Freedom of Information Request: Our Reference CTHB_325_19

You asked:

I am writing this letter under the terms of the Freedom of Information Act with regard to the construction and expenditure of the new Helipad at Prince Charles Hospital Merthyr, together with the strategic and medical reasons for its construction and the failure to activate the new Helipad two years after construction. I refer you to the recent article in the Western Mail on this subject 23/10/2019 and my letter in the Western Mail published 01/10/2019.

I write in my capacity as taxpayer who is extremely concerned at the apparent unrestrained spending on a facility that already existed at Prince Charles Hospital and the wider implications for budgets and spending criteria within the NHS as a whole in Wales.

(1) Why was a decision made to build a new Helipad when Prince Charles Hospital already has a Helipad?

(2) If the existing Helipad was in some way unfit for purpose, what criteria were used for assessing this?

(3) Why was it not possible to upgrade the existing Helipad?

(4) What criteria, including any cost/benefit analysis, was done by the Health Board prior to commissioning a new Helipad?

(5) The Heath Hospital in Cardiff is designated as the main major trauma centre in South Wales and has a Helipad capable of operating 24/7 365. The Heath is around 6 minutes flying time from Prince Charles Hospital by Helicopter. What strategic operating and medical considerations were made by the Board when commissioning the new Helipad given the fact that identical/superior facilities exist 6 minutes flying time away?

(6) Has Prince Charles Hospital been designated a major trauma centre in South Wales?

(7) How many helicopter movements per year does Prince Charles Hospital currently have on average?

(8) The Health Board has spent £700,000 on a new Helipad which has yet to be used a full two years post completion. If we examine the cost of comparable facilities, it would seem that the expenditure at Prince Charles appears to be hugely in excess of any similar facility in the UK and beyond. Arguably, it is quite possible that it is the most expensive Helipad in the world, even adjusting for land values (of course land values are irrelevant as you already owned the land it was built on I assume). For example, Ipswich Hospital completed its new Helipad in 2018 for a total sum of £250000 - £450,000 less than the new Helipad at Prince Charles. Assuming planning permission, the actual build cost of a 30 metre by 30 metre reinforced concrete square with drainage would be between £10,000 and £15,000 (based on various enquiries I have made with a number of construction firms). Can you explain how the £700,000 was spent at Prince Charles in detail from inception to completion together with an overview of why the new Helipad has cost so much more than similar facilities?

(9) Why exactly has the Helipad remained unused two years after the completion of construction and what plans are there to change this situation and actually use (timeframe please) a facility that the Board has spent £700,000 on?

(10) Has the enormous cost of building an unused Helipad for a sum that bears no resemblance to the cost of similar facilities (see point 8 above) resulted in any budget cuts elsewhere at Prince Charles especially on front line medical services? How was the capital expenditure of the Helipad funded exactly?

(11) What was the exact process and timeline, including all authorisations, from the very start of the project to its completion?

(12) What were the name(s) and who were the individual(s) who took the decision(s) to authorise the expenditure for the Helipad?

Our response:

1,2 & 3. The decision to build a new helipad at PCH was taken to support quicker / direct access from aircraft to hospital, (improved patient pathway). This removes an additional time factor with the existing helipad which requires an ambulance transfer from the aircraft to the hospital or vice-versa.
The hospital is notified when a helicopter is en-route with a patient and an ambulance is called to attend. There is a risk of delay when ambulances are not immediately available. The new helipad was also designed to support 24/7 activity where the existing helipad is spatially constrained and the proximity of other nearby obstructions prevent it from being suited to adaptation for night flight activity, it has always and remains in operation as a day time helipad.

4 & 5. Specialist advice was sought in the design development for the new helipad and the proposed design was reviewed by the CAAi (Civil Aviation Authority international CAAi - the commercial arm of the UK CAA) who provided a feasibility report confirming suitability. The commissioning of the helipad takes place post construction. The urgent / critical ill health aspect of care this service often supports is not considered suited to numerical cost benefits analysis. The helipad service need at the hospital extends beyond urgent incoming flights and is used in support of transfers to other sites such as specialist burns units and/or neonatal intensive care facilities etc.

6. As part of the South Wales Programme, Prince Charles Hospital (PCH) was identified as the trauma centre within the former Cwm Taf University Health Board. PCH is still designated as a trauma centre within the now enlarged organisational area in Cwm Taf Morgannwg University Health Board.

7. Activity sees peaks and troughs across the seasons and varies year to year. Summer activity is normally greater and close proximity to the Brecon Beacons plays a part in this activity. In terms of movements these do vary annually however could be said to average around 50 per year.

8. The land for the new helipad was not previously owned by the Health Board. The cost breakdown for the scheme included the following: specialist design and project support fees; abnormal ground conditions; a number of key service

alterations e.g. incoming fibre lines, relocation of and new cctv; landscaping adjustments in the wider environs; new flight safety requirements in relation to local obstructions e.g. illumination on the top of the energy centre chimney; provision of an illuminated windsock; additional lighting on and adjacent to the pad area; attenuation and drainage works; additional patient transfer equipment to support non air ambulance transfers; new gates and fence line alterations; resurfacing of safe pedestrian routes; hospital road traffic management gates; caution beacons adjacent to the footpath; works to reinforce and replace facades and elevations of the main hospital to resist "downwash" damage / risk to aircraft; replacement of pathway lighting to provide low level lighting to the public footpath; and re-provision of the former children's playground as an all new facility in an agreed alternate location as part of the planning requirements. The sums of these aspects break down as:

- Design £8.9K
- Construction and associated fees £620K*
- Direct Equipment £9.6K
- Balance c/fwd for remaining works c£39K

** Inclusive of the aspects described above including the re-provision of the children's playground.*

9 & 11. The design was developed by the selected contractors in conjunction with aviation specialist advice and then reviewed against current guidance by the Civil Aviation Authority international CAAi (the commercial arm of the UK CAA). Feasibility Report issued by CAAi on 23 December 2016 confirming Helipad Design suitability. Physical Construction took place in the spring of 2017 with a Statement of Compliance issued by CAAi April 2017, advising that the physical built pad conforms to the required standards for day and night operations. Subsequent to this the UHB received the required pre-flight Commissioning Report May 2017 from Babcock International (specialist commissioning advisors). Recommendations in the report required remedial actions before flight trails could commence and these works were commissioned and undertaken. Commencement of flight trials was granted in late 2017 subject to aircraft availability. The Emergency Medical Retrieval and Transfer Service (EMRTS) feedback from night flight trials, made a number of recommendations including one which was echoed by Babcock International that the area to the North within the field was unusually dark and was a safety concern in terms of potential un-identified people on the ground. A number of the additional night flight recommendations were acted upon and a re-run of night landing was requested in Spring 2018. A number of dates were agreed but there were cancellations due to both poor weather and aircraft availability (one having been diverted en-route to a real emergency call). Repeat landing took place in the summer of 2018 and confirmed proposals for fencing and illumination would support safer night operations. Discussions commenced with the local authority to support a fenced area along with associated procurement to undertake such works. At this point the UHB was advised of a change to both the operator and aircraft used for Search and Rescue (SAR) services. This change to a commercial operator for SAR services and the heavier aircraft required a comprehensive review of the facilities and environs to establish the necessary additional considerations in order that the new PCH pad can safely support both air ambulance and SAR services 24/7. The arising proposals were shared with the CAA to review suitability and have been used to inform the current revised fencing plan that has been subject to public

consultation and is undergoing local planning review currently. When the necessary consents are secured the UHB is ready to undertake the necessary works in order to re-commence what should hopefully be final flight commissioning activities soon after.

10 & 12. The funding for the helipad was secured by the UHB from the Welsh Government, as an allocation from the All Wales Capital Programme which is managed through the Cwm Taf Morgannwg University Health Board's Capital Programme Board. Once commissioned the new helipad will support front line emergency care services.