

BCUHB Estate Strategy

Final Report v1.0

27th January 2023

Contents

Foreword	4	2.5.4 Community Facilities - Estate Condition and Performance	19
1.0 Introduction	5	2.5.5 Primary Care - Estate Condition and Performance	20
1.1 Background and Context	6	2.6 Estate Backlog Maintenance Costs	22
2.0 Current State (Where Are We Now?)	7	2.7 Estate Revenue Costs	23
2.1 Existing Estate Overview	8	2.8 Stakeholder Engagement - Priorities Statement	24
2.2 Existing Estate Type and Age Profile	9	2.9 Key Estate Risks and Challenges	25
2.3 Existing Estate - Listed Buildings/Sites	10	3.0 Future State (Where Do We Want To Be?)	29
2.4 Estate Condition and Performance	11	3.1 Strategic Challenges	30
2.4.1 Overview - Physical Condition and Compliance	12	3.2 Strategic Context	31
2.4.2 Overview - Functional Suitability and Space Utilisation	13	3.3 Strategic Service and Business Objectives	32
2.4.3 Overview - Energy Performance	14	3.4 Opportunities – Context	33
2.5 Estate Overview	15	3.5 Opportunities – Detail	34
2.5.1 Acute Hospitals - Estate Condition and Performance	16	3.6 Vision for the Future Estate	35
2.5.2 Mental Health - Estate Condition and Performance	17	3.6.1 Improving Health and Reducing Inequalities	36
2.5.3 Community and Local Hospitals - Estate Condition and Performance	18	3.6.2 Care Closer to Home	36

Contents

3.6.3 Mental Health, Learning Disabilities, Substance Misuse	37	4.11 Strategy Alignment	52
3.6.4 Excellent Hospital Care	38	4.12 Targeted Deep Dive Analysis	53
3.6.5 Regional Treatment Centres	38	4.13 Continued Engagement and Consultation	54
3.6.6 Support Services	38	4.14 Collaborative Delivery	55
3.6.7 Net Zero and Carbon Reduction	39	4.15 Managing Delivery	56
3.6.8 Climate Adaptation	40	4.16 Measuring Success	57
4.0 How Do We Get There?	41	Appendix 1 – Stakeholders Engaged	58
4.1 Summary Priorities Statement	42	Appendix 2 – BCUHB Estate Locality Maps	59
4.2 Initial Agreed Priorities	43	Appendix 3 – Key Definitions	65
4.3 Opportunities – Acute Sites	44	Appendix 4 – Properties included in community estates diagnostic	67
4.4 Opportunities – Mental Health & Learning Disabilities	45		
4.5 Opportunities – Health and Wellbeing Hubs	46		
4.6 Opportunities – Primary Care Centres (East IHC)	47		
4.7 Opportunities – Primary Care Centres (Central IHC)	48		
4.8 Opportunities – Primary Care Centres (West IHC)	49		
4.9 Delivering the Vision	50		
4.10 Prioritisation and Impact: Evaluation Criteria	51		

Foreword

This document sets out BCUHB's Estate Strategy to 2033. The strategy has been developed between October - December 2022, building upon the previous (2019) estate strategy and includes the most recent data submitted to the Welsh Government via the Estates and Facilities Performance Management System (EFPMS) and published in October 2022.

The estate strategy has been developed to align with current BCUHB strategies including Living Healthier, Staying Well, Clinical Services Strategy, Digital Strategy, People Strategy and Plan, and the Decarbonisation Action Plan. Development of the strategy has included engagement with key stakeholders and regular reporting via forums including BCUHB's Capital Investment Group, Health Board Leadership Team, Clinical Senate, Board, and Community Health Council workshops.

Since the previous estate strategy was completed in Feb 2019 the COVID-19 pandemic has had a significant impact upon the Board's estate, particularly in terms of capacity, suitability and shifts to digital, which is reflected in the analyses and recommendations below.

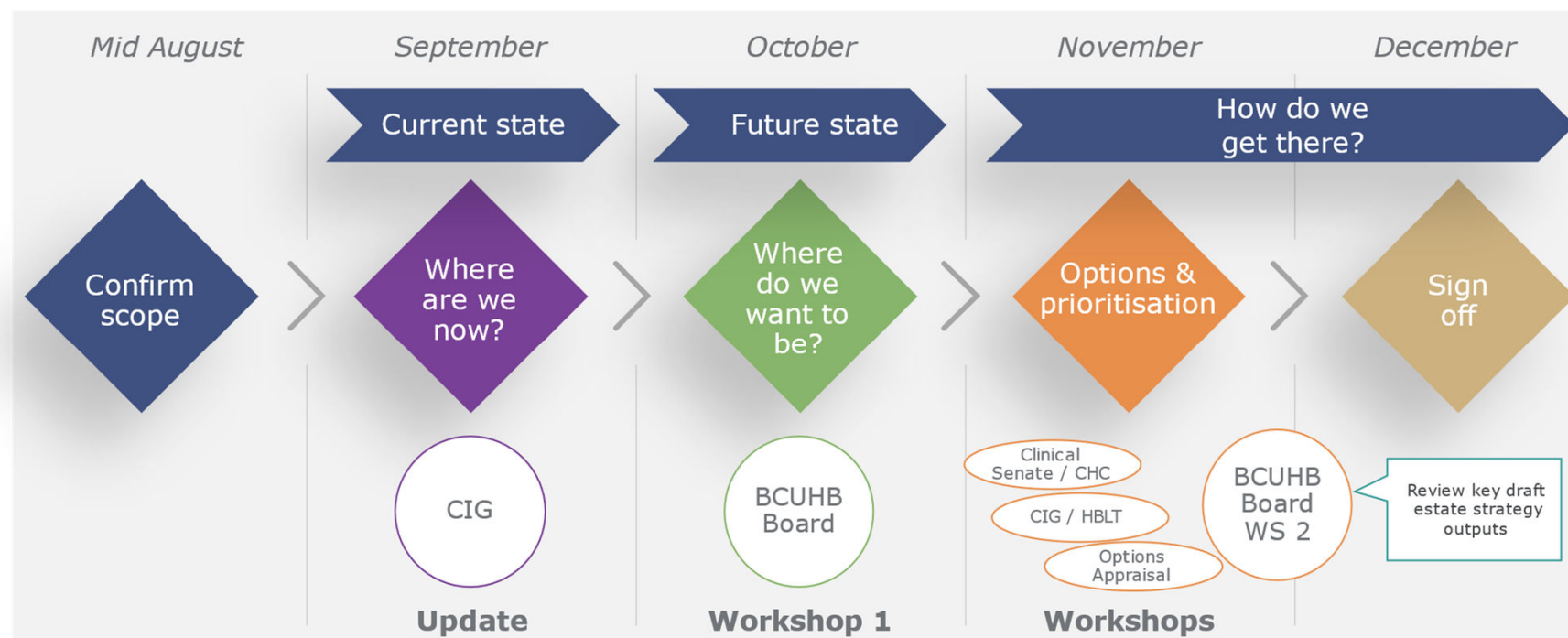
The document is structured to reflect national guidance and to answer the three key questions – Where are we now?, Where do we want to be ?, How do we get there?

The estate strategy will be continually reviewed to ensure alignment with the Integrated Medium Term Plan cycle.

1.0 Introduction

1.1 Background and Context

This Estate Strategy provides a refresh of the 2019 Betsi Cadwaladr University Health Board (BCUHB) Estate Strategy. It was developed over a four month period from September to December 2022 using the traditional 'Where, Where, How' approach (summarised below). Key tasks undertaken during the three phases include desk top review of key strategy and estates information, quantitative and qualitative analysis of existing available estate data and information, and stakeholder engagement via interviews and workshops (please refer to Appendix 1).



2.0 Current State (Where Are We now?)

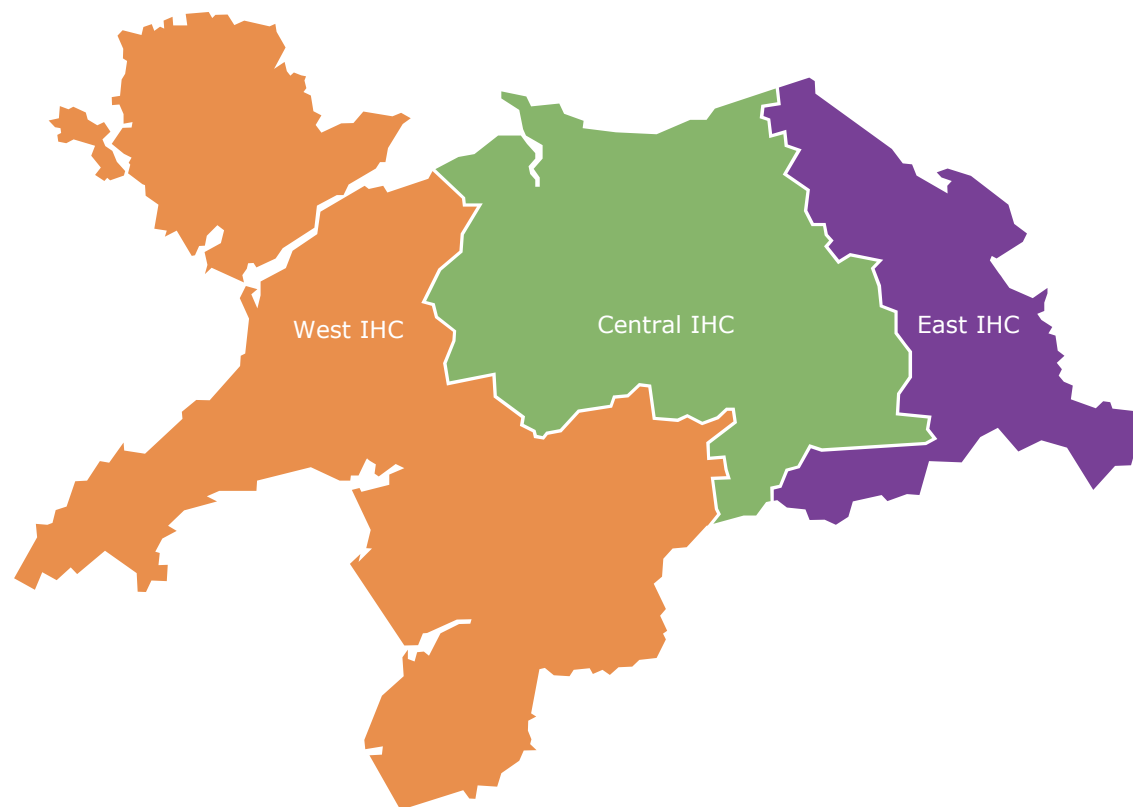
2.1 Existing Estate Overview

BCUHB currently has one of the largest property portfolios in Wales; services are delivered from c.238 properties (a total of c.420,000 m²) with a value of £569m¹ and an annual running cost of £73m² in 21/22.

Existing Estate Profile and Localities

Our services are delivered from, and our staff are based at a total of 238 properties (including GP owned, third party developer and private landlord primary care premises). The accommodation also hosts staff and services from other organisations including local authority and third sector.

A detailed breakdown of location and function of our estate across the three Integrated Health Communities (IHCs) is provided in Appendix 2.



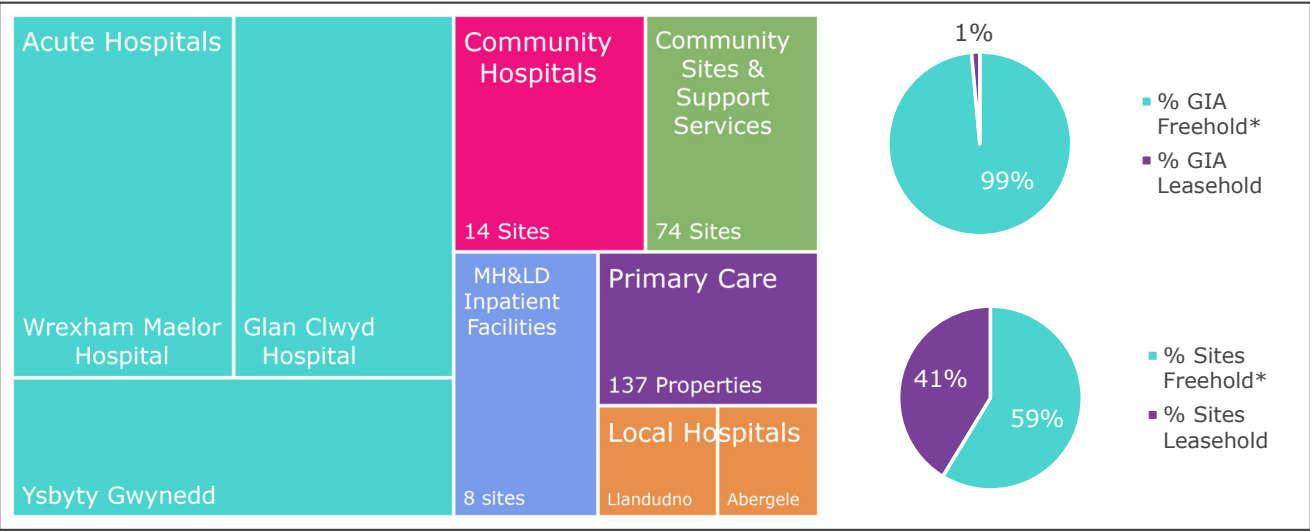
¹Total freehold buildings, external works and land value as of 31/3/22; ²Estates and facilities pay and non-pay costs

2.2 Existing Estate Type and Age Profile

Our estate comprises a range of property types, from acute hospitals to primary care facilities. Circa 45% of the estate is greater than 40 years old, compared to a Wales average of 49%. The majority of estate, by total Gross Internal Area (GIA) m², is freehold.

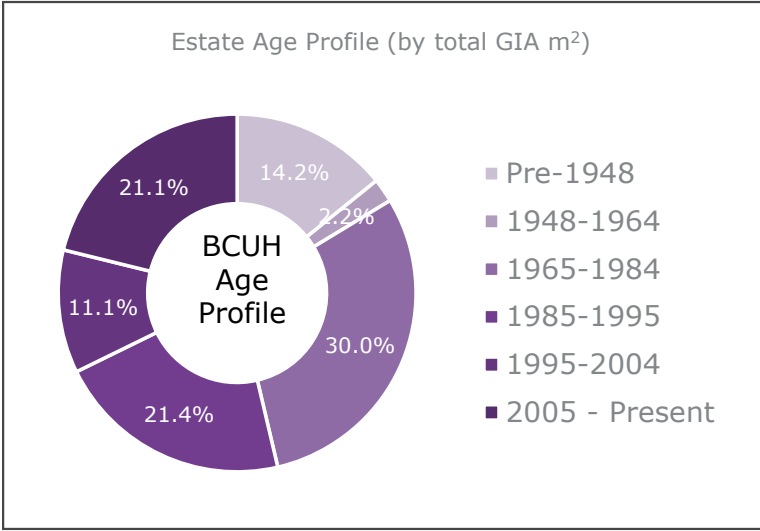
Existing Estate Type†

Our estate comprises a range of owned and leased property types. The breakdown, by number of properties and by total GIA m², is provided below.



Existing Estate Age Profile†

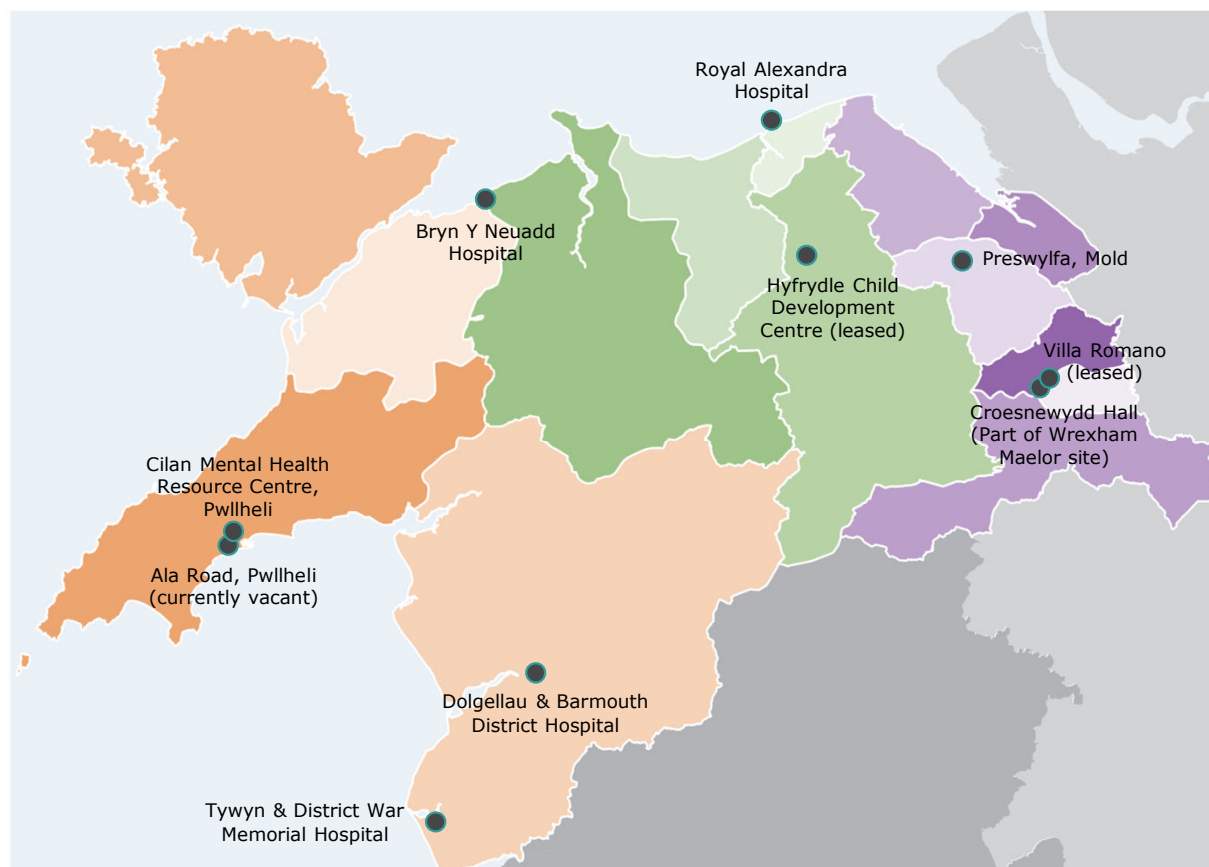
The age range of our estate, which varies widely from the 1813 Denbigh Infirmary to the Flint Health Centre, is summarised below.



†Data from Estates and Facilities Performance Management System (EFPMS) 2021/22 and Welsh Government Review of Primary Care Facilities - Primary Care Premises Database
*Data from Asset register, using Gross Internal Area (GIA) m² from EFPMS 2021/22 for sites where available. NHS Wales values exclude Welsh Ambulance Service NHS Trust.

2.3 Existing Estate - Listed Buildings/Sites

Our estate portfolio contains a number of Grade II listed historic building and grounds (shown below) which, in their own right, add a number of additional challenges regarding their listings and essential maintenance obligations.



West Integrated Health Community

1	Bryn Y Neuadd Hospital
2	Ala Road, Pwllheli (currently vacant)
3	Cilan Penlan, Pwllheli
4	Dolgellau / Barmouth District Hospital
5	Tywyn District War Memorial Hospital

Central Integrated Health Community

1	Royal Alexandra Hospital
2	Hyfrydle, Denbighshire (Leased)

East Integrated Health Community

1	Croesnewydd Hall (Wrexham Maelor site)
2	Villa Romano (Leased)
3	Preswylfa, Mold

2.4 Estate Condition and Performance

At aggregate level for all estate*, our estate falls short of both national targets and NHS Wales average values for all estate condition and performance indicators, except space utilisation.

National Indicators for Evaluation

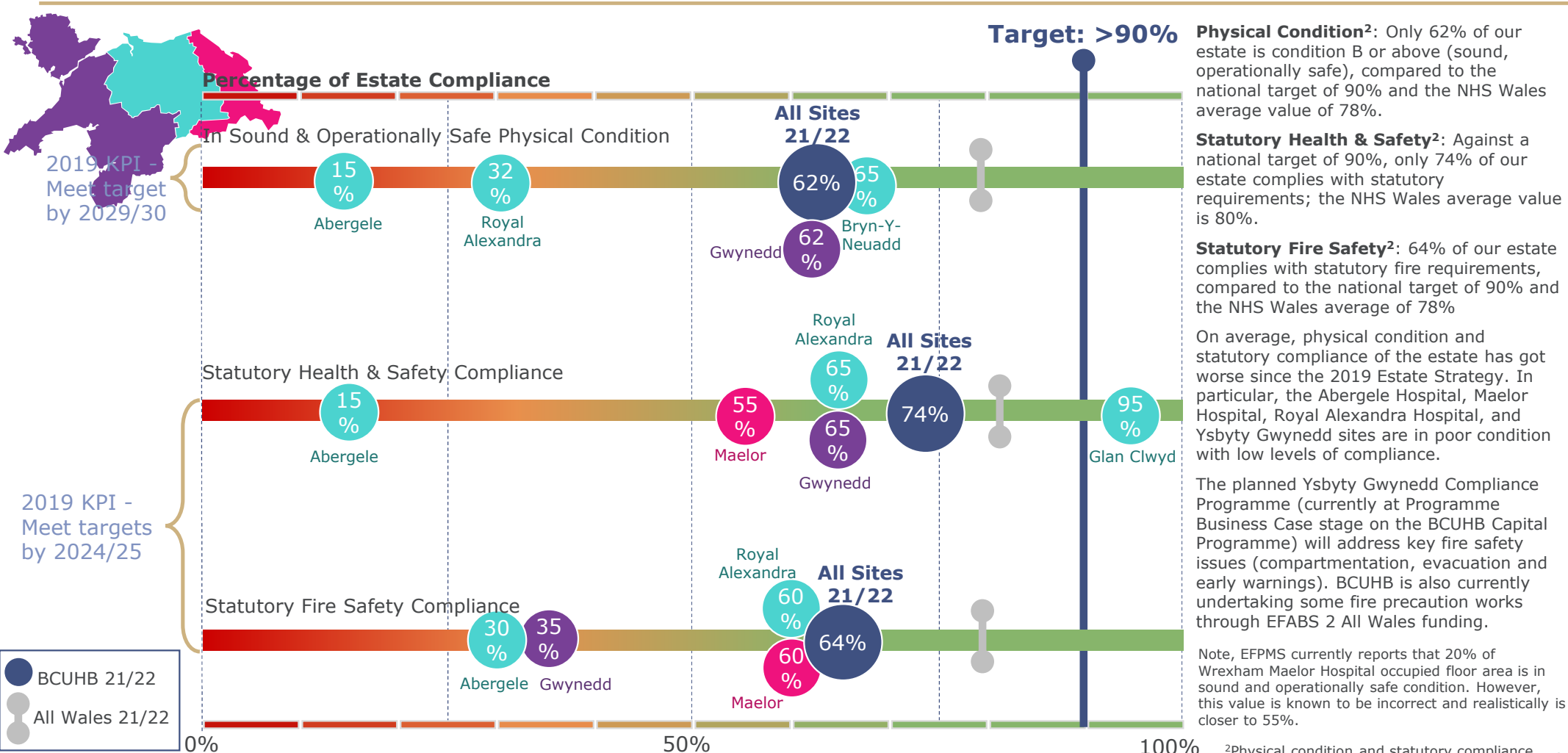
Estate condition and performance is evaluated against the standard indicators (defined by NHS Wales) opposite. Our estate currently falls short of all national targets except space utilisation. BCUHB estate also falls short of NHS Wales average values for all condition and performance indicators except space utilisation. In the 2019 Estate Strategy, compared to NHS Wales average values, our estate performed less well for all indicators except functional suitability. Since 2018/19, BCUHB estate condition and performance has reduced across all indicators except space utilisation.

Indicator	Definition	BCUHB 21-22*	Wales Average 21-22
Physical Condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deteriorations.	62%	78%
Statutory Compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	74%	80%
Fire Safety Compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	64%	78%
Functional Suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes needed.	74%	81%
Space Utilisation**	A minimum of 90% of the estate should be fully used.	93%	93%
Energy Performance	The estate should consume no more than 410 kWh/m ² .	455 kWh/m ²	383 kWh/m ²

*Data for 98 sites from EFPMS 2021/22, including 3 acute sites, 8 mental health inpatient facilities and 15 community hospitals. Excludes significant proportion of primary care properties. NHS Wales values exclude Welsh Ambulance Service NHS Trust.

**Space utilisation based on EFPMS definition of unutilised space: 'Percentage of occupied floor area where space utilisation is classified as being either "empty" or "under-used" as defined in Estatecode and Developing an Estate Strategy documents.'

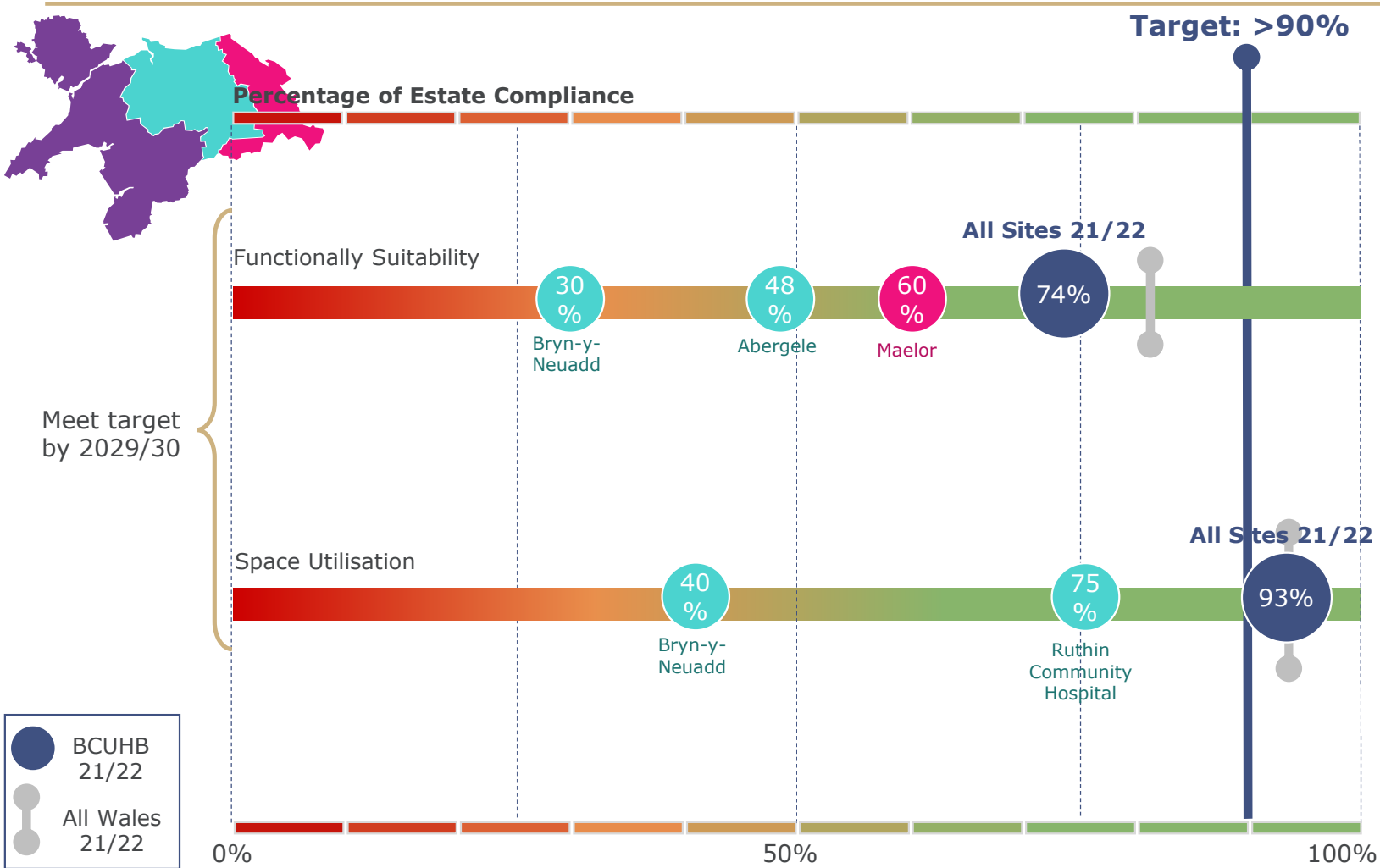
2.4.1 Overview - Physical Condition and Compliance (All Properties¹)



¹ Excludes significant proportion of primary care properties. Values are per occupied floor area (OFA). NHS Wales values exclude Welsh Ambulance Service Trust.

²Physical condition and statutory compliance definitions are provided in Appendix 3.

2.4.2 Overview - Functional Suitability and Space Utilisation (All Properties¹)



Functional suitability²: 74% of our estate is considered to be functionally suitable, compared to the national target of 90% and the NHS Wales average value of 81%.

On average, there has been a reduction in the functional suitability of our estate (from 85% to 74%) since the 2019 Estate Strategy. In particular, Bryn-Y-Neuadd, Abergele and Wrexham Maelor estate all have low levels of functional suitability.

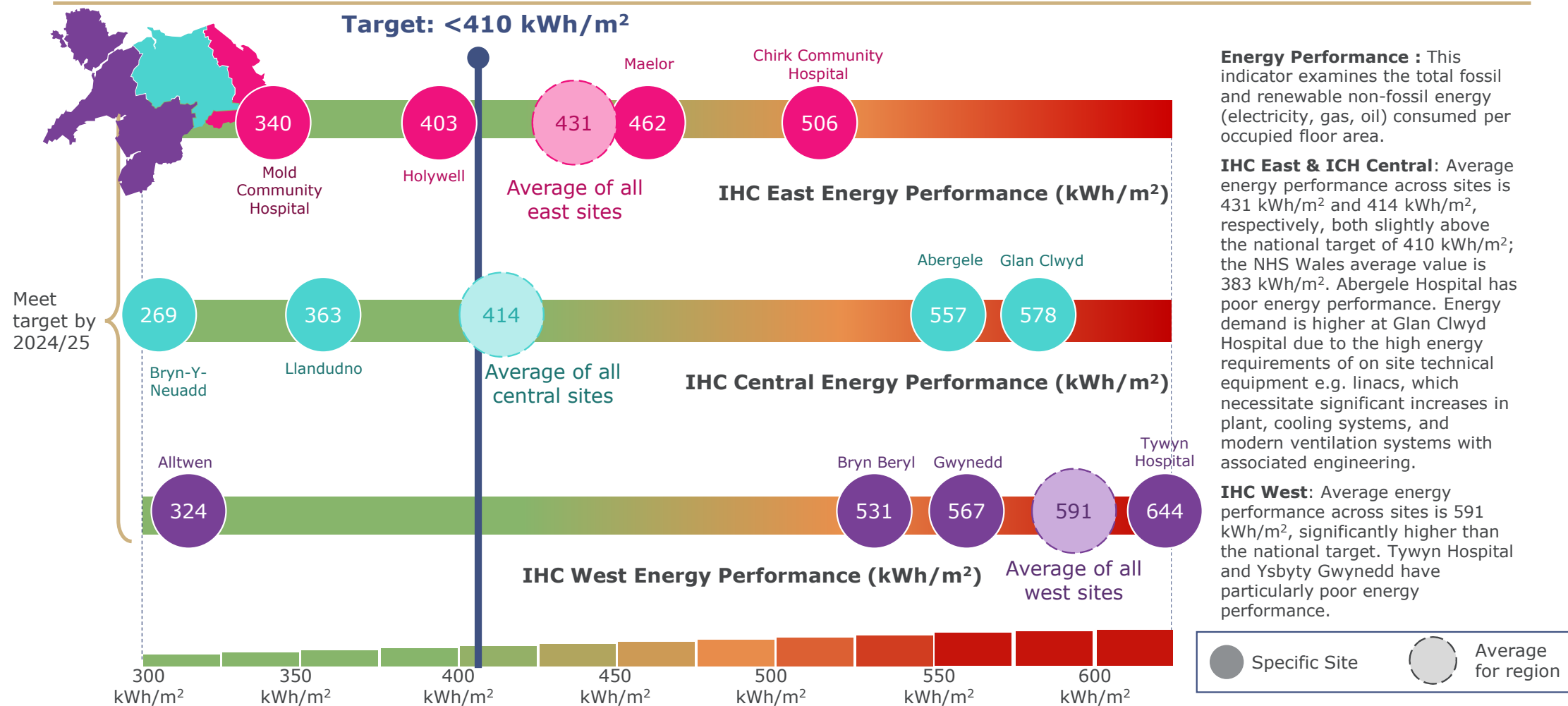
Space Utilisation²: 93% of our estate is utilised, compared to the national target of 90% and the NHS Wales average value of 93%.

Since the 2019 Estate Strategy, utilisation of the estate has increased (from 88% to 93%). However, this indicator does not identify whether space is being used at the required level of efficiency.

²Functional suitability and space utilisation definitions are provided in Appendix 3.

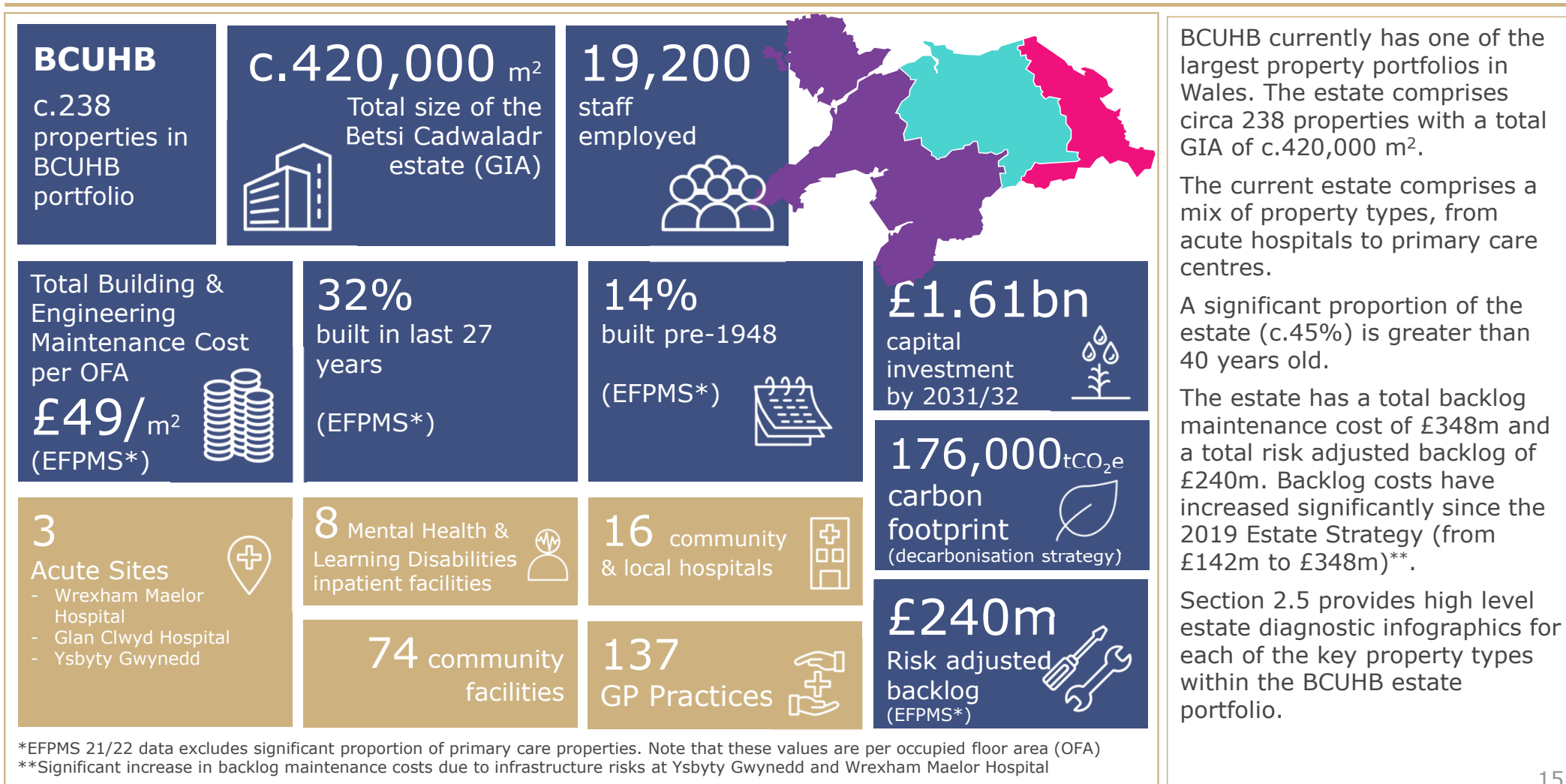
¹ Excludes significant proportion of primary care properties. Note that these values are per occupied floor area. NHS Wales values exclude Welsh Ambulance Service Trust.

2.4.3 Overview - Energy Performance (All Properties*)

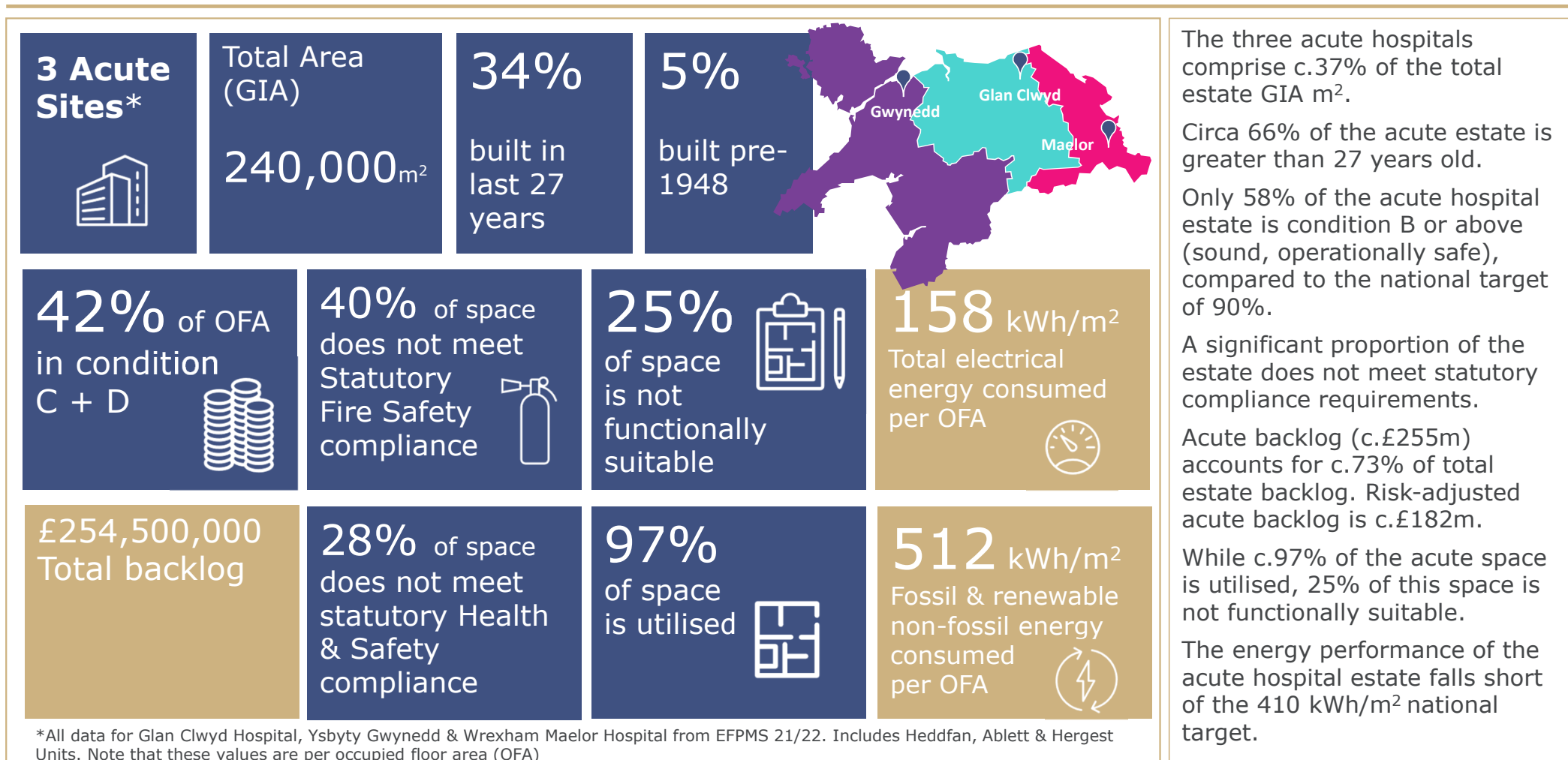


*kWh from BCUHB Utilities 2021 - 2022 report for each region. Occupied floor areas from EFPMS 2021/22. Excludes significant proportion of primary care properties. Note that values are based on occupied floor area. NHS Wales values exclude Welsh Ambulance Service Trust.

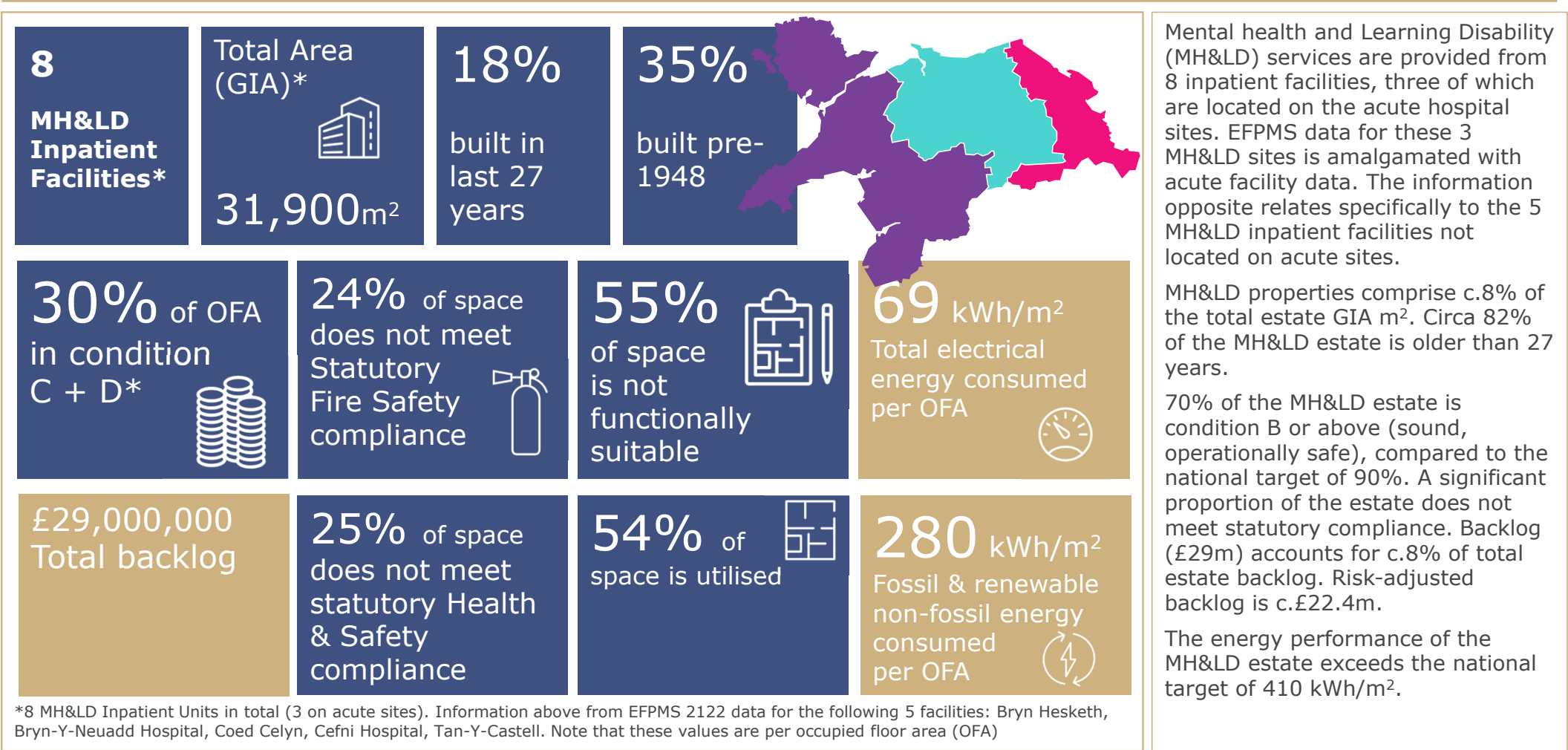
2.5 Estate Overview



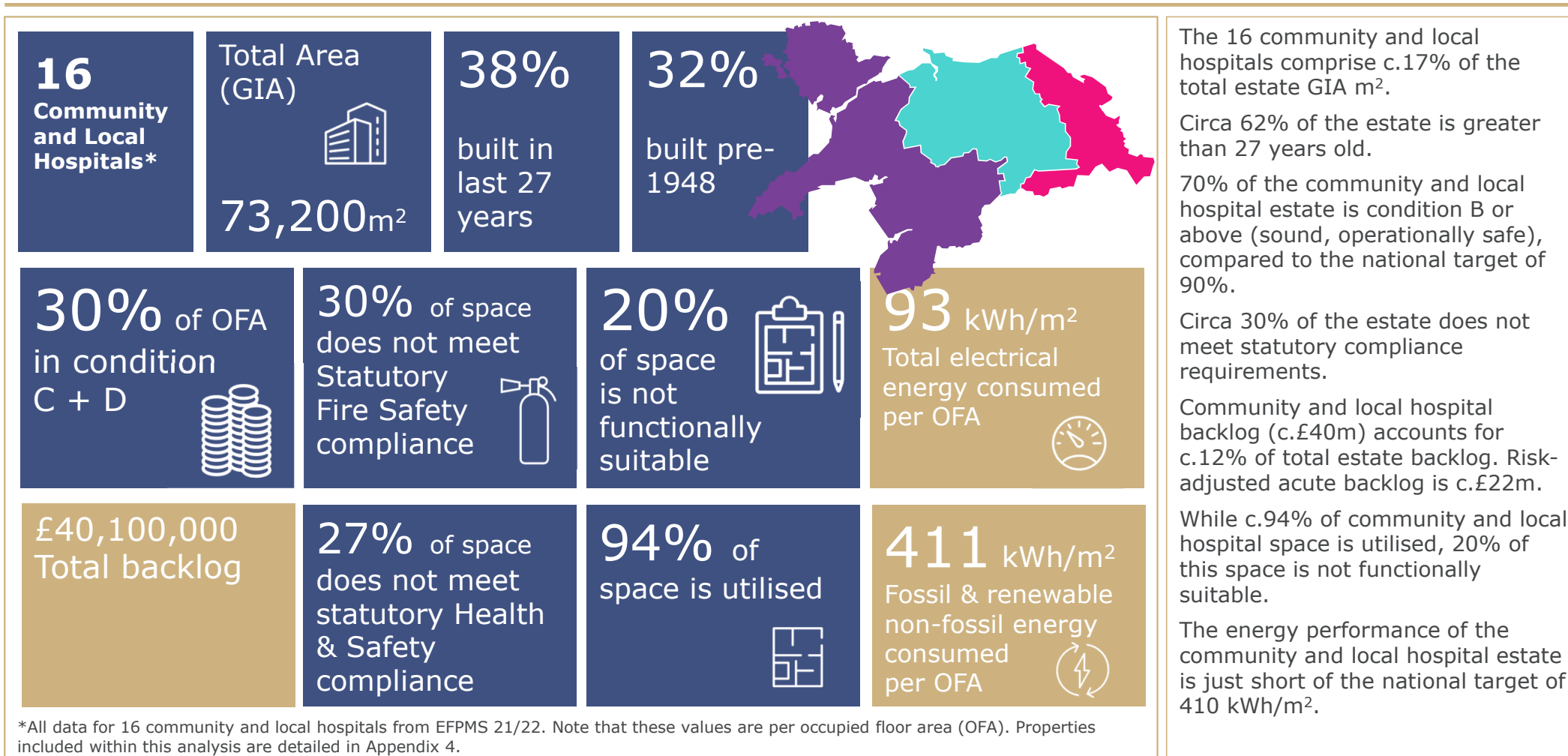
2.5.1 Acute Hospitals- Estate Condition and Performance



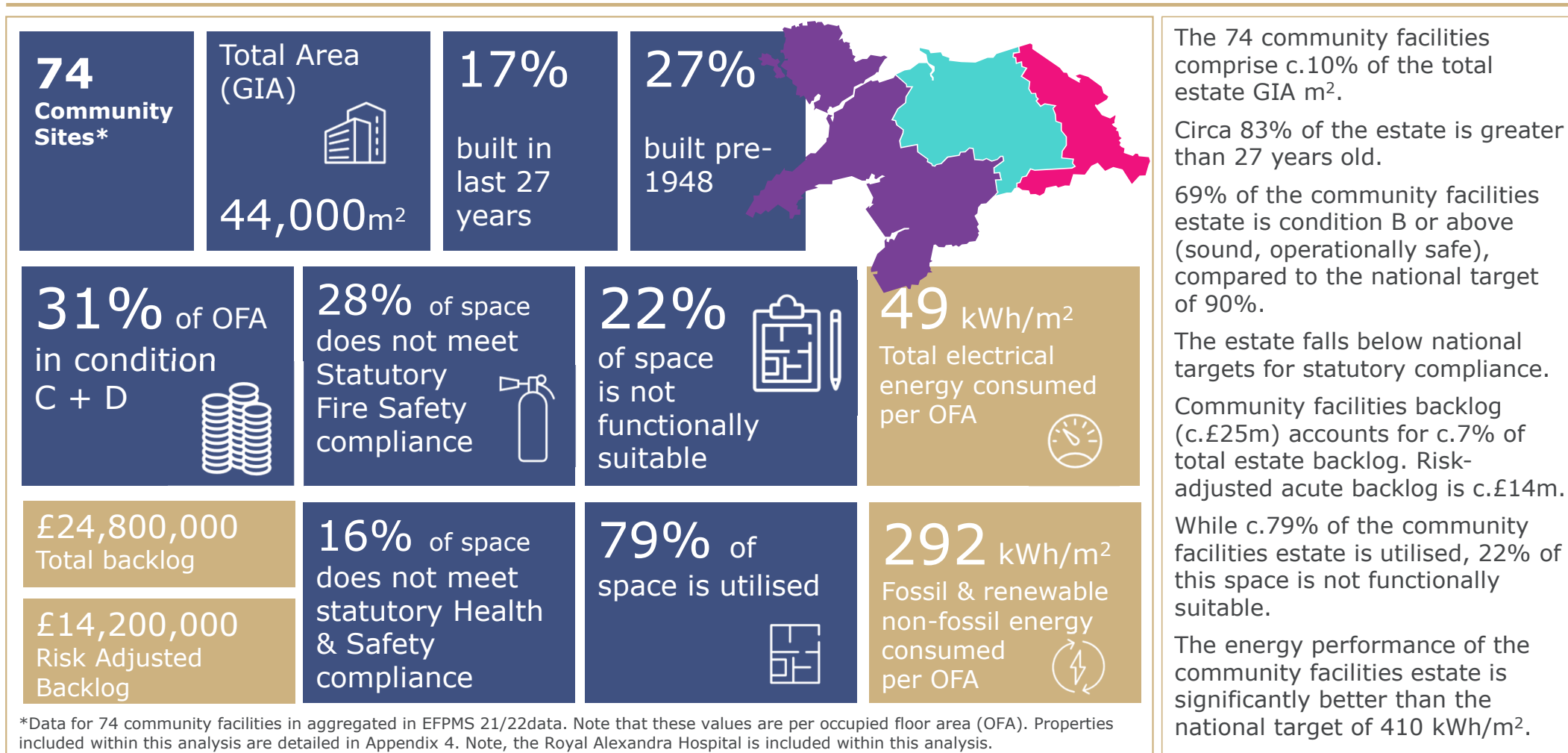
2.5.2 Mental Health & Learning Disabilities - Estate Condition and Performance



2.5.3 Community and Local Hospitals - Estate Condition and Performance



2.5.4 Community Facilities - Estate Condition and Performance



2.5.5 Primary Care - Estate Condition and Performance

A complete recent data set for primary care estate condition and performance is currently not available to inform this estate strategy.

As a significant proportion of BCUHB area primary care properties are not reported on for EFPMS data returns, an accurate assessment of current primary care estate condition and performance is not available via EFPMS. The most recent assessment of 173 BCUHB primary care facilities (the vast majority of which are owned and managed by private providers) was undertaken by Lambert Smith Hampton in 2016. Summary findings on the physical condition, equality/DDA compliance, space utilisation and functional suitability of primary care properties are presented opposite. As there is no reason to assume that the overall condition of the estate has changed significantly since 2016, this assessment is considered to still provide a reasonable representation of condition and performance of the primary care estate. It is also assumed that those properties that were the most expensive in 2016 remain as so.

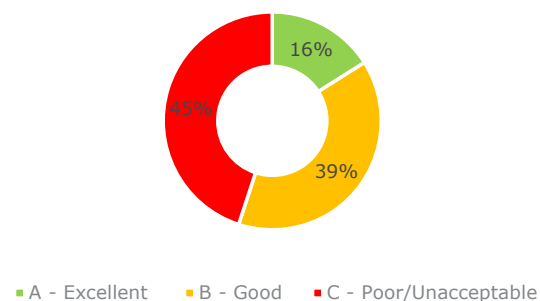
Physical Condition: In 2016, total required backlog maintenance across the whole estate was c.£4.5m (excluding VAT) and 45% of the primary care estate was rated as poor/unacceptable. Based on PUBSEC indices forecasts (to 4Q 2022), current backlog costs across the whole estate are estimated at c.£6.8m (excluding VAT).

Equality Act / DDA compliance: In 2016, it was estimated that c.£3.2m of work would be required for reasonable modifications to primary care properties to ensure compliance with Equality Act/DDA. Across the whole estate, more Equality Act/DDA compliance issues were identified in comparison to physical space and functionality issues. Based on PUBSEC indices forecasts (to 4Q 2022), current costs for reasonable modifications to primary care properties to ensure compliance with Equality Act/DDA are estimated at c.£4.8m (excluding VAT).

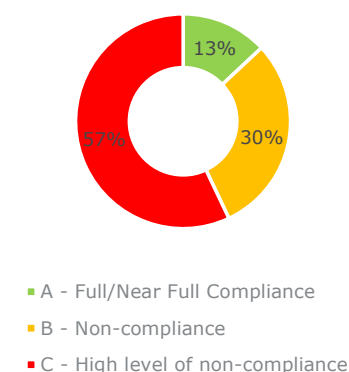
Space utilisation: In 2016, only 10% of primary care space was under utilised (typically, space within the more recently constructed properties designed to include future expansion space). This figure is likely to have reduced due to the impact of the COVID pandemic on additional space requirements within primary care properties.

Functional suitability: In 2016, 25% of properties had a poor/unacceptable level of functional suitability (generally correlating to either overcrowded or old properties).

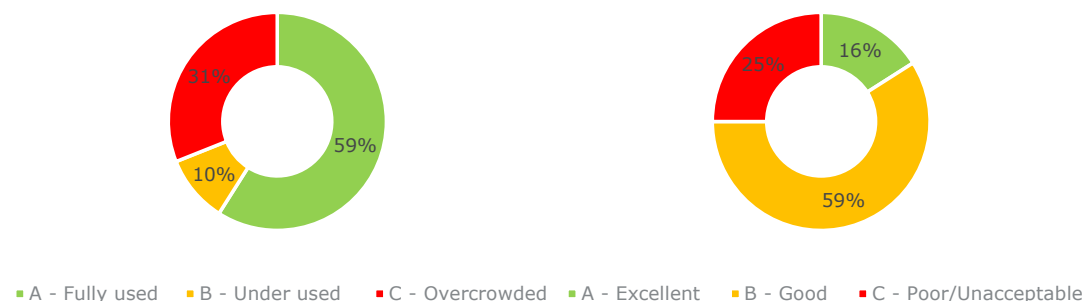
*Physical Condition – Summary



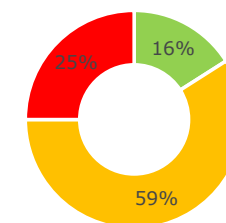
Equality Act (DDA) Compliance - Summary



Space Utilisation – Summary



Functional Suitability - Summary



*Physical condition ratings based on the following backlog maintenance costs per m²: A – Excellent (<£15/m²); B – Good (£15-70/m²); C – Poor/Unacceptable (>£70/m²)

Based on PUBSEC indices forecasts (to 4Q 2022), current backlog maintenance costs per m² are estimated as follows: A – Excellent (<£23/m²); B – Good (£23-105/m²); C – Poor/Unacceptable (>£105/m²)

2.5.5 Primary Care - Estate Condition and Performance

Survey work is currently in progress to provide an updated primary care estate data set across Wales.

The Future for Primary Care Premises in Wales

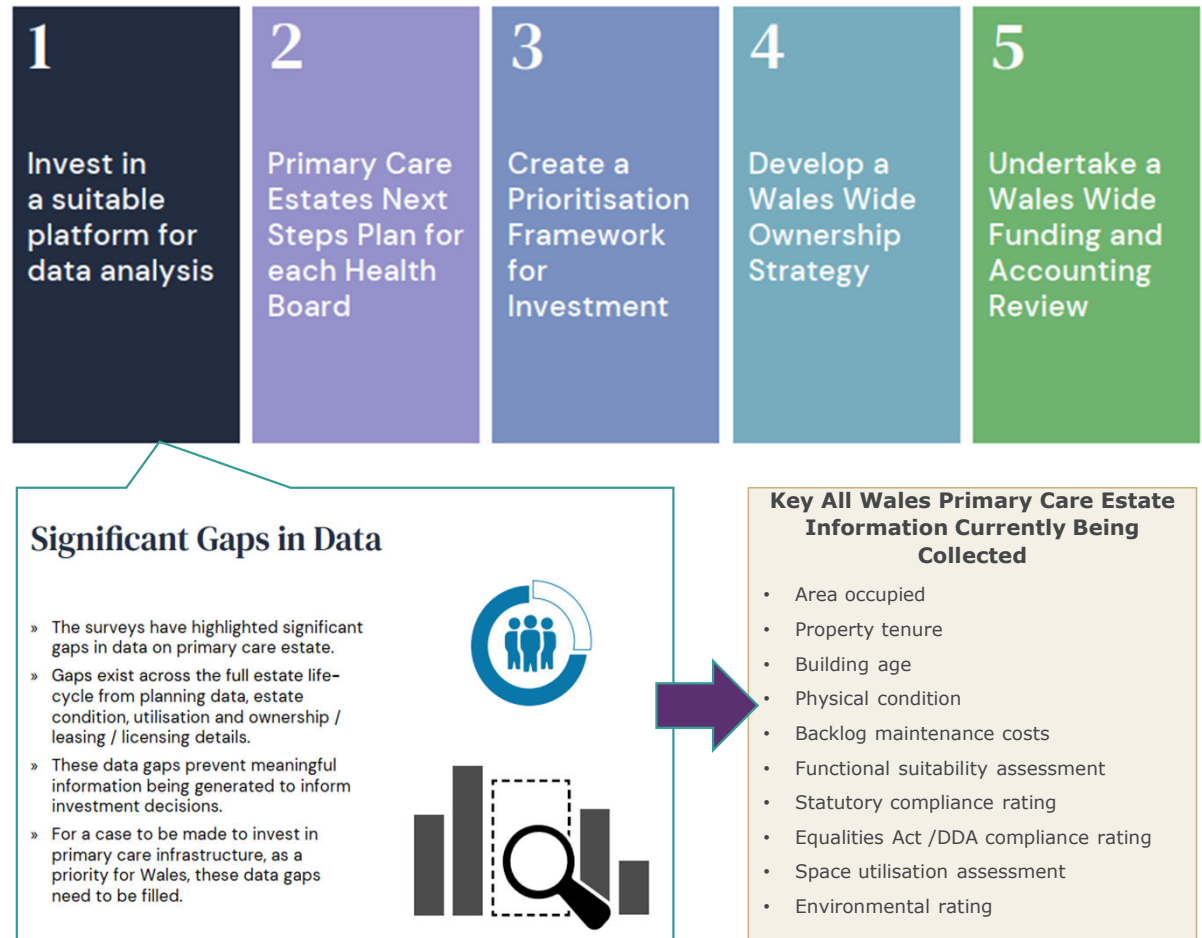
Welsh Government recently (Aug 2021) published the vision for primary care services and premises in Wales (Case for Change: Future for Primary Care Premises in Wales).

This document sets out a roadmap to improvement for primary care estate in Wales. Key steps are listed below:

- Invest in a suitable platform for data analysis
- Develop a primary care estate next steps plan
- Create a prioritisation framework for investment
- Develop a Wales wide ownership strategy
- Undertake a Wales wide funding and accounting review

Currently, significant gaps exist in primary care estate data (planning, condition, performance, ownership / leasing / licensing details) across Wales. Lack of data impacts on the ability to generate informed investment decisions.

To address this issue, a survey of all primary care premises in Wales is being undertaken. Examples of key estate metrics being collected are shown opposite. When available, this information will be used to inform and update our estate strategy.



2.6 Estate Backlog Maintenance Costs

Our estate has a total backlog maintenance cost of £348m and a total risk adjusted backlog of £240m. Approximately 73% of total backlog relates to the 3 acute hospitals. Total backlog costs have increased significantly since the 2019 Estate Strategy (from £142m to £348m).

Backlog Maintenance

Backlog is the cost to bring estate assets that are below acceptable standards (either physical condition or compliance with mandatory fire safety requirements and statutory safety legislation) up to an acceptable condition.

Total 2021/22 backlog costs for all BCUHB properties is £348.4m. Cost to achieve physical condition B is c.£213m. Cost to achieve condition B for fire and safety statutory compliance is c.£136m. Total risk adjusted backlog is c.£240m. The majority (73%) of backlog relates to the 3 acute hospitals. Backlog for MH&LD, Community and Local Hospitals, and Community Facilities each comprise c.10% of total backlog.

Profile of BCUHB 2021/22 Backlog Maintenance Costs (£m)

Property Type	Total backlog	High Risk	Significant Risk	Moderate Risk	Low Risk	Risk Adjusted
<i>All Properties</i>	£348.79	£91.81	£142.50	£68.66	£45.42	£239.96
Acute Hospitals*	£254.51	£64.42	£113.42	£45.21	£31.46	£181.49
Mental Health Inpatient*	£28.97	£16.22	£6.38	£4.48	£2.42	£22.41
Community & Local Hospitals*	£40.12	£5.84	£15.07	£12.10	£7.12	£21.82
Community Facilities*	£24.78	£5.33	£8.15	£6.88	£4.43	£14.23
Primary Care†	£0.41					

*All data from EFPMS 21/22.

†Data from Welsh Government Review of Primary Care Facilities - Primary Care Premises Database for 75/137 properties

2.7 Estate Revenue Costs

Our estate has an annual key estate cost of c.£34.7m. Since the 2019 Estate Strategy, annual estate costs have increased by 54% from £22.6m to £34.7m. Our key estate cost/m² of c£94 is above the NHS Wales average of c.£66/m².

Estate Revenue Costs

The table opposite provides a summary of the 2020/21 aggregated BCUHB annual estate costs compared to NHS Wales average costs. Our key total estate cost in 21/22 was c.£34.7m, of which approximately 70% relates to the 3 major acute hospitals, 20% to community hospitals, community facilities and corporate estate.

Since the 2019 Estate Strategy, annual estate costs have increased by 54% from £22.6m to £34.7m. Our key estate cost/m² of c£94 is above the NHS Wales average of c.£66/m². Factors influencing our increasing estate costs and higher costs/m² (compared to the NHS Wales average) are as follows:

- The age, scale and geographic spread of our estate across North Wales represents significantly more risk; the ageing estate profile requires more maintenance
- We are investing more revenue on estates due to the deteriorating condition of the estate

- We are spending more on the estate to make it more compliant
- Due to the COVID pandemic, there is an increased focus on compliance and environmental improvement.

2021/22 Key Estate Costs*	BCUHB Cost (£m)	BCUHB (£/m ²)	NHS Wales Average (£/m ²)
Estate Costs			
Building and engineering ¹	£18.10M	£48.79	£28.48
Total energy	£13.16M	£35.48	£29.96
Water	£1.37M	£3.69	£2.04
Sewage	£0.83M	£2.25	£1.77
Waste	£1.28M	£3.46	£3.29

*All data from EFPMS 2021/22. NHS Wales values exclude Welsh Ambulance Service NHS Trust. Definitions as per EFPMS. Excludes significant proportion of primary care properties.

¹Building and engineering costs defined as total pay and non-pay costs for the provision of building and engineering maintenance services, to maintain the whole of the building fabric sanitary ware, drainage, engineering infrastructure, systems and plants, etc. both internally and externally to the buildings. Includes labour and materials costs for all directly employed and contract staff. Includes all capital investment costs that have been expensed in support of the maintenance function but excludes all capital modernisation works involving adaptations improvements, and alterations included items that will be redefined as revenue to capture the final accounts.

2.8 Stakeholder Engagement - Summary Priorities Statement

Engagement with stakeholders across BCUHB to understand current key estate issues revealed the requirement to address a number of immediate priorities (summarised below).

Current State – Stakeholder Engagement

Engagement with stakeholders from the following key groups was undertaken, either via structured interviews or workshops, to understand key current estate issues and priorities to inform development of the future estate vision.

Integrated Health Communities and clinical leads

- Ysbyty Gwynedd
- Glan Clwyd Hospital
- Wrexham Maelor Hospital
- Community Dental Services
- Primary and Community Care
- Mental Health and Learning Disabilities
- Midwifery and Women's Services
- Cancer and Diagnostics and Clinical support
- Patient Safety and Experience

Corporate and external

- Board
- Health Board Leadership Team
- Capital Investment Group
- Clinical Senate
- Community Health Council

Estates

- Health, safety, and equality
- Operational estates
- Property and asset management

Summary Priorities - Immediate issues



2.9 Key Estate Risks and Challenges

Our estate is facing significant risks and challenges and severe limitations on expected future funding. The current estate is not sustainable or viable in the long term and will not support the implementation of key BCUHB strategies and is a significant risk to the Board.

Evaluation of key BCUHB estate condition and performance indicators (as per 2021/22 EFPMS data) can be summarised as follows:

Physical Condition: Only 62% of BCUHB estate is condition B or above (sound, operationally safe), compared to the national target of 90%; the NHS Wales average value is 78%.

Statutory Health & Safety: Against a national target of 90%, only 74% of BCUHB estate complies with statutory requirements; the NHS Wales average value is 80%.

Statutory Fire Safety: 64% of BCUHB estate complies with statutory fire requirements, compared to the national target of 90% and the NHS Wales average of 78%

On average, physical condition and statutory compliance of the estate has got worse since the 2019 Estate Strategy. In particular, the Abergele Hospital, Wrexham Maelor Hospital, Royal Alexandra Hospital, and Ysbyty Gwynedd sites are in poor condition with low levels of compliance.

Functional suitability: 74% of BCUHB estate is considered to be functionally suitable, compared to the national target of 90% and the NHS Wales average value of 81%.

On average, there has been a reduction in the functional suitability of BCUHB estate (from 85% to 74%) since the 2019 Estate Strategy. In particular, Bryn Y Neuadd Hospital, Abergele Hospital and Wrexham Maelor Hospital estate all have low levels of functional suitability.

Space Utilisation*: 93% of the BCUHB estate is utilised, compared to the national target of 90% and the NHS Wales average value of 93%. Since the 2019 Estate Strategy, utilisation of the estate has increased (from 88% to 93%). However, this indicator does not identify whether space is being used at the required level of efficiency.

Energy Performance: This indicator examines the total fossil and renewable non-fossil energy (electricity, gas, oil) consumed per occupied floor area.

IHC East & ICH Central: Average energy performance across sites is 431 kWh/m² and 414 kWh/m², respectively, both slightly above the national target of 410 kWh/m²; the NHS Wales average value is 383 kWh/m². Glan Clwyd Hospital and Abergele Hospital have poor energy performance.

IHC West: Average energy performance across sites is 591 kWh/m², significantly higher than the national target. Tywyn Hospital and Ysbyty Gwynedd have particularly poor energy performance.

*Space utilisation based on EFPMS definition of unutilised space: 'Percentage of occupied floor area where space utilisation is classified as being either "empty" or "under-used" as defined in Estatecode and Developing an Estate Strategy documents.'

2.9 Key Estate Risks and Challenges

The major risks presented by our current estate may be summarised as follows:

Ysbyty Gwynedd (YG)

- The highest backlog maintenance in the property portfolio
- The age and resilience of the engineering infrastructure
- A significant percentage of occupied floor area is condition C/D, not compliant with statutory requirements, and not functionally suitable
- The design and layout of YG presents infection prevention and control risks, and does not comply with current guidance or support efficient working and new models of care
- The planned YG Compliance Programme (currently at Programme Business Case stage on the BCUHB Capital Programme) will address key infrastructure and fire safety issues (compartmentation, evacuation and early warnings) and focus on the following areas:
 - Fire packages
 - Evacuation packages
 - Low voltage infrastructure
 - Heating and ventilation

- Medical gases and distribution pipework

- Water systems

- Building fabric

- BCUHB is also currently undertaking some fire precaution works through EFABS 2 All Wales funding

Wrexham Maelor Hospital (WMH)

- The second highest backlog maintenance in the estate
- The age and resilience of the engineering infrastructure
- 80% of occupied floor area is condition C/D, with high percentages not compliant with statutory requirements, and not functionally suitable
- The design and layout of WMH presents infection prevention and control risks, and does not comply with current guidance or support efficient working and new models of care
- The WMH Continuity Programme (currently at Full Business Case stage on the BCUHB Capital Programme) will address key infrastructure issues and focus on the following areas:
 - Completion of the existing HV Ring Main
 - New Intake and Phase 1 electrical sub stations

2.9 Key Estate Risks and Challenges

- Replacement of obsolete fire alarm panels
- Oxygen accessible pipework
- Heating and domestic hot and cold water to the former “EMS” area
- Replacement of critical damaged fire door sets across the site
- Replacement of vacuum plant to Nucleus phases 1&2; replacement of medical air plant to Nucleus Phase 2
- Address the red risks as identified within the fire survey

Glan Clwyd Hospital

- Backlog maintenance of c.£37m
- The Glan Clwyd Hospital compliance and electrical capacity project (currently on the BCUHB Capital Programme) will address key infrastructure issues focused on upgrading electrical infrastructure

Abergele Hospital

- Backlog maintenance of c.£15.5m; 80% of occupied floor area is condition C/D, with similar amounts of floor area not compliant with statutory requirements, and not functionally suitable
- 10% of occupied floor area is unutilised

Royal Alexandra Hospital (RAH)

- The age, design and physical condition of the building and engineering infrastructure
- Backlog maintenance of c.£15.3m
- 68% of occupied floor area is condition C/D, with 35-40% of occupied floor area not compliant with statutory requirements
- The RAH development project (currently at Full Business Case stage on the BCUHB Capital Programme) will address key infrastructure and statutory issues

Bryn Y Neuadd Hospital

- The age, design and physical condition of the building and engineering infrastructure
- Backlog maintenance of c.£27.7m
- 35% of occupied floor area is condition C/D, with moderate levels of statutory non-compliance
- 70% of occupied floor area is not functionally suitable, with 60% of area being underutilised
- 40% (c.10,800m²) of the site GIA m² is unoccupied

2.9 Key Estate Risks and Challenges

The design and layout of the **Hergest Unit, Ablett Unit, Cefni Hospital and Bryn Hesketh Hospital** are not considered fit for purpose and do not support new models of Mental Health care (Hergest Unit and Ablett Unit redevelopment schemes are on the current BCUHB capital programme); this will particularly impact on the following:

- Provision of an appropriate physical environment for Mental Health and Learning Disabilities services
- Service user privacy and dignity, experience, behaviours and security
- Compliance with Royal College of Psychiatrists guidance

The age, design and physical condition of the building and engineering infrastructure of:

- Colwyn Bay Hospital
- Denbigh Hospital
- Eryri Hospital
- Ruthin Hospital

The design and engineering infrastructure of **Dolgellau Hospital**.

Space limitations within community properties may prevent colocation of large teams and impact on model of care delivery.

Insufficient provision of space for training purposes; lack of accommodation for people in training.

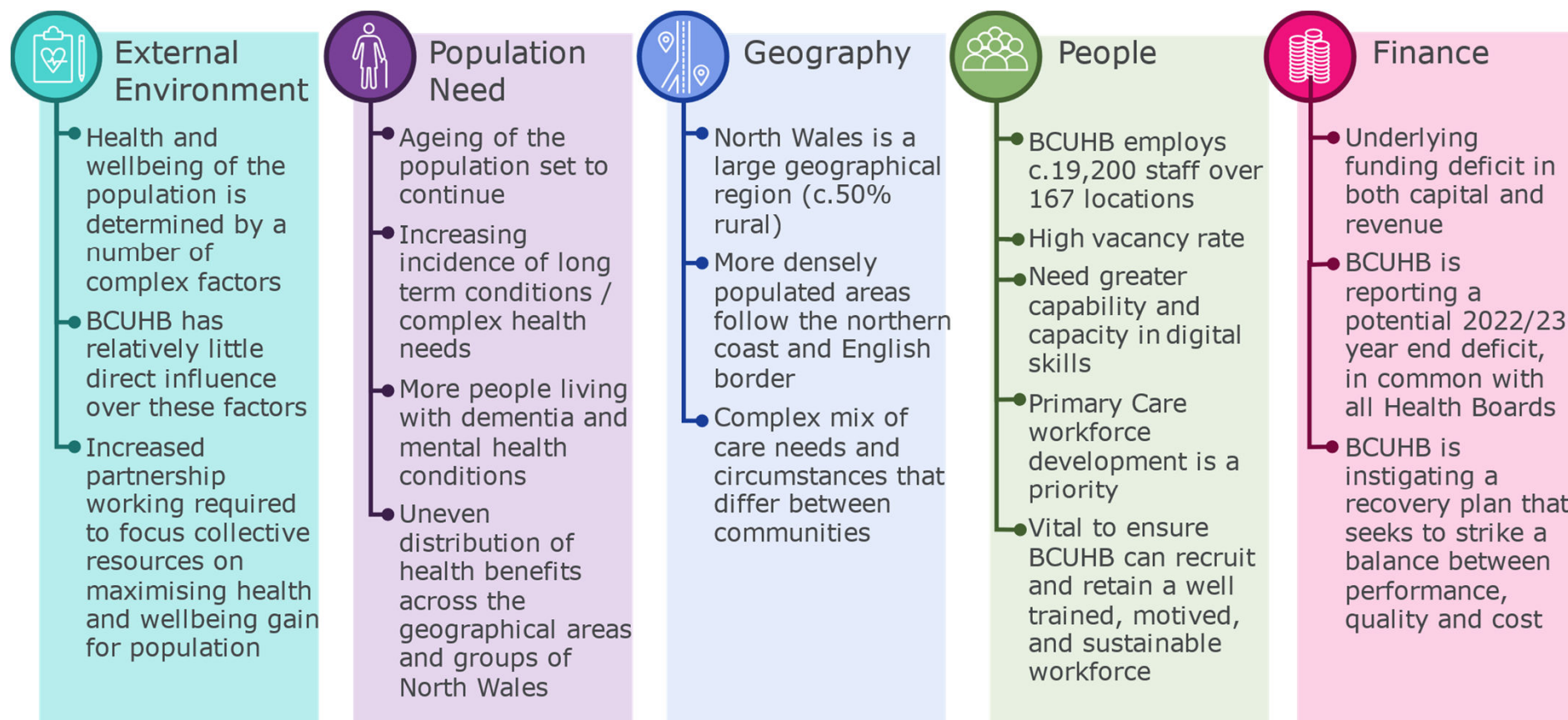
Net Zero Risks and Challenges

- Heat decarbonisation: To comply with NHS and Welsh Government targets, fossil fuelled boilers and CHP approaching end of life, such as at Glan Clwyd Hospital and the CHP plant at Ysbyty Gwynedd, must be identified and option appraisals conducted to switch to clean heat
- Transport: Progress on EV rollout across the estate, with 30% of lease cars electric, and 20x EV charging points having been installed at the Wrexham Maelor Hospital site, could be challenged by growing demand for charging on site
- Renewables: NHS Wales target to maintain 100% REGO backed electricity supply, could become difficult on the BCUHB estate given inflationary pressures in energy markets that are expected to continue into 2023/24
- Clinical emissions: NHS Wales ambition to use methods to minimise gas wastage and technologies to capture expelled medical gases has been identified as a significant concern by the clinical team at BCUHB

3.0 Future State (Where Do We Want To Be?)

3.1 Strategic Challenges

Operating in a complex and diverse environment, BCUHB faces a number of key strategic challenges as summarised below.



3.2 Strategic Context

In March 2018, BCUHB approved its long term strategy, Living Healthier, Staying Well, which outlines the vision for health, wellbeing and healthcare over the next ten years.

Living Healthier, Staying Well underpins the strategic framework for our future estate that will be designed to support health and wellbeing, primary and community services through a network of wellbeing centres. This network will be supported by three acute hospital campuses providing acute and specialist care together with key support services (clinical and non-clinical).

Through targeted development, repurposing, reconfiguration and rationalisation the property portfolio will be aligned to support the 14 clusters and three acute hospital campuses, with estate capacity and size reflecting the shift in care closer to home and new models of working. The future estate will support the development of regional facilities providing centres of clinical excellence and support services to all of North Wales and will be designed to be sustainable, reduce environmental impact and to support the wider economic, social and cultural wellbeing of North Wales.

The BCUHB Clinical Services Strategy (June 2022) sets out the future direction and strategic intentions for clinical services in North Wales. It provides a 'blue print' for large-scale service redesign and in conjunction with Living Healthier, Staying Well will guide implementation of the estate strategy.



Clinical, operational
& financial
sustainability



Holistic,
person-centred
care



Service user
empowerment



Care closer
to home



Improved
population health
& well-being



Integrated,
partnership
working



Digital
optimisation



Step-change
towards
decarbonisation



Anchor institution
for social value

3.3 Strategic Service and Business Objectives Informing Estate Need

The impact of BCUHB's vision, strategic objectives, major programmes and transformation priorities on future key estate requirements is summarised below.

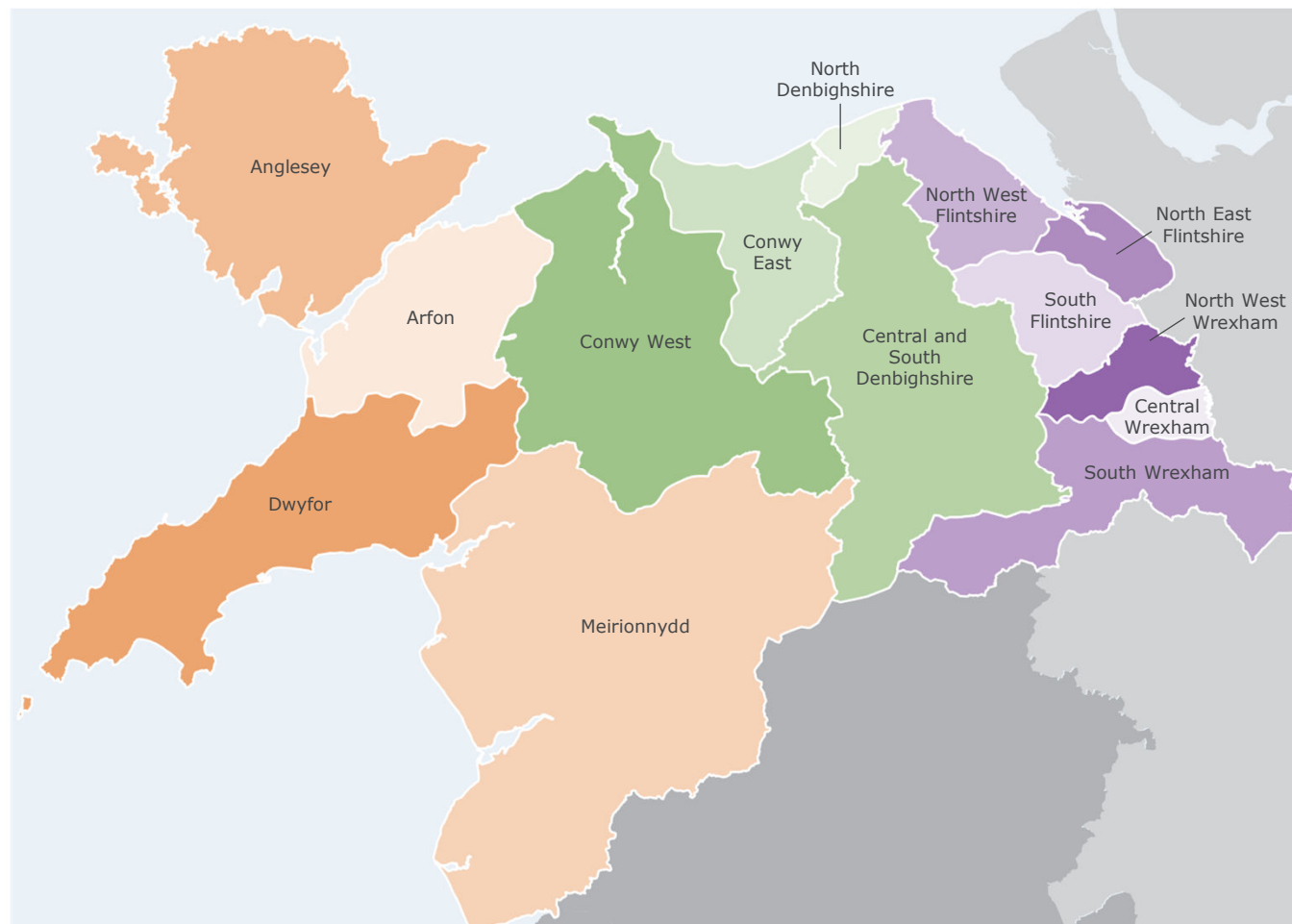
Vision/ ambition	Lead the way on integrated care, supporting health improvement for the population now and in the future						
Strategic objectives	Improve health and wellbeing for all and reduce health inequalities	Support children to have the best start in life	Work in partnership to design and deliver excellent care closer to home	Support, train and develop our staff to excel	Improve the safety and quality of all services	Respect individuals and maintain dignity and care	Listen to and learn from the experiences of individuals
Overlapping major programmes	Improving health and reducing inequalities		Care closer to home		Excellent hospital care		
Transformation priorities	<ul style="list-style-type: none">• Healthy lifestyles• Protection and prevention• Resilient communities, tackling inequalities		<ul style="list-style-type: none">• Secondary prevention and early intervention• Health and Social Care working together in local communities• Access to care in an emergency		<ul style="list-style-type: none">• Sustainable planned care• Unscheduled care• Specialist and complex care		
Impact on current and future estate							
Key estate requirements	Examine how we use current facilities	Share facilities with other services and organisations when possible	Develop Health and Wellbeing Centres	Improve facilities so mothers have a positive birth experience	Modernise hospitals and other facilities as required	Dispose of premises that are expensive to run or do not support models of care	Ensure buildings are more eco-friendly

3.4 Opportunities - Context

The long term strategy, Living Healthier, Staying Well, outlines the vision for health, wellbeing and healthcare over a 10 year period from 2018 and defines future models of care delivery for BCUHB.

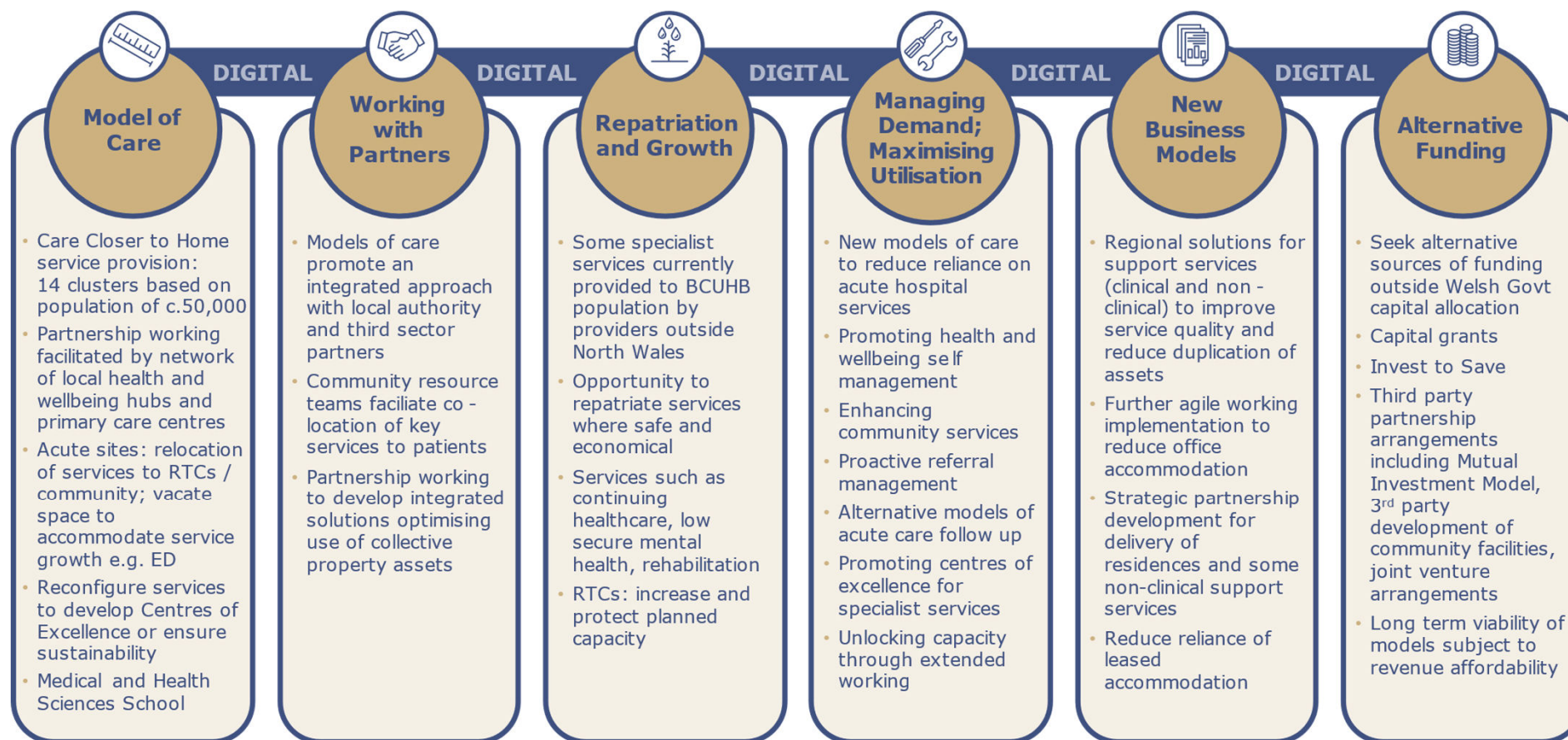
Across the three Integrated Healthcare Communities, 14 clusters, broadly coterminous with local authorities and based on a population of c.50,000, will form the footprint through which Care Closer to Home services are delivered. Within each cluster local community resource teams, GPs and mental health services will work together with local authority and the third sector partners offering a range of advice, assessment and treatment services.

To support enhancement of services within communities, there will be further development of networks of Health and Wellbeing Hubs and Primary Care Centres. Primary care facilities incorporating primary care, community services and partner organisation services will be supported by Health and Wellbeing Hubs providing a wider range of services typically incorporating urgent care (minor injuries), ambulatory consultations and treatment, and inpatient activity.



3.5 Opportunities - Detail

Key high level opportunities informing our strategic estate framework fall within the following broad categories: new models of care, integrated partnership working, repatriation/growth of activity, managing demand and maximising utilisation, new business models and alternative funding routes. Further specific detail on these opportunities is provided below.



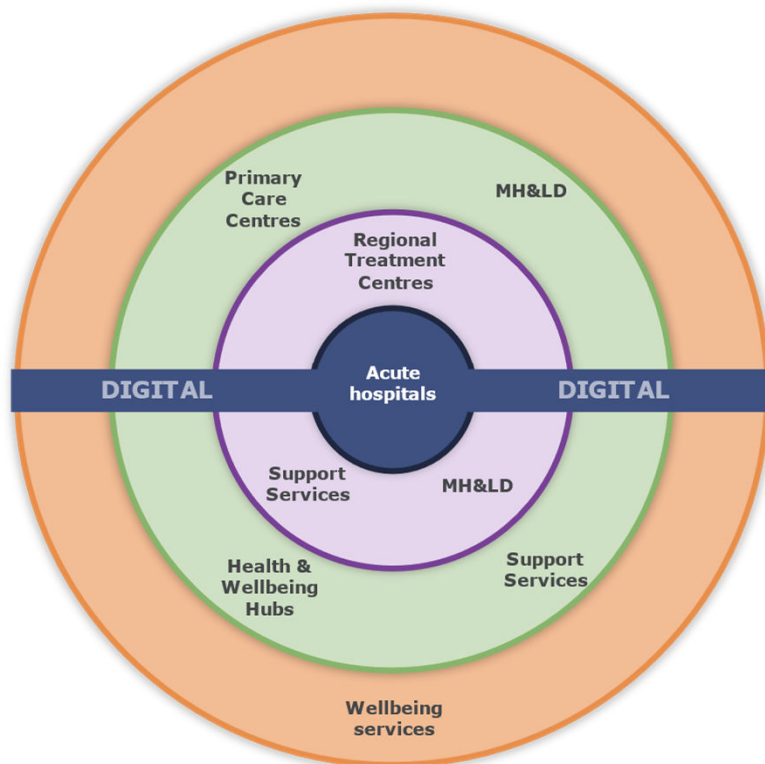
3.6 Vision for the Future Estate

Living Healthier, Staying Well defines the ambition for delivery of BCUHB health and care services that provide the strategic framework for our future estate. This vision, framework and detail regarding specific services and property types for delivery of services is summarised below. Additional detail is provided in the following pages.

Summary of Vision for Future Estate

- Estate that is fit for purpose; provides a safe and effective environment for patients, carers, visitors and staff
- The estate is aligned to clinical and enabling strategies and supports transformation plans
- The efficiency of the estate is improved through appropriate utilisation and investment
- Duplication is eradicated to enable release of assets for direct patient care or disposal
- Assets are employed effectively to deliver value for money
- An agile estate that is able to respond to new growth requirements of services
- Estate that enables a step-change towards decarbonisation and net zero targets

Strategic Framework for Future Estate



Wellbeing services : delivered in a range of public and commercial settings, and at home; focus on improving health and reducing inequalities



Primary care centres: A network of primary care facilities to enhance the existing portfolio of primary care centres and health centres



Health and Wellbeing hubs : Each geographical care cluster supported by at least one Health and Wellbeing hub



Mental Health, Learning Disabilities and Substance Misuse services : Community services colocated with community resource teams; additional accommodation required for inpatient, rehabilitation, specialist support and interventional services.



Regional Treatment Centres : Provide outpatient appointments, diagnostic tests and day surgery.



Excellent hospital care : Commitment to provide acute hospital care from three hospital campuses (Wrexham Maelor, Glan Clwyd, Ysbyty Gwynedd)



Support services estate : Including offices, training and academic centres, residences, medical records storage, HSDU, laundry, workshops and call centre.

3.6 Vision for the Future Estate

3.6.1 Improving Health and Reducing Inequalities

Services focused on supporting health and wellbeing and reducing inequalities will be delivered in a range of settings to facilitate ease of public access. Locations for delivery may include:

- Public community facilities, such as sports and fitness centres, community halls, and libraries
- Commercial premises such as pharmacies, supermarkets, health stores, theatres/cinemas
- Health facilities (including primary care and general dental services)
- Local authority and third sector properties

3.6.2 Care Closer to Home

The future network of community facilities required to deliver primary care, community, and mental health, learning disability and substance misuse services will be developed to align with the 14 clusters across the three integrated health communities, meet population needs and consider the impact of geographical factors such as location, transportation links and travel times.

Health and Wellbeing Hubs

It is expected that each of the 14 clusters will be supported by at least one Health and Wellbeing Hub. This network of hubs will build upon the existing portfolio of community and local hospitals and Health and Wellbeing Centres. Health and Wellbeing Hubs may be delivered via use of existing properties, by reconfiguration of existing facilities or development of new properties.

Primary Care Centres

Welsh Government recently (Aug 2021) published the vision for primary care services and premises in Wales (Case for Change: Future for Primary Care Premises in Wales). This document sets out a roadmap to improvement for primary care estate in Wales. Key steps are listed below:



Key stages in this roadmap for all Health Boards focus on development of a next steps plan for primary care and creation of a prioritisation framework for investment.

The BCUHB clinical strategy for primary care is currently emerging. While the focus on Accelerated Cluster Development and delivery of place-based care within clusters is currently at the early stages, there are some notable examples of where BUCHB has begun to move forwards with the vision.

3.6 Vision for the Future Estate

As described within Living Healthier, Staying Well, the proposed network of primary care facilities will build upon the existing portfolio of primary care centres and health centres and will provide access points to health and wellbeing services in primary care settings. Primary Care Centres may be delivered by using existing properties, by reconfiguring existing facilities or by development of new properties. There should also be a drive to deliver primary care services from appropriate non-healthcare (e.g. town centre) premises.

Options for delivery of the primary care centre vision must ensure the provision of sufficient accommodation within facilities to enable delivery of effective and efficient education and training requirements. This will require further evaluation of preferred approaches for education and training (e.g. face to face vs virtual) and alignment with existing primary care space capacity and utilisation (likely to require investigation via the use of room occupancy software).

Delivery of the Care Closer to Home vision via Primary Care Centres and Health and Wellbeing Hubs should also consider the possibility of extended working to maximise asset utilisation and reduce capital investment.

BCUHB will continue to seek Welsh Government funding for the delivery of primary care services via the Health and Social Care Integration and Rebalancing Capital Fund (IRCF).

The Board will also continue to seek opportunities to access Welsh Government improvement grants to support improvement of the condition, functional suitability, performance and sustainability of non-BCUHB primary care estate, subject to value for money assessments.

3.6.3 Mental Health, Learning Disabilities and Substance Misuse

The BCUHB Mental Health Strategy (2017) outlines a vision to support prevention, early intervention, support of service users within the community and a reduction in acute admissions.

Inpatient care will continue to be focused on the three acute sites together with facilities providing secure/rehabilitation services, learning disability units, and Child and Adolescent Mental Health Services facilities.

Community services may be delivered from existing facilities or from Health and Wellbeing Hubs to normalise/destigmatise attendance and enhance service user experience. Community Mental Health Teams will be co-located with the wider community resource teams with some additional accommodation required for specialist support and interventional services.

Similarly, primary care mental health teams will deliver services from primary care premises.

3.6 Vision for the Future Estate

3.6.4 Excellent Hospital Care

There is a commitment to provide acute hospital care from the three hospital campuses at Ysbyty Gwynedd, Glan Clwyd Hospital and Wrexham Maelor Hospital.

There are plans for investment on all three acute sites, especially Wrexham Maelor Hospital and Ysbyty Gwynedd.

Relocation of activity to Regional Treatment Centres (RTCs), and potential relocation/consolidation of services across the three acute hospitals (to develop Centres of Excellence or ensure sustainability) present opportunities to vacate space on acute sites to accommodate growing services.

Administration space requirements on acute sites will be aligned with BCUHB's agile working policy and support the Welsh Government's target for 30% of the Welsh workforce to work remotely supported by technology and smart working processes. This will enable rationalisation of existing administration space and consolidation on acute sites or relocation off-site if essential functional relationships are not required (e.g. some corporate administration). Vacated administration space on acute sites may be used to accommodate growing clinical services or new care models.

3.6.5 Regional Treatment Centres

To increase and protect planned capacity, RTCs will provide outpatient appointments, diagnostic tests and day surgery.

Relocation of activity from the acute hospital sites to RTCs will vacate space on the acute sites to accommodate key service growth e.g. Emergency Department, Same Day Emergency Care, ambulatory care, GP out of hours, and facilitate compliance.

In addition, plans are being developed to expand capacity for orthopaedics under a separate initiative.

3.6.6 Support Services

BCUHB currently provides important clinical and non clinical support services from a range of freehold and leasehold properties. These services include:

- Administration (office space)
- Education and Training (Academic/Training centres)
- Staff/student accommodation (residences)
- Medical records (storage)
- Sterilisation and decontamination (Hospital Sterilisation and Decontamination Unit)
- Workshops
- Call centre

The future support services estate will be built upon strategic hubs, providing regional solutions whilst supporting local delivery e.g. centralised decontamination, regional administration hubs supporting IHCs (aligned with BCUHB's agile working policy and the Welsh Government's target for 30% of the Welsh workforce to work remotely).

This focus will reduce the current reliance on leased accommodation, eradicate duplication and rationalise the current owned assets to facilitate a more sustainable estate.

3.6 Vision for the Future Estate

3.6.7 Net Zero and Carbon Reduction

The Welsh Government has put sustainable development high on the agenda and, in 2021, announced their ambition of achieving net zero carbon status within the public sector by 2030. BCUHB has accordingly produced a decarbonisation plan aligned with NHS targets for emissions reduction, and this estates strategy triggers additional priorities that will support BCUHB to move 'beyond carbon'. Key priorities in terms of deliverables, outcomes and governance with the aim of future-proofing, greening and decarbonising our estate, are as follows:

Priority	Reduce carbon footprint	Ensure inclusive design	Address local economic inequality	Support sustainable transport	Compliance and best practice	Net zero estate	Resilience
Objective	2040 and 2045 net zero	Ensure inclusive design through the participation of local communities	Optimise local procurement and labour to support the local economy	Improved access for patients, staff and visitors	Comply with statutory regulations and best practice guidance	BREEAM standard of "very good" as a minimum	Reduced climate risk
KPI	Carbon emissions equivalent (CO2e)	Compliance: Environment Act (Wales) 2016; Well-being of Future Generations (Wales) Act 2015	PM2.5, PM10 and nitrogen dioxide	Ratio of journeys-single occupancy against active/public/sustainable	Organisational compliance risk score	Carbon emissions equivalent (CO2e)	Exposure rating
Mechanism	Decarbonisation Plan	Accessibility audit	Clean Air Hospital Framework	Green Travel Plan	EMS	Heat Decarbonisation Plan	Climate Change Adaptation Plan

3.6 Vision for the Future Estate

3.6.8 Climate Adaptation

Whilst the mitigation of BCUHB’s carbon footprint is vital to achieve Wales’s ambition of a net zero Welsh public sector by 2030, it is also imperative to consider the risk that the physical effects of climate change pose to our future estate.

To account for future risk, a climate adaptation analysis has been run across our estate using [Cervest’s](#) EarthScan climate intelligence interface. The software incorporates global and regional climate models, including the Coupled Model Intercomparison Project (CMIP6) and the Coordinated Regional Downscaling Experiment (CORDEX), to produce accurate future projections of physical climate risks over historical observational baselines.

The physical climate risks modelled across the BCUHB estate include heat stress, extreme precipitation, drought, extreme wind, flooding and wildfire.

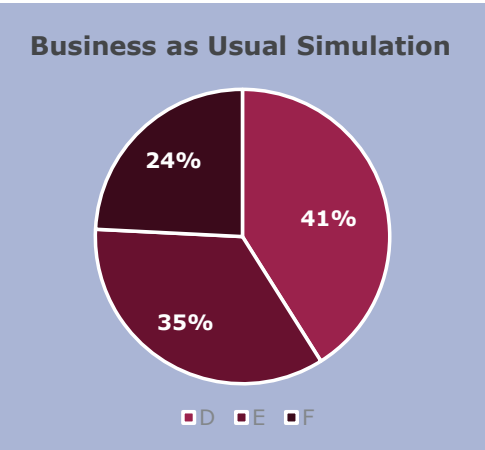
The EarthScan interface allows for the manipulation of climate modelling parameters. In line with the UK’s net zero target of 2050, the BCUHB analysis has been tailored to model climate risk for the year of 2050 across two differing climate scenarios:

- 1) Business as Usual (no-policy highest emitting climate scenario)
- 2) Paris Aligned (<2°C global warming with best efforts to limit to 1.5°C)

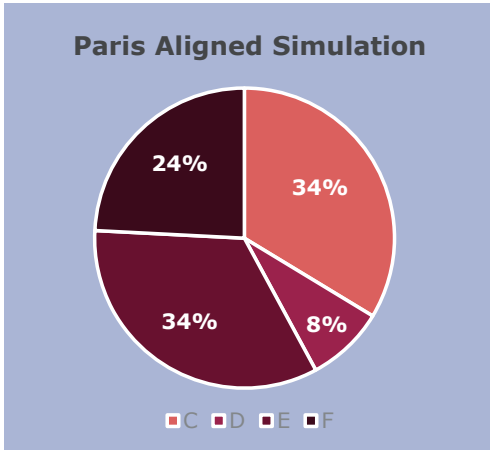
The climate risks generated for each building are quantified via a numerical scope that corresponds to a graded rating. Ratings provide a quick and clear indication of climate related risk, to reveal vulnerabilities and identify opportunities.

Cervest Rating	Cervest Score	Description
A	833-999	Excellent: very low climate-related risk
B	667-832	Good: low climate-related risk
C	501-666	Moderate: medium climate-related risk
D	334-500	Poor: high climate-related risk
E	167-333	Very poor: very high climate-related risk
F	0-166	Extremely poor: extremely high climate related risk

The graphs below display the combined physical risk rating across the two modelled scenarios. This rating is the result of the synthesis of all projected physical climate risks to facilitate comparison of building assets across multiple modelled climate risks. Addressing risks identified will be part of the site specific analysis.



Combined physical risk rating of BCUHB estate under BAU scenario



Combined physical risk rating of BCUHB estate under Paris aligned scenario

4.0 How Do We Get There?

4.1 Summary Priorities Statement

Engagement with stakeholders across BCUHB revealed a number of common themes around strategic ambitions for the estate.

Future State - Stakeholder Engagement

Engagement with stakeholders from the following key groups was undertaken, either via structured interviews or workshops, to understand key priorities to inform development of the future estate vision.

Integrated Health Communities and clinical leads

- Ysbyty Gwynedd
- Glan Clwyd Hospital
- Wrexham Maelor Hospital
- Community Dental Services
- Primary and Community Care
- Mental Health and Learning Disabilities
- Midwifery and Women's Services
- Cancer and Diagnostics and Clinical support
- Patient Safety and Experience

Corporate and external

- Board
- Health Board Leadership Team
- Capital Investment Group
- Clinical Senate
- Community Health Council

Estates

- Health, safety, and equality
- Operational estates
- Property and asset management

Balancing Strategic Ambitions

New space for growth

A legacy of underestimating the estates impact of new or expanded services reported by respondents

Service interdependencies

Desire for co-locations limited by cost effectiveness and capacity

Financing

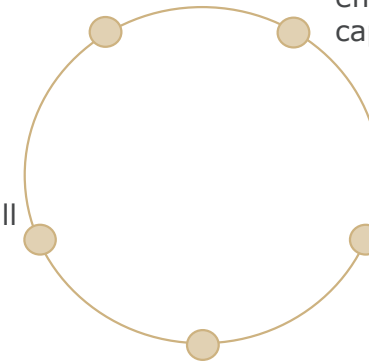
Extremely tight capital and revenue funding will initially constrain realisation of our ambition in the short term

Fixed points

3 DGH model will remain with opportunities for consolidation and off-site transfers

New models of care

The recently formed IHCs face the challenge of balancing system-wide objectives with legitimate local variation



4.2 Initial Agreed Priorities

The proposed development of the estate to support BCUHB's suite of enabling strategies provides the opportunity to repurpose, reconfigure and rationalise the current estate portfolio.

This estate strategy proposes repurposing and reconfiguring some existing community facilities, and providing new build facilities where required, to deliver the Health & Wellbeing Hub and Primary Care Centre infrastructure to support Care Closer to Home.

Particular focus should be given to the identified high risk properties, including addressing the issues on the Wrexham Maelor and Ysbyty Gwynedd acutes sites. Consideration must also be given to the roles of Abergele Hospital and Bryn Y Neuadd Hospital sites, within the context of the key strategies of BCUHB and the Welsh Government, as both hospital sites are not sustainable in their current forms.

The Full Business Case for the new North Denbighshire Community Hospital, planned to be built next to the replaced existing Royal Alexandra Hospital, was submitted to Welsh Government in March 2021 (approval decision is currently pending). This remains a priority project for BCUHB.

From 2019/20 to 2021/22, the size (GIA m²) of our property portfolio size has decreased by 8% (from 456,000 m² to 420,000 m²) against a target reduction of 5%. This estate strategy suggests further opportunity to consolidate the estate, particularly to a smaller number of key strategic sites and rationalised support services such as administration.

To better understand this opportunity, there is a requirement to revisit the key targets for reduction in property portfolio size and estate revenue costs and undertake supporting detailed analysis and projections.

Based on recent reductions in the property portfolio, and subject to engagement and, when appropriate, formal consultation, there may be further opportunity for BCUHB to reduce the estate portfolio size against a confirmed target emerging from deep dive analysis. This would reduce some of the current estate risks and release resources to support the reconfigured estate and alternative funding models.

Initial pipeline of priorities identified by BCUHB

The following schemes have been identified by BCUHB as priorities on the capital programme, with business cases currently in progress or completed:

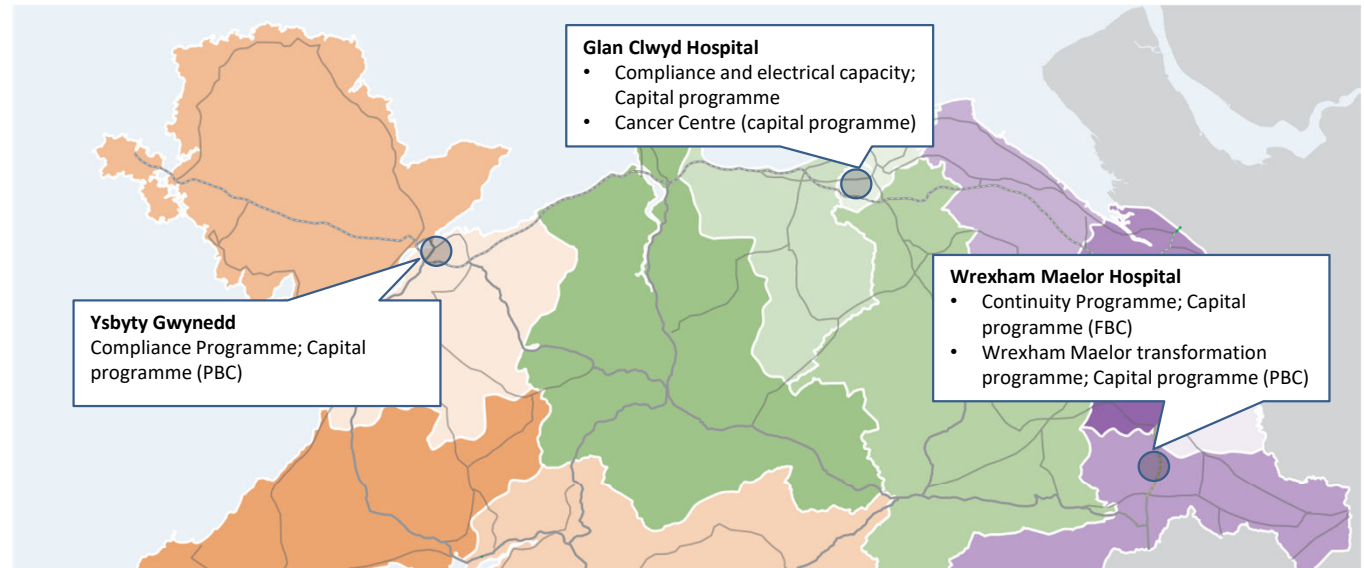
- Wrexham Maelor Hospital infrastructure continuity programme
- Ysbyty Gwynedd fire compliance programme
- Regional Treatment Centre programme and expanded orthopaedics capacity
- Royal Alexandra Hospital development project
- Replacement of the Ablett Unit at Glan Clwyd Hospital
- Medical and Health Sciences School

The estate strategy will be subject to regular review aligned with the IMTP cycle and will identify any changes in estate priorities.

Identified additional estate opportunities are detailed in section 4.3. These, and others, will be subject to further evaluation and development aligned to the estate vision.

4.3 Opportunities – Acute Sites

Following engagement with key BCUHB stakeholder leads, and review of options previously identified for the BCUHB 2019 Estate Strategy, estate strategy opportunities relating to acute hospital sites were identified (shown opposite and described below). These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan. As a result of the estate response to clinical strategy implementation, there may be opportunities to repurpose, reconfigure or rationalise our estate. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.



Opportunities Applicable To All Acute Sites Regional Treatment Centres

- To increase and protect planned capacity, Regional Treatment Centres (RTCs) will provide outpatient appointments, diagnostic tests and day surgery
- Relocation of activity from the acute hospital sites to RTCs will vacate space on the acute sites to accommodate key service growth e.g. Emergency Department, Same Day Emergency Care, ambulatory care, GP out of hours and facilitate compliance
- Plans are being developed to expand capacity for orthopaedics under a separate initiative

Relocate/consolidate services across North Wales (acutes)

- Potential relocation/consolidation of services across the three acute hospitals (to develop Centres of Excellence or ensure sustainability) presents opportunities to vacate space on acute sites to accommodate growing services

Administration space

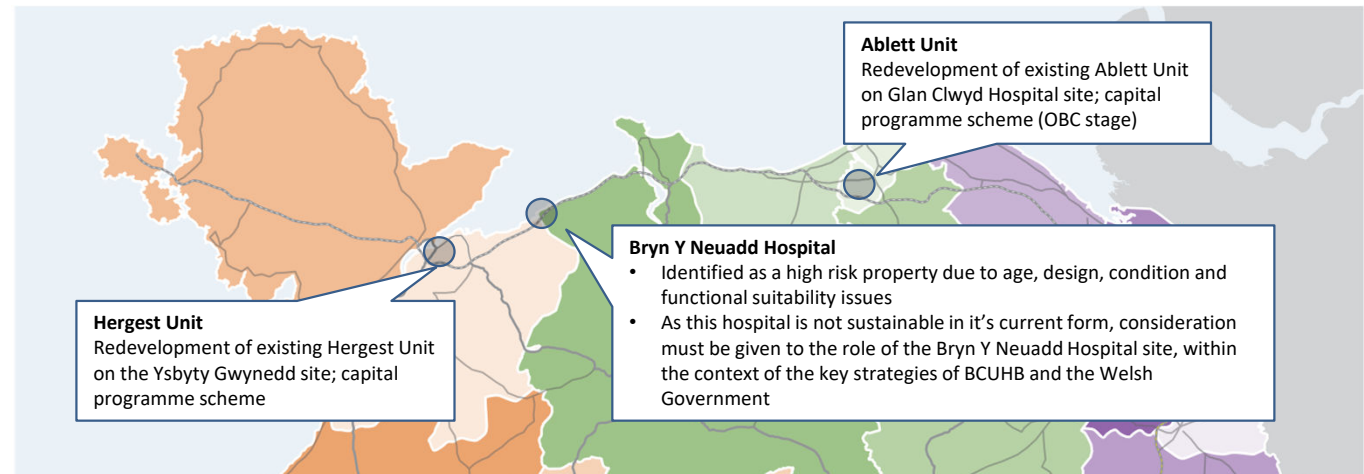
- Administration space requirements on acute sites will be aligned with BCUHB's agile working policy and support the Welsh Government's target for 30% of the Welsh workforce to work remotely supported by technology and smart working processes. This will enable rationalisation of existing administration space and consolidation on acute sites or relocation off-site (potentially to corporate administration hubs) if essential functional relationships are not required (e.g. some corporate administration)
- Vacated space may be used to accommodate growing clinical services / new care models

4.4 Opportunities – Mental Health & Learning Disabilities

Mental Health & Learning Disabilities

Following engagement with key BCUHB stakeholder leads, and review of options previously identified for our 2019 Estate Strategy, estate strategy opportunities relating to mental health and learning disability properties were identified (shown opposite and described below). These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan.

As a result of the estate response to clinical strategy implementation, there may be opportunities to repurpose, reconfigure or rationalise our estate. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.



Opportunities Required for Current Issues

- **Space utilisation:** there is currently a lack of effective information to understand how well allocated space is being used e.g. Bryn Y Neuadd Hospital
- **Capacity issues in community facilities:** opportunities exist to optimise use of space, repurpose/reconfigure, and relocate teams and services to provide better colocation of staff and services
- **Current service provision gaps** e.g. perinatal mental health service, adult eating disorder clinic
- **Repatriation:** service users are still being sent out of area, specifically in terms of secure units (no provision for women in Wales at all); continuing healthcare patients with complex needs often have to be sent out of area (long term placements)
- **Estate gaps:** there is insufficient estate to establish equitable services (as per Royal College guidelines); require additional rented accommodation to deliver services
- **Older Person's inpatient capacity:** recent reduction in beds due to changing model for managing care; likely future capacity constraints due to ageing population (potentially more of an issue in west IHC)
- **Adult inpatient capacity Wrexham:** current inpatient capacity constraints
- **Inappropriate mixing of patient cohorts:** recent Health Inspector review; mixing older persons and adult 18+; appropriate segregation required

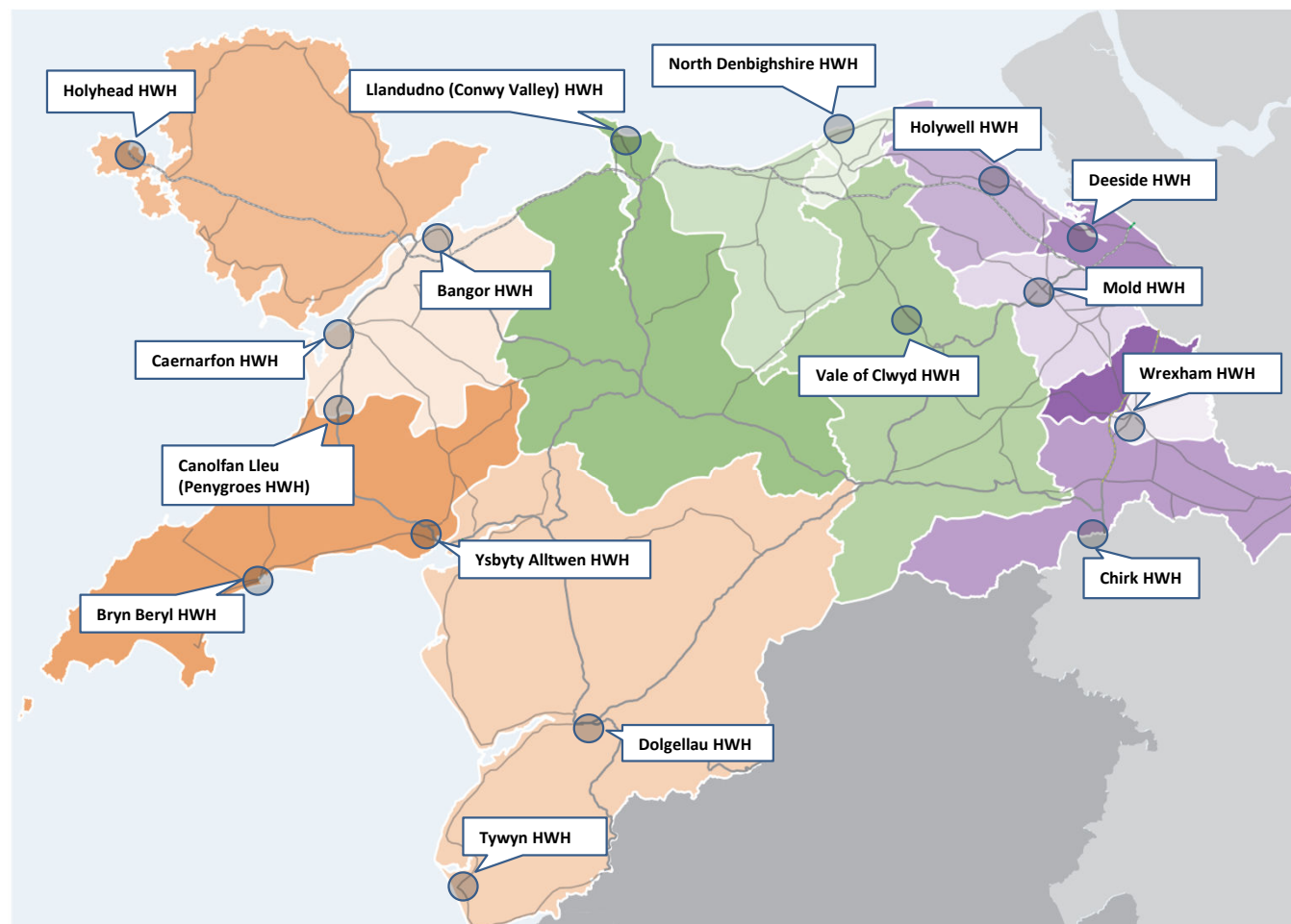
4.5 Opportunities - Health and Wellbeing Hubs

Health and Wellbeing Hubs

Following engagement with stakeholder leads from the three Integrated Health Communities, and review of options previously identified for the BCUHB 2019 Estate Strategy, opportunities to enable delivery of the network of Health and Wellbeing Hubs were identified (shown opposite).

These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan.

As a result of the estate response to clinical strategy implementation, there may be opportunities to dispose of a number of BCUHB properties. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.



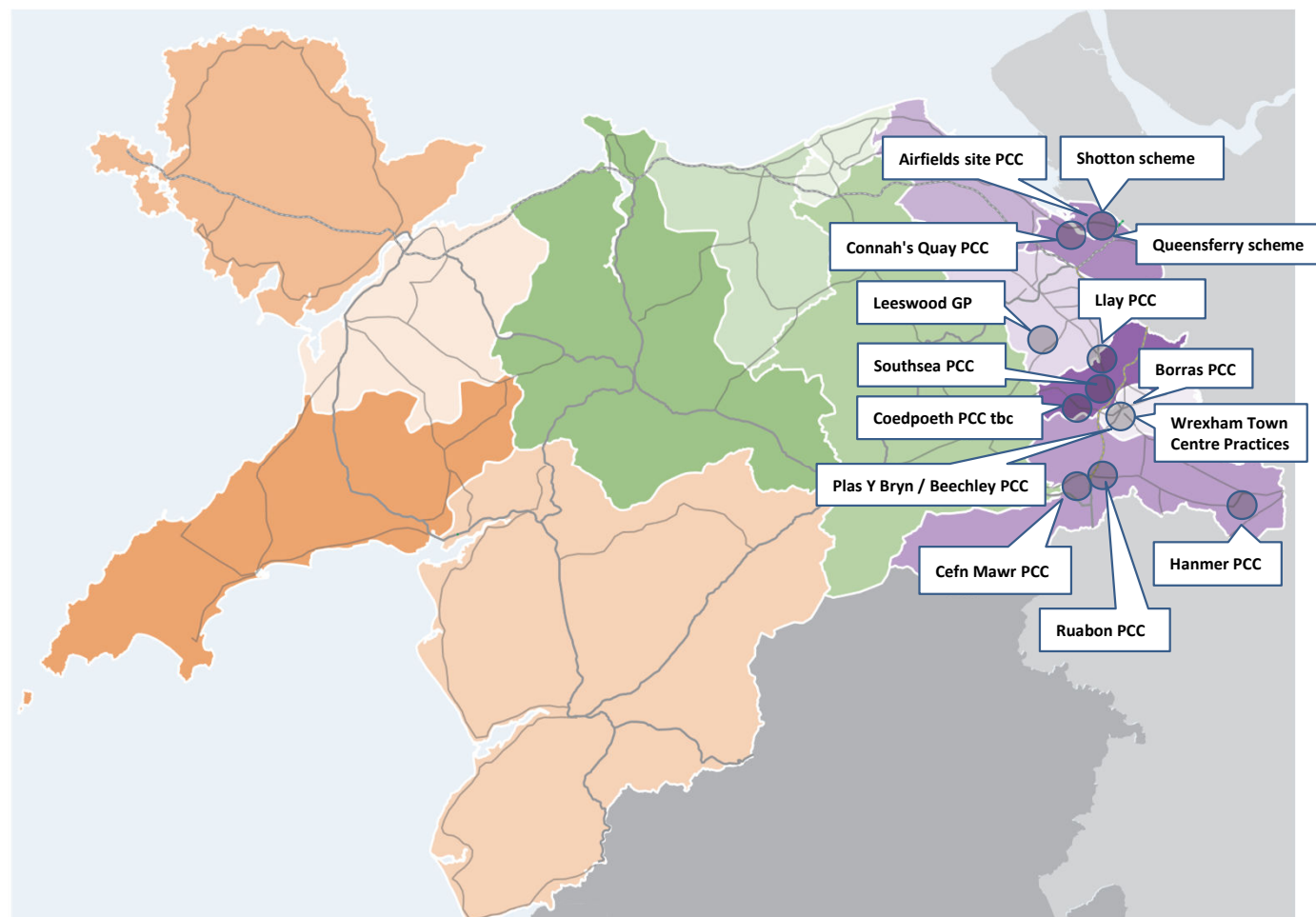
4.6 Opportunities - Primary Care Centres (East)

Primary Care Centres – East IHC

Following engagement with stakeholder leads from the East Integrated Health Community, and review of options previously identified for the BCUHB 2019 Estate Strategy, opportunities to enable delivery of the network of Primary Care Centres were identified (shown opposite).

These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan.

As a result of the estate response to clinical strategy implementation, there may be opportunities to dispose of a number of BCUHB properties. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.



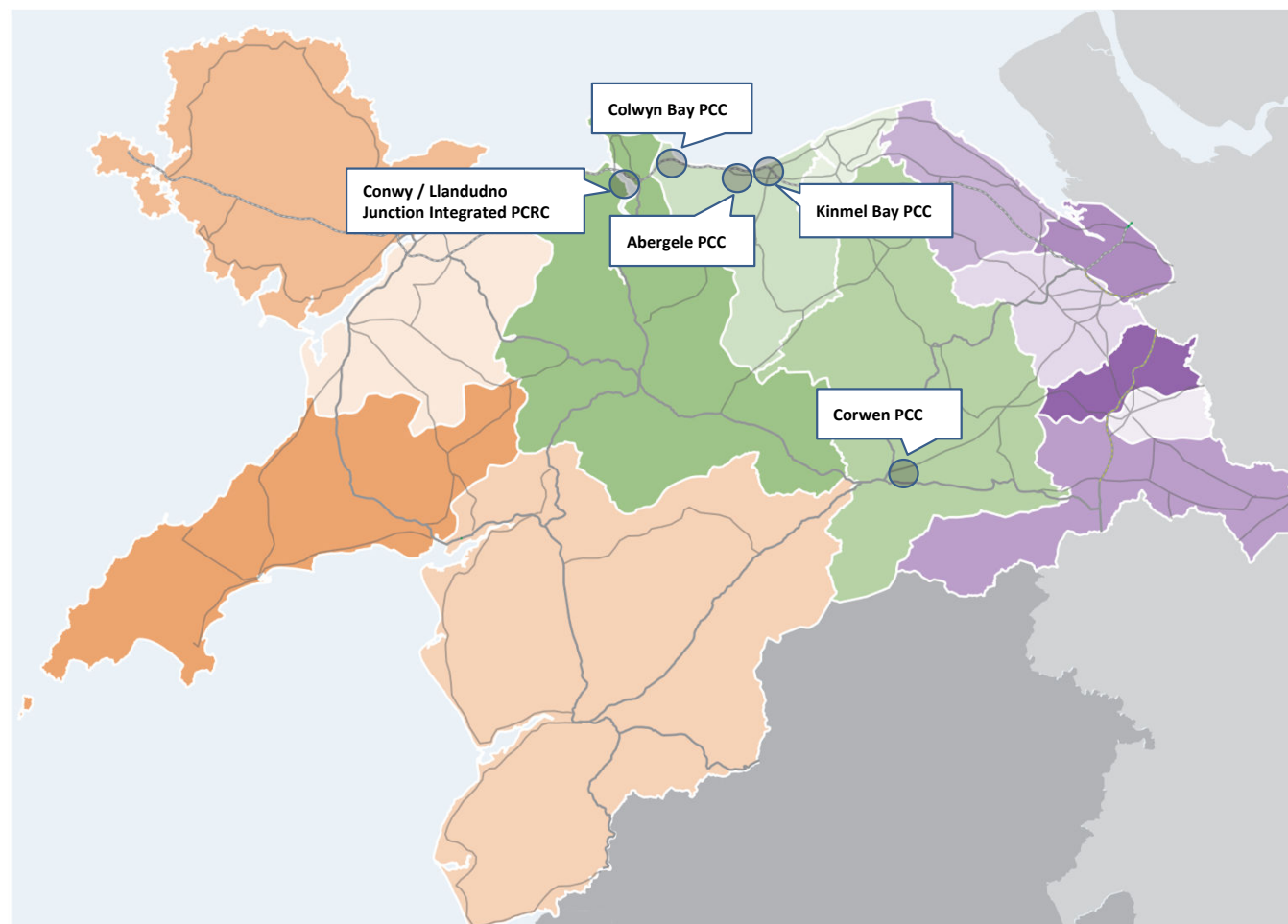
4.7 Opportunities - Primary Care Centres (Central)

Primary Care Centres – Central IHC

Following engagement with stakeholder leads from the Central Integrated Health Community, and review of options previously identified for the BCUHB 2019 Estate Strategy, opportunities to enable delivery of the network of Primary Care Centres were identified (shown opposite).

These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan.

As a result of the estate response to clinical strategy implementation, there may be opportunities to dispose of a number of BCUHB properties. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.



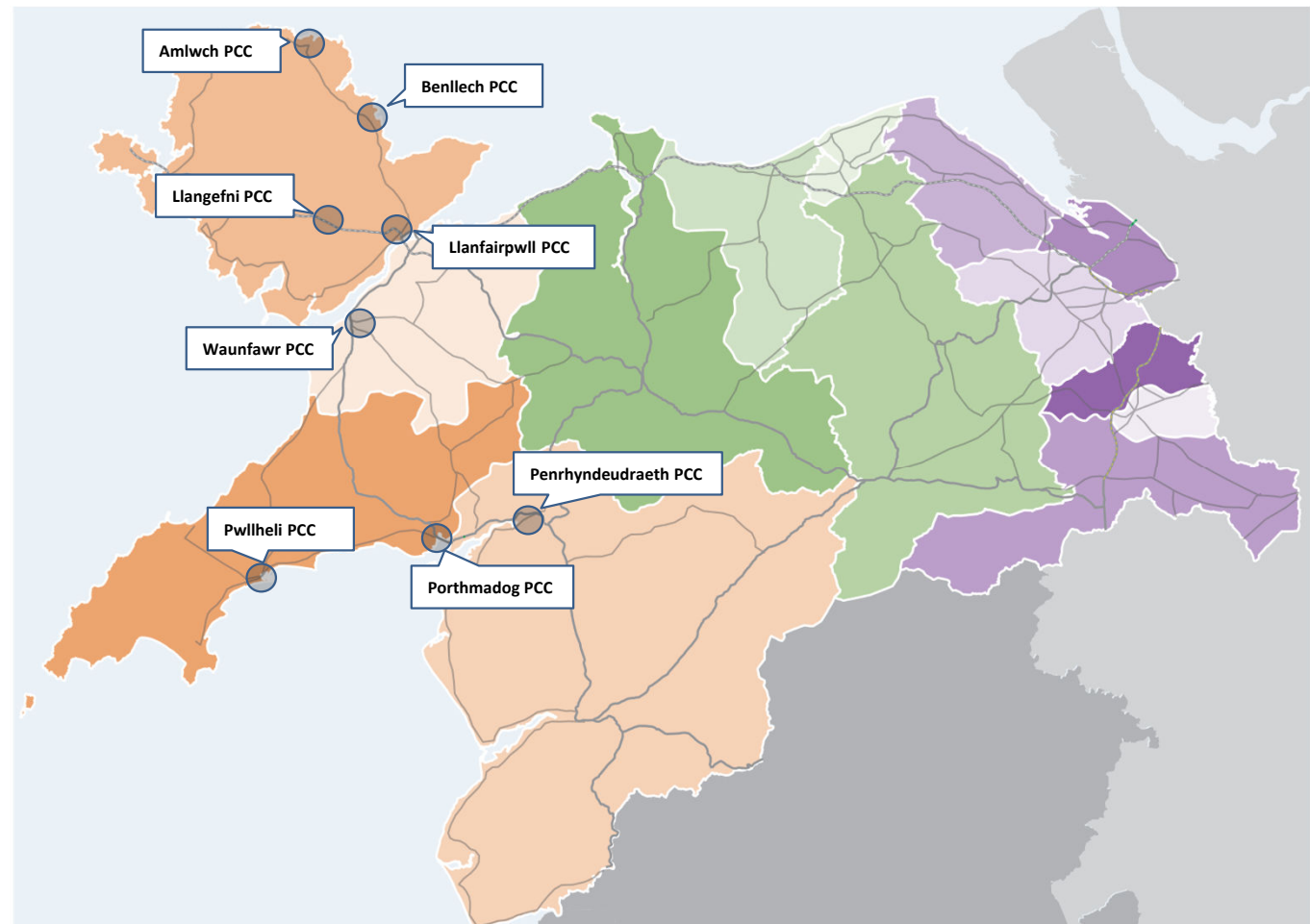
4.8 Opportunities - Primary Care Centres (West)

Primary Care Centres – West IHC

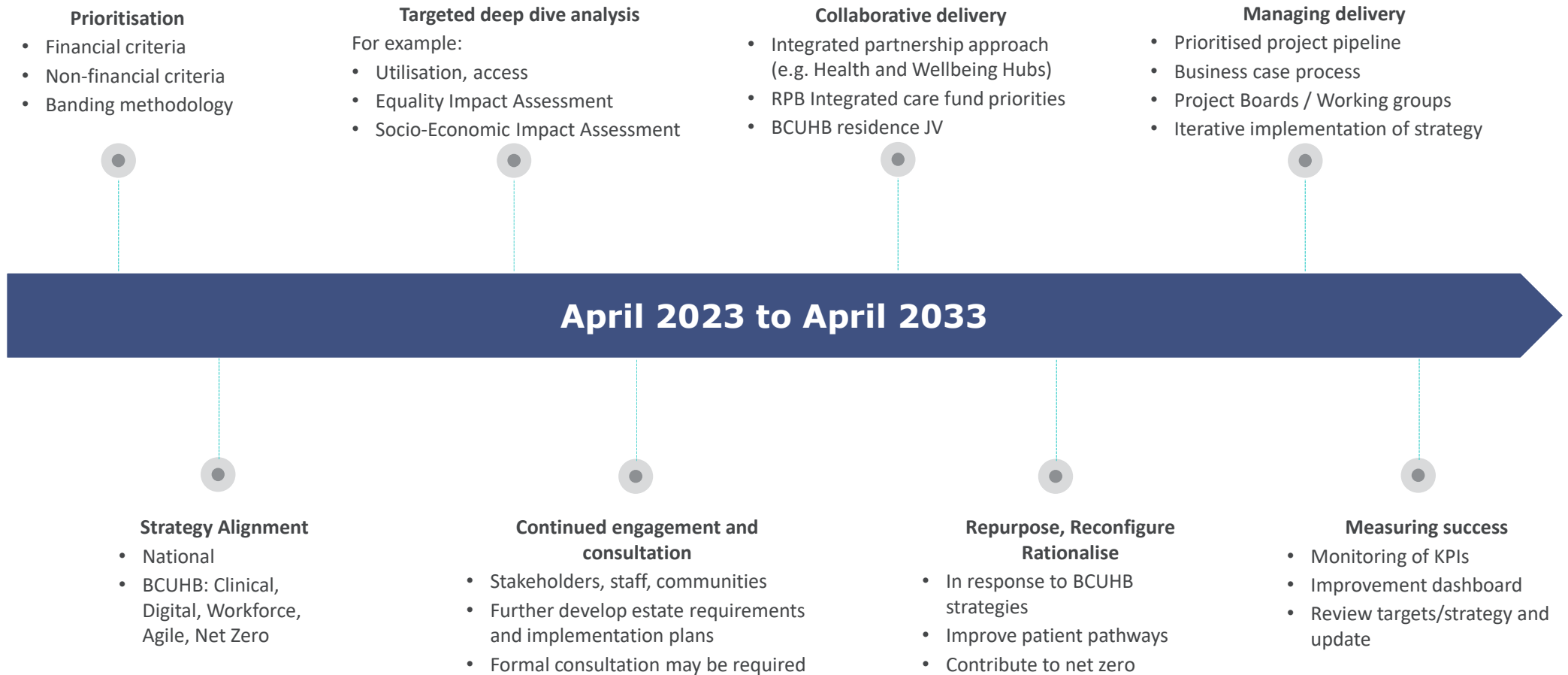
Following engagement with stakeholder leads from the West Integrated Health Community, and review of options previously identified for the BCUHB 2019 Estate Strategy, opportunities to enable delivery of the network of Primary Care Centres were identified (shown opposite).

These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan.

As a result of the estate response to clinical strategy implementation, there may be opportunities to dispose of a number of BCUHB properties. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.

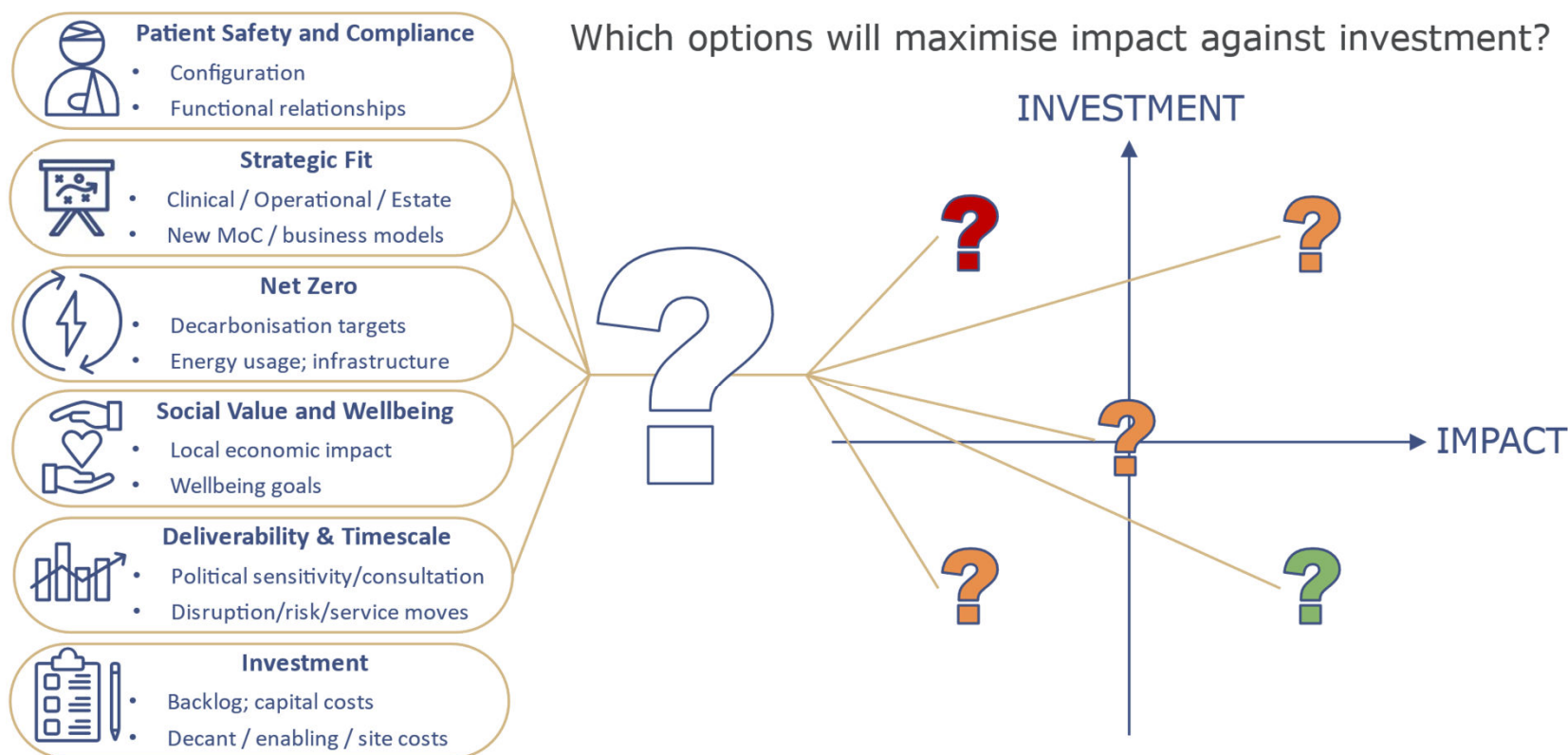


4.9 Delivering the vision



4.10 Prioritisation and Impact: Evaluation Criteria

To determine future investment requirements and changes to the estate, evaluation and prioritisation of projects must be undertaken on an iterative basis to ensure alignment with key criteria and underpinning enabling strategies. The evaluation criteria summarised below have been agreed for use by the Board. These criteria will be applied to evaluate and determine the priority order of future projects to inform the BCUHB capital investment programme and project implementation plans.



4.11 Strategy Alignment

This Estate Strategy forms a vital component of a suite of BCUHB enabling strategies that both support key NHS Wales Strategies and BCUHB's Living Healthier, Staying Well vision and inform BCUHB transformation programmes and delivery plans (summarised below). The BCUHB enabling strategies are interdependent and must be complementary to ensure successful delivery. BCUHB strategies will require regular updating. Prioritisation of infrastructure projects should be aligned with the key suite of BCUHB strategies.

Key Strategies	Living Healthier, Staying Well; A Healthier Wales; Pan Wales Digital Strategy; NHS Wales Decarbonisation SDP						
Strategic Objectives	Improve health and wellbeing for all and reduce health inequalities	Support children to have the best start in life	Work in partnership to design and deliver excellent care closer to home	Support, train and develop our staff to excel	Improve the safety and quality of all services	Respect individuals and maintain dignity and care	Listen to and learn from the experiences of individuals
Overlapping Major Programmes	Improving health and reducing inequalities		Care closer to home		Excellent hospital care		
Key Enabling Strategies	BCUHB Clinical Services Strategy <ul style="list-style-type: none">Quality improvement and patient experience	BCUHB People Strategy & Plan <ul style="list-style-type: none">Whole health, care and support systems workforce	Our Digital Future <ul style="list-style-type: none">Digital roadmap for health in North Wales		BCUHB Decarbonisation Action Plan <ul style="list-style-type: none">Reduce carbon emissions	BCUHB Estates Strategy <ul style="list-style-type: none">Infrastructure to support delivery of BCUHB strategies	
Transformation Programmes	Three year Service Transformation Programmes (Integrated Medium Term Plans)						
Overlapping Major Programmes	Underpinning Divisional/Service Delivery Plans						

4.12 Targeted Deep Dive Analysis

Further detailed information and analysis may be required to inform projects and enable better evaluation and prioritisation of estate options. Targeted deep dive analysis may include as appropriate on a project by project basis:

- Demand and capacity modelling (clinical activity and administrative activity) to determine future capacity requirements
- Space utilisation studies to identify baseline capacity surplus/shortfall, support demand and capacity modelling, and inform options
- Site feasibility studies to understand the range of options
- Analyses to support patient/service user/staff access and travel times to specific properties and locations
- Impact of new models of care and site locations on staffing models and requirements
- Equality Impact Assessment for estate options
- Socio-Economic Impact Assessment for estate options



4.13 Continued Engagement and Consultation

This estate strategy has been developed in response to BCUHB's 10 year strategy to improve health, well-being and healthcare in North Wales. Living Healthier, Staying Well was subject to significant engagement and co-produced with partners and communities across North Wales. The foundations of this strategy have therefore been built on the priorities determined by the population of North Wales.

Also, this estate strategy forms a key component of a suite of BCUHB enabling strategies which are interdependent and complementary to successful delivery.

As we take forward the priority areas identified within this estate strategy we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements and co-produce associated detailed implementation plans. It is clear that our estate must change if it is to be sustainable, viable and support the implementation of Living Healthier, Staying Well. In some areas these changes may require formal consultation.



4.14 Collaborative Delivery

Further partnership working between health, local authority and third sector partners to deliver integrated community services, together with new business models for non-clinical services, present opportunities for partners to develop integrated solutions, share collective property assets and promote joint developments.

The identification, evaluation and prioritisation of opportunities to promote collaborative delivery will form part of an iterative process.

These new models of delivery will require formal contractual agreements between each party to ensure clarity of responsibility, liability (financial and non-financial) and governance. Where such agreements impact upon BCUHB's accounting regime, for example joint ventures, formal support will also be required from Welsh Government.



4.15 Managing Delivery

Following evaluation and prioritisation of projects, an agreed prioritised investment pipeline will be defined within BCUHB's Integrated Medium Term Plan.

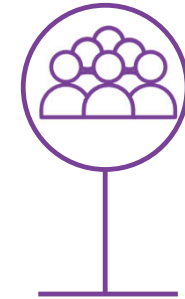
All projects will be subject to the development of appropriate business cases for formal approval in accordance with the Board's Standing Financial Instructions. Business cases will establish the benefits to be realised and define the quality, cost and time parameters.

Projects will be required to comply with BCUHB policy and procedures for managing capital projects. Discrete project boards will be established to deliver the agreed projects. Each project board will be led by a Project Director, under the overall leadership of a Senior Responsible Owner, with a clear responsibility to ensure that the project is delivered within the agreed parameters and realises the expected benefits.

Implementation of the estate strategy will be an iterative process which must be flexible and able to respond to the changing needs, priorities and financial challenges of the BCUHB.



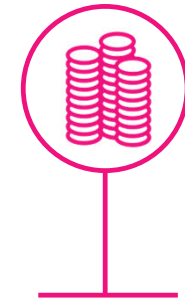
Leadership



**People and
capability**



**Data driven
decisions**



Investment

4.16 Measuring Success

Estate Strategy Implementation

The existing BCUHB Capital Investment Group (CIG) will advise the BCUHB Board and other key groups on the development and implementation of the estate strategy and ensure that property assets occupied by BCUHB services are utilised, managed and developed optimally and align with BCUHB service and business needs and available resources.

Monitoring of Key Performance Indicators

Key performance indicators (KPIs) have been established to monitor the delivery and success of the estate strategy. The estate strategy should target delivery of the KPIs shown opposite.

Improvement Dashboard and Performance Management Arrangements

The most efficient and effective way to ensure that focus is maintained on delivering the improvement expected is by embedding the measures within routine performance management arrangements. Within BCUHB, mechanisms already exist for appraising performance and testing progress against targets. Benefits from capital and revenue projects should be assimilated into this process.

Regular Review and Update

The estate strategy will be reviewed and updated to align with Integrated Medium Term Plan timescales.

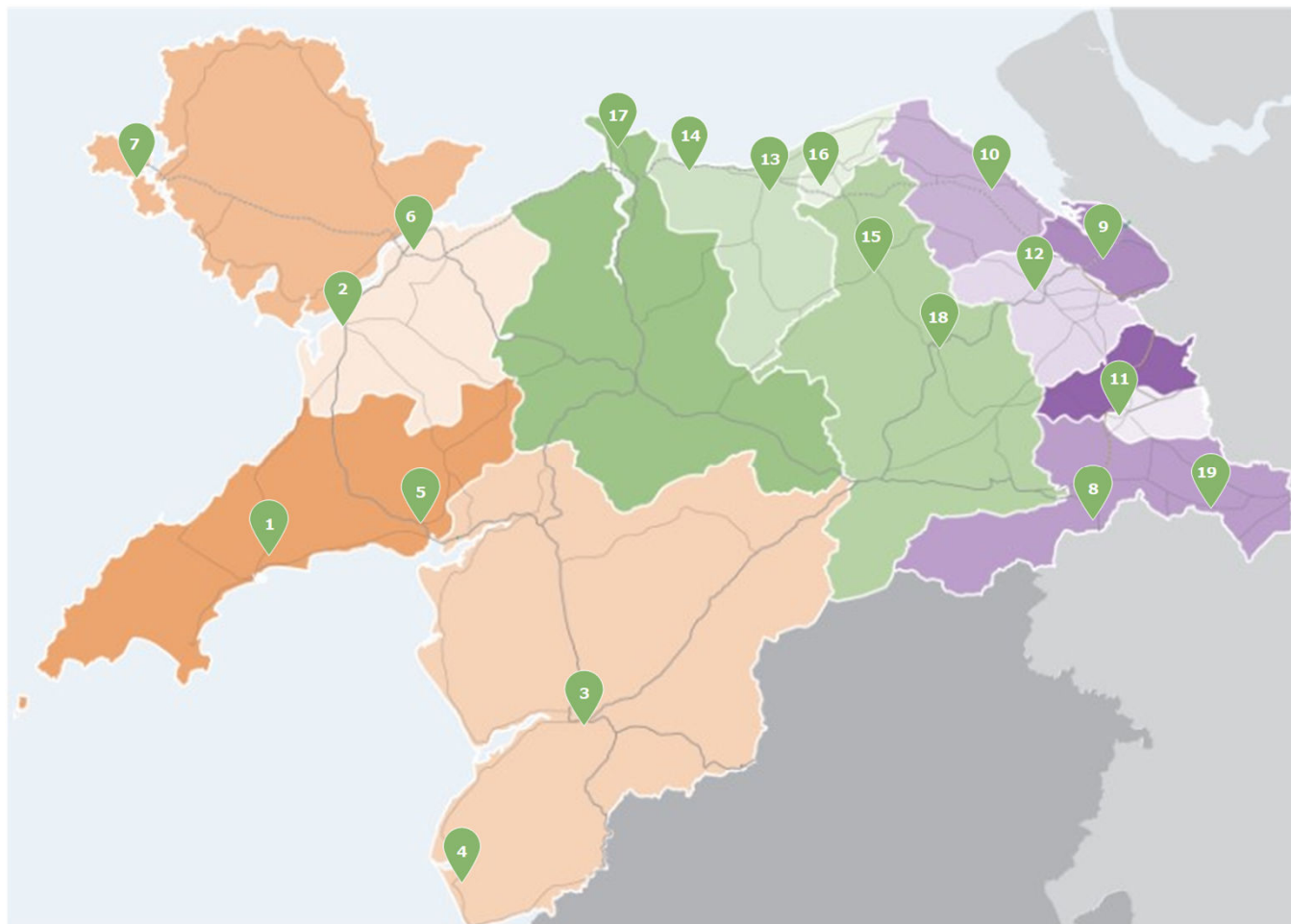
Indicator	Definition	Target
Revenue cost	Reduction in estate revenue cost	3% per IMTP cycle
Property portfolio	Planned reduction in property portfolio	5% per IMTP cycle
Statutory Compliance	A minimum of 90% of the estate should comply with relevant statutory requirements	Meet national target within 10 years
Fire Safety Compliance	A minimum of 90% of the estate should comply with relevant statutory requirements	Meet national target within 10 years
Energy Performance	The estate should consume no more than 410 kWh/m ²	Meet national target within 10 years
Backlog maintenance (BLM)	<ul style="list-style-type: none">• 90% reduction in high risk BLM• 75% reduction in significant risk BLM• 70% reduction in risk adjusted BLM	Meet target within 10 years
Physical condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deterioration	Meet national target within 10 years
Functional Suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes needed	Meet national target within 10 years
Space Utilisation	A minimum of 90% of the estate should be fully used	Meet national target within 10 years

Appendix 1 – Stakeholders Engaged

- Alison Kemp - Associate Director Community and Primary Care Central IHC
- Alyson Constantine - Director of Operations, Central IHC
- Andrea Williams - Head of Informatics Programmes, Assurance, and Improvement
- Anita Pierce - Deputy Medical Director Mental Health & Learning Disabilities
- Arwel Hughes - Head of Operational Estates
- Barry Williams - Hospital Director, Ysbyty Gwynedd
- Carolyn Owen - Assistant Director of Patient and Carer Experience
- Chris Lindop - Head of Planning and Performance, Mental Health, and Learning Disabilities
- Clive Ball - Head of Property Services Cardiff
- David Fletcher - Divisional General Manager, Diagnostics and Clinical Support
- Eleri Roberts - Associate Director, Community, West IHC
- Gemma Nosworthy - Primary Care Academy Manager
- Geraint Roberts - Divisional General Manager, Cancer
- Hazel Davies - Hospital Director, Wrexham Maelor Hospital
- Ian Donnelly - Director of Operations, East IHC
- Jo Flannery - Senior Health Planning Manager
- Jodie Berrington - Primary Care West
- John Thomas - Head of ICT Digital Services
- Laura Vernon - Deputy Divisional General Manager- Cancer
- Liz Davis - General Manager Midwifery and Women's Services
- Martin Woodcock - Senior Property and Asset Manager
- Neil Rogers - Director of Operations, West IHC
- Paul Andrews - Hospital Director, Glan Clwyd Hospital
- Paul Bowker - Principal Programme Manager, North Wales Community Dental Services
- Paul Clarke - Head of Facilities Management
- Peter Bohan - Associate Director of Health, Safety and Equality
- Rachel Wright - Patient and Carer Experience Lead
- Rachael Page - Associate Director Primary Care, East IHC
- Rod Taylor - Director of Estates and Facilities
- Shaun Taylor - Planning and Commissioning Manager
- Wyn Thomas - Associate Director, Primary Care, West IHC
- BCUHB Capital Investment Group
- BCUHB Leadership Team
- BCUHB Board
- BCUHB Clinical Senate
- BCUHB Community Health Council

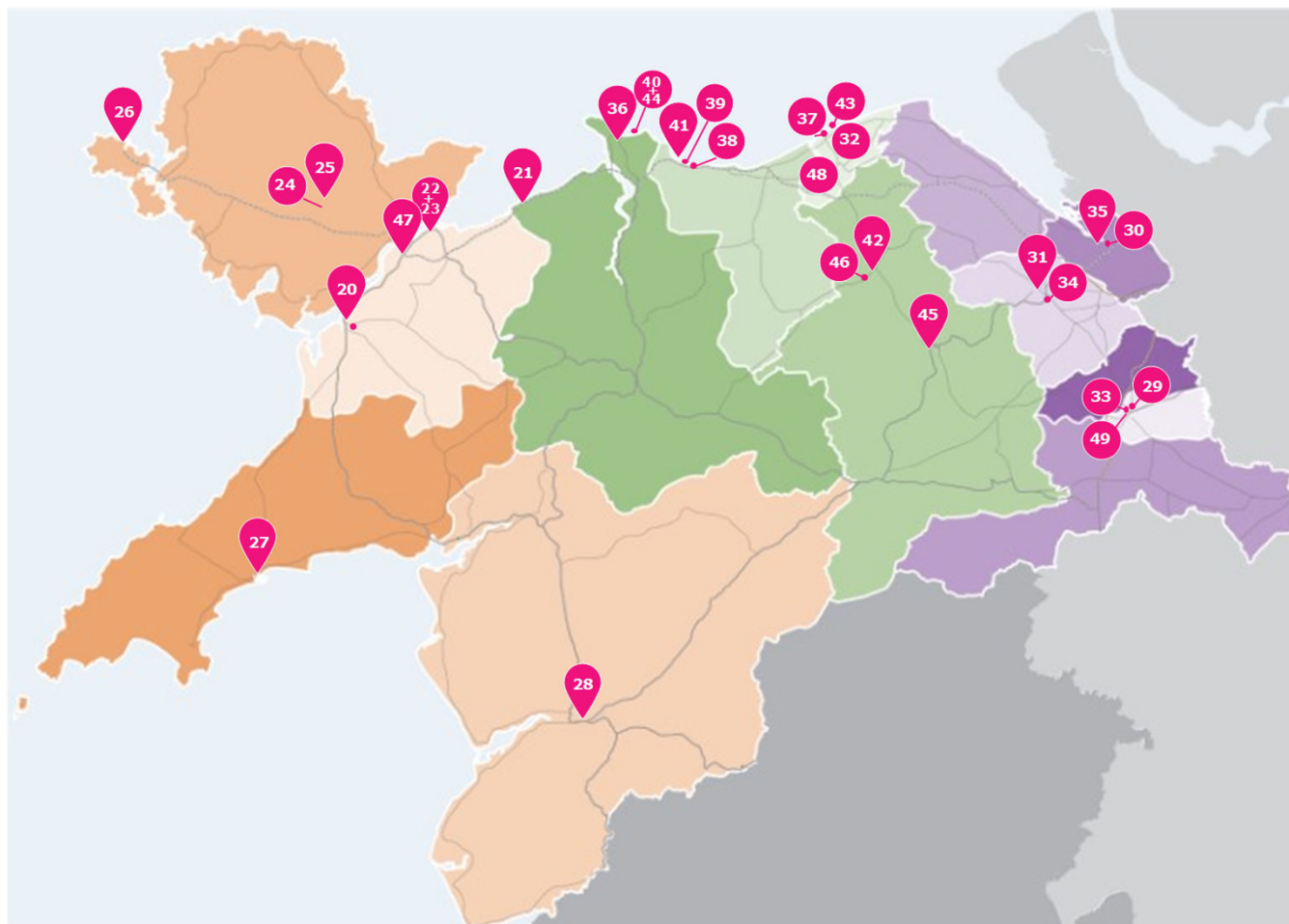
Appendix 2 – BCUHB Estate Locality Maps

BCUHB Estate Locality Map - Hospitals



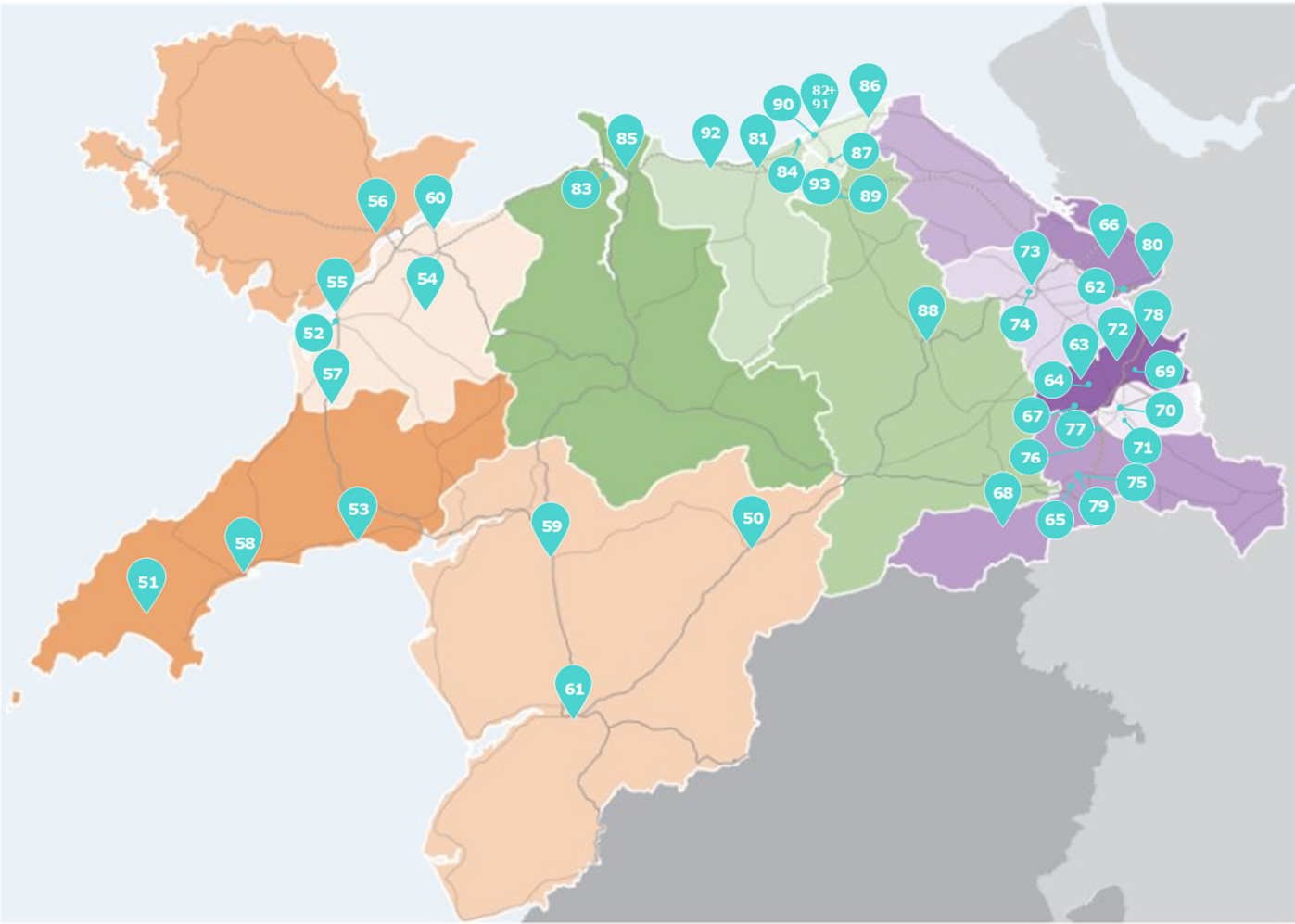
1	Bryn Beryl Hospital
2	Eryri Hospital & Bodfan, Caernarfon (Rehabilitation)
3	Dolgellau & Barmouth District Hospital
4	Tywyn & District War Memorial Hospital
5	Ysbyty Alltwen
6	Ysbyty Gwynedd
7	Ysbyty Penrhos Stanley
8	Chirk Community Hospital
9	Deeside Community Hospital
10	Holywell Community Hospital
11	Wrexham Maelor Hospital
12	Mold Community Hospital
13	Abergele Hospital
14	Colwyn Bay Community Hospital
15	Denbigh Community Hospital & Clinic
16	Glan Clwyd Hospital
17	Llandudno Hospital
18	Ruthin Community Hospital
19	Penley Rehabilitation Hospital (Rehabilitation)

BCUHB Estate Locality Map - Mental Health & Learning Disabilities



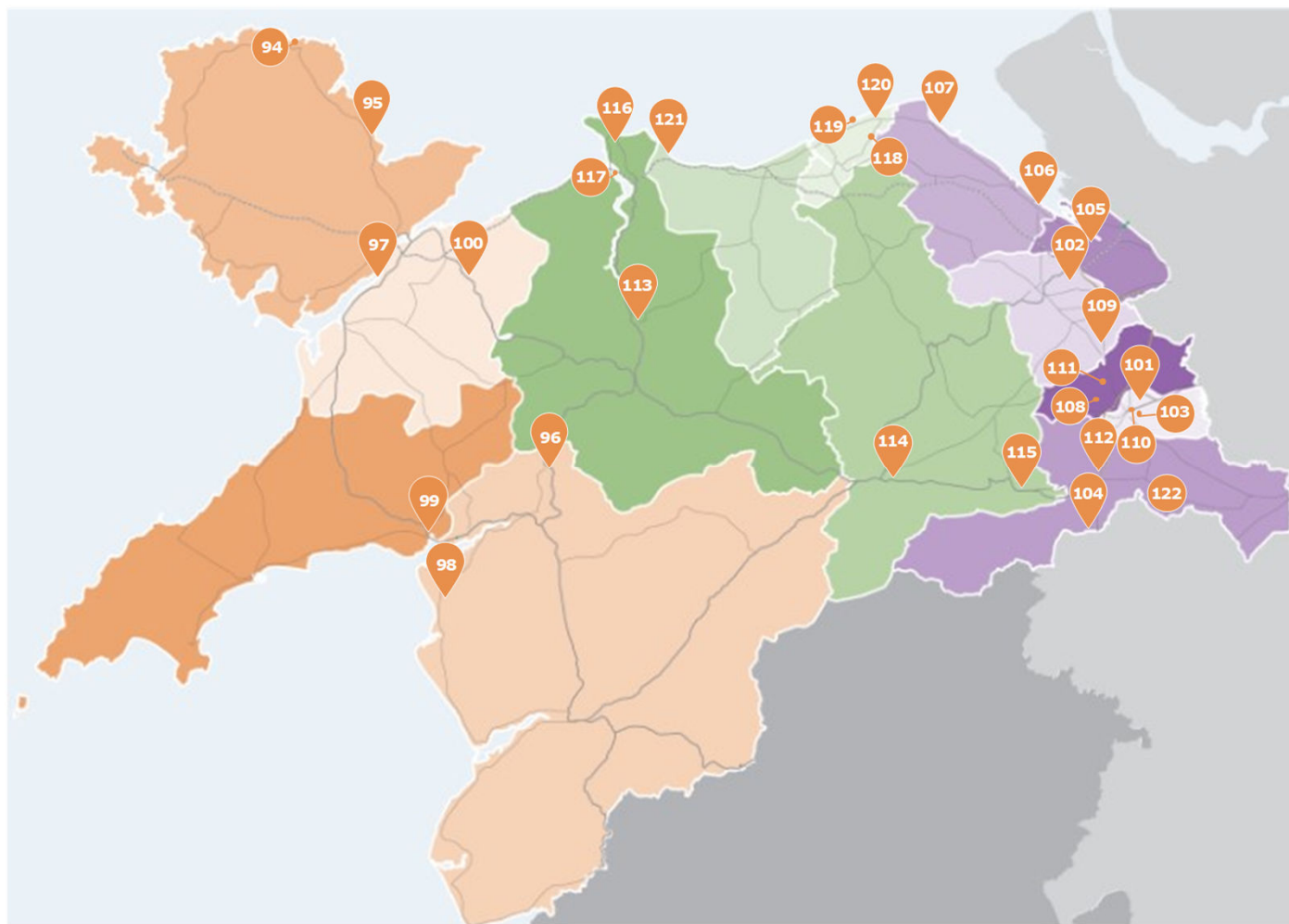
20	Bron Y Castell (Substance Misuse Service)
21	Bryn Y Neuadd Hospital (Rehabilitation/LD/secure)
22	Child Development Centre, Bangor (CAMHS)
23	Talarfon Child Development Services, Bangor (CAMHS)
24	Cefni Hospital
25	Isgraig Clinic, Llangefni (Substance Misuse Service)
26	Craig Hyfryd, Holyhead (Mental Health Resource Centre)
27	Cilan Mental Health Resource Centre, Pwllheli
28	Plas Brith Health Centre (Mental Health Resource Centre)
29	Coed Celyn & Swyn Y Coed Wrexham (Rehabilitation)
30	Deeside Counselling Centre, Shotton (Substance Misuse Service)
31	Mold Mental Health Resource Centre
32	Glan Traeth, Rhyl (Memory Service)
33	The Elms, Wrexham (Substance Misuse Service)
34	Unit 14 Mold (Mental Health Resource Centre)
35	Wepre House, Connahs Quay (Mental Health Resource Centre)
36	Bodnant, Llandudno (Community Mental Health Team Unit)
37	5&7 Brighton Road, Rhyl (Substance Misuse Service)
38	Bryn Hesketh, Colwyn Bay (Older People's IP and Day Unit)
39	Colwyn Bay Mental Health Resource Centre
40	Conwy Child Development Centre, Llandudno
41	Dawn Centre, Colwyn Bay (Substance Misuse Service)
42	Dyffryn Clwyd CMHT, Denbigh
43	Hafod, Rhyl (Community Mental Health Team Unit)
44	Roslin Mental Health Resource Centre, Llandudno
45	Tan-Y-Castell Mental Health Unit, Ruthin (Rehabilitation)
46	Treferian Mental Health Day Centre, Denbigh
47	Hergest Unit (on Ysbyty Gwynedd site)
48	Ablett Unit (on Glan Clwyd Hospital site)
49	Heddfan Unit (on Wrexham Maelor Hospital site)

BCUHB Estate Locality Map - Health Clinics



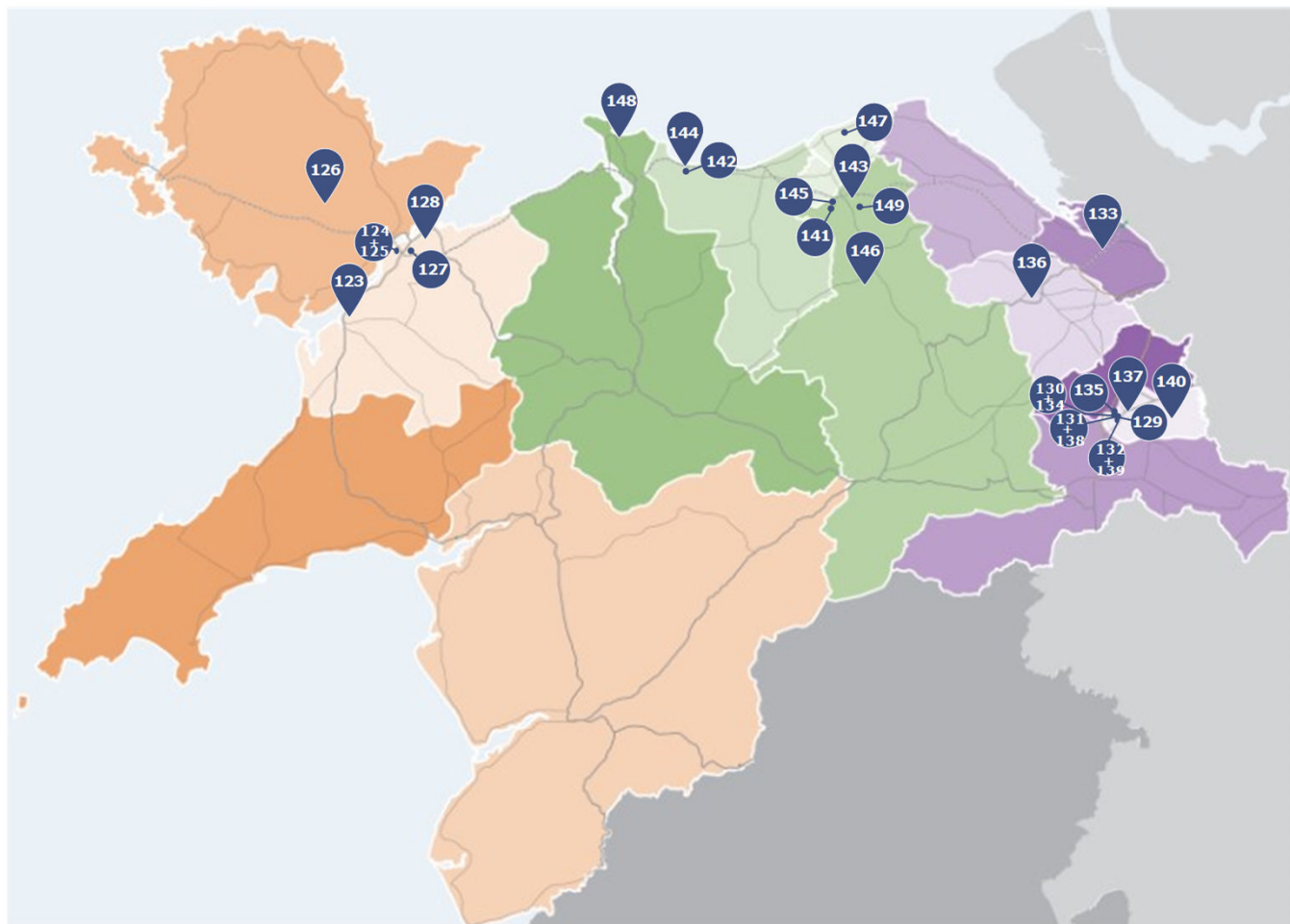
50	Bala Health Centre
51	Botwnnog Health Centre
52	Bron Hendre Health Clinic
53	Criccieth Health Centre
54	Deiniolen Health Clinic
55	Hafan Iechyd Surgery
56	Llanfairpwll Health Centre
57	Penygroes Health Clinic
58	Pwllheli Health Clinic
59	Trawsfynydd Health Centre
60	Ty Cegin, Bangor (Flying Start)
61	Y Lawnt Health Clinic
62	Broughton Clinic
63	Brymbo Health Clinic
64	Brynteg Clinic Southsea
65	Cefn Mawr Clinic
66	Mancot Clinic, Catherine Gladstone House
67	Coedpoeth Clinic
68	Glyn Ceiriog Clinic
69	Gresford Health Centre
70	Grove Road Health Centre
71	Beechley Medical Centre
72	Llay Health Centre
73	Mold Clinic
74	Mold Primary Care Centre
75	Plas Madoc Acrefair
76	Rhosllannerchrugog Health Centre
77	Rhostyllen Clinic
78	Rossett Clinic
79	Ruabon Clinic
80	Saltney Clinic
81	Abergele Clinic
82	Fforddlas Clinic
83	Gyffin Surgery
84	Kinmel Bay Clinic
85	Maes Derw Clinic
86	Prestatyn Clinic
87	Rhuddlan Clinic
88	Ruthin Clinic
89	St. Asaph Health Centre
90	West Rhyl Primary Care Centre
91	Royal Alexandra Hospital
92	Child Health Clinic Colwyn Bay (Child Services)
93	Community Dental Centre, Glan Clwyd Hospital)

BCUHB Estate Locality Map - Primary Care Centres



94	Amlwch Primary Care Centre
95	Benllech Primary Care Centre
96	Blaenau Ffestiniog Health Centre
97	Felinheli Primary Care Centre
98	Harlech Primary Care Centre
99	Porthmadog Health Centre
100	Yr Hen Orsaf Medical Centre
101	Borras Park Surgery, Wrexham
102	Buckley Medical Centre
103	Caia Park Primary Care Centre
104	Castle Health Centre, Chirk
105	Connah's Quay Primary Care Centre
106	Flint Health & Wellbeing Centre
107	Ffynongroyw Primary Care Centre
108	Forge Road Surgery
109	Hope Health Centre
110	Hillcrest Medical Centre
111	Pen Y Maes Clinic, Summerhill
112	Ruabon Medical Centre
113	Canolfan Crwst Primary Care Centre
114	Corwen Health Centre
115	Llangollen Health Centre
116	Llys Dyfrig Primary Care Centre, Llandudno
117	Llys Meddyg Conwy Primary Care Centre
118	Meliden Primary Care Centre
119	Seabank Primary Care Centre
120	Ty Nant Primary Care Centre
121	West End Medical Centre
122	Overton Primary Care Resource Centre

BCUHB Estate Locality Map - Other Property Types



123	Erylodon Caernarfon (Administrative Services)
124	Intec, Unit 10, Parc Menai Bangor (Administrative Services)
125	Intec, Unit 11, Parc Menai Bangor (Administrative Services)
126	Mon Sector Offices (Administrative Services)
127	Mountain View, Bangor (Occupational Health)
128	Plumbing Centre, Bangor (Covid 19 Vaccination Centre)
129	ALAC Centre, Wrexham (Artificial Limb / Appliance Centre)
130	Berwyn House, Wrexham (Education & Training)
131	Cambrian House, Wrexham (Education & Training)
132	Block B, Clwydian House, Wrexham (Administrative Services)
133	Deeside Enterprise Centre, Shotton (Administrative Services)
134	Gwenfro Wrexham Technology Park (Administrative Services)
135	Plas Gororau, Wrexham (Multipurpose Building)
136	Preswylfa, Mold (Administrative Services)
137	Villa Romano, Wrexham (Administrative Services)
138	Wrexham Hospital Sterilisation and Decontamination Unit (HSDU)
139	Wrexham Medical Institute (Education & Training)
140	Dutton Road Dental Unit, Wrexham (Workshop/Storage)
141	87 Bowen Court, St Asaph (Administrative Services)
142	Brain Injury Service Unit, Colwyn Bay (Brain Injury Service)
143	Carlton Court, St Asaph (Administrative Services)
144	Eirias Park Health Precinct (Joint Care Administrative Services)
145	72 Fford William Morgan, St Asaph (Administrative Services)
146	Hyfrydle, Denbigh (Child Development Centre)
147	Oasis Dental Centre, Rhyl (Dental Centre)
148	Sector House, Llandudno (Covid 19 Vaccination Centre)
149	St Kentigerns Hospice, St Asaph (Hospice)

Appendix 3 – Key Definitions*

- **Backlog maintenance cost:** is the cost to bring estate assets that are below condition B in terms of their physical condition and/or compliance with mandatory fire safety requirements and statutory safety legislation up to condition B
- **Physical condition rankings**
 - A - As new and can be expected to perform adequately to its full normal life
 - B - Sound, operationally safe and exhibits only minor deterioration
 - B(C) - Currently as B but will fall below B within five year
 - C - Operational but major repair or replacement is currently needed to bring up to condition B
 - D - Operationally unsound and in imminent danger of breakdown
 - X - Supplementary rating added to C or D to indicate that it is impossible to improve without replacement
- **Mandatory fire safety requirements / statutory safety legislation rankings**
 - A - Complies fully with current mandatory fire safety requirements and statutory safety legislation
 - B - Complies with all necessary mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature
 - B(C) - Currently as B but will fall below B within five years as a consequence of unabated deterioration or knowledge of impending mandatory fire safety requirements or statutory safety legislation
 - C - Contravention of one or more mandatory fire safety requirements and statutory safety legislation, which falls short of B
 - D - Dangerously below conditions A and B
- **Risk categories**
 - **Low risk elements** can be addressed through agreed maintenance programmes or included in the later years of an estate strategy
 - **Moderate risk elements** should be addressed by close control and monitoring. They can be effectively managed in the medium term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. These items require expenditure planning for the medium term
 - **Significant risk elements** require expenditure in the short term but should be effectively managed as a priority so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety
 - **High risk elements** must be addressed as an urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution
- **Risk-adjusted backlog:** Backlog costs and associated risk rankings are combined to produce a risk-adjusted backlog figure for comparative purposes and as a driver for the eradication of high-risk sub-elements and buildings with short remaining lives
$$\text{Risk-adjusted backlog (£)} = \frac{\text{Non-critical backlog}}{\text{Remaining life of building/block}} + \text{Safety-critical backlog}$$
 - Non-critical backlog (£) = Total backlog cost relating to low and moderate risk sub-elements for the building/block
 - Safety-critical backlog (£) = Total backlog cost relating to significant and high risk sub-elements for the building/block

*As per 'A risk-based methodology for establishing and managing backlog' NHS England (<https://www.england.nhs.uk/publication/a-risk-based-methodology-for-establishing-and-managing-backlog>)

Appendix 3 – Key Definitions*

- **Gross internal site floor area:** Total internal floor area of all buildings including temporary buildings or premises or part therein, occupied or non-occupied, which constitute the site operated by the NHS Organisation and is either owned by the NHS Organisation or is defined within the terms of a lease, Service Level Agreement, or tenancy agreement. Includes embedded education and training facilities, university accommodation and areas temporarily in the possession of building contractors. Excludes any leased-out areas. This figure should be the sum of the occupied and non-occupied floor areas.
- **Occupied floor area:** Total internal floor area of all buildings or premises or part therein which are in operational use and required for the purpose of delivering the function/activities of the NHS Organisation (i.e. occupied by the NHS Organisation), and either owned by the NHS Organisation or defined within the terms of a lease, license, Service Level Agreement or tenancy agreement. Include leased-in areas, industrial process areas, embedded education and training facilities and university accommodation which are occupied. Measured as for the Gross Internal Floor Area, inclusive of plant rooms, and circulation spaces, but excluding areas which are not required for operational purposes (i.e. non-occupied areas and not in use). The total of the non-occupied floor area and occupied floor area should equal the gross internal floor area. Excludes leased-out and licensed-out areas. PLEASE NOTE FROM 2013/14 EXCLUDES MULTI-STOREY CAR PARKS
- **Unoccupied floor area:** Total internal floor area of all buildings or premises or part therein, which are not used by the NHS Organisation for the purpose of delivering the function/activities of the NHS Organisation (i.e. non-occupied area) but are in the ownership of the NHS Organisation or within the terms of a lease, license, Service Level Agreement or tenancy agreement. Includes unoccupied embedded education and training facilities, university accommodation and areas temporarily in the possession of building contractors. Measured as for the Gross Internal Floor Area, inclusive of any associated plant rooms, and circulation spaces, or part therein, which are directly related to the nonoccupied area(s). The total of the non-occupied floor area and occupied floor area should equal the gross internal floor area. Excludes leased-out and licensed-out areas.
- **Not functionally suitable:** Percentage of occupied floor area that is below Estatecode Condition B for functional suitability (i.e. below an acceptable standard, or unacceptable in its present condition, or so below standard that nothing but a total rebuild will suffice).
- **Un-utilised space:** Percentage of occupied floor area where space utilisation is classified as being either "empty" or "under-used" as defined in Estatecode and Developing an Estate Strategy documents.

Appendix 4 – Properties included in community estates diagnostic

Community and Local Hospitals - Estate Condition and Performance

Section 2.5.3 provides an overview of community and local hospital estate condition and performance (based on EFPMS 2021/22 data). The following 16 community and local hospitals are included within this analysis.

Abergele Hospital, Bryn Beryl Hospital, Eryri Hospital, Penley Hospital, Deeside Community Hospital, Colwyn Bay Community Hospital, Chirk Community Hospital, Denbigh Community Hospital, Dolgellau & Barmouth District Hospital, Holywell Community Hospital, Llandudno General Hospital, Mold Community Hospital, Ruthin Community Hospital, Tywyn & District War Memorial Hospital, Ysbyty Alltwen, Ysbyty Penrhos Stanley

Community Facilities - Estate Condition and Performance

Section 2.5.4 provides an overview of the condition and performance of community facilities (based on EFPMS 2021/22 data). The following 74 community facilities are included within this analysis.

5 & 7 Brighton Road, Abergele Clinic, Alder House, Bodnant, Maes Du Road, Blaenau Ffestiniog Pcc, Bala Health Clinic, Bowen Court, Unit 87, Bron Hendre, Broughton Clinic, Brymbo Health Clinic, Brynteg Clinic (Southsea), Caia Park Pcc, Catherine Gladstone House, Cefn Mawr Clinic, Child & Adolescent Mh, Talarfon, Child Development Centre, Ymca Holyhead, Coedpoeth Clinic, Corwen Health Clinic, Deiniolen Health Clinic, Deeside Counselling Centre, Criccieth Health Clinic, Denbigh Stores, Drug & Alcohol, High Street, Rhyl, Dyffryn Clwyd Cmht, Denbigh Clinic, Eryldon, Fforddlas Clinic, Flint Pcc, Glyn Ceiriog Clinic, Gresford Health Clinic, Grove Road Dental Clinic, Hafan Iechyd (Clinic Section), Hightown Medical Centre, Hyfrydle, Llanfairpwll Health Clinic, Kinmel Bay Clinic, Iscraig (Substance Misuse), Llangollen Health Clinic, Bishops Walk, River Lodge, Llay Health Clinic, Maes Derw Clinic, Llandudno, Mhrc Cilan, Mhrc Craig Hyfryd, Mhrc Plas Brith, Mold Clinic, Mold Mhrc (Pwll Glas), Occupational Health Dept, Mountain View, Overton Pcc, Pen Y Maes Clinic, Summerhill, Penygroes Health Clinic, Preswylfa, Prestatyn Clinic, Plas Madoc, Acrefair, 51-52 Bodlyn, Rhosllanerchrugog Health Clinic, Rhostyllen Clinic, Rhuddlan Clinic, Roslin Mhrc, Rossett Clinic, Royal Alexandra Hospital, Ruabon Clinic, Ruthin Clinic, Saltney Clinic, St Asaph Health Clinic, Swn Y Coed, The Elms, Unit 14, Mold, Treferian Mh Day Centre, Trawsfynydd Health Clinic, Villa Romano, Wepre House, West End Medical Centre, Rysseldene, Wrexham Hsdu, Y Lawnt Health Clinic, Ysgol Gogarth, Llandudno, Hafod Mhrc, Pwllheli Health Clinic

