

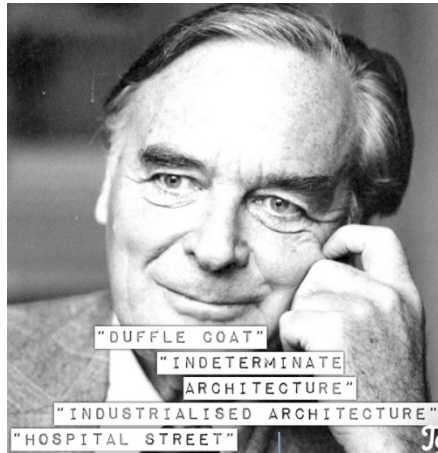
Advancing capabilities in hospital infrastructure project delivery

A black rectangular box containing the UCL logo and the text 'Disruptive thinking since 1826.' in white. The background of the slide features a grid of blue circular patterns, possibly representing a microscope lens or a data visualization.

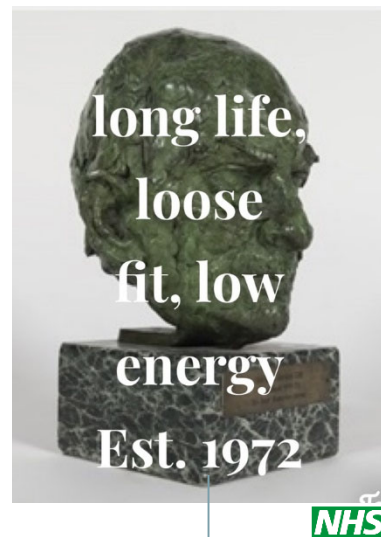
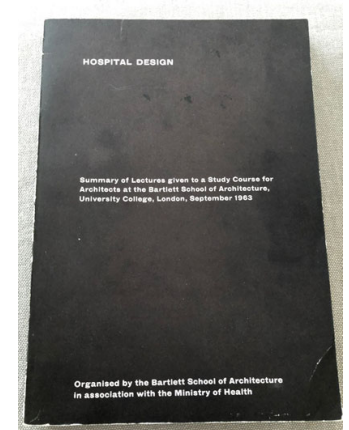
 **UCL** Disruptive
thinking
since
1826.

Dr Grant Mills
(UCL)

UCL Bartlett (History)



John Weeks (UCL and Llewelyn Davies) - recognised as having set the agenda for the design of the modern hospital. Specifically, the principles of 'Indeterminate Architecture', 'Industrialised and Internationalised Hospital Architecture', and 'Flexible Hospital Design'. He also coined the terms 'hospital street' and the 'duffle coat' that are still widely used today.



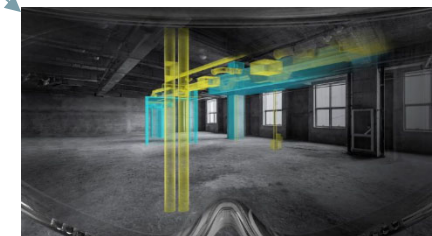
Sir Alexander John Gordon - coined the phrase 'long life, loose fit, low energy', as a maxim for good building.



Bill Hillier - What do we mean by building function?

36 Academics in the Bartlett Health space and 19 PhD students

100s of connections with academics in UCL engineering, public health, social sciences, applied health research and clinical practice.



Intellectual rigour in the design of hospitals

Delivering a 'Net Zero' National Health Service





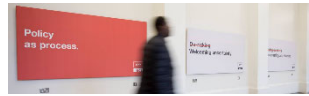
The Bartlett Centre for Advanced Spatial Analysis



The Bartlett School of Planning



The Bartlett Development Planning Unit



UCL Institute for Innovation and Public Purpose



UCL Institute for Sustainable Heritage



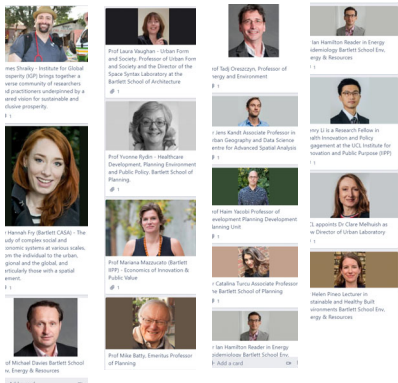
UCL Urban Laboratory



UCL Institute for Sustainable Resources



UCL Institute for Global Prosperity



Design for Manufacture March

Space Syntax: Architecture and Cities MSc/MRes

Design for Performance and Interaction MArch

Connected Environments MSc

Digital Engineering Management MSc

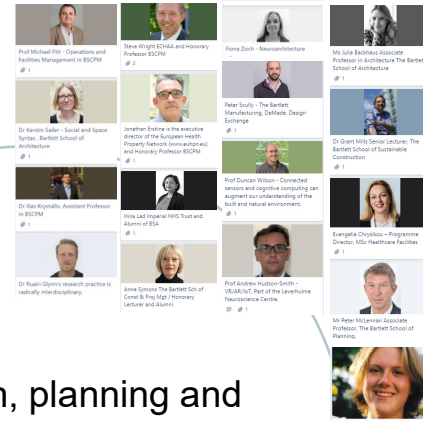
Light and Lighting MSc

Design, planning and management of healthcare facilities and projects

UCL Bartlett Health

Public health and the built environment

Health in Urban Development MSc (Focused on the Global South - Bartlett Development Planning Unit)



The Bartlett School of Architecture

The Bartlett School of Sustainable Construction

Institute for Digital Innovation in the Built Environment

The Bartlett Real Estate Institute

Healthcare Facilities MSc (Healthcare built environments and architecture - The Bartlett's new Real Estate Institute)



Health, Wellbeing and Sustainable Buildings MSc (environmental design and engineering - Bartlett School of Environment, Energy & Resources)

Sustainable building design and the health and wellbeing of occupants

The Bartlett School of Environment, Engineering, Energy and Resources – UCL Energy Institute

The Bartlett School of Environment, Engineering, Energy and Resources – UCL Institute for Environmental Design and Engineering



Structure

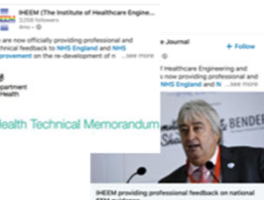
- UCL Bartlett Health
- COVID (the all pervasive context)
- ESRC Transforming Construction Research Project – Challenging Space Frontiers

UK Response

January - February	March
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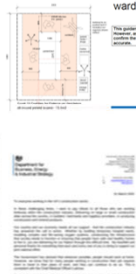
NHS Providers raise concern over investment in NHS estates



Key institutions become directly involved in developing technical / engineering standards



Designers, engineers and suppliers raise concerns over hospital procurement of new UK hospitals



Direct Gov communication to the construction industry

Manufacturers rally support



Construction site welfare facilities provided to support NHS services



Novel coronavirus (COVID-19) standard operating procedure
Design note: COVID-19 ward for intubated patients

Expansion of ICUs and reconfiguration of operating theatres and recovery areas

Rapid COVID19 response design note production



Transforming construction celebrating collaborative efforts and need for platforms

Government makes financial commitment to manufacturing and construction sectors

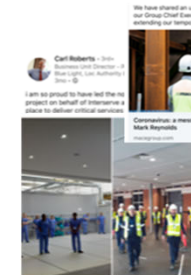


Institutions supporting communication, coordination and directing towards shared goals



Evidence of multi-factorial impacts of COVID start to emerge

March



Clear guidance on safe working during COVID / CLC guidance / shared message



Government commitment to manufacturing celebrated

Celebrating facilities management and cleaning



Focused service provision



Shared effort to gain international knowledge about the response effort

UK Response

April	May-July
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Rapid procurement with direct approach to organisations best for task



Highly responsive design, innovation, manufacture and assembly to make best use of equipment and space



Private and public sector coordinated response

Impact of new and refurbishment projects puts pressure on existing infrastructure. Rapid installation to increase oxygen capacity



Multi-directional shared commitments

Strong purpose and collective pride in the speed of the response

First Nightingale Hospital Completed in London – the collaborative efforts of all contributions are heralded

Key UK Institutions celebrate the efforts of key parties / organisations



Shared pride in being part of the Nightingale effort – Birmingham, Manchester, Jersey and Cardiff completed

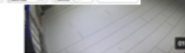
Dragon's Heart Hospital in Cardiff, NHS Louisa Jordan Hospital in Glasgow, and an extension to Belfast City Hospital

May-July

Organisations reflect on how best they can deliver improved productivity Post-COVID



Key UK Institutions contribute to International effort



Industry wide knowledge sharing about what was done and how

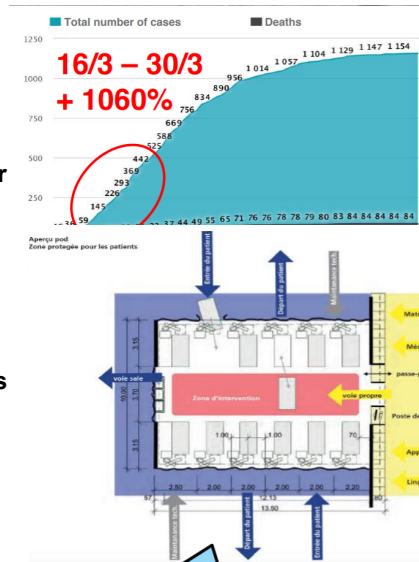


Reflections on what the industry need to work more collaboratively

Variation in International Response

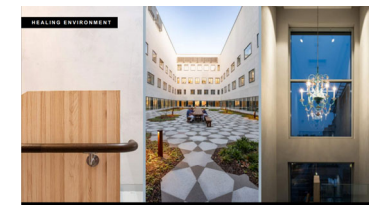
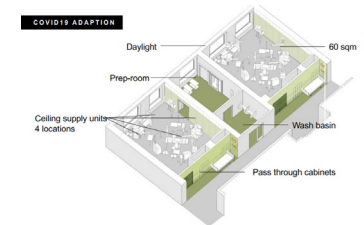
Follow the data: Fribourg, Switzerland

- Example of Italy close at hand.
- Plans for surge capacity ... but ... **never implemented**.
- Highly **integrated approach to data** gathering, analysis, decision-making.
- Strong, frontline-driven, clinically appropriate use of thresholds.
- Focus on patient and public communication.
- **Recognition that staff availability was even more important than space or equipment.**
- Centralised critical decision-making; decentralised problem solving.



Transformation mid-stream: Huddinge, Sweden

- No lock down!
- Nearing completion: a new operating block to replace old technical systems and to accommodate modern working practices.
- **OT's repurposed as ICU environments ...**
- ... but **keeping the design features of the original plan.**
- A design, engineering and technical team already on site.
- Close working relationship with clinicians and management.



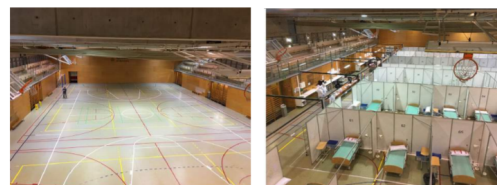
Use everything you have: Hospital del Mar, Barcelona, Spain

- Surge planning: **from 40 to 196 ICU beds in 4 weeks.**
- **Transform the day hospital** ('from armchairs to beds')
- Occupy unused space (an empty 1st floor).
- Use non-hospital but closely linked estate (sports arena).
- Worst case scenario – use the car park?
- Lessons:
 - Design 'accordion hospitals'.
 - Dedicated but separate space for ICU patients' families.

Emergency Extension for Hospital del Mar, Barcelona



Emergency Extension for Hospital del Mar, Barcelona



'Forewarned is forearmed': Covid-19 in Taiwan

- **Previous experience of SARS:** hospitals and health centres equipped for ID outbreaks; staff well trained.
- **Well-resourced centre for disease control:** rapid processing of information.
- Strong links between ID expertise and government: rapid decision-making.
- Long term commitment to healthy urban environments.
- **Culture – respect for public health messages; mask wearing; familiarity with hygiene measures.**
- Universal health coverage.
- Hospital design: adaptable and flexible.



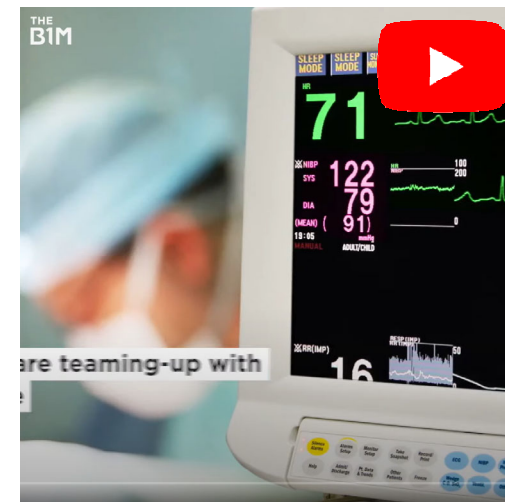
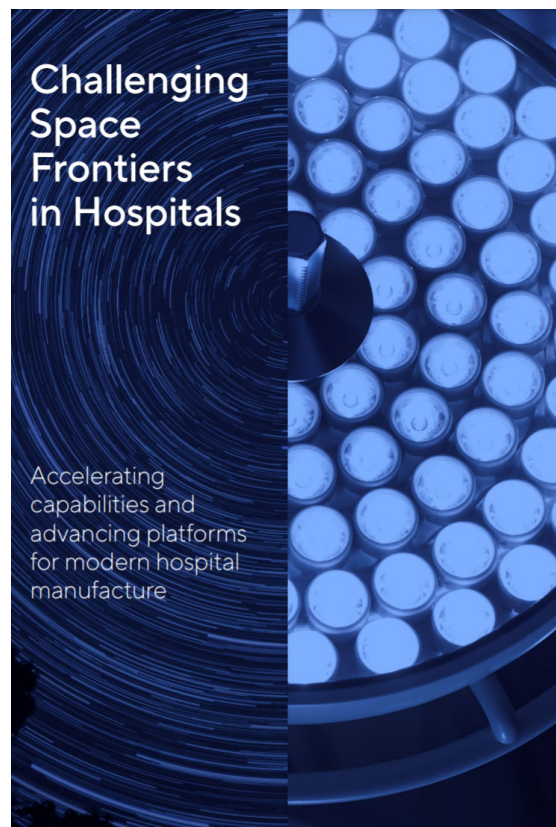
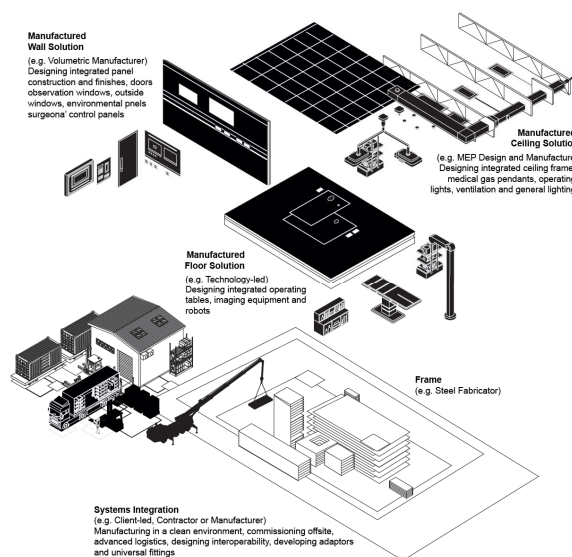
Rapid Assembly: Covid-19 in China (Huoshen Mountain Hospital 'Mount Fire God')

- Wuhan (and other cities in Hubei) Lockdown in effort to Quarantine the outbreak.
- 1,000 bed accommodation using a **rapidly deployed volumetric solution with integrated engineering service.**
- Rapid assembly in 10 days – including 30 intensive care units, medical equipment rooms, and quarantine wards.
- Modeled on Xiaotangshan Hospital (Beijing) – in response to 2003 SARS epidemic.
- State-owned enterprise. Political pressure. People's Liberation Army jurisdiction and management.



Tan Tan; Grant Mills; Jiqiang Hu; Eleni Papadonikolaki (2021) *Integrated Approaches to Design for Manufacture and Assembly: A Case Study of Huoshenshan Hospital to Combat COVID-19 in Wuhan, China*, Journal of Management in Engineering

ESRC Transforming Construction Research Project – Challenging Space Frontiers



https://youtu.be/FYTixxE_KM

Available at:
bit.ly/ChallengingSpaceFrontiersinHospitals-Report

The Purpose

- Need to **develop capabilities** to increase the productivity, scalability and faster delivery of hospital theatre projects
- Existing manufactured, volumetric, component and traditional solutions are not **being challenged**
- **Make comparison with spacecraft system manufacture** to advance understanding of **fast-moving technologies, airtight assembly, logistics, innovation and integration**
- To research the **presumption for offsite in healthcare building** and advance DfMA
- To explore the capabilities, **business models and incentives** for accelerated pathways to offsite building manufacture and delivery
- To understand how manufactured, volumetric, component and traditional solutions can be found for this complex setting – then to **deliver efficiencies and increased quality**

The Problem

4.7m

Backlog of patient operations due to COVID-19

473 ktCO₂

Annual greenhouse gas emissions from operating theatres in NHS England (surgery)



Maldives

£10.9bn

Annual cost of UK surgery

The Engine of the NHS

£0.5bn

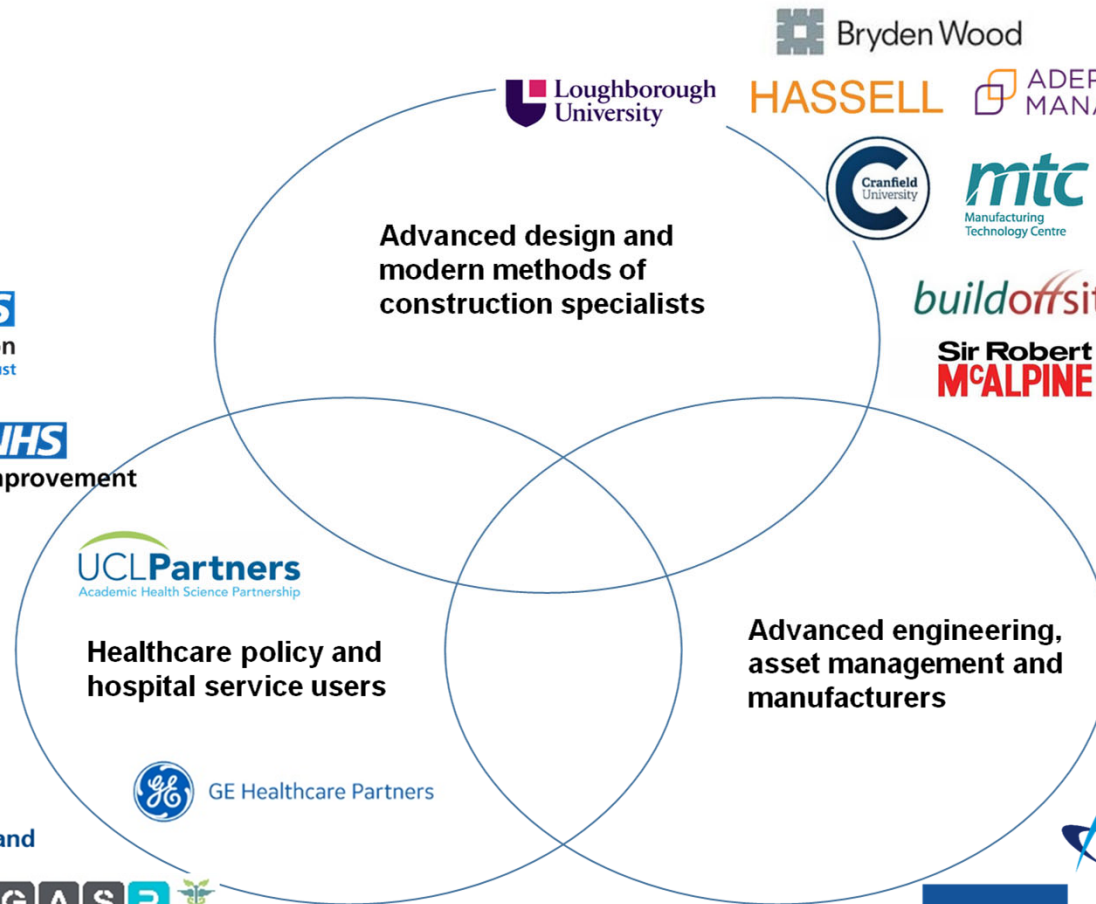
Scale of the UK capital investment in Operating Theatres pre-COVID-19 (550 Theatres)

3,229

Operating theatres in England, with an operating cost of £4,800 per day for each

Image: North Bristol NHS Trust

The Collaborators



Loughborough University

Bryden Wood

HASSELL

ADEPT MANAGEMENT



mtc
Manufacturing Technology Centre

Advanced design and modern methods of construction specialists

buildoffsite

Sir Robert McALPINE

Balfour Beatty Kilpatrick



NHS
Royal Free London
NHS Foundation Trust

NHS
Nottingham University Hospitals
NHS Trust

NHS Improvement

NHS
Guy's and St Thomas'
NHS Foundation Trust

NHS
National Institute for Health Research

UCLPartners
Academic Health Science Partnership

Healthcare policy and hospital service users



GE Healthcare Partners

Advanced engineering, asset management and manufacturers

elliott®
An ALGECO Company



howorth
air technology

mcavoy
Smart Offsite

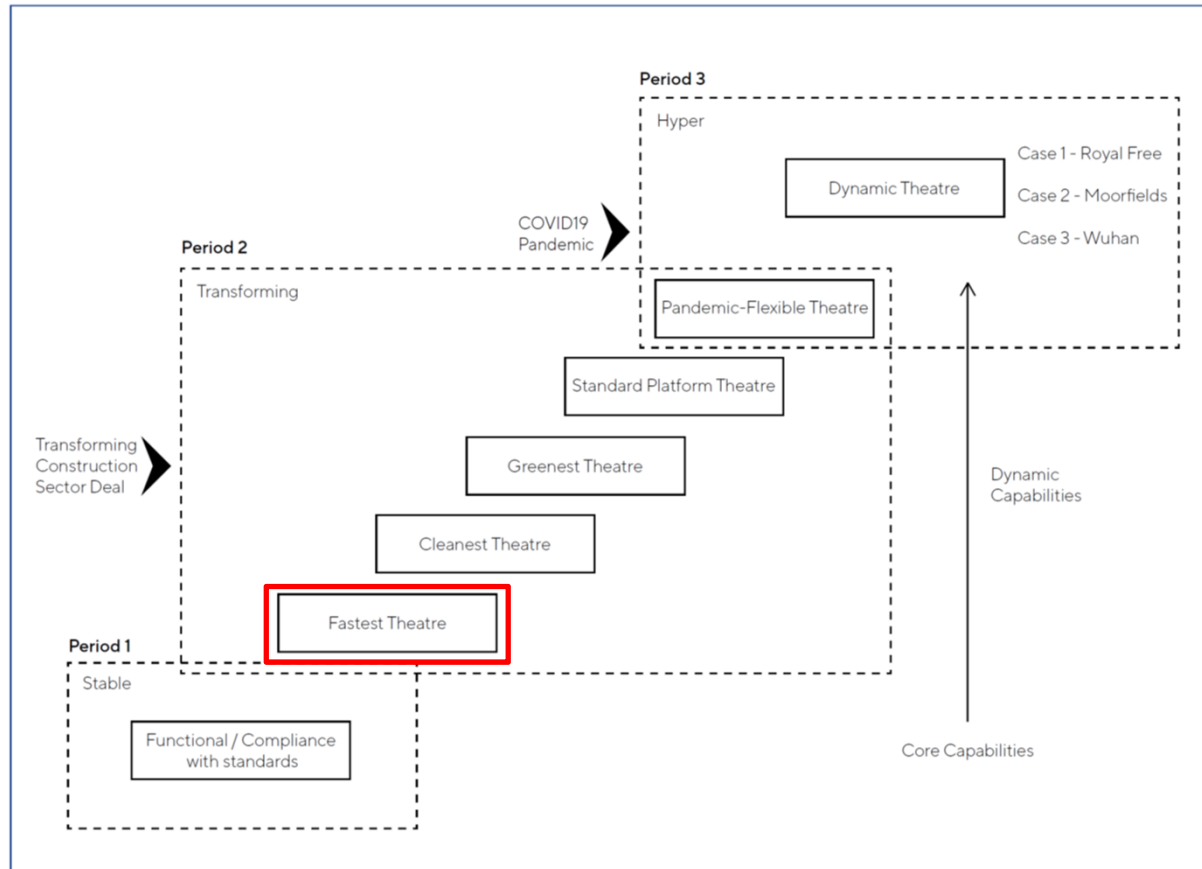
TRANSFORMING CONSTRUCTION NETWORK PLUS

Health Facilities Scotland

Search Categories (per room)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Model of Care (10/2)																					
Bedside Surgery (1)																					
Day Surgery (7)																					
Future Trends (4)																					
Theatre Use (2)																					
Working Theatres (1)																					
Health & Safety (15/10)																					
Surgical Site Reviews (10/10)																					
Infection Control: Waste, Sharps and Linens (1)																					
Manual Handling (1)																					
Fine Safety (1)																					
Staff Safety (2)																					
Design & Spatial Requirements (10/10)																					
Room Adaptation: Layout and Area (1)																					
Celling: Access, Height, Circulation, etc. (1)																					
Walls: and bacterial coatings (1)																					
Doors: automatic, movement, (1)																					
Sanitary: Provision (1)																					
Windows and glazed screens - observation (1)																					
Floors: Finish and colour (1)																					
Equipment (10/1)																					
Furniture (1)																					
Medical Equipment (1)																					
Environmental Services (10/1)																					
Acoustics (1)																					
Daylight (1)																					
General Room Lighting (1)																					
Ward and Corridor Flow (1)																					

Health Facilities Scotland
NHS Repeatable Rooms Programme
Literature Review Report: Operating Theatre Suite

The Research Process



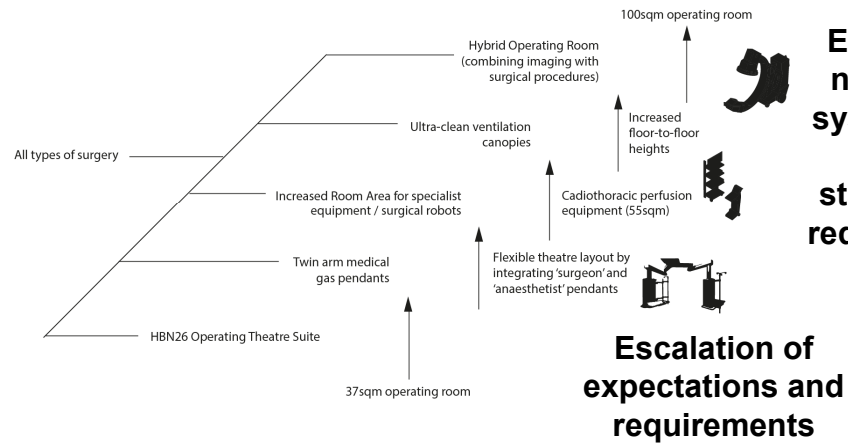
The stable, transforming and hyper periods that defined the sample period. Then the functional, fast, clean, green, standard platform and pandemic-flexible theatre capabilities explored in response.

	Period 1 - Existing Stable Environment - Establishing the Baseline Need (June - September 2019)	Period 2 - Transformation Dynamic Environment (September 2019 - March 2020)	Period 3 - Regeneration Hyper Environment (March 2020 - June 2020)
Advanced modular designers			
Steven Tilkin (Bryden Wood)	SGM 1	SGM 4	
Joel Beaumont (Adept Management Limited)	SGM 1		
David Prangley (Adept Management Limited)	Quickest Theatre		
Xavier De Kestelier (Hassell Studio)	Quickest Theatre, SGM 2		
Susan Hone-Brookes (Manufacturing Technology Centre)	SGM 1, Cleanest Theatre, SGM 3		
Charlie Foster (Manufacturing Technology Centre)	SGM 2	P22 IUK, WKSP	Case Moorfields
Richard Crosby (Blacc Ltd)	SGM 2, Cleanest Theatre, SGM 3	Greenest Theatre, SGM 4	Case Moorfields
Aphrodite Bamboosy (Blacc Ltd)	SGM 1		
Hina Lad (Penoyre & Prasad)		Int.	Case Moorfields
Lewis Parker (Kier / P22)	Int, SGM 3	Int, WKSP	
Stuart McArthur (Sir Robert McAlpine)		Int, Greenest Theatre, SGM 4	
John Brady (Sir Robert McAlpine)		P22 IUK, WKSP	
Other P22 Partners (SRM, Kier, Interserve, Vinci), Medical Architecture (n=6)			
Advanced engineering and manufacturers			
Donald Wood (Hulley and Kirkwood)	Quickest Theatre, SGM 2	Greenest Theatre, SGM 4	
Rebecca McCormack (Elliott / Algeco)	Quickest Theatre, SGM 2	Greenest Theatre, SGM 4	
James Cowell (Elliott / Algeco)	Quickest Theatre		Case Moorfields
Chris Hoggarth (Elliott / Algeco)	SGM 1, Quickest Theatre	Greenest Theatre, SGM 4	
Darrin Witche (Elliott / Algeco)		Greenest Theatre, SGM 4, Int	Case Moorfields
Lee Bridges (BBK)	SGM 1, Quickest Theatre, SGM 2		
Gary McGuire (J3 / McGuire PBM)		Greenest Theatre, SGM 4	
Healthcare policy, services and users			
Martin Rooney (NHS Improvement)	Int, Cleanest Theatre, SGM 3	Greenest Theatre, SGM 4	
Jennifer Whinnett (Guy's and St Thomas' NHS FT)	SGM 2 [5]		
Dr Abdullahi Sheriff (GE Healthcare Partners)			
Ellie Richardson (Guys and StThomas NHS FT)	Quickest Theatre, Int	Greenest Theatre, SGM 4, Int	
Timothy Gaymer (Royal Free London NHS FT)	Quickest Theatre, SGM 2	Greenest Theatre, SGM 4	Case Royal Free
Susan Grant (NHS Health Facilities Scotland)	SGM 2		
Gordon Stewart (Health Facilities Scotland)	SGM 1		
Alyson Prince (UCLH Infection Control Nurse)	Int, Cleanest Theatre, SGM 3		
Jonny Groome (Greener Anaesthesia)		Greenest Theatre, SGM 4	
Laura Wilkes (Royal Free London NHS FT)	Quickest Theatre		
Millana Dotcheva (Royal Free London NHS FT)	Quickest Theatre		
Laura Brewster (Moorfields NHS FT)			Case Moorfields
Mariepi Manolisctwi (Moorfields NHS FT)			Case Moorfields
Paul Foster (Moorfields NHS FT)			
Other Case Wuhan (n=20)			Case Moorfields
Other Case Royal Free, 18/02/20 - 03/03/20 (n=17)			Case Wuhan
Other Case Moorfields (UCLH, Moorfields, UCL) 04/02/20 - 09/06/20 (n=16)			Case Moorfields
Researchers			
Dr Grant Mills (UCL construction and project manager)	All	All	All
Dr Chris Goodier (Loughborough structural engineer)	Cleanest Theatre, SGM 3		
Dr Jennifer Kingston (Cranfield spacecraft engineer)	SGM 1, Quickest Theatre, SGM 2	Greenest Theatre, SGM 4	
Phil Astley (UCL Architect and Health Planner)	Cleanest Theatre, SGM 3	Greenest Theatre, SGM 4	Case Royal Free
Anne Symons (UCL Healthcare Architect)	All	All	All, Case Moorfields, Case Royal Free
Tan Tan (UCL Architect)		SGM 4	Case Wuhan
Chris Sherwood (UCL Healthcare)	Quickest Theatre		

Alignment of Incentives

	Period 1 - Existing Stable Environment – Establishing the Baseline Need	Period 2 - Transformation Dynamic Environment	Period 3 - Regeneration Hyper Environment
Modular Theatre Design, Manufacture and Assembly Integrators	Traditional sequencing is not providing effective delivery	Supply chain innovation requires strong client leadership , funded R&D and a stable long-term programme that provides a commitment to capability building	A rapid response requires resilience planning and scalable solutions that are flexible and quick to integrate with operation
Theatre Technology Driver, Engineer and Advanced Manufacturer	Modular components could be designed, manufactured and assembled to address interfaces	The wider supply chain can innovate to achieve sustainability, efficiency and flexibility. Out of date standards and risk transfers (rather than allocation) constrains this innovation	Lack of early specialist supplier engagement prevents innovation in engineering, asset management and manufacture
Healthcare Policy and Hospital Theatre Operator and Service Users	Stakeholder requirements and disruptive design iteration. Digital design mock-ups and evidence-based post-project learning will enable consultation and agreement	Wider programme level interdisciplinary capability pools to set dynamic sustainability, innovation, cleanliness and efficiency targets. Research must drive standards and supply chains must be engaged to address potential operational failures.	Decision making must be fast, but may not consider all the options or engage all the appropriate specialists. Evidence is not always available. Research must be rapidly deployable. Strong and aligned purpose and experience can drive project success.
Interdisciplinary Research (including spacecraft engineering)	Need for clear functional definition, support for evidence-based design in requirements definition and future foresight on innovative solutions	Space engineering advances in systems thinking, standards development, real-time sensing and advanced integration. Value of experienced healthcare researchers	Innovative technologies are driving flexibility (de-coupled from the buildings fabric). Buildings must be procured, designed, manufactured and assembled according to primary, secondary and tertiary layers.

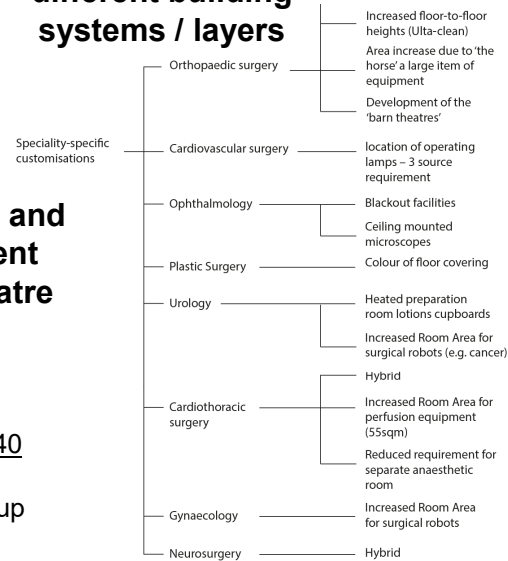
Complex Systems Integration



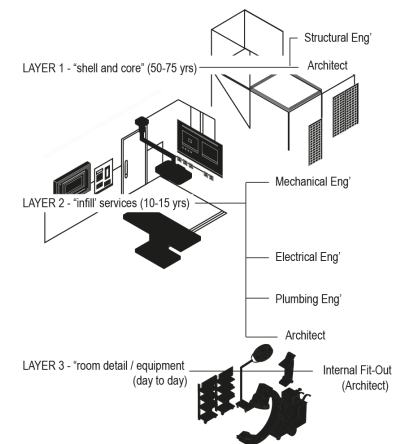
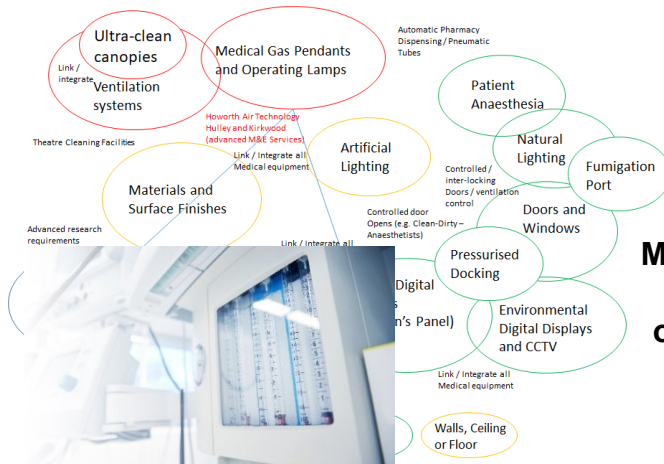
Expanding number of systems and unique stakeholder requirements

1. Flexible Gas Pendant	2. Rigid Gas Pendant	3. Articulated Single Arm Pendant	4. Articulated Twin Arm Pendants
1980s Anaesthetist Architect Mechanical Services Engineer	1990s Anaesthetist Surgeon Architect Mechanical Services Engineer Electrical Services Engineer	2000s Medical and Nursing Staff Trust Equipment Manager Architect Mechanical Services Engineer Electrical Services Engineer Structural Engineer Main Contractor Mechanical Sub- contractor Pendant Manufacturer	2010s Medical and Nursing Staff Trust Equipment Manager Medical Physics Estates Department Architect Mechanical Services Engineer Electrical Services Engineer Structural Engineer Main Contractor Mechanical Sub- contractor Pendant Manufacturer Examination Lamp Manufacturer

Clinical-specialist specific theatres and their impact on different building systems / layers



Many complex and interdependent operating theatre systems



Example - Anaesthetic gases are 2540 times more warming than CO₂ while others remain in the troposphere for up to 110 years.

Complex Systems Integration

WP1 - STAKEHOLDER / USER GROUP ENGAGEMENT

Design/User Group 1		Design/User Group 2	
<i>Client brief</i>		<i>Agree User Groups</i>	
<i>Theatre Functionality</i>		<i>Agree planning of theatre / Phasing of Dependencies</i>	
1	Develop clean and dirty operating procedures	3	Develop clean and dirty operating procedures
2	Decision on use of automated guided vehicles	2	Decision on use of automated guided vehicles
3	Confirm pressure regime aligned to room adjacencies		X
<i>Room Adjacencies / Room Layout</i>		<i>Agree Theatre Type / Types / Future Flexibility</i>	
4	Confirm mobile or fixed imaging equipment		X
<i>Consider Pendant Type / Function</i>		<i>Equipment Use</i>	
5	Select operating table base design (fixed or freestanding)		X
6	Confirm ultra-clean canopy services requirements	1	Confirm ultra-clean canopy services requirements
7	Confirm vibration criteria for key equipment		X
<i>Provisional Layout</i>		<i>Requirement 1:50</i>	
<i>1:50 Process</i>			
11	Agree location of MG pendants with users		X
32	Confirm operating table specification		X
33	Confirm imaging equipment specification		X
16	Selection of accessories for MGP		X
22	X	35	Agree typical mounting height drawings

WP2 - SCHEME DESIGN

Design/User Group 1		Design/User Group 2	
8	Superstructure modelling and analysis	9	Superstructure modelling and analysis
9	Model primary services distribution	5	Model primary services distribution
<i>Scheme Design</i>		<i>Plan Department Layout</i>	
10	1:200 Layout fixed following User Group review	4	1:200 Layout fixed following User Group review
13	Develop servicing strategy to suit equipment selection	12	Develop servicing strategy to suit equipment selection
14	Model ceiling mounted services / equipment	13	Model ceiling mounted services / equipment
<i>Loaded Layout Plan</i>		<i>Workshop to Agree Equipment</i>	
15	Select Medical Gas Pendant Model		X
18	Review wall elevations / types / spec in relation to infection control	26	Review wall elevations / types / spec in relation to infection control
19	Review flooring layouts / types / details in relation to infection control	25	X
20	Review ceiling layouts / types / details in relation to infection control	24	Review ceiling layouts / types / details in relation to infection control
21	Confirm theatre wall elevations	37	Confirm theatre wall elevations
23	Confirm ultra clean canopy specification		X
<i>1:50 Sign Off</i>		40	
	WP1		Selection of accessories for MGP
	WP1	8	Confirm pressure regime aligned to room adjacencies

WP3 - DETAILED DESIGN

Design/User Group 1		Design/User Group 2	
17	Determine operating lamp specification		X
22	Agree typical mounting height drawings		X
24	Confirm 1:50 Layout with all equipment	34	X
25	Finalise Medical Gas Pendant (MGP) specification	29	Finalise Medical Gas Pendant (MGP) specification
31	Determine suspended service loadings from slab above	10	Determine suspended service loadings from slab above
34	Vibration analysis of structural slabs	11	Vibration analysis of structural slabs
36	Confirm concentrated slab loadings for major equipment		6
37	Confirm wall penetration requirements	38	Confirm wall penetration requirements
41	Finalise co-ordinated reflected ceiling plan	36	Finalise co-ordinated reflected ceiling plan
40	Confirm surgeons' panel specification	31	Confirm surgeons' panel specification
39	Review door types/details vs air tightness requirements	28	Review door types/details vs air tightness requirements
38	Review window types/details vs air tightness requirements	27	Review window types/details vs air tightness requirements
	WP2	33	Confirm ultra clean canopy specification
	WP2		Review flooring layouts / types / details in relation to infection control
	WP1	17	Select operating table base design (fixed or freestanding)
	WP1	30	Confirm imaging equipment specification
	WP2	19	Select Medical Gas Pendant Model
	WP1	23	Confirm mobile or fixed imaging equipment
	X	<i>Comment 1:50 Design</i>	
	WP1	21	Select Operating Lamp Model
	X	22	Agree location of MG pendants with users
	WP1	39	Design fixings for MGP Baseplate
	WP1	32	Confirm operating table specification
	WP1	7	Confirm vibration criteria for key equipment
		<i>Plan Theatre Layout</i>	

WP4 - PROCUREMENT AND SUPPLY CHAIN DESIGN / MANUFACTURE

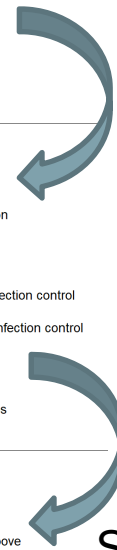
Design/User Group 1		Design/User Group 2	
12	Select Medical Gas Pendant Manufacturer	18	Select Medical Gas Pendant Manufacturer
35	Design fixings for MGP Baseplate		X
27	Select ultra-clean canopy manufacturer	14	Select ultra-clean canopy manufacturer
28	Select ultra-clean canopy model	15	Select ultra-clean canopy model
30	Select surgeons' panel manufacturer and model	16	Select surgeons' panel manufacturer and model
29	Select Operating Lamp Manufacturer	20	Select Operating Lamp Manufacturer
26	Select Operating Lamp Model	21	X

WP5 - CONSTRUCTION / INSTALLATION

Design/User Group 1		Design/User Group 2	
<i>Procure</i>			
42	Handover of slab for internal fit-out commencement	41	Handover of slab for internal fit-out commencement
43	Fix MGP support to base	43	Fix MGP support to base
44	First fix electrical services	46	First fix electrical services
45	First Fix Mechanical Services	47	First Fix Mechanical Services
46	First fix medical gases	45	First fix medical gases
47	Install / Fix MGP Baseplate	42	Install / Fix MGP Baseplate
48	First fix ceiling grid/support	44	First fix ceiling grid/support
<i>MEP Collision</i>			
49	Second fix electrical services	51	Second fix electrical services
50	Second fix medical gases	50	Second fix medical gases
51	Connect medical gases to MGP		X
52	Connect electrical services to MGP	54	Connect electrical services to MGP
53	Complete theatre ceiling installation	48	Complete theatre ceiling installation
54	Manufacturer installs MGP	49	Manufacturer installs MGP
55	Install Operating Lamp	52	Install Operating Lamp
56	Attach accessories (drip poles etc) to MGP	56	Attach accessories (drip poles etc) to MGP
	v	69	Second fix mechanical services

WP6 - COMMISSIONING AND HANDOVER

Design/User Group 1		Design/User Group 2	
		X	
57	MGP Manufacturer's commissioning	57	MGP Manufacturer's commissioning
58	Training in use of MGP	58	Training in use of MGP
<i>Ops Warranty</i>			
59	User testing / Handover	59	User testing / Handover
	WP5	55	Connect medical gases to MGP



Significant sequencing differences between two groups



Complex Systems Integration

- Consider Pendant Type and Function
- 47 Confirm ultra clean canopy specification
- 56 Confirm mobile or fixed imaging equipment
- 14 Confirm vibration criteria for key equipment
- 17 Superstructure modelling, analysis and wall design
- 18 Model primary services distribution
- 24 Agree location of MG pendants with users
- 22 Select Medical Gas Pendant Manufacturer
- 6 Develop servicing strategy to suit equipment selection
- 7 Model ceiling mounted services / equipment
- 36 Selection of accessories for MGP
- 43 Determine operating lamp specification
- 23 Select Medical Gas Pendant Model
- 9 Review ceiling layouts / types / details in relation to infection control
- 48 Confirm ultra-clean canopy services requirements
- 52 Select surgeons' panel manufacturer and model
- 50 Select ultra-clean canopy model
- 45 Select Operating Lamp Model
- 44 Select Operating Lamp Manufacturer
- 21 Finalise Medical Gas Pendant (MGP) specification
- 49 Select ultra-clean canopy manufacturer
- 51 Confirm surgeons' panel specification

- 13 Determine suspended service loadings from slab above
- 55 Confirm imaging equipment specification
- 15 Vibration analysis of structural slabs
- 25 Design fixings for MGP Baseplate
- 8 Finalise co-ordinated reflected ceiling plan Procurement Period
- 30 Fix MGP support to base
- 59 Handover of slab for internal fit-out commencement
- 27 First fix medical gases
- 28 First fix electrical services
- 29 First Fix Mechanical Services
- 26 Install / Fix MGP Baseplate
- 34 First fix ceiling grid/support
- Install MEP Column / Duct
- 31 Second fix medical gases
- 32 Second fix electrical services

- 33 Second fix mechanical services
- 38 Connect medical gases to MGP
- 39 Connect electrical services to MGP
- 35 Complete theatre ceiling installation
- 37 Manufacturer installs MGP
- 46 Install Operating Lamp
- 40 Attach accessories (drip poles etc) to MGP Procurement Period
- 41 Manufacturer's commissioning
- 42 Training in use of MGP
- 60 User testing / Handover

- 17 Superstructure modelling, analysis and wall design
- 43 Determine operating lamp specification
- 9 Review ceiling layouts / types / details in relation to infection control
- 45 Select Operating Lamp Model
- 44 Select Operating Lamp Manufacturer
- 8 Finalise co-ordinated reflected ceiling plan Procurement Period
- 28 First fix electrical services
- 29 First Fix Mechanical Services
- 32 Second fix electrical services
- 33 Second fix mechanical services
- 35 Complete ceiling installation
- 46 Install Operating Lamp
- 41 Manufacturer's commissioning
- 60 User testing / Handover

[15 Activities]

- 14 Confirm vibration criteria for key equipment
- 17 Superstructure modelling, analysis and wall design
- 20 Review flooring layouts / types / details in relation to infection control
- 15 Vibration analysis of structural slabs
- 16 Confirm concentrated slab loadings for major equipment
- 59 Handover of slab for internal fit-out commencement
- First fix plumbing
- Second fix plumbing

[8 Activities]

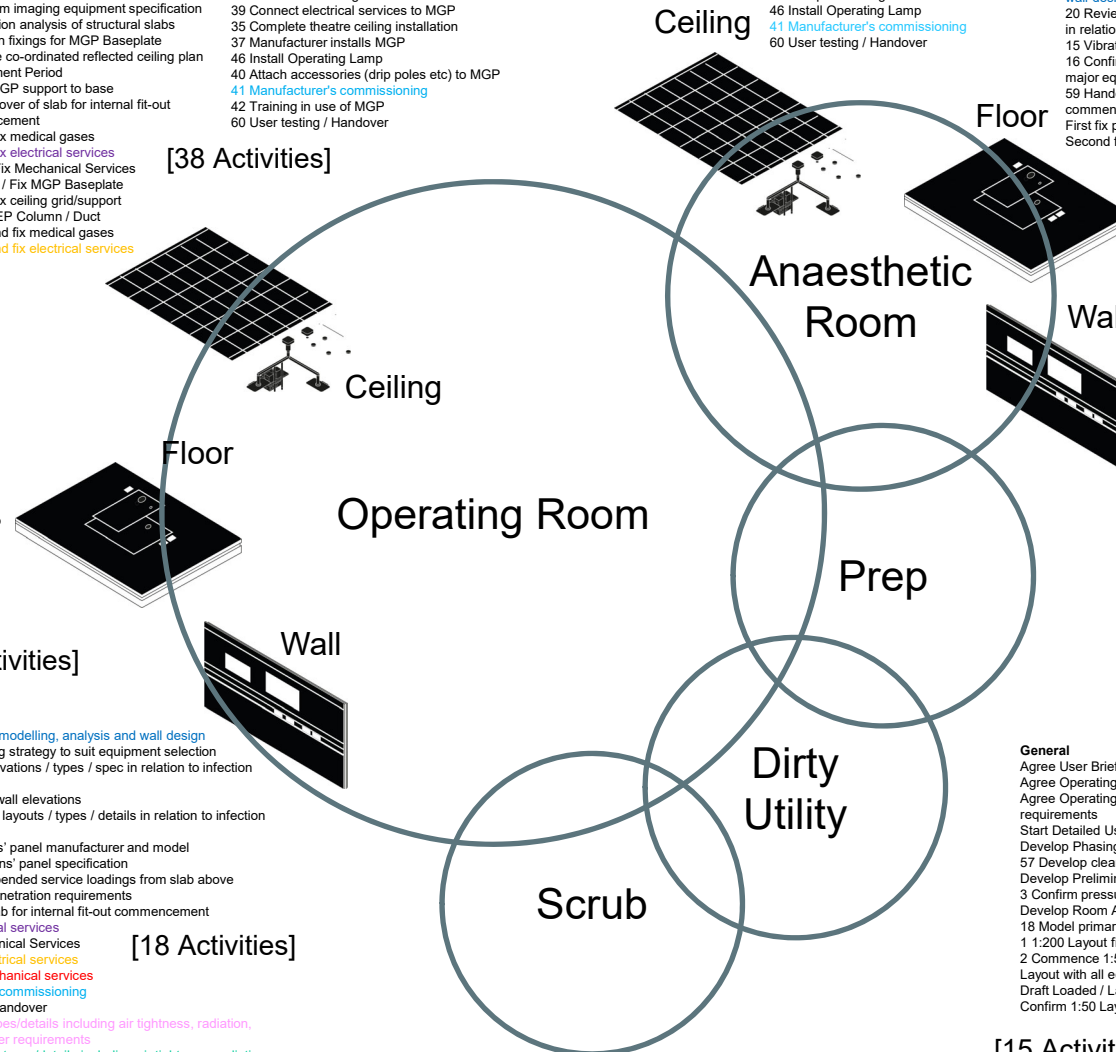
- 17 Superstructure modelling, analysis and wall design
- 6 Develop servicing strategy to suit equipment selection
- 10 Review wall elevations / types / spec in relation to infection control
- 4 Agree typical mounting height drawings
- 5 Confirm wall elevations
- 19 Confirm wall penetration requirements Procurement Period
- 59 Handover of slab for internal fit-out commencement
- 27 First fix medical gases
- 28 First fix electrical services
- 29 First Fix Mechanical Services
- First Fix Plumbing
- 31 Second fix medical gases
- 32 Second fix electrical services
- 33 Second fix mechanical services
- Second fix plumbing services
- 41 Manufacturer's commissioning
- 60 User testing / Handover
- 11 Review door types/details including air tightness, radiation, fire, sound and laser requirements
- 12 Review window types/details including air tightness, radiation, fire, sound and laser requirements

[19 Activities]

General

- Agree User Brief for Operating Room
- Agree Operating Room adjacencies
- Agree Operating Room Types / future flexibility requirements
- Start Detailed User Group Workshops
- Develop Phasing and Dependency Requirements
- 57 Develop clean and dirty operating procedures
- Develop Preliminary Room Layouts
- 3 Confirm pressure regime aligned to room adjacencies
- Develop Room Adjacencies
- 18 Model primary services distribution
- 1:200 Layout fixed following User Group review
- 2 Commence 1:50 User Group Review / Confirm 1:50 Layout with all equipment
- Draft Loaded / Layout Plans
- Confirm 1:50 Layout with all Equipment

[15 Activities]

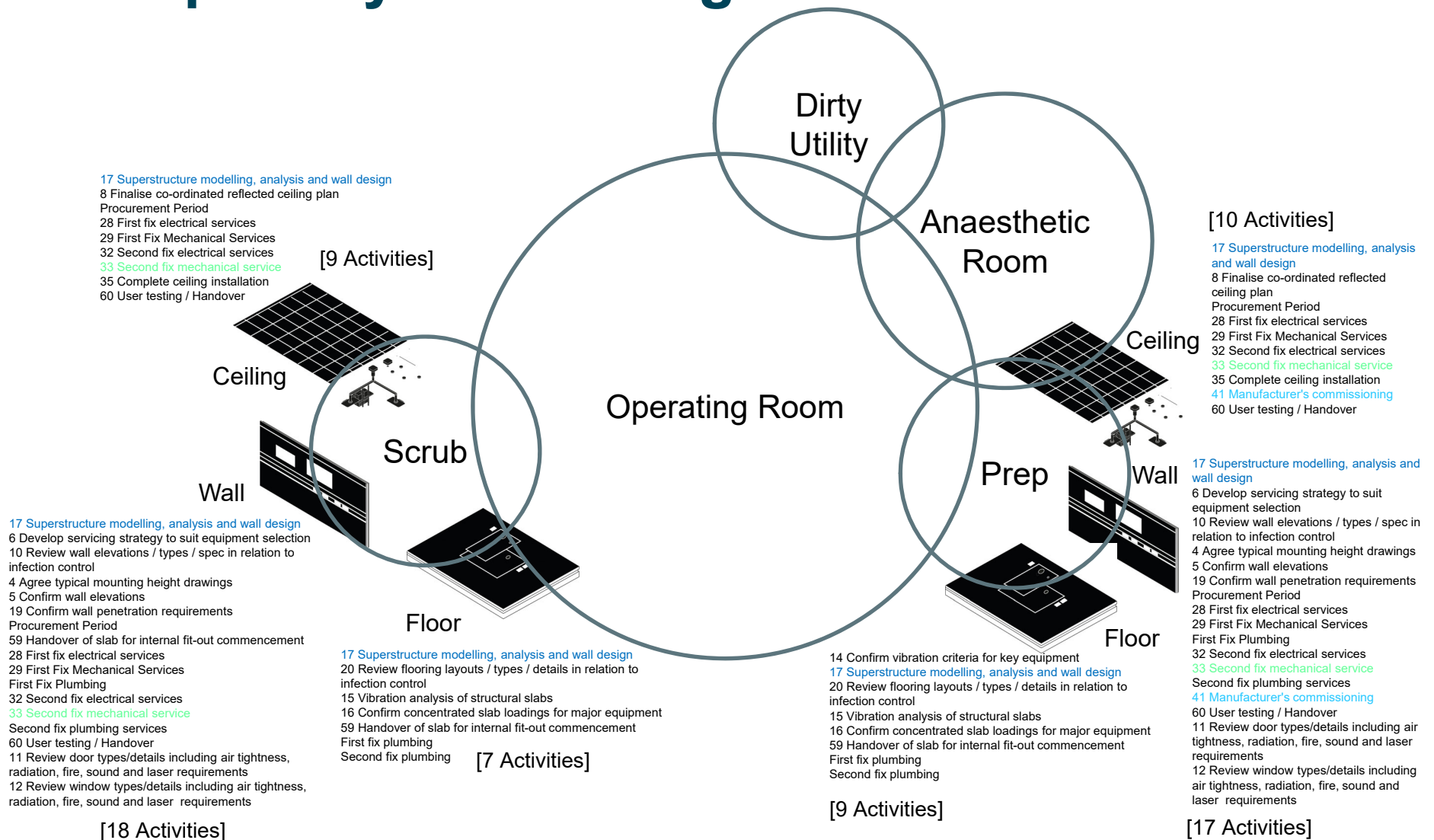


[38 Activities]

[15 Activities]

[18 Activities]

Complex Systems Integration



Complex Systems Integration

Design Rules	HBNs/HTMs 1. Agree User Brief for Theatre(s) 2. Agree Theatre Functionality Requirements 3. Agree Theatre Types / future flexibility requirements 4. Start Detailed User Group Workshops		
Ceiling	5. Develop Phasing and Dependency Requirements 6. Develop clean and dirty operating procedures 9. Develop Preliminary Room Layouts 10. Confirm pressure regime aligned to room adjacencies 11. Develop Room Adjacencies 13. Confirm mobile or fixed imaging equipment 15. Confirm vibration criteria for key equipment 16. Confirm Provisional Layout 17. Superstructure modelling and analysis 18. Model primary services distribution 19. 1:200 Layout fixed following User Group review 20. Commence 1:50 User Group Review / Confirm 1:50 Layout with all equipment 21. Agree location of MG pendants with users	8. Consider Pendant Type and Function 12. Confirm ultra clean canopy specification 22. Select Medical Gas Pendant Manufacturer 24. Model ceiling mounted services / equipment 27. Determine operating lamp specification 28. Select Medical Gas Pendant Model 30. Review ceiling layouts / types / details in relation to infection control 34. Confirm ultra-clean canopy services requirements 37. Select ultra-clean canopy model 38. Select Operating Lamp Model 39. Select Operating Lamp Manufacturer 40. Finalise Medical Gas Pendant (MGP) specification 41. Select ultra-clean canopy manufacturer 47. Design fixings for MGP Baseplate	
Wall	25. Draft Loaded / Layout Plans 36. Confirm 1:50 Layout with all Equipment	23. Develop servicing strategy to suit equipment selection 35. Select surgeons' panel manufacturer and model	29. Review wall elevations / types / spec in relation to infection control 31. Agree typical mounting height drawings 32. Confirm theatre wall elevations 50. Confirm wall penetration requirements 72. Review door types/details vs air tightness requirements 73. Review window types/details vs air tightness requirements 8. Consider Pendant Type and Function 13. Confirm mobile or fixed imaging equipment 15. Confirm vibration criteria for key equipment 46. Vibration analysis of structural slabs 59. Install MEP Column
Floor	45. Confirm imaging equipment specification 46. Vibration analysis of structural slabs	42. Confirm surgeons' panel specification 44. Determine suspended service loadings from slab above	14. Select operating table base design (fixed or freestanding) 33. Review flooring layouts / types / details in relation to infection control 43. Confirm operating table specification 48. Confirm concentrated slab loadings for major equipment 23. Develop servicing strategy to suit equipment selection 29. Review wall elevations / types / spec in relation to infection control 51. Procurement Period 56. First Fix Mechanical Services
Ceiling	53. Handover of slab for internal fit-out commencement 55. First fix electrical service 69. Manufacturer's commissionings 71. User testing / Handover	51. Procurement Period 54. First fix medical gases 56. First Fix Mechanical Services 60. Second fix medical gases 61. Second fix electrical services 62. Second fix mechanical services	49. Finalise co-ordinated reflected ceiling plan 52. Fix MGP support to base 57. Install / Fix MGP Baseplate 58. First fix ceiling grids/support 59. Install MEP Column 63. Connect medical gases to MGP 64. Connect electrical services to MGP 65. Complete theatre ceiling installation 66. Manufacturer installs MGP 67. Install Operating Lamp 68. Attach accessories (trip poles etc) to MGP 70. Training in use of MGP 26. Selection of accessories for MGP 31. Agree typical mounting height drawings 32. Confirm theatre wall elevations 48. Confirm concentrated slab loadings for major equipment
System Integration			System Integration

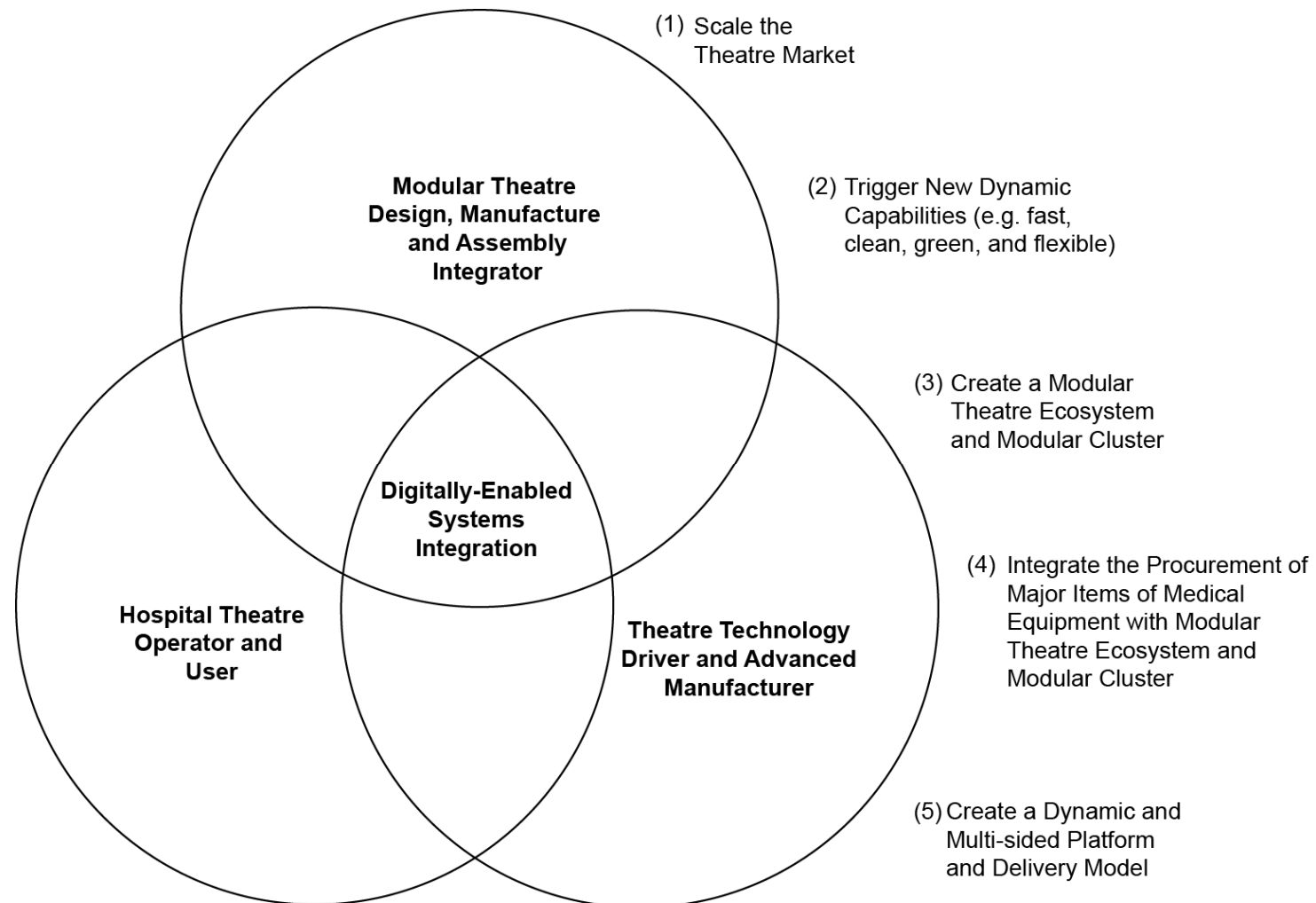
Findings

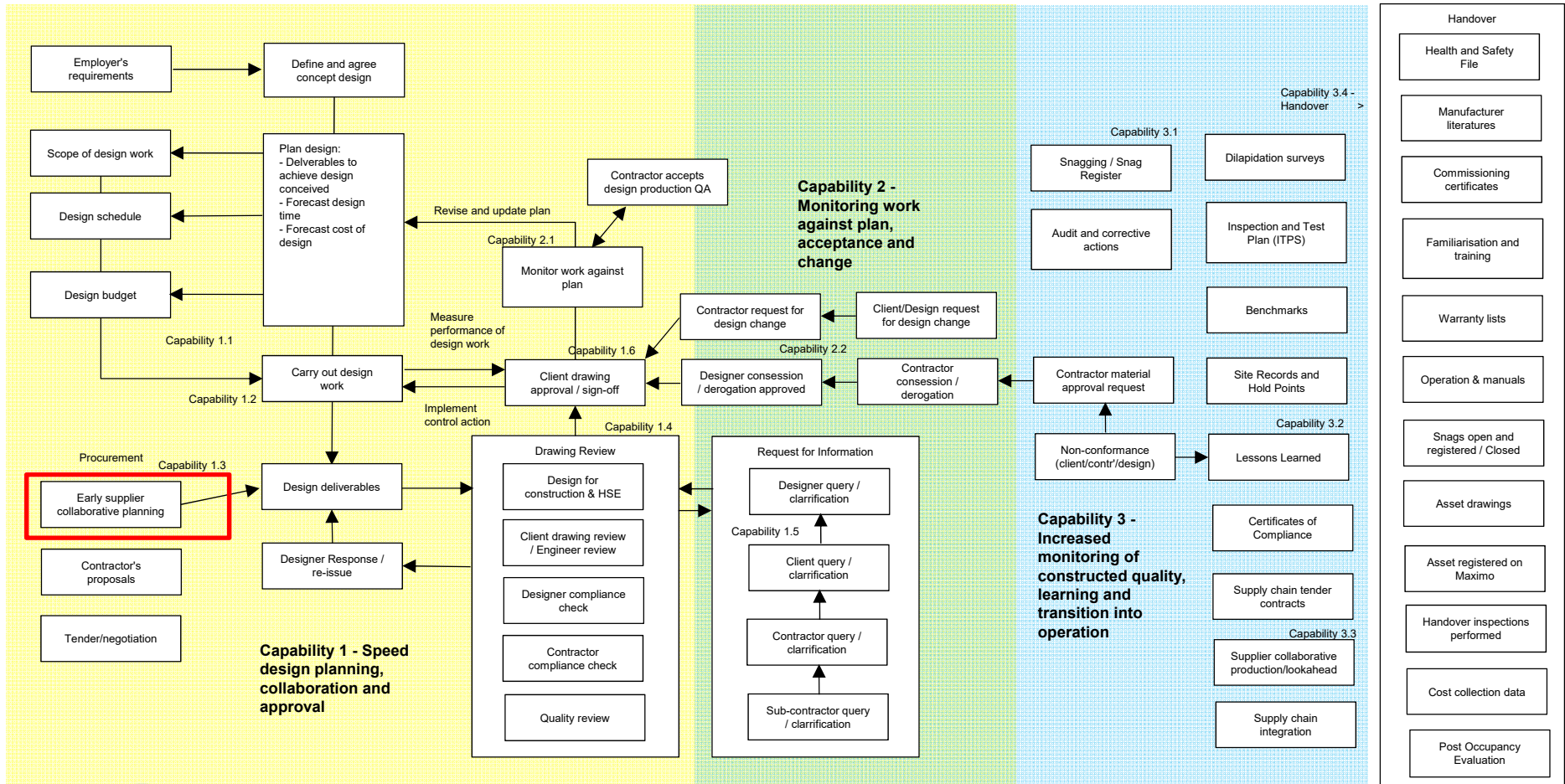
Maturity



	Project Platform	Supply Chain Platform	Wider-Industry Platform
Delivery Model	Project-based delivery model creates core rigidity. Project procurement uses existing capabilities and few innovation triggers and limited learning of lessons	Existing supply chain delivery model creates core rigidity. Innovation is limited due to a focus on existing arrangements and capabilities	Innovation created through setting targets with a wider capability pool. Programme outcomes are prioritised. Early supplier engagement. Risks are allocated, responsibilities shared and teams incentivised
Innovation	Closed collaboration. Procurement constraints imposed on manufacturers and protection of supply chains	Somewhat open collaboration. Both cooperation and competition dynamics between contractors. Highly competitive and transactional with innovation outside of the framework controlled and prevented	Open collaboration. Uncertainty reveals need for rapid, open and collaborative learning platforms. Innovative interfaces between equipment manufacturers, suppliers and integrators
Capabilities	Capability acquisition is triggered by project funding and is within the firm. Volatility in demand and fluctuations in funding do not stimulate innovative capabilities. Lack of scale prevents capability development between firms	Within a framework of supply chain partners there is capability building and co-evolutionary dynamics	Ecosystem-wide capabilities development and incentivisation to innovate. A flexible and resilient response. Rapid procurement of the most capable teams to integrate design and engineering.
Governance	Projects are fragmented and misaligned. Client leadership at a local level with few programme functions	Programme governance to stimulate supply chain innovation / learning and strong relationships	Strong ecosystem through dynamic leadership and governance. Interdisciplinary cluster teams and empowered/incentivised collaborative working
Digital Systems Integration	Traditional design and construction creates sequences that are preventing innovation	Repeatable design and BIM standards are retained by framework partners. Constrained learning	Digitally-enabled design integration facilitated by advanced planning, the introduction of layers and a kit-of-parts. All parties understand the need for a modular system and conform to those rules

Recommendations





Outstanding design deliverables predicting production failure

328 design predictors, that led to 21 failures

Outstanding works predicting construction failure

28 production predictors (compounded with design predictors and failures, that led to 49 failures, and

5-10%

CAPEX saving before handover, through the reduction of rework, waste and correction of defects

10 operation predictors that led to 1 defect, but also 1914 corrective maintenance events

Late Handover predicting operational failure

£50m every 5 years
Project slippage costs

3-20%pa

OPEX cost saving, through better consideration of whole life quality

What next?

- **Continued collaborative working** with advanced design and MMC, engineering, asset management and manufacturers, healthcare policy, innovative hospital services and users, and Integrators.
 - **Interdisciplinary design capabilities** - component and sub-assemblies level
 - **Advanced cluster** - to manage interfaces and integrate walls, ceilings and floor (e.g. panels, finishes, doors, windows and controls, ceiling frame, medical gas pendants, ventilation, general and operating lights, operating tables, imaging equipment and robots)
 - **Advanced digitally-enabled design integration** - The information in design is growing, making it difficult for one person to coordinate. Interfacing is complex and so getting the right information to the right place at the right time is a major challenge. The chances of error are growing as a result, unless advanced interdisciplinary capabilities are harnessed.

