

The BREEAM New Construction 2011 scheme has replaced BREEAM Healthcare 2008 as the current BREEAM version for new buildings. As BREEAM 2011 is aimed at new construction projects, there is the option to assess fit-out or major refurbishment projects under the BREEAM Healthcare 2008 scheme until the BREEAM Non Domestic Refurbishment scheme is launched. Further information on the BREEAM Non Domestic Refurbishment scheme can be found at the following link: <http://www.breeam.org/page.jsp?id=381>

Please note that all requirements and thresholds set by health authorities in the UK are applicable for building's assessed under either BREEAM 2011 or BREEAM Healthcare 2008.

1. Which healthcare buildings require a BREEAM assessment?

As of the 1st of July 2008, all health authorities in the UK (Department of Health, NHS Wales, Health facilities Scotland and the Department of Health Social Services and Public Safety of Northern Ireland) require that new healthcare buildings seeking Outline of Business Case (OBC) approval commit to achieving an EXCELLENT rating and all refurbishments commit to achieving a VERY GOOD.

In Scotland, project specific requirements in relation to the BREEAM assessment will be dealt with by Health Facilities Scotland as part of the NHS Scotland Design Assessment Process.

2. I have a building which is part refurbishment and part new build, in this case what target rating is required?

If the refurbishment part accounts for less than 10% of the total floor area of the building assessed, the requirement is to achieve 'Excellent'. If the refurbishment part accounts for 10% or more, the requirement is to achieve 'Very good'.

Please note: Only major refurbishment, as defined in the BREEAM New Construction 2011 Technical Manual (see scope section), can be assessed.

3. Are there any thresholds below which an assessment is not required?

Yes, the UK health authorities have imposed the following capital cost thresholds:

- England and Scotland: Assessment not required where capital cost* is <£2M.
- Northern Ireland: Assessment not required where capital cost* is <£2M.
- Wales: There are no minimum capital cost thresholds, however the Welsh Governments Planning Policy for all non –residential development applies.

The following exceptions also apply:

- In Wales, new Primary Care developments are not required to achieve an Excellent rating. However, all developments which will either have a floorspace of 1,000 sqm or more, or will be carried out on a site having an area of one hectare or more, are required to achieve a VERY GOOD rating and achieve the mandatory credits for Excellent under issue Ene1 - Reduction of CO2 Emissions (in line with Welsh Government Planning Policy for all non-residential developments).
- In Northern Ireland, listed buildings do not require assessment.

Please note that where the capital cost falls below the relevant threshold, a Pre-Assessment should still be undertaken (at the OBC stage) to determine whether a BREEAM assessment is viable.

* Total Capital Cost for Publicly Funded Build Schemes includes all the items contained in the Capital Investment Manual Cost Forms OB1/FB1 (i.e. Construction Works, Fees, Non-Works Costs, including Land Purchase, Statutory and Local Authority Charges, Decanting, Enabling and Temporary Works etc., Equipment, Contingencies, including Optimism Bias, and VAT, as applicable). The Total Capital Cost for Privately Funded Schemes includes all the same items as for Publicly Funded Schemes plus the cost of Financing the Capital (i.e. rolled up Interest, Banking Fees - Arrangement, Due Diligence, Lawyers etc. - Third party Equity Costs).

For NHS Scotland Boards, reference should be made to the Scottish Capital Investment Manual (available on <http://www.scim.scot.nhs.uk/>), especially the business case guide, which sets out the BREEAM requirements for Healthcare buildings, available on: http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

4. How can I access the BREEAM New Construction 2011 and BREEAM Healthcare 2008 Manuals?

The BREEAM Manuals are publicly available, and can be downloaded from the BREEAM website, in the resources section, without charge.

5. What training is required to become a qualified BREEAM assessor to assess healthcare buildings?

Individuals will need to attend a four-day course provided by BRE Global. The course requires completion of pre-course work followed by an assessment of competence before starting training. Training will consist of three days with a follow-up examination day that takes place four weeks after the initial training. The three days training will cover in detail the technical basis of completing a BREEAM assessment to the required level of competency. The examination day will consist of a BREEAM foundation exam which covers the core content of BREEAM, followed by an exam covering Public (Education and Healthcare) and Commercial (Offices, Retail and Industrial) sector buildings.

6. Is BRE Global offering training to become a BREEAM assessor to assess healthcare buildings?

Yes, courses are running on a monthly / bimonthly basis. If you are interested in attending please visit www.breeam.org/events to book your place.

7. Why does the NHS need to use BREEAM?

BREEAM is a Government requirement under:

- Government Construction Clients - Achieving Sustainability in construction procurement - Sustainability Action Plan 2012-2015, November 2012
- UK Government Sustainable Procurement Action Plan
- BERRs (now BIS) Strategy for Sustainable Construction
- Government Buying Standards
- Common Minimum Standards for the procurement of built environments in the public sector
- Sustainable Procurement in Government: guidance to the flexible framework
- Scottish Government's Construction Procurement Manual
- Planning Policy Wales

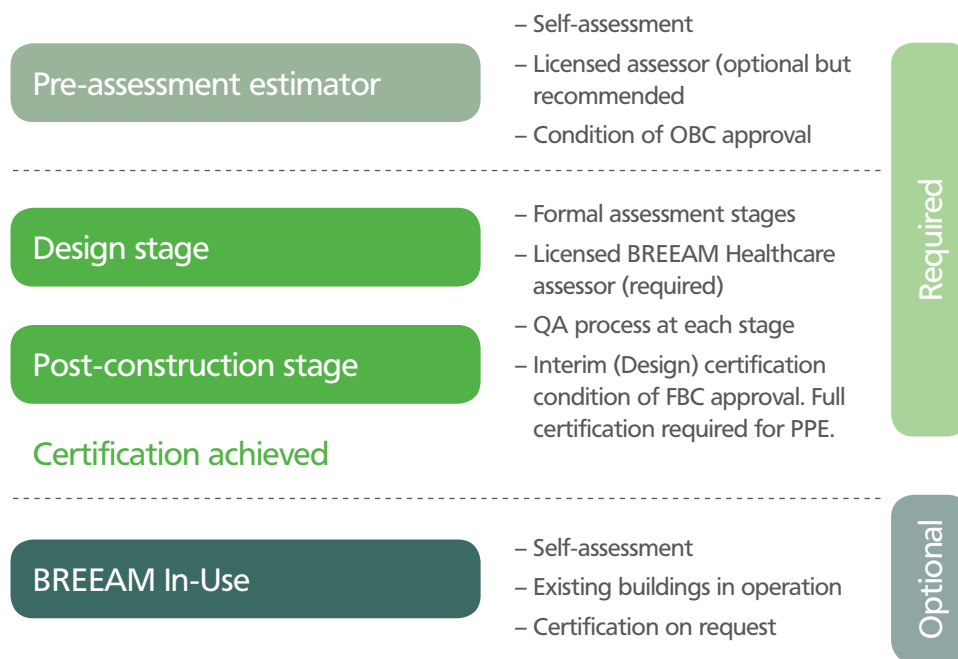
The Department of Health supports the Governments' commitment to the sustainable development agenda and recognises the importance of delivering on this agenda through the design and build process. As the successors to NEAT BREEAM Healthcare 2008, and going forward BREEAM New Construction (which incorporates Healthcare buildings), are the continuation of that process to ensure standards continue to improve. This is further reinforced through HTM 07-07 Sustainable health and social care buildings: Planning, design, construction and refurbishment (note any reference to this document being archived means that it has not recently been updated, but it is still fit for purpose).

8. Do the requirements to use BREEAM apply to GP owned developments?

Whenever GPs work with their PCT in providing healthcare facilities for the community, the development will be expected to also comply with the requirement for BREEAM Healthcare 2008 / BREEAM New Construction 2011 (where the above 'thresholds' are met). This is in line with the fact that the Department of Health supports the Governments' commitment to the sustainable development agenda (through the strategies listed above) and recognises the importance of delivering on this agenda through the design and build process. This will typically apply to all GP owned developments across the UK, but the devolved administrations may have their own requirements.

In Scotland, project specific requirements in relation to the BREEAM assessment will be dealt with by Health Facilities Scotland as part of the NHS Scotland Design Assessment Process.

9. What are the required stages of assessment?



The requirement from the Department of Health (and the other health authorities) is set so that BREEAM is embedded in the design right from the beginning of the design process: indeed, the target rating should be demonstrated in a Pre-Assessment for the purposes of Outline Business Case (OBC) approval or at RIBA stage A (Inception). Appointing a licensed assessor at this point will ensure the assessment process is well planned and proceeds smoothly. This will also ensure the delivered buildings are sustainable without resorting to the 'engineering fixes' that are often a very expensive last resort. The Design Stage assessment should then be carried out by a licensed assessor and the report submitted to BRE Global for Interim certification. This Interim certification would therefore demonstrate the purposes of Full Business Case (FBC) approval, or equivalent. Finally, the mandatory Post Construction Stage report should then be completed after practical completion and the final certification demonstrated as part of the Post Project Evaluation (PPE).

10. Are there any related publications/reports which might help in addition to the BREEAM New Construction and BREEAM Healthcare Manuals?

Yes, Health Technical Memorandum (HTM) 07-07 'Sustainable health and social care buildings: Planning, design, construction and refurbishment' answers the why/when/who/what/how of sustainable development by taking key issues through a building's life highlighting key actions, commitments and responsibilities at every stage. It also explores early consideration of reuse of existing buildings and provides advice on possibilities for sustainable refurbishment.

11. Why should a project strive to achieve the required BREEAM rating?

There are many reasons why organisations wish to achieve the required BREEAM rating:

- BREEAM addresses a wide-range of environmental and sustainable issues to enable designer, developers and building managers to demonstrate their environmental credentials to clients, planners and other parties.
- Provides market recognition for low environmental impact buildings
- Demonstrates an organisation's commitment to sustainable building practices and its interest in its community, staff, patients and the general public
- BREEAM has a positive influence on the design, construction and management of buildings, demonstrating a good management approach with efficiency and effectiveness at its heart
- The BREEAM rating provides a transparent reflection on the performance of the building to denote those buildings that have performed better than the regulatory baseline
- A tool to help reduce running costs and improve working and living environments.

NEAT**12. What was NEAT?**

NEAT was the NHS Environmental Assessment Tool, developed in 2002 by BRE on behalf of the NHS Estate (for use in England and Wales). It was a self-assessment tool to establish the environmental performance of healthcare buildings, both new build and existing buildings in operation. Since the 1st of July 2008, NEAT was superseded by BREEAM Healthcare 2008 and more recently BREEAM New Construction 2011 which incorporates Healthcare building types, and is no longer available to download.

13. What are the main differences between BREEAM Healthcare and NEAT?

NEAT was developed in 2002 by BRE and had not been updated since its creation. NEAT was a self assessment tool, therefore there was not a quality control procedure at the end of the assessment. BREEAM Healthcare is a robust certification scheme which follows the structure and processes of the other BREEAM schemes. Only public sector licensed BREEAM assessors are able to register and carry out Healthcare assessments. BREEAM New Construction 2011 will be regularly updated to follow Building Regulations, Health Technical Memorandums and current best practice. BREEAM also provides training to assessors, extensive guidance, customer care support, a quality assurance procedure in line with ISO9001 and a third party certification that ensures transparency of processes and a more robust assessment.