



PWYLLGOR CRONFA ELUSENNOL CHARITABLE FUNDS COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 November 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds Story: Post-Project Evaluation of Wards 9 & 10 in Withybush General Hospital
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategic Development and Operational Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Eldeg Rosser, Head of Capital Planning Andrew Hopkins, Capital Programme Manager Andrew Burns, Consultant Surgeon and Withybush Hospital Director

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Post-project evaluation
The recent post-project evaluation undertaken on the refurbishment of Wards 9 and 10 at Withybush General Hospital (WGH) has highlighted the positive impact of charitable funding contribution to the overall project.

A summary of the post-project evaluation is presented to the Charitable Funds Committee to highlight the impact that this funding has had on the overall refurbishment and patient and staff experiences of Wards 9 and 10.

The post-project evaluation process has incorporated valuable feedback and lessons learnt from charity stakeholders in addition to providing opportunity for project team members to reflect on the engagement and relationship management with charitable fundraisers. The wider post-project evaluation is documented in a Project Closure Report, attached at Appendix 1, for information.

The Committee is requested to note the content of this report and verbal presentation.

Cefndir / Background

Ward 9/10 Refurbishment
The redevelopment of Ward 10 at WGH has been a topic of public interest for some years. The Health Board had given a number of public commitments to support the project and fundraising activities.

The project, completed in March 2020, addressed a long standing requirement to improve the clinical environment, including patient privacy, patient dignity, infection control measures and sex segregation criteria, all of which are strongly associated with modern healthcare environments. Included in the scheme was the refurbishment of Ward 9 as a decant area whilst

the Ward 10 works were undertaken. Ward 9 also had a similar long standing requirement to improve the clinical environment.

The brief for the scheme was completed to a high standard and has delivered:

- A 16 bed ward optimised within the existing estate fabric, providing enhanced levels of patient privacy (5 x single en-suite bedrooms, 2 x 4 bed bays, 1 x 3 bed bay).
- Improved overnight facilities for relatives.
- A dedicated day/dining room for patients and facilities to support those with bariatric needs.
- A multi- disciplinary team meeting room and video conferencing facility.
- A roof top garden will be provided as a future enhanced facility for the ward.
- A discharge lounge to serve Ward 10 in addition to the hospital's other medical wards.
- Sub-pharmacy area serving the medical floor (second floor of WGH).
- Office space for Palliative Care staff.
- A refurbished Ward 9 providing a decant facility to enable the refurbishment of Ward 10 and providing mitigation for ongoing winter pressures.

Delivery of the above was made possible via enhancements from the presence of more than £500,000 of charitable donations from the Health Board's Pembrokeshire Cancer Services Fund, Elly's Ward 10 Flag Appeal, and significant donations received from the late Luke Harding and his family. This allowed both the Project and Stakeholder Groups supporting the equipping forum to challenge traditional boundaries for equipment and environmental improvements in a clinical environment in an innovative manner, whilst balancing infection control requirements.

The scheme attracted a good level of political and public interest, largely due to the unique fundraising campaign of Elly's Ward 10 Flag Appeal. This campaign was established by the Neville family in 2015 to improve the patient experience and environment on Ward 10 and raised over £200,000.

The lessons learnt from the project have recognised the significant contribution that charitable funding has had on patient and staff experience, and on charitable stakeholder management and engagement.

Asesiad / Assessment

Charitable Funding Impact

Affordability of the Business Case

The role of charitable funding in supporting the Business Justification Case (BJC) submitted to Welsh Government should not be overlooked. Details of the Elly's Ward 10 Flag Appeal and other charitable donations circa £300,000 were included within the BJC, with the latter being unrestricted in how funding was apportioned to the project. This reduced the capital funding requirement and made the business case more attractive. In total, £3.153 million was received from the All Wales Capital Programme to undertake the project.

Impact on Patient Experience

The post-project evaluation gained positive feedback from patients via the Family Liaison Officers on Ward 10, including:

- *"Far less clinical than expected, more homely. Like the curtains and matching bedding"*
- *"It is like a hotel"*
- *"Marvellous, has got everything that you could possibly want or need"*

Equipping and Furnishing

The purpose of the Elly's Ward 10 Flag Appeal fundraising campaign was to improve the experience and environment for patients and staff on Ward 10, with a particular emphasis on the equipping, furnishing and decoration involved in a typical specification of a refurbished ward. The presence of such funding allowed the equipping forum to be innovative in challenging traditional boundaries for equipment and environmental improvements in a clinical environment, whilst balancing infection control requirements. This funding provided additional patient comforts not traditionally made available from NHS funding, including items such as emergency nightwear, loungewear and toiletries for patients, a large selection of local artwork, enhanced patient seating options, and a bedside entertainment system for each patient. The VAT recovery position also enabled the undertaking of an innovative approach with regards to equipping.

Unintended Consequences

Feedback from wider stakeholders highlighted the impact of the project amongst the wider cancer services network in Pembrokeshire in boosting morale from the knowledge that end of life services will be supported in a modern, welcoming and dignified environment for patients and their families.

Lessons Learnt

The post-project evaluation realised a number of lessons learnt in terms of charitable funding:

Expectation Management

Feedback from charitable fundraisers and project stakeholders highlighted that they felt their views were not always welcomed or considered by the project teams. This impression may have arisen as although all views were discussed at Project Group Meetings, some were not taken forward as they did not conform to NHS standards such as those relating to infection control. Consequently, the project teams mentioned that reaching consensus on decisions with input from external stakeholders on particular furnishings and equipment had been challenging.

It was felt to be beneficial to ensure that external stakeholders are clear at the outset on what aspects of a project can be influenced or not. For instance, the clear parameters in place for infection control, which will limit the viability of certain items of equipment or furniture for consideration.

Roles and Responsibilities

Building on the above point, it was felt that defining clear roles and responsibilities at the outset of a project would assist with the management of expectations within a project. Capital projects have clear governance structures in place for each group, i.e. the project board and stakeholder group having an agreed terms of reference. Charitable funders and external stakeholders should have a clear understanding of their role and remit within a project.

Communications and Engagement

There was a view from wider stakeholders and funders that the Health Board could go further in celebrating the successes of projects such as this, particularly where charitable funding is involved.

From the perspective of a post-project evaluation, this project has provided rich insight into lessons learnt in addition to allowing the opportunity to promote the project outputs and outcomes on patients, staff and wider stakeholders.

Argymhelliad / Recommendation

The Committee is requested to note the contents of this report, the verbal presentation, and the accompanying Project Closure Report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.2 To devise, implement and approve appropriate procedures and policies to ensure that fundraising and accounting systems are robust, donations are received and coded as instructed and that all expenditure is reasonable, clinically and ethically appropriate.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.3 Quality Improvement, Research and Innovation 6.3 Listening and Learning from Feedback
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Post project evaluations are informed by best practice NHS Wales Infrastructure Investment Guidance Green book supplementary guidance for business cases using the Five-Case model.
Rhestr Termiau: Glossary of Terms:	Explained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Not Applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Capital values noted within the report. Included within individual business cases and capital prioritisation process.
Ansawdd / Gofal Claf: Quality / Patient Care:	Included within individual business cases and capital prioritisation process
Gweithlu: Workforce:	Included within individual business cases and capital prioritisation process
Risg: Risk:	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB
Cyfreithiol: Legal:	Included within individual business cases and capital prioritisation process
Enw Da: Reputational:	Included within individual business cases and capital prioritisation process
Gyfrinachedd: Privacy:	Included within individual business cases and capital prioritisation process
Cydraddoldeb: Equality:	Equality assessments are included within individual business cases and capital prioritisation process when required



HYWEL DDA UNIVERSITY HEALTH BOARD

CAPITAL PROJECTS PROJECT CLOSURE REPORT

WARD 9/10 REFURBISHMENT, WITHYBUSH GENERAL HOSPITAL

SRO	Andrew Carruthers, Executive Director of Operations		
Project Director	Andrew Burns, WGH Hospital Director		
Start Date	September 2017 (BJC submission date)	End Date	March 2020 (Project handover)
Programme	n/a		

Version	Status (draft or approved)	Date	Author/Editor	Details of changes
V0.1	Draft	10.08.21	Andrew Hopkins	Finished first draft for review by evaluation team
V0.2	Draft	23.09.21	Eldeg Rosser	Draft Review
V0.3	Final	27.09.21	Eldeg Rosser	Final for CEIM&T

Purpose and Summary of the Document

This Project Closure Report (PCR) will form a key product in the post implementation and evaluation process of the Ward 9/10 refurbishment project at Withybush General Hospital.

PCR's are good practice within capital project management to ensure that:

- A project has achieved its objectives, mainly through assessing the extent to which benefits have been realised.
- A formal project closure can take place, ensuring that the operational teams and service understand any risks that are outstanding, as well as the remaining benefits to be tracked and monitored for realisation.
- A robust process exists to capture lessons learnt in a project, so that wider organisational reflections on the project can be observed and that future learning is absorbed by future capital project planning and delivery

This PCR, its contents and process/practices undertaken in recent weeks/months is informed by best practice guidance from project methodologies such as PRINCE2 and Better Business Cases: International Guide to developing the Project Business Case.

Project Overview & Summary

The business case development process for this project commenced in 2017 and centred around the business need to provide appropriate, fit for purpose care for palliative care, haematology and oncology patients and in scope was the Ward 10 accommodation at Withybush General Hospital (WGH). Included in scope also was the adjacent Ward 9 which required refurbishment as a decant facility to enable the Ward 10 refurbishment works to be completed.

Further requirements took into account the need to significantly improve the clinical environment including patient privacy, patient dignity, infection control measures and sex segregation criteria, all of which are strongly associated with modern healthcare environments. Requirements also saw the remodelling of service delivery, enabled by the functional arrangements and environmental improvements.

The Business Justification Case was submitted to the Welsh Government in September 2017, with funding approved in the sum of £3.153m in April 2018. The main project budget was enhanced by additional funding provided from the Health Board's charitable funds and discretionary programme. Bringing the total project budget to £3.458m.

The redevelopment of Ward 10 had been a topic of public interest for some years. The Health Board had given a number of public commitments to support the project and the project was therefore delivered to provide a much-needed enhanced environment for care.

The project has attracted a good level of political and public interest and support. This has included considerable donations made by the public in good faith to contribute towards the refurbishment of Ward 10. The 'Elly's Ward 10 Flag Appeal', a dedicated fundraising appeal for Ward 10 established in 2015 raised over £200,000 to contribute to enhancements to the project.

The project has delivered:



- A 16 bedded ward optimised within the existing estate fabric, providing enhanced levels of patient privacy (5 x single en-suite bedrooms, 2 x 4 bed bays, 1 x 3 bed bay)
- Improved overnight facilities for relatives
- A dedicated day/dining room for patients and facilities to support those with bariatric needs
- A multi- disciplinary team meeting room and video conferencing facility
- A roof top garden will be provided as a future enhanced facility for the ward
- A discharge lounge to serve Ward 10 along with the hospital's other medical wards
- Sub-pharmacy area serving the medical floor (2nd floor of WGH)
- Office space for Palliative Care staff
- A refurbished Ward 9 that provided a decant facility to enable the refurbishment of Ward 10 as well providing mitigation for winter pressures ongoing.

The scheme reached practical completion in March 2020. Additional funds from DCP had to be earmarked to conclude the scheme as additional works required to deal with legionella and asbestos statutory compliance were identified. The late identification of this work and additional cost was a reason for the Advisory Review undertaken by NWSSP Audit and Assurance Service. The audit recommendations are referred to later in this report.

In summarising the delivery of the project, the functional brief has been achieved to a high standard and is reflected in feedback and assessed within the benefits realisation process. It has addressed significant needs concerning the patient environment and infection control as well offering a vastly improved environment to support patient privacy and dignity.

The project outputs have been well received by staff, patients and the wider community alike given the historical significance of the project and public interest and support. Wider reflections have been received from project stakeholders reflecting on the positivity the scheme has had on the cancer services fraternity in Pembrokeshire.

Post-Project Evaluation (PPE) & Background

As detailed within the report summary, a mandatory stage within project life-cycles is to successfully evaluate a scheme post implementation. The scope of the evaluation covers requirements typically identified within post-implementation reviews (PIRs) and post-evaluation reviews (PERs). Given the operational challenges experienced by the Health Board in recent times, these requirements have been amalgamated into the Project Closure exercise.

The process and practices used during the PPE is outlined in full in **Appendix A**. For succinctness it covers:

- A comprehensive lesson's learnt process incorporating all stakeholders and wider reflections in the project.
- An assessment of whether the project has achieved its objectives, by exploring the original business case and benefits realised to date.
- Opportunity to revisit audit recommendations.

- Assessing the latest position and agreeing with the service the current risks outstanding and benefits to be tracked and monitored going forward.

The post-project evaluation commenced during August 2021, involving an evaluation team headed by the Project Director, and facilitated by the Capital Planning Team. The evaluation team have been used as a sounding board in developing this report, as well as having the opportunity to critique the approach and respond to the project team/group lessons learnt exercise.




The evaluation has come at a very busy time operationally. Therefore, some aspects such as the benefits review are part completed. The Capital Planning Team are grateful to operational teams for their assistance in participating in the evaluation.

Business case objectives & benefits realisation

The Business Justification Case outlined three spending objectives, which have been linked to the benefits identified in the benefits register. This has allowed the benefits review described in this section to make an assessment on whether the project objectives have been met.

The extract below is taken from the benefits register:

Spending Objective	Benefit	Status
In order to ensure that the resulting functional content and level of functionality are aligned, as far as real estate constraints allow, to current guidance for inpatient accommodation, sex segregation, patient privacy and dignity and infection control systems as defined in Welsh HBNs, HBNs and other appropriate guidance documents and that statutory standards for fire and disability discrimination are appropriately complied with.	4. To provide the best geographical fit to meet the HDUHB overarching operational need for its four hospital locations. To provide the best medical and nursing model fit to ensure services are provided as locally as safely possible. Financial but non-cash releasing (i.e. avoiding high levels of spend).	Yellow
	5. Achieves infection control requirements. Achieves requirements with regards to Disability Discrimination Act, meets dementia standards and ensures bariatric service provision availability – Qualitative benefit.	Green
In order to ensure that the patient experience is optimised, and that sufficient capacity is provided in accordance with the proposed service model to meet projected demand.	2. Increase in staff morale, leading to enhanced opportunities for recruitment, increasing opportunities for staff retention – Qualitative benefit. Increase in patient/relatives/carers satisfaction as care will continue to be provided closer to home in a much improved environment (with facilities for relatives to stay over, a day room, increased/improved side room facilities, smaller bedded bays and, where possible, an element of choice over whether patients prefer to be a side room or on a bay during their treatment). Improvement in patient dignity and privacy.	Green
	6. Delivers a fit for purpose environment and support infrastructure. Increased synergy with other services as the Ward will be ideally positioned on the planned "medical floor" in very close proximity to the Discharge Lounge. - Qualitative benefit.	Green
In order to ensure that the charitable donations that have been made in explicit relation to the refurbishment of Ward 10 are used solely for the purposes of the Ward 10 refurbishment project.	1. Elimination of BLM (backlog maintenance) relative to Ward 10 – non-Cash releasing benefit.	Green
	3. To provide the best functional layout possible against the site constraints – Qualitative benefit.	Green
	7. Provision of a clinically safer environment for staff. The reduction from 6 to 4 bedded bays will enable safer and more appropriate care to be provided. In addition, hoists will be installed to assist with manual handling requirements. Financial but non-cash releasing.	Yellow
	8. Achieves more effective management/control of co-located stock	Yellow

	and minimises out of date stock wastage. Enables better stock control (and more effective use of staff time), dedicated bin storage area (improved infection control etc) Financial but non-cash releasing.	
Key:		
	Benefit has been realised / realised in part	
	Benefit yet to be reviewed	
	Benefit not achieved / no longer realisable in the project	
<p>Review of Benefits Register and Benefits realised to date</p> <p>The benefits register has been reviewed with members of the evaluation team. All benefits to be realised in the project are applicable to the timeframe that has elapsed since project handover.</p> <p>Out of the 8 benefits listed in the register:</p> <ul style="list-style-type: none"> • 4 qualitative benefits have been achieved (Nos 1, 3, 5 & 6) – <i>“the ward is very suitable for purpose – there are plenty of single rooms and space to talk with families. There is a large MDT room which also doubles up as the doctor’s office. It is not possible at present to assess how it works with the discharge lounge as this has only started to be used in recent days”</i> • 1 benefit has been achieved in part (No. 2 – Increase in patient/carer/relatives’ satisfaction) The qualitative impact of the scheme completion on staff morale has not yet been quantified. • 3 benefits have not been reviewed (Nos 4, 7 & 8) <p>The responsibility for reviewing the benefits not yet reviewed will transfer to the Operational Team.</p> <p>The full benefits register, and narrative is found in Appendix B.</p>		

Project Performance – Time, Scope and Cost

The project duration run until March 2020, where practical completion was achieved.

The functional brief as outlined previously was achieved with enhancements available from the presence of more than £500,000 of charitable donations from the health board's Pembrokeshire Cancer Services Fund, Elly's Ward 10 Flag Appeal, together with significant donations also received from the late Luke Harding and his family. This allowed both the Project and Stakeholder Groups supporting the equipping forum to be innovative in challenging traditional boundaries for equipment and environmental improvements in a clinical environment, whilst balancing infection control requirements.

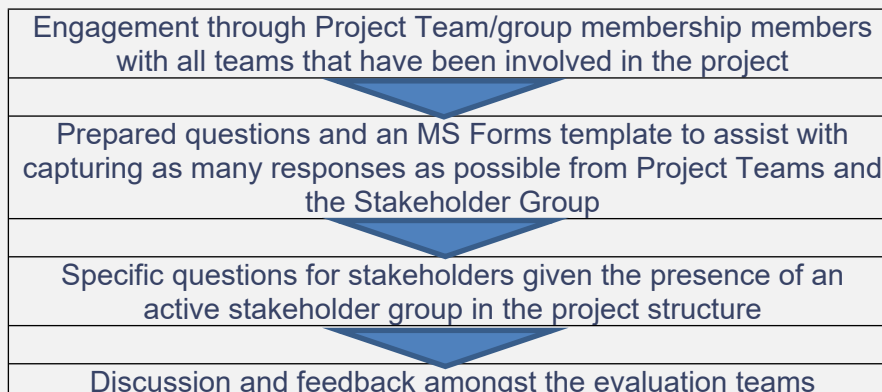
The total budget for the project was £3.458m as approved as the figures quoted within the business justification case. This included £0.305m of charitable funding.

Project outturn cost was £3.937m – this included the additional charitable funding all for enhancements to improve the experience for patients, their families and staff outside of the original project allocation.

Changes to the design and layout of the project along with the requirement to move clinical services to other parts of the hospital consumed the allocated project contingency. The additional works identified to ensure statutory compliance with legionella and asbestos legislation and associated cost indices increases resulted in additional costs being incurred.. The addition of these works and costs which occurred late in the project duration was one of the contributing factors to the advisory review taking place, which explores performance issues further. The additional costs identified were funded through the UHB's discretionary capital allocation. Recommendations are referred to in **Appendix C**.

Lessons learnt

A process to gather lessons learnt from key stakeholders in the project has been completed. Commencing in August, the format has followed:



PROJECT GROUP

Ten responses were received from the Project Group, out of 18 invitations which were sent out. Questions were posed of a qualitative nature covering themes such as what went well, challenges, improvements and good practice.

What has worked well?

There was endorsement from across the project group that the availability of a considerable amount of charitable funding, thanks to a large local campaign led by Elly's Ward 10 Flag Appeal, contributed significantly to the overall success of the project. Particularly in how the positivity was shared amongst local networks for palliative care and end of life services. A great deal of satisfaction was achieved from a long running campaign to improve cancer services in Pembrokeshire.

In supporting this, project teams felt a huge sense of camaraderie in working together across a range of functions supporting the project. Particularly as the scheme reached its conclusion ensuring that all equipment etc was purchased in a timely manner to support the overall outputs of the project. All whilst services were rapidly adjusting to the early days of the COVID-19 pandemic.

Challenges faced

Whilst challenges faced by the project have been documented in Advisory Review undertaken by NWSSP Audit and Assurance Service, the project teams were able to point to other aspects of the project day to day.

With a large project group, it was commented on how difficult it was on occasions to reach consensus on particular matters such as choosing the décor for the ward. There are lessons that could be learnt on this project for future schemes around ensuring that roles and responsibilities are clear on decision-making regarding matters such as equipping schedules. Also, for future schemes lessons could be learnt around ensuring that stakeholder engagement and involvement is supported by clear terms of reference around roles and responsibilities and what changes can be influenced and what cannot for compliance reasons.

Despite best intentions, it was felt that the timing of meetings could have been different to ensure consistent attendance from operational / clinical leads.

Supporting the recommendation of the Advisory Review undertaken by NWSSP Audit and Assurance Service, it was also felt that more frequent communication could have been adopted between the project team, cost advisor and the finance department.

Improvements to project governance

Respondents alluded to the project initiation process and to ensure that clear roles and responsibilities are made known for the project and stakeholder groups and how they are different. This includes the setting and management of expectations.

It was also felt that there could have been other methods employed to engage the stakeholder group. For instance, more regular communications, shorter updates, as opposed to meeting when often attendance was limited and difficult to resource.

Some suggestions also included more delegation to staff to ensure attendance represented each staffing group in the project.

Unintended consequences

The project has boosted morale across the wider network of cancer and end of life services in Pembrokeshire and is deemed the main unintended benefit listed. This is a useful lesson learnt for communications and engagement planning in that positive news stories can have a significant reach beyond the direct beneficiaries to the project.

The presence of charitable funding enabled the equipping of the ward to explore opportunities for innovation and provide additional patient comforts not traditionally made available from NHS funding. The VAT recovery position also enabled boundaries to be pushed with regards to equipping.

There were some dis-benefits experienced such as the displacement of staff using office accommodation on the ward(s) affected. This created some slight negativity towards the project.

Ongoing issues have been highlighted. On several instances, issues reported to Estates with the showers leaking (floor not tapered) have been listed as a concern.

PROJECT STAKEHOLDER VIEWS

4 responses were received from 29 stakeholders contacted who were members of the stakeholder group. Feedback in the project in general is extremely positive given the outcomes achieved and how it has addressed long standing issues in the patient environment.

This questionnaire focused more on the communication and engagement aspects of the project as these stakeholders were mainly kept informed of the project progress. Questions differed in the survey as a result.

The overall view on communications and engagement was mixed:

- It was felt that alternative methods of communication and engagement could have been utilised, using some of the capabilities in technology, social media etc
- Questioned whether the stakeholder group was needed at all
- The need to develop a clear communications and engagement plan as the approach often felt like an afterthought and amateurish
- The need for a separation of communication and engagement for staff and external stakeholders

Similarly, it was felt that communication could have been improved overall. There were few updates provided to stakeholders outside of the meetings that took place. This aligns

to some views expressed by the project team in that communications and engagement could be more varied in the future.

PATIENT / CARER FEEDBACK

It was agreed that feedback would be gathered by the Family Liaison Officers who service Ward 9 & 10 on an informal basis in conversation. In the main, positive feedback was received as follows:

<p>What do you like about the Ward 10 facility?</p>	<p>Far less clinical than expected, more homely. Like the curtains and matching bedding.</p> <p>Shower was hot (a good thing).</p> <p>Really appreciate the individual televisions by the bedside.</p> <p>It is like a hotel.</p> <p>It's like a Holiday Inn.</p> <p>Individual tv's are brilliant. When you are a hard of hearing you can have the subtitles on.</p> <p>Friendly welcoming staff.</p>
<p>Is there anything you dislike about Ward 10 space / facility?</p>	<p>The layout of the side rooms means staff have to move things around a lot. The sink gets in the way a lot – not an issue for us patients but awkward for staff.</p> <p>The shower isn't fit for purpose. With no shower curtain all the belongings get wet as there is nowhere to put them. Also, nowhere to sit and get dressed (put on shoes and socks etc).</p> <p>The distance between the toilet seat and the back of the wall is too great (men's)</p>
<p>What further improvements would you like to see in a designated palliative care, oncology and haematology inpatient ward?</p>	<p>Can't think of any further improvements.</p>
<p>Any further comments on the refurbishment</p>	<p>Fresh, clean, lovely refurbishment.</p> <p>Love the colour and especially the flooring.</p>

Marvellous, has got everything that you could possibly want or need.

NEXT STEPS

The lessons learnt exercise has gathered various and different perspectives on the project. Feedback in the main has been extremely positive in the refurbishment of Ward 10 realising a significantly improved patient environment that has been enhanced by the presence of a significant charitable funds. Importantly though, the various perspectives will allow us to learn lessons in future projects on themes such as:

- The role of stakeholder groups, communication and engagement methods
- Management of expectations of key stakeholders in the project
- Clear roles and responsibilities and the setting of expectations at the project outset.
- Review the project contingency provision required when working on the UHB's older hospital sites

All will be reflected in the Health Boards Capital Project Management process being developed.

Project Directors comment

The Ward 9/10 Refurbishment Project has marvellously achieved its aim of enhancing the care for oncology, haematology and palliative care patients, and provision of additional facilities for relatives and staff, with the added benefits of a MDT Room equipped for videoconferencing, and a roof top terrace which should soon be realised.

Project success would not have been possible without the commitment and enthusiasm of the Project Group, multi-disciplinary team working across the Health Board, generous Welsh Government funding, magnificent charitable fundraising, and contributions from multiple agencies represented in the Stakeholder Group. My thanks to all.

A Project of this magnitude was not without its challenges, and the lessons learnt will undoubtedly benefit future designs.

Presence of Audit recommendations

During the Project 2 audit reviews have been undertaken. The first review was a Project review with the second report specifically looking at the lessons to be learnt from the project overcommitment. These 2 reports have generated a total of 21 recommendations in the following areas:

Governance	6
Financial Management	2
Monitoring and Reporting	4
Project Management	8
Tendering and Quotations	1
Total	21

All the recommendations from the first report have been completed. Of the 11 recommendations from the Lessons Learnt review 2 are complete and the 9 remaining open recommendations are ones for the HB to implement on future projects with changes to Estates and Planning processes. The detail is contained in **Appendix C**. These changes will be actioned on future projects and will be documented in the Health Board Capital Project Management process which is currently being developed.

Risks remaining and transferred to operational teams

Risk registers have been used throughout the lifetime of the project and were in use by the project team up to the point of handover operationally of the Ward in its new state. On reviewing the risk register as part of this exercise, no risks highlighted relate to ongoing activities and therefore do not need transferring to ongoing risk registers.

It must be highlighted however from several sources in the evaluation that some issues remain outstanding in respect of the patient showers. These have been reported to Estates.

Conclusion and recommendations

The post-project evaluation has uncovered findings of a project which has been well received by users and beneficiaries of Ward 9 & 10 at Wthybush General Hospital. It has transformed the patient environment for designated palliative care, haematology, and oncology patients from a longstanding need for improvement, to a high-end finish.

The project has realised a number of benefits with several unintended benefits feedback as part of the evaluation.

Importantly however, within the theme of project governance contains a number of rich lessons learnt in respect of stakeholder management and expectations, financial management, estates management issues and administration.

On formal closure of the project, it is recommended that remaining actions arising from the project are acknowledged as the following:

- The remaining benefits are to be noted by the SRO and arrangements made to review when possible in the coming weeks / months.
- All project risks are no longer applicable and therefore require no transfer to operational risk registers
- Themes highlighted within lessons learnt are included within the capital project management process being developed and a lesson's learnt log will be developed.
- The evaluation reiterates the need for ongoing reflection at all stages of current and future capital projects.

APPENDIX A

Post-project evaluation process for Withybush Ward 9/10 refurbishment project

https://nhswales365.sharepoint.com/:p:/s/HDD_Capital_Planning_Team/EejynmQM06IOpXX7x6yV_YcBWDe4ngQ1TZ06697Qz1_J5A?e=Jf0OWB

APPENDIX B

Full benefits Register

https://nhswales365.sharepoint.com/:x:/s/HDD_Capital_Planning_Team/ETcEHYxXEAtJqj2dmZnwTPkBofuh4xNrLPIKfoiTkj4pbw?e=U84sLs

APPENDIX C

Audit recommendations

Recommendation	Status
R1. The project execution plan (PEP) applied at UHB projects should be reviewed by the Project Director and Project Board at individual schemes to ensure that the change control arrangements/guidance is adequately defined.	Changes to be captured in Project Management process and included on standardised agenda templates for future projects.
R2. The practice of batching unassociated items of amendment within Architects Instructions/ Progress - Cost Variation Approval forms should be discontinued.	Design team have been fully briefed and action would be deemed complete. This action would apply to all projects approved for 2021/22 Financial Year.
R3. Verbal Instructions should be minimised and firmed up immediately via formal Architects Instructions.	Design team have been fully briefed and action would be deemed complete. This action would apply to all projects approved for 2021/22 Financial Year
R4. Variations to the contract should be issued on a timely basis e.g. prior to the progression of the works and only when time/cost implications are fully determined	Design team have been fully briefed and action would be deemed complete. This action would apply to all projects approved for 2021/22 Financial Year

R5. The delegated approval limits applied at UHB projects should be defined by the Project Director and Project Board at individual schemes. It is important that these are assessed on a project by project basis and agreed subject to the contract conditions and anticipated approval requirements.	Design team have been fully briefed and action would be deemed complete. This action would apply to all projects approved for 2021/22 Financial Year
R6. Delegated approval limits should be fully complied with at future projects.	Changes to be captured in Project Management xxxx and included on standardised agenda templates for future projects
R8. Quantity Surveyors reports should be subject to regular scrutiny and discussion at project progress meetings.	Design team have been fully briefed and action would be deemed complete. This action would apply to all projects approved for 2021/22 Financial Year
R10. Supervising Officers should be provided with further guidance/direction on the completion/timeliness of cost reporting to avoid the issues identified at this project.	Design team have been fully briefed and action would be deemed complete. This action would apply to all projects approved for 2021/22 Financial Year
R11. The post-project evaluation exercise for this scheme should be completed as a priority (led by the Project Director), incorporating a detailed review of the issues adversely impacting on the successful delivery of this project, including time, cost and quality issues alongside benefits realisation and end user satisfaction.	PPE and Closure report prepared for CEIM&T September 2021