National Estates Strategic Framework

October 2002

Welsh Assembly Government

Contents

Foreword

The NHS Estate and its staff are key resources supporting the provision of healthcare services in Wales. Strategic estate management, at both national and local level, is an essential complement to high quality patient care.

Whilst some progress has been made, there remain too many examples of the NHS attempting to deliver 21st century healthcare in buildings which are outdated or inaccessible. This can no longer continue.

As the NHS evolves to meet the challenges of the future so does the requirement for efficient management of the estate. This Strategic Framework is an important step in setting the foundation for improvement in the provision of safe and suitable patient-care environments which represent value for money and within which high quality health and related services can be provided.

This document will be used in conjunction with the unified Strategic Service Plan for the NHS in Wales, currently under development, which will set out the healthcare priorities for the nation for the next five years.

Addressing the challenges referred to in this framework will require the development of a culture that promotes integrated decision-making and the active pursuit of innovation and best practice. When implemented, the actions recommended in this document will ensure that patients, their families and NHS staff benefit from continuous improvement in the healthcare environment.

I am pleased to endorse this Framework as the strategic context from which to meet the challenges ahead.

Ann Lloyd
Director NHS Wales

1 Introduction

1.1 The provision of a national health service in Wales requires access to a substantial asset base that includes land, buildings and equipment. The purpose of this document is to provide an overarching framework for the future development and management of the healthcare estate.

1.2 The Welsh Assembly Government (the Assembly) is committed to the provision of an estate of the right size and quality, and in the right location to support the delivery of healthcare services.

1.3 The framework focuses on five key challenges derived from this commitment:

- Leadership and Direction
- Improving Performance
- Innovation and Best Practice
- Training, Development and Recruitment
- Financing the Estate

These challenges must be met, to ensure that the patient-care environment is properly developed, managed and supported in order to operate effectively and efficiently. Although there are many types of healthcare environments owned and operated in various ways, the basic principles of good estate management and development equally apply.

1.4 The NHS (Wales) Plan and other key policy and strategy documents highlight improvements required in the NHS, and this framework translates the objectives into requirements from the estate.

1.5 There are significant drivers for change which are impacting on the estate. The most important of these include technological advances affecting the setting where treatment takes place, health and safety requirements, accessibility of services to all people and increased performance management. New models of service are required to respond to rising patient demands and expectations.

1.6 The estate serves a wide range of needs required to be provided safely and appropriately within an integrated healthcare network.

1.7 There will be significant changes in the way healthcare is organised in the future. Structural changes due to be implemented over the next year pose major challenges for healthcare organisations. Detailed policies and procedures will need to be developed to provide direction and support to achieve the vision for change.

1.8 This document addresses the following issues:

Chapter 2 Briefly describes the administrative context, extent, condition and performance of the existing healthcare asset base.

Chapter 3 Sets out the Assembly's vision for the future of the estate taking account of major trends and influences.

Chapter 4 Outlines proposed improvements to the decision-making process and the provision of the required direction to the Service.

Chapter 5 Introduces the new Estates and Facilities Performance Management System.

Chapter 6 Provides an outline of the diverse types of estate facilities, and describes how best to promote quality healthcare environments and best practice.

Chapter 7 Describes positive measures to recruit, train, develop and maintain high quality and motivated estates professionals.

Chapter 8 Addresses the extent and scale of the financial investment required to meet the vision for the future of the estate.

1.9 The emphasis of this document reflects the fact that the majority of the NHS Estate is Trust-owned. However, as more detailed information becomes available as a result of work currently being undertaken by Welsh Health Estates, the Assembly will be in a better position to provide policy and guidance on the issues surrounding the primary care estate.

2 The NHS Estate

2.1 Facts and Figures

2.1.1 Most of the NHS Estate in Wales is owned by Trusts. The estate is diverse, complex and geographically widespread and includes some:

- 130 hospitals of varying age, construction, size and function, providing 15,000 beds;
- 250 health centres and clinics;
- 50 mental health clinics;
- 100 ambulance stations.

A significant number of healthcare facilities, such as the 800 general medical practitioners premises, are in the ownership of others but are funded by the NHS.

2.1.2 Since 1 July 1999, the Assembly has been responsible for the administration of the NHS in Wales. The Assembly currently exercises this function through five Health Authorities responsible for public health and commissioning health services for their resident populations, and through fifteen NHS Trusts responsible for providing those services. The main health services directly provided by Trusts are:

- Acute, community and psychiatric care, including specialist medical services;
- Ambulance services.

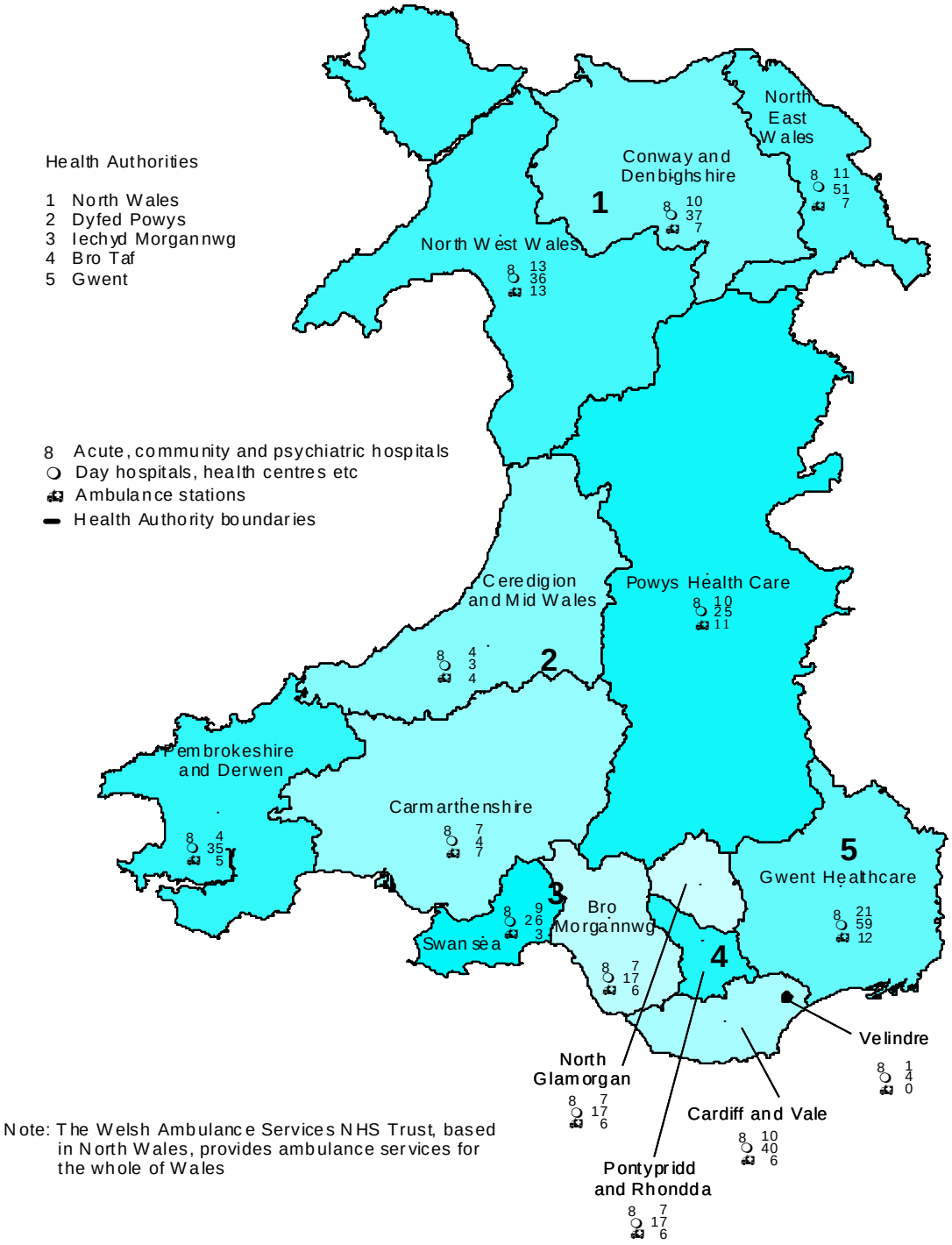
Figure 1 shows the Health Authority and Trust boundaries in Wales, with the number of acute, community and psychiatric hospitals by Trust area.

2.1.3 The NHS (Wales) Plan announced the proposed abolition of Health Authorities in Wales by April 2003. In their place, twenty-two Local Health Groups, currently sub-committees of Health Authorities, will be strengthened to become Local Health Boards.

Figure 2 shows the twenty-two Local Health Group boundaries in Wales and number of GP premises in each Group.

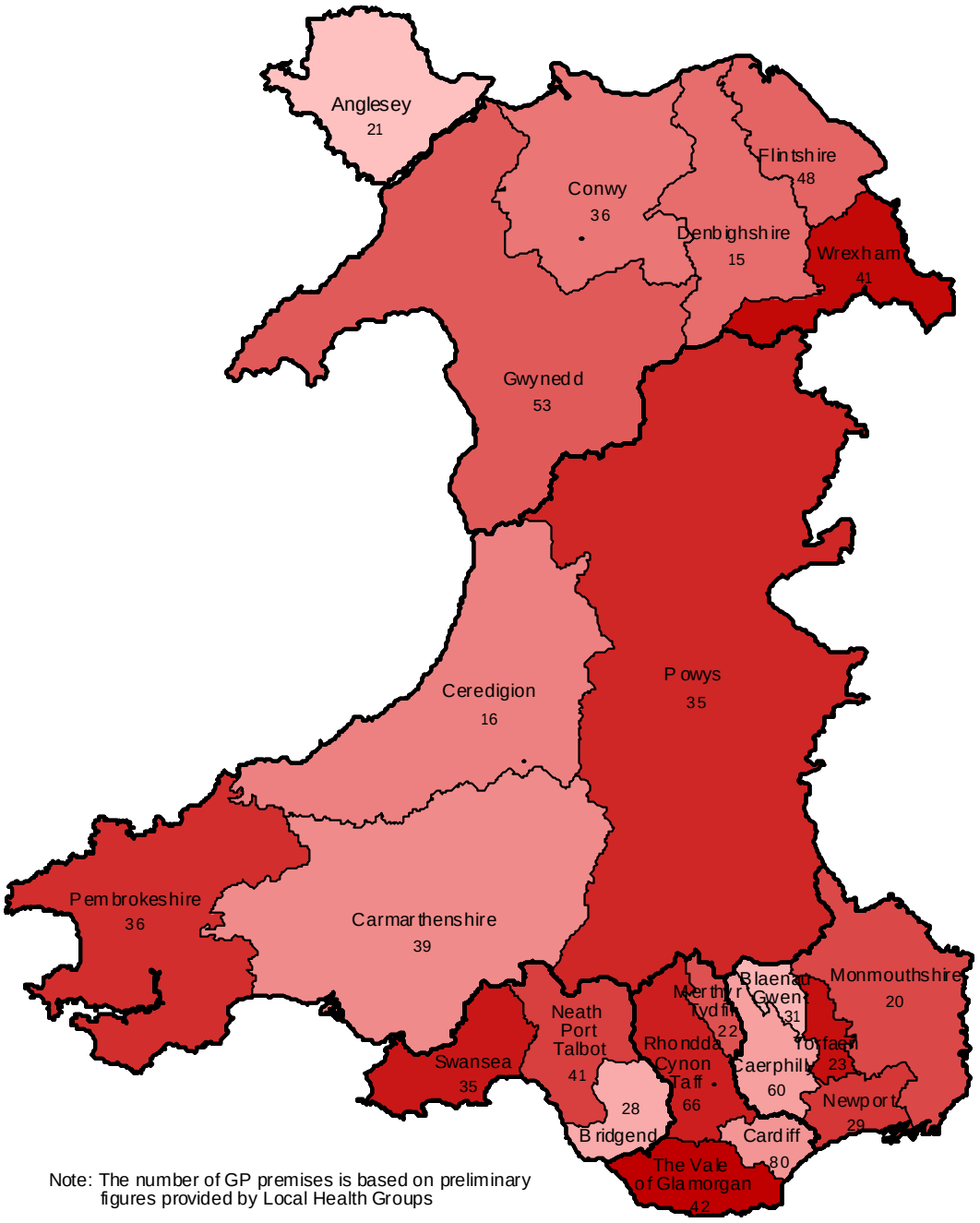
2.1.4 The primary care estate comprises premises owned and occupied by general medical practitioners, dentists, pharmacists and opticians but it is solely general medical practitioners who are eligible for reimbursement for the cost of their premises. The Local Health Groups oversee the development of primary care services in their areas.

2.1.5 To assess the implications of creating a healthcare model in which the community health service provider function is transferred from the Trust to the Local Health Board, a pathfinder Local Health Board has been set up, based on the Powys Health Care NHS Trust boundary.



Note: The Welsh Ambulance Services NHS Trust, based in North Wales, provides ambulance services for the whole of Wales

Figure 1 Health Authorities and NHS Trusts in Wales



Note: The number of GP premises is based on preliminary figures provided by Local Health Groups

Figure 2 Local Health Groups and number of GP premises in each Group

2.1.6 Patient care has expanded into other environments not necessarily owned, managed or currently funded by the NHS, but which need to be examined and included within strategic service and estate planning. This includes the patient's own home as well as social care assets, such as residential and nursing homes.

It is becoming increasingly evident that:

- There are insufficient care homes to meet the growing demand for this type of accommodation. This puts pressure on the availability of beds in hospitals;
- Many people with learning difficulties are still housed in inappropriate institutions rather than in smaller community settings;
- Home adaptations and home help that would allow elderly and disabled people to live safely in the community, require a major boost in investment.

The NHS, therefore, has a crucial role to play in the development and management of these assets, by working closely with Local Authorities as well as voluntary and private sector organisations.

2.2 Age, Condition and Performance

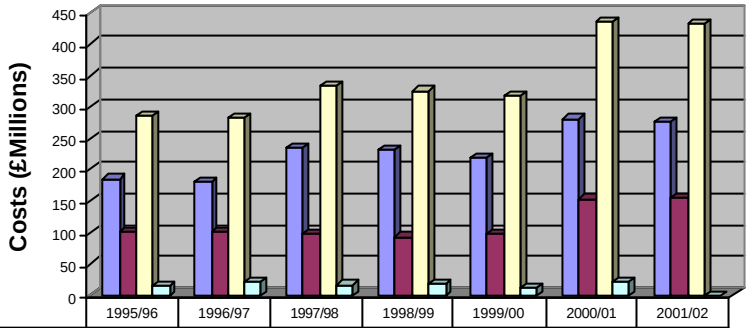
2.2.1 One of the clearest and most tangible demonstrations of investment in public services is the quality of the buildings where these services are delivered. Whilst there are examples of modern hospitals using state of the art building technology and equipment, more than three-quarters of the built estate is over twenty years old, with one in ten properties built before 1900. Restricted access to investment capital throughout the life of the NHS and particularly during the last ten years, has often resulted in piecemeal hospital development, where old and inefficient buildings are mixed and matched with modern facilities.

2.2.2 In 2001 the National Audit Office sent a questionnaire to all NHS Trusts and Health Authorities in Wales. The questionnaire dealt with various aspects of the performance of the NHS Trust estate in Wales. The main findings included the following:

- Only half the estate held by Trusts in Wales was reported to comply fully with statutory health and safety requirements, including fire safety;
- A third of Trusts had not surveyed part or all of their estate for more than three years;
- Less than half of Trusts had met the 2002–03 target for 90% of the active estate to be sound, operationally safe and exhibiting only minor deterioration;
- Only half of the estate held by Trusts was assessed as fully or reasonably fit for purpose and about one fifth was below the acceptable standard;
- Almost one quarter of the surveyed estate was assessed as underused or empty.

2.2.3 One of the legacies of the under-investment is the sustained high level of backlog maintenance. Backlog maintenance in the NHS Trust estate in Wales is the work required to be carried out to bring their properties up to Estatecode condition B standard. This standard requires properties to be compliant with statutory requirements, sound, operationally safe and exhibiting only minor deterioration. The total backlog maintenance costs estimated by Trusts for the six-year period from 1995 are summarised in Figure 3, taken from the *Estate Performance Report – Welsh Trusts 2001-2002*[1] currently being produced by Welsh Health Estates for the Assembly.

Trend in Backlog Maintenance Costs 1995 - 2002.



	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02
Physical Condition	185	180	234	232	219	281	276
Statutory & Safety	100	102	98	93	99	154	155
Total Backlog Maintenance	285	282	332	325	318	435	431
Energy Upgrading (costs included in physical condition)	15	21	17	18	13	22	0

Figure 3 Backlog Maintenance of NHS Trust Estate 1995–2002

2.2.4 Data held centrally on GP premises is limited. This includes the results of a questionnaire sent by the Assembly's Practice Premises Working Group to all Health Authorities. The Working Group's *Final Report*[2] provided some indication of the current condition and functionality of GP premises. Although the quality of the data suffered due to the significant amount of missing information, the key points of the report included the following:

- Sixty-nine premises in Wales stood out as being particularly deficient;
- A third or more of the premises in three of the five Health Authorities were recorded as being deficient in one or more aspects of the Statement of Fees and Allowance's minimum standards;
- Cardiff, Vale of Glamorgan and Monmouthshire Local Health Groups had the lowest proportion of inadequate premises; Merthyr and Wrexham had the highest;
- Reception areas were identified as deficient throughout Wales.

2.2.5 The Assembly has taken steps to address the lack of qualitative information by commissioning Welsh Health Estates to organise an all-Wales condition survey of the primary care estate, commencing with the 800 GP premises. This is the first time that independent, professionally qualified surveyors have undertaken a comprehensive survey of primary care premises. The survey provides a baseline of information on premises' condition, performance and compliance with statutory standards, including whether they meet the requirements of the Disability Discrimination Act. It also includes estimated costs to achieve an acceptable standard. The survey work commenced in April 2002 and was completed in September 2002. The data will enable Local Health Groups to start developing their integrated estate strategies with a clearer understanding of the condition of the existing estate.

3 The Vision for the Future

3.1 The Welsh Assembly Government's plan for the future healthcare estate is clearly encapsulated in its vision:

To develop accessible, modern, comfortable and adaptable environments where patient-care can be delivered safely and efficiently

3.2 Many factors influence the vision for the future provision of healthcare services. The most significant of these are:

- People's life-styles pointing to a trend towards a more 24 hour based society, higher numbers of single parent families and working parents, greater ethnic and cultural diversity, and an increasing proportion of older people within communities;
- Structural changes within the NHS and the Assembly creating the opportunity to change the focus of service development and delivery by using the local knowledge and expertise of clinicians and other professional staff in planning and delivering services;
- Closer partnership working between primary care providers, social services, voluntary agencies as well as acute care providers, with the aim of providing service users with a seamless health and social care service;
- National healthcare policy, including the NHS (Wales) Plan, Service Agreement and Financial Frameworks, National Service Frameworks, and consultative strategic documents on acute services, primary care, mental health and learning disabilities services provision, supporting the introduction of new models of care to improve quality and consistency;
- The need to target inequalities in health, providing improved access to services for those with the lowest health status;
- Technological developments influencing the types of equipment and location of healthcare services with more diagnosis, treatment and monitoring able to take place outside the hospital setting;
- Patients' need for dignity and independence. This is particularly true of the elderly, who prefer to be cared for in their homes for as long as possible. To allow this to happen home help and home adaptations need to be more widely available, supplemented by the more sophisticated IT "smart" technologies;

- Developments in eHealth, bringing together computing technology and telecommunications, radically changing the way clinicians work and the way services are delivered;
- The need for all parts of the NHS to focus more effectively on staff recruitment and retention by delivering improved training and providing research and development facilities, by allowing greater flexibility in working hours and by improving working conditions;
- The shift in the centre of gravity of the healthcare system towards primary care, giving primary care a more prominent role both in health delivery and health prevention. This takes advantage of new developments in treatment and technology which increasingly make it possible to treat patients in primary care settings rather than in hospitals;
- On-going changes in acute service provision in response to developments in the role of primary care. This could result in a modest reduction in the overall asset base as new, more efficient, models of care are developed;
- A general trend towards sub-specialisation in both the primary care and acute services sectors, as a means of ensuring excellence and consistently good outcomes for patients. The aim is to ensure that a greater number of patients can be safely and satisfactorily treated, enabling an equitable balance to be achieved between access and quality, centralisation and dispersal.

3.3 These influences point to the need to establish much stronger links between the health and social care networks. Through partnership these services can help people to receive the care and support they need whilst continuing to live at home. Where admission to hospital becomes unavoidable, community based services must combine with acute hospitals services to help people regain their independence and return to their own home as soon as practically possible.

3.4 The development of services that will create an effective care pathway requires careful planning and close collaboration within and across the health economies. It will necessitate the urgent upgrading, remodeling and reprovision of the healthcare estate in Wales, capable of facilitating new ways of delivering care and housing the range of services appropriate to the needs of the local population.

4 Leadership and Direction

4.1 National leadership and direction for the NHS in Wales is the responsibility of the Assembly. This responsibility is discharged by the Assembly's NHS Department through its policies and procedures and its accountability agreements with Chief Executives of NHS bodies.

4.2 To help ensure that the Service can effectively deliver the Assembly's policies may require existing structures and systems to be modified or changed. The increased emphasis in Assembly policy toward primary care has led, for example, to the restructuring of the NHS with the impending abolition of Health Authorities and the creation of Local Health Boards.

4.3 The Assembly recognises that the current estate policy framework needs to be clarified and strengthened and that changes need to be made to improve the efficacy of existing structures and systems used to inform decisions affecting the estate.

4.4 Policies and Guidance

4.4.1 The Assembly's vision for the healthcare estate needs to be supported by an integrated and cohesive network of clear policy statements augmented and underpinned by good practice notes and guidance documentation, as illustrated in Figure 5. Together, the vision, policy statements and guidance should provide a robust framework in which the Service can formulate local plans and implement systems to efficiently and effectively maintain, operate and develop the estate and measure progress.

4.4.2 A review of the existing estate policy and guidance documentation has identified weaknesses in the breadth, depth and currency of much of this material and the Assembly is committed to addressing this as a priority.

4.4.3 Four key policy areas have been identified:

- Estate Management
- Construction Procurement and Design
- Property Management
- Environmental Management

4.4.4 Supporting these policy areas is strategic and operational estate guidance, which is currently developed for the NHS by the respective central estate support units in England, Scotland, Northern Ireland and Wales working in partnership, with England taking the lead role in project managing the national publications programme.

4.4.5 Since the creation of the Parliament in Scotland and the respective Assemblies in Northern Ireland and Wales, changes in the emphasis of health policy reflecting local pressures and priorities, together with the development of new organisational structures, have led to difficulties in providing UK-wide strategic guidance. Consequently the national publications programme has tended to concentrate on operational or technical issues that are not unduly influenced by the increasingly devolved nature of the health service.

4.4.6 The development of strategic guidance is the responsibility of the Assembly and it will instigate a rolling programme aimed at reviewing, in conjunction with the Service, the appropriateness of all existing documentation. If necessary, new guidance will be commissioned.

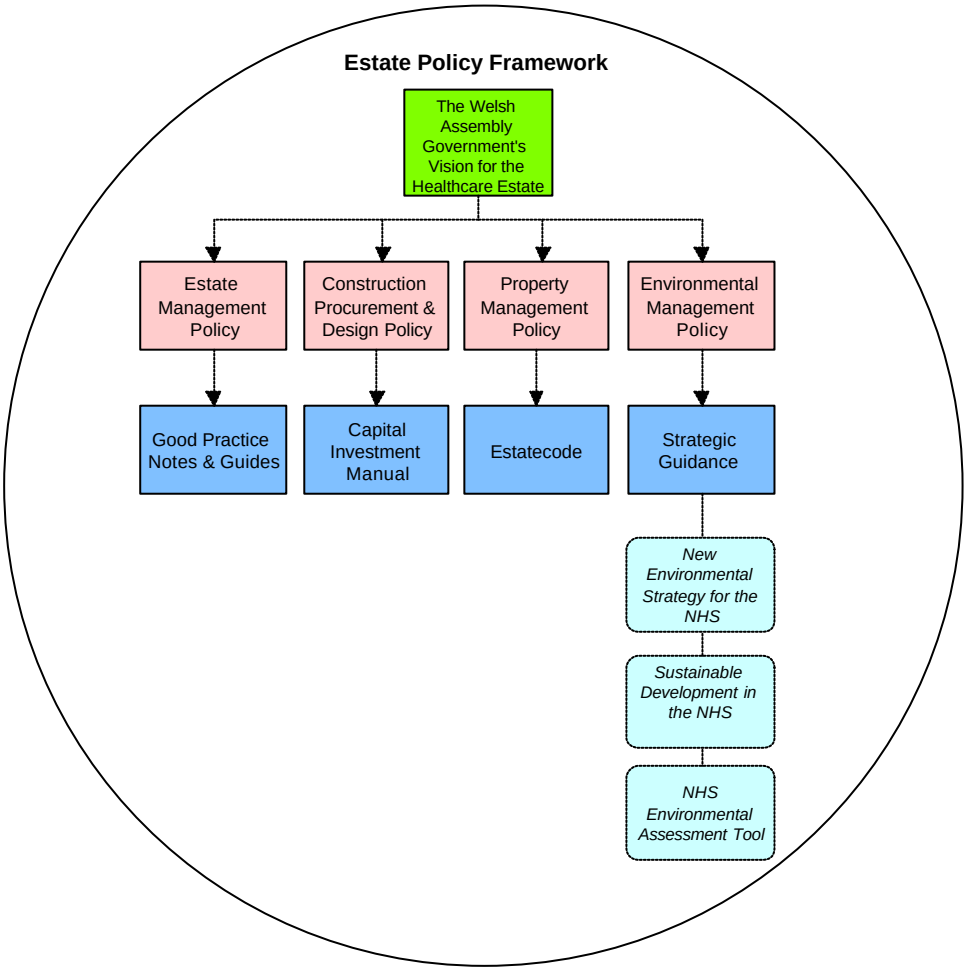


Figure 5 Framework to maintain, operate and develop the health estate

Estate Management

4.4.7 In August 2000 the Assembly issued an Estate Management Policy to the NHS under cover of *WHC (00) 84*[3]. The policy set out, in unambiguous terms, both the Assembly's and NHS property holding bodies' responsibilities in respect of the management of the estate.

4.4.8 The policy set down a number of mandatory requirements for NHS property holding bodies including the need to:

- Develop and maintain estate strategies;
- Maintain current information on the condition of the estate;
- Apply a performance management system to the estate;
- Ensure staff are suitably qualified.

4.4.9 The importance of the policy was demonstrated when, in December 2001, estate strategies for all NHS Trusts in Wales were provided to the Assembly, allowing informed decisions to be taken nationally reflecting the real priorities of the Service.

4.4.10 The policy now needs to be revised to reflect the creation of Local Health Boards in 2003 as well as the other structural changes affecting the NHS.

Construction Procurement and Design

4.4.11 The NHS is a huge consumer of capital. Up to October 2001, for example, fifteen Strategic Outline Cases, twenty-two Outline Business Cases and ten Full Business Cases, worth in the region of £400 million, had been submitted or were due to be submitted to the Assembly for funding approval.

4.4.12 The size of the estate used by the NHS and its unique position in the local community means that hospital designs have an impact on society that stretches far beyond the health service. But, despite this importance, hospital design lacks national focus and is largely left to the vagaries of local suppliers, whether they are designers employed by the local NHS organisations or working for a PFI consortium.

4.4.13 The Assembly recognises the need to provide the Service with clarity in respect of the standards to be applied to construction procurement and design and is determined that the NHS in Wales is identified nationally as a construction best practice client.

4.4.14 The NHS in Wales has not moved forward quickly enough to embrace the Egan principles laid down in the government sponsored *Rethinking Construction*[4]. There are too few examples of partnering, supply chain management or the use of key performance indicators applied to construction activity in the NHS in Wales.

4.4.15 The NHS in Wales also lacks a unified vision or set of clear principles for the design of healthcare buildings. In this respect the establishment of the Design Commission for Wales is welcomed and the Assembly will look to establish the necessary links with this body to help support the NHS as a champion of design quality.

4.4.16 As a first step to achieving these aspirations the Assembly will issue a Construction Procurement and Design Policy. Supporting this will be the strategic guidance document, the *Capital Investment Manual (CIM)*[5]. The current CIM was first published in 1994 and does not properly reflect developments since that time, particularly in PFI and PPP but also in approval and administrative mechanisms and changes in organisational structures. The Assembly will take immediate steps to revise the CIM.

Property Management

4.4.17 Property management is a highly specialised area of asset management and legal issues affecting property ownership and occupation can be very complex. It is becoming increasingly important that the Service not only manages issues such as acquisitions, disposals and landlord and tenant relations in a professional manner but also considers property issues alongside other estate matters when considering strategic development opportunities.

4.4.18 For example, the implementation of estate strategies for primary care facilities in particular requires considerable property expertise, especially if they involve consideration of cost rent schemes, the use of the NHS Local Improvement Finance Trust (LIFT) or issues of negative equity.

4.4.19 The property management policy framework for the NHS in Wales has lacked clarity with considerable confusion in the Service regarding the appropriateness of existing guidance and the Assembly will address this shortcoming with the issue of a Property Management Policy.

4.4.20 The strategic guidance supporting the policy will be *Estatecode*. The current *Estatecode*[6] document does not fully or adequately reflect the Assembly's requirement for the management of property in the NHS in Wales and will be revised and reissued.

Environmental Management

4.4.21 The National Assembly has a statutory duty to promote sustainable development. This responsibility is recognised by the Welsh Assembly Government which discharges this commitment through its economic, social and environmental impact on society.

4.4.22 In this context, the NHS has a significant contribution to make and whilst sustainable development is about taking a holistic view of all activities, one important aspect of this is the environmental performance of the NHS Estate.

4.4.23 The Assembly will develop an Environmental Management Policy emphasising the importance of:

- Integrating environmental management into all decisions affecting the Service;
- Developing environmental management systems;
- Introducing Healthy Transport plans;
- Undertaking environmental impact analysis;
- Environmental performance management.

4.4.24 To emphasise the importance of environmental management the Assembly will consider the introduction of environmental awards reflecting examples of best practice across the NHS in Wales.

4.4.25 The Environmental Management Policy is supported by the strategic guidance *Sustainable Development in the NHS*[7], the *New Environmental Strategy for the NHS*[8] and the *NHS Environmental Assessment Tool (NEAT)*[9]. All these documents have only recently been issued to the NHS and there is no requirement for any revisions at this time.

4.5 Structures and Systems

4.5.1 Modern healthcare is delivered through highly complex structures and systems and to provide an efficient and effective service requires the management of integrated care pathways across many different organisational boundaries. Trying to establish a structure that best supports the needs of an ever-changing health service is a constant challenge to strategic planners, and the current restructuring of the NHS in Wales is the latest attempt to match form to function.

4.5.2 Estate matters tend not to be the main drivers behind organisational restructuring and so it is even more important that structures and systems affecting the estate are designed to be compatible with, and provide support to, the wider structural consequences of NHS reform.

4.5.3 Healthcare is an asset intensive industry and the quality of its built environment has a direct effect on its ability to satisfy the needs and expectations of patients, staff and the wider stakeholder community it serves. Given its importance to the delivery of healthcare it is vital that issues affecting the built environment have a national platform and that the systems in which it has to operate are designed to:

- Effectively disseminate best practice;
- Encourage the free flow and exchange of information;
- Assist in the identification of key estate priorities;
- Provide an effective forum for asset management;
- Raise the profile of the estate;
- Co-ordinate research and development;
- Facilitate better decision making;
- Promote a spirit of continuous improvement.

4.5.4 The Assembly recognises that improvements can be made and is committed to the identification and implementation of structures, systems and procedures needed to support the effective management of the estate. These are illustrated in Figure 6.

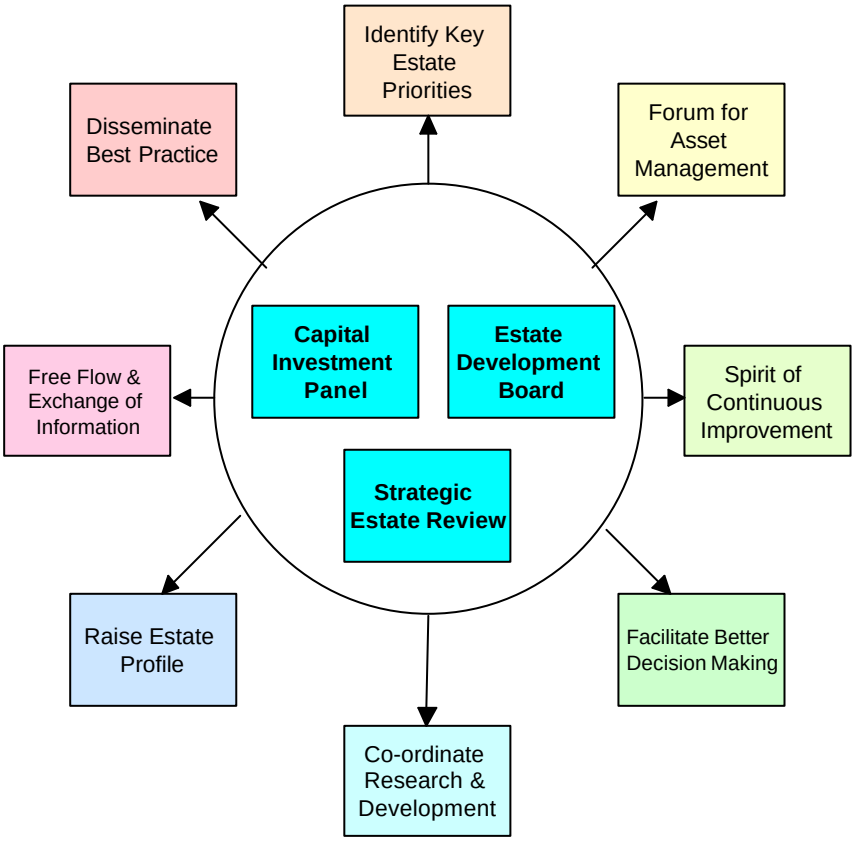


Figure 6 Healthcare structures and systems

Estate Development Board

4.5.5 At present, the Assembly's NHS Department seeks professional and technical estates advice from Welsh Health Estates, the Assembly's Estates Division, NHS Trusts and Health Authorities and, if necessary, representatives from the wider stakeholder community.

4.5.6 Depending on the particular circumstances of the project but particularly where specific policy and guidance decision-making matters are required, they are often processed by individual task and finish or steering groups through investigation and research stages. Once the issues are concluded, the groups are disbanded. It has been the practice that the recommendations are then reported to the Director NHS Wales and, where appropriate, to the Minister for final approval.

4.5.7 Dealing with estate matters in this way does present many difficulties, particularly with identifying and attracting individuals that are willing to participate in such groups and have the appropriate skills and commitment to make a positive contribution. Furthermore, the preponderance of ad hoc groups, in the absence of an over-arching and nationally recognisable and authoritative body taking a lead role on estate issues, contributes to the perception that the management of the estate is a peripheral matter in the NHS and does nothing to raise its profile.

4.5.8 In order to address these concerns the Assembly will establish a new Estate Development Board that will act as the catalyst to drive forward estate initiatives and inform policy, as illustrated in Figure 7. The Board will consist of key high-level personnel from the health service, and will include Chief Executives of Trusts, Estates and Facilities Directors and Chief Executives of Local Health Boards as well as Senior Managers from the Assembly and Welsh Health Estates.

4.5.9 The Board will meet on a regular basis to identify and agree priority areas, commission work to help support the NHS in delivering a high quality estate and contribute to issues of estate policy to support the Minister. The introduction of this dedicated team, dealing with all the major issues of asset management, will not only smooth and accelerate the decision-making process but will also target key areas of research into aspects of the built environment and in doing so help to raise the profile of the estate.

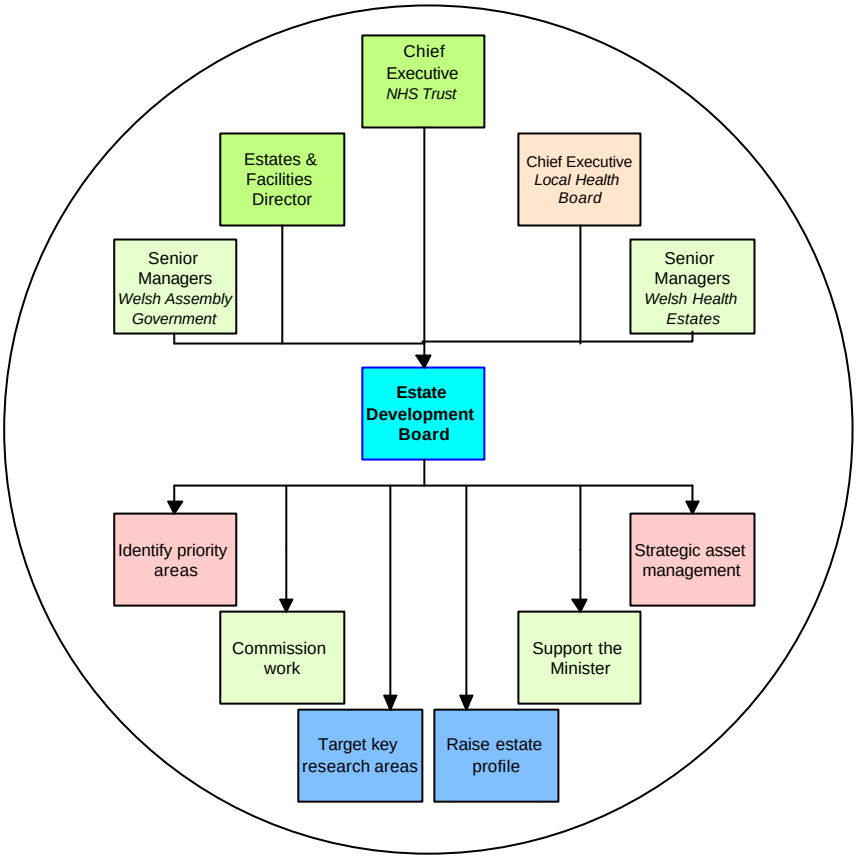


Figure 7 The Estate Development Board

Capital Investment Panel

4.5.10 The Assembly is committed to reviewing the current business case process and approval procedure as it has become increasingly apparent that it is not working as effectively as is required. A review is also necessary to reflect the new structure of the NHS and clarity will be needed as to the role of Local Health Boards and the Assembly NHS Department's Regional Offices in the approval process.

4.5.11 What is clear is that a more representative body should be established to oversee the capital investment process and to recommend business cases for approval, and the Assembly will set up a Capital Investment Panel to fulfill this function, as illustrated in Figure 8.

4.5.12 Whilst further work is necessary to determine the precise composition of the Panel it is likely that it will consist of a core, including representatives of the Assembly's NHS Department, the Service and possibly other stakeholder groups. Other key players could supplement the Panel when necessary, depending on the particular nature of the investment decision under consideration.

4.5.13 To assist the Panel in its deliberations the Assembly will need to develop a long-term capital investment programme for the NHS reflecting the priorities for the Service. Further details are given in Chapter 8.0. In conjunction with this, the Assembly will establish the criteria to be applied to capital investment decisions and ensure that the process is transparent and fair.

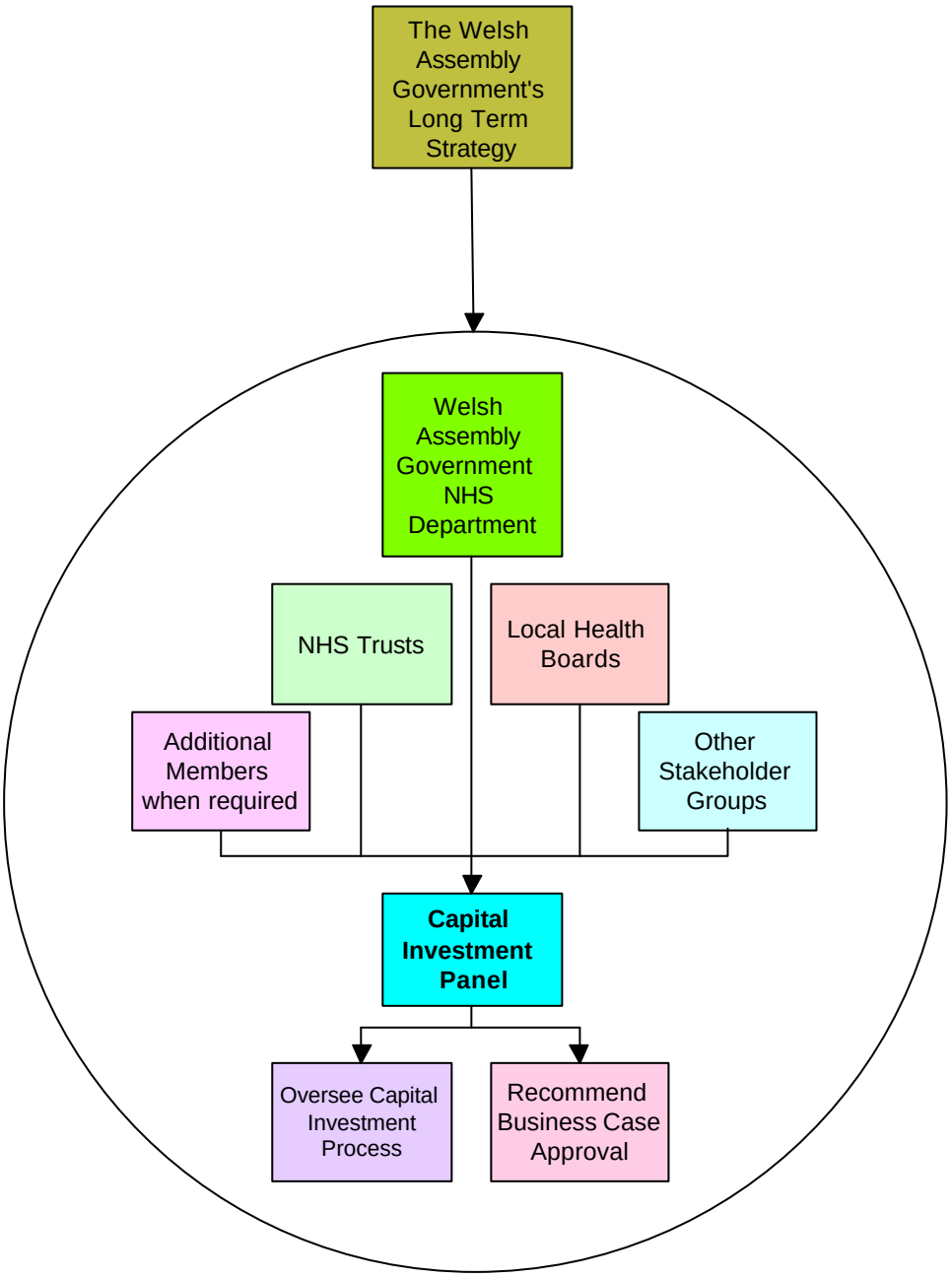


Figure 8 The Capital Investment Panel

Strategic Estate Reviews

4.5.14 It is important that decisions affecting the health service in Wales are taken in light of the opportunities and constraints offered by the existing estate in much the same way as matters of finance or human resources figure in such decisions. To achieve this will require senior mangers to become more aware of the estate's contribution to the effective delivery of health care services.

4.5.15 To help raise the profile of the estate the Assembly will require Boards of NHS property holding bodies to receive regular reports on the estate. Estate performance information should be tabled at Board meetings at least on an annual basis.

4.5.16 The information provided to the Board will, in part, feed into the new Strategic Estate Reviews. The reviews will take place annually, between appropriate representatives of the Assembly and the Trust Board Director with delegated responsibility for estates and facilities, supported by the Head of Estates and Facilities. Welsh Health Estates will provide professional support. The review panel will receive a summary report in respect of each Trust, based on the recently introduced Estates and Facilities Performance Management System as well as other relevant issues.

4.5.17 The Strategic Estate Review will be integrated with the Director of the NHS Wales' Annual Service Review with NHS Chief Executives, which deals mainly with clinical issues. A briefing paper will be provided to the Director of the NHS Wales, highlighting the major estate issues that need to be discussed at the Annual Service Review. The inclusion of estate matters on the agenda of these high-level meetings demonstrates the Assembly's commitment to promoting a better understanding of the role and contribution of the estate to improvements in healthcare outcomes.

The process is illustrated in Figure 9.

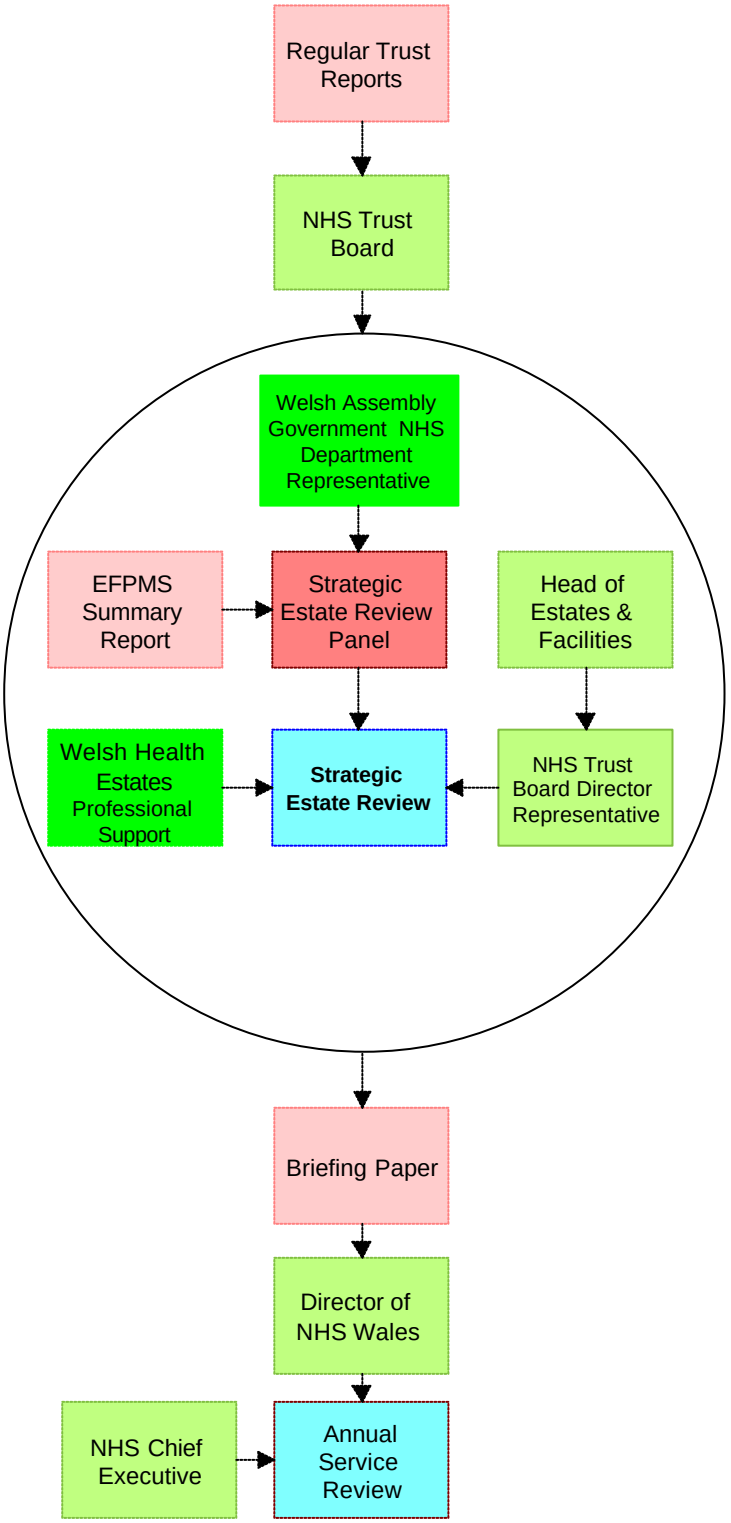


Figure 9 The Strategic Estate Review Process

Key Actions for Leadership and Direction

- The Assembly will create an Estate Development Board to provide a recognised and authoritative forum for estates issues to be coordinated on a national basis by April 2003.
- The Assembly will establish a Capital Investment Panel to assist in the approval of business cases as part of the overall review of the strategic planning process by July 2003.
- The Assembly will review the capital investment approval mechanism and criteria to be applied for the NHS in Wales by December 2002.
- The Assembly will introduce annual Strategic Reviews with property-holding NHS bodies in November 2002.
- NHS Boards will receive estate performance reports at regular intervals.
- The Assembly will, in partnership with the Service, establish a process for the on-going review of guidance by December 2002.
- The Assembly will, in partnership with the Service, revise and reissue its Estate Management Policy by January 2003.
- The Assembly will, in partnership with the Service, develop policy statements dealing with Construction Procurement and Design, Property Management and Environmental Management by December 2002.
- The Assembly will, in partnership with the Service, revise and reissue Estatecode by August 2003.
- The Assembly will, in partnership with the Service, revise and reissue the Capital Investment Manual by December 2003.
- The Assembly will consider the introduction of environmental awards.

5 Improving Performance

5.1 Introduction of an Estates and Facilities Performance Management System

5.1.1 The Assembly is committed to developing and implementing a comprehensive performance management system for the NHS in Wales as well as encouraging the use of benchmarking in order to promote a culture of continuous improvement in the performance of the estate.

5.1.2 The NHS (Wales) Plan states that *We need to ensure that the current estate is being used fully and to best value. A more rigorous performance management framework is under development … Annual estate reviews, close monitoring and target setting will support this.*

5.1.3 The introduction of 'Best Value: 1999'[10] in local government, and the *NHS Wales Performance Management Framework: July 2000*[11] and Public Service Agreements in central government, has emphasised the importance of having robust performance indicators (PIs) as part of performance management in the public sector.

5.1.4 In November 2001 the NHS Directorate issued *Welsh Health Circular WHC (2001)99*[12], advising NHS property holding bodies of the introduction of the Estates and Facilities Performance Management System (EFPMS). The web-based system went live in April 2002, replacing the Estate Data Returns and is a mandatory requirement for all Trusts. Welsh Health Estates is responsible for the technical implementation, maintenance and ongoing development of the system.

5.1.5 NHS Trusts will use the EFPMS to benchmark performance. They will report the results of the analysis of their estate performance to their Board at least annually. The Assembly will use it to identify weaknesses and put in place resources and systems to address shortcomings. It will also provide the Assembly with a more comprehensive understanding of the NHS Estate and this will assist the decision-making process supporting its strategic management function.

5.2 Performance Indicators

5.2.1 An essential component of a performance management system is the establishment of performance indicators (PIs) and targets against which improvements in the operation of the estate can be monitored and measured and strategic change can be managed.

5.2.2 Performance indicators are only of use if they provide information that helps inform or support management in the decision making process. Consequently, a whole range of PIs may be relevant to managers with responsibility for operational matters that have less relevance to the manager with a strategic estate development remit.

5.2.3 The introduction of the EFPMS provides access to sufficient estates and facilities data to enable both the Assembly and the Service to develop those PIs deemed most appropriate to their needs.

National Estate Indicators

5.2.4 The first PIs, outlined in Figure 10, reflect national targets, based on the *Estatecode* five facets survey. The five facets are physical condition, functional suitability, space utilisation, energy performance and statutory and safety compliance. The PIs relate to the *essential estate*, that is the estate which is deemed to have a long-term use, defined as five or more years, and will develop over time to reflect national priorities and the quality aspect of the estate.

PERFORMANCE TARGET	TARGET DATES
Physical Condition	
▪ 75% of the estate will be in condition B or above	2005
▪ 90% of the estate will be in condition B or above	2008
Energy Performance	
▪ Reduction in primary energy consumption by 15% from a baseline as at 2000	2010
▪ 75% of the estate will be in category B or above	2005
▪ 90% of the estate will be in category B or above	2008
Statutory and Safety Compliance	
▪ 75% of the estate will be in category B or above	2005
▪ 90% of the estate will be in category A	2008
Functional Suitability	
▪ 75% of the estate will be in category B or above	2005
▪ 90% of the estate will be in category B or above	2008
Space Utilisation	
▪ 75% of the estate will be in category F	2005
▪ 90% of the estate will be in category F	2008

Figure 10 National Performance Targets for the NHS Wales Estate

5.2.5 In addition, Trusts will need to develop performance targets based on their own particular circumstances, which they will review on a yearly basis.

5.2.6 The team responsible for the introduction of the performance indicators and targets included representatives from the Service, who will continue to be involved in future developments in this area.

Quality Environment Performance Indicator

5.2.7 It is widely acknowledged that the overall patient experience is influenced by the standard of all hospital services and not just the clinical ones. Furthermore, research indicates that a good patient experience not only improves the caring process but makes the work of healthcare staff that much simpler and effective.

5.2.8 Within the patient care environment a number of areas need to be considered for performance monitoring. Accordingly, a Quality Environment Indicator will be developed based on patient user feedback on issues such as cleanliness, privacy, accessibility and catering standards.

Primary Care Estate Performance Indicators

5.2.9 The EFPMS relates to the Trust estate, in the first instance. The primary care estate has never been the subject of a rigorous performance management system. The Statement of Fees and Allowances sets very basic minimum standards for General Medical Practitioners' premises, although more detailed requirements were included from 1 November 1997 in respect of cost rent schedules. These defined the gross internal areas and cost allowances according to the size of GP premises development. Although Commissioners have the power to inspect GP premises to ensure that standards are maintained, there are instances where this is not undertaken on a regular basis.

5.2.10 A GP premises classification system, taking the form of a Premises Indicator, will be developed. This will assist Local Health Boards in the prioritisation of proposals to improve the standard of care of the local patient-care environment. This exercise will follow the survey of all GP premises in Wales. Performance Indicators regarding the other primary care practitioners' premises will also need to be developed in due course.

Key Actions for Improved Performance

- The Assembly will utilise the Estates and Facilities Performance Management System to identify weaknesses in the estate and put in place resources and systems to address shortcomings.
- NHS Trusts will use the Estates and Facilities Performance Management System to benchmark performance.
- NHS Trusts will be required to meet national targets based on the Estatecode five facets survey relating to the Essential Estate.
- The Assembly will develop further Performance Indicators that reflect national priorities.
- NHS Trusts will be required to develop their own performance targets based on their particular set of circumstances.
- NHS Trusts will report the results of the analysis of their estate performance to the Trusts' Boards at least annually.
- The Assembly will introduce a Quality Environment Indicator by April 2003.
- The Assembly will develop Performance Indicators for the primary care estate commencing with a Premises Indicator for GP premises by April 2003.

6 Innovation and Best Practice

6.1 The Assembly's vision *To develop accessible, modern, comfortable and adaptable environments where patient-care can be delivered safely and efficiently,* embodies major challenges for the health estate in Wales. The delivery of care services that patients require demands that serious consideration be given to:

- The identification and implementation of appropriate models of care;
- The provision of quality environments appropriately managed.

This document acknowledges serious deficiencies in the ability of the existing health estate to deliver the services required in the future, both in terms of fitness for purpose and condition. The NHS must therefore foster amongst commissioners, designers and estate providers, a culture where innovative ideas can develop and thrive, and where best practice is acknowledged and effectively disseminated. The benefits for the users of the health estate will be clear to see, leaving generations to come with a legacy they can be proud of.

6.2 This section focuses on:

- New models of care for healthcare networks;
- Promotion of quality environments;
- Promotion and dissemination of best practice.

6.3 New Models of Care for Healthcare Networks

6.3.1 The NHS in Wales must develop a diverse range of new and appropriate estate facilities capable of delivering services at different levels of care. Examples of various types of facilities are outlined below:

NHS Direct Wales

6.3.2 NHS Direct Wales provides a high quality, confidential, evidence-based healthcare advice and information service that is responsive to the specific needs of individuals 24 hours a day. In addition, the technology and expertise within the service is being used to support and add value to partners in the NHS in Wales. These include:

- Pilot partnerships with out-of-hours GP co-operatives in order to provide call handling and initial patient assessment;

- Pilot links whereby callers contacting Accident and Emergency for advice will be automatically directed to NHS Direct Wales who will advise the caller whether it is appropriate to visit the A & E department.

Healthy Living Centres

6.3.3 Healthy Living Centres are multi-purpose centres emphasising prevention rather than cure, based on the integration of a network of health and social care buildings. The Healthy Living Centre initiative was set up in January 1999 by the New Opportunities Fund, the lottery body set up under the National Lottery Act. Priority is given to projects which focus on areas of deprivation and the needs of people who experience worse health than average. The Llanrumney Healthy Living Centre, for example, involves six partner organisations targeting 11-25 year olds, focusing on nutrition and physical activities, substance misuse prevention, general and sexual health activities, advocacy, education and training. The service is offered in a variety of settings throughout the community.

Walk-in Centres

6.3.4 Walk-in Centres offer fast and convenient access to healthcare advice and treatment for minor injuries and illnesses. Core services are usually provided seven days a week, from 7am to 10pm with no appointment necessary. Assessments are carried out by experienced NHS nurses who provide a skilled, safe and caring service. They do not replace local GP or hospital services but complement existing local services. Early data has shown that walk-in centres attract patients who find GP services difficult to access. This provides huge opportunities for screening and health promotion.

Health Kiosks

6.3.5 The concept of a health kiosk is a development of NHS Direct in which the primary function of the unit is personal information and self-diagnosis. The facility is likely to be located in retail developments, community centres and sports and leisure centres. The concept has been driven by exploring the implications of improvements in information and communication technologies which could lead to unmanned health kiosks. Here patients access computerised interviewing systems which can provide advice on risk factors, provide automated counselling service, capture relevant images and transfer data to a remote diagnostic centre for processing. Intelligent systems would filter results and alert remote patients to causes for concern. A computer-driven drug dispenser in the kiosk could deliver common pills or send orders to the high street pharmacy. All these technologies currently exist and are in use around the world with self-service autonomous health kiosks being piloted in the USA.

Primary Care Resource Centres

6.3.6 The vision of a primary care led NHS in Wales involves more than the General Medical Services associated with a GP surgery. New developments are being encouraged to bring together the associated care services delivered by social, welfare, voluntary and commercial agencies.

6.3.7 The Primary Care Resource Centre takes on many forms and names including polyclinic, health park and medical centre. The building should be modern, accessible, and aesthetically pleasing, capable of providing accommodation for a range of services.

6.3.8 Local Health Groups and their successor organisations have been tasked with the preparation of detailed estate strategies which meet the service needs in their area. The applicability of the Primary Care Resource Centre will be a major consideration in their strategic plans, and providing the most suitable type of accommodation will need considerable planning and researching.

6.3.9 An example of a flagship health and community facility is the Neptune Health Park in Tipton, West Midlands. The scheme involved a partnership between the local GP Practice, local Acute and Community NHS Trusts, the Health Authority, Local Authority, a Voluntary Sector Agency and a Regeneration Agency.

6.3.10 The new-build scheme replaced an existing health centre that had come to the end of its useful life. The new facility provided the following benefits:

- It enabled the upgrading of premises and facilities for all the services provided, which could not have otherwise been afforded separately;
- It enabled the co-location of services onto a landmark site, close to the town centre with good transport links;
- It remediated a contaminated brownfield site;
- It provided an additional focus to the community through the provision of social facilities.

6.3.11 As well as the GP practice there is an optician, a pharmacy, a well-used Health Information Centre, a Citizens' Advice Bureau, community rooms and a café. Other services include minor surgery, X-ray, physiotherapy, chiropody and a range of community nurse inputs. The centre acts as a health resource for Tipton, generally in support of other health service providers. The centre also provides a base for visiting consultants to hold clinics and was designated a Personal Medical Services pilot scheme which allows GPs with particular expertise to accept referrals from other Tipton practices. Both these arrangements avoid the need to refer to hospital services thus reducing delays and travel.

6.3.12 Neptune Health Park's underlying philosophy is the provision of a 'one-stop-shop' for health. As well as seeing a doctor or physiotherapist, people can enjoy a cup of tea, browse in the information centre, walk by the canal or sit in the gardens. This is a new type of health building where people can use many of the facilities without needing an appointment to enter the premises.

6.3.13 The project won a British Urban Regeneration Association award in 2000 for its innovative way of working and improving services and for its community dimension. The judges felt that the project was an example of best practice of how services and a community approach should be combined. The scheme involved the community from the outset and there was clear ownership from a wide range of stakeholders. According to the Primary Care Trust Chair Dr Colin Browne, there has been a cultural change by practitioners and patients in the delivery and use of primary care services.

Figure 11 Neptune Health Park, Tipton

Intermediate Care Facilities

6.3.14 Intermediate care concentrates on maintaining and restoring independence and on rehabilitation. Intermediate care will be provided where it is most appropriate. This may involve refurbished community or cottage hospitals, specially designed new buildings, or in social services homes.

6.3.15 The provision of intermediate care facilities is not only the responsibility of the NHS but also of partner organisations. Local Authorities and the private sector play a crucial role in the provision of social care assets, and together with the NHS need to meet the challenges of the new care standards. New service models that acknowledge the strengths of the NHS and partner organisations need to be explored, focusing particularly on ways of addressing the shortage of suitable nursing and residential homes. One such model would envisage the NHS continuing to provide good-quality nursing care with ready access to all members of the multi-professional team, while partner organisations would provide high-quality accommodation and general administrative support. NHS and housing association joint ventures in England have reported great success in the production of these types of models of care for long-term accommodation for elderly people.

6.3.16 An example of a modern intermediate care facility is the new Chepstow Community Hospital, which opened for business in February 2000. It was the first hospital to be provided under the Private Finance Initiative and provides facilities for:

- 87 beds used for continuing care for the elderly , elderly rehabilitation and
- GP managed medical beds
- 2 GP practices
- X-ray and ultrasound facilities
- 24 hour minor casualty
- Rehabilitation
- Therapies
- 20 place day hospital for care of the elderly
- Outpatient department
- Accommodation for the Monmouthshire Local Health Group

Figure 12 Chepstow Community Hospital

6.3.17 The new hospital provides a high quality patient focused environment which allows the efficient delivery of a greater volume and range of services to be delivered locally. It allowed rationalisation and improvement of the Trust's assets thereby reducing revenue costs whilst supporting the development of integration of primary and community care.

Figure 13 Chepstow Community Hospital

Diagnostic and Treatment Centres

6.3.18 A Diagnostic and Treatment Centre is essentially a hospital without beds and is not designed to admit emergency patients. Although usually found on acute hospital sites, the centres are often free-standing and provide a combination of out-patient consultation, theatre and treatment suites together with an integral radiology facility capable of undertaking both diagnostic and therapeutic procedures. By providing elective assessment and treatment by appointment and careful programming, the centres aim to improve the integration of primary and secondary care into a seamless service. The basic concept of ambulatory care and day procedures is to enable a large number of patients to be speedily and safely "processed" through the centres.

6.3.19 Research suggests that the success of a ambulatory care and diagnostic centres is dependent on a number of key factors including:

- Good building layout as well as relationships within the building and to the existing hospital;
- Adequate waiting, storage and clinical spaces;
- High motivation amongst the staff who work in this environment;
- Good management skills, including tight scheduling of clinical procedures;
- Access to a large variety of equipment of the correct type.

6.3.20 The diagnostic side of the centres needs to be developed to provide urgent and routine tests appropriate for the catchment area. This will include specimen reception and handling, image reception and filtering, and emergency and routine 24 hour image and laboratory test interpretation. Such centres will provide crucial support for teleconferenced advice to all parts of the NHS.

6.3.21 The Ambulatory Care and Diagnostic Centre (ACAD) at Central Middlesex Hospital at Park Royal in West London, which was opened in June 1999, is a unique model of this type of facility. The design differs from many NHS buildings in the following ways:

- Provision of high-quality public space and a patient-friendly environment;
- Integration of traditionally separate departments, such as imaging, operating theatres, out-patient consulting suites, into one unit;
- Integration of very high quality public and staff facilities whilst realising reduced space;
- Centralisation of all teaching and non-medical facilities;
- Unconventional and innovative arrangement of operating theatres, incorporating a single corridor, one centralised instrument preparation and storage area serving four theatres as well as modern pre-intervention and hotel-like recovery suites.

Figure 14 Ambulatory Care and Diagnostic Centre at Central Middlesex Hospital

Catalyst for Change

6.3.22 There is no doubt that good quality innovative healthcare buildings have a beneficial impact on patient care and satisfaction as well as on staff morale. A mixed approach is required, recognising that some models of care are not appropriate for every setting.

6.3.23 There is no single model for primary care resource centers, diagnostic and treatment centres or other new patient-care facilities. The design, layout and functional content of the buildings will depend upon the particular circumstances of each case. What has been common to all the new developments is that the buildings have provided the catalyst for change in the delivery of the best possible care systems and processes.

6.4 Promotion of Quality Environments

6.4.1 The NHS in Wales must foster a culture that promotes the development of quality environments and recognises:

- that well-designed healthcare environments can have an impact on patient recovery and welfare;
- that quality is best achieved when commissioners, designers and providers accept their collective responsibility in the estate procurement process;
- the importance of preserving the best from the past whilst promoting innovative ideas that meet the challenges of constantly evolving models of healthcare.

6.4.2 Good design is a vital element in the process of procuring quality environments. Research indicates that good quality design:

- adds economic, social and environmental value and does not necessarily cost more or take longer to deliver;
- enhances workforce performance and satisfaction;
- helps to deliver buildings which are accessible to all;
- benefits all stakeholders and everyday users of the estate.

6.4.3 Good healthcare design should aim to create less institutional environments and should relate not only to the external fabric and footprint of buildings but also to imaginative landscape architecture. Internal spaces can benefit from innovative layouts, creative finishes and use of colours and textures as well as fresh approaches to ventilation, heating and lighting. Art in its various forms, including murals and sculptures, can play an important role in the healing process. It should be regarded as an integral part of the design and procurement process rather than an after-thought.

Figure 15
Glass and sculpture complement the architecture of a hospital building

6.4.4 Innovative designs acknowledge new ways of treating and caring for patients. Ward designs, for example, should improve the way wards function and enhance the patient experience. Innovative designs also take into account the need for flexibility in use during the life of the building, allowing for significant changes in methods of healthcare to take place whilst minimising the risk of buildings becoming redundant.

6.4.5 Programmes of investment and reform will need to acknowledge the Assembly's commitment to the development of quality environments through the collective contribution of commissioners, designers and providers.

6.4.6 In recognition of the vital role played by design in the pursuit of quality environments, commissioners, designers and providers will be required to identify 'design champions' responsible for individual projects.

6.4.7 Welsh Health Estates will work to promote quality environments and good design in healthcare buildings by:

- Providing advice, guidance and training to healthcare organisations involved in the procurement of new premises or the renovation of existing ones;
- Investigating the development of a Health Estate Design Quality Panel, whose remit would be to oversee the quality of architectural design in healthcare buildings in Wales;
- Forging links with the Design Commission for Wales;
- Disseminating lessons learned from schemes recognised for their design quality.

6.5 Promotion and Dissemination of Innovation and Best Practice

6.5.1 The NHS in Wales requires guidance and support to implement changes that will ensure that the health estate meets national and local standards and service needs. This guidance and support must address the needs of estate professionals as well as healthcare commissioners and will include:

- Standards and information against which they can benchmark their own performance;
- An overview of alternative approaches currently being used and their impact;
- Information on good practice supported by experience from elsewhere;
- Opportunities to obtain further insights into initiatives, for example, through site visits.

6.5.2 It is essential for the NHS to identify examples of innovation and best practice, both in the way the health estate deals with the challenges generated by evolving methods of healthcare and in the way it delivers quality environments. Information on innovation and best practice must be disseminated for the benefit of those responsible for the development and maintenance of the health estate, and indirectly for the benefit of patients, staff and other users of the health estate. The Assembly encourages this process through:

- Policy guidance;
- Strategic and technical guidance;
- Investigations into estates initiatives in the UK, Europe and Worldwide;
- A central estates web-site;
- Seminars and training sessions;
- Conferences;
- Health estate awards.

6.5.3 Innovation and best practice emphasise the positive aspects of the estate. It is vital, however, that the NHS should have a broader understanding of how well it is delivering the Assembly's vision *to develop accessible, modern, comfortable and adaptable environments where patient care can be delivered safely and efficiently*. This can be achieved, in part, through the implementation of Post-project Evaluations of all capital schemes, as set out in the Capital Investment Manual. The purpose of the Post-project Evaluation is to improve project appraisal, design, management and implementation and to ensure that lessons learnt on one project are transferred effectively to all those involved in designing and delivering similar schemes in the future.

6.5.4 The Assembly recognises that Post-project Evaluations generally have not been carried out in the past. Accordingly Welsh Health Estates will be required to maintain a record of all Post-project Evaluations and disseminate them to the Service.

Key Actions for Innovation and Best Practice

- **Healthcare bodies must ensure that all building projects include design champions within the commissioning, design and provider teams.**
- **Welsh Health Estates will develop and disseminate guidance promoting quality environments by June 2003.**
- **The Assembly, through Welsh Health Estates, will investigate the development of a Health Estate Design Quality Panel to oversee the quality of architectural design in healthcare buildings in Wales by September 2003.**
- **Welsh Health Estates will forge links with the Design Commission for Wales to help promote quality design in the NHS by December 2002.**
- **Healthcare bodies are encouraged to actively engage with other organisations to obtain information on best practice.**
- **The Assembly will consider the introduction of health estate awards to the Service in recognition of innovation and best practice by September 2003.**
- **The requirement for Trusts to carry out Post-project Evaluations of all capital schemes will be enforced.**
- **Welsh Health Estates will be required to maintain a record of all Post-project Evaluations and disseminate them to the Service.**

7 Training, Development and Recruitment

7.1 The Executive Board

7.1.1 It is of fundamental importance to the effective and efficient delivery of healthcare services that the management of the physical assets – land, buildings and equipment – is integrated in a way that supports the service objectives of the organisation. The term used to describe this function is asset management.

7.1.2 Asset management is a systematic approach to ensuring that only the physical assets which most effectively support service and business objectives are acquired and maintained and that the total costs of assets over their whole life are minimised.

7.1.3 Historically the NHS's approach to asset management has been weak due, in the main, to the belief that this function falls within the remit of the estates or other specialist department rather than an acknowledgement that it is a Board responsibility.

7.1.4 Asset management cannot function in isolation from issues of service planning, human resources, finance, etc. or without specialist support from estates and facilities managers. Too often the linkages between the accountable officer with responsibility for asset management and the specialist support functions are not sufficiently connected with the consequence that estate issues can become invisible to senior management.

7.1.5 This issue was illustrated in the recent National Audit Office Report *Managing the Estate of the National Health Service in Wales*[13], which stated:

Trust management boards and chief executives were neither asking for nor receiving, as a matter of routine, periodic and comprehensive reports on key aspects of the management and performance of the estate assets for which they were accountable.

7.1.6 Training and on-going support directed at Chief Executives, Board members and senior general managers responsible for asset management is an important first stage in raising the profile of the estate, to ensure that strategic decisions are informed and supported by a proper consideration and understanding of estate issues.

7.1.7 The Assembly will implement a series of training events and workshops directed at senior management, emphasising the importance of asset management.

7.2 Creating a Positive Environment for Estates Professionals

7.2.1 To properly support asset management within the NHS requires a whole range of inter-related disciplines and specialties, including:

- Estate Management
- Capital Procurement
- Property Management
- Environmental Management
- Facilities Management
- Asset Maintenance

7.2.2 The size, complexity and diversity of the healthcare estate provide exciting challenges and opportunities in virtually all aspects of asset management, particularly as the boundaries between these disciplines and closely allied specialties such as Risk Management, Control Assurance and Infection Control become increasingly blurred at the edges.

7.2.3 Nevertheless, the NHS does have difficulty in attracting, developing and retaining enough suitably skilled professionals to deliver an ever increasingly difficult estates agenda. The dearth of suitable qualified estate managers was evidenced in the National Audit Office Report referred to above. It recommended that:

Chief Executives of NHS Trusts in Wales ensure that they have access to suitably qualified estate professionals to advise on matters affecting the management and development of the estate under their control.

7.2.4 One of the main reasons for the lack of estate professionals in the NHS is a direct consequence of the way it is organised. Property ownership is decentralised in the NHS with over 90% of the buildings vested with NHS Trusts. The NHS owned estate is dominated by hospitals but also includes health centres, health clinics, residential facilities and other buildings.

7.2.5 The estate through which primary care services are delivered tends to be owned, in the main, by independent contractors such as General Practitioners. From April 2003 it will be the responsibility of Local Health Boards to strategically plan developments in the primary care estate.

7.2.6 This decentralised NHS organisational model is founded on the philosophy of allowing local decisions affecting public services to be taken, where possible, at a local level and, whilst based on sound management principles, this model can present difficulties for estate professionals. The distribution of the estate is quite different across the fifteen Trusts and the twenty-two new Local Health Boards and there is insufficient critical mass to support the full range of estate support services needed within each organisation. In smaller operating units this can tend to favour the appointment of generalists rather than specialists.

7.2.7 Currently the most acute problems are presented in the small to medium size Trusts. Often the estate department is too small to support the more specialist functions of strategic property management, planning and capital asset procurement. In some of these Trusts the estate support is heavily concentrated on day-to-day asset maintenance. The range in the quality of estate strategies submitted by Trusts to the Assembly in December 2001 graphically illustrated the lack of these specialist skills at some Trusts.

7.2.8 Many organisations with large and complex asset bases adopt similar decentralised models to the NHS but tend to concentrate strategic estate skills in specialist central units to take advantage of economies of scale as well as providing scope for continuing professional development and career advancement. To a certain extent this occurs in the NHS in Wales through Welsh Health Estates although its function has been quite limited in some key strategic estate management areas, particularly capital planning and asset procurement. Consequently, the retention or recruitment of specialists in these disciplines can be difficult even for a central support unit.

7.2.9 The challenge facing the Service is how best to organise the estate support function to satisfy the needs of the many separate organisations that constitute the health service family and also to satisfy the individual's needs for continuing professional development. The Assembly recognises this issue and will establish a working group to consider how best to provide the specialist estate support functions required by the NHS with particular attention given to small to medium size Trusts, Local Health Boards and Assembly Regional Offices.

7.2.10 Early work undertaken in planning the new Local Health Boards has already identified the requirement for specialist estate strategy and property advice and a primary care estate support function will be developed in Welsh Health Estates to service this need.

7.3 Senior Estate Managers

7.3.1 The language of asset management is focused on issues such as user needs, quality standards and value for money and it is important that all senior estates and facilities professionals are familiar with these concepts. Too often the general management training and development needs of these specialists tend to be ignored in favour of professional and technical issues. This can contribute to professional isolation and restrict career development. Some of the best general managers have a professional background!

7.3.2 All staff working in estates and facilities should actively seek opportunities for continuing professional and technical development and it is important that the Service supports these aspirations within the overall concept of a learning culture. This is particularly important for mid career estates and facilities managers. For this group, support in achieving membership of a professional institution or encouragement to study for a post graduate qualification can help not only to develop mangers skills and enhance their contribution to the Service but also be a clear signal that the organization values the individual.

7.3.3 A number of post graduate courses are available both locally and nationally that are appropriate for estates and facilities mangers working in the health service but few, if any, have been designed specifically for healthcare managers. This differs from other parts of the European Union where healthcare engineering, facilities and estate management is seen as a professional discipline in much the same way as architecture or quantity surveying. In response to the lack of such courses in the UK the NHS in Scotland is leading the development of a Masters Degree in Healthcare Engineering. Welsh Health Estates has a role as independent external assessors for the course and the Assembly will look to provide support to individuals from throughout the NHS who wish to study for this qualification.

7.4 Specialist Training Requirements

7.4.1 It is clear that, currently, there are deficiencies in a number of key specialist areas of estate management and the Assembly is committed to improving standards through the development of targeted training and on-going support for the following as a priority:

- Capital procurement
- Life cycle costs
- Estate information
- Technical training

Capital procurement

7.4.2 Managing the procurement of capital schemes is a complex and specialist function that requires suitably qualified people. Too often the development of projects is delegated to an individual in the organisation who has insufficient training, experience, delegated authority or available resources to properly discharge the responsibility.

7.4.3 The Assembly is undertaking an assessment of the need for an accreditation for Project Directors of capital schemes.

Life-cycle costs

7.4.4 Whole life costing covers the initial capital cost and life-cycle capital and revenue costs. The NHS has traditionally concentrated on initial capital costs despite this cost only representing a fraction of the full cost of ownership of the asset over its useful life.

7.4.5 A greater understanding of these life-cycle costs is needed to plan more effectively the expenditure of local discretionary capital and revenue monies. The effect of a failure to address these issues can result in far greater expenditure being required in the medium to long term to rectify the lack of properly directed and timely investment in the estate.

7.4.6 The new Estates and Facilities Performance Management System, introduced to the NHS in Wales in April 2002, will help to provide base-line information previously not available to all Trusts. However, further training and support needs to be provided to those using this information on the front line of service delivery.

7.4.7 The Assembly will develop a life-cycle cost support function at Welsh Health Estates and ensure that all Trusts are provided with appropriate training.

Estate information

7.4.8 Major strategic decisions affecting the NHS are often underpinned by estate information on the suitability of the existing facility to support current and future health care delivery. This information may be in the form of the functional suitability of the unit, how well the space is utilized or backlog maintenance costs. Far too often the base-line information is unreliable and data assessments have been undertaken by staff or external consultants not properly trained or qualified to complete the work.

7.4.9 The Assembly will organise a series of training events for NHS Trusts to ensure data collected is accurate and recorded on a consistent basis throughout Wales.

Technical training

7.4.10 The National Audit Office report highlighted weaknesses in technical support and recommended that:

Staff with day-to-day operational responsibility for running and maintaining the estate receive appropriate professional and technical training and instruction, and that the performance of estates personnel in meeting their responsibilities is periodically evaluated.

7.4.11 All NHS organisations have a responsibility to ensure that all employees receive suitable training to enable them to properly perform their role. Technical estates staff have a requirement for continuing professional development in order to ensure that they are up-to-date with changes in regulations, technology and best practice. Annual training plans need to be drawn up for estates personnel to support their need for increased knowledge.

7.4.12 In support of the Service, Welsh Health Estates will be required by the Assembly to manage a programme of seminars, workshops and other training events to support the professional and technical needs of the NHS.

7.5 Recruitment

7.5.1 The number of professional and technical estates staff in the NHS in Wales reduced during the 1990s mainly as a result of the various reorganisations of health bodies. The abolition of District Health Authorities and their Works Departments and the privatisation of the Welsh Health Common Services Authority's Estatecare Group were significant milestones in this context. Furthermore, the estate support function has also often borne the brunt of cost reduction programmes. This has led to a progressively older age profile of estate management staff and concern in the Service with succession planning. The importance of recruitment of suitably qualified personnel to sustain a viable service therefore remains high.

7.5.2 There is a recognised difficulty in the recruitment of clinical and medical professionals to the NHS in Wales and this applies equally to estate professionals. Steps need to be taken to ensure that a career in the NHS is attractive for estates professionals. One way of addressing this would be to establish a graduate in-take to the NHS similar to the fast-track general management trainee scheme.

7.5.3 Graduates from suitable disciplines would be given intensive and high-powered training in NHS service and estate issues. This would be provided via secondment to various health bodies for appropriate periods of time with exposure to a wide variety of healthcare matters. The proposed curriculum would vary according to the health body concerned.

7.5.4 The graduate scheme should involve placement in an NHS Trust, Local Health Board, Welsh Health Estates, Regional Office and the Assembly's NHS Department.

7.5.5 This type of graduate programme would provide an opportunity for the development of NHS estate professionals who would have a well-rounded understanding of the health service and the factors that impact on the estate. The Centre for Health Leadership Wales would be instrumental in advising on the details of how best to structure this programme.

7.5.6 Day-to-day operational responsibilities for running and maintaining the estate also require careful succession planning if continuity in service provision is to be achieved. This need is particularly relevant in key engineering areas, recognising that hospital engineering maintenance is a specialised area within engineering maintenance, and appropriately qualified staff are not readily available in the labour market. Apprentice schemes providing a combination of full time and day release education, such as the Modern Apprentice Training Programme, supported by Education and Learning Wales, should therefore be included in recruitment plans.

Key Actions for Training, Development and Recruitment

- The Assembly will implement a series of training events and workshops directed at Board members with responsibility for asset management by February 2003.
- The Assembly will establish a working group to consider how best to provide the specialist estate support functions required by the NHS by January 2003.
- A primary care estate support service will be established at Welsh Health Estates by December 2002.
- NHS Trusts will assess the appropriateness of general management training for senior estates and facilities managers by April 2003.
- The Assembly will consider supporting Estate Managers wishing to study for a further qualification in healthcare estates or engineering by April 2003.
- The Assembly will assess the need for an accreditation for Project Directors of capital schemes by August 2003.
- The Assembly will commission training for estate officers in life-cycle costs and direct WHE to develop a life cycle-cost advice facility for the NHS by December 2002.
- The Assembly will commission a series of training events for NHS Trusts to ensure estate information is accurate and recorded on a consistent basis by February 2003.
- Trusts will develop annual training plans for estates personnel.
- Welsh Health Estates will be required by the Assembly to manage a programme of seminars, workshops and other training events to support the professional and technical needs of the NHS.
- The Assembly will consider the establishment of an estates graduate entry scheme on a similar basis to the NHS general management trainee scheme by April 2004.

8 Financing the Estate

8.1 The NHS (Wales) Plan signaled the Assembly's commitment to be more actively engaged in the strategic management of the buildings, land and equipment that are used to support the delivery of services in the NHS. A vital component of a strategic asset management plan is access to capital and revenue funding and the Assembly is committed to ensuring that sufficient resources are available to enable the NHS to deliver services from purpose built modern buildings. Funding such a commitment will need access to both capital and revenue significantly greater than has been available to the NHS over the last ten years.

8.2 The annual running cost of the estate owned by the NHS is estimated at over £250 million per annum. In addition, capital is required both to maintain, modernise and improve the existing estate and to develop new facilities. As can be seen in Figure 16, capital investment in the NHS, in real terms, has been in decline since 1992/93. Despite the additional funding of £40.0 million made available by the Assembly in 2001/02, the lack of capital in the NHS in Wales throughout much of the 1990s will take many years to address.

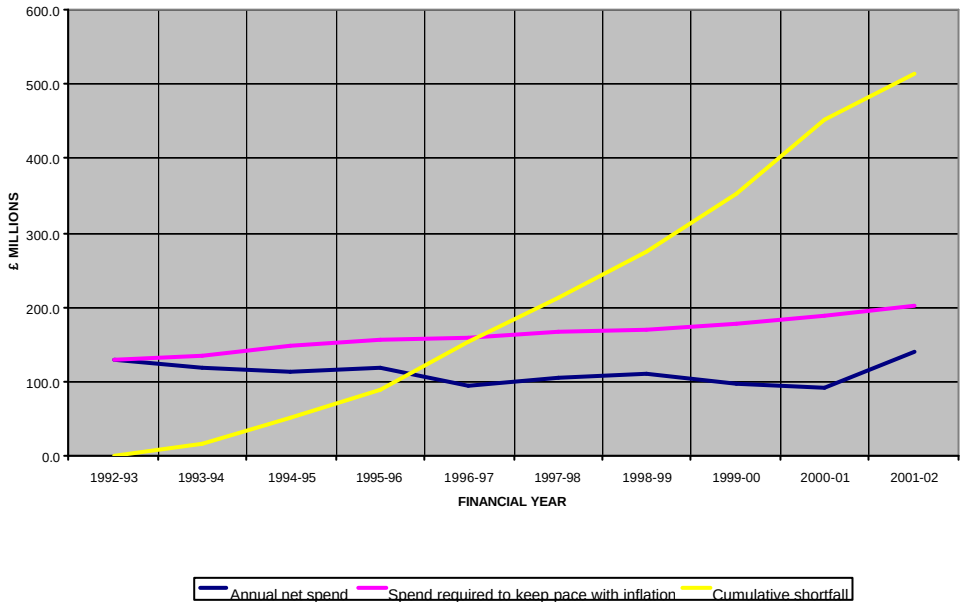


Figure 16 Capital investment in the NHS in Wales

8.3 Information on historic capital investment levels in primary care is more difficult to determine because of the complexity and diversity of the funding routes and the independent contractor status of primary care practitioners. Similarly, less data is available centrally on the condition the primary care asset base.

8.4 However, work recently undertaken by the Assembly has identified very serious problems of functional suitability, physical condition and statutory compliance affecting significant elements of the primary care estate. The detailed premises surveys recently completed by Welsh Health Estates will help establish a more detailed understanding of the particular issues and funding requirements in this sector.

8.5 The Future Demand for Capital and Revenue Investment

Capital

8.5.1 The Assembly is committed to the delivery of healthcare from buildings that are modern, well maintained, fit for purpose and safe. Allied to this is the need to move toward a service that is centred more on the patient. The new models of care beginning to emerge on the basis of this philosophy often need modern purpose built facilities.

8.5.2 One of the legacies of the under investment in the health sector's asset base is the backlog maintenance cost of £431 million reported by NHS Trusts in respect of the 130 hospitals in Wales. In addition to this, other buildings owned by the NHS will require capital investment to bring them to an acceptable condition. These buildings include premises such as health centres but also include ambulance stations and other auxiliary buildings.

8.5.3 Of the fifteen estate strategies submitted by NHS Trusts to the Assembly in December 2001, nine identified capital schemes requiring total funding of approximately £1 billion over the next ten years. If an assessment is made of the capital funding required by those NHS Trusts that did not include a capital programme as part of their estate strategy, the overall demand is likely to be in excess of £1.5 billion.

8.5.4 In addition, the demands placed on the primary care estate will require major capital investment. Based on the initial work undertaken by the Assembly and early feedback from Welsh Health Estates' *General Practitioners' premises condition survey,* together with data from England, it is estimated that between £150-250 million of investment will be required in this area.

8.5.5 Whilst indicative levels of capital investment needed in the NHS can be determined from the sources described above, generally this information is insufficiently detailed to support *actual* capital investment. Consequently further work is necessary by the Assembly and the Service to ensure that estate strategies are robust and are supported by well developed capital plans.

8.5.6 The Assembly also recognises that the Service currently lacks the infrastructure required to deliver a significantly enhanced capital programme and consequently any additional capital investment will need to be carefully introduced. In this context the central resources at both the Assembly and Welsh Health Estates need to be harnessed to assist the Service in developing and implementing major capital investment programmes, whether through conventional public sector funding or options such as PFI, PPP or NHS LIFT.

Revenue

8.5.7 The demand for revenue funding to support the estate is more predictable than capital for two main reasons. Firstly, historic trends in revenue expenditure tend to be broadly linear and secondly, revenue expenditure is very closely related to building area.

8.5.8 Consequently, if we can predict the likely movement in the overall size of the estate, then we can be reasonably accurate in the assessment of future revenue requirements. None of the Assembly's major policy statements on the health service suggest a growth in the asset base, rather a planned shift to providing services from different types of buildings.

8.5.9 It is arguable that the health service in Wales will see a modest reduction in the overall asset base as new, more efficient, models of care are developed and the NHS continues to rationalise its estate of poorly utilised health buildings. However, this has to be balanced against rising patient expectations for space and amenity in health buildings as well as pressure on bed numbers.

8.5.10 In this context a planning assumption based on maintaining the overall size of the existing health care asset base has been used to indicate future revenue demands. It is estimated that the demand for revenue to maintain the estate will increase at approximately 6% per annum for the foreseeable future.

8.5.11 It should be noted that if more NHS assets were procured using unconventional funding routes, such as PFI, this would have a significant upward impact on revenue budgets, as they would be source of the unitary charges used to finance capital.

8.6 Meeting the demand

8.6.1 Addressing the capital and revenue demands of the NHS will require the close cooperation of, not only the Assembly and health service bodies, but also partners such as local authorities, voluntary and charitable organisations and the private sector. No single organisation acting in isolation is large enough to tackle all of the problems.

Improving efficiency

8.6.2 Improvements in the management of the estate can lead to significant revenue savings in maintaining NHS buildings. The recent National Audit Office investigation *Managing the Estate of the National Health Service in Wales*[13], for example, identified the potential for revenue savings in the order of £25.0 million through better space utilisation. Responses to a National Audit Office questionnaire revealed that approximately 25% of the NHS owned estate remains under-utilised or empty.

8.6.3 Whilst not all such space can be easily disposed of, it is important that resources supporting non-essential estate are released as quickly as possible to enable them to be used more efficiently to support the provision of front line services in the essential health estate.

8.6.4 The non-essential estate consumes both capital and revenue and there is clearly an opportunity to release some of these resources given that the National Audit Office's report *The National Health Service in Wales: Renewal and Disposal of Property held by Trusts and Health Authorities*[14] found that:

- Only six Trusts reported that over 90% of their building areas were essential;
- Only five Trusts reported that over 90% of their land areas were essential.

8.6.5 The National Audit Office estimated that up to £30 million could be generated through the disposal of non-essential estate. This is additional to the £54 million open market value of the residual estate currently managed by Health Authorities on behalf of the Assembly.

8.6.6 To achieve these improvements, however, often requires the provision of capital to pump-prime other developments in order to release the financial resources supporting these non-essential assets.

Increasing investment

8.6.7 The April 2002 Budget increases the existing base line for health spending in Wales by £1,800 million by 2007/2008. This provides the Assembly with a huge opportunity to address the major funding issues facing the estate. For too long the NHS Estate has been starved of investment and it is vital that this trend is reversed if real progress is to be made toward achieving the Assembly's vision for the estate.

8.6.8 Strategic planning of the health estate requires long term capital planning. This, in turn, requires a capital funding base line that is predicable and, to a large extent, protected from other cost pressures. An asset base as large as the NHS's can only be effectively managed where certainty exists as to the level of capital funding available.

8.6.9 Even with the establishment of a robust capital programme the extent of funding required indicates that the importance of unconventional finance as an option to support the Assembly's aspirations for the health estate will remain high. PFI, PPP and other innovative funding routes such as NHS LIFT can provide viable alternatives to traditional capital funding in the right circumstances. In primary care particularly third party developments will continue to be important as will leasing and the sharing of assets and other resources through joint-working and partnering.

8.6.10 The *Health Act 1999*[15] introduced a number of flexibilities designed to reduce the barriers to effective joint-working between health and local authorities. The key measures are: pooled budgets, lead commissioning, integrated provision and money transfer. These are intended to encourage the NHS and Local Authorities in Wales to build on the good practices they are already undertaking in client care, to make best use of their resources and to develop joint-working structures that suit local circumstances. The Assembly has set aside funding of £1.9m in 2001-2002, £4.85m in 2002-2003 and £10m in 2003-2004 to promote flexible care and joint-working.

8.7 Making it happen

8.7.1 To ensure the NHS is able to move towards the Assembly's vision for the NHS Estate will require a strengthening of the capital planning process, underpinned by access to a range of different funding sources. This will require the development of processes and systems that support those responsible for delivering changes in the estate.

8.7.2 The Assembly will establish a long-term National Investment Programme for the NHS reflecting the priorities of the Service. The investment programme will detail not only indicative budgets for key service development but also provide a clear steer as to the appropriateness of different funding mechanisms. A National Investment Programme for the NHS Estate in Wales will provide a much-needed focus for the Service in formulating local plans.

8.7.3 In addition, the Assembly will more clearly define its role and responsibilities and the actions required by the NHS and its partners. This will be achieved in part through the promulgation of a Construction Procurement and Design Policy and the revision of the Capital Investment Manual referred to in chapter 4.0.

8.7.4 The Assembly will ensure that the Service has access to appropriately trained and qualified staff to advise and support on all aspects of PFI and PPP procurement and will look to strengthen the national coordination of strategic development opportunities. Too often the NHS in Wales tends to re-invent the wheel and the Assembly will ensure that it actively manages the facilitation of the exchange of information and experiences.

8.7.5 The Assembly will invest the necessary resources in establishing the applicability, for the NHS in Wales, of other unconventional funding routes such as NHS LIFT. In conjunction with this, the Assembly will continue to examine flexibilities in existing procedures particularly in relation to the provision of primary care facilities.

8.7.6 For their part, the NHS healthcare bodies must commit the appropriate resources and training to ensure that staff with the right mix of skills and experience, are involved with the procurement process. Too often capital procurement is delegated to employees with too little influence within the organisation and insufficient resources. This must change.

Key Actions for Financing the Estate

- The Assembly will establish a long-term National Investment Programme for the NHS by July 2003.
- The Assembly will, in partnership with the NHS, review PFI and PPP guidance and, if appropriate, revise and issue by June 2003.
- The Assembly will ensure that the NHS has access to appropriate, trained and qualified staff to provide specialist assistance in all aspects of capital procurement particularly in respect of unconventional capital funding such as PFI by May 2003.
- The Assembly should ensure that it effectively facilitates the promulgation of good practice and actively develops the processes necessary to enable the efficient use of resources to support the advantages of joint procurement and partnership.
- All NHS property owning bodies must demonstrate through their estate strategies that they are actively managing their under-utilised and empty space and have plans in place to release revenue tied-up maintaining these assets.
- All NHS property owning bodies must have outline disposal strategies for all non-essential estate by December 2002.
- All NHS property owning bodies must ensure that discretionary capital allocations are targeted at addressing major issues of health and safety backlog maintenance by March 2003.

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Appendix B - Summary of Key Actions and Targets

This table collates the key actions identified within the Strategic Framework document:

ACTION	RESPONSIBILITY	TARGET DATE
Leadership and Direction		
An Estate Development Board will be created to provide a recognised and authoritative forum for estate issues.	Welsh Assembly Government	April 2003
A Capital Investment Panel will be established to assist in the approval of business cases.	Welsh Assembly Government	July 2003
A review will be undertaken of the capital investment approval mechanism and the criteria applied for the NHS in Wales.	Welsh Assembly Government	December 2002
Annual Strategic Reviews with property-holding NHS bodies will be introduced.	Welsh Assembly Government	November 2002
NHS Boards will receive estate performance reports at regular intervals.	NHS Trusts	On-going
A rolling programme for the review of all estates guidance will be instigated.	Welsh Assembly Government	December 2002
The Estate Management Policy will be revised and reissued.	Welsh Assembly Government	January 2003
Policy statements dealing with Construction Procurement and Design, Property Management and Environmental Management will be developed.	Welsh Assembly Government	December 2002
Estatecode will be revised and reissued.	Welsh Assembly Government	August 2003

ACTION	RESPONSIBILITY	TARGET DATE
The Capital Investment Manual will be revised and reissued.	Welsh Assembly Government	December 2003
The introduction of environmental awards will be considered.	Welsh Assembly Government	April 2003
Improving Performance		
The Estates and Facilities Performance Management System will be utilized to identify the weaknesses in the estate and put in place resources and systems to address shortcomings	Welsh Assembly Government	On-going
The Estates and Facilities Performance Management System will be used to benchmark performance.	NHS Trusts	On-going
National Targets based on the Estatecode five facets survey relating to the Essential estate will be required to be met.	NHS Trusts	As scheduled in 5.2.4
Further Performance Indicators will be developed which reflect national priorities.	Welsh Assembly Government	On-going
Trusts will develop their own performance targets.	NHS Trusts	On-going
Trusts will report the results of their analysis of their estate performance to their Boards at least annually.	NHS Trusts	Annually
A Quality Environment Performance Indicator will be introduced.	Welsh Assembly Government	April 2003
Performance Indicators for the primary care estate will be introduced commencing with a Premises Indicator for GP premises.	Welsh Assembly Government	April 2003

ACTION	RESPONSIBILITY	TARGET DATE
Innovation and Best Practice		
Healthcare bodies must ensure that all building projects include design champions within the commissioning, design and provider teams.	Healthcare bodies	On-going
Guidance on design quality will be developed and disseminated.	Welsh Health Estates	June 2003
The development of a Health Estate Design Quality Panel to oversee the quality of architectural design in healthcare buildings in Wales will be investigated.	Welsh Health Estates	September 2003
Links with the Design Commission for Wales will be established to help promote quality design in the NHS.	Welsh Health Estates	December 2002
Healthcare bodies are encouraged to actively engage with other organisations to share best practice.	Healthcare Bodies	On-going
The introduction of health estate awards in recognition of innovation and best practice will be considered.	Welsh Assembly Government	September 2003
The requirement for Trusts to carry out Post-project Evaluations of all capital projects will be enforced.	NHS Trusts	On-going
A record of all Post Project Evaluations will be maintained and disseminated to the Service.	Welsh Health Estates	On-going
Training, Development and Rrecruitment		
A series of training events and workshops directed at executive officers responsible for asset management within the NHS will be implemented.	Welsh Assembly Government	February 2003

ACTION	RESPONSIBILITY	TARGET DATE
A working group will be established to consider how best to provide the specialist support functions required by the NHS.	Welsh Assembly Government	January 2003
A primary care estate support service will be established at Welsh Health Estates.	Welsh Health Estates	December 2002
The appropriateness of general management training for senior estates and facilities managers will be assessed.	NHS Trusts	April 2003
Support for Estate Managers wishing to study for a further qualification in healthcare estates or engineering will be considered.	Welsh Assembly Government	April 2003
The need for accreditation for Project Directors of capital schemes will be assessed.	Welsh Assembly Government	August 2003
Training for estates officers in life-cycle costs and the development of a life-cycle cost advice facility within Welsh Health Estates will be commissioned.	Welsh Assembly Government	December 2002
A series of training events will be commissioned for NHS Trusts to ensure that estate information is accurate and recorded on a consistent basis.	Welsh Assembly Government	February 2003
Annual training plans will be developed for estates personnel.	NHS Trusts	Annually
Welsh Health Estates will be required to manage a programme of seminars, workshops and other training events to support the professional and technical needs of the NHS.	Welsh Health Estates	On-going
An estates graduate entry scheme similar to the NHS general management trainee scheme will be introduced.	Welsh Assembly Government	April 2004

ACTION	RESPONSIBILITY	TARGET DATE
Financing the Estate		
A long-term National Investment Programme will be established for the NHS.	Welsh Assembly Government	July 2003
PFI and PPP guidance will be reviewed and, if appropriate, revised and issued.	Welsh Assembly Government	June 2003
Access to appropriate, trained and qualified staff who will provide specialist assistance in all aspects of capital procurement, particularly in respect of unconventional capital funding such as PFI, will be ensured.	Welsh Assembly Government	May 2003
Effective facilitation of the promulgation of good practice and active development of the processes necessary to enable the efficient use of resources to support the advantages of joint procurement and partnership will be provided.	Welsh Assembly Government	On-going
All NHS property owning bodies must demonstrate through their estate strategies that they are actively managing their under-utilised and empty space and have plans in place to release revenue tied-up maintaining these assets.	NHS Property Owning Bodies	Annually
Outline disposal strategies for all non-essential estate will be provided.	NHS Trusts	December 2002
Discretionary capital allocations must be targeted at addressing major capital issues of backlog maintenance.	NHS Property Owning Bodies	March 2003