



DESIGNED FOR *Life* : BUILDING FOR *Wales* 3  
CYNLLUN *Oes* : ADEILADU AR GYFER *Cymru* 3

# DESIGN & CONSTRUCTION POST PROJECT EVALUATION OF THE CARDIGAN INTEGRATED HEALTH AND SOCIAL CARE RESOURCE CENTRE

*May 2023*

Photographs of the completed scheme:







All Photographs within this publication courtesy of HDUHB & Tilbury Douglas

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## EXECUTIVE SUMMARY

Formal agreement for the Cardigan Integrated Care Centre was given with work on the old Bathhouse site starting in spring 2018. The centre was opened in late 2019, due to £22.6m funding from the Welsh Government which was part of the Welsh Government's two-year budget agreement with Plaid Cymru.

As well as providing a modern, fit for purpose healthcare service for the local population including a GP practice, dental service and pharmacy, the new centre sought to bring care closer to home and in the community.

The 'Masterplan' application approved in 2006 secured planning consent for:

- A new £4 million link road, improving access to the site
- 48 sheltered housing accommodation units
- Integrated care centre
- Food store
- Retail

A wide range of improved integrated health and social care services were planned to be delivered by Hywel Dda UHB, the third sector, local authority and partner organisations.

The local community will also benefit from:

- Mental health and learning disabilities services
- Minor Injury Service with telemedicine links to the Emergency Department
- potential for an increase in 7-day service provision
- increased diagnostic services including pre-operative assessments
- improved outcomes for patients.

Integral to the new model of care was a new, purpose-built Integrated Care Centre. The aim of the model was to support the local population to remain as healthy and as independent for as long as possible, by promoting wellness and reducing illness, with the intention to provide patients and clients with modern, integrated health and social care services in high quality, fit for purpose premises.

### **Health Secretary, Vaughan Gething said:**

"I'm pleased to announce the funding for the Cardigan Integrated Care Centre which will make a significant difference to the care people in the Cardigan area receive, closer to home in their communities.

It's imperative that people are treated in modern centres and this project will facilitate an improved, integrated approach to healthcare in the community, all under one roof".

Hywel Dda County Director for Ceredigion, Peter Skitt said:

“We acknowledge that the planning process has at times been quite protracted and drawn-out, but it’s been absolutely critical for the project in terms of making sure that we’ve got it right first time, and I would like to reiterate our thanks to stakeholders - particularly local residents, patients and our staff - for their patience and understanding”.

The project was subject to a standard business case approval process by Welsh Government namely Strategic Outline Case, Outline Business Case and Full Business Case.

The Full Business Case (FBC) is the third and final stage in the development of the business case. The Strategic Outline Case (SOC) established the strategic context, made the case for change and provided a suggested way forward. The Outline Business Case (OBC) identified the preferred option, set out how the scheme would be procured and identified the necessary funding and management arrangements for the successful delivery of the scheme.

Target Price - the original SCP appointed under the framework decided not to proceed further with the project at completion of OBC

This required the services for Stage 3 onwards to be ‘re-tendered’ with two remaining SCPs on the framework

The FBC was first submitted to Welsh Government in 2015, and the Health Board was asked to undertake further work to confirm the strategic fit of the case, and to ensure that it met Welsh Government’s investment criteria. In line with that requirement the Strategic Case has been revisited, and the fit with the Board’s strategy for acute and community care has been confirmed. The objectives and benefits of the scheme have been reconsidered, and the fit with Welsh Government’s investment criteria has been established. The scope of the project has also been revisited. This has resulted in improvements to the model of care leading to changes in the functional content and giving significantly greater benefits. The revised FBC for £15.85 million was approved in February 2017.

The FBC phase took longer to complete due to the original framework Contractor, pulling out of the project, and the need to re-tender.

The project was undertaken utilising the Designed for Life Building for Wales 3 framework with the following main parties appointed: -

Supply Chain Partner : Interserve (now Tilbury Douglas)  
Project Manager : Gardiner & Theobald  
Cost Advisor : Gardiner & Theobald

The start of the main building works was delayed due to the requirements to carry out site enabling works due to stabilisation issues with the adjacent site.

The project was ultimately successfully following delays to the programme within the approved funding target cost of £22.5m and to the required standard.

The key examples of best practice and lessons learnt are grouped according to the themes emerging from the PPE Questionnaires, and Workshop as follows:-

- General
- Governance
- Design
- Construction
- Commissioning

The key examples of Best Practice and Lessons Learnt have been extracted and are noted them by theme below:-

<b><u>Best Practice</u></b>	<b><u>Lessons Learnt</u></b>
<b>General</b>	
Collaborative/partnering working remains a definite benefit.	Good communication/engagement with the neighbours, site visits with local college and interested parties
Communication site and team	More Workshops required on detailing around important design elements that cannot be realised from drawings and spec; More site visits to understand complexities on site
Having the right team and personnel.	Early contractor engagement was vital to the successful delivery of the scheme. Ensuring all roles / responsibilities were known from the onset.
<b>Governance</b>	
SCP construction team struggled at times to the understand why decisions taken during OBC/FBC phases.	Maybe worth SCP considering whether would be beneficial for scheme PM to lead scheme through Pre construction and Construction

	phases so has a better understanding of why decisions taken ie inception to completion SCP PM Lead.
<b>Design</b>	
Having a client team member who is consistently available and is able to read and understand ADB/Codebook and act as an intermediary between project and client teams is invaluable.	Flexible generic design solutions create opportunities for enhanced care solutions in changing circumstances.
	Having a clear brief and set of client employees requirements including any specific nuances whether it be regarding specific manufacturers / ways of working etc is vital. Having a client representative who was empowered and willing to make decisions really helped with the successful delivery of this scheme.
	Early Contractor engagement including their supply chain beneficial in the design and delivery of the project.
<b>Construction</b>	
Building Services design issues	Having an experienced building services team with specialist healthcare design and handover skills will ease the transition from design stage to construction and commissioning.
Make sure that the adoption status of services to the site are confirmed during business case stage, prior to commencing construction works on site as whilst team and DCWW overcame the problems could have significantly delayed handover.	Would suggest in future more emphasis given to site conditions topography and GI prior to site purchase and presented significant cost pressures during business case development stages.
<b>Handover &amp; Commissioning</b>	



Integrated handover procedures carried out by Contractor and then sent to Client	Ownership of defects and remediation to be by Contractor, rather than Supervisor. Cause and Effect interfaces to be established well before handover
Employing an in-house supervisor role on a refurbishment project will have a follow-on positive effect on project quality and ease of communication with the Health Board Estates team.	The Shared Services Specialist Estates Engineering team do the witnessing but not the commissioning therefore there is a need to clearly establish who will be where and when in order to finalise the services installations.

The evidence from the workshop demonstrated that the intention of the project to provide fit for purpose, more modern and efficient facilities was a successful project; a scheme delivered according to budget, and to a high quality.

The evaluation has confirmed the key objectives have been achieved: -

- Deliver a new model of high-quality clinical services for patients requiring care that is accessible and timely.
- Improve the overall patient, visitor and staff environment within an integrated environment.
- Achieve Statutory and Regulatory compliance by providing services in modern, fit for purpose accommodation.



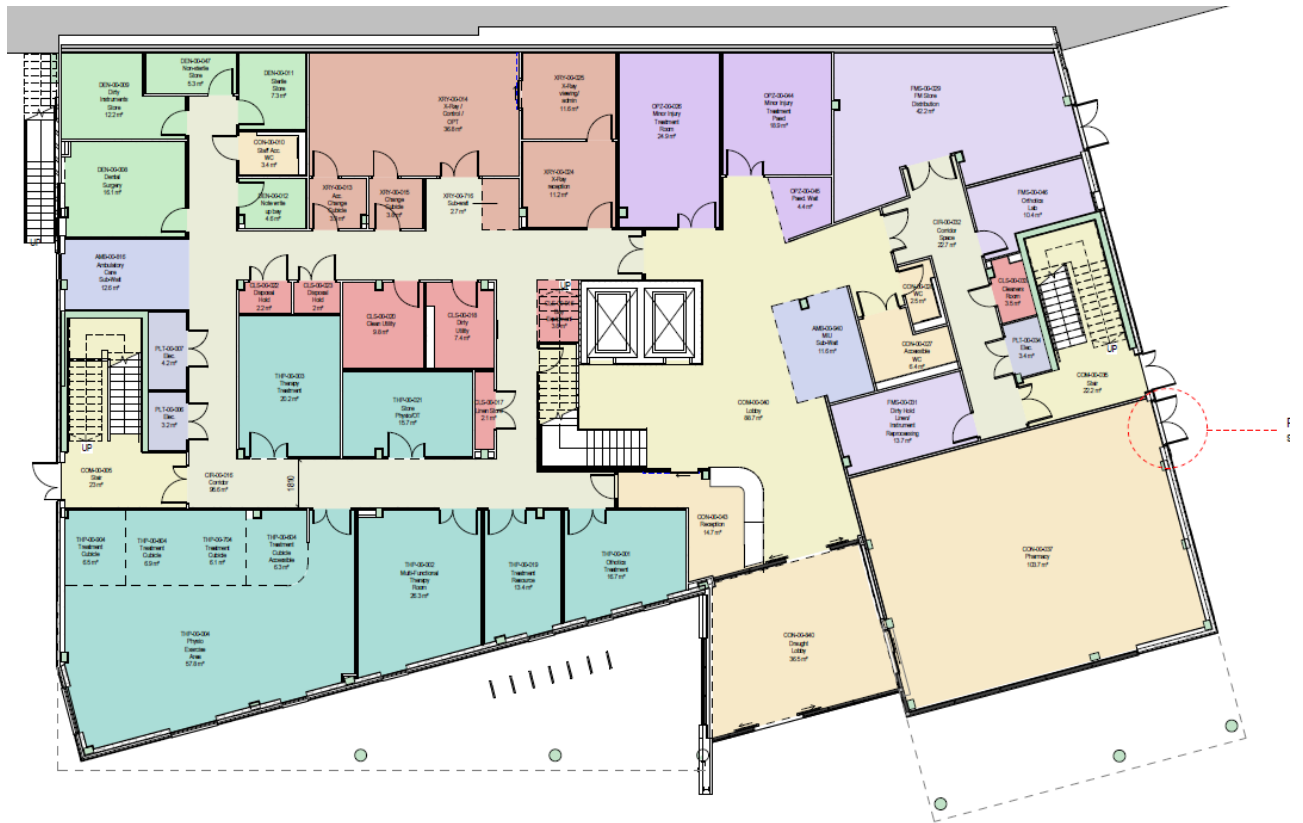
This evaluation has been undertaken in an impartial, objective and blame free culture, which has involved the Health Board and other key stakeholders of the Project Delivery Team. A specially structured suite of Pro-forma & questionnaire was issued to all stakeholders to cover issues both good, and not so good, which occurred during the project journey. A workshop was then held with a select number of attendees representing Client, Supervisor, Project Manager, Cost Advisor and Supply Chain Partner, to further investigate the main themes and issues noted within the questionnaires to fully understand and highlight lessons learnt. The draft report was then circulated to all respondents for review to enable input into the final edited version, for sign off by the Health Board prior to publishing.

In the interest of continuous learning and to benefit future project design, planning, development and management; this Design and Construction Post-Project Evaluation will be shared with Welsh Government, all NHS bodies, Framework Members and the Service Post Project Evaluation Team Members.

The Service Post-Project Evaluation, completed in accordance with the Benefits Realisation timeframe, will be initiated by the Health Board (normally during Stage 6: Completion).

## PROJECT DETAILS

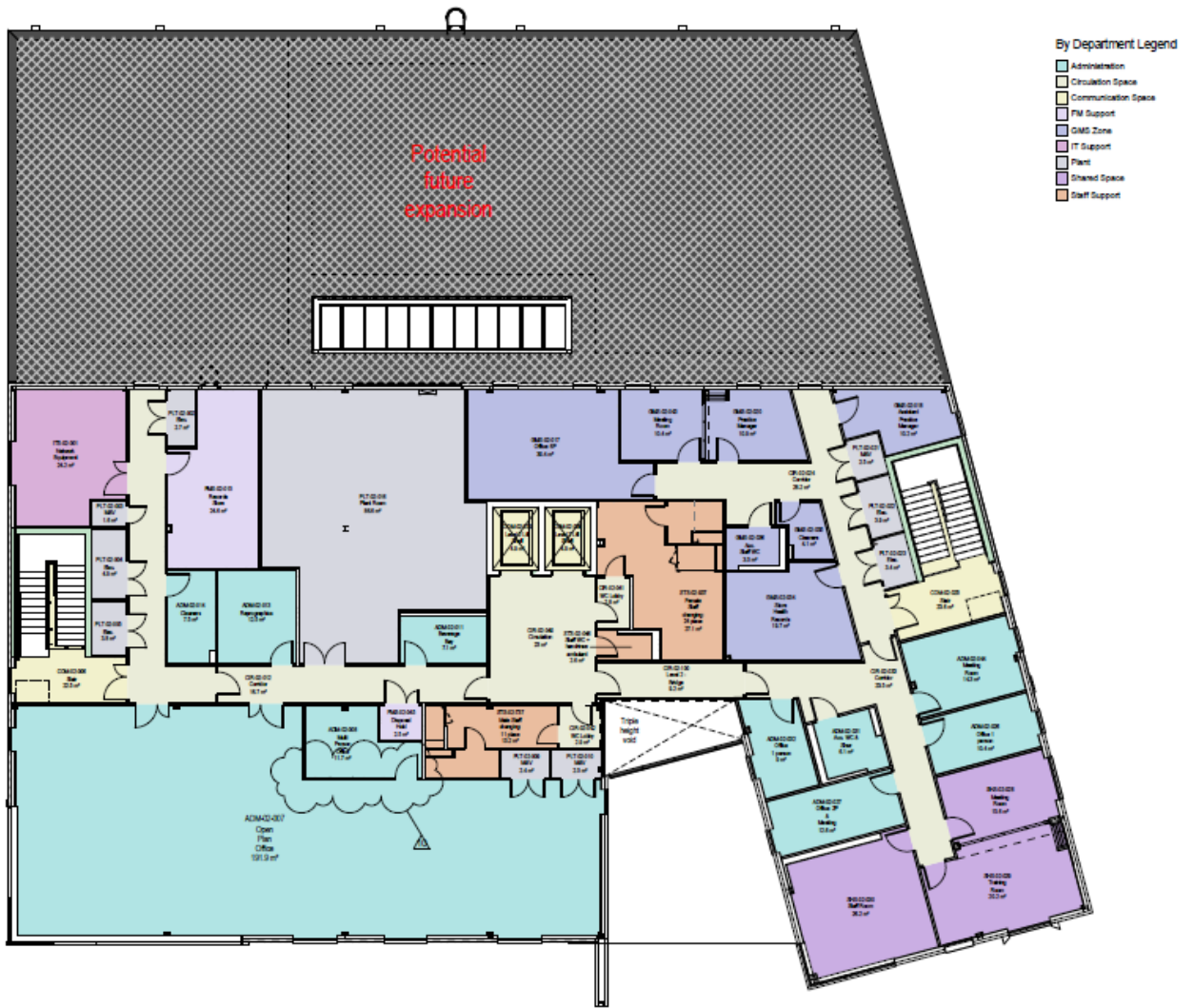
The facility incorporated a GP Practice, Community Pharmacy, Community Dental Services, diagnostics, and many other services and will provide the opportunity for sharing knowledge between on-site professionals and the wider community.



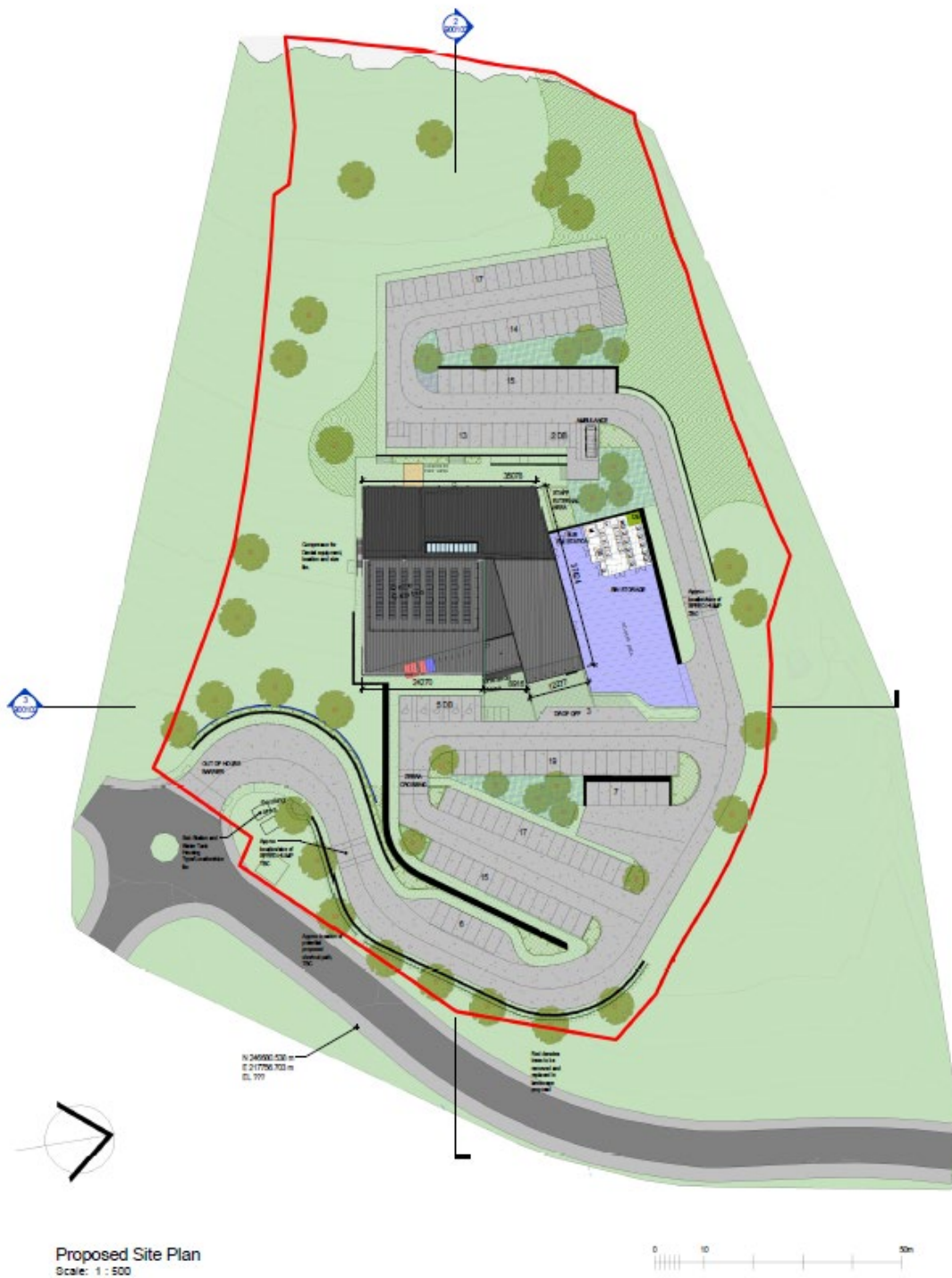
00 - Ground Floor Proposed Plan  
Scale: 1: 100



01 - First Floor Proposed Plan  
 Scale: 1:100



02 - Second Floor Proposed GA Plan  
Scale: 1: 100





Indicative Section 2 through land East West Direction PROPOSED  
Scale: 1 : 500



Indicative Section 3 through Land North South Direction PROPOSED  
Scale: 1 : 500

An overview of the main project parties and headline information is included below:-

<b>Team Structure</b> (Design Completion + Construction phase)			
<b>Client</b>	Hywel Dda University Health Board	<b>Supply Chain Partner</b>	Tilbury Douglas
<b>Senior Responsible Officer</b>	Jill Patterson, Director of Primary Care, Community and Long Term Care	<b>Architect</b>	Boyes Rees Architects
<b>Health Board Project Director</b>	Peter Skitt, County Director Ceredigion	<b>Services Engineer</b>	Tilbury Douglas Engineering
<b>Health Board Project Manager</b>	Jason Wood, Major Capital Development Manager	<b>Civil and Structural Engineer</b>	WSP
<b>Project Manager</b>	Gardiner & Theobald LLP	<b>Building Services Engineer</b>	WSP
<b>Cost Advisor</b>	Gardiner & Theobald LLP	<b>Health Planner</b>	n/a
		<b>Supervisor</b>	Pick Everard
<b>Key Facts</b>			
<b>Gross Floor Area</b>	3156m <sup>2</sup>	<b>Construction Cost</b>	£13.8m

<b>Commencement on Site</b>	March 2018	<b>Completion</b>	Sept 2019
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New services included:-

- A nurse-led minor injuries walk-in service with telemedicine links to the emergency department
- Radiology and diagnostics
- Phlebotomy service
- Outpatient suite with consulting rooms and clinical treatment facilities for pre-assessment and outpatient consultations by visiting clinicians and social workers
- Disease-specific services for heart failure, motor neurone disease clinics, and chronic obstructive pulmonary disease services
- Enhanced telemedicine equipment in clinical areas, providing remote access to specialists from across the professions
- Rehabilitation services, providing opportunities for intensive and slow stream rehabilitation to restore function and improve independence, supported by therapists, nurses and social care staff within the Community Resource Team
- Mental health and learning disabilities services
- A base for the local community resource team in south Ceredigion, including the acute response and district nursing teams



## BEST PRACTICE & LESSONS LEARNT

### 1.0 GENERAL

- 1.1 It is essential that good written records of all meetings and decisions are kept, as this mitigated against the change of personnel and subsequent loss of memory during the extended time span of the SOC/OBC/FBC stages on this project.
- 1.2 Reduce, wherever possible, the time for approvals to avoid unnecessary staff change which leads to lost momentum as a new team, or team member, takes time to pick up where the outgoing team, or team member left.
- 1.3 Allowing for architectural changes at FBC stage has ensured the hospital is better aligned to a 21st Century model of Emergency care and has extended its life.
- 1.4 The SCP and construction team struggled at times to understand the nature of decisions taken during OBC/FBC phases. It is worth considering whether the SCP PM should lead the scheme through Preconstruction and Construction phases so that a better understanding of why certain decisions have been taken.

## 2.0 GOVERNANCE

2.1 Governance arrangements were in place, with the following financial limits applicable:

<b>Level 1</b>	Internal Project Manager – Planning £49,999.99
<b>Level 2</b>	Project Director £499,999.99
<b>Level 3</b>	Assistant Director of Finance up to £999,999.99
<b>Level 4</b>	Director of Finance over £1,000,000.00

These limits applied to all items of expenditure which fell within the scheme's expected cash flow and approved limits on the scheme risk register. Any items outside of these limits were approved in line with the approval limits documented for the Project Management instructions as set out below.

<b>Level 1</b>	The external Project Manager has zero delegated financial authority.
<b>Level 2</b>	Internal Project Manager – Planning and Capital Development Manager – Estates for items up to £50,000.00 contained within the Project Risk Registers and the values which were assigned to them, and which did not compromise the scheme cash flow in year or total scheme allocation or the agreed project content/objectives.
<b>Level 3</b>	Items over £50,000.00 or any items irrespective of value which changed the agreed scheme cash-flow in year but was within the total scheme allocation would require the approval of the Project Director and Assistant Director of Estates. This would require immediate reporting to the Capital Monitoring Forum.
<b>Level 4</b>	Specific items over £100,000.00 or any items which had an impact on the agreed cash-flow in year but was within the total scheme allocation would require Project Board approval and would need immediate reporting to the Capital Monitoring Forum.

**Level 5**

Any items which had impact on the agreed project financial out-turn or the overall project objectives will require Strategy and Planning Sub Committee approval.

### 3.0 DESIGN

- 3.1 A prolonged business case period created several design challenges consequent to design assumptions being applied at a point in time and becoming either obsolete and/or necessitating change once the design programme recommenced after a period of programme abeyance.
- 3.2 Fire safety enhancements were considered for inclusion into the project scope (consequent to the extended OBC/FBC process and changes in design guidance). The development of these proposals attracted significant time and cost to develop. Upon conclusion of the developed proposals, they were deemed not to be a project requirement and were subsequently not included into the project scope.
- 3.3 Hinged IPS systems. At the time of the design these were not standard HBN/HTM requirements but the SCP, with significant healthcare experience deemed these essential in a healthcare setting thus were included. Post project the O&M of IPS systems and general plumbing systems is made much easier with the hinged IPS system.
- 3.4 De-carbonisation considerations must be factored into OBC scopes of service to ensure these are considered early in the project rather than after the project allowance has been set and the stage 2 design fixed.
- 3.5 The design development in particular the 1:50 design was hugely beneficial to the scheme as a number of items were raised by the users that had not been considered before – this led to a better design for the Trust.
- 3.6 Appropriate time and appropriate fees need to be given to the Design stage of projects as this improved the coordination of the Construction programme. Early Contractor engagement including their supply chain was beneficial in the design and delivery of the project.
- 3.7 Having a clear brief and set of client requirements including any specific nuances whether it be regarding specific manufacturers / ways of working etc is vital. Having a client representative who was empowered and willing to make decisions really helped with the successful delivery of this scheme.

## 4.0 CONSTRUCTION

- 4.1 The decision to delay the scheme commencement on site to spring of 2018 de-risked the piling operation and bulk earthworks extensively. Good weather from March to September 2018 meant no delays on the earthworks and the lack of anticipated obstructions in the ground from bolder clay did not materialise. Both led to a programme benefits.
- 4.2 Piling costs were less and overall scheme delivered within target cost which allowed HB and SCP to realise a gain share. The HB reinvested its element in a list of additional works, which included a second Dental suite and additional IT infrastructure such as central room booking systems.
- 4.3 Criblock wall was value engineered providing not only a cost saving but also a more sustainable product with the same design life
- 4.4 Savings allowed the installation of additional PV arrays on the lower roof area and cabling infrastructure to be installed for future electric vehicle charging.
- 4.5 Make sure that the adoption status of services to the site are confirmed during business case stage, prior to commencing construction works on site as whilst team and DCWW overcame the problems could have significantly delayed handover. In future more emphasis should be given to site conditions topography and ground investigation prior to site purchase; this issue presented significant cost pressures during business case development stages.
- 4.6 Piling costs came in lower. A contractor's proposal was received to change the piling methodology that redistributed the risk to the piling contractor. This resulted in a saving on this works package. Topsoil was able to be retained on site which saved the cost of importing any onto site.
- 4.4 Having an experienced building services team with specialist healthcare design and handover skills will ease the transition from design stage to construction and commissioning.

## 5.0 COMMISSIONING

5.1 Commissioning - went very well largely down to how well the MEP installers management team approached the project and engaged with stakeholders.

5.2 Handover was poorly executed, and the building was not ready for handover when initially offered for Completion by the SCP.

## 6.0 PROJECT TESTIMONIALS/QUOTATION

### **Former Cabinet Secretary for Health and Social Services, Vaughan Gething:**

“The new facility will provide patients and staff with a better experience and environment. I want to thank everyone who has continued to operate a 24-hour service whilst this vital work was carried out.”

“It was important for me to have the opportunity to hear direct from front line staff about how they are managing the challenges of working around building work. “I got a clear sense of how important the work is for both staff and patients. “The previous layout limited the ability to treat patients effectively and with dignity. “The redevelopment will allow new ways of working to ensure patients receive appropriate services and care leading to a reduction in unnecessary admissions. “It will also facilitate greater integration between the GP Out of Hours Service and the Emergency Department.”

### **Chair of Hywel Dda University Health Board, Bernardine Rees OBE, added:**

We recognise that the population of Cardigan has been very patient, and this facility has definitely had its challenges, but the health board are now very pleased to be moving forward with this important development.

I would like to pay tribute to everyone involved for their ongoing commitment and hard work to ensure the new centre meets our aim of providing safe, sustainable, integrated care for our local population.

We are grateful to Welsh Government for providing formal agreement to the Cardigan ICC project. This represents the culmination of several years’ worth of work to ensure that we are able to care for patients in Cardigan in a safe, sustainable and integrated way by providing a facility that is fit for purpose both now and for the future”.

For Further Information contact:

Andrew Waddington

Head of Designed for Life: Building for Wales

Tel 029 2090 4123

e-mail [Andrew.waddington@wales.nhs.uk](mailto:Andrew.waddington@wales.nhs.uk)

## Appendices

A Project Pro-Formas

B BREEAM Certificate



## A Project Pro-Formas

PF2 Cost

PF5A Local Labour

PF5B Subcontractors

PF6A Recycled Materials

PF6B Demolition Waste

PF7 Safety



## Design & Construction Post Project Evaluation

### Pro forma no.2 - Cost

Date: Mar-22

To: Cost Advisor

DfL Project No. 001

Client:

Project:

Requirements/Target:

Final Account figure to be within +0% and -5% of Target Cost at FBC

Please provide an electronic copy of the last project & cost report following handover as a separate document. **Included**

Please further provide an electronic copy of the full list of priced Compensation Events as a separate document. **Included**

#### Achieved Capital Cost

Please provide details of the capital cost for the project:

Agreed target cost at FBC	£	13,632,592.00	* Stage 4
Final Adjusted Total of Prices (Target Cost)	£	14,258,009.11	
Agreed Final Account excl preliminary gain share	£	13,796,832.23	
Final <del>Pay</del> /Gain Share	£	461,176.88	
Final Health Board Gain Share	£	282,951.77	
Final Contractor Gain Share	£	178,225.11	

#### Revenue Cost

Please provide an electronic copy of the Energy Performance Certificate for the project as a separate document. **Not included**

*N.B. A Copy of the Display Energy Certificate is required to be submitted as a separate document 12 months after handover and beneficial occupation, or at the Service Post Project Evaluation, whichever is later.*



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## Design & Construction Post Project Evaluation

### Pro forma no.5A - Local Labour

Date:

To: Supply Chain Partner

DfL Project No.

Client:

Project:

Requirements/Targets

SCP to use best endeavours to use Welsh based supply chain and the employment of local labour.

Achieved

Please provide a summary of the distance travelled from site to normal place of residence for all local labour employed on project

Distance Travelled	Employee Nos.	Performance
0-20 miles	57	10%
21-50 miles	189	33%
50+ miles (but within Wales)	177	31%
Other	148	26%
Total employees	571	100%

Comments

Please provide a brief statement with regards to your goods & services procurement strategy for the project as a separate document or inserted below:

Blank area for providing a brief statement with regards to procurement strategy.



## Design & Construction Post Project Evaluation Pro forma no.5B - Sub-Contractor Expenditure

Date:

To: |

DfL Project No.

**Client:**

**Project:**

Requirements

Community Benefits Measurements Tool

Achieved

Insert the value of the contract that relates to goods, services and overheads.	£ 12,513,714	<i>This figure should include costs associated not only with suppliers and sub-contractors but also overheads associated with the project or contract, such as operational costs, for example, Finance, Insurance or IT.</i>
From the value above, how much was spent with businesses based in Wales providing goods, services, or overheads?	£ 9,854,389	<i>Please consider businesses based in Wales to be businesses that deliver goods or services from a location in Wales. Postcodes starting with the following letters qualify as Wales: CF, CH, HR, LD, LL, NP, SA, and SY.</i>
Percentage spent on businesses based in Wales	79%	<i>Where the % is not 100%, please provide a brief summary of how you create opportunities for businesses based in Wales below.</i>

Comments



## Design & Construction Post Project Evaluation

### Pro forma no.6A - Use of Recycled Material

Supply Chain  
Partner

Date:

DfL Project No.

Client: Hywel Dda

Project:

Requirements/Targets

Using the WRAP Net Waste Tool, calculate the amount of recycled materials used in the project by value. The target amount is 15% minimum.

Achieved

Please provide percentages of the recycled content for the following items on the project

**% recycled (from NetWaste toolkit)      Score**

1	Substructure	29%
2	Superstructure	23%
3	Walls, floors, ceilings	11%
4	IT FF&E	6%
5	Services	28%
6	Site works	2%

**Performance summary      Score**

<b>Overall Performance</b>		17%
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*N.B. Conditional formatting set at: ≥15% = green, <15% = red*

Please attach copy of final WRAP report as a separate document.



## Design & Construction Post Project Evaluation Pro forma no.6B - Recycling of Demolition Waste

Date:

To:

Supply Chain Partner

DfL Project No.

**Client:**

**Project:**

Requirements/Targets

Estimate volumes recycled and express as percentages of total generated  
 The target amount is 85% minimum of materials to be recycled (exc. asbestos and contaminated materials).

Achieved

Please provide percentages of the recycled content for the following items on the project

Volume (m3)			Score
		Vol	Vol
1	Concrete	0	#DIV/0!
2	Brick	0	0 #DIV/0!
3	Glass		0 #DIV/0!
4	Timber	0	0 #DIV/0!
5	Slate	0	0 #DIV/0!
6	All metals	0	0 #DIV/0!
7	Intact Architectural features	0	0 #DIV/0!
	Totals	0	0

Performance summary			Score
	<b>Overall Performance</b>		

**NO DEMOLITION WASTE**

*N.B. Conditional formatting set at: ≥85% = green, <85% = red*



## Design & Construction Post Project Evaluation Pro forma no.7 - Health & Safety

Date:

To:

Supply Chain Partner

DfL Project No.

**Client:**

**Project:**

### Requirements/Targets

Target AFR & AIR to be 20% less than national average figures.  
National av AFR 0.58 at 2006.

### Achieved

Please provide the RIDDOR reportable accidents, hours worked and average numbers of employees on the project (including those to sub-contractors) as measured at Handover.

Performance Data		Performance
No RIDDOR accidents	0	
No hours worked (own labour)	31,185	
No hours worked (sub)	176,175	
Average No of employees	9	
Average No of employees (subs)	51	
AFR		0.0
AIR		0

### Comments

Please provide details of other undertakings by company with regards to Health & Safety (i.e Considerate Constructor Scheme) as a separate document or inserted below:





## Final Certificate

The assessment of:

**Cardigan Integrated Care Centre**  
**Bath House Road**  
**Cardigan**  
**SA43 1JD**

has been carried out according to Technical Manual:

**BREEAM New Construction 2011**

**Healthcare**

**New Construction (Fully Fitted)**

and based on the Assessment Report produced by:

**GreenBuild Consult Ltd**

has achieved a score of **73.4%**

**Excellent**



Certificate Number: **BREEAM-0081-1448**

Issue: **01**

**BRE Global Limited is accredited by UKAS. The assessment process is certified by BRE Global Limited in accordance with the requirements of Scheme Document SD123**

14 October 2020

Date of Issue

Signed for BRE Global Ltd., Catherine Butcher

**Boyes Rees Architects**

Architect

**Hywel Dda University Health Board**

Building end user/occupier

**Gardiner & Theobald**

Project Manager

**Hywel Dda University Health Board**

Client for the Assessment

**Daryl Fisher**

Licensed Assessor

**DF19**

Assessor Number

**Interserve Construction Ltd**

Principal Contractor

**WSP Parsons Brinckerhoff**

Building Services



SD123 Cert. No. BREEAM-0081-1448

This certificate is issued to the Licensed Assessor Organisation named above based on their application of the assessment process in accordance with Scheme Document SD123.

This certificate is valid on the date of issue on the basis of the data provided by the client and verified by the Assessor Organisation. To check the authenticity of this certificate visit [www.greenbuild.co.uk/track](http://www.greenbuild.co.uk/track), scan the QR Tag or contact us: E: [breem@bre.co.uk](mailto:breem@bre.co.uk) T: +44 (0)333 321 8811

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**Final Certificate Number: BREEAM-0081-1448**

**Issue: 01**

**Cardigan Integrated Care Centre**  
Bath House Road  
Cardigan  
SA43 1JD

Assessed for: Hywel Dda University Health Board

by: GreenBuild Consult Ltd  
Assessor Company

Daryl Fisher

DF19

Licensed Assessor

Assessor Number

**BREEAM New Construction 2011**

**Healthcare**

**New Construction (Fully Fitted)**

Overall Score: 73.4%

Rating: Excellent



### Category Scores

Category	Score	Visual Bar
Management	86	Blue bar reaching 86 on 0-100 scale
Health and Wellbeing	56	Light green bar reaching 56 on 0-100 scale
Energy	81	Magenta bar reaching 81 on 0-100 scale
Transport	40	Teal bar reaching 40 on 0-100 scale
Water	67	Light blue bar reaching 67 on 0-100 scale
Materials	92	Purple bar reaching 92 on 0-100 scale
Waste	67	Dark purple bar reaching 67 on 0-100 scale
Land Use and Ecology	40	Dark teal bar reaching 40 on 0-100 scale
Pollution	85	Dark green bar reaching 85 on 0-100 scale
Innovation	30	Yellow bar reaching 30 on 0-100 scale

*C. Butcher*

Signed for BRE Global Ltd., Catherine Butcher

14 October 2020

Date of Issue



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