

Calderdale and Huddersfield
NHS Foundation Trust

Huddersfield Royal Infirmary ward refurbishment programme

Huddersfield
Infirmary ward
refurbishments



Cost-efficiencies derived from a long-standing working relationship

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Huddersfield Royal Infirmary's wards were originally designed in the 1960s. In 2003, Calderdale and Huddersfield NHS Foundation Trust (CHT) embarked on a programme of ward refurbishments, designed to improve patient experience, optimise patient treatment, make the wards compliant with current legislation and policy, and provide a better working environment for staff. Following an initial project, Interserve was appointed as Principal Supply Chain Partner (PSCP) under the ProCure21 framework to undertake one or more major and minor ward refurbishments each year.

The age of the building, coupled with the requirement for bed numbers to be maintained, means that each ward refurbishment project faces multiple challenges. "One

of the main areas is the existing structure that affects provision of new services – for example, some mechanical ventilation was included in the original 1960s design, but needed to be upgraded and extended," says Interserve divisional director Kevin Frain.

"It's also challenging meeting space standards required for disabled and bariatric patients while maintaining a minimum bed number within the original infrastructure, and of course the service to live adjacent wards has to be maintained during construction."

Careful and imaginative design was used to overcome these challenges, including the transformation of 30-bed wards into a mix of single, double and treble rooms and some four-bed bays that collectively achieved current standards for 3.6m bed spacing and improved patient observation. The ward refurbishments also achieve patient privacy and dignity standards by adding en-suites to rooms and splitting wards to allow male/female segregation.

Each refurbishment project begins with an enabling phase that includes the removal of asbestos over a seven-week period. The construction phase then commences with a soft-strip of reclaimable materials, followed by a full strip and reconstruction, taking approximately 26 weeks from decanting patients to reoccupying the ward, dependent on ward type and complexity.

The successful completion of eight ward refurbishments under the ProCure21 framework has added "a lot of value", according to Trust estates and facilities director Frank Gibbons. "Being able to work with a PSCP that knows the Trust so well reduces risk around delivery, cost and business continuity. At project commencement, they know who to talk to and what to do without having to ask. And they know the level of quality we expect from both design and construction, and our expectations around Guaranteed Maximum Price. It saves a huge amount of time and resources when a PSCP can hit the ground running in that way."

So successful is the partnership under ProCure21 that the three most recent ward refurbishments have undertaken the 'strip-out' phase as part of the initial enabling works, and prior to a Guaranteed Maximum Price being agreed. "It takes advantage of early ward availability and substantially shortens the overall project timetable," says Kevin, "so it minimises the period of reduced bed capacity for the Trust."



Extensive knowledge of the Trust's operations gained through repeated schemes also helps Interserve to maintain clinical operations during refurbishment projects, despite the proximity of surrounding operational wards, which are stipulated to remain open at all times during the refurbishment. Site facilities are kept remote from the ward and other clinical areas, and the refurbishment ward is accessed externally by the use of a goods and personnel hoist. Dust suppression technology and working methods, together with constant cleaning of work areas, screening and demarcation "and our knowledge of adjacent clinical services being carried out around the ward we're working on," according to Kevin, keep the refurbishment operations contained so they pose no risk to patients.

Design efficiencies gained under the ProCure21 framework have also been responsible for the addition of a number of smaller improvements that have brought positive responses from patients, carers and staff: "Corridor improvements don't cost very much, but they get a lot of attention because of the visual change."

In addition, understanding Trust quality requirements has allowed the PSCP to specify fixtures and fittings with an eye to whole-life cost benefit. "We fit hardwood doors because they outperform other grades," says Kevin. "Not only can they be refitted in other areas of the hospital if necessary in future refurbishments but they are also more durable, giving the Trust an ongoing operational cost-benefit with reduced repairs and maintenance." All walls are also lined with plywood, "so there is flexibility in the positioning and repositioning of fixtures and fittings, without impact on the wall below."

This partnership under ProCure21 has allowed us to achieve around a 20% reduction in costs per ward refurbishment overall

The lessons learned from each ward refurbishment project have added value to each future scheme, "because when we start on a new project, we don't begin with the design and quality parameters each time, as both we and the PSCP know what they are – instead, we start with how we can improve on the previous scheme," says Frank. The constant communication of improvements has had some very positive results, including room sizes that have been increased beyond original expectations; some engineering space allowance has been decreased with no loss of function, to allow more space for clinical function; and some ancillary support spaces were similarly decreased to allow increased clinical space. Cost savings on a project-by-project basis have been impressive: "Between the first refurb project and the more recent ones, we've achieved around a 20% reduction in costs per ward overall," says Frank.

Both the PSCP and CHT are convinced that working together under the ProCure21 framework has added significant value to the Trust's capital projects. Frank sums it up: "We have continuity of service, with one point of contact from inception through design to construction and completion. We can get moving fast. We now have zero health & safety risk tolerance on our ward refurbishment projects due to tightly-managed risk assessments and method statements, and excellent communication that ensures works are fully understood and discussed with clinical and infection control teams. And we also have the opportunity to develop further added value by means of the longer-term working relationship."



Project Huddersfield Royal Infirmary ward refurbishment programme

Location Huddersfield

NHS Trust Calderdale and Huddersfield NHS Foundation Trust

PSCP Interserve

Huddersfield Royal Infirmary
ward refurbishment programme

Key features

- + Improving **patient experience**
- + Leveraging **cost-efficiency** through long-standing working relationship
- + Driving out **risk** in the construction period
- + Optimising **patient treatment**
- + **Compliance** with current legislation and policy
- + Providing **better working environment** for staff

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