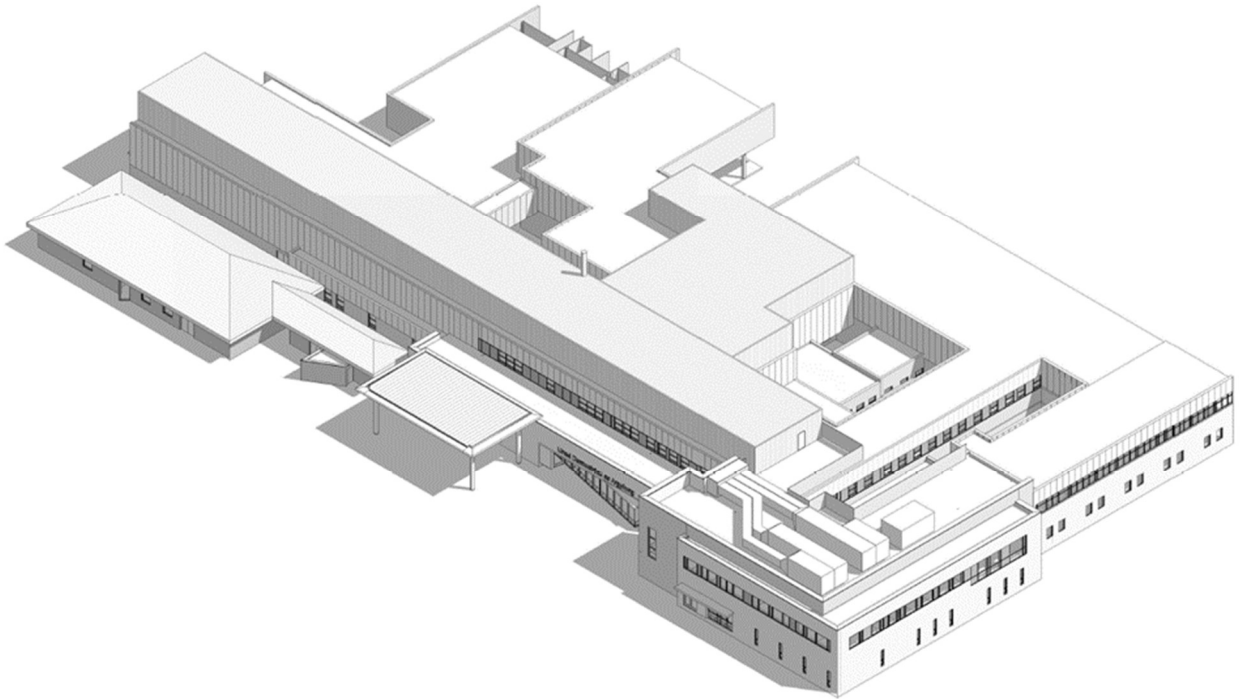




Designed for *Life* : Building for *Wales*
Cynllun *Oes* : Adeiladu Ar Gyfer *Cymru*



DESIGN & CONSTRUCTION POST PROJECT EVALUATION OF THE YSBYTY GWYNEDD EMERGENCY DEPARTMENT REDEVELOPMENT

October 2021



GIG
CYMRU
NHS
WALES

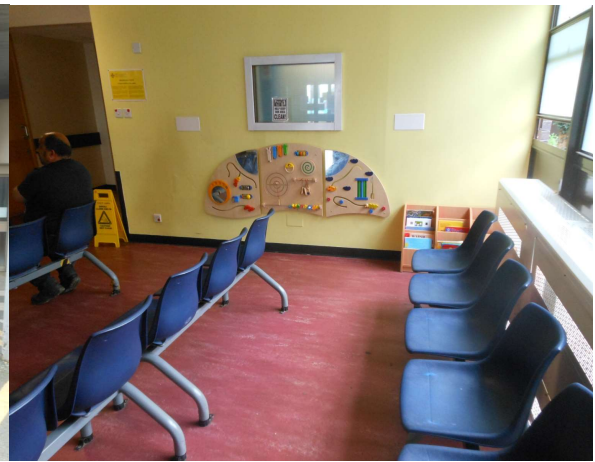
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Ystadau Arbenigol
Shared Services
Partnership
Specialist Estates Services

Ysbyty Gwynedd Emergency Department Redevelopment



Photographs of the of the old Emergency Dept prior to the phased redevelopment

All Photographs within this publication courtesy of BCUHB & TILBURY DOUGLAS

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EXECUTIVE SUMMARY

The Ysbyty Gwynedd (YG) Emergency Department (ED) Redevelopment is an extension and refurbishment project necessitated by the old department being too small to deal with the former pressures and the projected future demand. Also the old layout limited the ability to treat patients effectively, efficiently, equitably and with dignity. Modern pathways of care, including inter-agency and multi-disciplinary working, could not be fully implemented within the former facility. It was also a poor environment for patients, staff and visitors, which did not comply with statutory and regulatory requirements.

The YG ED 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.

The FBC was first submitted to Welsh Government in 2014, 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 overall 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 £13.89 million was approved in February 2017.

The project was undertaken utilising the Designed for Life Building for Wales 1 framework with the following main parties appointed:-

Supply Chain Partner : Interserve (now Tilbury Douglas)
Project Manager : Mace
Cost Adviser : Arcadis

The YG ED project was ultimately successfully opened in line with approved completion dates in the FBC, within the approved FBC cost of £13.89m 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 theme by theme below:-

<u>Best Practice</u>	<u>Lessons Learnt</u>
General	
Keeping good written records of all meetings and decision mitigated against the long timespan of SOC/OBC/FBC on this project.	Reduce time for approvals to avoid unnecessary staff change which leads to lost momentum as a new team takes time to pick up where the outgoing team left.
Allowing 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.	Poor quality record drawings led to issues with live services location and function and determination of the initial scope of works. Maintenance of accurate engineering system drawings (or BIM data) is essential for management of a modern hospital.
Keep the boundary of scheme in mind at all times to prevent scope creep.	Careful record keeping of BREEAM scores at all project stages is necessary to prevent scores being adversely affected.
Governance	
The main contract works allowed for finalisation of elements of the project that could not be fully planned in advance.	A local approach was taken and having Welsh speaking team members and local labour on hand was found to be helpful in improving communication between the project team and the public and NHS staff.
Providing 3d views (in BIM system) of all spaces allowed decisions on design to be taken more easily.	
Design	

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.
	Don't accept derogations/VE that are a key project functional requirement. Ensure there are sufficient checks in place within project governance to avoid this.
<u>Construction</u>	
A revised construction programme to incorporate the similar work (Extension/New Build and Refurbishment) was adopted. This simplified the works allowing a smoother construction project to proceed.	Review time of year in terms of weather for phased handovers. Allow for temporary heating/cooling if required.
The type of work required at least a month at the start of each phase for surveying. Programme for an in-depth enabling works investigative package at the start of each phase.	
Having an experienced building services team with specialist healthcare design and handover skills will ease the transition from design stage to construction and commissioning.	
<u>Commissioning</u>	
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 and the need for whom to be where and when to finalise services installations needs very clear planning.
Future proofing by constructing a plant containment building in a robust construction form will aid longevity of the services installations.	The protection for doors and walls was found to be inadequate in use and in future comprehensive protection should be designed in and retained through to construction as additional wall guards/protection have had to be retrofitted.
	Allow sufficient time for commissioning of complex components such as sliding doors.
	Allow sufficient time for detailing handover drawings for complex medical services.

The evidence from the workshop demonstrated that the remodelling of the ED to provide fit for purpose, more modern and efficient facilities was a successful project; a scheme delivered on time, in line with the approved FBC, 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 emergency and urgent care that is accessible and timely.
- Deliver closer integration of emergency and urgent care services through improved patient flows and patient pathways.
- Improve the overall patient, visitor and staff environment within the Emergency and Urgent Care Department.
- Achieve Statutory and Regulatory compliance by providing services in modern, fit for purpose accommodation.
- Support the consistent delivery of unscheduled care performance targets.

Note: The modifications to the ED have also had an unforeseen beneficial effect in allowing the Health Board to better deal with the needs of providing care for Covid-19 patients by means of separating flows of patients.

DESIGN & CONSTRUCTION POST PROJECT EVALUATION METHODOLOGY

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 YG ED Redevelopment project affected all of the existing Accident and Emergency area of the hospital and was constructed in three phases as below .

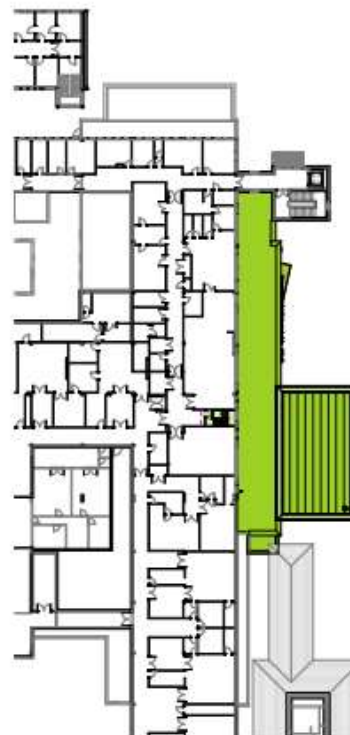
Phasing Legend

-  PHASE 1
-  PHASE 2
-  PHASE 3
-  Temporary Hoarding
-  Demolished elements

Phase 1: Main ED frontage



1 **Ground Floor - Phase 1**
1 : 500

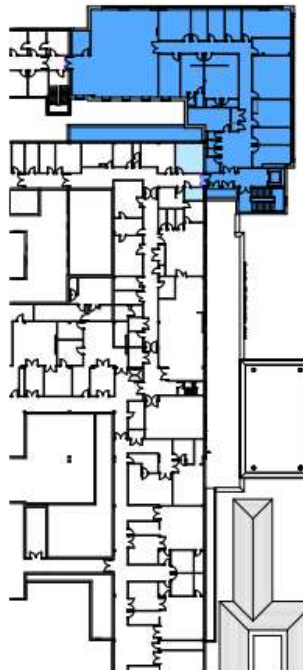


2 **First Floor - Phase 1**
1 : 500

Phase 2 – New Build element



3 Ground Floor - Phase 2
1 : 500



4 First Floor - Phase 2
1 : 500

Phase 3 – Refurbishment elements



5 Ground Floor - Phase 3
1 : 500



6 First Floor - Phase 3
1 : 500

The approved budget of the YG ED redevelopment was £13.89m with a construction value of £9.79m ex VAT.

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

Team Structure			
Client	Betsi Cadwaladr University Health Board	Supply Chain Partner	Interserve (Tilbury Douglas)
Senior Responsible Officer	Sue Hill (from 2019)	Architect	AHR
Health Board Project Director	Meinir Williams	Services Engineer	DSSR
Health Board Project Manager	Daniel Eyre	Civil and Structural Engineer	WSP
Project Manager	Mace	Health Planner	n/a
Cost Advisor	Arcadis	Supervisor	Betsi Cadwaladr University Health Board
Key Facts			
Gross Floor Area	2773m ²	Construction Cost	£9.79m
Commencement on Site	April 2017	Completion	19 Sept 2019
Clinical Accommodation Opened to Patients in multiple phases	three phases	Capacity Increase	20,000 to 70,000
Accident Free	480,000 hours		
Successful decants	four		

New services included:-

- extended and refurbished emergency department
- new ambulance drop-off with covered entrance
- additional triage facilities
- refurbished/new hospital mechanical and electrical and medical gas services
- new assess to admit unit – including trolley bays and clinical decision unit/observation unit and relatives/waiting area
- new paediatric assessment rooms and separate waiting room

- refurbished reception and waiting area facilities
- new staff change and rest areas
- new office accommodation, seminar room, library/study room facilities
- a new isolation suite
- new patient monitoring systems

The scheme involved creating a new ambulance entrance on the north side of the building and improving the entrance facilities on the west side to mirror the outpatient's area to the south along that façade. The relocation of the ambulance entrance to the north was to improve the access to and from the air ambulance.

The works were undertaken in three phases plus an enabling works phase:

- Enabling works - widen the existing road and divert services ready for the new ambulance drop-off.
- Phase 1 – Construct the new single storey Ambulance and Emergency Department Main entrances, to together with the internal break throughs and remodelling to create a new reception, triage, security and an Isolation bay. Along with the completion of the new ambulance drop-off externally.
- Phase 2 – Construction of the new two-story extension adjacent to the old Emergency Department entrance, to form a CDU unit on the ground floor and offices on the first floor. Within this phase, remodelling works were undertaken in the adjacent existing ground floor to form a Paediatrics area. Along with the construction of a dedicated plantroom on the roof of the two-storey extension.
- Phase 3 – Internal remodelling works to form two new areas: Emergency Department Majors and Minors.

The project started on site in April 2017. The original programme indicated that the works were due to be completed in May 2019 and were actually completed in September 2019.

The YG ED project was successfully opened in line with agreed project programme and within the approved budget and to the required standard.

The YG ED project achieved:-

- Local labour (<50miles) of 30% and 47% personnel were Wales based
- Recycled demolition waste 87% (target 80%)
- 477,280 hours worked on site with only no reportable (RIDDOR) accidents
- Considerate Contractors Scheme – certificate of compliance

The Ysbyty Gwynedd Emergency Department Redevelopment project had a final construction value of £9,168,99 and has been delivered through the Designed for Life 1 Framework Agreement.

The Hospital site has a variety of existing accommodation some of which dates back to the 1980's and some of which has been built more recently.



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 long 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 Poor quality record drawings led to issues with live services location and function and determination of the initial scope of works. This was only solved by an intensive survey stage at the start of each phase of the works.
- 1.5 Maintenance of accurate engineering system drawings (or BIM/CAFM data) is essential for management of a modern hospital.
- 1.6 Keep the boundary of the scheme in mind at all times to prevent scope creep.
- 1.7 Careful record keeping of BREEAM actions and scores at all project stages is necessary to prevent the overall results being adversely affected.

2.0 GOVERNANCE

- 2.1 A simplified project phasing of the main contract allowed for finalisation of elements of the project that could not be fully planned in advance.
- 2.2 A local approach was necessary and having Welsh speaking team members and local labour on hand was helpful in enhancing communication between the project team and the public and NHS staff.
- 2.3 Providing 3d views (via a BIM system) of all spaces allowed decisions on design to be taken more easily.

3.0 DESIGN

3.1 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.

3.2 Flexible generic design solutions create opportunities for enhanced care solutions in changing circumstances.

3.3 Don't accept derogations/VE that are a key project functional requirement. Ensure there are sufficient checks in place within project governance to avoid this.

4.0 CONSTRUCTION

- 4.1 The programme was revised to incorporate the three types of work in three separate phases (Extension/New Build and Refurbishment). This simplified the works allowing a smoother construction project to proceed.
- 4.2 Review the time of the year in terms of weather for interim phasing handovers. Allow for temporary heating/cooling if required.
- 4.3 The type of work required allowing at least a month at the start of each phase for an in-depth enabling works investigative package at the start of each phase.
- 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 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.
- 5.2 The Shared Services Specialist Estates Engineering team do the witnessing but not the commissioning, and the need for whom to be where and when to finalise services installations needs very clear planning.
- 5.3 Future proofing by constructing a plant containment building in a robust construction form will aid future longevity of the services installations.
- 5.4 The installed protection for doors and walls was found to be inadequate in use and in future extensive protection should be designed in and retained through to construction as additional wall guards/protection has had to be retrofitted which is not efficient.
- 5.5 Allow sufficient time for commissioning of complete installations such as sliding doors.
- 5.6 Allow sufficient time for detailing of handover drawings for complex medical services.

Sue Hill, Senior Responsible Officer, commented in the Gateway review July 2019:

“all involved have had to manage continuing operations, and some early implementation of new care pathways (albeit in a sub-optimal environment), without deterioration in ED performance throughout the construction period.

Risks have been managed, spend controlled and appropriate resourcing maintained. This has been achieved through strong project leadership and the commitment and engagement of key clinical and nursing leads and others. Project governance has provided effective oversight and management of project performance.”

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.”

Dr Rob Perry, Consultant in Emergency Medicine:

“I am incredibly proud of the new department and our dedicated staff. The old department was too small and designed to see a maximum of around 12,000 patients a year. We now have a more modern facility that means patients benefit from a brighter, more spacious environment and our staff find it easier to deliver high quality care.”

“Here at Ysbyty Gwynedd’s Emergency Department we have a fantastic team of staff who work night and day to deliver the best possible care they can to patients in a facility which is now very outdated. This new facility will give them the 21st century facility they deserve so they can continue to deliver the best possible first-class emergency care for our patients.”

Lyn Roberts, Matron:

“The current Emergency Department is too small and is not designed to meet the requirements of modern clinical practice. The new department will provide us with a lot more facilities to help us

manage all the safeguarding needs that patients present. This will not only benefit patients but will also benefit our staff. The working environment is going to be transformed and massively improved. Part of the work includes a new staff room, shower room and changing facilities which will help the team and make them feel more valued. All of us here at the emergency department are thrilled to see the work has started, it is going to make a huge difference to our working lives as well as the patients who use it.”



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

Appendices

A Project Pro-Formas

B Considerate Contractors Scheme Certificates

A Project Pro-Formas

PF2 Cost

PF5A Local Labour

PF5B Subcontractors

PF6A Recycled Materials

PF6B Demolition Waste

PF7 Safety

PF8 Time Predictability



**Design & Construction Post Project Evaluation
Proforma no.2 - Cost**

July 2021

To: Cost Advisor

DfL Project No. P00x

Client:	Betsi Cadwaladr LHB	
Project:	Ysbyty Gwynedd Emergency Dept	
<u>Requirements/Target:</u>		
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.		
Please further provide an electronic copy of the full list of priced Compensation Events as a separate document.		
<u>Achieved Capital Cost</u>		
Please provide details of the capital cost for the project:		
Agreed target cost at FBC*	£ 9,793,684.47	Stage 4 value incl CE's
Projected Final Account excl preliminary gain share	£ 9,168,998.57	
Preliminary Pain/Gain Share	£ 312,342.95	
* Target cost is the approved budget 4a together with CEs 1-5		
<u>Revenue Cost</u>		
Please provide an electronic copy of the Energy Performance Certificate for the project as a separate document.		
<i>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.</i>		



**Design & Construction Post Project Evaluation
Proforma no.5A - Local Labour**

Date: July 2021 **To:** Supply Chain Partner
DfL Project No. P00x

Client:	Betsi Cadwalladr UHB																			
Project:	Ysbyty Gwynedd Emergency Dept																			
<u>Requirements/Targets</u>																				
SCP to use best endeavours to use Welsh based supply chain and the employment of local labour.																				
<u>Achieved</u>																				
Please provide a summary of the distance travelled from site to normal place of residence for all local labour employed on project																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Distance Travelled</th> <th style="width: 20%;">Employee Nos.</th> <th style="width: 20%;">Performance</th> </tr> </thead> <tbody> <tr> <td>0-20 miles</td> <td style="text-align: center;">58</td> <td style="text-align: center;">18%</td> </tr> <tr> <td>21-50 miles</td> <td style="text-align: center;">38</td> <td style="text-align: center;">12%</td> </tr> <tr> <td>50+ miles (but within Wales)</td> <td style="text-align: center;">55</td> <td style="text-align: center;">17%</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">178</td> <td style="text-align: center;">54%</td> </tr> <tr> <td>Total employees</td> <td style="text-align: center;">329</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>	Distance Travelled	Employee Nos.	Performance	0-20 miles	58	18%	21-50 miles	38	12%	50+ miles (but within Wales)	55	17%	Other	178	54%	Total employees	329	100%		
Distance Travelled	Employee Nos.	Performance																		
0-20 miles	58	18%																		
21-50 miles	38	12%																		
50+ miles (but within Wales)	55	17%																		
Other	178	54%																		
Total employees	329	100%																		
<u>Comments</u>																				
Please provide a brief statement with regards to your goods & services procurement strategy for the project as a separate document or inserted below:																				
<p style="color: #0070C0;">For each subcontract package the works are tendered both to the local area/market and also our approved supply chain. There is a focus to encourage local labour, spend and suppliers wherever possible and this therefore features in our procurement processes.</p> <p style="color: #0070C0;">A dedicated supply chain briefing and workshop was also held prior to project commencement to discuss the available works packages, trades and labour required for the project with a view to creating local interest among suppliers and subcontractors.</p>																				



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

Date: July 2021 To: Supply Chain Partner
DfL Project No. P00x

Client:	Betsi Cadwalladr UHB	
Project:	Ysbyty Gwynedd Emergency Dept.	
<u>Requirements</u>		
Provide figures for sub-contractor expenditure on the project by utilising the Welsh Community Benefits Measurements Tool		
<u>Achieved</u>		
Insert the value of the contract that relates to goods, services and overheads.	£ 9,793,684	<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?	£ 2,722,430	<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	28%	<i>Where the % is not 100%, please provide a brief summary of how you create opportunities for businesses based in Wales below.</i>
<u>Comments</u>		
For all subcontract packages and works required for the project, a concious effort is made to ensure that the local area and supply chain are contacted and given the opportunity to price the works.		



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Design & Construction Post Project Evaluation Pro forma no.6A - Use of Recycled Material

Date: July 2021

To: Supply Chain Partner

DfL Project No. P00x

Client:	Betsi Cadwalladr UHB																					
Project:	Ysbyty Gwynedd Emergency Dept																					
<u>Requirements/Targets</u>																						
Using the WRAP Net Waste Tool, calculate the amount of recycled materials used in the project by value. The target amount is 15% minimum.																						
<u>Achieved</u>																						
Please provide percentages of the recycled content for the following items on the project																						
<table border="1"> <thead> <tr> <th colspan="2">% recycled (from NetWaste toolkit)</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Substructure</td> <td>100%</td> </tr> <tr> <td>2</td> <td>Superstructure</td> <td>90%</td> </tr> <tr> <td>3</td> <td>Walls, floors, ceilings</td> <td>80%</td> </tr> <tr> <td>4</td> <td>IT FF&E</td> <td>80%</td> </tr> <tr> <td>5</td> <td>Services</td> <td>80%</td> </tr> <tr> <td>6</td> <td>Site works</td> <td>90%</td> </tr> </tbody> </table>		% recycled (from NetWaste toolkit)		Score	1	Substructure	100%	2	Superstructure	90%	3	Walls, floors, ceilings	80%	4	IT FF&E	80%	5	Services	80%	6	Site works	90%
% recycled (from NetWaste toolkit)		Score																				
1	Substructure	100%																				
2	Superstructure	90%																				
3	Walls, floors, ceilings	80%																				
4	IT FF&E	80%																				
5	Services	80%																				
6	Site works	90%																				
<table border="1"> <thead> <tr> <th colspan="2">Performance summary</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td></td> <td>Overall Performance</td> <td>87%</td> </tr> </tbody> </table>		Performance summary		Score		Overall Performance	87%															
Performance summary		Score																				
	Overall Performance	87%																				
<i>N.B. Conditional formatting set at: ≥ 15% = green, <15% = red</i>																						
Please attach copy of final WRAP report as a separate document.																						
<u>Comments</u>																						
Existing strata was rock so excavation was reduced, and slab was changed to ground b																						
Segragated skips																						



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

Date: July 2021 To: Supply Chain Partner
DfL Project No. P00x

Client:	Betsi Cadwalladr UHB																																																				
Project:	Ysbyty Gwynedd Emergency Dept																																																				
<u>Requirements/Targets</u>																																																					
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).																																																					
<u>Achieved</u>																																																					
Please provide percentages of the recycled content for the following items on the project																																																					
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**Design & Construction Post Project Evaluation
Pro forma no.7 - Health & Safety**

Date: #REF! **To:** Supply Chain Partner
DfL Project No. #REF!

Client:	Betsi Cadwalladr UHB		
Project:	Ysbyty Gwynedd Emergency Dept		
<u>Requirements/Targets</u>			
Target AFR & AIR to be 20% less than national average figures. National av AFR 0.58 at 2006.			
<u>Achieved</u>			
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)	35,280		
No hours worked (sub)	442,000		
Average No of employees	7		
Average No of employees (subs)	45		
AFR	0.09	0.0	0.0
AIR	218	0	0
<u>Comments</u>			
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:			



Design & Construction Post Project Evaluation Proforma no.8 - Time Predictability

Date: Sept 2021
DfL Project No. P00x

To: Project Manager

Client:	Betsi Cadwalladr UHB	
Project:	Ysbyty Gwynedd ED Redevelopment	
<u>Requirements/Targets</u>		
Difference between the target construction duration at OBC approval, and the actual construction duration, expressed as a percentage of the target duration. Target within 0% and -5%.		
<u>Achieved</u>		
Please provide a summary of the construction duration:		
	Data	Performance
Planned handover date at FBC	15/05/19	
Planned weeks to h/o at FBC	234	
Agreed extensions (weeks)	19	
Actual date of handover	19/09/19	
Performance (ex extensions)		7.8%
Performance (inc extensions)		-0.4%
<u>Comments</u>		
Project delayed at OBC-FBC by WG approvals Isolation suite – Delayed due to spec changes & handed over in Oct / Nov 19		

B Considerate Contractor Safety Scheme Certificate



Certificate of Compliance

Presented to

Iwan Lewis

of

Interserve Construction Ltd

For

Ysbyty Gwynedd Emergency Department

When visited by the Considerate Constructors Scheme's Monitor, this site achieved compliance by scoring at least 5 points in each of the following five sections of the Scheme's Code of Considerate Practice:

Care about
Appearance

Respect the
Community

Protect the
Environment

Secure everyone's
Safety

Value their
Workforce

Isabel Martinson
Executive Chairman, Considerate Constructors Scheme

Issue Date: 25 April 2018 Site ID: 106414

Improving the image of construction