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A view from the centre...

I hope you enjoy the Spring 2014 edition of The estate we’re in.

Once again the publication demonstrates the diverse range of activities undertaken by facilities and estates professionals from treating clinical waste for use as fuel in cement kilns, the disposal of residual sites for affordable housing, the development of an IT enabled national catering system, 3rd party developments to support primary care right through to the major redevelopment of Morriston Hospital.

Despite more difficult financial times the Project Gallery continues to demonstrate that significant capital investment continues to be directed to the NHS estate, benefitting diverse patient needs.

The estate we’re in is no more than an occasional snapshot of activity across NHS Wales but even on that basis I think it does a good job in pointing towards the enormous amount of activity being undertaken across Wales.

I attended the Directors of Planning meeting earlier in April to provide a brief overview of estate matters and to invite comments on our draft service level agreement. I also highlighted the key messages from the maintenance review undertaken by NWSSP – Facilities Services and reported on the outcome of our work with Cwm Taf University Health Board in developing Authorising Engineer’s annual reports for the Designated Person.

One of the recommendations within our Maintenance Report (see Search for improvements in the delivery of maintenance services) was to establish a forum for senior facilities/estates managers. The forum would provide an opportunity for the sharing of best practice, the identification and management of estates and facilities initiatives and to promote networking amongst colleagues from across Wales.

Older readers might remember the Welsh Health Estates Managers Association (WHEMA) which used to fulfil a similar remit many years ago.

I am pleased to report that the Directors of Planning unanimously supported the establishment of the estates and facilities forum and I will be writing to each Health Board and Trust shortly to set out the terms of reference and invite nominations.

Whilst I appreciate how busy everyone is, I think it’s really important that each NHS body is represented. We’ve all got ideas and information to share, so hopefully I’ll be seeing you or one of your colleagues in the not too distant future.

In the meantime if you have any specific issues you would like the forum to address please give me a ring or drop me an e-mail.

Neil Davies

Director, NWSSP – Facilities Services
Tel: 029 2031 5500
email: neil.davies4@wales.nhs.uk
Last Spring we showcased the Health Vision Swansea Phase 1B project being delivered under the Designed for Life 1 procurement framework. The 6-year Designed for Life 1 Framework was closed in June 2012 and was succeeded by Designed for Life 2 and 3 Regional and National Frameworks respectively. However, project commissions that had commenced under Designed for Life 1 still have some way to go before they are completed. There are some 12 projects in planning or on site yet to be completed and for the first three quarters of this financial year the certified payments to Supply Chain Partners alone amounted to some £67 million. It will be a number of years still until the final project is completed and the Designed for Life 1 Framework is finally closed.

Health Vision Swansea Phase 1B project revisited

The Project, with a value of £37.5m, is the cornerstone phase of the redevelopment at Morriston Hospital and is being managed by Abertawe Bro Morgannwg University Health Board (ABMUHB) in partnership with BAM Construction. The new building is set to replace some of the old and dilapidated hospital accommodation and will provide state of the art, fit for purpose, fully accessible facilities; the transformation will bring improvements in healthcare for the local population. The project, which commenced in September 2012, is currently on programme, with an intended completion in September 2014 as planned. Twelve months ago, works were progressing with the concrete frame and floors under construction. The current extent of progress can be seen in the photograph below:
The accommodation replaces the existing Out-Patients and includes the new main entrance and reception, incorporating the main waiting area for the existing hospital and the new building. In the main entrance, three retail units will be constructed on a shell and core basis. The new clinical departments will be spread over three floors consisting of head and neck, paediatric and general outpatient departments which will provide consulting and treatment rooms, 18 dental surgeries, two audiology rooms, Cleft Lip Clinic, a Renal Dialysis Unit, an Endoscopy Department and a Pre Operative Assessment Department. There will be an Education Centre within the building with a number of seminar rooms, lecture theatre and conference room, along with office areas.

The project has green credentials and has achieved a BREEAM Design Stage Assessment rating of ‘Excellent’. ABMUHB have instigated the installation of LED lighting where possible throughout the building (circa 80%) which will further enhance power efficiencies and reduce carbon emissions. Other notable items include the installation of a Combined Heat and Power unit, storm cells (attenuators) and a building envelope designed to achieve an average elemental U-Value at least 20% better than those quoted in the latest Building Regulations Approved Document. In addition, over 40,000 tonnes of waste has been diverted from landfill.

The project is part of the BAM Lean Construction initiative and BAM are piloting BIM 360 on the project. The system is based around using iPads to track snagging; each room has a barcode which is scanned by the iPad and allows efficient entry and recording of information and photographs directly into the software. The system is more than just a snagging tool and safety and general QA forms are also part of the planned use on site.

Extensive off-site manufacturing has also been employed, which includes services modules, modular wiring and distribution boards and pre-formed plant skids being fabricated off site.

Health and Safety is paramount and the project has been recognised in-house and has won three BAM regional quarterly safety awards. On the most recent inspection for the Considerate Constructors Scheme the project attained an excellent score of 41 points out of 50.

BAM and ABMUHB are fully supportive of the Community Benefits initiative to deliver added value on construction projects. There are currently over 170 people on site, of which over 90% live in Wales. Job opportunities have been advertised locally, 9 of which were filled by locals. The project is also part of the BAM National Skills Programme, with an emphasis on education and skills in the community. Working in partnership with Swansea University and Construction Youth Trust, 13 work placements have been provided on the project. Supervisor Training has been provided for 7 supervisors from the supply chain.

Lindsey Jones Assistant Director of Planning and the Health Board Project Manager for the project, said:

“The last year has been very enjoyable with many technical issues being resolved. All of the Health Board’s specialist equipment has been procured and will be installed prior to handover. The project is now only 6 months away from completion and our focus is moving onto the commissioning and operational phases. A dedicated commissioning team has been set up and operational groups have been meeting over the last year to work through the equipping, staffing and operational issues they will face when occupying the new building. Everyone is excited with the opportunities the project will deliver to move the service into the 21st century.”
This aerial view shows the scale of the development and indicates the transformation this 21st century healthcare facility will make to the hospital and future patient care.

Project Details

Client: Abertawe Bro Morgannwg University Health Board
Project Director: Paul Stauber
Health Board Project Manager: Lindsey Jones
Project Manager: Gardiner & Theobald
Cost Advisor: Davis Langdon
Supply Chain Partner: Abertawe Bro Morgannwg University Health Board
Architects: Nightingale Associates
Engineers: Arup
Cost Manager: Turner & Townsend
Health Planner: Tribal
Gross Floor Area: 13,300m²
Construction Cost: £37,500,000
Start on site: September 2012
Completion: September 2014
Opened to patients: Autumn 2014

For further information contact:
Iain Worby on 029 2031 5500 or
e-mail: iain.worby@wales.nhs.uk
For some of us in Facilities Services, the 30th of June is a significant date. As the day approaches, we anxiously check what progress NHS Trusts and Health Boards are making in populating the on-line Estates and Facilities Performance Management System database. How many of these organisations will meet the deadline?

We know that any delays could affect the timely publication of our annual performance reports and will only add to the production pressures. Truthfully, although disappointed, we are not surprised to find that when the deadline passes, some organisations have yet to submit. The 30th of June 2013 was no different. Despite some significant delays, thanks to the huge commitment of the Facilities Services production team, the latest estates and facilities reports were published last November, ahead of programme.

Estate Condition and Performance Report

❖ Age profile of the health estate: steady progress

The age profile data shown in Figure 1 points to an on-going modernisation programme that over the last 12 years since we published the first report has seen the proportion of the estate built since 1995 increase from 8% to 30%. This is evident, for example, in the modernisation of Morriston Hospital where new facilities are in the process of replacing pre-1948 prefabricated structures, totally transforming the hospital site (See page 4 for aerial photo). The aerial photographs below show the extent of the development of Withybush Hospital since 1984. At the other end of the age spectrum, the figures are underpinned by a robust disposal programme reflected in the proportion of the estate pre-dating 1948 shrinking over the same period from 32% to 17%. Recent examples of hospitals closing and going through the disposal process include Ffestiniog, Flint, Garnogoch, Llangollen and Prestatyn.


Despite the challenging financial constraints imposed on the NHS, estates and facilities personnel continue to provide a remarkable service in support of the delivery of safe clinical services. Whilst the estate modernisation programme continues to deliver state of the art facilities across Wales, the reality is that much of the work undertaken by estates and facilities staff is carried out in environments that, frankly, do not match the vision of a ‘world class’ NHS. Against this background, what do the latest reports tell us about the estate’s and facilities’ performance?
The performance of the health estate continues to be measured against national performance indicator targets set by the Welsh Government in 2002. Figure 2 shows that, over the 12-year period since the targets were set, performance has been rather disappointing. However, over the last year there has been a noticeable improvement in statutory and safety compliance and functional suitability.

### National Performance Indicators - Some improvements

The performance of the health estate continues to be measured against national performance indicator targets set by the Welsh Government in 2002. Figure 2 shows that, over the 12-year period since the targets were set, performance has been rather disappointing. However, over the last year there has been a noticeable improvement in statutory and safety compliance and functional suitability.

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>All-Wales target</th>
<th>Performance in 2001/02</th>
<th>Performance in 2011/12</th>
<th>Performance in 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical condition: sound and operationally safe buildings showing minor deterioration</td>
<td>90%</td>
<td>69%</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>Statutory and safety compliance: Buildings where action will be needed in the current plan period to comply with relevant guidance and statutory requirements</td>
<td>90%</td>
<td>70%</td>
<td>83%</td>
<td>86%</td>
</tr>
<tr>
<td>Fire safety: Buildings where action will be needed in the current plan period to comply with relevant guidance and statutory requirements</td>
<td>90%</td>
<td>76%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Functional suitability: Buildings that are satisfactory and minor changes are needed</td>
<td>90%</td>
<td>78%</td>
<td>80%</td>
<td>88%</td>
</tr>
<tr>
<td>Space utilisation: Buildings that are fully utilised</td>
<td>90%</td>
<td>79%</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td>Energy performance: Buildings with an energy consumption of 410 kWh/m² or less</td>
<td>410 kWh/m² or less</td>
<td>Figure not available</td>
<td>407 kWh/m²</td>
<td>438 kWh/m²</td>
</tr>
</tbody>
</table>

### Backlog maintenance costs

The disposal of old, high maintenance facilities not fit for supporting the delivery of modern clinical services, is arguably the most effective way of reducing the backlog maintenance burden of the health estate. Such a programme has been vigorously advocated and supported by Shared Services Partnership – Facilities Services for many years along with the need to replace such facilities with modern, fit for purpose ones that carry little or no backlog maintenance burden. The latest figures showing a reduction in backlog maintenance costs of £39 million in the last year, seem to support this view. Figure 3 shows the trend in risk adjusted backlog costs since 2004/05.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>£ (millions)</td>
<td>304</td>
<td>243</td>
<td>252</td>
<td>227</td>
<td>259</td>
<td>232</td>
<td>215</td>
<td>185</td>
<td>146</td>
</tr>
</tbody>
</table>

Figure 3: All-Wales backlog maintenance costs
Energy performance at a glance

Figure 4 shows a summary of the main findings in the 2012/13 returns compared with the previous year’s figures. It is clear that energy consumption associated with service demand is a long-term challenge and is likely to increase rather than level out in the future. The pressure is therefore on to increase efficiency by improving the way energy is used.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>2011/12</th>
<th>2012/13</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net energy consumption (million kWh)</td>
<td>694</td>
<td>734</td>
<td></td>
</tr>
<tr>
<td>Weather-corrected energy consumption (million kWh)</td>
<td>692</td>
<td>668</td>
<td>17% below base year</td>
</tr>
<tr>
<td>CHP on-site generated electricity (million kWh)</td>
<td>39.6</td>
<td>42.6</td>
<td></td>
</tr>
<tr>
<td>CHP on-site generated electricity as a % of total energy consumption</td>
<td>17.9</td>
<td>18.9</td>
<td></td>
</tr>
<tr>
<td>Cost of energy (£million)</td>
<td>34.2</td>
<td>37.5</td>
<td></td>
</tr>
<tr>
<td>Cost of energy (£/m²)</td>
<td>20.10</td>
<td>22.33</td>
<td></td>
</tr>
<tr>
<td>Carbon emissions (Kg/m²)</td>
<td>115.54</td>
<td>116.54</td>
<td></td>
</tr>
<tr>
<td>Energy consumption performance indicator (target 410 kWh/m² or below)</td>
<td>407</td>
<td>438</td>
<td></td>
</tr>
</tbody>
</table>

Waste performance at a glance

Waste is another area where the NHS can make a significant contribution to the environment. Figure 5 shows a summary of the main waste findings and, in general, an improving picture.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total quantity of waste disposed of</td>
<td>18,239 tonnes</td>
<td>17,522 tonnes</td>
</tr>
<tr>
<td>Total cost of waste disposed of</td>
<td>£5.46 million</td>
<td>£5.40 million</td>
</tr>
<tr>
<td>Total clinical waste disposed of</td>
<td>8,451 tonnes</td>
<td>8,663 tonnes</td>
</tr>
<tr>
<td>Total cost of clinical waste disposed of</td>
<td>£3.95 million</td>
<td>£3.94 million</td>
</tr>
<tr>
<td>Average cost of clinical waste disposed of per tonne</td>
<td>£467</td>
<td>£455</td>
</tr>
<tr>
<td>Total landfill waste disposed of</td>
<td>9,678 tonnes</td>
<td>8,765 tonnes</td>
</tr>
<tr>
<td>Average cost of landfill waste disposed of per tonne</td>
<td>£150</td>
<td>£161</td>
</tr>
<tr>
<td>Average recycling as a percentage of total domestic waste</td>
<td>15%</td>
<td>17.4%</td>
</tr>
</tbody>
</table>

Facilities Performance Report

Hotel services are critical to the delivery of patient care and have a major influence on the patient experience. In 2011/12 these services cost the NHS in Wales approximately £164 million, a reduction of over £4 million on the previous year. It is reasonable to expect the NHS to provide these services cost-effectively whilst ensuring the quality of the service is not compromised. This is where the EFPM and the NWSSP-FS annual performance reports can provide useful benchmarking information for individual NHS Trusts and Health Boards. By way of illustration, Figure 6 shows the cost/m² for hotel services within Health Boards and Velindre NHS Trust. A comparison between organisations should lead one to question the wide variation in cost/m² and should be a driver to improve performance. However, a word of caution is necessary: the reporting system does not look at the quality of the service provided. Adding a quality dimension would greatly enhance the value of such a cost comparison table. Currently, however, such information is not available.
Figure 6: Cost comparison of individual hotel services provided by NHS Trusts / Health Boards

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Catering</th>
<th>Cleaning</th>
<th>Portering</th>
<th>Laundry</th>
<th>Telecoms</th>
<th>Security</th>
<th>Postal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwg University Health Board</td>
<td>28.11</td>
<td>32.32</td>
<td>18.06</td>
<td>6.67</td>
<td>7.96</td>
<td>2.52</td>
<td>3.55</td>
</tr>
<tr>
<td>Aneurin Bevan Health Board</td>
<td>31.63</td>
<td>30.65</td>
<td>13.23</td>
<td>7.89</td>
<td>5.98</td>
<td>1.63</td>
<td>2.88</td>
</tr>
<tr>
<td>Betsi Cadwaladr University Health Board</td>
<td>25.24</td>
<td>24.86</td>
<td>14.97</td>
<td>4.71</td>
<td>6.82</td>
<td>1.15</td>
<td>3.05</td>
</tr>
<tr>
<td>Cardiff and Vale University Health Board</td>
<td>18.59</td>
<td>26.91</td>
<td>9.36</td>
<td>6.85</td>
<td>3.74</td>
<td>4.09</td>
<td>2.78</td>
</tr>
<tr>
<td>Cwm Taf Health Board</td>
<td>46.50</td>
<td>33.96</td>
<td>17.38</td>
<td>8.84</td>
<td>8.08</td>
<td>2.77</td>
<td>2.98</td>
</tr>
<tr>
<td>Hywel Dda Health Board</td>
<td>32.48</td>
<td>37.72</td>
<td>16.32</td>
<td>7.45</td>
<td>6.43</td>
<td>0.59</td>
<td>4.36</td>
</tr>
<tr>
<td>Powys Teaching Health Board</td>
<td>37.09</td>
<td>48.67</td>
<td>10.34</td>
<td>3.35</td>
<td>9.54</td>
<td>0.02</td>
<td>4.68</td>
</tr>
<tr>
<td>Velindre NHS Trust</td>
<td>18.20</td>
<td>24.05</td>
<td>13.66</td>
<td>4.15</td>
<td>8.19</td>
<td>4.69</td>
<td>3.03</td>
</tr>
<tr>
<td>Average cost/m² across Wales</td>
<td>28.57</td>
<td>30.87</td>
<td>14.40</td>
<td>6.66</td>
<td>6.45</td>
<td>2.18</td>
<td>3.23</td>
</tr>
</tbody>
</table>

Figure 7: Comparison of hotel services costs provided by NHS Trusts / Health Boards

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Cost of hotel services (£/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwg University Health Board</td>
<td>99.20</td>
</tr>
<tr>
<td>Aneurin Bevan Health Board</td>
<td>93.88</td>
</tr>
<tr>
<td>Betsi Cadwaladr University Health Board</td>
<td>80.80</td>
</tr>
<tr>
<td>Cardiff and Vale University Health Board</td>
<td>72.32</td>
</tr>
<tr>
<td>Cwm Taf Health Board</td>
<td>125.51</td>
</tr>
<tr>
<td>Hywel Dda Health Board</td>
<td>105.35</td>
</tr>
<tr>
<td>Powys Teaching Health Board</td>
<td>113.68</td>
</tr>
<tr>
<td>Velindre NHS Trust</td>
<td>75.97</td>
</tr>
</tbody>
</table>

Figure 7: Comparison of hotel services costs provided by NHS Trusts / Health Boards

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Percentage of total hotel services costs for each organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catering</td>
<td>Cleaning</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Abertawe Bro Morgannwg University Health Board</td>
<td>28.34</td>
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</tr>
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<td>Betsi Cadwaladr University Health Board</td>
<td>31.24</td>
</tr>
<tr>
<td>Cardiff and vale University Health Board</td>
<td>25.70</td>
</tr>
<tr>
<td>Cwm Taf Health Board</td>
<td>37.05</td>
</tr>
<tr>
<td>Hywel Dda Health Board</td>
<td>30.83</td>
</tr>
<tr>
<td>Powys Teaching Health Board</td>
<td>32.62</td>
</tr>
<tr>
<td>Velindre NHS Trust</td>
<td>23.96</td>
</tr>
<tr>
<td>Average percentage across Wales</td>
<td>30.94</td>
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<td>Average percentage across Wales</td>
<td>30.94</td>
</tr>
</tbody>
</table>
Cleaning services

Just under £55 million was spent on cleaning operations in the NHS in Wales, a reduction of approximately 1.4% on the previous year. The all-Wales average cost of cleaning operations was almost £31/m².

The service was provided by just under 2,300 whole time equivalent staff working over 4.1 million hours. Both the number of hours worked and the number of whole time equivalent staff decreased by approximately 2.4% since the previous year.

Cleaning is the only hotel service where a measure of quality is recorded in the EFPMS. The figures are based on self audits. The all-Wales average score was just over 91%, a marginal improvement on last year. Scores ranged between 75% and 99%. Clearly there is scope for improvement. Credits 4 Cleaning software continues to be utilised by Health Boards / Trusts to monitor their cleaning operations and its use to provide central returns is mandatory.

For further information contact: Peter Wiles on 029 2031 5542 or e-mail: peter.wiles@wales.nhs.uk

Catering services

Since the Auditor General for Wales published his report on Hospital Catering and Nutrition in March 2011, catering services in the NHS in Wales have been subject to particularly close scrutiny. This is reflected in the amount of catering data now included in the EFPMS, which has increased from 19 fields to 46. Here are just a few facts:

Almost £51 million was spent on catering operations in the NHS in Wales, of which, labour costs accounted for just over £28 million (approximately 55%). The average cost of a patient meal was £3.26 compared with £3.34 last year.

The percentage of food waste relating to untouched meals was 6.4% compared with 7.7% last year, falling well within the 10% target set by the Welsh Government and costing the NHS approximately £800,000.

It is clear from the data submitted to the EFPMS that a variety of methods of food service systems are used to provide meals to patients in Wales, ranging from conventional cooking to cook-chill and cook-freeze. The decision on which systems are adopted is left to individual Health Boards and Trusts. Figure 9 provides a breakdown of food services used. It is interesting to note that cook freeze currently is the most widespread cooking method employed.

Ysbyty Aneurin Bevan. Courtesy of Aneurin Bevan University Health Board

Figure 9: Percentage of patient meals provided according to type of service

Hybrid system 7%
Cook freeze bulk 48%
Cook chill bulk 4%
Cook freeze plated 1%
Conventional bulk 21%
Conventional plated 19%
Treated clinical waste as fuel for cement kilns

Clinical waste from NHS Wales has been collected, treated and disposed of under an all-Wales consortium arrangement managed by NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) for over a decade. The current consortium partner is leading healthcare services company SRCL who are treating over 6000 tonnes of clinical waste collected from the large majority of hospital sites across Wales (excluding acute hospitals in North Wales). As the clinical waste management service supplier to the All Wales Consortium (AWC), SRCL’s services include 770 litre bin exchanges for all acute and community hospitals, and a decant service for all health centres, GP practices, pharmacies and needle exchange centres.

It has been a long-term ambition of both the Consortium and of SRCL to move towards more sustainable methods of treating and disposing of this clinical waste and of moving towards a philosophy where it is no longer seen as simply a waste product to dispose of, but as a resource to be utilised.
The Consortium has seen noteworthy sustainability gains as SRCL alternatively treats the clinical waste stream (classed as HT 180103), and recovers an end product that is known as “flock”. This flock is then used to produce refuse-derived fuel (RDF) or solid refuse fuel (SRF) that can be used by cement kilns and energy-from-waste plants as a fuel source. Using RDF or SRF is advantageous to its users as this is a sustainable alternative to burning precious and finite fossil fuels. For healthcare waste producers and processors, it closes the loop and positively contributes to the overall environmental impact of their activities.

SRCL’s Account Manager Michelle Jones comments: “Working with the All Wales Consortium has been more than just providing a service. It has been about understanding the bigger picture, NHS Wales’ vision for sustainability and what helping to achieve this involves.”

The All Wales Consortium, has seen 6022 tonnes of HT 180103 waste alternatively treated to recover 5062 tonnes of flock in 2013, a 48% increase in waste recovery from 2012’s figures of 6354 tonnes of waste and 3414 tonnes of recovered flock. In 2013, the 5062 tonnes of flock was used as an alternative fuel source for cement manufacturers. Currently, this material is being shipped from South Wales to customers in Denmark, as there is a greater willingness and acceptance on the continent to use the SRF from clinical waste than there is currently in the UK. It is hoped that as this innovative practice becomes more mainstream, then the UK will catch up with Europe and the market here will grow.

The SRF derived from treated clinical waste comes from alternatively treating soft clinical waste such as gloves, personal protective equipment, dressings, gowns, swabs and surgical masks that are not contaminated with chemicals, human tissue or pharmaceuticals.

Alternative treatment is a non-burn technology and is the heating of waste to disinfect it. There are several types of alternative treatment methods such as autoclaves, hot oil augers, steam augers, microwaves and chemical
disinfection. As part of the alternative treatment process and to render the waste unrecognisable, the waste is also either pre-shredded (where the waste is shredded prior to heat treatment) or post-shredded (where the waste is shredded after heat treatment).

SRCL uses a pre-shred method that follows stringent checks as set out by industry guidelines once waste is received on site and again prior to processing. Once shredded, the waste moves through a heat disinfection unit that uses a hot oil process. The hot oil heats the waste, thus generating steam from the moisture within the waste to disinfect it.

The calorific value of SRF produced by SRCL is generally in the region of 21 to 25 GJ/tonne, with a minimum Net Calorific Value of 19.0. This compares favourably with refuse derived fuel from general industrial waste, which is around 15 GJ/tonne or from biomass (wood burning), which is around 12 GJ/tonne.

Given that the production of cement is an energy intensive process, there is understandable drive for it to be more sustainable. In September 2013, CemBureau, the European Cement Association and the representative organisation for the cement industry in Europe, unveiled its vision of what the cement industry could potentially achieve on the road to a low carbon economy of the future.

CemBureau’s report about “The role of CEMENT in the 2050 LOW CARBON ECONOMY” estimates that by 2050, 40% of kiln energy could potentially come from traditional sources, i.e. coal (30%) and petcoke (10%), while 60% of kiln energy could potentially be provided by alternative fuels such as those derived from waste products. This fuel mix would lead to an overall decrease of 27% in fuel CO₂ emissions.

The alternative treatment of waste from NHS Trusts and Health Boards, processing it into flock that is used as refuse-derived fuel, not only helps achieve targets in industries further afield, but in doing so, supports the aims of the Welsh Government’s “Towards Zero Waste” strategy.

NWSSP-FS is grateful to SRCL for its contribution to this article and for providing the supporting photographs. To find out more about the treatment technology used by SRCL e-mail marketing@srcl.com or visit www.srcl.com

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Changes to Part L of the Building Regulations

Another notable development this year will be important changes to Part L of the Building Regulations. The changes to the 2010 regulations are aimed at significantly reducing the impact of greenhouse gas emissions from new buildings.

From the information currently available, the amended regulations will focus on the effectiveness of building fabric designs and the efficiency of building services, inevitably driving developments in low and zero carbon technologies.

Constructing Excellence has already held seminars in North and South Wales, at which the Welsh Government outlined the rationale behind the changes and the consultants involved in drawing up the new document provided some background to the Regulations. Based on these seminars, there is clearly some way to go before the implementation of the new regulations which, according to the latest information from the Welsh Government, will be introduced this summer.

There will inevitably be further events on this subject nearer to its implementation, which readers are recommended to attend.

The future is bright:
It’s ’The Future Generations Bill’

In Issue 14 of The estate we’re in published last year we highlighted the Welsh Government’s Sustainable Wales White Paper, which has now morphed into The Future Generations (Wales) Bill. This takes forward the White Paper into a Bill format, due to be introduced in the summer of 2014.

The basic principles will be carried forward from the White Paper, so we look forward to finding out more about the role of the independent sustainable development body it proposes and what the Minister for Communities and Tackling Poverty had in mind in his July 16th 2013 statement that “This Bill focuses on the role that organisations delivering public services across Wales can play”. You can be sure that there will be implications for the NHS in Wales as we usually figure prominently in Welsh Government strategies and legislation.

Look out for Welsh Government announcements and presentations on the launch of this bill.

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Mention ‘asbestos’ and the word ‘sinister’ is probably not far from our minds. It has a certain ring about it, no doubt influenced by its reputation for being a deadly substance that has brought misery and death to countless thousands across the world. It is hard to believe that, as recently as the 1990s, some asbestos containing products could be legally imported, supplied and used in the UK. On the other hand, the amazing properties that made asbestos the wonder product of its day perhaps explain its popularity at the time and the reluctance to introduce a total ban on its use.

❖ Legislation and duty holder responsibilities

Whilst the import, supply and use of all asbestos containing materials was banned in 1999, its presence in countless products continues to have a major impact, not least in the NHS. Unless proven otherwise, buildings erected before the ban must be assumed to include asbestos. The use of asbestos has been highly regulated since the 1930s when The Asbestos Industry Regulations 1931 were first introduced, culminating in The Control of Asbestos Regulations 2012 (CAR 2012). In summary, the regulations require duty holders to:

■ Take reasonable steps to find materials in premises likely to contain asbestos and to check their condition;
■ Presume that materials contain asbestos unless there is strong evidence to suppose they do not;
■ Make a written record of the location and condition of asbestos and presumed asbestos-containing materials and keep the record up to date;
■ Assess the risk of the likelihood of anyone being exposed to these materials;
■ Prepare a plan to manage that risk and put it into effect to ensure that:
  • Any material known or presumed to contain asbestos is kept in a good state of repair;
  • Any material that contains or is presumed to contain asbestos is, because of the risks associated with its location or condition, repaired or if necessary removed; and
  • Information on the location and condition of the material is given to anyone potentially at risk.

❖ Health Board / Trust self assessments

In October 2012, at the request of the Welsh Government, Dr Clive Grace published his independent Review of the Long Term Mis-management of Asbestos at Bronglais Hospital. The review included a recommendation that Health Boards be required by NHS Wales Shared Services Partnership – Facilities Services (NWSSP-FS) to provide a self assessment of their asbestos management arrangements to be overseen and reviewed by NWSSP-FS, ideally with the involvement of the Health and Safety Executive (HSE). This

1. Asbestos removal works. Courtesy of Betsi Cadwaladr University Health Board
recommendation was accepted by the Welsh Government and in November 2012 NWSSP-FS commissioned the Health and Safety Laboratory, the commercial arm of the HSE, to draw up a self assessment questionnaire for issue to NHS Trusts and Health Boards.

The questionnaires, consisting of 25 questions whose aim was to examine compliance with the CAR 2012 and its associated approved code of practice and other relevant guidance, were issued in December 2012. The questionnaires were structured in such a way that answers could be robustly scored against agreed criteria. All Health Boards / Trusts met the end of January 2013 deadline.

Answers were analysed by HSL and a final summary report was issued by HSL at the end of February 2013. Individual Health Board /Trust reports followed in April.

❖ Self assessment findings

The report found that the overall level of compliance was deemed to be satisfactory for six of the ten organisations, requiring few, minor improvements. The remainder were classified as requiring improvement in light of more significant non-compliance matters. As a result, in April 2013 the Welsh Government wrote to each of the organisations requesting actions plans to be submitted by the end of May 2013. The plans submitted set out a timeline for achieving full compliance with the CAR 2012. It is NWSSP-FS’ intention to formally review progress against the plans within about 12 months of the submission of those plans.

❖ Verification audit conclusions

In order to address possible criticisms concerning the robustness and value of self assessment questionnaires, the Welsh Government agreed to fund formal audits of a sample of the questionnaire returns. The sample selected by NWSSP-FS consisted of Betsi Cadwaladr, Aneurin Bevan and Cwm Taf University Health Boards, three of the better performing organisations. Again, the HSL were commissioned to undertake the audits and the final reports were issued in autumn last year.

The audit reports concluded that the original self assessment questionnaire returns were accurate and appropriate and the pictures presented were of clear management structures and well-ordered management systems.

❖ In conclusion...

Having facilitated the review over a period of 15 months, it is NWSSP-FS’ view that there is an overwhelming sense of commitment within NHS organisations to improve the management of asbestos risks and estate risks in general, despite huge resourcing challenges. There is an expectation that the reassessment of the level of compliance with the CAR 2012 due to be carried out later this year will reinforce this view.

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Removal of asbestos from the former 1st Floor Pathology Department at Ysbyty Glan Clwyd, Bodelwyddan as part of an asbestos removal programme due to continue into 2017. This particular area was cleared by Christmas 2013. The photographs 1 and 2, show the extent of the work that has to be carried out and the fact that the Health Board had to take the building back to its skeletal form prior to redevelopment.
The chosen title for the new facility in the burgeoning SA1 quarter of Swansea is no mistake. Its siting, presence and elegant execution shine and radiate quality.

Set over five levels it accommodates a range of health sector user groups but this is no clunky hybrid. The spatial separation and transitions are handled with a cool assurance and underpin the architectural success of the facility.

❖

The Appointment

Apollo Capital Projects was appointed as preferred Third Party Developer following a design competition run by Abertawe Bro Morgannwg University (ABMU) Health Board in late 2007. B3 Architects, Cardiff were retained by Apollo to lead the design team.

The selection panel consisted of the two local GP practices, Health Board and the University. Once appointed Apollo commenced user group meetings with the project team to establish the scope of the scheme.

❖

Description

The Beacon Centre is set over 5 levels including basement car park, ground, first, second and third floor. The gross internal area is circa 3300sqm and houses six separate user groups.

- Harbourside Medical Centre
- SA1 Medical Practice
- Eastside Dental Centre
- University College of Medicine
- ABM University Health Board
- Co-operative Pharmacy

❖

Design Process and Procurement Route

Preliminary work was undertaken to ascertain the schedules of accommodation. Once this was signed off the design work commenced to prepare sketches and preliminary layouts for the user groups to approve. These
designs were then drawn up into accurate base plans to establish the net and gross internal area and then elevations and sections. Following several changes in the overall internal area and user zones, including the apportionment and use of shared space, ABMU and Apollo submitted a Business Case to the Welsh Assembly Government for funding of the General Medical Services portion of the scheme.

The design team was tasked with matching or exceeding the high quality of the existing buildings on SA1 and also reflecting the prominence of the site on the gateway into the SA1 development.

The design team was tasked with bringing forward the proposals to a detailed set of Employer’s Requirements which were then put out as a Design and Build package. B3 Architects were then novated as consultant architects to Dawnus Construction the successful and locally based contractor.

❖ The Building

The solution is an elegant design using a simple but effective palette of materials. Externally high-quality self-finished materials were specified to reduce maintenance requirements and to ensure the building’s appearance endures. The majority of the ground floor building is constructed in smooth black facing brickwork to provide a dark semi glazed homogenous plinth.

The dramatic corner box element is expressed in zinc rainscreen cladding, in a large format diamond pattern tile wrapped elegantly through 90° at the corners. Fenestration, brise soleil and column casings are polyester powder coated aluminium, dark grey in colour to blend with the brickwork and zinc elements.

Feature cut outs in the facades are picked out in a vibrant fresh green colour, providing interest and contrast to the generally monochrome palette of materials. These accent the balconies on each floor for the building users.

The rear elevation (to the North) incorporates elements of through coloured proprietary render above a brickwork plinth. This reflects the need to use more economical materials to balance the high quality materials used on the main elevation and also reflects the render used on the two adjacent buildings.

The internal palette of materials is elegant in its simplicity: generally smooth white plastered walls, oak doors, architraves and skirtings with ceramic, vinyl and carpeted floors and colour coordinated to each of the user zones.

A key element of the building is the glazed full height atrium which clearly indicates the entrance point from the outside, separates the occupancy zones and provides a space for visitors to adjust to the internal environment and

Main entrance
Courtesy of Apollo Capital Projects
Photographer: B3 Architects

GP practice reception
Courtesy of Apollo Capital Projects
Photographer: John Cooper Photography

Front and side elevation
assimilate the clear wayfinding markers. A mature fig tree symbolizes life, nature and growth and helps to softens the space. The first impression on entering the Beacon Centre is one of elegance and sophistication.

In order to reduce reverberation in the main atrium an acoustic consultant was employed to model the principle spaces and design to reduce reverberation. The solution was to erect sound absorbing boards on the walls clad with natural oak framing and baffles to create a soft but striking architectural feature.

The internal spaces are generally of equally high quality. Tapering circulation areas which funnel visitors and door pockets in corridors to make open fire doors more discreet both display an attention to detail far removed from a regular institutional building.

DGA Architects were appointed to provide interior design services. Each user zone was branded with a logo and colour which all came under the overall building brand: the Beacon Centre for Health. The logo for the Beacon was designed by Studio LR a branding specialist who worked with the Apollo and DGA team to come up with a strategy for identity and way finding. The scheme provides clear and elegant graphic signage to aid wayfinding in the atrium space and through the entire building. This graphic solution helps to address the issue of the many languages spoken by the communities served. The results are extremely impressive.

❖ **Energy**

The building exceeds TAN 22 guidance by achieving an overall BREEAM Excellent rating with Excellent in ENE1. The EPC rating of 26 made this one of the most energy efficient health care schemes in Wales. Solar glass, passive ventilation systems, PIR and daylight controlled lighting plus a combined heat and power system all contribute towards the reduction in running costs for this facility. In addition the air tightness of 4.96% makes this building efficient as heat is retained in the winter, while the passive ventilation and solar glazing reduces overheating in the summer.

❖ **Construction**

Swansea based Dawnus Construction commenced site works in October 2011 and the scheme was handed over in April 2013. It has been established that over 50% of the entire construction costs were spent in the Swansea district. Furthermore 95% was expended in Wales through the consultant team and sub contract packages.

The sub structure was 30m deep driven concrete pile foundations with 5m deep driven sheet piles to form the basement car park. Excavated material was taken to a local facility to be recycled and brought back as aggregate for backfilling and base courses. The structure is an insitu concrete frame with concrete flat slab construction and a cast fair faced concrete lift shaft and feature stair.

The overall capital value of the scheme was £7.25m.
The Beacon Centre Backstory

Where were we?
Where did we want to be?
How did we get there?

All the above tells us something about the outcome, the finished article. Impressive as it undoubtedly is, it is only the visible 10% of the proverbial iceberg in terms of the processes, guidance and constraints which shaped it. We will now explore the backstory and design parameters.

The Primary Care Team at the Shared Services Partnership (formerly Welsh Health Estates) was closely involved in this project from its inception (2005) to the formal opening by Edwina Hart in July 2013. Inputs covered working with the Health Board, WDA (as was), developer, architect, District Valuer, GPs, Swansea University et al.

Advice and guidance included initial viability studies, selection of third party developer, site selection, rental levels, bid preparation, design and layout, specification and room data sheets, occupational lease terms, service charges and occupational costs, legal implications for lessees, building management etc.

Urban Context

Functionally it was important that the interior of the site forms part of the SA1 waterfront regeneration development. This key development sits alongside and is accessed from the main arterial road into Swansea, Fabian Way. The SA1 development aims to regenerate a brown field industrial dock site into a vibrant mixed use waterside development.

The physical context surrounding the site is urban in nature and the SA1 development includes a variety of uses, including residential, office, retail and hotel as well as a range of differing contemporary architectural styles.

Social context

Two communities were formerly served by the long established Port Tenant and Tawe General Practice doctors’ surgeries. These practices previously operated from inadequate and outdated premises. This project aimed to provide bespoke modern facilities to support the objectives of the NHS in transforming healthcare provision.

The provision of a new primary care centre addressed a priority for East Swansea within the Integrated Estates Strategy for Primary Care in Swansea 2008. The new centre provides a multidisciplinary integrated approach to healthcare.

The centre was intended to provide new premises to replace the inadequate premises of the two GP practices, dental facilities, additional general medical services to run a variety of out patient clinics, a retail pharmacy and better integration with Swansea University, supporting the training and education of medical students.

Planning policy

This project was a key project within the SA1 development supporting local planning policy through the regeneration of the SA1 corridor. The design was developed to meet the requirements of:

- The SA1 Masterplan
- Designed for Life – A world class health service for Wales (WAG 2005)
- TAN 12 Design
- TAN 15 Development and Flood Risk
- TAN 22 Planning for sustainable buildings,
- Planning Policy Wales – Edition 3 Chapter 4 planning for sustainability

Involvement

The design team and client group undertook many stakeholder consultations from the inception of the design process to ensure the proposals would be able to meet the needs of the end users. (TAN 12:2.4/3.3). The project was scored using the NHS Achieving Excellence Design Evaluation Toolkit (AEDET) at two separate workshops which were independently facilitated by Welsh Health Estates (now integrated into the Shared Services Partnership).

At every stage throughout the design process, the SA1 team and their design advisor was consulted. The final design was presented to and discussed with Swansea Planning Department before submission to the Welsh Assembly Government.

In addition the local community was consulted. The consultation followed the engagement action plan which was submitted as supporting information to the planning application. The full process also included:

- Issuing a letter with a Question and Answer sheet (FAQ style)
- Issuing a questionnaire
- Displaying information posters
- Meeting with the Swansea Disability Forum to discuss accessibility of the scheme

Key Drivers

These were identified as follows:

- Orientation
- Location
- Views
- Scale and Massing
- SA1 Masterplanning constraints such as
  - Car parking
  - Continuation of Street Frontage
  - Modelling of façade and Human scale
  - Key nodal points
  - Linearity of Langdon Road

NHS Internet: www.wales.nhs.uk/whe
The design evolved with the changing brief and accommodation types. However, lessons learned through the initial site analysis remained key to the final design.

The site (A13) is located on the roundabout on Langdon Road, which was defined as a key nodal point in the SA1 Masterplan. The expectation was that the site provided an interesting junction and point of interest as the primary gateway into the site. The long axis of the site faces south with the potential for solar gain and glare. The building design mitigates this with the provision of Brise Soleil on the large areas of glazing.

Key views indicated in the Masterplan (across the dock and along Langdon Road) were maintained and reinforced by the building form.

Important considerations were the requirement to provide a continuation of the street scene and similar massing to the adjacent buildings and to provide a focus at the roundabout nodal point. This in effect meant a minimum of three storeys along the Langdon Road façade with a rise to four storeys at the roundabout.

Car Parking was required to be hidden from the street frontage and is therefore either located beneath or behind the building. The quantity of car parking was the subject of much discussion and was optimised to balance the provision for the users whilst restricting numbers to coincide with BREEAM requirements.

❖ Alternative sites

In order to establish the best site for the new development, the Local Health Board in conjunction with the developer investigated potential alternative sites within the Port Tennant and St Thomas areas.

The options for alternative sites for a development of this size were limited due to the dense nature of the residential streets. Four sites were considered and evaluated before being ruled out in preference of the SA1 site:

❖ Design Development

The project underwent a number of re-designs before its final incarnation. The key challenge in this process was to reconcile the final reduced accommodation area with the required massing of the SA1 design Masterplan. The design that emerged retained many of the features of the original design, whilst using a simpler architectural language.

The massing provides the required linearity and completion of the street scene along Langdon Road and provides a focus at the nodal point by the use of a feature box element clad in large zinc tiles.

The site slopes from the high point adjacent to the WISP (ellipse) building to the south western corner by about 1.5metres. Accordingly the building was raised slightly out of the ground at the south western corner to help with wheelchair access to the building. It also resulted in reduced excavation.

Key cut outs in the southern façade provide modelling to the façade to meet the requirements of the Masterplan whilst also providing the opportunity to draw light into the consulting corridors, improving the internal environment.

The accommodation adjacent to the right of the atrium uses a box device to draw together the disparate floor plate requirements into one geometric element, whilst providing external brise soleil and a balcony at second floor level.

This scheme was re-evaluated at a second AEDET and scored highly, the concerns about car parking, access and the aesthetic from the previous AEDET process having been resolved.

❖ Use

The Beacon Centre is a multi-disciplinary centre, incorporating a variety of uses associated with Health. This is a key policy within the Welsh Assembly Government’s document “Designed For Life”. The underlying principle is that where associated functions can be co-located, efficiencies and better healthcare outcomes can be generated by better interaction between different healthcare professionals.

There are a variety of users of the building, including staff, university medical students, NHS patients, dental patients and customers visiting the pharmacy.

❖ Areas and Occupancy

The GMS (General Medical Services) portion of the scheme incorporates space for likely future expansion as the population of eastern Swansea is predicted to grow.

<table>
<thead>
<tr>
<th>Site area</th>
<th>3439sqm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total gross floor area</td>
<td>3330sqm.</td>
</tr>
<tr>
<td>Occupancy</td>
<td>Up to 228 visitors (including patients, students and customers), plus 65 staff.</td>
</tr>
</tbody>
</table>
Project Details

Start on site: October 2011
Completion: April 2013
Site area: 3,439 m²
Gross internal floor area: 3,300 m²
Capital costs: £7.25 million
Client: Abertawe Bro Morgannwg University Health Board
Third Party Developer: Apollo Capital Projects
Architects: B3 Architects
Structural Engineers: Burroughs Engineers
M & E Engineers and BREEAM: McCann & Partners
Quantity Surveyors: RPA Associates
Employer's Agent: RPA Associates
Main Contractor: Dawnus
Transport

There are very good public transport links for SA1, with bus stops directly adjacent to the site. In keeping with the SA1 Masterplan and the general trend to encourage people to use public transport, car parking has been provided only for key staff and a proportion of the potential visitors to comply with the requirement of the BREEAM methodology.

Layout

The centre is accessed via the Atrium either by foot from Langdon Road or by foot from the rear car park.

The Atrium is used not only to separate functions but also to provide the visitor with space and time to become accustomed to the building and work out where he/she wants to go.

To the left hand side of the atrium as accessed from Langdon Road, are the doctor’s surgeries of Port Tenant and Tawe. The reception area is based at ground floor level and is visible from the atrium. Waiting is on both ground and first floors, directly accessed from the atrium. Above this are the back of house administrative functions related to the doctors practices.

To the right hand side of the atrium are:
- The retail pharmacy at ground floor
- Eastside Dental at first floor
- The School of Medicine (Swansea University) at second floor and
- ABMU health services at third floor level.

Scale

Scale was a key factor in the SA1 Masterplan. The design is predominantly three storeys for the majority, which respects the surrounding massing and continues the streetscape, with a four storey element to reflect the nodal T point on the roundabout. Human scale is provided by use of the colonnade to the front and also a plinth to the rear.

Use of energy and natural resources

The site is close to the City Centre, so access to the building for the local communities is convenient. Good provision of public transport enables vehicular transportation to be kept to a minimum.

Energy consumption within the building is in line with the Welsh Government’s requirements to achieve a BREEAM healthcare rating of Very Good with Excellent for the energy efficiency. In order to achieve this, the building adopts the following strategies:
- Good passive solar design
- Air tight construction
- Efficient heating systems using mini combined heat and power (mini CHP)
- Energy saving lighting fittings and controls.

Promoting a successful relationship between public and private space

The design has developed so that there are clear distinctions between public, semi-private and private spaces. For example, the internal layout includes a natural progression from public spaces (atrium and waiting areas) to semi public areas (consulting corridors) to private areas (consulting rooms and back of house staff areas).

All areas are carefully planned to increase passive supervision by reception staff and to allow segregation and access control. These key design elements not only increase security but also help staff to supervise patients who may be lost within the building. The AEDT process looked in detail at how successfully these aspects of the design were incorporated.
Designing for change

The building has been designed to maximise flexibility. It is a concrete and steel framed structure, which allows for flexibility in the placement of partitions. The accommodation requirements were based not only on the local population at present but on projections for likely population increase in the area.

Promoting quality, choice and variety

The quality of the built environment has been considered throughout the design process. Natural ventilation is employed throughout, with solar shading to the larger areas of glazing, employing the stack effect for the main communal spaces.

The SA1 development Masterplan allows a varied approach to architectural styles whilst restricting material choice to preserve the quality of the overall development. High-quality materials have been employed in the design of the Primary Care Centre; especially focussing around the key nodal point and areas visible from outside the site.

Choice and variety has been further provided through the mixture of internal and external spaces. For example, let’s look at the journey of someone visiting the nurse for an injection at one of the doctors surgeries. One enters into a 4 storey atrium, and heads into the single storey reception area, the patient can either book themselves in or speak to the receptionist. There is a choice of seating types from more traditional seats with backs and arms to more casual seating without arms. On being called, the patient will proceed down the widened corridor towards the treatment room; natural light entering the corridor towards the end will help to make the space more pleasant and natural.

Community Safety

As an important civic building the design has conflicting aims of providing a safe and secure environment for visitors, staff and the community, whilst maintaining the openness of character, welcoming nature and clear access, required by a community building of this type.

The general approach has been to provide:

- landscaping at low level to encourage views into and across the site
- passive supervision externally by placing occupied spaces where they can overlook and supervise external areas
- clear site and building entry points so that visitors do not get lost or deviate from planned routes
- clear routes within the building to aid wayfinding
- clear segregation of public, semi public and private spaces with access control to help prevent people from being in the wrong areas.

Secured by Design (SBD)

The design incorporates the following security features:

- Passive supervision of public areas by reception staff
- High walls to street boundaries
- Managed and monitored car parking
- CCTV coverage of internal and external areas to deter anti-social behaviour
- Panic alarms
- Security alarms linked to the police station
- Windows with increased security specification
- Doors with increased security specification
- External lighting, in compliance with BREEAM criteria.

So where are we now?

The Beacon Centre is without question one of the finest examples of its type in Wales. Set in the progressive and ambitious SA1 quarter of Swansea the centre more than holds its own among its neighbouring buildings and plays a key defining role in the cityscape.

The hybrid model of occupancy and the third party developer procurement route have become mainstream and have delivered a seismic change in old school Primary Care accommodation.

The Beacon Centre for Health in its design and execution is an example par excellence.

Acknowledgement

‘The review of The Beacon Centre for Health was carried out by Phil Withecombe on behalf of NHS Wales Shared Services Partnership – Facilities Services. Phil is an Architect with many years’ experience in the health design sector. We are grateful to Bro Morgannwg University Health Board for giving us permission to undertake this review and to Apollo Capital Projects for facilitating the review. We are particularly grateful to B3 Architects for providing background information and supplying some of the photographs and the floor plans.

For further information contact:
Peter Wiles on 029 2031 5542 or e-mail: peter.wiles@wales.nhs.uk
Guidance on healthcare fire safety is currently addressed in the Health Technical Memorandum (HTM) 05 series publications, generically known as Firecode. This suite of documents has evolved over the years, from the early guidance such as Hospital Design Note 2, dated 1965 through the HTM 81 and ‘Nucleus’ era of the ’70s and ’80s, to the current HTM 05 series introduced in 2006.

The current suite of documents now comprises 14 publications:

| HTM 05/01 | Managing Healthcare Fire Safety (Welsh edition) |
| HTM 05/02 | Guidance in support of functional provisions for healthcare premises |
| HTM 05/03 | |
| Part A | General fire safety |
| Part B | Fire detection and alarm systems |
| Part C | Textiles and furnishings |
| Part D | Commercial enterprises |
| Part E | Escape lifts in healthcare premises |
| Part F | The prevention and control of arson in NHS healthcare premises |
| Part G | Laboratories on healthcare premises |
| Part H | Reducing false alarms (Welsh edition) |
| Part J | Guidance on fire engineering of healthcare premises |
| Part K | Guidance on fire risk assessments in complex healthcare premises |
| Part L | NHS fire statistics 1994/5 – 2004/5 |
| Part M | Guidance on fire safety of atria in healthcare buildings |

HTM 05-02, which is the main document addressing fire safety for the design of new healthcare premises and major new extensions to existing healthcare premises, is currently in the final stages of review by the Department of Health with a revised publication due imminently.

This latest document has been restructured to follow the functional requirements of Regulations B1 to B5 of the Building Regulations. Furthermore, many of the revisions now align Firecode with the content of Approved Document B - Volume 2. For example, fire hydrants should now be provided within 90m of dry rising main inlet, whereas previously Firecode stipulated 100m.

Whilst many of the revisions are intended to improve the format of the document, reflect updated national standards and eradicate the existing anomalies in the guidance, some of the changes are more significant as indicated below:

- Historically, the healthcare environment has adopted the concept of progressive horizontal evacuation (PHE), whereby patients are moved away from the fire incident to safer areas on the same level. This concept remains unchanged. However, recognising the importance of sub-compartmentation in supporting the evacuation strategy, fire and smoke dampers interfaced with the fire alarm system are now required for ductwork penetrations through sub-compartment walls, whereas previously fusible link dampers were permitted.

- Where vertical evacuation becomes necessary, Firecode has historically promoted ‘mattress evacuation’, albeit even though there is now a vast array of evacuation aids available, the use of these on stairways may not always be appropriate. This is particularly the case where bariatric or very high dependency (VHD) patients are located on upper levels. Accordingly, Firecode now requires the provision of at least two evacuation lifts where bariatric and/or VHD patients are located above the...
ground floor. The actual number and location of lifts required will be scheme dependent.

- This requirement for evacuation lifts also now negates the previous restriction on limiting departments for Very High Dependency patients to floors no greater than 12m above ground.

- The list of ‘hazard rooms’ has been revised with such omissions as day rooms and rooms for the elderly no longer being designated as requiring a 30 minute fire resistant enclosure. This change is in recognition of the prohibition of smoking in these environments.

- Additional guidance is provided for the mental health sector, which now includes a requirement that swing-free door closers are fitted to mental health bedrooms, the number of beds permitted in a sub-compartment is restricted to 10 and shared bathrooms are now designated as hazard rooms requiring a 30 minute fire resistant enclosure.

- Additional guidance on car-parks has been included, which restricts sub-building car parks and/or requires sprinkler protection dependent on the building use and occupancy.

The above is not an exhaustive list of the proposed revisions but is intended to give an overview of some of the amendments that are being adopted. These aim to reflect the changing demands on healthcare buildings and ensure that future designs support effective fire safety management.

Historically, the development of Firecode has been led by the Department of Health in England through the National Fire Policy Advisory Group (NFPAG). However, the devolved health administrations of Wales, Scotland and Northern Ireland, have been able to amend their respective guidance whilst still preserving the core principles. This has resulted in Welsh editions of some of the above documents, as indicated in the schedule on page 23.

Furthermore, within Wales, following the demise of the Space for Health website, all of these documents are in the process of being rebadged as Welsh Health Technical Memorandums. NWSSP – Facilities Services are also taking this opportunity to update the content where necessary. These will be uploaded to the NWSSP – Facilities Services document library in due course with the updates publicised through Publication Notices.

Upon publication of the revised guidance, NWSSP – Facilities Services are proposing to host a series of regional workshops/seminars across Wales to raise awareness of the latest guidance.

For access to the above listed guidance, please visit the NWSSP – Facilities Services intranet and internet websites at howis.wales.nhs.uk/whe or www.wales.nhs.uk/whe respectively.

For further information contact:
Anthony Pitcher on 029 2031 5531 or e-mail: anthony.pitcher@wales.nhs.uk
In 2013, Abertawe Bro Morgannwg University Health Board needed to replace an extremely old, but very important piece of imaging equipment. The existing unit was to some extent unique and had performed successfully far longer than the designers had envisaged. It was originally installed in the old St Lawrence Hospital in Chepstow and, following the relocation of the maxillo-facial department, re-installed in Morriston Hospital.

The time was now right for a new system to be procured; this would not only replace the aged system, but also ensure that the new department in Morriston Hospital, to be opened in the summer of 2014, would be state of the art.

NWSSP – Facilities Services was instrumental in generating the specification for the new equipment. Following an exhaustive and informative evaluation process, facilitated by NWSSP – Facilities Services, during which the clinical team evaluated several systems with varying capabilities, it became evident that the solution of choice would be the Morritta 3D Accuitomo 170 conebeam CT system.

The system pre-installation works were carried out by the Health Board’s estates department to allow for an interim installation into the radiology department and the system is performing clinical examinations with excellent image quality.

For those in the know, some of the key features of the new system are:

- 9 current CBCT fields of view from 40x40mm up to 170x120mm with volume stitching protocol to provide effective 170x220mm with two scans soon to be installed. Morriston will be one of the first in Europe to test the new stitching protocol and web viewer.
- 2-direction Variable Field of View scout mode.
- 4 imaging modes – High Speed, Standard, High-Fi, High Resolution.
- Exposure angles of 180 degrees and 360 degrees can be selected.
- 3D data acquired from 5.4 seconds (high speed mode, 180 degrees) up to 30.8 seconds (High resolution mode, 360 degrees).
- High speed mode, 40x40mm FOV, 180 degrees, low mA settings, can perform imaging with a patient dose of around that of a bitewing dental radiograph, albeit with image quality less than that of a CT scanner but is often considered sufficient for some procedures.
- 3D reconstruction complete within 1-5 minutes depending on parameters.
- Understood to be the highest image resolution CBCT device in the world. High quality standard resolution images across all fields of view.

The clinical end users are said to be delighted with their installation which was provided at a cost of approximately £250,000.

For further information contact: Andrew Ward on 029 20315520 or e-mail: andrew.ward2@wales.nhs.uk
The idea behind the Project Gallery is to provide a few examples of projects recently completed or nearing completion in the NHS in Wales. They are a reminder that significant capital investment continues to be directed to the NHS estate.

NWSSP – Facilities Services is grateful for the assistance provided by Health Boards in producing this feature.

Further information on the projects included here can be obtained from Nigel Davies, Head of Estate Development at NWSSP – Facilities Services on 029 2031 5543 or e-mail nigel.davies4@wales.nhs.uk

CWM TAF UNIVERSITY HEALTH BOARD
Seren Ward, Royal Glamorgan Hospital, Llantrisant

The 7th October 2013 saw the official opening of the newly refurbished Seren Ward, the dementia assessment unit based at the Royal Glamorgan Hospital.

In the words of the Health Board “Before the facelift, the environment was unwelcoming and could be a frightening place to be for patients. But after significant investment by Cwm Taf Health Board (approximately £208,000) it has now been painted in subtle calming shades, has natural light, a beautiful garden and lounge areas that are warm and inviting. The changes will make assessment in the unit safer and more therapeutic for those suffering often extremely distressing symptoms related to their dementia.

Seren unit has effectively been split into two. This allows the development of an enhanced care unit (ECU) for those patients who are experiencing extreme distress and exhibiting disturbed behaviour and need high levels of care. By developing the model in this way staff will be able to meet the needs of the most physically frail and most disturbed in an effective and safe way.

Also benefitting from this investment is St David’s unit, which is a 10-bed functional assessment unit. It has been completely redecorated and the use of living space altered to ensure that a therapeutic environment is achieved giving patients more communal living space which can be used flexibly depending on the patient mix at any one time.

As part of the refurbishment programme the doors were made wider, observation windows were added and a room with soft wall coverings and special flooring was created for patients who are at risk of falling. The bed lowers down to the floor in the evenings reducing the risk of injury should a patient be at high risk of a fall.

Plug points are flush to the walls and radiators are in the ceiling. All this makes for a safer environment for the patients.

One of the lounges has a projector on the wall and music facilities, another has been equipped with a computer console.

The walls of Seren ward are decorated with pictures of the Rhondda valleys past and present and a mosaic which patients and volunteers from Gwanwyn Festival and Age Cymru created lights up the corridor all aiding the assessment process.

Photographs, courtesy of Cwm Taf University Health Board
Children’s Development Centre, Singleton Hospital, Swansea

This recently completed scheme co-located and re-provided childrens’ therapy services which were previously provided across five community sites and in two separate wards at a community hospital.

Most of the community based sites were not fit for purpose and parents and their children had to travel to multiple locations across Swansea to access services including, occupational therapy, physiotherapy, speech and language therapy, and community paediatricians.

The facility, with a capital value of approximately £1.74 million, will allow for one-stop and more effective co-ordination of disabled children’s care in a multi-disciplinary assessment and review environment that incorporates dedicated art solutions.

Photographs, courtesy of Abertawe Bro Morgannwg University Health Board

Paediatric Theatres 11 and 12, Morriston Hospital

Located within the main Nucleus block at Morriston Hospital, the newly refurbished facilities provide modern and fit for purpose theatres, sluice rooms and anaesthetic facilities. Costing in the region of £970,000, the refurbishment works included the replacement of lighting and floor finishes to ensure appropriate paediatric dedicated support for local ENT, Plastic, Urology, Orthopaedic and Endoscopy services.

The theatres now benefit from an adjacent recovery area equipped with special paediatric equipment, and staffed to provide the children appropriate first stage post operative care. The colourful and detailed murals at the entrances to the anaesthetic rooms are a great source of interest, delight and distraction to our young patients and contribute hugely towards improving an experience that, for some, can be distressing. The welcoming environment works well with the warm and welcoming ethos maintained by the theatre team.
The newly refurbished Neonatal Unit at Singleton Hospital, with a capital value of approximately £3.4 million, accommodates the designated tertiary neonatal service for the population of South West Wales. Services are provided for mothers with high risk pregnancies who are transferred from other units for delivery. The Unit also cares for sick babies transferred from other units for intensive care.

The delivery of care requires a highly technological environment and each critical care cot needs to be equipped with an incubator, monitor, ventilator, syringe pumps, phototherapy unit etc. This investment in facilities and equipment provides a safe and compliant neonatal environment to support babies who are nursed in cots or incubators in a range of areas within the flexible space according to their needs for life support systems, intensive care, observation or isolation.
Recently completed, this £7.8m new 21-station renal unit is a welcome building for the people of Pembrokeshire. A new world class facility, it contains all the technology one would expect to find in a modern, state-of-the-art renal dialysis unit. Previously, kidney dialysis patients only had access to a 6-station facility operating out of portacabins on the Withybush Hospital site, with many patients having to travel to Carmarthen and further afield for regular dialysis.

With a floor area of approximately 1,200m², the facility includes consulting, training and treatment areas, together with seminar and conference facilities. The new building also benefits from individual patient televisions and WiFi access through the treatment areas. The building is fully disabled and bariatric compliant.

The unit has achieved BREEAM “excellent” status and incorporates solar powered electrical generators. It is the greenest building ever produced by the University Health Board. An added feature was the use of the award winning Pictorial Signage which was invented and pioneered at Withybush Hospital. Further design features include addressing the needs of dementia patients by the use of colour definition.

The project was completed within 18 months, of which 6 months were dedicated to an enabling contract. The building was delivered earlier this year on time and within budget in partnership with Interserve Building via the Designed for Life: Building for Wales procurement framework.
The year 2013/14 continued to present challenging conditions in the property market. Nevertheless, NWSSP – Facilities Services’ Property Management section successfully completed 25 land and property disposals during 2013/14 for combined total receipts of £7m. Whilst the number of sale completions was significant the average sites were small and generally low value. These sales have only been achieved through successful partnership between NWSSP – Facilities Services and the respective Health Boards and NHS Trusts planning and estates personnel.

The larger hospital disposals completed during the year were Hill House Hospital, Swansea, Clydach Hospital, Builth Wells Hospital and St Tydfil’s Hospital, Merthyr Tydfil. Four sites, including the hospitals at Builth and Clydach, were sold to housing associations under the NHS Affordable Housing Protocol. A further 7 properties are being investigated for affordable housing opportunities during 2014/15.

However, there is anticipation of improvement in the property market for 2014 and it is hoped this will be reflected in capital receipts for the year.

**NHS Property Disposal Programme**

NWSSP – Facilities Services successfully negotiated revenue savings on leases in excess of £650,000 during 2013/14. These savings were generated through restructuring a number of leases together with negotiating revised rental levels at lease renewal or rent review stage.

All known lease arrangements are now documented on e-PIMS (a property database produced by central government and promoted amongst the public sector in Wales). NWSSP – Facilities Services will be generating its annual e-PIMS reports on current leases to all NHS organisations during the first quarter of the year. This will enable Health Boards and NHS Trusts to make strategic decisions on their leased portfolio.

**Lease management and e-PIMS**

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Gareth Roberts on 029 2031 5527 or e-mail: gareth.roberts3@wales.nhs.uk

or

For further information contact:
Clive Ball on 029 2031 5528 or e-mail: clive.ball@wales.nhs.uk

or

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Andrew Nash on 029 2031 5548 or e-mail: andrew.nash@wales.nhs.uk
Over the past 12 months the NWSSP – Facilities Services Primary Care team has been involved in the delivery of a number of schemes. Below is a selection of the most recent projects.

❖ Rhymney Integrated Health and Social Care Centre, Mid Glamorgan

Project details:
Client: Aneurin Bevan University Health Board, Caerphilly County Borough Council, Dr Evans and Dr Potts
Third Party Developer: MedicX
Floor area: 3,718m² GIA
Cost (Total): £7.7m
Architects: Powell Dobson
Building Contractor: Dawnus Construction Limited
Project Managers: E C Harris
M&E Engineers: Hicks Titley
Start on Site: 30 April 2012
Completion Date: 6 December 2013

Courtesy of MedicX and Cwm Taf University Health Board
Photographer: Matt Livey

NHS intranet website: howis.wales.nhs.uk/whe
Ardudwy Health Centre – Harlech, Gwynedd

Project details:

Client: Amcen Developments
Third Party Developer: Assura
Floor area: 660m² GIA
Cost (Total): £1.32m
Architects: W M Design and Architecture Ltd
Building Contractor: Williams Homes (Bala) Ltd
Project Managers: Adeiladol Cyf
Civil and Structural Eng: Evans Wolfenden Partnership; Bob Johnson Consulting Engineers
M&E Engineers: Carpenter Davis Partnership
Start on Site: 22 March 2013
Completion Date: 29 November 2013

Cloughmore Medical Centre, Cardiff

Project details:

Client: Cloughmore Surgery – Dr Foy & Partners
Third Party Developer: Apollo Capital Projects
Floor area: 1,050m² GIA
Cost (Total): £2.5m
Architects: Boyes Rees Architects
Building Contractor: Dawnus Construction
Project Managers: RPA Ltd
M&E Engineers: McCann & Partners
Start on Site: August 2012
Practical Completion date: 2 August 2013
Opened to public: 19 August 2013
Felinheli Health Centre, Gwynedd

Project details:
Client: Betsi Cadwaladr University Health Board and Felinheli Surgery
Third Party Developer: Amcen Developments
Floor area: 880m² GIA
Cost (Total): £1.9m
Architects: W M Design
Building Contractor: Watkin Jones & Son
Project Managers: Adeiladol Cyf
M&E Engineers: Carpenter Davies Partnership
Start on Site: 10 September 2012
Completion Date: 30 July 2013

Rumney Primary Care Centre, Cardiff

Project details:
Client: Rumney Medical Centre, Cardiff & Vale University Health Board and GS Bhogal Pharmacy
Third Party Developer: Apollo Capital Projects
Floor area: 2,386m² GIA
Cost (Total): £6m
Architects: Boyes Rees Architects
Building Contractor: Vinci Construction
Project Managers: RPA Ltd
M&E Engineers: McCann & Partners
Start on Site: 13 September 2012
Completion Date: 30 September 2013

Acknowledgements
NWSSP – FS is grateful for the information and images provided by each of the individual developers to enable publication of this feature.

For further information contact:
Gareth Roberts on 029 2031 5527 or e-mail: gareth.roberts3@wales.nhs.uk
Over the last 18 months, at the request of the Welsh Government, the NHS Wales Informatics Service (NWIS), supported by NWSSP - Facilities has been looking at the potential for increasing the use of IT in the delivery of catering services in the NHS in Wales. This work follows the publication of the Wales Audit Office report in 2011 on ‘Hospital Catering and Patient Nutrition’ in which the Auditor General highlighted the need for ‘A clearer management focus on the costs of catering services’. This was necessary in order to ‘...better understand the variations that exist across NHS organisations and to reduce food wastage...’.

The Auditor General’s comments should be seen in the context of the considerable resources spent on catering services in the NHS which, last year, exceeded £50 million. It is therefore essential for the NHS to develop robust catering management systems and cost control processes whilst maintaining quality and providing value for money.

A workshop held in September 2012 provided Health Boards with an opportunity to engage with NWIS and Facilities Services in a review of IT facilities currently in use in the NHS in Wales. This highlighted large variations not only in IT systems but also in the extent to which IT is embedded in the delivery of catering services. It probably comes as no surprise that many processes such as stock control and patient meal ordering, to name but two, are mainly carried out manually.

In 2013, representatives from NWIS, Facilities Services and Health Boards visited a number of organisations based in Wales, London, Sheffield and Edinburgh in order to better understand what a National Catering System might look like if adopted across the NHS in Wales. The visits proved very useful in evaluating the merits of different products and informing the development of a specification for the NHS in Wales. The evidence provided by the hosting organisations reinforced the view that an IT National Catering System had the potential for radically transforming catering operations in the NHS, bringing a number of benefits, including:

- Better service and financial planning, improving the current mixed approach of manual and spreadsheet systems of managing costs;
- More robust data that will enable comparisons to be made between fresh cook, cook chill and cook freeze methods of service delivery with a view to identifying an optimum solution;
- Improvements in in-patient services in terms of compliance with nutritional standards by facilitating the recording and monitoring of individual patient nutritional requirements;
- Improving patient satisfaction through the introduction of mobile ordering capable of capturing patient orders in a timely manner;
- More robust data that will contribute to current efforts to reduce food waste;
- More cost effective administration costs;
- More robust cost information underpinning the delivery of non-patient catering services;
- Provision of standardised information to Health Boards that will allow their catering services to be performance managed more effectively;
- Provision of standardised information to the Welsh Government that will allow improved performance monitoring of catering services across Wales.

NWIS is currently working on a business case that will demonstrate the benefits of introducing a National Catering System in the NHS in Wales. The case will be scrutinised by the Welsh Government later this year. If viewed favourably, the case will lead to more detailed work and further consultation with Health Boards. Work on this initiative has already caught the eye of the National Assembly for Wales Public Accounts Committee, and is likely to remain a high profile topic for some time.

For further information contact:
Peter Wiles on 029 2031 5542 or e-mail: peter.wiles@wales.nhs.uk
Last year we reported on the first 10 years of the Hospital Patient Environment Programme that NWSSP – Facilities Services was instrumental in setting up with the Welsh Government and the Board of Community Health Councils (CHC). This programme of independent assessments undertaken by Community Health Council volunteers was conceived as a way of driving improvements in hospital environments used by patients, focusing on the following five areas:

- External Areas
- Entrances and Main Reception Areas
- Corridors, Lifts and Stair Areas
- Wards
- Departments

Both the HPE programme and PEARS (Patient Environment Assessment Reporting System), the online system underpinning the external assessments, have evolved over the years and the 2013 ‘edition’ was no exception. On this occasion adjustments were made to take into account the Francis Report and the Welsh Government initiative to ensure services are accessible to individuals with sensory loss. In terms of the Francis Report, the assessments include an evaluation of facilities designed to address patient hydration requirements. As for sensory loss, assessors were provided with hand held Hearing Loop Testers designed to test and confirm hearing loops equipment was functional and fit for purpose.

The 2013 assessment results were presented and discussed at the HPE Review Day held in Llandrindod Wells on the 19th March. From NWSSP – Facilities Services’ perspective, the commitment to the programme was evident from the lively discussions between CHC officers, CHC volunteers and Health Board representatives. None of the passion of the early days had been lost, despite concerns that familiar issues continue to be endemic within hospital environments.

The data shows that over the last three years CHC HPE Teams have awarded more ‘Unsatisfactory’ and ‘Satisfactory’ ratings but fewer ‘Highly Satisfactory’ ratings. The figures, as the 2013 HPE Annual Report states, “...identify a trend that suggests that while standards within Welsh Hospitals are excellent, achieving ‘Satisfactory/Highly Satisfactory’ ratings of 89.9% (2011), 88.8% (2012) and 87.9% (2013) respectively over the last three years, these results also suggest that standards are proving increasingly difficult to maintain.”

HPE 2013 Report Recommendations

Listed below are the 24 recommendations included in the report. The majority have featured in previous annual reports, suggesting long term systemic problems. Two, dealing with mobility support, are new. On a positive note, three recommendations included in last year’s report have been withdrawn.

External Areas

1. Health Boards to ensure that security provision meets the requirements of the National Framework for Security Management and this is communicated to CHCs either through the action plan or recorded within PEARS.

2. Litter, particularly cigarette butts emanating from external smoking, continues to cause a cleanliness problem. This is a long-standing issue that requires enforcement. Health Boards should continue their efforts to find and promote a workable, manageable solution.

3. Health Boards to ensure that pavements are well maintained to allow for safe access and do not pose a hazard.

4. Health Boards must ensure that external signage is appropriate and visible at all times of day and compliant with the Equality Act 2010.
Entrances and Main Reception Areas

5. Health Boards must ensure the needs of patients and public with visual or auditory sensory impairment are met. Health Boards must ensure that support is available, clearly signposted and staff appropriately trained. This includes the routine provision and use of hearing loop systems. To ensure that hearing loop testing can be undertaken as and when required the Board of CHCs in Wales should provide an additional hearing loop tester at each CHC.

6. Health Boards must ensure that mobility support is available for patients with mobility problems. Wheelchairs should be readily available at appropriate key locations; staff should have awareness of mobility problems and be able to provide support. Information on where to obtain help should be available and prominently displayed. (New recommendation).

7. Health Boards to ensure that furniture located in Entrance and Main Reception areas adequately provides for a range of diverse needs (e.g. arm rests, raised seats).

8. Health Boards should display clear "You are here" maps and other signage at appropriate locations within hospitals. Signs reinforcing the No Smoking Policy must continue to be displayed clearly and prominently. All signs should conform to existing Wayfinder scheme guidelines regarding accessible information for all.

9. Health Boards to ensure that maintenance issues relating to toilet facilities are dealt with in a timely manner, that sufficient accessible toilets are available which do not include baby changing facilities. Baby changing facilities should instead feature in both male and female toilets.

10. Health Boards to ensure that appropriate, working alarm systems are provided in accessible toilet facilities.

Corridor, Lift and Stair Areas

11. Health Boards must ensure that mobility support is available for patients with mobility problems. Wheelchairs should be readily available at appropriate key locations. Staff should have awareness of mobility problems and be able to provide support. Information on where to obtain help should be available and prominently displayed. (New recommendation).

12. Health Boards should display appropriate directional aids and clear "You are here" maps at appropriate distances within hospital corridors. Areas in which they are displayed should not be cluttered and should conform to existing Wayfinder scheme guidelines regarding accessible information for all.

13. Health Boards should evaluate the use of public telephones to ensure that public telephones are available within their hospitals and are clearly signposted. Where public telephones are not available the public should be made aware of alternative arrangements.

14. Health Boards should closely monitor clinical waste disposal given the risks of cross infection. In particular, attention should be paid to the location and security of clinical waste disposal containers.

Ward Areas

15. Health Boards should investigate inconsistencies between the provision of Hand Hygiene Facilities which appear to be good, and the hand hygiene problems noted at mealtimes which identify significant room for improvement.

16. Health Boards should strive to achieve consistency in terms of hand hygiene provision at mealtimes, and to decide whether provision of bed-side facilities or supplying individual sachets is appropriate.
17. Health Boards should ensure that all staff adhere to the National Protected Mealtimes policy to ensure that patients are able to eat without interruption. Ward staff should not prevent relatives or friends from attending during mealtime periods if they are there to provide assistance to patients.

18. Health Boards should address the on-going problem of space utilisation especially when storage of equipment impacts on access to bathrooms, blocks fire doors and impedes access to fire escapes.

19. Health Boards should ensure that day rooms are available on all wards (depending on ward type) and are not misappropriated for equipment storage or administrative office space.

20. Health Boards should review policies, procedures and systems relating to the supply of clean linen to ensure that sufficient stocks are available at all times.

❖

Departments

21. Health Boards to ensure that appropriate signage is displayed in all departments and that signage meets the requirements of both the Welsh Language Act and Equality Act 2010. More attention should be paid to ‘clarity’ and also ‘accuracy’ of the wording along with ensuring that clear, up to date You are here maps are appropriately located.

22. Health Boards to ensure that sufficient toilets including accessible toilets are available which do not include baby changing facilities. If departments are too small to host such facilities, then clear directions should be displayed to the location of the nearest facility on site.

23. Health Boards should continue to publicise and promote effective Hand Hygiene practice through visible literature to minimise the risk of healthcare associated infections.

24. Health Boards should ensure that signage includes instructions on the telephone policy relating to use of mobile telephones along with the availability and location of the nearest public telephone.

For further information contact: Peter Wiles on 029 2031 5542 or e-mail: peter.wiles@wales.nhs.uk
As the pressure to reduce healthcare costs through efficiency measures continues to mount, it should come as no surprise that Health Boards should target estate maintenance services as an area where budget cuts could possibly be made. It is in this context that, back in March 2012, NWSSP - Facilities Services were asked by Health Boards to carry out a study into the way maintenance services across the NHS in Wales were provided at the time. Ideally, the data gathered could then be used by individual Health Boards for benchmarking purposes and the findings and recommendations could be used to drive improvements in service delivery.

The study was carried out over an 18 months period, with the final report being published in October last year. Using questionnaires and structured interviews, the Facilities Services engineering team explored a wide number of aspects covering:

- The estate profile of each Health Board
- The number of directly employed staff, contract/agency staff and contractors
- The status of asset and condition registers
- Maintenance strategies
- Audits of work carried out by directly employed labour and outside contractors
- The value of maintenance budgets

The results were presented in dashboard form supplemented by organograms designed to capture the maintenance services organisational structure for each organisation. The illustration, shows a typical dashboard developed for this project.

The data and information gathered highlighted considerable differences between Health Boards in terms of their organisational structure and the way they resourced and funded estate maintenance activities, making meaningful comparisons and benchmarking difficult. It was clear that geography and size of the estate were also factors to be taken into consideration when making comparisons. Notwithstanding these difficulties, the dashboards and organograms have proved to be useful tools for Health Boards to use in their quest to match resources to needs. Where possible, all-Wales averages and English and Scottish equivalent data was included for comparison purposes.

NWSSP – Facilities Services’ final report includes a number of recommendations for Health Boards to consider, including:

- Setting up an all-Wales estates forum for senior estates personnel
- Developing a more unified approach to maintenance resourcing across Wales
- Developing maintenance strategies based on a planned and forward-looking approach
- Developing stronger links between maintenance budgets and actual maintenance requirements
- Developing more robust reporting processes informed by frequent audits of maintenance activities

It is hoped that the findings of this report will drive improvements in the way maintenance services are delivered across Wales, seeking opportunities to rationalise IT systems, maximising the benefits of common approaches and creating efficiency savings whilst delivering safe and sustainable support services.
Since the last issue of ‘The estate we’re in’ the library appears to have been quiet but that atmosphere is deceptive, electronic publishing and website development have mushroomed since the demise of Space for Health and the library is busier than ever.

In Wales we are moving ever further away from the health service in England with the consequent need for our guidance documents to reflect these differences. Guidance that had been in web format has had to be re-examined for its relevance in Wales and new guidance is being issued by the Welsh Government and the English Department of Health (DH). Many of the different sections of Facilities Services are involved in both authoring new guidance and amending English guidance, however, the ultimate publishing process devolves on the team of Peter Wiles and Ann Konsbruck.

Documents received as PDFs from DH have to be converted to Word format to enable a number of colleagues to work independently on them. Once the technical contents are finalised they have to be edited for grammar and spelling with references and website links being checked before being sent to the graphic designer. The graphic designer’s proofs are then checked and re-checked before final publication on the intranet and internet websites.

Details of the 17 Welsh Health Building Notes and Welsh Health Technical Memorandums so far published can be found later in this article.

Although the process from initial decision to final publication can take some time it is now within our control and any future amendments to guidance can be undertaken much more quickly and easily than was the case in the past.

As part of our commitment to making guidance easily available we also include archived documents on our websites. This is an ongoing process as the publication of new and revised guidance has to take priority. DH guidance is now available from the.gov website which does not include archived guidance and, as a consequence, we are receiving document requests from the UK and worldwide.

Recent additions to the websites
Intranet: howis.wales.nhs.uk/whe
Internet: www.wales.nhs.uk

❖ Welsh Health Building Notes

WHBN 00-01 – General design principles
Sets out general design principles for health and community care buildings. Specific guidance for individual clinical settings is available within the clinical topic itself.

WHBN 00-02 - Sanitary spaces
Provides evidence-based best practice guidance on the design and layout of sanitary spaces for use in healthcare settings.
Although primarily applicable to new buildings, the recommendations contained within the guidance should also be applied, where practical, when existing facilities are being upgraded.

WHBN 00-03 - Clinical and clinical support spaces
This WHBN provides evidence-based best practice guidance on the design and layout of generic clinical and clinical support spaces for use in healthcare settings.
Room sizes have been standardised wherever possible. For clinical support areas where a standard room size is not appropriate, this document provides a sizing methodology suitable for briefing purposes. Most of the indicative room layouts are informed by one or more ergonomic drawings.
### WHBN 00-04 - Circulation and communication spaces

This WHBN provides evidence-based best practice guidance on the design of circulation and communication spaces in healthcare settings. Although primarily applicable to new buildings, the recommendations contained within the guidance should also be applied, where practical, when existing facilities are being upgraded.

### WHBN 00-10 - Part A: Flooring

Outlines the policy and performance requirements for flooring used in healthcare facilities. These requirements are a set of essential standards of quality and safety that flooring must comply with. It supersedes Health Technical Memorandum 61.

### WHBN 00-10 - Part B: Walls and ceilings

Outlines the policy and performance requirements for walls and ceilings used in healthcare facilities. These requirements are a set of essential standards of quality and safety that walls and ceilings must comply with. It supersedes Health Technical Memorandum 56 and 60.

### WHBN 00-10 - Part C: Sanitary assemblies

Outlines the policy and performance requirements for sanitary assemblies used in healthcare facilities. These requirements are a set of essential standards of quality and safety that sanitary assemblies must comply with. It supersedes Health Technical Memorandum 64.

### WHBN 00-10 - Part D: Windows and associated hardware

Offers guidance on the technical design and output specifications of windows and associated hardware, such as window restrictors. It supersedes Health Technical Memorandum 55.

### WHBN 09-02 – Maternity services

Covers the policy and service context, and planning and design considerations for maternity care facilities.

### WHBN 14-01 – Pharmacy and radiopharmacy facilities

Provides best practice guidance on the design and layout of pharmacy and radiopharmacy facilities in hospitals. In the case of hospitals with aseptic preparation facilities, it applies to those that do not/will not require a manufacturer’s ‘specials’ licence. It supersedes Health Building Note 14-01.

### Welsh Health Technical Memorandums

#### WHTM 01-01 - Decontamination of medical devices within acute services

The WHTM 01-01 series gives guidance on the whole decontamination cycle in the management and decontamination of surgical instruments used in acute care. It supersedes HTM 2010 and 2031.

**Part A: Management and environment**

Provides a description of the overall structure of the guidance and the rationale behind the following:

- the regulatory framework;
- roles of key personnel;
- procedures for the reporting of adverse incidents and defective equipment;
- local reprocessing (decontamination in primary care, and local decontamination);
- the management of instruments potentially contaminated with transmissible spongiform encephalopathy (TSE) infectivity.

**Part B: Common elements**

Covers common elements that apply to all methods of surgical instrument reprocessing such as:

- test equipment and materials;
- design and pre-purchase considerations;
- validation and verification.
Part C: Steam sterilization and steam for sterilization

Deals with clinical sterilizers primarily used for the sterilization of medical devices and their accessories within a sterile services department.

It is intended as a technical guide for management, for technical personnel with appropriate training and experience, and for users responsible for the procurement, maintenance, validation and operational management of equipment used for steam sterilization of medical devices within the acute healthcare environment. It will also be of interest to microbiologists, infection control officers, architects, planners, estates managers, supplies officers, and others in both the public and private sectors.

Part D: Washer-disinfectors

Covers standards, technical guidance, operational requirements, and testing and validation protocols when using washer-disinfectors as part of the decontamination cycle within the acute care setting.

It is intended as a technical guide for management, for technical personnel with appropriate training and experience, and for users responsible for the procurement, maintenance, validation and operational management of washer/disinfectors used as part of the decontamination cycle of re-usable medical devices within the healthcare environment.

WHTM 01-05 Decontamination in primary care dental practices and community dental services (Revision 1)

Is intended to support and advance good practice throughout primary care dentistry including that delivered by general dental practices, community dental services and where primary care is delivered in acute settings.

WHTM 01-06 Decontamination of flexible endoscopes - Part A: Policy and management

Sets out the Welsh Government’s policy for an endoscope decontamination service. The document covers flexible endoscope management and decontamination only. Clinical issues relating to endoscopy or the manufacture of Automated Endoscope Reprocessors (AERs) are not discussed.

Furthermore, this document does not cover the processing of flexible endoscopes used to examine sterile body sites. These endoscopes should be sterile, possibly using low temperature gas sterilization, and may be the subject of future guidance.

WHTM 07-01 – Safe management of healthcare waste

Is an essential part of ensuring that healthcare activities do not pose a risk or potential risk of infection and are securely managed. This guidance provides a framework for best practice waste management in order to help healthcare organisations, and other healthcare waste producers, meet legislative requirements as well as identify opportunities to improve waste minimisation and reduce the associated environmental and carbon impacts of managing waste.

Facilities Services Notifications

FSN 13/04 - NHS Estate in Wales - Fire statistics report: Fire incidents and unwanted fire signals 2012

Issue of the 2012 report on Fire incidents and unwanted fire signals.

FSN 13/05 - Framework Agreement for Healthcare Planners to Support Health Boards and Trusts within NHS Wales

Informs the NHS in Wales that a Healthcare Planning Framework has been procured to support Health Boards and Trusts in the preparation of Business Cases.

FSN 13/06 - Estates and Facilities Performance Management System (EFPMS) - Submission of data for April 2012 to March 2013

Informs Health Boards / Trusts that no changes have been made this year to the 2012/2013 Data Definitions and Completion Notes and data can be input with immediate effect.

FSN 13/07 - NHS Estate in Wales - Fire Safety Audit Review 2012

The report reviews the data submitted by Health Boards / Trusts in Wales and highlights a series of recommendations which NHS organisations should embrace to further improve the standards of fire safety.

FSN 13/08 - Schedule of high and significant risks included in the 2012/13 EFPMS returns

Advises Health Boards / Trusts that Facilities Services will be reviewing, on behalf of the Welsh Government, the high and significant backlog maintenance risks that underpin the high-level data submitted to the EFPMS on 30 June 2013.
FSN 13/09 - Fire Service Industrial Action – Advice for NHS Wales Organisations
Advises NHS Organisations of the need to develop robust contingency plans to manage fire safety during periods of industrial action by the Fire & Rescue Service.

FSN 13/10 Publication of the 2012/13 NHS Estate in Wales Estate Condition and Performance Report and the Facilities Performance Report
Publication of the two annual reports.

FSN 13/11 - NHS estate in Wales fire safety audit review 2013
Publication of the annual audit review.

FSN 14/01 - Fire safety audit system
Informs Heath Boards / Trusts of the requirements of the audit submissions for 2013/14.

FSN 14/02 - Proposals for monitoring the management of asbestos in the NHS in Wales during 2014
Advises Health Boards / Trusts of the proposed asbestos monitoring arrangements during 2014.

FSN 14/03 - All Wales standards for accessible communication and information for people with sensory loss
Reminds Health Boards / Trusts of the recently launched All Wales Standards for Accessible Communication and Information for People with Sensory Loss and, in particular, those standards that impact on the built environment.

Reviews the fire incidents and unwanted fire signals reported by the NHS Health Boards and Trusts in Wales through the online reporting system managed by NWSSP – Facilities Services.

FSN 14/05 – National Assembly for Wales Public Accounts Committee – Disposal of food waste from hospitals
Requests Health Boards and Trusts to complete a pro-forma on the disposal of food waste within their organisations.

Additions to the Bevan House Library

INSTITUTION OF ENGINEERING AND TECHNOLOGY
Guidance Note 1 – Selection and erection

Guidance note 2 - Isolation & switching
Guidance note 3 - Inspection & testing
Guidance note 4 - Protection against fire
Guidance note 5 - Protection against electric shock
Guidance note 6 - Protection against overcurrent
Guidance note 7 - Special locations
Guidance note 8 - Earthing & bonding

ROYAL INSTITUTION OF CHARTERED SURVEYORS
RICS Valuation Standards - Professional standards January 2014 incorporating the IVSC International Valuation Standard
This new edition of the RICS Valuation - Professional Standards (Red Book) became effective on 6 January 2014 replacing all previous versions of the Professional Standards

Website and Information Assistance:
Ann Konsbruck on 029 2031 5512 or e-mail: ann.konsbruck@wales.nhs.uk
Hello and Goodbye

Hello to

Hing Chung

Hing joined Facilities Services as a Senior Estates Advisor in 2013. He is a Chartered Quantity Surveyor with over 20 years experience in both public and private sectors.

Hing's first appointment with WHCSA was in 1991 as a year-out student during his studies at the University of Glamorgan. Following this, he undertook a permanent placement with WHCSA through to the management buyout by Capita.

During his 7 years with Torfaen County Borough Council he acquired project experiences from schemes in the education, office and retail regeneration.

Prior to joining Facilities Services, he undertook a Trust Cost Advisor role on the Designed for Life: Building for Wales framework whilst working for Davis Langdon. In this role he was involved with numerous schemes including the development of Ysbyty Ystrad Fawr up to project completion.

Hing lives in Cardiff and has been spotted, on occasion, at the Cardiff City Stadium (wearing blue)!

Caroline Lewis

Having graduated from the University of Glamorgan in 1994 with a BSc (Hons) in Urban Estate Management, Caroline began her career at Mid Glamorgan County Council before moving to Merthyr Tydfil County Borough Council on Local Government Reorganisation in 1996. She has spent the last ten years with Rhondda Cynon Taff County Borough Council as Acquisitions and Disposals Manager within the Corporate Estates Division.

Caroline joins Facilities Services as Property Surveyor to provide advice and support on all aspects of healthcare property management including acquisitions, disposals and landlord and tenant work.

Living in Cardiff with her husband and two sons, Caroline spends most of her weekends on the touchline supporting their boys' keen rugby and football interests.

David Taylor

Dave is a Chartered Quantity Surveyor, having qualified in 1993 through the Professional Examinations route. He has spent his career in the public sector, having worked at Mid Glamorgan County Council and Rhondda Cynon Taf County Borough Council. Dave joins Facilities Services from Torfaen County Borough Council, where he spent 6 very enjoyable years leading the Construction Group which delivered all the Authorities Capital Projects.

Joining Facilities Services in June 2013 as Framework Manager as part of the Designed for Life Team, Dave brings his experience of working collaboratively on Frameworks along with Project Management and QS skills. He has a keen interest in the Built Environment and is looking forward with rejuvenated interest to the challenge working in the Health Sector will bring.

Dave lives in Blackwood with his wife Jillian. They have three grown up children. He likes to keep busy with DIY, is a keen swimmer, plays tennis, is a rugby fan, also enjoys travelling, and of course socialising with family, friends and colleagues.

Ceri Trotman-Jones

Ceri is a Chartered Valuation Surveyor who joined the Primary Care team as Estates and Property Advisor in January 2014. After graduating from John Moores (Liverpool) and qualifying in 1991, she worked in larger corporate surveying companies, starting as a graduate at DTZ's Cardiff office and then moving to private practice.

Ceri has advised a wide range of commercial clients but has in more recent years specialised in the valuations of healthcare premises and undertaken rent reviews on GP premises.

She was appointed to the Residential Property Tribunal of Wales and the Leasehold Valuation Tribunal in 1998 and continues in this role.

Ceri lives in the Vale of Glamorgan with her 3 boys and spends much of her time at their sporting events!
Goodbye to Martin Allen

Martin Allen
After 4 years as Facilities Management Advisor
Martin Allen has now joined Aneurin Bevan University Health Board as Facilities Catering and Cleaning Standards Manager. Martin was responsible for the co-ordination of the Estates and Facilities Performance Management Reports as well as providing advice on ‘soft’ Facilities Services.

He is a Fellow of the Institute of Hospitality and has a number of years experience in Facilities Management. Before joining Facilities Services in April 2010 Martin worked in West Hertfordshire NHS Trust, North Glamorgan NHS Trust and, prior to that, Llandough Hospital NHS Trust in posts associated with and responsible for Facilities Management.

Martin and his wife Janice have three children and he enjoys playing squash, golf and horse riding with a particular passion for following horse racing.

Ceri Evans
Ceri Evans started working for the NHS in the late 1970s in the Prescription Pricing section, later transferred to WHTSO, working in the Registry where her duties included sole responsibility for the filing of the design engineers. Moving to the engineering department, she found the work interesting, especially when she was able to see schemes coming to fruition when taking minutes held on site.

Ceri’s role evolved with further reorganisations, the development of WHCSA and relocation to Cardiff Bay. She worked with and supported the design teams until the privatisation of some sections of WHCSA in the mid 1990s.

Following a period in the private sector she joined Welsh Health Estates in the Business and Finance section. In 1998 WHE relocated to Bevan House and with another relocation planned it is time for Ceri to bow out gracefully.

Retirement is going to be an opportunity for catching up with friends, relaxing and most importantly of all – planning that next holiday in the sunshine.

Elgan Jones
Congratulations to Elgan Jones who moved on to a new challenge in the private sector in December. He has joined the Bristol office of Savills UK as an Associate Director having joined Facilities Services from Bellway (house builders) in November 2008. He came to us as a graduate Property Surveyor and during his time with us he went on to qualify as a Chartered Surveyor and obtained a masters degree.

Elgan’s role was primarily dealing with property disposals and acquisitions and he built up excellent relationships with his contacts in Health Boards and Trusts. His amiable and professional approach will be greatly missed both within Facilities Services and in the wider NHS and we wish him every success in his new role.

Ann Konsbruck
Ann, our Information Officer and QA Manager responsible for the library, the administration of the organisation’s various websites and organising seminars and conferences, is retiring at the end of June. She joined Welsh Health Estates, as it then was, in 2000 but had not anticipated staying so long, which says much for the ethos of WHE. She began her career in the public library in Cardiff, then architecture and engineering called and a career in the libraries of Alex Gordon and Partners; Percy Thomas and Partners; Welsh School of Architecture; Land and Property Departments of Gwent, Mid Glamorgan and Rhondda Cynon Taf County Councils followed.

Ann will miss all her friends and colleagues throughout the architectural and health communities but is looking forward to spending time developing her many interests in classical music, opera, ballet, archaeology, history, genealogy and, not least, architecture. She will have more time to devote to local history projects and be able to volunteer in archival research including assisting her son in his military research. There may even be time to do some needlework and read more books!

Ann will be greatly missed by all in Facilities Services and the wider NHS.
Patrick Riordan

Pat Riordan retires on the 3rd June after 32 years service to the NHS, the last 9 of which he spent with NWSSP-FS (and Welsh Health Estates) as Deputy Director, Strategic Planning and Construction. Construction is in Pat’s blood; nurtured from an early age during the times he used to accompany his father in the works van during school holidays, collecting the men before a long day on site. Seeing at first hand the ups and downs of a family run civil engineering and ground works company encouraged Pat to pursue a professional career in the industry and after leaving St Illtyd’s College was accepted at the University of Glamorgan to study a BSc Degree in Quantity Surveying, graduating with the Best Student prize.

Learning his trade and honing his skills in the private sector, most notably for WT Hills Partnership, Pat was elected as an Associate Member of the RICS. He has maintained this relationship throughout his career becoming a Fellow in 1990. Being a professional person is important to him and he is also a member of the Institute of Management and the Association of Project Managers.

He joined the Welsh Health Common Services Authority (WHCSA) in 1981 as a Senior Assistant Quantity Surveyor and in 1988 was appointed Assistant Chief Quantity Surveyor.

Later a change of direction beckoned with Project Management gaining prominence in the industry and he joined the new breed of WHCSA Project Managers in 1990. and became the Director, EstateCare Projects in 1993.

The EstateCare Group (including Projects) was privatised in 1996 and after short time at Bucknall Austin he returned to the NHS as a Capital Planning Manager and then Head of Estates for North Glamorgan NHS Trust.

During his career he has been responsible for the delivery of many large scale projects including the last major district hospital built in Wales; the Royal Glamorgan Hospital in Llantrisant, and the development of the WHCSA’s headquarters (now occupied by the Welsh Government) the original anchor development for Cardiff Bay.

Pat’s strengths lie in analysing, planning and organising on the one hand, and managing and motivating people on the other. He will be a great loss to NWSSP-FS but also the Welsh Government and NHS Wales.

Pat’s interests are wide and varied and as a family man with 2 daughters, there will be plenty to keep him busy in retirement. Perhaps he might even dust off that old fly rod! Whatever Pat chooses to do, everyone at NWSSP-FS wishes him all the best in the future and hope he enjoys a long and happy retirement.

More information on the services provided and contact details are available on the NWSSP-FS intranet and internet websites at: http://howis.wales.nhs.uk/whe and www.wales.nhs.uk/whe

About NHS Wales Shared Services Partnership - Facilities Services

On the 1st of April 2011 Welsh Health Estates became part of the NHS Wales Shared Services Partnership and is now NHS Wales Shared Services Partnership – Facilities Services (NWSSP-FS). It provides a core of professional and technical estate management expertise for the Welsh Government and the NHS in Wales. It is organised into six sections within two divisions:

❖ Policy and Performance Division

Its remit is to ensure that the existing estate is managed and maintained to a high standard and that the NHS in Wales has access to appropriate independent estates and facilities expertise and guidance. The Division consists of three sections:

❖ Environmental Management and Engineering Section

Takes the lead role in NWSSP-FS on all aspects of environmental management and provides advice and support on specialist healthcare engineering systems. Services are provided in areas as diverse as decontamination, diagnostic imaging, high voltage systems, medical gases and specialist ventilation and air conditioning.

❖ Facilities, Performance Management and Information Section

Provides advice and support on a range of FM and performance management issues. It is responsible for managing a number of electronic data systems for direct input by NHS Trusts to facilitate and monitor improvements in the health estate in Wales. The Section is also responsible for overseeing the technical library service and NWSSP-FS’ website facility.

❖ Estates Development Section

Provides advice and support on the development and implementation of estate strategies, the procurement of capital assets and business cases. In addition, the section provides advice on architecture and design quality, and major scheme capital and revenue costs.

❖ Strategic Planning Division

Its remit is to assist the Service in delivering strategic change in the healthcare estate consistent with the policy of the Welsh Government as well as meeting local needs. The Division consists of three sections:

❖ Designed for Life: Building for Wales Section

Manages the Designed for Life: Building for Wales construction procurement and delivery frameworks on behalf of the Welsh Government through the use of integrated supply chains, collaborative working and continual improvement.

❖ Property Management Section

Provides advice and support on all aspects of healthcare property management expertise including acquisitions, disposals and landlord and tenant relations. In addition it maintains the computer based Land and Property Portfolio for the NHS in Wales.

❖ Primary Care Section

Takes the lead role on all aspects of the strategic development of the primary care estate. It provides advice and support to Local Health Boards on the development and implementation of integrated estate strategies and project development advice in respect of primary care schemes.

NHS intranet website: howis.wales.nhs.uk/whe