



DESIGNED FOR *Life*: BUILDING FOR *Wales 2*
CYNLLUN *Oes*: ADEILADU AR GYFER *Cymru 2*

DESIGN & CONSTRUCTION POST PROJECT EVALUATION

OF THE SURNICC AT YSBYTY GLAN CLWYD



May 2019



**GIG
CYMRU
NHS
WALES**

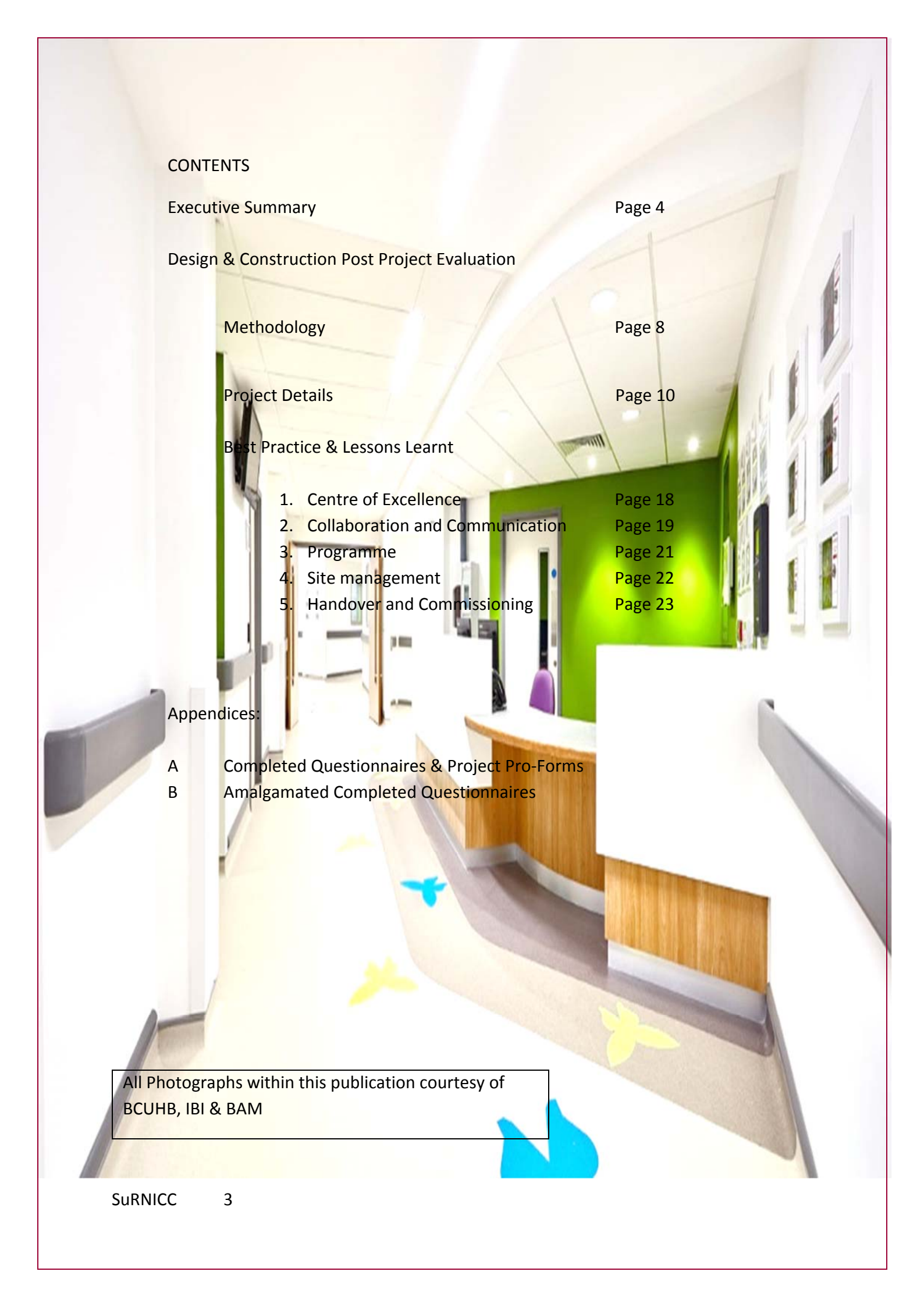
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



**GIG
CYMRU
NHS
WALES**

Partneriaeth
Cydwasaethau
Gwasanaethau Cyfleusterau
Shared Services
Partnership
Facilities Services





CONTENTS

Executive Summary

Page 4

Design & Construction Post Project Evaluation

Methodology

Page 8

Project Details

Page 10

Best Practice & Lessons Learnt

1. Centre of Excellence Page 18
2. Collaboration and Communication Page 19
3. Programme Page 21
4. Site management Page 22
5. Handover and Commissioning Page 23

Appendices:

- A Completed Questionnaires & Project Pro-Forms
- B Amalgamated Completed Questionnaires

All Photographs within this publication courtesy of
BCUHB, IBI & BAM

EXECUTIVE SUMMARY

The new SuRNICC (Sub Regional Neonatal Intensive Care Centre) unit is a world class purpose built facility at Ysbyty Glan Clwyd that provides Neonatal care for babies who are sick or born prematurely. The new facility comprises intensive care cots, high dependency cots and SCBU cots together with parent and supporting clinical accommodation.

Part of the works also involved the remodelling of existing accommodation in both Paediatric and Maternity units within a live hospital whilst maintaining the day to day running of the hospital.

The new SuRNICC will work in tandem with Neonatal and maternity units at Ysbyty Gwynedd and Wrexham Maelor Hospital to provide joined-up care for sick and premature babies across the area.

The development of the unit has taken place alongside a recruitment drive to bring in specialist staff to provide the highest quality of care possible. Over the last year, five dedicated Consultant Neonatologists have been recruited to work on the unit, alongside a significant number of Neonatal Nurses.

The new SuRNICC project is located within an enclosed courtyard in the heart of the YGC hospital grounds, seamlessly connected to the Maternity delivery unit on the first floor and general circulation corridors linking the unit to other areas of the hospital.

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

The approved budget of the SuRNICC was £15.16M with a construction value of £9.48M, both figures excluding Valued Added Tax. The design and construction was undertaken utilising the Designed for Life Building for Wales 2 framework with the following parties appointed:-

Supply Chain Partner : BAM

Supply Chain Consultants

Architects : IBI

Building Service Engineers : Hoare Lea

Civil & Structural Engineers : Curtins

Main Supply Chain Sub Contractor : Lorne Stewart

Project Manager : Gleeds

Cost Adviser : White Young Green

The SuRNICC project was successfully opened on time and within the approved budget and to the required standard. The SuRNICC project also achieved:-

- a BREEAM Healthcare score of 63 Very Good;
- an AEDET score of 5.6 (maximum score of 6, target of 4);
- 40% of the total labour force was Welsh based;
- sub-contractor expenditure of £145,000 with businesses based in Wales;
- 142,000 hours worked on site with no accidents;
- Recycled demolition waste 92% (target of 85%);
- 120 defects recorded at handover of which 114 were cleared by target time;
- The scheme generated 465.5 tonnes of waste diverted from landfill which resulted in a saving of £43,523;

A summary of best practice and lessons learnt by all parties on this project are:-

<u>Best Practice</u>	<u>Lessons Learnt</u>
To provide a Centre for Excellence	
The focus of the project was to deliver service change that resulted in a unit that has excellent family facilities to ensure integrated care can be carried out	Early engagement with the right people
Visiting other neonatal units and benefitting from lessons learnt on design and construction	Ensure brief documentation is clearly defined
Communication & Collaboration	
The development of the Project Execution Plan (PEP) by all key stakeholders at the start of the project was vital	The PEP outlined a clear structure on how the project should be delivered where roles and responsibilities were clearly defined
The SCP regularly updated all key stakeholders, staff and members of the public through Information boards, newsletters and on-line blogs	Close liaison with the BCUHBs communications manager was key to the frequency and level of detail being relayed to the wider community

<u>Best Practice</u>	<u>Lessons Learnt</u>
During initial design workshops a proposed schedule of accommodation was assembled by users from scaled 'jigsaw' pieces arranged in an ideal arrangement to suit the preferred adjacencies and flows of the new unit	Design workshops allowed the users to be fully engaged during the design process and also discover the opportunities and challenges associated with arranging complex clinical facilities on a constrained site with predetermined access points
Programme	
Programme meetings were held weekly to report on progress and to re-plan around issues as they arose	The SCP acknowledged that moving end dates and raising expectations unnecessarily was not helpful and that reporting on a programme with a realistic end date with sufficient float built in, would have been a better way of informing both senior BCUHB management and WG respectively
Team ethos and collaborative working with the BCUHB, SCP and project team during the course of the project was productive and fluent throughout the works	Uncertainty around the nature and condition of services hampered progress of works. SCP needs to take earlier ownership and plan for isolations in conjunction with a dedicated member of BCUHB estates team. Look to increase level of contingency for isolations
<u>Site Management</u>	
The SCP was in regular contact with all key stakeholders to ensure the works did not affect the day to day running of the hospital	There was another major contract ongoing at the same time, so logistics between the two SCPs was crucial
All site staff carried CSCS cards and were issued with photo ID and PPE which was worn at all times and made site staff highly visible to other users. The SCP adopted finger print recognition at turnstiles to prevent unwanted tail gating onto site	BCUHB hadn't considered the impact on SCP site staff when working in close proximity to patients as some SCP staff had been uncomfortable overhearing upsetting conversations between parents when working in live areas. BCUHB/SCP to review as part of future site inductions
Due to tight confines of the site SCP carried out a review of major construction elements such a steel and concrete prior to works commencing on site	Smaller steel members which could be spliced on site were used along with fibre reinforcement in lieu of mesh reinforcement which helped minimise noise

	and disruption and speed up construction processes
<u>Best Practice</u>	<u>Lessons Learnt</u>
<u>Handover and Commissioning</u>	
Provide a safe, practical and comfortable facility to HTM standards	National standards for the water testing process would have been helpful particularly in an enhanced care environment. The timing of chlorination including cleanliness of sinks and flushing regime employed up to the date of occupation to be agreed
The role of the BCUHB supervisors was key in liaising with both the SCP and NWSPP SES	The BCHUB supervisors weren't in post at the start of the project so witnessing arrangements with NWSPP SES were not formalised
Commissioning requirements were clearly defined in the PEP	Some commissioning for phases 1 was problematic. The SCP brought a commissioning manager on board from another firm for phase 2 which improved matters

The evidence shows the SuRNICC is a successful project; a challenging scheme delivered on time, on budget and to a high quality. The evaluation has confirmed the key objectives have been achieved; a state of the art neonatal unit for the people of North Wales, providing adequate space and privacy for the very specialist services required, Paediatric remodelling and change of inpatient areas to out-patient areas and maternity remodelling. The SuRNICC provides fit for purpose, modern and efficient baby care requirements and support facilities that provide a caring environment suitable for the provision of 21st Century Neonatal Healthcare in North Wales.

This Design & Construction Post Project Evaluation has been carried out with the involvement of the whole delivery team in a proactive and a blame free culture. Thanks are extended to all involved.

DESIGN & CONSTRUCTION POST PROJECT EVALUATION METHODOLOGY

Context

The requirement for undertaking a Design and Construction Post-Project Evaluation is a constituent part of delivering the NHS Capital Programme within Wales; this was highlighted within the Welsh Government circular WHC (2018) 043: NHS Wales Infrastructure Investment Guide published October 2018. Framework Members can view this guidance on the Welsh Government website.

Consequently Design and Construction Evaluations are to be facilitated by NWSSP Specialist Estate Services and are to be undertaken during Stage 5: Operational Commissioning and Project Closure; the outputs of an evaluation should focus upon the performance of the project delivery from start of Stage 2: Outline Business Case development to Stage 5: Operational Commissioning and Project Closure (N.B. Stages as defined in the *Designed for Life: Building for Wales* process maps and Schedules of Services).

Accordingly NWSSP Specialist Estate Services issued guidance in the form of 'Guidance Note: Procedure for Design and Construction Post-Project Evaluation – June 2014'. Framework Members can find this guidance on-line using this hyperlink <http://www.designedforlife.wales.nhs.uk/post-project-evaluations>.

Why carry out a Design & Construction PPE?

Post-Project Evaluation is a fundamental tool in achieving Best Value for Money and through lessons learnt can improve future project performance and decision making by key stakeholders.

Post Project Evaluation can be an aid to:

- Improved design, organisation, implementation and strategic management of projects;
- Promote organisational learning to improve current and future performance;
- Avoid repeating costly mistakes;
- Improve decision-making and resource allocation (e.g., by adopting more effective project management arrangements);
- Improve accountability by demonstrating to internal and external parties that resources have been used efficiently and effectively; and
- Demonstrate acceptable outcomes and/or management action thus making it easier to obtain extra resources to develop healthcare services.

How has this PPE been carried out?

In accordance with the 'Guidance', this evaluation has been undertaken in an impartial, objective and Blame free culture, which has involved the Health Board and all other key

stakeholders of the Project Delivery Team. A specially structured suite of Pro-forma & questionnaire was issued to all (*refer to Appendix A*) to evoke memoirs of issues both good and not so good that 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.

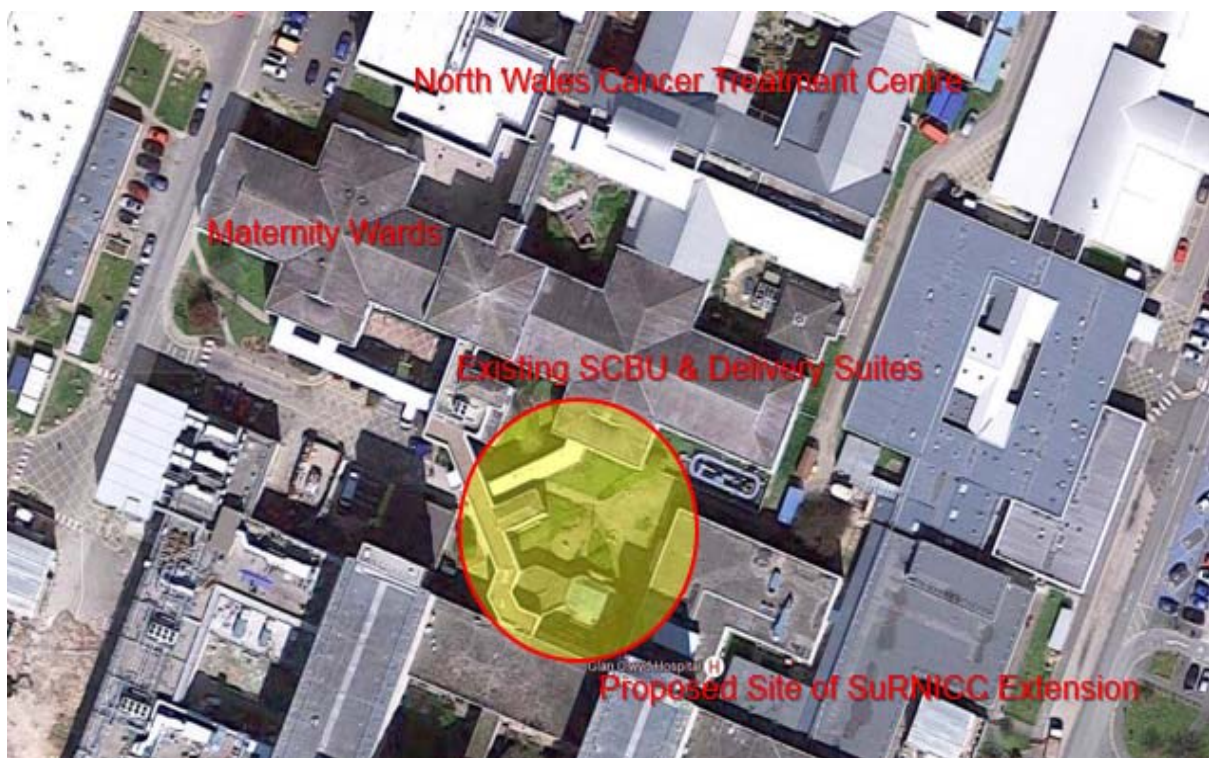
The Service Post-Project Evaluation, completed in accordance with the Benefits Realisation timeframe, will be initiated by the Health Board (normally during Stage 6: Completion). The Welsh Government Integrated Assurance Hub will provide support in developing and undertaking the Service evaluation.



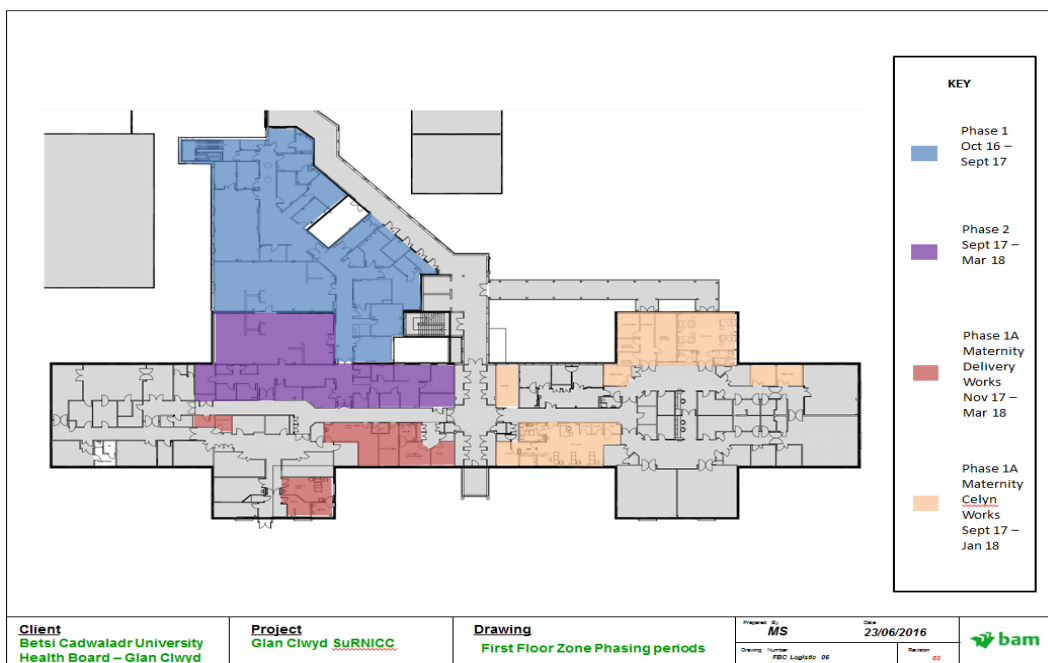
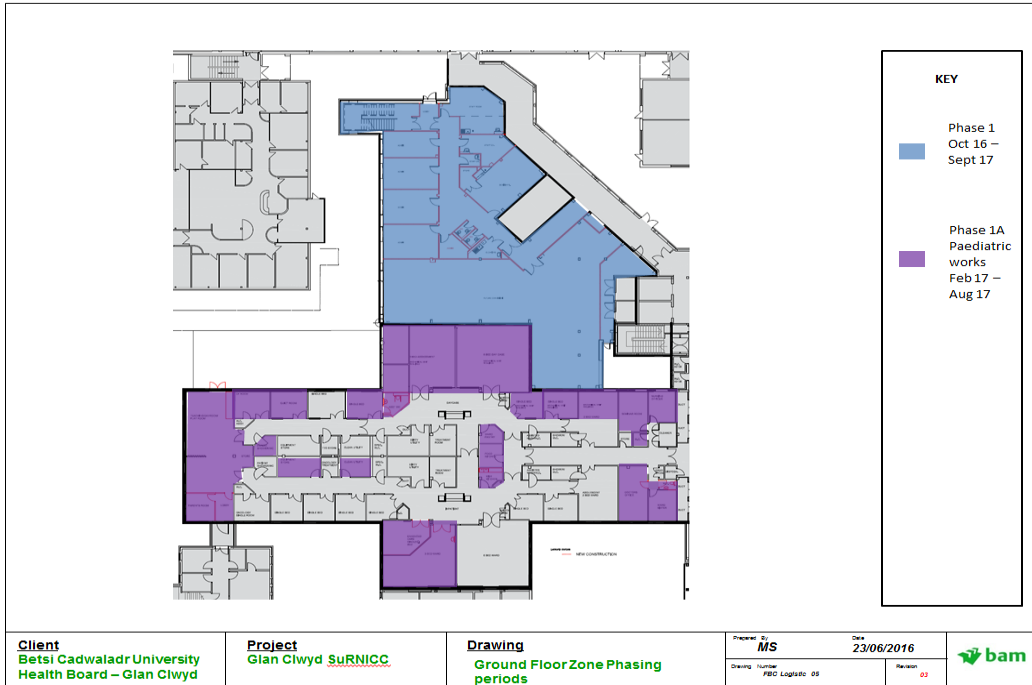
PROJECT DETAILS

The SuRNICC has a construction value of £9.48M and has been delivered through the Design for Life 2 Framework Agreement. Ysbyty Glan Clwyd is a district general hospital for the central area of North Wales. It is located in Bodelwyddan, Denbighshire and managed by Betsi Cadwaladr University Health Board. The hospital was opened in 1980 has a total of 497 beds with a full range of services which has increased over the years and includes the Cancer Treatment Centre, which provides cancer treatment for patients across North Wales, opened at the hospital in June 2000. The original hospital, pre 1990, has been the subject of extensive redevelopment as part of the process to remove asbestos. This project included a major extension to create the new Emergency department and a new build Pathology department both of which opened in 2013. The asbestos removal and associated redevelopment works were completed in 2019.

The SuRNICC project was carried out in 3 phases. The first phase involved the construction of a new purpose built neonatal unit within an enclosed courtyard. The aerial photo below shows the proposed unit highlighted within the red circle which depicts the nature of the confined site in relation to other hospital facilities.



Phase 1A involved the remodeling of both Paediatric and Maternity units within live hospital areas. Phase 2 involved the re-modelling of the existing Neonatal unit to provide the Intensive care area and support accommodation to complete the SuRNICC. The plans below highlights their location relative to the new Neonatal unit.





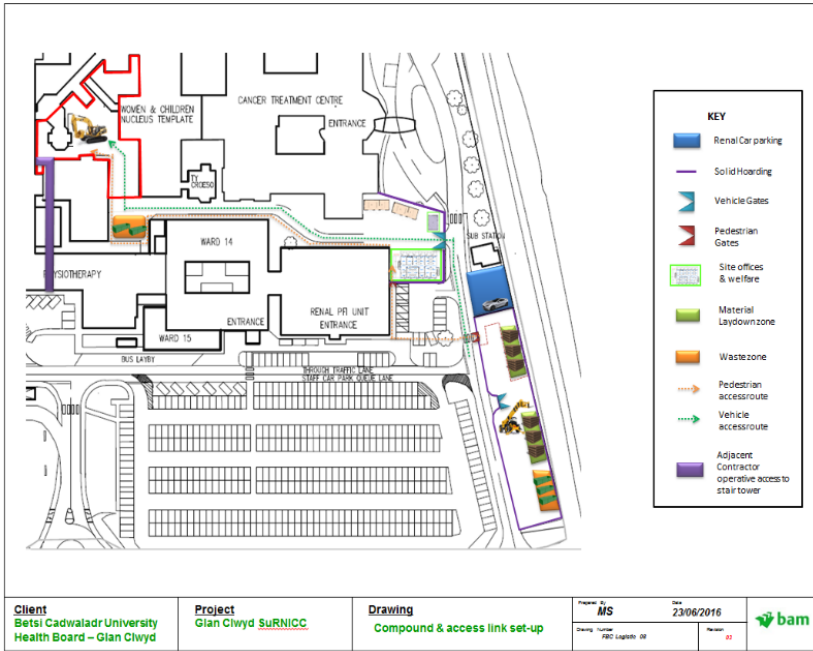
During demolition works BAM liaised closely with all key stakeholders to ensure that the day to day running of adjacent facilities remained operational.



During construction In order to minimise noise disruption and also speed up construction BAM changed the reinforcement from mesh to fibre.



Due to the nature of the confined site BAM reviewed the design and were able to splice many of the large steel members to make them easier to install in the restricted space available.



There were various challenges to meet; construction of the new facility within the confines of a busy live hospital environment, with a complex refurbishment of the existing accommodation, and traffic management. There was also another major contract ongoing at the same time, so logistics between the two main contractors was crucial in

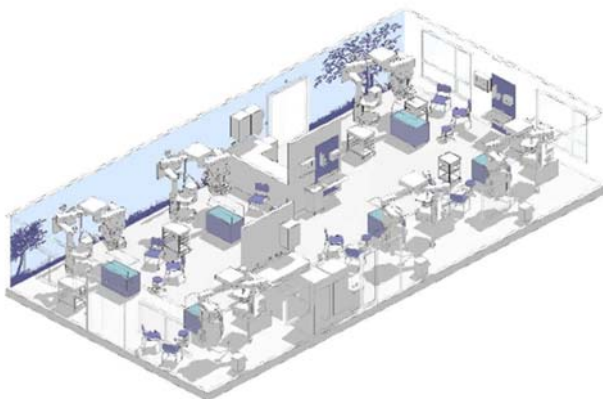
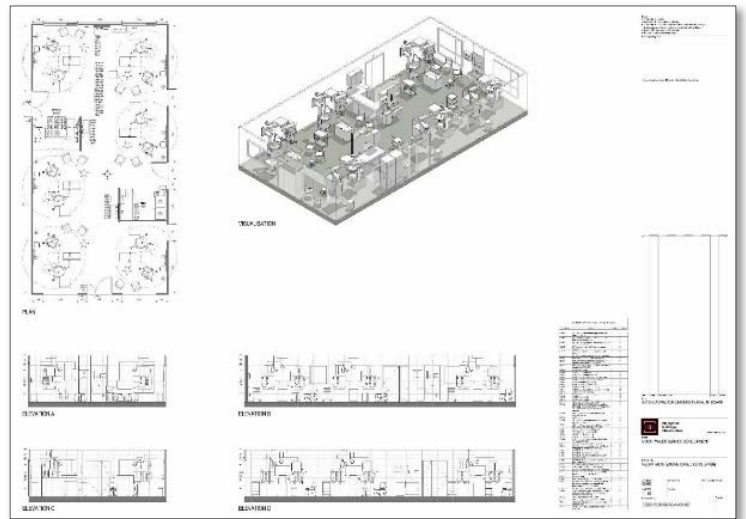
ensuring the provision of hospital services continued as usual.

Accommodation

The first phase of the project includes the construction of the new unit which will feature the following:

- 6 No high dependency cots
- 8 No special care cots

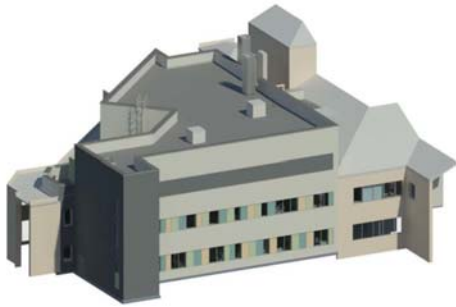
The second phase includes the remodelling of the existing Neonatal facility to provide 6 No intensive care cots.



The new unit also features a dedicated isolation unit, a transitional care service to keep mums and new-born babies together and an on-site parent accommodation allowing parents with sick and premature babies to spend as much time with their child as possible.

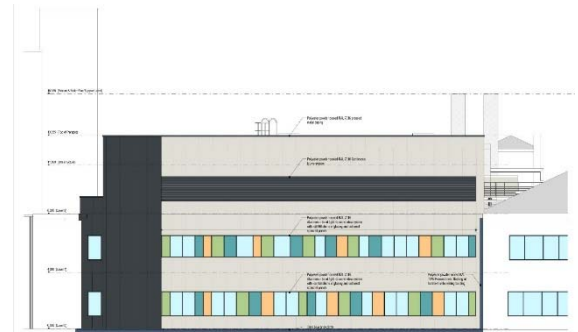
New Build construction

The new construction comprises a 3 storey steel framed extension with in-situ concrete floor slabs. The ground floor slab was designed to support mobile crane units during construction due to the site constraints. The ground floor slab incorporates fibre reinforcement to reduce construction noise normally associated with steel reinforcement.



The external envelope comprises a clay facing brick plinth at ground level with composite insulated cladding panels mounted vertically and fixed to steel cladding rails and lined internally with cement bonded particle boards. A proprietary internal shaft wall lining plasterboard system provides 1 hour fire resistance to external walls due to the proximity of the existing surrounding buildings.

The elevations are further enhanced with powder coated aluminium thermally broken double glazed windows and curtain walling with insulated coloured spandrel panels to match the appearance of the upgraded hospital. External doorsets are also powder coated aluminium.



The building is topped with a single ply reinforced roof membrane laid to falls on tapered insulation on in-situ concrete slab to main roof and ply decked profile metal decking to plantroom roof. Reinforced slip resistant walkways delineate maintenance access. Roof lights provide natural light to internal circulation areas within the first floor clinical areas.

The plantroom occupies approx. 90% of the roof area. The remaining open area includes a Landing Zone for future plant replacement with an adjacent area of removable louvre cladding panels and doors to facilitate access.

Metal stud partitions lined with plasterboard and a plaster skim finish form the internal layouts. Double glazed screens with interstitial venetian blinds further enhance internal areas. Internal timber doorsets comprise either hardwood veneered or laminate faced in softwood frames. Structural steelwork is encased with 1 hour fire protection.

Suspended ceilings are a combination of plasterboard MF to clinical areas and gridded mineral fibre tiles to remaining accommodation.

Floor finishes comprise slip resistant PVC sheeting with covered skirtings' to wet areas and sheet vinyl with covered skirtings' to other areas. Wall finishes comprise printed vinyl/acrylic sheet cladding to cot areas, welded PVC sheeting to wet areas and a wipe able paint finish to other areas.

Internal stairs comprise concrete flights and landings with polyester powder coated steel balustrades and handrail system.

Sanitaryware is housed within a pre-plumbed panelling system.

Delivery Team and Headline Information

Client	Betsi Cadwaladr University Health Board	Supply Chain Partner	BAM Construction Ltd
Project Director	Neil Bradshaw	Architects	IBI
Health Board Project Manager	Ian Roberts	Structural Engineers	Curtins
Project Manager	Gleeds	Building Services Engineers	Hoare Lea LLP
Cost Advisor	White Young Green	Cost Manager	N/A
Supervisor	Betsi Cadwaladr University Health Board	Health Planner	N/A
Gross Floor Area	1,536 m2 which includes 336m2 refurbished space	Construction Cost	£9.48M excluding VAT
Commencement on Site	October 2016	Completion	June 2018
Alterations to Maternity and Paediatrics department were completed October 2018			

Some noteworthy points considered as part of the evaluation are included below, wider issues are considered in detail and can be found under 'Best Practice & Lessons Learnt'

Design strategy



During the design development process design workshops were arranged and attended by all key stakeholders including a wide range of Health Board staff including



administrative, clinical and support staff together with members of the Design Team and the Supply Chain Partner.

During these workshops a proposed schedule of accommodation was assembled from scaled 'jigsaw' pieces arranged in an ideal arrangement to suit the preferred adjacencies and flows of the new unit. This approach allowed the users to discover the opportunities and challenges associated with arranging complex clinical facilities on a constrained site with predetermined access points.



In order to support the user representatives in assessing the suitability of the developing proposals, visits were arranged to recent Neonatal developments at the Royal Oldham Hospital and North Manchester General Hospital where feedback was provided by the users of these facilities regarding both the physical planning and the operational 'lessons learned'.

Future proofing of design

As part of the design BAM allowed for removal cladding panels within the plant room for future M&E plant replacements such as air handling units. The hard standing areas within the courtyard were also constructed to take the weight for future heavy lifting plant.



Patient Interaction

The inclusion of LED lighting and bright colours added with the attractive artwork makes the new facility an ideal environment for sick and premature babies to receive the best care possible.



Health and Safety

Considerate contractors commented that safety on site during construction was exceptional. Clear signage, road markings and a zebra crossing around the site ensured pedestrian safety within hospital grounds at all times.

During construction works consideration was given to the issue of a defibrillator, however it was agreed to use the hospital unit located adjacent to the site which was considered more appropriate for rapid response. There were no recorded incidents for around 142,000 man hours of construction.



Community Benefits Framework KPI's on the use of local labour and suppliers were collected which identifies value for money investment of the *Welsh Pound*, and the Welsh Government Community Benefit Measurement Tool shows for every £1 spent on the project £0.34 was reinvested in Wales. A total of 96 apprenticeship weeks have been completed. The figure of 465.5 Tonnes of waste was diverted from landfill with a saving of £42,523.00.



A number of other community benefit initiatives were also undertaken involving the wider community:

- One Welsh student carried out 1 weeks work experience during the project.
- Members of the team spent approximately 80 hours refurbishing an external community area. Works included gardening, weeding, jet washing, re-paving, removing old fencing and purchasing a garden bench. These works equated to £6,000.

The site team purchased £500 worth of toys for the hospital's children's ward and took industry mascot Ivor Goodsite to meet the young patients.





Centre for Excellence in Neonatal Care

The objective of SuRNICC was to facilitate a change in service delivery to create a network of Neonatal care and to provide a world class facility for North Wales where sick and premature babies and their families could receive the best care and support available. The need for a neonatal unit in North Wales was vital for the area as babies had previously being sent to other neonatal units across the North West. SuRNICC now provides enough capacity for babies to stay in North Wales as well as taking referrals from other NHS regions. BCUHB anticipate that it will take a year to determine the full savings from repatriation.

Other hospitals are now looking at SuRNICC as a centre of excellence in neonatal care. SuRNICC was not just a capital investment but also enhanced service change in neonatal care.

New facility has not only retained existing staff but also enhanced recruitment for high quality staff.

The scheme has successfully supported the delivery of a Neonatal network across North Wales.

The main best practice and lessons learnt points are:

Best Practice

- The focus of the project was to deliver service change that resulted in a unit that has excellent family facilities to ensure integrated care can be carried out.
- Visiting other neonatal units and benefitting from lessons learnt on design and construction.



Lessons Learnt

- Early engagement with the right people.
- Ensure brief documentation is clearly defined.

Collaboration and Communication

As the project was delivered through a framework and utilised a NEC3 suite of contracts it has benefited from a collaborative approach between all parties. This was enshrined in the Project Execution Plan (PEP) developed by all key stakeholders at the start of the project which outlined a clear structure on how the project should be delivered where roles and responsibilities were clearly defined.

The scheme was politically high profile and the imposed timescale posed some challenges.



- Design team were appointed directly by LHB initially before being novated over to SCP.
- Noted that there was another major contract ongoing at the same time, so logistics between the two SCPs was crucial to ensure the smooth running of the hospital.
- The SCP regularly updated all key stakeholders, staff and members of the public through Information boards, newsletters and on-line blogs. Close liaison with the LHBs

communications manager was key to the frequency and level of detail being relayed to the wider community.

- Various communication update were produced for the Intranet, Internet, TV and radio. There was a dedicated SURNICC Intranet/Internet site.
- A monthly update was provided to the First Minister.

Governance and effective management of gateways

- Was adopted throughout the project following the principles as outlined in the PEP.

Team working

- Was a key factor of the project in helping to deliver a very challenging high profile project within tight timescales whilst maintaining the day to day running of the hospital.

End user engagement

- Where users felt they played a part in the design of the new facilities. During initial design workshops a proposed schedule of accommodation was assembled by users from scaled 'jigsaw' pieces arranged in an ideal arrangement to suit the preferred adjacencies and flows of the new unit. This approach allowed the users to discover the opportunities and challenges

associated with arranging complex clinical facilities on a constrained site with predetermined access points.

- Full size mock-ups of cot bay layouts proved helpful to users in visualising space requirements.
- There was a regular programme of end user engagement that continued throughout the project.

Regular team meetings

- There was a project governance structure of meetings including project board, progress meetings and estates meetings which were aligned and reported in to each other. SCP were represented at all meetings which helped to keep senior management up to date on progress and a fast track mechanism for decision making as the need arose.
- Weekly look ahead meeting with estates and end users also proved invaluable as a way of providing early warnings when construction activities would affect live areas of the hospital, which allowed the BCUHB to take appropriate measures to maintain the safe running of the hospital.
- There was also monthly meetings held with the other SCP on site Laing O'Rourke.

The main best practice and lessons learnt points are:

Best Practice

- The development of the Project Execution Plan (PEP) by all key stakeholders at the start of the project was vital.
- The SCP regularly updated all key stakeholders, staff and members of the public through Information boards, newsletters and on-line blogs.
- During initial design workshops a proposed schedule of accommodation was assembled by users from scaled 'jigsaw' pieces arranged in an ideal arrangement to suit the preferred adjacencies and flows of the new unit.

Lessons Learnt

- The PEP outlined a clear structure on how the project should be delivered where roles and responsibilities were clearly defined.
- Close liaison with the BCUHBs communications manager was key to the frequency and level of detail being relayed to the wider community.
- Design workshops allowed the users to be fully engaged during the design process and also discover the opportunities and



challenges associated with arranging complex clinical facilities on a constrained site with predetermined access points.

Programme

It was acknowledged at the outset that the programme was tight and there was political pressure to deliver the SuRNICC on time. The scheme did have some delays in phase 1 which had a knock on effect for phase 2. However the contractor was able to deliver phase 2 ahead of programme.



Isolations

- Contractor did encounter problems with isolations, despite earlier surveys albeit visual, which impacted on programme. Accepted that NHS records could not be relied upon in this regard.
- On Phase 2 isolations were better managed by the site team through regular liaison with the BCUHB estates team.

There were some changes in works

- There were a number of compensation events raised during the project due to changes in information and clarity of scope for the refurbishment areas outside of SuRNICC. It was noted that the compensation events did not affect the overall programme and budget. Through effective team work the scheme was delivered on time and within budget.

The main best practice and lessons learnt points are:

Best Practice

- Programme meetings were held weekly to report on progress and to re-plan around any issues as they arose.
- Team ethos and collaborative working with BCUHB, SCP and project team during the course of the project was productive and fluent throughout the works.

Lessons Learnt

- The SCP acknowledged that moving end dates and raising expectations unnecessarily was not helpful and that reporting on a programme with a realistic end date with sufficient float built in, would have been a better way of informing both senior BCUHB management and WG respectively.

- Uncertainty around nature and condition of existing services hampered progress of works. The SCP needs to take ownership at an earlier stage and plan for isolations in conjunction with a dedicated member of the BCUHB estates team. Look to increase level of contingency for isolations.

Site Management

The site was surrounded on all sides by live accommodation including the existing SCBU. Part of the project involved the demolition of the existing chapel. It was agreed that the site was well managed throughout the entire project duration and at no time was the day to day running of the hospital adversely affected by the works.

- The SCP site team was in regular contact with all key stakeholders to ensure the works did not affect the day to day running of the hospital.
- In order to minimise noise disruption and also speed up construction the contractor changed reinforcement from mesh to fibre.
- The larger members of the steel frame were spliced to make them easier to install in the restricted space available.
- Logistics were well managed throughout the project. The SCP supply chain were fully briefed on site constraints and had safety inductions prior to being allowed on site.
- Deliveries to site were well managed by the presence of a gateman who ensured site traffic did not interfere with the day to day operation of the hospital.
- All site staff carried CSCS cards and were issued with photo ID which was worn at all times. The contractor also adopted finger print recognition on turnstiles to prevent unwanted tail gating onto site.



The main best practice and lessons learnt points are:

Best Practice

- The SCP was in regular contact with all key stakeholders to ensure the works did not affect the day to day running of the hospital.
- All site staff carried CSCS cards and were issued with photo ID and PPE which was worn at all times and made site staff highly visible to other users. The SCP adopted finger print recognition at turnstiles to prevent unwanted tail gating onto site.



- Due to tight confines of the site SCP carried out a review of major construction elements such as steel and concrete prior to works commencing on site.

Lessons Learnt

- There was another major contract ongoing at the same time, so logistics between the two SCPs was crucial.
- BCUHB hadn't considered the impact on SCP site staff when working in close proximity to patients as some SCP staff had been uncomfortable overhearing upsetting conversations between parents when working in live areas. BCUHB/SCP to review as part of future site inductions.
- Smaller steel members which could be spliced on site were used along with fibre reinforcement in lieu of mesh reinforcement which helped minimise noise and disruption and speed up construction processes.

Handover and Commissioning

There were a few issues encountered at handover stage with commissioning in particular the quality of water. During the project there were updates in the HTM's that, due to the nature of end user (enhanced care), were incorporated.

There was some concern raised over the layout of the plant room which was causing a few issues to the estates team in carrying out maintenance.

- National standards for the water testing process would be very helpful, particularly in an enhanced care environment.



- The timing of chlorination to be captured in lessons learnt, including the cleanliness of sinks/relationship with results.
- It was acknowledged by the team that if earlier engagement with NWSSP-SES specialist engineers in relation to the planning of witness testing and acceptance had been carried out and clearer lines of responsibility agreed at the outset then this issue along with robust witness testing and reporting format could have been better understood.

• It was noted by the SCP the P22 Clinical Design Requirements Toolkit (CDRT) for recording derogations and adopted on NHS frameworks in England would be a useful addition on NHS frameworks in Wales in considering future derogations.

- The Supervisors weren't in post at the start of the project, but would be involved from the outset for future schemes. Their input was invaluable.

The main best practice and lessons learnt points are:

Best Practice

- To provide a safe, practical and comfortable facility for sick and premature babies, parents and clinical support staff to HTM standards.
- The role of the BCUHB supervisors was key in liaising with both the SCP and NWSPP SES.
- Commissioning requirements were clearly defined in the PEP.

Lessons Learnt

- National standards for the water testing process would have been helpful particularly in an enhanced care environment.
The timing of chlorination including cleanliness of sinks and flushing regime employed up to the date of occupation to be agreed.
- The BCUHB supervisors weren't in post at the start of the project so witnessing arrangements with NWSPP SES were not formalised.
- Some commissioning for phases 1 was problematic. The SCP brought a commissioning manager on board from another firm for phase 2 which improved matters.



TESTIMONIALS

Dear Neil,

I have received feedback via Sally that the Health Board has asked that thanks be formally conveyed to the Project Board and Project Team for the huge efforts made to complete the SuRNICC Development.

Members of the Board were delighted to hear of its completion and those who have visited were hugely complimentary regarding the quality of the facility which has been created and the opportunity it affords to deliver more care to babies and families within North Wales. It is truly a development for everyone involved to be very proud of.

Could I please ask that you pass on these thanks to the Project Board and Team. I would have done this personally at Project Board but we have stood down this week's meeting and didn't want to wait another month.

Many thanks

Geoff

Geoff Lang Cyfarwyddwr Trawsnewid / Director of Turnaround

Dear Rob,

I visited YGC last week and had the chance to walk round the new Unit. I was extremely impressed and wanted to express my thanks to you and colleagues for the work you undertook to deliver this in line with the plan you had submitted. Would you please convey my thanks to all colleagues who have worked on this, particularly to Gareth and Paul whose contribution on the ground has been extremely positive.

I will reflect this at Project Board this week but wanted to send a personal message in advance. My personal thanks to you for your leadership throughout the project and commitment to getting to a successful solution.

Kind regards

Geoff

Geoff Lang Cyfarwyddwr Trawsnewid / Director of Turnaround

Mandy Cooke, Neonatal Service Manager, said: “We’re delighted to have moved in to the new unit, which will help us provide the best care possible to families from across North Wales.

“It means that all the babies within North Wales who are born premature or sick will receive the highest standard of care possible.



“Our staff take great pride in their work, and the new unit and equipment will help us provide even better care.”

Work to complete the project will continue over the coming months with the refurbishment of the former special care baby unit and paediatric departments, as well as minor refurbishment work to the hospital’s maternity unit.



Gary Doherty, Chief Executive of Betsi Cadwaladr University Health Board, said: “The opening of the new-build phase of the development is a huge milestone in this project, and will help our staff to provide sick and premature babies from across North Wales with the best possible start in life.

“I want to thank the team who have worked tirelessly on making this happen for their efforts, and look forward to seeing the project continue to progress over the coming months.”



The First Minister said:

The SuRNICC is a wonderful new centre for neonatal intensive care in North Wales. I approved the siting of the unit at Glan Clwyd back in 2014, and it has been a real privilege to be here today to talk to staff and families about their experiences at the new facility.

The teams across North Wales have worked exceptionally hard to ensure that the population have new neonatal services that care for sick and premature babies within the region, reducing the number of babies and families having to travel to England for their

care. The people of North Wales have access to the very best neonatal care and everyone involved should be very proud of their achievements.

For Further Information contact:

Andrew Waddington

Acting Head of Designed for Life: Building for Wales

Tel 029 20 904123

E-mail: Andrew.waddington@wales.nhs.uk