

Specialist Estates Services **NEWSLETTER**

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Introduction from Neil H Davies

This Newsletter will be my last as Director with retirement rapidly approaching and Stuart Douglas already in position to take over the reins from 1st February. As I near the end of my tenure it is perhaps the right time to reflect on the importance of the NHS Estate and how, over the years, different management arrangements have been applied to support its development.

At the inception of the NHS in 1948 the newly established Welsh Hospital Board (WHB) accepted responsibility for an estate of 210 hospitals in addition to miscellaneous clinics and residential housing. It is interesting to note that WHB was based on five main executive divisions – Medical, Secretariat, Treasurers, Architects and Engineers. The WHB was responsible for the planning and delivery of major healthcare facilities across Wales. At a more local level, hospitals were allocated into groups, each of which was administered by a Hospital Management Committee (HMC). Within each HMC, engineering services were the responsibility of the Group Engineer – usually a fearsome character by all accounts!

This basic structure continued until the 1974 reorganisation led to the establishment of Health Authorities including the Welsh Health Technical Services Organisation (WHTSO). WHTSO was effectively a national shared service provider for Health Authorities and amongst other functions, continued to plan and develop new hospitals. WHTSO was eventually replaced by the Welsh Health Common Services Authority (WHCSA) in 1982.

I joined the NHS on 1st January 1994 as an assistant project manager in EstateCare Projects, part of the EstateCare Group an operating unit within the WHCSA. Prior to that, I had worked for the best part of 10 years in the construction sector rising to the position of commercial manager for Alfred McAlpine covering South Wales and the West.



I had worked on a number of hospital projects in South Wales for Alfred McAlpine, so the move to the client side in the NHS was a classic 'poacher turned gamekeeper'. I joined a great team and still remain friends with many of my work colleagues from that time.

WHCSA was responsible for planning and delivering all of the major construction projects across NHS Wales as well as a range of other specialist estates functions, and it was a fantastic place for a young-ish estates professional to learn the ropes, surrounded by so many knowledgeable and experienced architects, engineers, project managers, quantity surveyors and clerk of works.

But within a few years privatisation was on the agenda and WHCSA's multi-disciplinary design practice – the EstateCare Group – was sold to Capita in 1996.

In its wake, Welsh Health Estates was established to provide specialist estates services on an all-Wales level spanning engineering, property, construction and topics such as business cases. Responsibility for estate planning and construction delivery passed to local NHS organisations.

The establishment of the Welsh Government in 1999 and the devolution of the health service from Westminster again resulted in reorganisation. NHS Trusts and then Health Boards became fully responsible for the health estate and its management and upkeep. WHCSA was abolished and 12 years later a new shared service emerged to help support healthcare organisations in the efficient and effective delivery of services.

Welsh Health Estates joined the new NHS Wales Shared Services Partnership on its inception in 2012 and was subsequently rebranded as Specialist Estates Services.



It's difficult to summarise the lessons learnt from my time within NHS Wales – there's been so many! - but from an estates perspective, one of my main concerns is that the engineering profession is not as well represented as it should be.

When I became Director in 2000, all of the professional leads across the UK were Chartered Engineers. Now there are none. Similarly, senior Chartered Engineers were present in all of the national and local management structures. Now very few remain.

Recognising this trend, Specialist Estates Services have embarked on a number of initiatives over the years to try to encourage engineers into the NHS. We initially developed a Graduate Engineering Programme but struggled to attract candidates, seemingly unable to compete with market demand. We have also dabbled with 'head-hunting' through specialist recruitment agencies, again with limited success.

However, our latest initiative working in partnership with the University of South Wales and the Network 75 scheme does appear to be paying dividends. Graduates are sponsored through an engineering degree over 5 years with work placements integrated with academic study. Students benefit from work experience, start to understand engineering within the healthcare context, and avoid the huge debts amassed by many graduates on full-time or more conventional sandwich-degree courses.

Once graduated, support is provided to achieve a Master's Degree in Engineering, a pre-requisite on the journey to Chartered Engineer status.

We are already starting to see graduates' surface from the initial period of study and, whilst it is still early days, I am sure that some of the NHS Estates leaders of the future will emerge from this pipeline.

So as my tenure comes to a close, I would like to thank all those that I have had the pleasure of working with over the years, hope that I have contributed in some small way to the furtherance of the wonderful institution that is the NHS, and wish you all the very best for the future.



Regards, Neil
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A tribute to SES' Director, Neil H Davies

As many of you will know already, our director Neil Davies will be retiring next March after nearly 30 years of providing professional services within NHS Wales. This milestone provides an opportunity to celebrate Neil's long and fruitful NHS career which started in 1994 with a background in quantity surveying on the contracting side. He was appointed as an Assistant Project Manager at EstateCare Projects, a part of the Welsh Health Common Services Authority (WHCSA) EstateCare Group division. There was an expectation that Neil's hands-on experience in the building construction industry would provide valuable insights into the relationship between the public sector and the cut-and-thrust commercial world. His skills were very quickly acknowledged and he became a Project Manager soon after. A couple of years later WHCSA was dissolved as an organisation and from its ashes, Welsh Health Estates (WHE) was formed.

Neil was instrumental in developing the structure of the new organisation and shaping the strategic and operational service intended to be provided by WHE. This required working closely with NHS Trust and Health Board leaders and the Welsh Office Health and Social Services Department in order to capture their service needs. Neil became the Director of WHE following the retirement of the incumbent in the year 2000. Utilising the skills of the largely professionally qualified staff, he proceeded to hone the organisation into a well-regarded provider of professional strategic and technical estates, property and facilities support.

Change is never far away in NHS Wales and in a whirlwind few years WHE found itself being incorporated into the newly formed NHS Wales Shared Services Partnership (NWSSP)



taking the opportunity to change its name initially to Facilities Services (FS) and then to Specialist Estates Services (SES). During the establishment of NWSSP Neil successfully managed the estates rationalisation element of the change, releasing significant funds back into the system. Since then, some of his other successes have included:

- * Issuing strategic estates-related guidance regarding the creation of COVID field hospitals.
- * Strategically supporting the Welsh Government on COVID-related matters such as oxygen provision and other specialist facilities and engineering-related matters associated with the pandemic.
- * Providing strong leadership during the pandemic, ensuring that SES services were available to support Health Board and the Welsh Government activities and ensuring the safety of the staff during this time.
- * Leading the business case scrutiny response to the development of The Grange Hospital in Cwmbran and the new Velindre Cancer Centre amongst many other major capital projects.
- * The development of an Estates Funding Advisory Boards (EFAB) to manage the allocation of capital for projects identified as high risk due to the condition of the facility.
- * The creation of an SES specialist property-related Primary Care service to deal with GP practice rental reimbursements.
- * The creation of a number of Authorising Engineers within SES to ensure that compliance with technical standards is maintained across the Service.

The above list is nowhere near exhaustive and does not in any way do Neil's career justice.

Outside of work, Neil is a great family man, enjoying entertaining colleagues with stories of his four sons. Earlier this year he achieved his ambition by finally catching that elusive Scottish salmon after many years of the occasional tickle and stories of what might have been. He is also an avid follower of the ups and downs of Cardiff Rugby and Welsh rugby in general. His son Seb is a current Wales international and consequently, Neil has travelled the world to watch him play including games in South Africa, Fiji, New Zealand and Argentina. All the staff of SES wish him a long and fulfilling retirement.



Staff Changes



Beverly Williams

Welcomed to SES in September, Beverly Williams who commenced duties as Property Surveyor (Primary Care). Bev takes up the role previously vacated by Charlotte Egerton who left SES in May.



Kate Webb

In mid-August, we welcomed Kate Webb who joined us from Aneurin Bevan UHB to take on the role of Environmental and Facilities Management Advisor with the Estates Development Team.

After almost **19 years** of providing quality environmental and facilities management advice to our customers, Christopher Lewis left SES in September for pastures new, taking up the role of Assistant Head of Assets Governance and Technical Services for Cwm Taf Morgannwg UHB.

Over his time with SES, and under predecessor organisations such as Welsh Health Estates and Facilities Services, Chris has achieved many accolades, including most recently winning the award for Environmental Contribution to Sustainability award. We would like to extend our best wishes to Chris for the future.

These vacancies and others within NWSSP can be [viewed here](#). You can also view our vacancies, information on training events, estates-related publications and notifications and other activities on our twitter feed: [@SES_Information](#).

Emma Mazey | Information Officer
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ACES

SES's Head of Property, Clive Ball, has recently been elected as chair of the Welsh Branch of **ACES** (the Association of Chief Estates Surveyors).

ACES was formed by the amalgamation of two predecessor bodies:

- * **CLAVA** - (The County Land Agents and Valuers Association)
- * **ALAVES** - (The Association of Local Authority Valuers and Estates Surveyors) and has existed in one of these formats since 1908.

ACES is an association of Senior Estates Surveyors and Property Managers who share knowledge and experience by promoting best practices in the profession in the interest of the community and public services.



There are nine ACES branches covering the whole of England, Scotland, Northern Ireland and Wales plus a Rural Branch. ACES represents around 150 public sector bodies and has approximately 400 participating members (43 of which belong to the Welsh Branch which was the 2021 ACES Branch of the Year!). Management of ACES is undertaken at a national level, through the ACES council, which is made up of elected and nominated officers.

The COVID-19 pandemic showed the importance, and the benefit of collaboration where NHS Wales, SES And public sector organisations worked in partnership to deliver healthcare facilities and services to the population of Wales in response to the pandemic. The SES Property team won the 2021 ACES Award for Excellence in recognition of its work in this area.

Clive Ball | Head of Property
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Endoscope Decontamination Forum - June 2022



SES promotes a range of engineering-themed seminars and forums throughout the year to help share knowledge, good practice, and networking opportunities with like-minded colleagues. Summer 2022 saw the return of the ever-popular national Endoscope Decontamination Forum and the first one held in person since the start of the COVID-19 pandemic. The event was chaired by SES in conjunction with IHEEM Wales and held at the Royal Welsh Showground, Builth Wells in the height of summer when temperatures resembled the Mediterranean.

John Prendergast, Senior Decontamination and Authorising Engineer (D) for Wales chaired the debate and programme. Peter Barrow and members of the SES administration team oversaw the event organisation.

This year saw record attendance from private sector exhibitors and attendees from every Health Board with delegates from all spheres of the decontamination field including:

- * Sterile service managers
- * Endoscopy staff/managers
- * Decontamination leads (operational and executive)
- * Infection prevention and control nurses
- * Authorised persons (decontamination)

Stuart Douglas, Deputy Director of SES, opened the event. He highlighted the importance of NHS Wales working together to provide an outcome to ensure our patients receive the best care possible. Decontamination is an important factor in health care and essential to reduce the potential of leaving our facilities with unwanted infections.

Many topical themes were discussed on the day including the Centralisation of Decontamination Services, Engineer training and competencies and JAG compliance standards.

There was lively interaction with all delegates leading to thought-provoking discussions and debates on hot decontamination issues relevant to the operational sector.



Hot topics on the day included:

Sustainability

Sustainability: With the Decarbonisation Strategic Delivery Plan for NHS Wales published in 2021 there was a good discussion on how the decontamination family could contribute to these targets. It is recognised there can be a contradiction to many of the sustainable decontamination developments instigated and supported over many years including the use of reusable vs single-use ancillary valves and buttons (Ref BSG Guidelines 2020). Ultimately there needs to be a cautious approach to changing decontamination solutions, with patient safety always being the top priority.

COVID-19

The return to normal service following COVID and the issues around the implementation.

Endoscope Decontamination

Use and maintenance of endoscopes was discussed including difficulties with biofilm within the devices and ancillary components. Adjustments to the reprocessing cycles within endoscope washer disinfectors could help but may prove unpopular to industry who sometimes market the time factor as a benefit, rather than effective decontamination.

New Directives

How new directives are being implemented to reduce backlog can be a potential risk to patients (such as temporary buildings). Discussions highlighted common non-conformities with WHTMs but also acknowledged the greater risk of not presenting services to patients who may be suffering life threatening ailments. Greater engagement at the procurement/planning stage is critical where any such services are to be developed.

Endoscope Sterilization

A thought-provoking and popular presentation was delivered by one of the private sector partners which asked the question why can't we sterilize flexible endoscopes? Endoscopes cannot be sterilized by traditional steam sterilization methods as they are temperature sensitive. Low temperature options are available using technologies such as vapourised hydrogen peroxide/plasma solutions which are already being used in four acute centres within NHS Wales. The audience agreed terminal sterilization should always be the goal for any decontamination process, however it is recognised the difficulty in penetrating all the internal lumens within endoscopes and design restrictions present obstacles. The discussion agreed the need for a culture change to embrace sterilization of such devices, especially for endoscopes used for higher risk procedures.

SES would like to thank IHEEM, along with the technical input and financial support from our exhibitors (Olympus, NeQis, Im-Med, Getinge, Cantel, Serchem Ltd, Wssenburg, SSD Ltd, Avidity Science, Sychem, ASP (Advanced Sterilisation Products), Eastwood Park training and Serve Medical) whose stalls proved very popular with the delegates on the day. Without this support, the event would not have been possible.

Simon Russell | Head of Engineer
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The SES engineering team look forward to future events in 2023, with the day providing a good opportunity for knowledge sharing and networking. Attendance at the events also provides CPD certification and shares learning innovations in the decontamination and engineering fields from the informative technical presentations. If you have any themes which you would like the engineering team to cover in future events, let us know!

John Prendergast | Senior Decontamination Engineer
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2023 Non-Domestic Rating Revaluation

SES in conjunction with colleagues from NWSSP Procurement Services has recently undertaken an All-Wales procurement exercise for specialist rating surveying consultants to ensure that NHS Wales organisations have appointed rating surveyors for the 2023 Non-Domestic Rating Revaluation.

The contracts were awarded in October 2022 to allow time for the new draft rating list which was published in December 2022 to be scrutinised to enable rateable values to be checked, manifest errors corrected and allow any appeals to be prepared and submitted in an expeditious manner following the list going live on April 1st, 2023.

Background

For many years SES has assisted Health Boards and Trusts in appointing specialist rating surveying companies to advise in respect of new rating assessments and submitting rating appeals. The appointed rating surveyors work for a fee based on a percentage of rates saved, which means fees will not be incurred unless savings are made, although additional fees are payable in the event of an appearance before Valuation or Lands Tribunals.

Savings

Savings from previous revaluations have been considerable.

For the 2010 revaluation (2010-2017) savings for the 10 NHS Wales Health Boards and Trusts exceeded £13m for the NHS freehold and leasehold estate. In addition, in 2010, a specialist rating surveying company was appointed on an all-Wales basis in relation to the GP surgery and primary care estate for the first time. Following a significant success by the appointed company in the Upper Tribunal (Lands Chamber) in relation to a test case on the rating of purpose-built GP surgeries, there were total savings in excess of £39m made by the 7 Health Boards in Wales during the 7-year period of 2010-2017.

The total appeals from the 2017 revaluation (2017-2023) have yet to be concluded but the savings for Lot 1 (acute, secondary and ancillary estate) currently exceed £20m and for Lot 2 (GP surgery and primary care estate) exceed £10m.

2023 Procurement Exercise

Due to the COVID-19 pandemic, the 2021 revaluation was postponed for two years until 2023.

The 2023 rating revaluation contract was split into three lots and has been awarded to the following companies:

- * **Lot 1** - Acute, secondary & ancillary NHS Wales Estate - **GL Hearn**
- * **Lot 2** - GP surgery & NHS Wales primary care estate - **Avison Young**
- * **Lot 3** - Rate audit services & other associated rating initiatives for NHS Wales acute, secondary, ancillary, primary care and GP surgery properties in Wales - **Avison Young**

Proposed changes to the rating system

The Welsh Government is undertaking various consultations in relation to the rating and appeal system. One proposal suggests changing the duration of the 2023 rating revaluation period and following cycles to a 3-year period as opposed to the current 5-year period. Another proposal is to change from the appeals system to one similar to the 'Check, Challenge, Appeal' system which is currently used in England.

The 2023 revaluation

The 2023 draft rating list has recently been released and it shows a modest uplift in rateable values across Wales, however, the outcome of the aforementioned consultations and confirmation of the 2023/24 Wales multiplier is still awaited and is expected by the end of the calendar year. This will ascertain if the Wales multiplier will be frozen as was recently announced in England. It is hoped that sizable savings can be achieved once again from the 2023 revaluation.

Sian Cornwell-Shaw | Property Surveyor

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History Corner: Morryston Hospital Swansea

Through its various guises, SES has had a long association with the health estate in Wales. It's difficult to predict the future of hospital construction in Wales, but the past can be found in our archives. We hope you find the following article of interest.

The hospital was founded in 1942 as an emergency war-time hospital. It was built on the Maes-y-Gwernen estate where Maes-y-Gwernen Hall previously stood, which also became part of the hospital before its eventual demolition in 2017.

During the Second World War, the hospital had 15 'Nightingale' wards with approximately 600 beds.

By the late 1970s, the hospital needed to be modernised and the Nucleus concept was accepted as the basis for the design of the new hospital. The Nucleus system allowed standard designs for many elements of a District General Hospital to be planned on a modular basis creating hospitals which would, however, be unique in content, construction and appearance. These standard designs could also be used for the extension of existing hospitals by the addition of departments or groups of departments.

The Nucleus concept was based on the assembly of interchangeable templates each in the shape of a St George's Cross and designed to produce a low-rise building with no more than three floors.

Templates could be used for all functions, be it wards, operating theatres, treatment rooms, outpatient departments or laboratories, and could be attached to each other at the ends or the sides.

As well as being placed on each other up to a height of three floors, the templates could be arranged to suit the area, shape and contours of a variety of sites.

The Nucleus system of hospital planning, briefing and design, came to dominate the hospital programme throughout the 1980s. By 1992 some eighty Nucleus hospitals had been completed throughout the United Kingdom and a further fifty were in various stages of planning and construction.

In Wales, the system was used extensively after 1980 to complete the pattern of District General Hospitals that had been commenced over twenty years earlier. Other notable Nucleus designs include Ysbyty Gwynedd, Bangor; Wrexham Maelor; Princess of Wales, Bridgend; Prince Phillip, Llanelli and the Royal Glamorgan, Llantrisant.

Construction of Morriston hospital began in 1980 and opened in 1985.

The Welsh Centre for Burns and Plastic Surgery was moved to the Morriston site from St Lawrence Hospital, Chepstow in 1994. The surgery was intended to provide care for the whole population of 2.3 million across West, Mid and South Wales. Now the surgery treats a population of over 10 million across South Wales and South West England, on average treating 750 burns patients and over 6,500 plastic surgery patients a year.

Swansea Bay University Health Board expanded the site to focus exclusively on the care of very sick patients in 2015. A new cardiac unit was also built in 2016 at a cost of £6.6 million.

In 2019, Morriston trialled the use of robotic process automation to review rheumatology prescriptions. The hospital hosts the Welsh Institute of Metabolic and Obesity Surgery and opened its doors in 2010, the centre is the only bariatric in Wales.

As of today, the hospital hosts 750 beds and has an Accident and Emergency department and facilities for acute general medical and elderly care, trauma and orthopaedic services, specialist surgery and paediatric services. It is also a learning hospital for Swansea University Medical School medical students.

We hold an extensive picture library of Welsh hospital estates, and we would welcome any photos which could expand our records. To submit photos or if you would like us to feature your hospital in a future edition of this newsletter, please contact:

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SES Quiz: NHS through the ages

Test your knowledge to see how well you know key dates in NHS Wales and when these hospitals were built.

- * What was the date that the NHS was founded?
- * What were the three basic structures at the beginning of the NHS?
- * Who was responsible for publishing the document 'Hospital Plan for England and Wales' that helped to lay out plans for the building of hospitals at that time?
- * What year did the Secretary of State for Wales take over much of the responsibility for health services in Wales?

Answers on the back cover!

SES Quiz: Guess the Hospital

What are the names of these following hospitals and when were they originally opened?



Answers on the Next Page!

SES Quiz Answers: Guess the Hospital

- 01:** **Royal Gwent Hospital - 1836.** After a move to Cardiff Road, it was re-opened by Viscount Tredegar as the Newport and Monmouthshire Hospital in August 1901. It changed its name to the Royal Gwent Hospital in 1913.
- 02:** **Wrexham Maelor Hospital - 1934.** A home for the elderly and infirm, intended to replace the workhouse, was opened on the site by David Lloyd George MP as "Plas Maelor" and served as an emergency military hospital in WWII.
- 03:** **University Hospital Wales - 1971.** It was Europe's first fully integrated hospital and medical school, at a cost of £22 million. The hospital is the third-largest University Hospital in the UK and the largest hospital in Wales.
- 04:** **Dewi Sant Hospital - 1865.** Originally a workhouse where an infirmary and isolation hospital was built. Then The complex became Graig Hospital in 1948. After the war, it became a geriatric hospital before being completely rebuilt as Dewi Sant Hospital in the 1960s.
- 05:** **Morrison Hospital - 1942.** The site was originally occupied by Maes-y-Gwernen Hall, a 19th-century farmhouse which was acquired by William Williams MP in 1885. An emergency medical hospital was built on the site in 1942.
- 06:** **Victoria Memorial Hospital - 1902.** The facility has its origins in the Victoria Nursing Institute, in 1948 was renamed Victoria Memorial Hospital and was substantially rebuilt in 2004.
- 07:** **Prince Phillip Hospital - 1990.** It was completed in May 1990. The hospital expanded when a new breast care unit opened in October 2010.



Answers to the SES Quiz:

1. 5th July 1948
2. Primary care, community services, and hospital services. This was known as the Tripartite System and was in place from 1948 until 1974.
3. Enoch Powell, the plan had two purposes: to establish the size and types of hospitals needed, together with GP and domiciliary services.
4. 1969. This was supported by the Welsh Office which had been established in 1964.



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