

Specialist Estates Services



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Shared Services Partnership
Specialist Estates Services

November 2018 | eNewsletter 5

Introduction from Neil Davies, Director of Specialist Estates Services



I hope you enjoy the latest edition of NWSSP Specialist Estates Services' eNewsletter.

Taking pride of place in this edition is the launch of the new NHS Building for Wales construction and consultant frameworks. Over the last 2 years we've worked very closely with colleagues from across NHS Wales to ensure that we understand your needs; and that the frameworks are designed to support the challenges you face in managing the successful design and delivery of healthcare construction projects. In addition, Welsh Government policy drivers such as the need to maximise the benefits of public sector capital expenditure have also been accommodated in the frameworks with, for example, an extensive commitment to community benefits integrated into the delivery process.

Public sector EU procurement legislation is complex, so it is pleasing to note the excellent work of the NWSSP-SES Building for Wales team, working with colleagues from within the wider NWSSP family as well as representatives from NHS Health Boards and Trusts, in managing their way through the numerous rules and regulations to a successful outcome.

We believe that we have secured the best contractors and consultants available in the market and established a delivery mechanism that fully aligns with your requirements.

However, despite these achievements we fully recognise that the far greater challenge rests with Health Boards and Trusts, as it you, our colleagues in NHS Wales, that are ultimately responsible for the delivery of major construction projects and anybody who has experience in this area will know how demanding this can be. The appointment of a competent Project Director is a pre-requisite for any Health Board and Trust using the NHS Building for Wales Frameworks and should you require any support with this process please contact Iain Worby, Head of Buiding for Wales.

Regards, Neil

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NHS Building for Wales frameworks

Following the procurement of the NHS Building for Wales (BfW) construction and consultant frameworks, which was launched on September 12th at the Village Hotel in Cardiff, the following contracts are in place:

- National Supply Chain Partner and National Project Manager frameworks for projects in excess of £12 million construction cost (excluding Value Added Tax).
- Regional Supply Chain Partner, Regional Project Manager and Regional Cost Adviser frameworks for projects between £4 million and £12 million construction cost (excluding Value Added Tax). There are three regions which cover south east, south west and north Wales.

In common with the previous generations of frameworks, projects that are less than £4 million construction cost are to be procured at a local level by the individual Health Board/Trust.

The procurement exercise has been the subject of considerable consultation with all Health Boards/Trusts and Welsh Government. External parties to the NHS such as the Health and Safety Executive, Constructing Excellence Wales and apprenticeship initiatives have also contributed to the structure and requirements of the process.



Iain Worby, Head of NHS Building for Wales, speaks at the frameworks launch event



Andrew Waddington, Framework Manager, presents to attendees at the launch



The Noah's Ark Children's Hospital for Wales, Cardiff

Through this consultation process the NHS BfW frameworks have maintained:

- Integrated supply chains with Supply Chain Members dedicated to their host organisation;
- 'One stop' point of contractual contact with the Supply Chain Partner (SCP) which incorporates their Supply Chain Members;
- Support consultants of Project Managers and Cost Advisers to assist Health Boards/Trusts deliver their capital requirements. (The procurement of a National Cost Adviser framework has not been able to be achieved due to lack of market interest and will be procured due to the specific requirements of an individual project.);
- Early SCP, Project Manager and Cost Adviser appointments which are generally at the start of Outline Business Case (OBC) development;
- Ease of access for Health Boards/Trusts to select their preferred partners (generally a six week period);
- The use of electronic tendering to obtain costs for development and completion of OBC; and
- The use of the NEC3 Engineering and Construction Contract Option C form of contract for SCPs and NEC3 Professional Services Contract for support consultants.



Amendments have been introduced to strengthen the following areas:

- Welsh Government community benefit requirements. Minimum targets have been established for the required measures and where appropriate, financial consequences have been introduced into the contract documentation should these targets not be met.
- Welsh Government ethical employment in supply chain requirements. All supply chains have committed to compliance with these requirements and will be periodically monitored during the course of the framework.
- The selection of the preferred SCP for the regional frameworks has been amended in order that this can take place after Strategic Outline Case. Previously this took place after OBC but it was considered that advantages of early engagement had been lost.

This has been a complex and large exercise to undertake and thanks are extended to all Health Board and Trust personnel who have contributed to the evaluation process, it has been very much appreciated. The formal framework launch took place in September 2018, where it was a pleasure to meet all parties.

For further information, please contact:

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Growing your own engineers – the Specialist Estates Services experience

Attracting engineers to Specialist Estates Services (SES) and the wider NHS estates departments has proved difficult in recent years due to a general shortage of suitably qualified engineers across the UK and especially within NHS Wales's Health Boards and Trusts.

As a consequence a decision was made, as part of the 2017/18 Integrated Medium Term Plan (IMTP) deliberations, to consider how SES could 'grow their own' engineers through the use of either a locally developed apprenticeship scheme, an existing NHS apprenticeship scheme or an alternative training arrangement available from the market.

The intention was not only to provide engineers for SES but also for the Health Boards and Trusts comprising NHS Wales. The team exploring these options concluded that the objectives would be best achieved through the utilization of the **Network75** scheme developed and managed by the University of South Wales (USW).

The scheme is a combined work and study route to a degree; undergraduates apply their academic knowledge to real-life work within a host organisation such as SES. Network75 trainees have the opportunity to gain both academic knowledge and practical experience, making them industry-ready graduates of the highest quality.

It was also agreed that the Network 75 scheme will operate alongside and not replace any current schemes that health boards have for trade apprentices.

Undergraduates were presented to SES by USW shortly after the decision was made to use the Network 75 undergraduate scheme. Interviews with prospective mechanical and electrical engineering students were held and an offer made to Aidan Parkes, a third-year mechanical engineering student who had completed his first two years in St Mary's Pharmaceutical Unit, hosted by Cardiff and Vale University Health Board.

Buoyed by the success of the first intake, SES welcomed two new Network75 students in September. **Rebecca Mason**, a mechanical engineering student and **Aran Chaplin**, an electrical engineering student (**pictured below**), will be provided with experience of working within SES and Health Boards and Trusts.



To improve succession planning alone is a good reason for SES continuing to seek to deliver degree qualified engineers into the NHS Wales market. Enabling engineering students to gain invaluable work experience through a structured and recognised scheme will therefore remain a key objective in future SES IMTPs.



For further information, please contact:

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NETW75RK Case study

Since joining SES in September 2017, Aidan has gained valuable experience of a broad range of engineering related services including heating, ventilation, water, electrical, medical gases and decontamination. He has also travelled extensively across NHS Wales in order to gain a better understanding of the engineering challenges faced by Hospital based staff on a day-to-day basis and to witness how the professional engineers within SES support these challenges.

Aidan reflects on his time with SES so far:

"Everyone in SES is very approachable and knowledgeable and if I needed any help with anything, or was especially interested in seeing or learning about a certain system, there would be no problem in arranging it."

"I've benefitted enormously from the practical experience gained and learning about how (and why) engineering systems are controlled, as well as the risks these systems pose if not designed/ installed/ maintained correctly."

"I've contributed to drafting witnessing reports and Authorised Person (AP) reports and have particularly enjoyed more recently the point-to-point witnessing of a new Building Management System (BMS) in the Princess of Wales Hospital, Bridgend."



Following the completion of his training Aidan will have the opportunity to remain within SES or to take up an engineering related vacancy within an NHS Wales Health Board or Trust. There is an expectation that he will become a Chartered Engineer, enabling him to operate at a high level within the estates and facilities organisational structures within NHS Wales.

Staff changes



After a period of significant change where a number of retirements and leavers necessitated feverish recruitment activity, it has seemingly settled down to a period of stability. The number of new staff and leavers has reduced to a trickle with only Simon Griffiths (simon.griffiths2@wales.nhs.uk) joining since the last newsletter in April, to provide additional resource for the decontamination testing service. Simon brings with him 16 years of decontamination equipment testing experience in the private sector with Dekomed Ltd. He is very much looking forward to honing his skills within NHS Wales.



Also, our environmental management advisor, Chris Lewis, (chris.lewis4@wales.nhs.uk) has recently incorporated the duties of the vacant facilities management advisor into his role and is now the Senior Environmental and Facilities Management Advisor. In addition to his environmental responsibilities, Chris is now responsible for (amongst other things), the Estates and Facilities Performance System (EFPMS); an information system that collates data from across estates departments in NHS Wales in order to develop and produce an annual benchmarking report.

Customer Service Excellence

SES hold the UK Government's Customer Service Excellence (CSE) award and also operate a ISO9001:2015 quality management system; this gives us a strong customer service and service quality focus. This is all well and good but it is important to check if the services being delivered are suited to the client's requirements and whether they are satisfied.



With this in mind, each year we conduct a full customer survey. The most recent survey was issued in 2017 to 279 customers/stakeholders at Health Boards/Trusts and Welsh Government including engineers, radiologists, GP practice managers, senior estates managers, facilities managers etc. A completed survey was returned by 16% of the sample, an increase of 7% compared to 2016. Despite a relatively poor response rate, the reaction was overwhelmingly positive; over 98% of respondents agreed or strongly agreed with four of the five statements, 86% of respondents agreed or strongly agreed with the remaining statement.

1	Staff are polite and well mannered	98%	Strongly agree or agree
2	Staff are always willing to help	98%	Strongly agree or agree
3	Staff behave in a professional manner	98%	Strongly agree or agree
4	The service is provided in a timely manner or by a set deadline	86%	Strongly agree or agree
5	Enquiries/questions are always answered satisfactorily	98%	Strongly agree or agree

This resulted in an average strongly agree and agree score of 95%, 10% higher than the 2017/18 customer service key performance indicator (KPI) of 85%.

The only area identified for improvement was in relation to the time taken to deliver decontamination related reports. Since the survey a review of this area evidenced the need for a further decontamination test engineer and an appointment was subsequently made in April.

Look out for our 2018 survey in December - we would really like to hear from you! If you didn't receive a survey in 2017 and would like to this year, please contact Jessica Morgan, Information Officer at Jessica.Morgan@wales.nhs.uk. You can also send any feedback (positive or negative) to Jessica and we will respond.

Business rates appeals on GP Surgeries in Wales



The Valuation Office Agency (VOA), a branch of HM Revenue & Customs responsible for valuing commercial property for business rates purposes, had historically valued all General Practice (GP) premises in England and Wales adopting a rentals approach.

This involved a rate per square metre being applied to the net internal area of each property, based on either rents achieved on local offices with an uplift to reflect additional costs of fit out, or by adopting prevailing current markets rents (CMRs) on Surgeries as assessed by District Valuer Services (DVS) for the Doctors Rent and Rates Reimbursement Scheme (DRRS). DRRS rents are essentially an opinion of value and are not based on open market transactions, as GP Surgeries are specialist properties which are never vacant and available to rent in the open market.

In 2008, a specialist rating consultancy (GVA Grimley, now Bilfinger GVA) noted substantial disparities between the rateable values (RVs) attributed to NHS owned Health Centres and GP Surgeries. NHS Health Centres, although the same in nature as GP Surgeries, were based on an alternative method of valuation, the contractors approach. This method involves the calculation of the capital cost of replacement of the property which is then converted into an annual sum (RV) by multiplying the replacement cost by a, Government imposed, statutory decapitalisation rate. Due to the mechanics of the contractors valuation, it produces a RV between a half and a third of that which would result from the rentals basis.

When the VOA was asked to explain why GP Surgeries and NHS Health Centres were valued differently they confirmed that as, in their opinion, there was open market rental evidence in the form of DRRS rents available on GP Surgeries, the rentals method should prevail.

In discussions with GVA, Specialist Estates Services (SES, part of NHS Wales Shared Services Partnership) agreed that CMR evidence derived from the DRRS was unreliable in a rating context as it is a valuation carried out for reimbursement purposes and is not tested in the open market between a willing landlord and a willing tenant. Consequently, there was no rental evidence for either GP surgeries or health centres and as such, the contractors method was the appropriate method of valuation for both.

In 2009, ahead of the 2010 non-domestic rating revaluation, SES led a competitive procurement exercise which resulted in the appointment of GVA for all seven Health Boards in Wales. The remit of this appointment was for GVA to investigate the appropriateness of the rateable values of GP Surgeries in Wales in the 2010 rating list and to appeal against those assessments which were considered inaccurate.



Although GP practices are private businesses and in the majority of cases their premises are either owned or leased by the individual practices, their business rates are reimbursed by the Health Boards via Primary Care Services (PCS, part of NHS Wales Shared Services Partnership) and are invoiced in two different ways: either to PCS direct, or to the GPs who then submit the invoices to PCS for payment.

In these circumstances Health Boards are not 'interested parties' as defined by rating legislation as, whilst they pay the rates, they are not the owners or occupiers of the premises. Consequently, permission was sought from individual GP practices

for GVA and the Health Board to act as their agent in any appeal situation, even though it is the Health Board who is the beneficiary of any savings. Subsequently, the VOA confirmed that it has a duty to maintain an accurate rating list meaning some matters could potentially be dealt with by way of a notification rather than an appeal which could negate the need for GP's permission to be sought.

The VOA refused to accept GVA and SES' arguments and, following the 2010 non-domestic rating revaluation, due to the significant number of appeals that had been lodged against GP surgeries, it was agreed by all parties that a Test Case should be heard to resolve the issue and the decision would apply to GP surgeries throughout England and Wales.

Details of the Test Case

The underlying objective of rating valuation is to obtain the value of the occupation to the occupier. The RV is the hypothetical rent that a hypothetical tenant is prepared to pay to a hypothetical landlord for a single property in single occupation. The RV may be, and very often is, different to the actual rent paid and valuers need to be alert to the possibility that the actual rent paid may not be a reliable guide to RV if it is affected by special conditions.

The VOA originally contended that lease rents within the DRRS were evidence of open market value and were a reliable source of evidence for rating purposes. However, GVA and SES contested that DRRS rents were nothing more than opinions of value derived from the development cost of building new Surgeries, reflecting the level of profit the developer required rather than the value of occupation to the occupier. The VOA denied this was the case and as no agreement could be reached, three Test Cases were heard before the Vice President of the Valuation Tribunal for England in May 2012.

Decision of the Valuation Tribunal and the Lands Chamber of the Upper Tribunal

After a three day Hearing in May 2012, the Vice President of the Valuation Tribunal determined in favour of the NHS. It was the opinion of the Tribunal that evidence from the DRRS was not reliable in a rating context and that, in the absence of any other helpful rental evidence, the contractors valuation method should prevail. The application of the contractors basis had the effect of reducing the RVs on the Test Case surgeries by over 50% and produced savings in excess of £300,000 on just three properties.

The VOA was acutely aware of the financial ramifications of this decision and following a review of the Valuation Tribunal's written decision, it felt

that an appeal to the Lands Chamber of the Upper Tribunal was justified. In the lengthy period leading up to the four day Lands Chamber hearing in June 2014, both parties submitted detailed Expert Witness statements, numerous rebuttals and legal representations. Due to the national significance of this case, the Member of the Lands Chamber sought written closing statements from both sides by July 2014 and thereafter deliberated for a further six months, before determining once again in favour of the NHS. Despite having the right to appeal the Lands Chamber decision to the Court of Appeal within twenty eight days, the VOA declined to do so.



Appeal savings

Since the release of the decision in January 2015; GVA (on behalf of the seven Health Boards in Wales) has been in dialogue with the VOA to agree the details of the costs etc., to be adopted for the contractors valuation basis for GP Surgeries, Primary Care Centres and Health Centres which has led to a Memorandum of Agreement being drawn up and the process of settling some 500 or so appeals substantially completed. The remainder of these appeals, subject to the VOA's programming timetable for outstanding appeals, should be settled during 2018.

Due to the magnitude of the reduction in RV that arises from the change in the valuation basis from a rentals to a contractors approach; the Lands Chamber decision has effectively halved the business rates liability on primary care premises in Wales. As at the end of March 2018 some 478 appeals had been settled in Wales producing estimated business rates savings for NHS Wales, between 2010 and 2017, of £38.426 million.



For further information, please contact:

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Specialist Estates Services support the Institution of Fire Engineers

In the light of the Grenfell tragedy and ongoing investigation, many fire safety failings have been highlighted across the fire industry. Improving competency was one of the key recommendations identified in Dame Judith Hackitt's subsequent *Independent Review of Building Regulations and Fire Safety* following Grenfell.

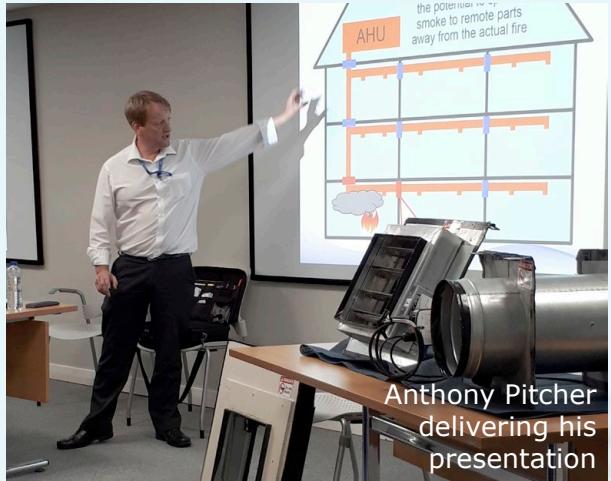
On 19th July South Wales Fire and Rescue Service hosted an Institution of Fire Engineers training day focussing on the importance of robust fire compartmentation, which was attended by over 120 delegates from across the fire industry including representatives from the NHS.

Anthony Pitcher, SES's Senior Fire Safety Advisor, gave a presentation on the vital role of fire dampers in maintaining the integrity of fire compartmentation, which was well received by delegates.



For further information, please contact:

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Decontamination conference

More than fifty experts on decontamination met in September to discuss advantages and changes in procedures at the annual SES All Wales Endoscope Decontamination Forum.

Delegates from the seven Health Boards in Wales gathered at the Royal Welsh Showground in Builth Wells to share their experiences, good practice and to hear about exciting developments in the decontamination field. Topics discussed at the meeting included Variant Creutzfeldt-Jacob disease in decontamination, technology and improvements in endoscopy procedures, as well as the latest *Welsh Health Technical Memorandum 00-01: Decontamination of surgical instruments (medical devices) used in acute wards, Part A: Management and provision*, which was recently published.



The day also included talks and presentations from leading chemical suppliers and manufacturers in the decontamination field, including Steelco Solution and Isopharm. During the afternoon attendees were split into three groups and able to discuss areas of interest in more detail; looking at different subject matters and holding informal debates.

For a copy of *WHTM 00-01: Decontamination of surgical instruments (medical devices) used in acute wards, Part A: Management and provision*, please visit the [SES website](#).



For further information, please contact:

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Technical publications since April 2018

Welsh Health Building Notes (WHBNs)

These are a range of documents that provide guidance on the planning and design of a range of healthcare buildings providing specialist services in Wales.

Welsh Health Technical Memoranda (WHTMs)

These are a range of documents that provide technical guidance on a wide range of specialist systems within the healthcare estate in Wales.

The following have been published by SES since April 2018:

WHBN 03-02 Facilities for child and adolescent mental health services (CAMHS)

This guidance covers the design of child and adolescent mental health services (CAMHS) accommodation for children and young people aged up to 18 years. It provides full descriptions of rooms that are specific to CAMHS and are not contained in other WHBNs and HBNs.

WHBN 00-08 Estatecode Wales 2018

Provides detailed advice about the active management of land and property used for healthcare services. By using this information, NHS organisations in Wales should be able to secure efficient and effective solutions through the use of property resources in order to deliver better health and social care in addition to developing opportunities to achieve efficiency savings and reduce costs.

WHBN 15-01 Accident & Emergency Departments

This guidance is aimed at the multidisciplinary team including clinicians, design teams, estates planners and managers involved in the strategic and operational planning of an accident & emergency (A&E) service built space.

WHTM 01-01 Decontamination of surgical instruments (medical devices) used in acute wards Part A: Management and Provision

Gives guidance on the whole decontamination cycle in the management and decontamination of surgical instruments.

Our website

Earlier this year work concluded on our smart new internet site. It's packed with information on our services, our people and the technical guidance publications, alerts and notifications that we produce on behalf of NHS Wales.

The screenshot shows the homepage of the NHS Wales Specialist Estates Services website. The top navigation bar includes links for Feedback, Site map, Document map (A-Z list), Font size AAA, Search, Cymraeg, and Staff Intranet. The main content area features a large image of a modern building, with sections for Latest jobs, News, Services, and Specialist Estates Services. A sidebar on the left provides contact details for various roles like Estate Administrator, Shared Services Partnership, and Medical Estates Officer. The right sidebar includes a 'Tweets by @NHSWSP' feed and a 'Contact Us' section. Another part of the site shows the 'Publications and Information' page, which lists 'Welsh Health Building Notes (WHBNs)', 'Welsh Health Technical Memoranda (WHTMs)', 'Alerts', 'Notifications', and 'Archive'. It also features icons for 'Welsh Health Building Notes (WHBNs) and Health Building Notes (HBNs)', 'Welsh Health Technical Memoranda (WHTMs) and Health Technical Memoranda (HTMs)', 'Notifications', and 'Archive'.

Click here to visit our website. We would really appreciate feedback on the site to enable us to keep it fresh and relevant to your needs.

You can also follow SES on twitter at **@SES_Information**

For further information about our technical publications or to give feedback regarding our website, please contact:

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History corner - Cefn Coed Hospital

In various guises over the years, 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 is recorded in our archives. We hope you will find the following article of interest.



Built in 1929, Cefn Coed Hospital in Cockett, Swansea is one of the last remaining mental health hospitals of its era in the UK. The design was based on an older Victorian style; its distinctive water tower can be seen for miles and even featured in an early Dylan Thomas poem. Now, the hospital is no longer considered fit for twenty-first century mental health care and services are being transferred to modern purpose-built facilities, some of which are in the grounds of Cefn Coed.

To mark the decommissioning of the hospital by the end of 2018, an assortment of events are planned, which include an exhibition, a computer game and an interactive 3D model, which are all part of the special project to mark the history of this iconic Swansea building.

Former members of staff from the hospital are being asked to come forward and share their memories and volunteer to be part of the project called *A Mental Picture: Celebrating the History of Cefn Coed Hospital 1931 to 2018*.

A £10,000 grant from the Heritage Lottery Fund is allowing ABMU's own dedicated Heritage Group to go ahead with ambitious plans for the initiative, which is also set to include specially commissioned poetry, oral histories and a display of objects providing a tangible link to the past.

Martin Thomas, Heritage Group lead, said:

"The hope is that the Health Board will create a legacy for the future, sharing stories and life from behind closed doors and helping to de-stigmatise mental illness through a variety of human stories and creative engagements. Our project will document

and capture those stories and celebrate its working life through a number of different mediums."

Established in 2014, the Heritage Group aims to preserve and protect the Health Board's historical artefacts and have collected a wide variety of pictures, documents and items from across many sites.

This project will see the group working in partnership with Swansea University and Swansea Museum, which is providing exhibition space. Included in the project will be a state-of-the-art 3D digital model of the hospital, which has been created by Steve Littlejohn, a Computer Engineer from Swansea University. Martin also plans to enlist the support of teenage gamers to help create a special Cefn Coed Hospital version of computer game Minecraft, using the original plans of pioneering architect George Thomas Hine.

ABMU chairman Andrew Davies, said:

"As we come up to the 70th anniversary of the NHS this year and celebrating the founding of the NHS in 1948 by Nye Bevan, recording and celebrating the hospital's history for future generations is very important and this innovative project is a great way of doing that."

If you would like to support the project and share your story of Cefn Coed Hospital please email Martin.Thomas4@wales.nhs.uk.

To follow the progress of the project visit the Heritage Group's Facebook page [here](#).



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 Jessica Morgan at: jessica.morgan2@wales.nhs.uk

Contact Specialist Estates Services

Those working within NHS Wales can either use our [services directory](#) or [staff list](#) to find the right person for the job, and those outside NHS Wales can look at the staff list on our [website](#).

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Partneriaeth
Cydwasaethau
Shared Services
Partnership

Gwasanaethau Ystadau

Tachwedd 2018 | e-Daflen Newyddion 5

**Cyflwyniad gan Neil
Davies, Cyfarwyddwr
Gwasanaethau Ystadau
Arbenigol**

Gobeithio y byddwch yn mwynhau'r rhifyn diweddaraf o e-Daflen Newyddion Gwasanaethau Ystadau Arbenigol PCGC.



Mae lansiad fframweithiau adeiladu ac ymgynghorwyr newydd Adeiladu Dros Gymru'r GIG yn rhan flaenllaw o'r rhifyn hwn. Dros y ddwy flynedd ddiwethaf rydym ni wedi cydweithio'n agos iawn â chydweithwyr ledled GIG Cymru er mwyn sicrhau ein bod yn deall eich anghenion; a bod y fframweithiau wedi'u llunio i gynorthwyo'r heriau yr ydych yn eu hwynebu with reoli dylunio a chyflenwi prosiectau adeiladu gofal iechyd yn llwyddiannus. Yn ogystal, mae gyrwyr polisi Llywodraeth Cymru fel yr angen i fanteisio i'r eithaf ar wariant cyfalaif sector cyhoeddus hefyd wedi cael eu bodloni yn y fframweithiau, er enghraifft, ymrwymiad eang i integreiddio buddion cymunedol yn y broses gyflenwi.

Mae deddfwriaeth gaffael sector cyhoeddus yr UE yn gymhleth, felly mae'n braf gweld gwaith rhagorol tîm Adeiladu Dros Gymru Gwasanaethau Ystadau Arbenigol PCGC, gan gydweithio gyda chydweithwyr yn rheulu ehangach PCGC yn ogystal â chynrychiolwyr o Ymddiriedolaethau a Byrddau Iechyd y GIG, wrth fynd i'r afael â'r rheolau a rheoliadau niferus i gael canlyniad llwyddiannus.

Credwn ein bod wedi sicrhau'r contractwyr a'r ymgynghorwyr gorau sydd ar gael yn y farchnad ac wedi sefydlu mechanwaith cyflenwi sy'n cyd-fynd yn llwyr â'ch gofynion.

Fodd bynnag, ergwaethaf y cyflawniadau hyn rydym yn llwyr gydnabod bod her llawer mwy gan yr Ymddiriedolaethau a'r Byrddau Iechyd gan mai chi, ein cydweithwyr yn GIG Cymru, sy'n gyfrifol yn y pen draw am gyflawni prosiectau adeiladu mawr a bydd unrhyw un sydd â phrofiad yn y maes hwn yn gwybod pa mor anodd y gall hyn fod. Mae penodi Cyfarwyddwr Prosiect cymwys yn rhagofyniad ar gyfer unrhyw Ymddiriedolaeth a Bwrdd Iechyd sy'n defnyddio Fframweithiau Adeiladu Dros Gymru'r GIG, ac os bydd angen unrhyw gymorth arnoch gyda'r broses hon, cysylltwch ag Iain Worby, Pennaeth Adeiladu Dros Gymru.

Yn gywir, Neil

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Yn y rhifyn hwn

Fframweithiau Adeiladu Dros Gymru'r GIG

tudalen 1

Tyfu Eich Peirianwyr Eich Hunain

- Profiad y Gwasanaethau

Ystadau Arbenigol: *tudalen 3*

Astudiaeth Achos Network75: *tudalen 4*

Newidiadau Staff: *tudalen 4*

Rhagoriaeth mewn

Gwasanaethau Cwsmeriaid: *tudalen 5*

Apeliadau Ardrethi Busnes: *tudalen 6*

Cynhadledd Diogelwch Tân: *tudalen 8*

Cynhadledd Dadhalogi: *tudalen 8*

Cyhoeddiadau Technegol: *tudalen 9*

Ein Gwefan: *tudalen 9*

Hanes Ysbyty Cefn Coed: *tudalen 10*

Fframweithiau Adeiladu Dros Gymru'r GIG

Yn dilyn caffael fframweithiau adeiladu ac ymgynghorol Adeiladu Dros Gymru'r GIG, a lansiwyd ar 12 Medi yng Ngwesty'r Village yng Nghaerdydd, rhoddwyd y contractau canlynol ar waith:

- Partner Cenedlaethol y Gadwyn Gyflenwi a Fframweithiau Rheoli Prosiectau ar gyfer prosiectau sydd â chost adeiladu o dros £12 miliwn (heb gynnwys Treth ar Werth)
- Fframweithiau Partner Rhanbarthol y Gadwyn Gyflenwi, Rheolwr Rhanbarthol y Proiect a'r Cyngorydd Costau Rhanbarthol ar gyfer prosiectau sydd â chost adeiladu rhwng £4 miliwn a £12 miliwn (heb gynnwys Treth ar Werth). Mae tri rhanbarth, sef de-ddwyrain, de-orllewin a gogledd Cymru.



Mae Iain Worby, Pennaeth Adeiladu Dros Gymru'r GIG, yn siarad yn nigwyddiad lansio'r fframwaith



Andrew Waddington, Rheolwr y Fframwaith, yn cyflwyno i fynychwyr y lansiad

Yn debyg i'r cenedlaethau blaenorol o fframweithiau, caiff prosiectau sy'n llai na £4 miliwn i'w hadeiladu eu caffael yn lleol gan y Bwrdd Iechyd/Ymddiriedolaeth lleol.

Mae Gwasanaethau Ystadau Arbenigol wedi ymgynghori'n drylwyr â'r Byrddau Iechyd/Ymddiriedolaethau a Llywodraeth Cymru ynghylch y broses gaffael. Mae partïon sy'n allanol i'r GIG, megis yr Awdurdod Gweithredol Iechyd a Diogelwch, Adeiladu Arbenigrwydd yng Nghymru a mentrau prentisiaeth hefyd wedi cyfrannu at strwythur a gofynion y broses.

Ysbyty Plant Cymru Arch
Nоа, Caerdydd



Trwy'r broses ymgynghori hon, mae fframweithiau Adeiladu dros Gymru'r GIG wedi sicrhau'r canlynol:

- Cadwyni cyflenwi integredig, lle mae Aelodau o'r Gadwyn Gyflenwi wedi eu penodi i'w sefydliad lletyol;
- Pwynt cyswllt contractiol 'un-stop' gyda Phartner y Gadwyn Gyflenwi (SCP), sy'n cynnwys Aelodau eu Cadwyn Gyflenwi.
- Cefnogi ymgynghorwyr Rheolwyr Prosiect a Chyngorwyr Costau i gynorthwyo Byrddau Iechyd/Ymddiriedolaethau i fodloni eu gofynion cyfalafol. (Ni Iwyddwyd i gaffael fframwaith Cynghorydd Costau Cenedlaethol oherwydd diffyg diddordeb yn y farchnad, a chaiff ei gaffael ar gyfer gofynion penodol prosiect unigol.)
- Penodi Partner y Gadwyn Gyflenwi, Rheolwr y Prosiect a Chyngorydd Costau yn gynnar, sydd fel arfer yn digwydd ar ddechrau'r gwaith o ddatblygu'r achos busnes amlinellol;
- Galluogi Byrddau Iechyd/Ymddiriedolaethau i ddewis eu dewis partneriaid yn hawdd, (sydd fel arfer yn para am gyfnod o chwe wythnos);
- Defnyddio system tendro electronig i gael gwybod costau datblygu a chwblhau'r Achos Busnes Amlinellol; a
- Defnyddio ffurf contract Peirianneg ac Adeiladu Opsiwn C NEC3 ar gyfer Partneriaid y Gadwyn Gyflenwi a Chontract Gwasanaethau Proffesiynol NEC3 ar gyfer ymgynghorwyr cymorth.



Cafodd diwygiadau eu cyflwyno i gryfhau'r meysydd canlynol:

- Gofynion budd cymunedol Llywodraeth Cymru. Mae targedau wedi cael eu gosod ar gyfer y mesurau gofynnol a lle y bo'n bosibl, mae canlyniadau ariannol wedi cael eu cyflwyno yn y contractau os na fydd y targedau hyn yn cael eu cyrraedd.
- Cyflogaeth foesegol Llywodraeth Cymru yng ngofynion y Gadwyn Gyflenwi. Mae'r holl gadwyni cyflenwi wedi ymrwymo i gydymffurfio â'r gofynion hyn a byddant yn cael eu monitro o bryd i'w gilydd wrth i'r fframwaith fynd rhagddo.
- Rydym wedi newid ein dewis o ran Partner y Gadwyn Gyflenwi ar gyfer y fframweithiau rhanbarthol, fel y gall hyn ddigwydd ar ôl yr Achos Amlinellol Strategol. Yn y gorffennol, byddai hyn yn digwydd ar ôl yr Achos Busnes Amlinellol ond teimlwyd bod y manteision o draffod yn gynnar yn y broses wedi cael eu colli.

Bu hyn yn ymarfer cymhleth a sylweddol i'w gwblhau a rhaid i ni ddiolch i holl staff y Bwrdd Iechyd a'r Ymddiriedolaeth sydd wedi cyfrannu at y broses o werthuso, rydym yn gwerthfawrogi hyn yn fawr. Cynhaliwyd lansiad ffurfiol y fframwaith ym mis Medi 2018, lle roedd yn bleser cwrdd â phawb sydd ynghlwm.

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Tyfu eich peirianwyr eich hunain - profiad y Gwasanaethau Ystadau Arbenigol

Mae denu peirianwyr i'r Gwasanaethau Ystadau Arbenigol ac adrannau ystadau ehangach y GIG wedi bod yn anodd dros y blynnyddoedd diwethaf yn sgil diffyg peirianwyr cymwys addas yn gyffredinol ar draws y DU ac yn enwedig o fewn Byrddau Iechyd ac Ymddiriedolaethau GIG Cymru.

O ganlyniad, gwnaed penderfyniad, fel rhan o drafodaethau'r Cynllun Tymor Canolig Integredig 2017/18, i ystyried sut gallai SES 'dyfu eu peirianwyr eu hunain' naill ai drwy ddefnyddio cynllun prentisiaeth a ddatblygir yn lleol, cynllun prentisiaeth presennol yn y GIG neu drefniadau hyfforddiant amgen sydd ar gael ar y farchnad.

Y bwriad oedd nid yn unig darparu peirianwyr ar gyfer y Gwasanaethau Ystadau Arbenigol ond hefyd ar gyfer Byrddau Iechyd ac Ymddiriedolaethau GIG Cymru. Daeth y tîm oedd yn ymchwilio i'r opsiynau hyn i'r casgliad y byddai'r amcanion yn cael eu bodloni orau trwy ddefnyddio'r cynllun **Network75** a ddatblygir ac a reolir gan Brifysgol De Cymru (PDC).

Mae'r cynllun yn llwybr gweithio ac astudio cyfunol tuag at radd; mae israddedigion yn defnyddio eu gwybodaeth academaidd mewn gwaith bywyd go-iawn mewn sefydliad lletyol fel y Gwasanaethau Ystadau Arbenigol. Mae gweithwyr dan hyfforddiant Network75 yn cael cyfrele i ennill gwybodaeth academaidd a phrofiad ymarferol, er mwyn eu datblygu i fod yn raddedigion o'r ansawdd uchaf sy'n barod ar gyfer y diwydiant.

Cytunwyd hefyd y byddai'r cynllun Network 75 yn gweithredu ochr yn ochr ag unrhyw gynlluniau presennol sydd gan y byrddau iechyd ar gyfer prentisiaid yn y maes, yn hytrach na'u disodli.

Cyflwynwyd yr israddedigion i'r Gwasanaethau Ystadau Arbenigol gan Brifysgol De Cymru yn fuan ar ôl dod i'r penderfyniad i ddefnyddio'r cynllun israddedig Network 75. Cynhaliwyd cyfweliadau â darpar fyfyrwyr peirianneg trydanol a mecanyddol, a gwnaed cynnig i Aidan Parkes, sef myfyriwr peirianneg fecanyddol yn ei drydedd flwyddyn a oedd wedi cwblhau ei ddwy flynedd gyntaf yn Uned Fferyllol y Santes Fair, ym Mwrdd Iechyd Prifysgol Caerdydd a'r Fro.

Wedi'u calonogi gan lwyddiant y myfyriwr cyntaf, croesawodd y Gwasanaethau Ystadau Arbenigol ddau fyfyrwr Network75 newydd ym mis Medi. Bydd **Rebecca Mason**, myfyriwr peirianneg fecanyddol ac **Aran Chaplin**, myfyriwr peirianneg trydanol (**yn y llun isod**), yn cael profiad o weithio yn y Gwasanaethau Ystadau Arbenigol ac mewn Byrddau Iechyd ac Ymddiriedolaethau.



Mae gwella cynlluniau ar gyfer olyniaeth yn rheswm da ynddygi hun i'r Gwasanaethau Ystadau Arbenigol barhau i geisio darparu peirianwyr graddedig cymwys i farchnad GIG Cymru. Felly, bydd galluogi myfyriwr peirianneg i ennill profiad gwaith gwerthfawr drwy gynllun strwythuredig a chydhabyddedig yn parhau i fod yn amcan allweddol ar gyfer Cynlluniau Tymor Canolig Integredig y Gwasanaethau yn y dyfodol.



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NETW75RK Astudiaeth achos

Ers ymuno â'r Gwasanaethau Ystadau Arbenigol ym mis Medi 2017, mae Aidan wedi ennill profiad gwerthfawr o ystod eang o wasanaethau yn ymwneud â pheirianneg, gan gynnwys gwresogi, awyru, dŵr, trydan, nwyon meddygol a dadhalogi. Mae hefyd wedi teithio'n helaeth ledled GIG Cymru er mwyn cael gwell dealltwriaeth o'r heriau peirianneg a wynebir gan staff ysbytai o ddydd i ddydd ac i weld sut mae peirianwyr proffesiynol o fewn y Gwasanaethau Ystadau Arbenigol yn cynorthwyo'r heriau hyn.

Mae Aidan yn myfyrio ar ei amser gyda'r Gwasanaethau hyd yma:

"Mae pawb yn y Gwasanaethau Ystadau Arbenigol yn gyfeillgar ac yn wybodus iawn ac os oes angen help arnaf gydag unrhyw beth, neu os oes gennyl ddiddordeb arbennig mewn gweld neu ddysgu am system benodol, roedd trefnu hynny yn ddim trafferth o gwbl."

"Dwi wedi elwa'n aruthrol o'r profiad ymarferol yr wyf wedi'i ennill a dysgu am sut (a pham) caiff systemau peirianneg eu rheoli, yn ogystal â risgiau'r systemau hyn os nad ydyn nhw'n cael eu dylunio/gosod/cynnal a chadw yn y modd cywir."

"Rwyf wedi cyfrannu at greu drafftiau o adroddiadau tyst ac adroddiadau Person Awdurdodedig (AP) ac, yn fwy diweddar, rwyf wedi mwynhau tystio pwynt-i-bwynt System Reoli Adeiladau Newydd yn Ysbyty Tywysoges Cymru, Pen-y-bont ar Ogwr."

Ar ôl cwblhau ei hyfforddiant bydd Aidan yn cael cyfle i aros o fewn y Gwasanaethau Ystadau Arbenigol neu i fynd i swydd wag yn ymwneud â pheirianneg mewn Ymddiriedolaeth neu Fwrdd Iechyd GIG Cymru. Disgwylir iddo ddod yn Beiriannydd Siartredig, a fydd yn ei alluogi i weithredu ar lefel uchel o fewn y strwythurau sefydliadol ystadau a chyfleusterau yn GIG Cymru.



Newidiadau staff



Ar ôl cyfnod o newid sylweddol, lle bu nifer o bobl yn ymddeol neu'n gadael, gan arwain at weithgarwch recriwtio prysur iawn, mae'n ymddangos ei fod wedi setlo i gyfnod o sefydlogrwydd erbyn hyn. Mae nifer y staff newydd a'r ymadawyr wedi gostwng i nifer fach, gyda dim ond Simon Griffiths (simon.griffiths2@wales.nhs.uk) yn ymuno ers y cylchlythyr diwethaf ym mis Ebrill, er mwyn darparu adnoddau ychwanegol ar gyfer y gwasanaeth profion dadhalogi. Mae Simon yn dod ag 16 mlynedd o brofiad o brofi cyfarpar dadhalogi yn y sector preifat gyda Dekomed Ltd. Mae'n edrych ymlaen yn fawr i ddefnyddio a gwella ei sgiliau gyda GIG Cymru.



Hefyd, yn ddiweddar, mae ein cynghorydd rheolaeth amgylcheddol, Chris Lewis, (chris.lewis4@wales.nhs.uk) wedi ymgorffori dyletswyddau'r swydd wag cynghorydd rheoli cyfleusterau fel rhan o'i rôl, ac bellach, mae'n Uwch-gyngħorydd Rheolaeth Amgylcheddol a Chyfleusterau. Yn ogystal â'i gyfrifoldebau amgylcheddol, mae Chris bellach yn gyfrifol am (ymysg pethau eraill), System Rheoli Perfformiad Ystadau a Chyfleusterau (EFPMS); sef system wybodaeth sy'n casglu data o adrannau ystadau GIG Cymru er mwyn datblygu a llunio adroddiad meincnodi blynnyddol.

Rhagoriaeth mewn Gwasanaethau Cwsmeriaid

Mae gan y Gwasanaethau Ystadau Arbenigol ddyfarniad Rhagoriaeth mewn Gwasanaeth Cwsmeriaid Llywodraeth y DU ac maen nhw hefyd yn gweithredu system rheoli ansawdd ISO9001:2015; mae hyn yn rhoi ffocws cryf i ni ar wasanaethau cwsmeriaid ac ansawdd y gwasanaeth. Mae hyn yn beth da, ond mae'n bwysig gwirio a yw'r gwasanaethau a ddarperir yn addas ar gyfer gofynion y cleient a ph'un a yw'n fodlon.



Gyda hyn mewn golwg, bob blwyddyn rydym yn cynnal arolwg cwsmeriaid llawn. Cyhoeddwyd yr arolwg diweddaraf yn 2017 i 279 o gwsmeriaid/rhanddeiliaid mewn Ymddiriedolaethau/Byrddau Iechyd ac yn Llywodraeth Cymru, gan gynnwys peirianwyr, radiolegwyr, rheolwyr practisiau meddyg teulu, uwch-reolwyr ystadau, rheolwyr cyfleusterau ac ati. Dychwelwyd arolwg cyflawn gan 16% o'r sampl, sef cynnydd o 7% o gymharu â 2016. Er bod y gyfradd ymateb yn gymharol isel, roedd yr ymateb yn gadarnhaol dros ben; roedd dros 98% o'r ymatebwyr yn cytuno neu'n cytuno'n gryf gyda phedwar o'r pum datganiad, ac roedd 86% o'r ymatebwyr yn cytuno neu'n cytuno'n gryf gyda'r datganiad sy'n weddill.

1	Mae'r staff yn gwrtais ac yn gyfeillgar	98%	Yn cytuno'n gryf neu'n cytuno
2	Mae'r staff bob amser yn barod i helpu	98%	Yn cytuno'n gryf neu'n cytuno
3	Mae'r staff yn ymddwyn mewn modd proffesiynol	98%	Yn cytuno'n gryf neu'n cytuno
4	Darperir y gwasanaeth mewn modd amserol neu erbyn terfyn amser a osodwyd	86%	Yn cytuno'n gryf neu'n cytuno
5	Mae ymholiadau/cwestiynau bob amser yn cael eu hateb yn fodhaol	98%	Yn cytuno'n gryf neu'n cytuno

Arweiniodd hyn at gyfartaledd sgôr cytuno'n gryf a chytuno o 95%, sydd 10% yn uwch na'r dangosydd perfformiad allweddol gwasanaethau cwsmeriaid yn 2017/18, sef 85%.

Yr unig faes a amlygwyd i'w wella oedd yr amser a gymerir i gyflwyno adroddiadau yn ymwneud â dadhalogi. Ers yr arolwg, dangosodd adolygiad o'r maes hwn bod angen peiriannydd profi dadhalogi arall ac felly penodwyd un ym mis Ebrill.

Cadwch lygad am arolwg 2018 ym mis Rhagfyr - rydym yn edrych ymlaen yn arw at glywed eich barn! Os na dderbynioch arolwg yn 2017 ac hoffech chi roi adborth eleni, cysylltwch â Jessica Morgan, y Swyddog Gwybodaeth ar Jessica.Morgan@wales.nhs.uk. Hefyd, gallwch anfon unrhyw adborth (cadarnhaol neu negyddol) at Jessica a byddwn yn ymateb.

Apeliadau ardrethi busnes ar feddygfeydd meddyg teulu yng Nghymru



Yn hanesyddol, roedd Asiantaeth y Swyddfa Brisio (VOA), sef cangen o Gyllid a Thollau Ei Mawrhydi sy'n gyfrifol am brisio eiddo masnachol at ddibenion ardrethi busnes, yn prisio'r holl safleoedd practis cyffredinol (meddygon teulu) yng Nghymru a Lloegr gan ddefnyddio dull rhent.

Roedd hyn yn cynnwys defnyddio cyfradd fesul metr sgwâr ar gyfer arwynebedd mewnol net pob eiddo, naill ai yn seiliedig ar rhent swyddfeydd lleol gyda chynnydd i adlewyrchu costau ychwanegol ar gyfer gosod, neu drwy fabwysiadu rhent presennol y farchnad ar feddygfeydd, fel yr asesir gan Wasanaethau Prisio Rhanbarthol (DVS) neu'r Cynllun Rhenti a Chyfraddau Meddygon Teulu (DRRS). Yn y bôn, mae rhent DRRS yn farn o werth, ac nid yw'n seiliedig ar drafodion ar y farchnad agored, gan fod practisiau meddyg teulu yn eiddo arbenigol nad ydynt byth yn wag ac sydd ar gael i'w rhentu ar y farchnad agored.

Yn 2008, nododd ymgynghorwyr sgôr arbenigol (GVA Grimley, sef Bilfinger GVA yn awr) bod gwahaniaethau sylweddol rhwng y gwerthoedd ardrethol a briodolir i Ganolfannau Iechyd a phractisiau meddyg teulu a berchnogir gan y GIG. Roedd Canolfannau Iechyd y GIG, er bod eu natur yr un fath â meddygfeydd teulu, yn seiliedig ar ddull prisio amgen, sef dull y contractwyr. Mae'r dull hwn yn golygu cyfrifo cost cyfalaf ailosod yr eiddo sydd wedyn yn cael ei drosi'n swim blynnyddol drwy luosi'r gost disodli gyda'r gyfradd ddatgyfalafu statudol a osodwyd gan y Llywodraeth. Yn sgil mecanwaith prisiad y contractwyr, mae'n cynhyrchu gwerth ardrethol rhwng hanner a thraean yr hyn a fyddai'n deillio o sail yr rhenti.

Pan ofynnwyd i Asiantaeth y Swyddfa Brisio esbonio pam y cafodd meddygfeydd teulu a chanolfannau iechyd y GIG eu prisio mewn ffyrdd gwahanol, dyma nhw'n cadarnhau gan fod dystiolaeth rhentu ar y farchnad agored ar gael, yn eu barn nhw, ar ffurf rhent DRRS ar Feddygfeydd Teulu, y dylai'r dulliau rhentu ennill y dydd.

Mewn trafodaethau gyda GVA, cytunodd y Gwasanaethau

Ystadau Arbenigol (sy'n rhan o Bartneriaeth Cydwasanaethau GIG Cymru) bod y dystiolaeth rhent presennol y farchnad a ddaeth o'r Cynllun Rhenti a Chyfraddau Meddygon Teulu yn annibynadwy mewn cyddestun ardrethi, gan ei fod yn ddull prisio a gynhelir at ddibenion ad-dalu ac nid yw'n cael ei brofi yn y farchnad agored rhwng landlord bodlon a thenant bodlon. O ganlyniad, nid oedd unrhyw dystiolaeth rhentu ar gyfer meddygfeydd teulu na chanolfannau iechyd ac fel y cyfryw, dull y contractwyr oedd y dull priodol o brisio ar gyfer y ddau.

Yn 2009, cyn yr ailbrisio ardrethi annomestig yn 2010, arweiniodd y Gwasanaethau Ystadau Arbenigol ymarfer caffael cystadleuol a arweiniodd at benodi GVA ar gyfer pob un o'r saith Bwrdd Iechyd yng Nghymru. Cylch gorchwyl y penodiad hwn oedd bod GVA yn ymchwilio i briodoldeb gwerthoedd ardrethadwy meddygfeydd teulu yn Nghymru yn rhestr ardrethi 2010, ac i apelio yn erbyn yr asesiadau hynny a ystyriwyd i fod yn anghywir.



Er mai busnesau preifat yw practisiau meddygon teulu ac yn y mwyafrif o achosion, y practisiau unigol sydd naill ai'n berchen ar y safle neu'n ei brydlesu, caiff eu hardrethi busnes eu had-dalu gan y Byrddau Iechyd trwy'r Gwasanaethau Gofal Sylfaenol (sy'n rhan o Bartneriaeth Cydwasanaethau GIG Cymru) ac maent yn cael eu hanfonebu mewn dwy ffordd wahanol: naill ai yn uniongyrchol i'r Gwasanaethau Gofal Sylfaenol, neu i feddygon teulu sy'n cyflwyno'r anfonebau i'r Gwasanaethau Gofal Sylfaenol i'w talu.

Dan yr amgylchiadau hyn nid yw Byrddau Iechyd yn 'bartion a chanddynt fuddiant' fel y'u diffinnir gan ddeddfwriaeth ardrethi oherwydd, er eu bod yn talu'r cyfraddau, nid ydynt yn berchnogion nac yn feedianwyr i'r safle. O ganlyniad, cafwyd caniatâd gan bractisiau meddygon teulu unigol i GVA a'r Bwrdd Iechyd weithredu

fel eu hasiant mewn unrhyw sefyllfa apêl, er mai'r Bwrdd Iechyd yw buddiolwr unrhyw arbedion. Yn dilyn hynny, cadarnhaodd yr Asiantaeth bod ganddo ddyletswydd i gynnal rhestr ardrethu gywir, sy'n golygu y gellir ymdrin â rhai materion trwy hysbysu yn hytrach nag apelio, a all olygu nad oes angen gofyn am ganiatâd y meddyg teulu.

Gwrthododd Asiantaeth y Swyddfa Brisio dderbyn dadleuon GVA a'r Gwasanaethau Ystadau Arbenigol ac, yn dilyn ailbrisio ardrethi annomestig yn 2010, yn sgil y nifer sylwedol o apeliadau a gyflwynwyd erbyn meddygfeydd meddygon teulu, cytunodd yr holl bartion y dylid gwrandio ar Achos Prawf i ddatrys y mater a byddai'r penderfyniad yn berthnasol i feddygfeydd meddygon teulu ledled Cymru a Lloegr.

Manylion yr Achos Prawf

Amcan sylfaenol prisio ardrethu yw gweld beth yw gwerth y feddiannaeth i'r meddiannydd. Y gwerth ardrethol yw'r rhent damcaniaethol y mae'r tenant damcaniaethol yn barod i'w dalu i landlord damcaniaethol ar gyfer un eiddo mewn meddiannaeth unigol. Efallai bydd y gwerth ardrethol yn wahanol i'r rhent gwirioneddol a delir, ac yn aml iawn dyma sy'n digwydd, ac mae angen i'r priswyr fod yn wyliadwrus oherwydd efallai nad yw'r rhent gwirioneddol a delir yn ganllaw dibynadwy i'r gwerth ardrethi os effeithir arno gan amodau arbennig.

Yn wreiddiol, dywedodd Asiantaeth y Swyddfa Brisio bod rhenti prydles o fewn y Cynllun Rhenti a Chyfraddau Meddygon Teulu yn dystiolaeth o werth ar y farchnad agored ac roeddent yn ffynhonnell ddibynadwy o dystiolaeth at ddibenion ardrethu. Fodd bynnag, dadleuodd GVA a'r Gwasanaethau Ystadau Arbenigol bod rhenti Cynllun Rhenti a Chyfraddau Meddygon Teulu yn ddim mwy na barn o werth sy'n deillio o gost datblygu adeiladu meddygfeydd newydd, sy'n adlewyrchu lefel yr elw sydd ei angen ar ddatblygwyr yn hytrach na gwerth y feddiannaeth i'r meddiannydd. Gwadodd yr Asiantaeth fod hyn yn wir ac oherwydd na ellir cyrraedd cytundeb, clywyd tri Achos Prawf o flaen Is-Lwywydd Tribiwnlys Prisio Lloegr ym mis Mai 2012.

Penderfyniad y Tribiwnlys Prisio a Siambroedd yr Uwch Dribiwnlys

Ar ôl gwrandawiad tri diwrnod o hyd ym mis Mai 2012, penderfynodd Is-Lwywydd y Tribiwnlys Prisio o blaid y GIG. Ym marn y Tribiwnlys, nid oedd dystiolaeth y Cynllun Rhenti a Chyfraddau Meddygon Teulu yn ddibynadwy mewn cyd-destun ardrethu ac, yn absenoldeb unrhyw dystiolaeth rhent ddefnyddiol arall, y dylai dull prisio'r contractwyr ennill y dydd. Mae defnyddio sail y contractwyr wedi cael arwain at leihau gwerth ardrethol ar feddygfeydd yr Achos Prawf dros 50% ac mae wedi cynhyrchu arbedion o dros £300,000 ar dri eiddo yn unig.

Roedd Asiantaeth y Swyddfa Brisio yn ymwybodol iawn

o oblygiadau ariannol y penderfyniad hwn ac yn dilyn adolygiad o benderfyniad ysgrifenedig y Tribiwnlys Prisio, teimlai bod modd cyflawnhau apelio i Siambroedd yr Uwch Dribiwnlys. Yn y cyfnod hir hwn yn arwain at y gwrandawiad Siambroedd bedwar diwrnod o hyd ym mis Mehefin 2014, cyflwynodd y ddau barti ddatganiadau Tystion Arbenigol manwl, nifer o wrthatebion a sylwadau cyfreithiol. Yn sgil arwyddocâd cenedlaethol yr achos hwn, gofynnodd aelod o'r Siambroedd am ddatganiadau clo ysgrifenedig gan y ddwy ochr ym mis Gorffennaf 2014 ac ar ôl hynny, trafodwyd y mater am chwe mis arall, cyn penderfynu unwaith eto o blaid y GIG. Er bod ganddynt yr hawl i apelio yn erbyn penderfyniad y Siambroedd i'r Llys Apêl o fewn wyth diwrnod ar hugain, gwrthododd yr Asiantaeth wneud hynny.



Arbedion yr apêl

Ers rhyddhau'r penderfyniad ym mis Ionawr 2015; mae GVA (ar ran y saith Bwrdd Iechyd yng Nghymru) wedi bod yn trafod gydag Asiantaeth y Swyddfa Brisio i gytuno ar fanylion y costau ac ati, i gael eu mabwysiadu ar gyfer sail prisio'r contractwyr ar gyfer meddygfeydd, canolfannau gofal sylfaenol a chanolfannau iechyd, sydd wedi arwain at lunio Memorandwm Cytundeb a chwblhau'r broses o setlo tua 500 o apeliadau i raddau helaeth. Dylai gweddill yr apeliadau hyn gael eu setlo yn ystod 2018, yn amodol ar amserlen raglennu Asiantaeth y Swyddfa Brisio ar gyfer apeliadau heb eu datrys.

Oherwydd maint y gostyngiad mewn gwerth ardrethol sy'n deillio o newid y dull prisio o rhenti i contractwyr; mae penderfyniad y Siambroedd wedi haneru dyled ardrethi busnes ar eiddo gofal sylfaenol yng Nghymru i bob pwrras. Ar ddiwedd mis Mawrth 2018 cafodd 478 o apeliadau eu setlo yng Nghymru gan gynhyrchu amcangyfrif arbedion ardrethi busnes o £38.426 miliwn ar gyfer GIG Cymru rhwng 2010 a 2017.



Am ragor o wybodaeth, cysylltwch ag:

Clive Ball | Pennaeth Eiddo
clive.ball@wales.nhs.uk | 02920 904106

Y Gwasanaethau Ystadau Arbenigol yn cefnogi Sefydliad y Peirianwyr Tân

Yng ngoleuni trychineb Grenfell a'r ymchwiliad parhaus, amlygwyd llawer o ddiffygion diogelwch Tân ar draws y diwydiant Tân. Roedd gwella cymhwysedd yn un o'r argymhellion allweddol a amlygwyd yn *Adolygiad Annibynnol ar Reoliadau Adeiladu a Diogelwch Tân y Fonesig Judith Hackitt ar ôl Grenfell*.

Ar 19^{eg} Gorffennaf cynhaliodd Gwasanaeth Tân ac Achub De Cymru ddiwrnod hyfforddiant Sefydliad y Peirianwyr Tân a ganolbwytiodd ar bwysigrwydd adrannu Tân yn drylwyr, ac roedd dros 120 o gynrychiolwyr o bob rhan o'r diwydiant Tân yn bresennol, gan gynnwys cynrychiolwyr o'r GIG.

Rhoddodd Anthony Pitcher, sef Uwch-gynghorydd Diogelwch Tân y Gwasanaethau Ystadau Arbenigol, gyflwyniad ar rôl hanfodol damperi Tân wrth gynnal uniondeb adrannu Tân, a gafodd dderbyniad da gan y cynrychiolwyr.



Am ragor o wybodaeth, cysylltwch ag:

Anthony Pitcher | Uwch-ymgyng'horydd Diogelwch Tân
anthony.pitcher@wales.nhs.uk | 02920 904120



Cynhadledd dadhalogi

Daeth dros hanner cant o arbenigwyr dadhalogi at ei gilydd ym mis Medi i drafod buddion a newidiadau gweithdrefnau yn Fforwm Dadhalogi Endosgop Cymru Gyfan blynnyddol y Gwasanaethau Ystadau Arbenigol.

Daeth cynrychiolwyr o'r saith Bwrdd Iechyd yng Nghymru ynghyd ar faes Sioe Frenhinol Cymru yn Llanfair-ym-Muallt i rannu eu profiadau a'u harfer da ac i glywed am y datblygiadau cyffrous ym maes dadhalogi. Roedd y pynciau a drafodwyd yn y cyfarfod yn cynnwys clefyd Variant Creutzfeldt-Jacob ym maes dadhalogi, technoleg a gwelliannau mewn gweithdrefnau endosgopi, yn ogystal â'r *Memorandwm Technegol Iechyd Cymru 00-01* diweddaraf: *Dadhalogi offer llawfeddygol (dyfeisiau meddygol)* a ddefnyddir ar wardiau aciwt Rhan A: *Rheolaeth a darpariaeth*, a gyhoeddwyd yn ddiweddar.



Roedd y diwrnod hefyd yn cynnwys sgyrsiau a chyflwyniadau gan gyflenwyr a gweithgynhyrchwyr cemegion ym maes dadhalogi, gan gynnwys Steelco Solution ac Isopharm. Yn ystod y prynhawn, cafodd y mynchywyr eu rhannu'n dri grŵp ac roedd modd trafod meysydd o ddiddordeb yn fwy manwl; gan ystyried pynciau gwahanol a chynnal dadleuon anffurfiol.

Am gopi o'r *WHTM 00-01: Dadhalogi offer llawfeddygol (dyfeisiau meddygol)* a ddefnyddir ar wardiau aciwt Rhan A: *Rheoli a darparu*, ewch i **wefan y Gwasanaethau Ystadau Arbenigol**.



Am ragor o wybodaeth, cysylltwch â:

John Prendergast | Uwch-beiriannydd Dadhalogi
john.prendergast@wales.nhs.uk | 02920 904097

Cyhoeddiadau technegol ers mis Ebrill 2018

Nodiadau Adeilad Iechyd Cymru (WHBNs)

Mae'r rhain yn gyfres o ddogfennau sy'n rhoi arweiniad ynghylch cynllunio a dylunio ystod o adeiladau iechyd sy'n darparu gwasanaethau arbenigol yng Nghymru.

Memorandwm Technegol Iechyd Cymru (WHTM)

Mae'r rhain yn gyfres o ddogfennau sy'n rhoi arweiniad technegol ynghylch ystod eang o systemau arbenigol yn ystâd iechyd Cymru.

Mae'r canlynol wedi cael eu cyhoeddi gan y Gwasanaethau Ystadau Arbenigol ers mis Ebrill 2018:

WHBN 03-02 Cyfleusterau ar gyfer Gwasanaethau Iechyd Meddwl Plant a'r Glasoed (CAMHS)

Mae'r arweiniad hwn yn cwmpasu dylunio llety gwasanaethau iechyd meddwl plant a'r glasoed ar gyfer plant a phobl ifanc hyd at 18 mlwydd oed. Mae'n darparu disgrifiadau llawn o'r ystafelloedd sy'n benodol i CAMHS ac nad ydynt yn gynwysedig mewn WHBNs a HBNs eraill.

WHBN 00 08 Estatecode Cymru 2018

Mae'n cynnwys cyngor manwl ynghylch sut i fynd ati i reoli tir ac eiddo a ddefnyddir at ddibenion darparu gwasanaethau gofal iechyd. Gan ddefnyddio'r wybodaeth hon, dylai sefydliadau GIG Cymru allu dod o hyd i atebion effeithiol ac effeithlon trwy ddefnyddio adnoddau eiddo, a hynny er mwyn darparu gwell gofal iechyd a chymdeithasol, gwneud arbedion effeithlonrwydd a thorri costau.

WHBN 15-01 Adrannau Damweiniau ac Achosion Brys

Mae'r arweiniad hwn ar gyfer timau amladdisgyblaethol, gan gynnwys clinigwyr, timau dylunio, cynllunwyr ystadau a rheolwyr, sy'n gyfrifol am lunio cynlluniau strategol a gweithredol ar gyfer mannau adeiledig gwasanaethau Damweiniau ac Achosion Brys.

WHTM 01-01 Dadhalogi offer llawfeddygol (dyfeisiau meddygol) a ddefnyddir ar wardiau aciwt Rhan A: Rheolaeth a Darpariaeth

Rhoi cyngor ar y broses ddadhalogi gyfan wrth reoli a dadhalogi offer llawfeddygol.

Ein gwefan

Yn gynharach eleni, daeth y gwaith o wella ein gwefan newydd sbon i ben. Mae'n llawn gwybodaeth am ein gwasanaethau, ein pobl a'r cyhoeddiadau, hysbysiadau a negeseuon arweiniad technegol yr ydym yn eu cynhyrchu ar ran GIG Cymru.

The screenshot shows the GIG NHS Wales website. The top navigation bar includes links for Feedback, Site map, Document map (A-Z list), Font size, AAA, Search, Contact, and Staff Intranet. The main header features the GIG logo and the text 'Adding Value Through Partnership'. Below the header, there's a 'Services' section for 'Specialist Estates Services' with a link to 'Specialist Estates Services'. The 'Specialist Estates Services' page contains sections for 'Property' (providing advice and support on all aspects of healthcare property management including acquisitions, disposals, leased and rental relations and the management of leases), 'Business' (providing advice and support to the Welsh Government and delivery of 3rd Party Developments and undertakes all General Practitioners (GPs) triennial rental reassessments), and 'Latest jobs' (listing various job vacancies). The footer includes links for 'Our Services', 'Our People', and 'Publications and Information', along with contact details for 'Payments Officer' and 'Medical Workforce & Support Officer'.

The screenshot shows the 'Publications and Information' page from the GIG NHS Wales website. The top navigation bar includes links for Home, Services, and Publications and Information. The main content area is titled 'Publications and Information' with the sub-section 'Specialist Estates Services'. It features a grid of circular icons representing different types of documents: 'Welsh Health Building Notes (WHBNs)', 'Welsh Health Technical Memoranda (WHTMs)', 'Notifications', 'Archive', 'Welsh Health Building Notes (WHBNs) and Health Building Notes (HBNs)', 'Welsh Health Technical Memoranda (WHTMs) and Health Technical Memoranda (HTMs)', 'Alerts', 'Notifications', and 'Archive'. The footer includes a 'Tweets by @GIGSP' section with a bio for Claire Davies (@ClaireDaviesGIGSP) and a link to her Twitter profile.

Cliciwch yma i fynd i'n gwefan.
Byddem yn gwerthfawrogi eich adborth ar y wefan yn fawr er mwyn ein galluogi i'w chadw'n ffres ac yn berthnasol i'ch anghenion.

Hefyd, gallwch ddilyn y Gwasanaethau Ystadau Arbenigol ar twitter ar **@SES_Information**



Am ragor o wybodaeth am ein cyhoeddiadau technegol neu i roi adborth ynghylch ein gwefan, cysylltwch â:

Jessica Morgan | Swyddog Gwybodaeth
jessica.morgan2@wales.nhs.uk | 02920 904118

Y Gornel Hanes - Ysbyty Cefn Coed

Ar wahanol ffurfliau dros y blynnyddoedd, mae'r Gwasanaethau Ystadau Arbenigol wedi bod â chysylltiad hirsefydlog â'r ystâd iechyd yng Nghymru. Mae'n anodd rhagweld dyfodol adeiladu ysbytai yng Nghymru, ond mae'r gorffennol wedi'i gofnodi yn ein archifau. Rydym yn gobeithio y bydd yr erthygl ganlynol o ddiddordeb ichi.



Adeiladwyd Ysbyty Cefn Coed yn Cockett, Abertawe yn 1929 ac mae'n un o'r ysbytai iechyd meddwl olaf o'i gyfnod sydd ar ôl yn y DU. Cafodd y dyluniad ei seilio ar arddull Fictoraidd hŷn; gellir gweld y tŵr dŵr unigryw o bell, ac ymddangosodd yn un o gerddi cynnar Dylan Thomas, hyd yn oed. Erbyn hyn, ni ystyrrir yr ysbyty'n addas mwyach ar gyfer gofal iechyd meddwl yn yr unfed ganrif ar hugain ac mae'r gwasanaethau'n cael eu trosglwyddo i gyfleusterau pwrpasol modern, ac mae rhai o'r rhain ar dir Cefn Coed.

I nodi datgomisiynu'r ysbyty erbyn diwedd 2018, cynllunir amrywiaeth o ddigwyddiadau, sy'n cynnwys arddangosfa, gêm gyfrifiadurol a model 3D rhyngweithiol, sy'n rhan o'r prosiect arbennig i ddathlu hanes yr adeilad eiconig hwn yn Abertawe.

Gofynnir i gyn-aelodau staff yr ysbyty ddod ymlaen i rannu eu hatgofion a gwirfoddoli i fod yn rhan o'r prosiect o'r enw *A Mental Picture: Dathlu Hanes Ysbyty Cefn Coed 1931 i 2018*.

Mae grant o £10,000 gan Gronfa Dreftadaeth y Loteri yn caniatáu i Grwp Treftadaeth penodedig Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg fwrw ymlaen â chynlluniau uchelgeisiol ar gyfer y fenter, a fydd hefyd yn cynnwys barddoniaeth wedi'i chomisiynu'n arbennig, hanesion llafar ac arddangosfa o wrthrychau sy'n darparu cysylltiad diriaethol â'r gorffennol.

Dyweddodd Martin Thomas, arweinydd y Grŵp Treftadaeth:

"Y gobaith yw y bydd y Bwrdd Iechyd yn creu etifeddiaeth ar gyfer y dyfodol, trwy rannu straeon a rhoi cip ar fywyd y tu ôl i ddrysau cau, a helpu i gael gwared â'r stigma o amgylch salwch meddwl trwy adrodd straeon

go iawn a chreu ymgysylltiadau creadigol. Bydd ein prosiect yn dogfennu ac yn cofnodi'r straeon hynny ac yn dathlu ei oes trwy nifer o gyfryngau gwahanol."

Cafodd y Grŵp Treftadaeth ei sefydlu yn 2014, a'i nod yw cadw a diogelu artefactau hanesyddol y Bwrdd Iechyd a chasglwyd amrywiaeth eang o luniau, dogfennau ac eitemau o sawl safle.

Bydd y prosiect hwn yn gweld y grŵp yn gweithio mewn partneriaeth gyda Phrifysgol Abertawe ac Amgueddfa Abertawe, sy'n darparu gofod ar gyfer yr arddangosfa. Bydd model digidol 3D modern o'r ysbyty'n rhan o'r prosiect, a grëwyd gan Steve Littlejohn, Peiriannydd Cyfrifiadurol o Brifysgol Abertawe. Mae Martin hefyd yn gobeithio sicrhau cefnogaeth chwaraewyr gemau fideo yn eu harddegau i greu fersiwn Ysbyty Cefn Coed arbennig o'r gêm gyfrifiadurol Minecraft, gan ddefnyddio cynlluniau gwreiddiol y pensaer arloesol George Thomas Hine.

Dyweddodd Cadeirydd Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg, Andrew Davies:

Wrth i ni nesáu at ben-blwydd y GIG yn 70 eleni a dathlu sefydlu'r GIG gan Aneurin Bevan ym 1948, mae cofnodi a dathlu hanes yr ysbyty ar gyfer cenedlaethau'r dyfodol yn bwysig iawn ac mae'r prosiect arloesol hwn yn ffordd wych o wneud hynny."

Os hoffech chi gefnogi'r prosiect a rhannu eich stori chi am Ysbyty Cefn Coed, anfonwch neges e-bost at Martin.Thomas4@wales.nhs.uk.

I ddilyn hynt y prosiect, ewch i dudalen Facebook y Grŵp Treftadaeth [yma](#).



Mae gennym lyfrgell luniau helaeth o ystadau ysbyty yng Nghymru a byddem yn croesawu unrhyw luniau a allai ehangu ein cofnodion. I gyflwyno lluniau, neu os hoffech i ni gynnwys eich ysbyty mewn rhifyn o'r cylchlythyr hwn yn y dyfodol, cysylltwch â Jessica Morgan ar: jessica.morgan2@wales.nhs.uk

Cysylltwch â'r Gwasanaethau Ystadau Arbenigol

Gall y rhai sy'n gweithio yn GIG Cymru ddefnyddio naill ai ein [cyfeiriadur gwasanaethau](#) neu [restr o staff](#) i ddod o hyd i'r person iawn i wneud y gwaith, a gall y rhai nad ydynt yn gweithio i GIG Cymru ddefnyddio'r rhestr o staff ar ein gwefan.

Ein cyfeiriad post yw:

Gwasanaethau Ystadau Arbenigol
3ydd Llawr, Tŷ'r Cwmnïau
Crown Way
Caerdydd
CF14 3UB

Ffôn: 02920 904118



Partneriaeth
Cydwasanaethau
Shared Services
Partnership

Dyluniwyd a chynhyrchwyd gan Dîm Cyfathrebu
Partneriaeth Cydwasanaethau GIG Cymru