made:

- Architectural and Principal Design Services: Provided by Sustainable Studio Architects (SSA)
- Civil and Structural Engineering Design Services: Provided by PHG Consulting Limited.
- Health Board Cost Advisor Services and Business Case Support Services: Provided by AECOM
- Mechanical and Electrical Design Services: Provided by Consilium Group

All wayfinding will be in accordance with Welsh Language Standards.

4.5 Required Facilities and Compliance

The High Dependency Units will follow Welsh Health Building Note and Welsh Health Technical Memorandum guidance and statutory requirements in accordance with Mental Health standards.

4.6 Potential for Risk Management

A risk register has been compiled and costed relative to risks that apply over the whole of the project lifecycle at this stage (**Appendix A Estates Annexe A7**). The planning contingency has been assessed by an independent cost advisor. The planning contingency includes non-recoverable VAT. This assessment of risk and complies with NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP - SES) guidance at this planning stage.

4.7 Agreed Charging Mechanisms & Contracts

The design is reflective of RIBA work stage 4 and NEC Engineering Contract 4, Option A will apply.

Contractors will invoice SBUHB Health Board in accordance with the Payment Mechanism. The agreed Payment Mechanism is 4 weekly assessments by the Health Board Cost Advisor with payment due within 14 days of the Assessment Date. A collaborative working model is to be adopted.

Arrangements and Change Control Procedures are referenced and managed as part of the model form contract. Change control is strictly managed by the Project Board, specifically by the project director, and any change in cost and scope must be approved by project board. Our independent Cost Advisor AECOM acts on Health Board's behalf to manage cost / commercial risk and to ensure mitigations are identified throughout the contract. The Cost Advisor reports directly to Project Board on a regular basis.

Site safety will be discussed and managed via Safe Construction / with HSE and Building Control following approval and contractor start on site date.

4.8 Agreed Contact Length

The main works' contract will cover approx. 18 months, subject to agreement with the Main Contractor.

4.9 Personnel Implications (including TUPE)

TUPE (Transfer of Undertaking and Protection of Employee) will not apply to this investment.

4.10 FRS5 - Accountancy Treatment

It is assumed that public funding will be allocated for this project and therefore capital will be included on the balance sheet.

4.11 Indicative Timescales

The indicative milestones are set out below:

Figure 22. Key indicative milestones

Activity	Due Date
Health Board endorses business case	March 2026
WGov approve business case	May 2026
Agree and Enter Contract	June 2026
Handover in full (subject to contractor's programme)	October 2027
Commissioning	November 2027
High Dependency Units Operational	December 2027
Benefits Realisation (12 months post operational)	December 2027

5 The Finance Case

5.1 Introduction

The purpose of this section is to set out the indicative financial implications of the proposed investment (as set out in the Economic Case) and proposed Deal (as described in the Commercial Case).

5.2 Capital

The fully tendered capital cost of the additional High Dependency Units at Caswell Clinic are as follows: The costs are summarised below, and the detailed cost form is included in **Appendix A Estates Annexe A2 Cost Form**.

Figure 23. Capital Requirements (£000 incl. non-recoverable VAT)

Cost Centre	Net £	VAT at 20% £	Gross £
Works Cost	3,831	766	4,597
Fees	754	151	905
Non-works Cost	165	33	198
Equipment Costs	44	9	53
Contingency	237	47	284
Forecast Project Out-turn Cost (Pre-VAT Recovery)	**5,031**	**1,006**	**6,037**
Less Recoverable VAT	0	-304	-304
Forecast Project Out-turn Cost	**5,031**	**702**	**5,733**

Figure 24. Fully Tendered Capital Funding Profile

	Prior Years £	2026-27 £	2027-28 £	Total £
Capital Costs	141	1,321	4,271	5,733
Capital Funding		1,463	4,271	5,733

The above costs, in relation to Swansea Bay University Health Board, reflect fully tendered costs.

During the tender process, NWSSP Specialist Estates Services (SES) colleagues carried out a site visit and identified potential risks relating to fire compartmentation and elements of the existing building design that may require remediation. SES have been involved throughout the development of the scheme and participated in the Achieving Excellence Design Evaluation Toolkit (AEDET) process; however, these risks were identified following site visits rather than through earlier review of drawings and survey information.

At that stage, the design tender for the additional High Dependency Units had already been issued due to the urgency of progressing patient environment improvements to support safety, and therefore these works could not be incorporated within the tendered design scope. A provisional allowance of £773,221 (outturn) has therefore been included within the cost form as a non-tendered provision, representing an estimate for potential fire safety improvement works across the two wards.

These requirements have been shared with Cwm Taff Morganwg University Health Board (CTMUHB) as owners of the building, who are liaising with Welsh Government. Although they are not directly linked to the scheme, CTMUHB have requested that the costs be included as part of the Swansea Bay University Health Board business case, to allow the fire improvement works to be undertaken at the same time as the Seclusion Suite works, to avoid a further closure of beds in the near future.

The detailed scope will be further developed with Fire Officers and SES colleagues during the business case scrutiny process, and the cost estimate will be reviewed and refined as design information becomes available.

Capital Cost Assumptions:

The key assumptions underlying the development of the capital costs are:

- The scheme completes in December 2027 (Q3 2027/28)
- Standard asset life of 35 years on the building work and 10 years on equipment has been applied
- A broad estimate of 50% impairment on the building works has been assumed in line with the November 2025 non-cash return submitted by Capital Finance to Welsh Government
- Capital Cost includes works, non-works, non-tendered fire improvement cost, equipment costs and risk contingency, which is assessed at 4.99%.
- VAT is at 20% except for the professional fee and professional fees where VAT is recoverable. (see **Appendix A Estates Annexe A3- VAT Advice**).
- The BISPUB SEC indices at this stage 2.7%
- The Location Factor is 1.02
- This Business Case excludes Optimism Bias and a Comprehensive Investment Appraisal (CIA) model.

5.3 Impact on the Balance Sheet and Impairment

The capital funded option for the purchase of the modular theatre will require additional non-cash funding for recurring depreciation (DEL) and non-recurring impairment (AME)

Figure 25. Impact on the Balance Sheet and Impairment £000s

000s	2027-28	2028-29	2029-30	2030-31
Depreciation (DEL)	22	86	86	86
Impairment Initial Valuation (AME)	2,840			

The Health Board will engage the services of the District Valuer to provide a valuation of the scheme following completion**,** the final value attributed to the buildings will be on the Balance Sheet of the Health Board.

At this stage the estimated AME Impairment on the initial valuation of £2.840m will need to be taken through the Health Board's SOCNE in 2027/2028. *Following scheme completion, the fixed asset valuation will take place in the accounts of Cwm Taf Morgannwg Health Board as they own the building.*

The Health Board would require funding from Welsh Government, and this will be included in the AME impairment funding submission to Welsh Government in 2027/28. The Health Board will require additional recurring depreciation of £0.086m from 2028/29 with £0.022m of depreciation funding required in 2027/28.

5.4 Recurring Revenue Costs

The baseline and indicative future recurring revenue cost for each shortlisted option are as follows:

Figure 26. Revenue Implications Two Wards £000

Subjective Type	Headcount (WTE)	Cost £000
Pay	65.02	2.893
Non-Pay		0.008
Total	**65.02**	**2.901**

The SBUHB business case is revenue finance neutral, with no additional revenue costs required for the development of the two high dependency units. The units will utilise existing space on the two wards, and there will be no increase in the nursing resource currently allocated to those wards. This staffing resource may be flexed up or down to manage variation in patient acuity on the ward and within seclusion, in line with current practice.

The proposed investment will result in ongoing revenue maintenance requirements. These costs will be met by Cwm Taf Morgannwg Health Board in accordance with existing arrangements and responsibilities and are not included within this business case.

5.5 Overall Affordability

The Health Board would require capital investment of £5,733m (incl. recoverable VAT) from Welsh Government.

6 The Management Case

6.1 Introduction

The section of the business case addresses the achievability of the project.

To ensure successful project delivery, a robust project management reporting structure has been established. The structure is based on the PRINCE2 principles.

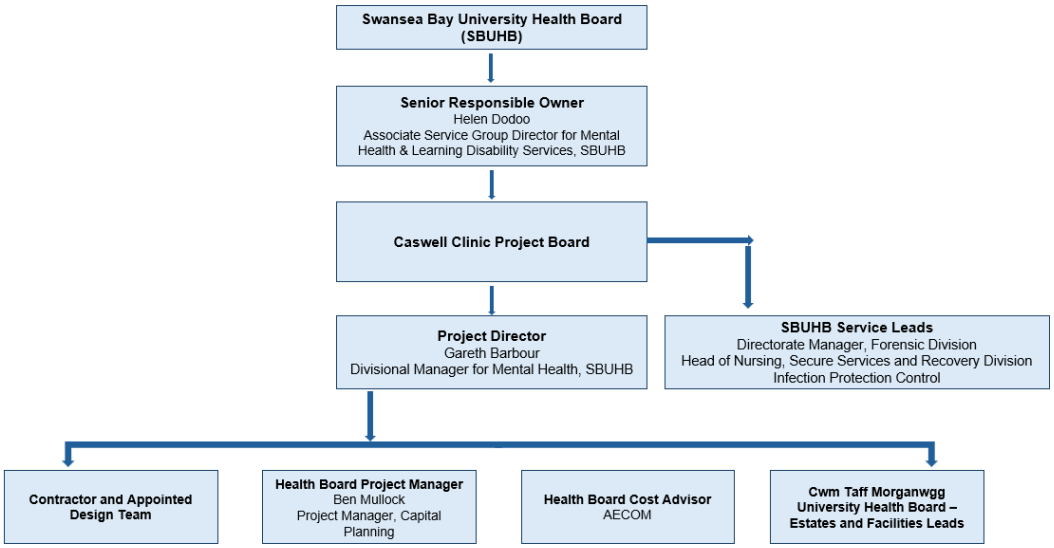
The Health Board's experience of developing and delivering complex projects in a Prince2 environment ensures diligent management and thorough clinical involvement throughout all parts of the development:

- The Senior Responsible Owner (SRO) for the project is Helen Dodoo, Associate Service Group Director for Mental Health and Learning Disabilities.
- The Project Director is Gareth Barbour, Divisional Manager for Mental Health who has the authority and responsibility to manage delivery of the project on behalf of the key stakeholders. The Project Director reports via the Project Board to the SRO.
- The Project Manager, Ben Mullock will support the Project Director.

Project Roles and Responsibilities for the SRO, Project Director and Project Manager are in accordance with Prince2 principles. The Project Manager submits Highlight Reports to the Project Board on a monthly basis.

A summary Project Board & Project level management structure diagram is shown below for the Caswell Clinic site:

Figure 28. Caswell Clinic Management Structure



For Project Board membership Terms of Reference see **Appendix B**.

6.2 Use of Special Advisers

Special Advisors will be appointed in accordance with the *Treasury Guidance: Use of Special Advisers*.

Figure 29. Special Advisors

Role	Advisor
Cost Advisor	AECOM
VAT Advisor	Ernst and Young
Legal Advisor	NWSSP Shared Services

6.3 Project Bank Account

Project Bank Account (PBA) obligations will be reviewed and applied in accordance with the relevant Welsh Procurement Policy Note (WPPN) where appropriate. In order to ensure compliance and to avoid premature commercial commitments, detailed discussions on PBA implementation will only be undertaken once project funding has been formally approved and all contractual documents have been signed and exchanged between the parties.

6.4 AEDET (Achieving Excellence Design Evaluation Toolkit)

An AEDET pre-construction assessment was competed at close of RIBA Stage 4 design with an NWSSP-SES representative leading the workshop. The AEDET took place on the 01st of December 2025. Please see below for a summary of the results in the below figure 28, and **Appendix A Estates Annexe A11** for the full report:

Figure 30. AEDET Summary

Achieving Excellence Design Evaluation Toolkit (AEDET)

Project details: **Title** **Caswell Clinic Seclusion Suites, Glanrhyd Hospital**

Results Summary:

Reference	Section	Category	Business Case Stage			
			SOC	OBC	FBC/BJC	PPE
A:	Impact	Character and Innovation	0.0	0.0	4.5	0.0
B:		Form and materials	0.0	0.0	3.4	0.0
C:		Staff and patient environment	0.0	0.0	4.0	0.0
D:		Urban and Social Integration	0.0	0.0	4.0	0.0
E:	Build Quality	Performance	0.0	0.0	3.9	0.0
F:		Engineering	0.0	0.0	3.7	0.0
G:		Construction	0.0	0.0	3.9	0.0
H:	Functionality	Use	0.0	0.0	4.1	0.0
I:		Access	0.0	0.0	4.0	0.0
J:		Space	0.0	0.0	4.4	0.0

6.5 Design Software Model

The consultants use an equivalent full 3D Revit software model for design.

6.6 Planning Permissions

SBUHB's Project Manager and external consultants have engaged regularly with key stakeholders involved in the planning application. Full Planning approvals to support External elevational changes to the reconfigured seclusion room window, external doorways and Seclusion Garden perimeter fence were confirmed submitted by Sustainable Studio Architects to Bridgend County Council Planning Department on 23rd January 2026 (Ref: PP-14646590) and is awaiting validation.

6.7 Statutory Approvals

SBUHB's Project Manager and external consultants will engage with the Local Authority and other key stakeholders involved in statutory approvals and building regulations. Building Control submissions have not yet been made, and full engagement will take place following the formal appointment of the contractor.

6.8 Decarbonisation

The HDUs and room reallocation design work have been developed in accordance with the principles of the NHS Wales Decarbonisation Strategic Delivery Plan and Net Zero Carbon (NZC), recognising the constraints of a refurbishment project within an existing operational building. The design strategy priorities the reduction of embodied and operational carbon through the considered reuse of existing assets, the selection of durable and efficient materials, and the enhancement of environmental performance within the constraints of the existing building, adopting sustainable design and procurement, where practicable.

6.9 Benefits Realisation

Please see SMART benefits in the detailed Benefits Realisation Register in **Appendix C**.

6.10 Community Benefits & Social Values

The proposed contractor has been asked (under the procurement process) to produce project specific benefits and social value (encompassing e.g. the well-being of the local community, inclusivity and equality, support of the Foundational Economy, and environmental impact of the project) plans, which align with the Wellbeing and Future Generations Act's requirements upon contract award.

6.11 Arrangements for Risk Management

A risk framework has been established which outlines the process for managing risk associated with developing this project, including a structure for identifying and mitigating operational and construction related risks. The risk register would use qualitative and quantitative measures to calculate the overall level of risk according to likelihood of any risk occurrence multiplied by the potential impact. The Project Board will formally review the risk register at key stages of the project. A costed project risk register is attached at **Appendix A Estates Annexe A7**.

6.12 Audit & Assurance

Internal: A Health Board Integrated Impact Assessment (IIA) has been completed - see **Appendix I**. **External:** A Risk Potential Assessments (RPA) has been carried out for this project. A copy is included in **Appendix H**. A Gateway review could be arranged, and Welsh Government would conduct post-submission of this BJC in accordance with Welsh Government Investment Guidance and as proportionate to this investment.

In accordance with the NHS Wales Infrastructure Investment Guidance (2018), the Health Board has sought input from NWSSP Audit and Assurance Services (Specialist Services Unit - NWSSP: A&A (SSu) to "assess the risk profile of the scheme and provide appropriate levels of review", as required. A fully resourced and costed audit plan has provisionally been developed, and fees appropriate to the scale of this investment, its proposed timeline for delivery and level of complexity are included in the Cost Form in **Estates Annexe - Appendix 2**. The plan is detailed in **Estates Annexe - Appendix A4**.

6.13 NHS Wales Gateway Assurance

A Risk Potential Assessments (RPA) has been carried out for this project. A copy is included in **Appendix E**. An Investment Decision (Stage 3) Gateway review could be arranged with WGov prior to submission of this business case to WGov in accordance with WGov Investment Guidance. Further Gateways could be completed according to Office of Government Commerce (OGC) guidelines following further evaluation, as required.

6.14 Project Arrangements / Lessons Learned

Post evaluations and lessons learned will be undertaken as appropriate to this investment, and in accordance with best practice and NHS guidance.

6.15 Contingency Plans

The Health Board identified two major categories of project failure: Failure to achieve business case approval to deliver the scheme; Failure of the main contractor/main supplier to deliver the necessary development at Caswell Clinic to quality and time.

The contingency plan for the project in the event of failure to achieve business case approval is for the Health Board to continue to revise its plans, working with WGov to develop two additional high dependency units at Glanrhyd Hospital site that is applicable. In the event of main contractor failure, SBUHB would seek recompense in line with the agreed contractual arrangements and appoint another contractor/developer to complete the project.

Appendix A Estates Annexe A1 - Estate Summary

Appendix A Estates Annexe A2 - Costs Forms – Fully Tendered

Appendix A Estates Annexe A3 - VAT Advice – *(Draft) full version to follow*

Appendix A Estates Annexe A4 - Audit Plan

Appendix A Estates Annexe A5 - Drawings

Appendix A Estates Annexe A6 - Indicative Programme

Appendix A Estates Annexe A7 – Strategic Risk Register/RAID Log

Appendix A Estates Annexe A8 – Costed Risk Register – *to follow*

Appendix A Estates Annexe A9 – Schedule of Accommodation (SoA)

Appendix A Estates Annexe A10 - Planning Approval – *to follow*

Appendix A Estates Annexe A11 - AEDET

Appendix A Estates Annexe A12 - Derogations

Appendix A Estates Annexe A13 - Statutory Approval- *to follow*

Appendix B - Terms of Reference

Appendix C - Benefits Realisation Register & Plan

Appendix D - Framework Option Appraisal

Appendix E – Spend Objectives – to follow

Appendix F – Framework Workshop Presentations

Appendix G – Project Evaluations- To Follow

Appendix H – Risk Potential Assessment (RPA)

Appendix I – Integrated Impact Assessment (IIA)

Appendix J – Service Model Plan

Abbreviations

AEDET	Achieving Excellence Design Evaluation Toolkit
AME	Annually Managed Expenditure
BAU	Business as Usual
BIS PUBSEC	Business Innovation and Skills (Firm Price Index) Tender Price Index of Public Sector Building Non-Housing
BREEAM	Building Research Establishment Environmental Assessment
CIA	Comprehensive Investment Appraisal
CRBs	Cash Releasing Benefits
CSF	Critical Success Factor
CSP	(SB UHB's) Clinical Service Plan
CSS	Clinical Support Services
DECAG	Departmental Cost Allowance Guide
DGH	District General Hospital
DGM	Divisional General Manager
DoH	Department of Health
ECAG	Equipment Cost Allowance Guide
EQA	External Quality Assessment
FBC	Full Business Case
HB	Health Board
HBCA	Health Board Cost Adviser
HBPM	Health Board Project Manager
HDU	High Dependency Unit
HDUHB	Hywel Dda University Health Board
HIA	Health Impact Assessment
HMt	Her Majesty's Treasury
IMTP	Integrated Medium Term Plan
MDT	Multi-Disciplinary Team
NCRBs	Non Cash Releasing Benefits
NEC	National Engineering Contract
NICE	The National Institute for Health and Care Excellence
NWSSP SES	NHS Wales Shared Services Partnership – Specialist Estates Services
OBC	Outline Business Case
OCP	Organisational Change Policy
OGC	Office of Government Commerce
OOHs	Out of Hours
PEP	Project Execution Plan
PET	Positron Emission Tomography
PIA	Privacy Impact Assessment
PPE	Post Project Evaluation
QA	Quality Assurance
RIBA	Royal Institute of British Architects
RPA	Risk Potential Assessment
SB UHB	Swansea Bay University Health Board
SDCP	Site Development Control Plan
VfM	Value for Money
WGov	Welsh Government
(W)HBN	Welsh Health Building Note
(W)HTM	Welsh Health Technical Memorandum
WTE	Whole Time Equivalent