



Estates **Strategy**

Enabling everyone to deliver excellent care



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1.0 Overview

In March 2018, the Health Board approved its long term strategy, Living Healthier, Staying Well (LHSW), setting out the vision for health, wellbeing and healthcare over the next ten years. This estate strategy responds to LHSW and provides the vision and framework for the future development and utilisation of our estate and how we will work with partners to maximise the benefits of our collective property portfolios.

The Health Board currently has one of the largest property portfolios in Wales comprising 137 properties ranging in age from Denbigh Infirmary which was founded in 1813 to the Flint Health and Wellbeing Centre opened in 2018. The existing estate poses significant challenges with respect to its age, condition, resilience and suitability to support modern care to the extent that it is not viable in the long term and is unable to support the future vision of care described within LHSW. **Our estate must therefore change** to meet the changing needs of our population.

LHSW provides the basis of 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 and rationalisation the existing property portfolio will be aligned to support the 14 clusters and three acute hospital campuses. The size and capacity of the future estate will reflect the shift in care closer to home and new models of working. It will support the development of regional facilities providing centres of clinical excellence and support services to all of North Wales. The future estate will be designed to reduce our impact upon the environment, to be sustainable and to support the wider economic, social and cultural wellbeing of North Wales.

The Health Board is committed to working with partner organisations, including local authorities and the voluntary sector, to develop integrated solutions that make the best use of our collective property assets irrespective of ownership.

The potential investment is significant. But the strategy is for the long term (15+ years) and the Health Board will seek alternative funding sources where appropriate and economical. The implementation of the strategy will broadly align with the Health Boards three year planning cycle. The strategy indicates the priorities for the first three years. However, it should be noted that this strategy will be subject to annual review and must be flexible to respond to the changing needs and priorities of the Health Board. This will be an iterative process and must reflect and respond to the financial challenges faced by the Health Board.

This Strategy promotes a future estate that is fit for purpose and provides a safe and effective environment that meets the clinical and business needs of the Health Board; enhances the care of patients; supports carers, families and visitors; and provides an appropriate working environment for staff. It offers the opportunity to eliminate high, significant and moderate backlog maintenance risks, to meet all national performance targets, to reduce the overall property portfolio and thereby significantly reduce the cost of the estate over the longer term.

2.0 Strategic context

2.1 Strategic challenges

Betsi Cadwaladr University Health Board (BCU) operates in a complex and diverse environment and faces a number of strategic challenges that may be summarised as follows:

External environment – health and wellbeing is determined by a number of complex factors over which the Health Board has relatively little direct influence, however, together with key partners we need to focus our collective resources on getting the greatest wellbeing and health gain for the population we serve.

Population need - the increasing trend in the proportion of older people within the Health Board population is set to continue for the foreseeable future. The good news is that many people stay in good health for much of their lives. However, more people will have long-term conditions such as diabetes or complex health needs and there will also be more people living with dementia. We know that more people are experiencing mental health issues with one in four of us affected at some point in our lives. Although the health status of the population of North Wales remains relatively favourable compared to the Welsh average the benefits of this are unevenly distributed across geographical areas and different groups.

Geography – North Wales is a large geographical region and approximately half of our area is officially classified as rural. The more densely populated areas in the region are situated along an urban strip roughly following the northern coast/A55 and English border. This creates a complex mix of care needs and circumstances that differ between communities.

Our people – the Health Board currently employs circa 17,000 staff. It is vital to ensure the Health Board can attract and retain a motivated, well trained and sustainable staffing establishment.

Finance – the Health Board has a plan to return to financial balance by 2020/21. We must tackle the underlying deficit and need to make sure we work efficiently and spend wisely.

2.2 Vision

The Health Board's ambition is to lead the way on integrated care, supporting health improvement for the population now and in the future.

- We will improve the health of our population, with particular focus upon the most vulnerable in our society
- We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations
- We will develop our workforce so that it has the right skills and operates in a research-rich learning culture

The vision is further defined by our refreshed wellbeing objectives:

- To improve physical, emotional and mental health and wellbeing for all
- To target our resources to those with the greatest needs and reduce inequalities
- To support children to have the best start in life
- To work in partnership to support people – individuals, families, carers, communities - to achieve their own wellbeing
- To improve the safety and quality of all services
- To respect people and their dignity
- To listen to people and learn from their experiences

2.3 Living Healthier, Staying Well

Living Healthier, Staying Well (LHSW) sets out how health, wellbeing and healthcare might look in ten years' time and how we will start working towards this now. This will influence how our resources are allocated and how staff prioritise their time. The strategy is based on three overlapping major programmes within the overall portfolio:

- Improving health and reducing inequalities
- Care closer to home
- Excellent hospital care

In determining the impact upon our current and future Estate requirements we confirmed that we will:

- look at how we use the facilities that we have;
- share facilities with other services and organisations when possible;
- develop health and wellbeing centres;
- improve facilities so mothers have a comfortable birth experience;
- modernise our hospital and other facilities as needed;
- dispose of premises that are expensive to run or don't support our models of care; and
- ensure our buildings are more environmentally friendly.

2.4 Service transformation plans

The developing clinical strategies indicate the following priorities:

Improving health and reducing inequalities	Care closer to home	Excellent hospital care
<p>Healthy lifestyles Smoking, healthy weight, alcohol</p> <p>Protection and prevention Oral health, Making Every Contact Count, screening</p> <p>Resilient communities, tackling inequalities Social prescribing, Well North Wales, health and wellbeing hubs Promoting mental wellbeing Children, young people and families People with a learning disability Maternity strategy for Wales</p>	<p>Secondary prevention and early intervention Stroke, diabetes, orthopaedics Children and young people</p> <p>Health and Social Care working together in local communities Community Resource Teams and clusters <i>Help me get home</i> – integrated health and social care Early supported discharge for stroke Primary and community mental health model</p> <p>Access to care in an emergency Developing the unscheduled care hub, 111 service, community resource team Crisis support – children, mental health</p>	<p>Sustainable planned care Orthopaedics, ophthalmology, gastroenterology Acute medical and surgical care Inpatient care & rehabilitation - mental health needs Access and waiting times</p> <p>Unscheduled care Emergency Department access and patient flow</p> <p>Specialist and complex care Urology, stroke, complete vascular services, cancer</p>

3.0 Our current estate

3.1 Estate overview

The Health Board currently has one of the largest property portfolios in Wales amounting to approximately 456,000 square meters with a value of £426million and an annual running cost of £63million.

Our accommodation also hosts staff and services from other organisations including local authorities and the third sector.

In addition there a number of instances where Health Board staff are located within partner organisations accommodation, for example Conwy County Council Eirias Park Precinct and the Ministry of Justice HMP Berwyn.

3.2 The existing estate

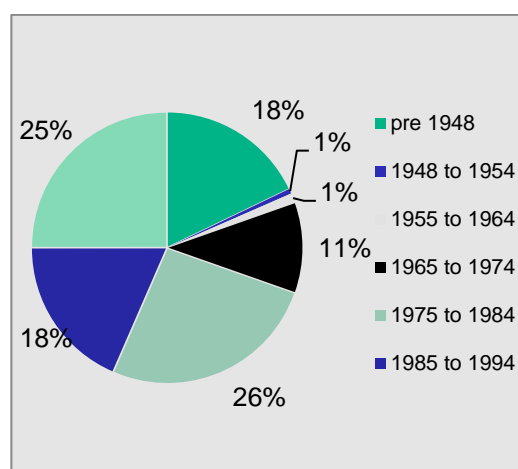
The current estate comprises 137 properties, including owned and leased, as follows:

Acute general hospitals	3
Other hospitals providing acute services (excluding Mental Health)	2
Mental Health and Learning Disabilities inpatient facilities	9
Community hospitals	15
Community facilities (incorporating direct patient care)	95
Support Services	13

Further details of location and function are provided in Appendix 1.

Our estate ranges in age from the Denbigh Infirmary which was founded in 1813 to the Flint Health and Wellbeing Centre which opened in 2018 and may be summarised as follows:

Age Profile	BCU	Wales (average)
Pre 1948	18%	13%
1948 to 1954	1%	1%
1955 to 1964	1%	5%
1965 to 1974	11%	17%
1975 to 1984	26%	14%
1985 to 1994	18%	15%
1994 to Present	25%	35%



3.3 Estate condition and performance

NHS Wales has developed a series of matrices to define the condition and performance of the estate as follows:

WG Indicator	Definition	BCU Performance	NHS Wales Average
Physical condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deterioration	74%	81%
Statutory compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	78%	87%
Fire Safety compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	79%	90%
Functional suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes required.	85%	82%
Space utilisation	A minimum of 90% of the estate should be fully used	88%	91%
Energy performance	The estate should consume no more than 410kWh/m2	<421 kWh/m2	<409kWh/m2

3.4 Backlog maintenance

Backlog maintenance costs are a measure of the condition of a building together with its associated engineering services and equipment. It is made up of three cost components:

1. Cost to achieve an acceptable physical condition.
2. Cost to achieve statutory compliance with fire safety legislation and Firecode.
3. Cost to achieve statutory compliance with health and safety legislation.

These costs have been risk assessed to determine the prioritisation of investment as follows:

Low risk elements can be addressed through agreed maintenance programmes or included in the later years of our estate strategy.

Moderate risk elements will be addressed by close control and monitoring. They can be effectively managed in the medium term so as not to cause undue risk to healthcare delivery or safety. These items require expenditure planning for the medium term.

Significant risk elements require expenditure in the short term and need to 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.

Backlog costs and associated risk rankings are then 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.

The profile of backlog maintenance costs for the Health Board as at 2017/18 is as follows:

High Risks (£m)	Significant Risks (£m)	Moderate Risks (£m)	Low Risks (£m)	Risk Adjusted Cost (£m)
28.6	20.1	54.5	38.6	53.4

3.5 Cost of the estate – revenue and capital

The current revenue budget is **£63million**⁽¹⁾. An analysis of these costs indicates that our building and engineering cost is £30.03/m² which is above the Welsh average of £24.11/m². Further details are provided in Appendix 2. With respect to the revenue costs approximately 70% relates to the three major acute hospitals, 20% to community hospitals and the remainder to community facilities and the corporate estate.

It has been estimated that it would cost approximately **£838million**⁽²⁾ to ensure that all of our current accommodation is of a reasonable standard and:

- addresses backlog maintenance;
- meets statutory and advisory standards (i.e. compliant with Welsh Health Building Notes and Technical Memorandums);
- supports Safe Clean Care; and
- provides a “healing” environment.

Notes:

(1) Revenue budget 2018/19

(2) Capital costs are indicative to give a high level indication of the magnitude of cost and to provide a comparator of the relative investment. The costs are at a base index as at August 2018 and include all capital costs including fees and VAT.

3.6 Investment from 2008 to date

Over the past 10 years the Health Board has invested in the development of the estate. This has ranged from multi-million pound projects to minor adaptations and refurbishment. The scale and breadth of this investment may be summarised as follows:

West		Centre		East	
Project	£m	Project	£m	Project	£m
Ysbyty Alltwen	22	HM Stanley relocation	2	Heddfan Unit	25
Ysbyty Gwynedd (YG) Electrical Infrastructure	12	Llandudno Hospital Minor Injuries Unit	2	Wrexham Maelor Hospital A+E	3
YG Aseptic Unit	5	CAMHS Tier 4	12	Flint PCC	5
Tywyn Hospital	5	Bryn y Neuadd site development	5	Shotton SMS	2
YG and Alltwen Renal	2	YGC Redevelopment	172	Wrexham SMS	2
YG ED	14	SuRNICC	18	Wrexham theatres	5
Blaenau Ffestiniog Health and Wellbeing Centre	4	Llangollen Primary Care Centre (PCC)	5		
Holyhead Substance Misuse Services (SMS)	1	Hybrid Theatre	2		
		Corwen PCC	2		

3.7 Key estate risks and challenges

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

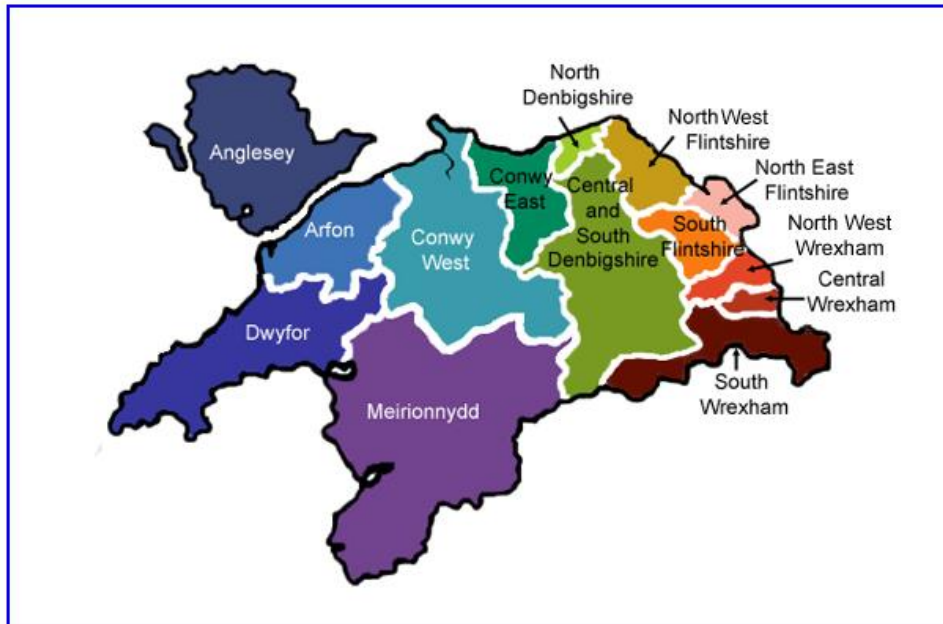
- the age and resilience of the engineering infrastructure at Ysbyty Gwynedd (YG) and Wrexham Maelor hospital (WMH);
- the design and layout of YG and WMH, which do not comply with current guidance, present risks with respect to infection prevention and do not support efficient working and new models of care;
- the ability to sustain surgical interventions at Abergele and Llandudno hospital due to the age and resilience of the engineering infrastructure;
- 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;
- the age, design and physical condition of the building and engineering infrastructure of:
 - Abergele hospital
 - Bryn y Neuadd hospital
 - Cefni hospital
 - Colwyn Bay hospital
 - Denbigh hospital
 - Eryri hospital
 - Royal Alexandra hospital
 - Ruthin community hospital;
- the design and engineering infrastructure of:
 - Bryn Beryl hospital
 - Dolgellau hospital
 - Llandudno hospital;
- the age, design and physical condition of residencies and the central laundry.

The challenges presented by the risks outlined above, together with the size of the portfolio and the expected future funding means that the current estate is not sustainable or viable in the long term and will not support the implementation of Living Healthier, Staying Well. Our estate must therefore change.

4.0 Opportunities

4.1 Strategic fit

Our strategy, Living Healthier, Staying Well, defines our future models of care delivery. 14 clusters based upon a population of approximately 50,000 will be the footprint through which care closer to home services will be provided. Within each cluster local community resource teams, GPs and mental health services will work together with local authority and the third sector partners, to offer a range of advice, assessment and treatment.



In support of enhancing our services within communities we will develop a network of local Health and Wellbeing centres. This network will comprise primary care facilities incorporating primary care, community and partner organisation services supported by Health and Wellbeing hubs providing a wider range of services including outpatient appointments, minor injuries, treatment services and inpatient services.

4.2 Working with partners

The new models of care promote an integrated approach with local authority and third sector partners. The development of community resource teams will co-locate key services to provide a seamless service to patients. The Health Board is committed to working with partner organisations, including local authorities and the voluntary sector, to develop integrated solutions that make the best use of our collective property assets irrespective of ownership.

4.3 Repatriation

A number of specialist services are currently provided to our population by providers outside of North Wales. The proposed transformation plans offer the opportunity to enhance the range and capacity of services provided within North Wales thereby repatriating patients where it is safe and economical to do so. This will include service areas such as continuing healthcare, low secure mental health care and rehabilitation services.

4.4 Managing demand: Maximising utilisation

Living Healthier, Staying Well seeks to promote new models of care that reduce our reliance on acute hospital services through:

- promoting health and wellbeing and self management;
- enhancing community services;
- proactive referral management; and
- alternative models of follow up after acute hospital care.

In parallel the strategy seeks to ensure safe, effective and sustainable acute care by:

- promoting “centres of excellence” for specialist services, such as vascular surgery,
- developing seven day working and extended hours/sessions.

Taken together, the above offer the prospect of reducing the demand on acute hospital services, increasing the utilisation of our fixed assets and reducing the requirement to replicate facilities.

4.5 New business models

New business models provide opportunities to review our reliance upon buildings to support our services. Regional solutions for support services (clinical and non-clinical) such as pathology, pharmacy, sterile services, medical records, laundry, catering etc offer the prospect of improving the quality of services and reducing the replication of assets on multiple sites. New employment practices, for example agile working, may offer the prospect of a dramatic reduction in our requirement for office accommodation. These new business models are dependent upon the development of supporting employment policies and procedures, robust informatics connectivity and resilient regional transportation networks.

Developing strategic partnerships offers the ability to create alternative delivery models for residencies and a number of non-clinical support services.

Through seeking alternative delivery models we will reduce our current reliance on leased accommodation and look to rationalise the current owned assets.

4.6 Alternative funding

Traditionally investment funding would be sought from the Welsh Governments capital allocation. However, we will actively seek to use other sources of funding that are available to us including:

- Capital grants for example the Integrated Care Fund, Substance Misuse funding, the Regeneration Fund;
- Invest to Save; and
- partnership arrangements with third parties including MIM (mutual investment model), third party development of primary and community care centres and joint venture arrangements.

These alternative funding models are particularly relevant to the care closer to home programme and the provision of non-clinical services for example residencies for staff.

Clearly these alternative funding models present challenges with respect to revenue affordability but if the benefits are sufficiently robust, and subject to appropriate governance, they may be viable over the longer term.

5.0 The future estate

5.1 Vision

The vision for our future estate may be summarised as follows:

- the estate is fit for purpose and provides a safe and effective environment for the clinical and business needs of the Health Board;
- assets are employed effectively to deliver value for money;
- the efficiency of the estate is improved through appropriate utilisation and investment;
- duplication is eradicated to release resources for direct patient care;
- the estate is aligned to our clinical and enabling strategies and supports transformation plans;
- provides assurance to patients, carers and visitors that services will be provided in an appropriate environment that enhances care; and
- provides assurance to staff that they will have an appropriate working environment

Living Healthier, Staying Well sets out the ambition to develop existing health and wellbeing, primary and community services through a network of facilities providing information, support and care. This network will be supported by three hospital campuses providing acute and regional specialist care. This ambition provides the **Strategic Framework** for our future estate:

Wellbeing information	Services in support of improving health and reducing inequalities will be delivered in a range of public and commercial settings
Primary care	The network of primary care facilities will build upon the existing portfolio of primary care centres and health centres.
Health and Wellbeing hubs	It is expected that each care cluster will be supported by at least one health and wellbeing hub.
Mental Health, Learning Disabilities and Substance Misuse Services	Community services will be co-located with the wider community resource teams with additional accommodation required for inpatient, rehabilitation, specialist support and interventional services.
Excellent hospital care	Will be provided from three hospital campuses at Bangor, Ysbyty Gwynedd (YG), Bodelwyddan, Ysbyty Glan Clwyd (YGC) and Wrexham Maelor Hospital (WMH).

5.2 Improving health and reducing inequalities

Services in support of improving health and reducing inequalities will be delivered in a range of settings including public community facilities, like libraries, sports and fitness centres and community halls; commercial premises for example pharmacies supermarkets, health stores, theatres and cinemas together with health (including primary care and general dental services), local authority and third sector properties.

Our future estate will need to create space to support activities to promote health and wellbeing within the Health Board and partners' property portfolio.

5.3 Care closer to home

The future network of community facilities will be designed to fit with the clusters **and** meet the population need, taking account of the impact of geographical rural/urban factors.

Primary care

Will provide access points to health and wellbeing services in primary care settings. The network of facilities will build upon the existing portfolio of primary care centres and health centres. See section 6 for further details of the planned primary care estate.

Health and Wellbeing hubs

The network of Health and Wellbeing hubs will build upon the current portfolio of community hospitals and Health and Wellbeing Centres. It is expected that each cluster will be supported by at least one Health and Wellbeing hub.

It is expected that there will be a requirement for 14 Health and Wellbeing hubs. However it is important to note that some primary care facilities will also provide a wider range of services e.g. outpatient, diagnostics and community dental services.

The current analysis of demand relative to the existing estate, its age, condition and functional suitability indicates the following:

Ysbyty Penhros Stanley, Tywyn hospital, Bryn Beryl hospital, Alltwen hospital, Dolgellau hospital, Llandudno hospital, Holywell hospital, Mold hospital, Deeside hospital and Chirk hospital are strategically well placed to meet the projected needs of the population. All will require some investment but of differing proportions.

The condition and functional suitability of Cefni hospital, Eryri hospital, Colwyn Bay hospital, Denbigh hospital, the Royal Alexandra hospital and Ruthin community hospital present significant risks to their future sustainability. In order to ensure the estate supports the required network of facilities it is recognised that significant investment will be required to either develop existing accommodation or build new facilities in Caernarfon, North Denbighshire and the Vale of Clwyd.

5.4 Mental Health, Learning Disabilities and Substance Misuse

The mental health strategy promotes a model of care that seeks to support prevention, early intervention and support within the community to reduce the reliance upon acute admissions.

With the exception of the Heddfan Unit at Wrexham, the current portfolio is over 25 years old and does not support modern standards of care. In-patient care will be focused upon the three acute campuses together with specialist Secure, CAMHs and Learning Disabilities units.

Community services will be co-located with the wider community resource teams with some additional accommodation required for specialist support and interventional services.

5.5 Excellent hospital care

The Health Board has confirmed that acute hospital care will continue to be provided from the three main hospitals at Bangor - Ysbyty Gwynedd (YG); Bodelwyddan - Ysbyty Glan Clwyd (YGC) and Wrexham Maelor Hospital (WMH).

Each hospital will provide the following 24/7 consultant led services:

- Emergency department
- Acute medicine
- Unselected general surgery
- Orthopaedics (trauma and elective)
- Ear, nose and throat
- Obstetrics together with alongside midwifery led unit
- General gynaecology
- Paediatrics
- Renal

The above will be supported by diagnostics services including imaging (plain x-ray, MRI, CT and interventional radiology), endoscopy, gastroenterology together with pharmacy (including aseptic) and sterile decontamination facilities (HSDU).

To improve the outcome for patients a number of specialist or regional services have also been confirmed as follows:

YG	YGC	WMH
Complex gynaecology. Special Care Baby Unit (SCBU). Cancer unit.	Emergency and elective arterial interventions and complex endovascular interventions. Complex head and neck surgery. North Wales cardiac centre. Neonatal intensive care. Cancer centre.	Complex upper gastrointestinal surgery. SCBU. Cancer unit.

Service transformation plans are ongoing with respect to stroke, urology, breast, ophthalmology and pathology services. The Orthopaedic Plan proposes enhancement of facilities at each of the three acute hospital sites to enable the provision of sustainable services. However, with the exception of the development of treatment centres remote from the three main hospital sites, consideration has been made for the potential impact of the ongoing reviews within the future configuration of the estate.

Developing services on the three main acute sites as a major strategic commitment, together with the age and condition of the existing facilities, indicates the need to address the question of the continuation of acute surgical interventions at Llandudno hospital and the long term sustainability of Abergele hospital.

5.6 Clinical support assets

When considering the implications of Living Healthier, Staying well consideration must also be given to the impact upon other major capital assets. These include:

- the development of robotic assisted surgery;
- Magnetic Resonance Imaging (MRI) and Computerised Tomography (CT) capacity and replacement;
- the development of a permanent Positron Emission Tomography (PET) scanner;
- Linear Accelerator replacement; and
- pharmacy robot replacement.

Informatics will also require significant investment to support new service and business models. This is the subject of a separate enabling strategy.

5.7 Support services estate

The Health Board currently owns or leases a range of properties that provide important clinical and non clinical support services. These include offices, training and academic centres, residencies, medical records storage, hospital sterilisation and disinfection unit (HSDU), laundry, workshops and a call centre.

The future support services estate will be built upon strategic hubs, providing regional solutions whilst supporting local delivery.

The focus will be to reduce the current reliance on leased accommodation, eradicate duplication and rationalise the current owned assets to ensure a sustainable estate.

5.8 Reducing our impact on the environment

In developing our estate we will:

- ensure inclusive design through the participation of local communities;
- be compliant with statutory regulations and best practice guidance;
- seek to meet the Building Research Establishment Environmental Assessment Method (BREEAM) standard of “very good” as a minimum with an aspiration to achieve “excellent” where practical;
- reduce the Health Board’s carbon footprint;
- support sustainable transport solutions; and
- optimise local procurement and labour to support the local economy.

To monitor our impact we have implemented and maintain a formal Environmental Management System (EMS) in accordance with ISO 14001 which is designed to ensure sustainable development and the protection of the environment together with fulfilment of compliance obligations.

6.0 Primary care estate

6.1 Overview of Current Primary Care Estate

Primary care services across North Wales are provided by BCU managed and independent contractor GP practices, community pharmacies, dental practices and optometric outlets.

GP services are delivered from 173 properties across North Wales. Some of these properties are owned by the Health Board and the remainder are a mixture of property owned by the GP practice or leased from a third party.

A detailed condition survey of the existing primary care estate was undertaken in 2016 and identified the following:

Indicator	Excellent	Good	Poor
Physical condition	16%	39%	45%
Functional suitability	16%	25%	59%

Indicator	Fully Used	Under Used	Overcrowded
Space Utilisation	59%	10%	31%

Indicator	Full/ Near Full	Non- Compliance	High Level of Non- Compliance (failing 1 or more assessment criteria)
Disability Discrimination Act Compliance (DDA)	13%	30%	57%

The survey indicated a minimum investment of £5.5m was required to address the identified backlog maintenance and DDA issues.

6.2 Improvement Grants

We will continue to seek opportunities to access Welsh Government Improvement grants in support of the non-Health Board primary care estate to:

- improve physical access to and within practice premises, and alterations or additions made necessary by the Equality Act 2010;
- improve the existing engineering infrastructure;
- provide suitable accommodation to meet the needs of children and elderly or infirm people;
- make fabric improvements to practice premises such as double glazing, security systems and work required for fire precautions and other statutory building requirements;
- make improvements which are necessary in connection with emergency planning; and
- make improvements which are necessary to meet infection control or decontamination.

Together with supporting sustainability, improving access and delivering more care in the community.

6.3 The future primary care estate

Development of the primary care estate needs to reflect the vision of Living Healthier, Staying Well and facilitate the emphasis of self care and care closer to home and the integrated working models which will be required to support it. Purpose built and improved premises will also be of great importance in promoting North Wales as an attractive environment in which to pursue a career in general practice.

GP practices already offer a comprehensive range of Directed, National and Local Enhanced Services and we are committed to provide more services in the community by strengthening the capacity of community and primary care services. Some new Primary Care Resource Centres have been completed in recent years and others are ongoing but many practices struggle to provide the range and quality of services they aspire to within the constraints of their current accommodation.

The current analysis of demand relative to the existing estate, its age, condition and functional suitability indicates developmental investment within a number of locations as follows:

East	Centre	West
Central Wrexham Coedpoeth Cyfn Mawr/Rhosllan Forge Road/Brynteg Llay/Rossett/Gresford Overton/Hanmer/Penley Plas y Bryn/Beechley Queensferry Shotton	Denbigh Kinmel Bay Llandudno Junction/Conwy Ruthin	Bangor Holyhead Llanfair PG Llangefni Pen y Groes Porthmadog Pwllheli Waunfawr

In investing in the above, together with targeted use of improvement grants and focused replacement and disinvestment of unfit accommodation, will enable us over time to significantly reduce the current risks identified in section 6.1.

7.0 Delivering the vision

7.1 Collaborative delivery

The development of community services integrated with local authority and third sector providers together with new business models for non-clinical services offers the opportunity to implement collaborative delivery models whereby partners share assets and promote joint developments.

The identification of opportunities to promote collaborative delivery will be an iterative process. In support of the Health Boards delivery plans the following initial priorities have been proposed:

- Regional Partnership Board integrated care fund priorities.
- Development of Wellbeing hubs in Bangor, Pen-y-Groes, Colwyn Bay, Denbigh/Vale of Clwyd and Shotton.
- Joint venture to develop Health Board residencies.

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 the Health Boards accounting regime, for example joint ventures, formal support will also be required from Welsh Government.

7.2 Complementary Strategies

This Estate Strategy forms part of the suite of enabling strategies in support of Living Healthier, Staying Well and the associated delivery plans as follows:

Living Healthier, Staying Well			
Improving health and reducing inequalities	Care closer to home	Excellent hospital care	
Key Enabling Strategies			
Quality improvement and patient experience	Whole health, care and support systems workforce	Digitally enabled health and care	Estates and infrastructure
2019/22 Service Transformation Programmes			
Underpinning Divisional / Service Delivery Plans			

These enabling strategies are interdependent and must complement each other to ensure successfully delivery.

7.3 Engagement and consultation

This estate strategy has been developed in response to the Health Boards service strategy. 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.

As we take forward the priority areas described in this strategy we will continue to engage with staff, communities and stakeholders to further develop the future estate needs and to co-produce the 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.

7.4 Reconfiguration and rationalisation

The proposed development of the estate to support the service strategy provides the opportunity to re-configure and rationalise the current portfolio. This strategy proposes consolidation of the estate to a smaller number of key strategic sites. Subject to engagement and, when appropriate, formal consultation the Health Board may reduce its portfolio by up to 30 percent.

This would reduce the risks identified in section 3 and release resources to support the reconfigured estate and alternative funding models.

7.5 Investment and prioritisation

Estimates have been prepared of the investment required to maintain the current estate, without supporting Living Healthier, Staying Well, and to develop the estate to support the proposed strategy for services. It should be noted that these costs are high level and are indicative to give a sense of the magnitude of investment and the requirements of each of the programmes relative to one another.

Cost to maintain the current estate	£838million
Cost to develop the estate to support Living Healthier, Staying Well	
Primary care programme	£153million
Care closer to home programme (including elements of Mental Health)	£239million
Excellent hospital care - service transformation programme	£82million
Excellent hospital care - sustainability and resilience programme	£736million
Support services estate programme	£10million
Cost to maintain the remainder of the estate retained following reconfiguration (including primary care)	£32million
Total	£1,252million

The costs are at a base index as at August 2018 and include all capital costs including fees and VAT.

Although these costs appear daunting it should be remembered that this investment is over the longer term, 15 years plus, and that the costs to maintain the retained estate will not be realised as the Health Board continues to rationalise the estate.

In determining future investment and change to our estate the following criteria have been developed:

Does the project:

- Address the major risks?
- Support new models of care/business model?
- Ensure the estate is sustainable?
- Realise financial benefits?

These criteria will be applied to determine the priority order of future projects and inform the project implementation plans.

7.6 Project pipeline – the first three years

This strategy sets out the vision and objectives for the Health Board's estate for the longer term. The realisation of this vision is expected to take in excess of 15 years. The detailed implementation will be regularly reviewed and may be subject to change in response to the organisations changing clinical and business needs.

The project pipeline therefore initially focuses upon the first three years, encompassing the Health Board's three year planning cycle.

The Three Year Plan has identified a number of changes required to our estate in support of the planned service and business objectives. Applying the above criteria the following initial priorities have been identified:

- Llanfair PG Primary Care Centre (PCC)
- Pen y Groes PCC/Wellbeing hub
- Bangor Wellbeing hub
- North Denbighshire Community Health and Wellbeing hub
- Ruthin hospital reconfiguration
- Vale of Clwyd Health and Wellbeing hub
- Conwy/Llandudno PCC
- Orthopaedic services
- Stroke services reconfiguration
- Ablett Mental Health Inpatient unit
- Wrexham Maelor Hospital infrastructure
- Plas y Bryn/Beechley PCC
- Abergele hospital and rationalisation of office accommodation
- Central medical records
- Laundry services
- Residencies

In addition we will work with partners in taking forward the priorities jointly agreed by the Regional Partnership Board as part of the Integrated Capital Fund initiative.

Planning will progress for the future development and configuration of the Wrexham Maelor campus (including Central Wrexham PCC), Llandudno Hospital and Ysbyty Gwynedd.

7.7 Managing delivery

The agreed prioritised project pipeline will be defined within the Health Board's Three Year Plan.

All projects will be required to develop an appropriate business case for formal approval in accordance with the Health Board's Standing Financial Instructions. The business case will establish the benefits to be realised and define the quality, cost and time parameters.

Projects will be managed in accordance with the Prince2 methodology and be required to comply with the Health Boards 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 the project is delivered within the agreed parameters and realises the expected benefits.

Implementation of this strategy will be an iterative process and must be flexible to respond to the changing needs, priorities and financial challenges of the Health Board.

8.0 Measuring success

8.1 Monitoring and scrutiny

In order to progress the development of the estate strategy it is suggested that the Health Board establish an Estates Improvement Group. The group would report to the Executive Team. The Executive Director of Planning and Performance would be the executive lead and there would be strong financial representation.

Representatives from specific divisions/departments will be co-opted as necessary. The group would be supported by project boards appointed to implement specific schemes.

The purpose of the Estate Improvement Group would be to advise the Health Board on the development and implementation of the estate strategy to ensure that property assets utilised by the Health Board are developed and managed in an optimum way in relation to the Boards services and business needs, within the resources available.

The strategy will be reviewed and updated and subject to further scrutiny and approval by the Health Board on an annual basis.

8.2 Key performance indicators

In order to monitor the delivery and success of this strategy key performance indicators should be established. An assessment of the proposed investment and rationalisation programmes within the strategy indicate the following benefits be delivered:

Indicator	Definition	Target
Revenue cost	Reduction in estate revenue cost	3% per 3 year plan
Property portfolio	Planned reduction in property portfolio	5% per 3 year plan
Statutory compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	Meet national target within 5 years
Fire safety compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	Meet national target within 5 years
Energy performance	The estate should consume no more than 410kWh/m2	Meet national target within 5 years
Backlog maintenance	90% reduction in high risk backlog maintenance	Meet target within 5 years
	75% reduction in significant risk backlog maintenance	
	70% reduction in risk adjusted backlog maintenance	
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 required and a minimum of 90% of the estate should be fully used.	
Space utilisation		

Appendix 1 – Current estate locality map