

Standardise to mobilise

Miller hps and Croydon use standardised design to achieve GMP in just 14 weeks

The Purley & District War Memorial Hospital originally opened in 1907 and since that time its condition had deteriorated with significant areas of disuse – but ProCure21+ is helping to breathe new life into the building, bringing it up to 21st century standards and creating a new centre for integrated care in the South Croydon area, with improved access to a full range of primary, community and secondary health services.

The £7.6m ProCure21+ element of the £11m scheme, which will be managed by Principal Supply Chain Partner Miller hps in conjunction with Croydon Health Services NHS Trust, is funded from the £300m NHS capital partnership announced by health minister Simon Burns in May 2012, and as such, had tight time constraints. ProCure21+ methodology was used “to bring all stakeholders together and speed up the process

continued on page 2



top the Miller hps team on-site at Purley

right visual for the new entrance at Purley

in this issue

Kier uses **Building Information Modelling (BIM)** to improve client communication and confidence at RUH Bath • Mansell refurbishes theatres adjacent to **live clinical areas** in Devon and Cornwall • **FAQs:** Early Warning proliferation, incomplete programmes under NEC3 and reply periods – **your questions answered** • **Free national seminars** on cost reduction using ProCure21+ • **Value for Money:** David Low on how it can be achieved at key stages of a project



Theatre refurbishments adjacent to live clinical areas in Devon: “Mansell were so discreet that staff couldn’t believe theatres were actually being installed”



above
an
innovative
'lean' pre-
construction process
saw many pre-construction
workstreams running simultaneously

of getting to
Guaranteed
Maximum Price
(GMP) stage,"
according to Miller
hps's ProCure21+ programme
manager Omar Jomeen. In the end,
this was achieved in just 14 weeks.

the effect of minimising risk in the
pre-construction phase.

Following an inclusive design
process, a launch workshop at
project initiation gathered together
all the stakeholders to agree key
principles, set up user-groups and
put in place key operational policies.
These were used to inform all the
pre-construction stages, and this
therefore allowed the team to
move forward quickly without too
many iterations of the designs.

"by thoroughly
understanding
end-users' requirements
we were able to **avoid**
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which helped to keep the
project **on-time**
and **on-budget**"

Omar Jomeen
ProCure21+ programme manager
Miller hps

video



Croydon NHS Trust estates and
facilities director Mike Ralph,
Miller hps senior project manager
Trevor Aylen and ProCure21+
manager Omar Jomeen discuss the
Purley Hospital scheme and why
ProCure21+ was key

**Watch the video on the
ProCure21+ website**

Trust project manager Leslie Apps
worked with the Trust's inhouse
projects team to put together
a "very thorough" High-Level
Information Pack, including planning
applications, surveys and condition
surveys together with internal
business case approval, which
enabled the PSCP to mobilise quickly.
In response, the PSCP put in place
an innovative 'lean' pre-construction
process that saw the design being
developed alongside the operational
brief, and both processes running
simultaneously with the costing,
design planning, brief development
and surveys. This kept the project on-
track in terms of time, but also had

"One of the main areas was to do
the options appraisal and the space
appraisal at the same time," said
Leslie Apps. "That meant we could
work quickly without too much
interim delay in seeking stakeholder
approvals." To ensure that the design
had incorporated all stakeholder
requirements, the PSCP also held a
design validation workshop at the
end of the period. "We listened
to a cross-section of end-users
throughout the design process," said
Omar Jomeen, "and by thoroughly
understanding their requirements
and the nature of care required, we
were able to avoid over-engineering

the solution – all of which helped to keep the project on-time and on-budget.”

Market testing was prioritised on a highest-risk basis: within the timescale, it was not possible to market-test the entire project, but the PSCP's pre-construction manager Jason Gibbings identified those elements of higher risk within the scheme, and worked with supply chain partners to ascertain industry standard pricing for those elements: “By utilising long-standing relationships we were able to provide some certainty against those key risk areas,” he said.

Early in the process, Miller and the Trust took the decision to focus on standardisation of room design, fixtures and fittings, and M&E strategy, to deliver best value for money and to drive efficiencies in the programme. This also has the benefit of building in future flexibility for the Trust: “If a consultation/examination room is designed correctly and meets all building regulations and infection control standards, it allows us to adapt room use to meet future needs as well,” said Leslie Apps.

Omar Jomeen said the ProCure21+ framework had been “key to meeting the milestones, along with the NEC contract, both of which allowed us to operate in the true spirit of partnership.” A Miller team relocated to the Trust's offices in

London and met daily around the table for a 10am tea-break – “it sounds like a small thing but it was central to keeping communication lines open and the project as a whole moving on all fronts.”

As well as outpatient consultation and examination spaces, the new development will incorporate an Urgent Care Centre, diagnostics and imaging, rehabilitation services, ophthalmology, audiology and ECG facilities, and an area for primary care interface including a GP practice and local authority/social services. “Once the facilities are up and running in August, local residents will be able to access about 80% of their outpatient appointments right here in Purley, and will only need to travel further afield for a minimum of procedures,” comments Leslie Apps. +

Scheme Purley & District War Memorial Hospital

Trust Croydon Health Services NHS Trust

PSCP Miller hps

GMP value £7.6m

Anticipated date of completion August 2013

Facilities include Outpatients; UCC; diagnostics and imaging; rehab services; ophthalmology, audiology & ECG; some primary care



right work on-site commenced quickly after a launch workshop agreed key operational policies

above right Trust estates director Mike Ralph (l) and PSCP site manager Andy Amer



Delivering value for money with ProCure21+

Senior cost manager David Low outlines some of the key features that make ProCure21+ a first-class way to deliver value on a scheme

The Government Construction Strategy (GCS) calls for a profound change in the relationship between public authorities and the construction industry to ensure the Government consistently gets a good deal. As a key contributor to the GCS, the ProCure21+ framework is uniquely placed for the NHS to readily access a programme of measures that will improve value for money for the NHS.

Under the GCS, ProCure21+ aims to deliver efficiency savings of 14% by 2015: in simple terms, it should be possible to build the same hospital in 2015 for 14% less than in 2010. Savings are achieved through a combination of standardisation, greater bulk purchasing and better use of technology, and all Trusts using the framework will benefit from these initiatives. How will this be achieved at key stages in a project?

Firstly, the PSCPs are specifically asked to demonstrate how they will deliver efficiency savings as part of the scheme selection process. The framework has a comprehensive database of project costs that help set robust and challenging budgets; these provide a powerful reference point to drive down costs. Savings are systematically recorded using a new project efficiency tool, meaning that they can be readily incorporated into other projects.

Central Information Repository (CIR)

The ProCure21+ Central Information Repository will make the process of reusing design information across the NHS much easier, with a database of project information (available Spring 2013). PSCPs will upload design and

cost data that will be freely available for other NHS clients to use under the framework, free of charge. The CIR will bring significant cost/time savings to the design process and provide an opportunity to challenge PSCPs to innovate and improve on previous designs.

Standardisation and bulk-buying

PSCPs are also developing standardisation and bulk-buying arrangements with key suppliers; these will be included on ProCure21+ designs to maximise the buying efficiencies and reduce costs for the client. The areas of focus include general fixtures and equipment, doors, ironmongery, floor finishes and suspended ceilings. If clients wish to specify an alternative product, the cost of doing so will be more visible.

Building Information Modelling

PSCPs are now moving towards incorporating the use of Building Information Modelling (BIM) as standard on all ProCure21+ schemes. As well as aiding post-construction facilities management, BIM brings benefits and efficiency during design development and construction, promoting closer team-working and reducing abortive work during construction by improved visualisation of the design. The ProCure21+ team will be running Introductory Training Courses from Summer 2013.

All this work ensures that the NHS benefits from the GCS initiatives, providing a strong VfM offer – particularly compared with traditional tendering in a depressed market with

contractors fighting to preserve non-existent margins. The practice of price-cutting and unsustainable tendering have contributed to over 5,500 construction firms becoming insolvent since 2010.

The PSCPs are offering a good value, sustainable proposition, with their efforts focused on delivering value to the NHS and building long-term relationships with Trusts. +



Cost reduction using ProCure21+: free national seminars

A series of four national seminars to help NHS Trusts understand the possibilities of cost reduction using the ProCure21+ framework. The six Principal Supply Chain Partners (PSCPs) will team up to deliver these free-of-charge events aimed at engaging individual NHS Trusts while detailing some of the innovative methods of cost reduction possible under the framework.

April 16 London Russell Hotel

April 18 Leeds Queens Hotel

April 23 Bristol

Mecure Holland House Hotel

April 25 Birmingham

Holiday Inn Birmingham Airport

For more information, please visit www.procure21plus.nhs.uk or contact ProCure21+ development manager Julian Colaco 0113 254 5851 julian.colaco@dh.gsi.gov.uk

ProCure21+ helps Somerset achieve fast start-up

ProCure21+ has helped a jointly-funded scheme between NHS Somerset and Somerset Partnership NHS Foundation Trust achieve fast mobilisation for a new £33m greenfield-site hospital. The Bridgwater Community Hospital, replacing a 200-year-old town-centre site, includes a 30-bed inpatient facility together with a midwife-led birthing unit, a minor injuries unit, diagnostic and radiology facilities, outpatient and day treatment facilities, and therapy and rehabilitation services. It will deal with an anticipated throughput of 62,000 patients each year.

"The project has had a very challenging programme, driven largely by the need to manage tightly the cashflow for 2012/13 before dissolution of the Primary

Care Trust," said Simon Corrick, the Trust project director for capital developments.

The Trust appointed IHP as its PSCP in April, with work beginning on-site in June. In July the Full

Business Case was approved by NHS Somerset and NHS South of England; and by August, the Guaranteed Maximum Price (GMP) was agreed with IHP, followed by main works commencing on-site in September. The project is on-target for completion in February 2014.

"This scheme is a true testament to open and collaborative working between NHS Somerset and IHP in achieving a GMP agreement within a challenging programme," said Mark

Williamson, regional manager for IHP. "Now on-site, the Bridgwater community can see the tangible evidence that they will soon have a high-quality 21st-century hospital to be proud of."

"IHP have been truly open and collaborative in their approach. I have been particularly impressed by how they have managed and delivered a fast-track and efficient GMP process, while combining it with a comprehensive design process," said Simon Corrick. +

BIM at RUH Bath aids communication "at all stages, at all levels"

An £11m scheme to develop a new pathology laboratory and mortuary at the Royal United Hospital (RUH) in Bath has been boosted by the use of Building Information Modelling (BIM) as a case study by Principal Supply Chain Partner Kier Health.

Opening in December 2013, the scheme is a key development for RUH Bath, forming the first phase of an ambitious estates strategy to transform the 52-acre site; the new pathology lab and mortuary provides efficient space on three levels and replaces outdated poor-quality buildings.

The design and construction phases made integrated use of BIM to help communication with the Trust and across the wider team. "Although the BIM model was predominantly focused on mechanical and electrical services, it was developed to include basic doors and walls, which helped the client team

above

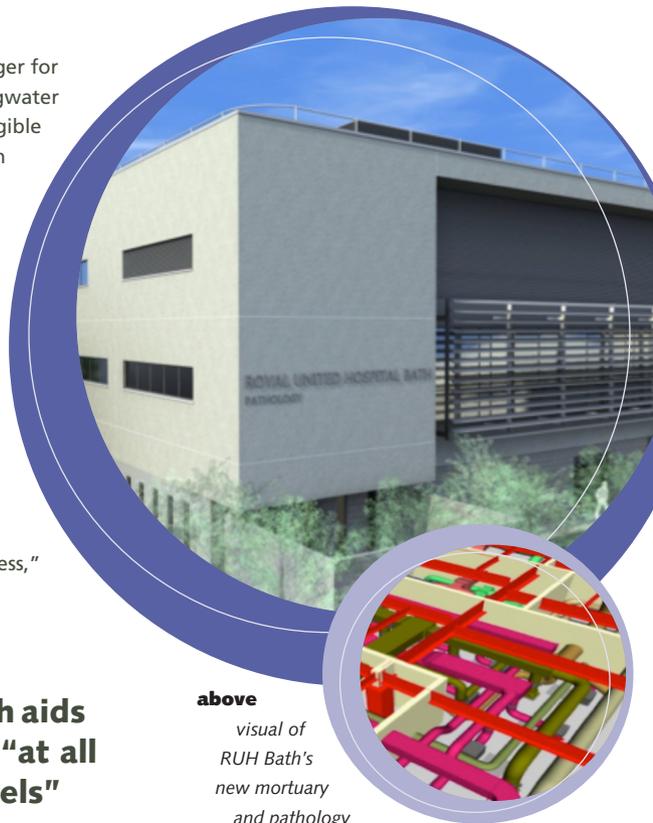
visual of RUH Bath's new mortuary and pathology lab inset section of the BIM visualisation: "added confidence in the programme"

visualise their spaces," said Richard Davis, construction director at Kier, "and the Estates team could also see that space had been planned for future maintenance."

Richard said the model had helped to give confidence in the programme at an early stage: "A true benefit was being able to build the model up by discipline and avoid clashes." Once the scheme moved into the construction phase, there were additional benefits on-site: "Using the clash detection facility and knowing everything will fit gives added confidence in the programme, and in the sequencing of construction activities," remarked Richard Davis. +



above visual of the new Bridgwater Community Hospital entrance: challenging programme with fast mobilisation



Endeavour to improve patient services

New cancer services department provides technical advances with a holistic ambience

2009 saw the on-site start of a £19.9m ProCure21 scheme to redevelop the cancer services at the James Cook University Hospital in Middlesbrough, part of the South Tees Hospitals NHS Foundation Trust. Included in the scheme was a new radiotherapy satellite centre, known as the Endeavour Unit, housing three linear accelerators (linacs), a CT scanner and a new outpatient clinic.

PSCP Interserve worked on the design of the unit with the radiotherapy services team. From the outset, both teams prioritised communication using ProCure21 methodology. "It brought us all together, right from the design stage," said Interserve construction manager Mark Gardham. "The open-book collaborative accounting meant we could focus on best value and delivery within the budget. Without the ProCure21 framework the project wouldn't have had that partnering approach." Trust radiotherapy services manager Fiona Milnes agrees: "As a client, we felt we were being heard and understood,

and it allowed us to design and get exactly the unit we wanted, with some excellent innovations and improvements."

One of those improvements was the replacement of a maze of corridors – "necessary for radiological protection but intimidating to patients," said Fiona Milnes – with ten-tonne radiation-protective sliding doors on each linac bunker, giving a direct and more patient-friendly route.

The requirement to design out programme risk as far as possible led to Interserve adopting an innovative method of bunker construction popular in Germany but new to the UK: the Forster sandwich technique. This involves filling pre-cast panels with stone and blast-furnace slag on-site. "It was a number of weeks quicker to use the Forster sandwich, plus it took away the necessity of dealing with a number of on-site variables such as weather and temperature," commented Mark Gardham. "It also lends itself to

continued on next page



top the reception desk at the Endeavour Centre
right waiting areas: patients arrive early to sit and chat as an informal support group



Scheme The Endeavour Unit

Trust South Tees Hospitals NHS Foundation Trust

PSCP Interserve

GMP value £19.9m

Date of completion
September 2011

Facilities include
Radiotherapy satellite centre with three linear accelerators, CT scanner and outpatient clinic

a higher-quality bunker, with less possibility of hairline cracks and potential leakage.”

The construction phase gave rise to several further challenges, including the requirement to carry out heavy work in areas adjacent to wards accommodating immuno-suppressed patients. Interserve used its negative air-pressure system: “We were dismantling 20 tonnes of reinforced concrete, which meant a lot of potential for airborne pollutants.”

Interserve used its innovative negative air-pressure system: air-tight hoardings were erected around the construction area, with extractor fans ducting to the exterior through the roof. The lower air-pressure in the construction area meant that “dust and pollutants can only go one

way – out through the roof,” according to Mark Gardham. Staff were able to monitor air pressure inside and outside the construction area using a magno-helic gauge mounted on the hoardings: “it gave a visual check on the security of the environment.”

Specification of finishes, fixtures and fittings was purposely designed to give a “less institutional feel” according to Fiona Milnes. Sustainability was observed with a ground-source heat pump to heat the main waiting area, and rainwater harvesting for WC supply; air-conditioning was eliminated with a computer-controlled natural ventilation system, and waste from the site was recycled, saving the Trust £14,300. The unit achieved a BREEAM ‘Excellent’ rating.

With the Endeavour unit just five months into its operating life, Fiona Milnes and her team are “delighted” with the new unit. “Our patients like it so much that they’re coming earlier for their appointments,” she said. “Obviously that helps us keep to schedule, but it helps them too, because they sit in the waiting areas and have a cup of tea and chat – so it tends to function as an informal support group. That’s great for patients, and great for us.” +



right inside a treatment room
below an external view of the Endeavour Unit



“as a client, we felt we were **heard** and **understood**... it allowed us to **design** exactly the unit we **wanted** with some excellent **innovations** and **improvements**”

Fiona Milnes
Radiotherapy services manager
South Tees Hospitals NHS Foundation Trust

Mansell takes centre-stage in theatre refurbs

To maximise capacity, reduce waiting times and incorporate latest surgical advances, two southern Trusts have worked with Mansell Construction (a Balfour Beatty company) using the ProCure21+ framework to refurbish their operating theatres.

Plymouth Hospitals NHS Trust and Royal Cornwall Hospital NHS Trust each had tight programmes in place (of £2.25m and £1.8m respectively).

As work on both sites took place with a full surgical workload continuing in close proximity to the construction areas, both Trusts worked closely with Mansell to implement careful site planning measures including infection

control, sealed work areas and strict control of vibration/noise. Mansell pre-construction manager Nigel McArthur commented that "teams have spent time out-of-hours donning full sterile theatre clothing to aid in-depth site investigation – a valuable investment, since it has reduced both cost and risk later in the projects."

Both projects were challenging in terms of access: Royal Cornwall's programme (delivering five fully-integrated laparoscopic theatres) required specialist scaffolding to be erected on the third floor of a tower block. Plymouth Hospital's equivalent, the Royal Eye Infirmary, is on the seventh floor, with all access gained externally via a hoist and staircase from the fourth floor; live clinical areas were adjacent and directly below. At both sites, to prevent noise and vibration intruding on adjacent operating theatres, work took place over a rolling 24-hour period. "The PSCP was so discreet that many staff could not believe the

theatres were actually being installed," said Dominic Byrne, consultant gynaecologist at Royal Cornwall: "they were stunned when the barriers came down and they could see the amazing transformation."

Removal of waste at Plymouth's Royal Eye Infirmary presented particular difficulties: the old fixtures and fittings, and specifically the air-handling units, had to be "cut up into small pieces, trolleyed over the roof, and down a hoist into the Emergency Department courtyard on Level 6," said ProCure21+ project manager at Plymouth, Syd Jamieson. "Co-ordination with the ED was critical, for obvious reasons."

Garth Weaver, associate director planning and projects at Royal Cornwall, said that ProCure21+ had enabled the Trust to deliver "a highly complex 15-month programme of work with a contracting partner that has developed a good understanding of the risks and issues associated with working adjacent to live clinical areas." +



below interior view of one of the new theatres at Plymouth

projects completed last quarter

Trust	Scheme title	PSCP	Completion date	GMP £m
Southport & Ormskirk Hospital NHS Trust	Redevelopment of A&E – Phase 5	Balfour Beatty Group	22 October 2012	0.30
Northern Lincolnshire & Goole Hospitals NHS Foundation Trust	Grimsby Decant Ward – Project 1	Balfour Beatty Group	24 October 2012	0.16
Northamptonshire Teaching PCT	Willowbrook Development, Corby – Phase 1 of 3	Kier Regional	1 November 2012	2.51
Northamptonshire Teaching PCT	Willowbrook Phase 1-3 Enabling/Infrastructure	Kier Regional	1 November 2012	0.81
Southport & Ormskirk Hospital NHS Trust	Oncology Ward Extension	Balfour Beatty Group	2 November 2012	0.99
University Hospital Southampton NHS Foundation Trust	Ward G2 refurbishment	Kier Regional	6 November 2012	0.90
Homerton University Hospital NHS Foundation Trust	Theatre 6 refurbishment	Kier Regional	19 November 2012	1.00
University Hospital Southampton NHS Foundation Trust	Faculty of Health	Kier Regional	23 November 2012	0.69
Southport & Ormskirk Hospital NHS Trust	Endoscopy Decontamination Unit	Balfour Beatty Group	10 December 2012	0.33
Calderdale & Huddersfield NHS Foundation Trust	Ward 19 Refurbishment HRI	Interserve Construction	17 December 2012	1.98
Birmingham & Solihull Mental Health NHS Foundation Trust	Yardley Green Mental Health Service	Interserve Health	12 October 2012	26.68
Humber Mental Health Teaching NHS Trust	Townend Court development (Aysgarth House)	Medicinq	23 November 2012	4.80
Nottinghamshire Healthcare NHS Trust	Millbrook Maun, Meden and Kingsley Wards	Laing O'Rourke	5 November 2012	3.50
South Devon Healthcare NHS Foundation Trust	Theatres 3 and 4 refurbishment	Medicinq	30 November 2012	2.00
South Tees Hospitals NHS Foundation Trust	Minor Works 2010/2011	Interserve Health	26 November 2012	5.43
Suffolk Mental Health Partnership NHS Trust	Modernisation of Suffolk Mental Health Services	Kier Health	22 October 2012	25.20
University Hospital of North Staffordshire NHS Trust	Retained Estate – Integrated Renal Services	Laing O'Rourke	30 November 2012	9.16

Building Information Modelling (BIM) adding value to scheme

IHP trials BIM at Wrightington Hospital to improve post-construction operational performance

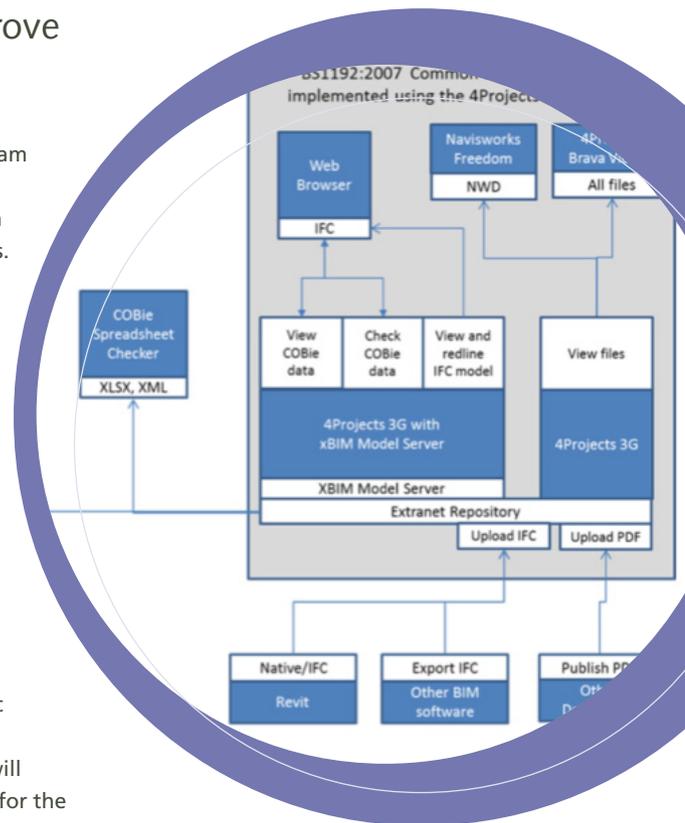
Building Information Modelling (BIM) is being applied to the £18m Phase 1 of the redevelopment of Wrightington Hospital by ProCure21+ PSCP Integrated Healthcare Partnership (IHP). The provision of what the PSCP calls “collaborative BIM” will enable the launch of estate and asset management systems capable of handling the complexity of the hospital’s operational requirements.

The provision of BIM on the Wrightington Hospital scheme is part of IHP’s structured programme from design concept to post-completion, supported by Constructing Excellence – the construction industry organisation whose brief is to improve industry performance to produce a better built environment. The project is included in the four-year Cabinet Office programme to reduce capital cost and carbon burden from the construction and operation of the portfolio of Government building projects.

The PSCP is to build upon Constructing Excellence’s Avanti process of collaborative working, and sharing and re-using building information models. In parallel with the design works at Wrightington, IHP analysed

the capabilities of the design team and Trust, and established the documentation and protocols in the form of BIM Execution plans. These plans define the uses of BIM on the project, and provide a detailed methodology for executing BIM throughout the project lifecycle. A common documentation numbering convention and collaborative intranet has been established, and this will be adopted across the Trust’s estates, facilitating cross-site planned maintenance programmes.

The BIM plans include electronic project and asset information, documentation and data, and will assist the Trust in its operations for the Wrightington Hospital. IHP’s BIM team manager David Kerr said the Trust will see “improved delivery of the project against cost, time and quality metrics; a focus on value as well as cost efficiency; identification and recording of areas of good practice, and quantification of value for money benefits.” Benefits will be recorded by both the PSCP and Constructing Excellence with the aim of maximising the value added via BIM on future phases of the ProCure21+ scheme. +



above
ProCure21+
Wrightington
Hospital project:
BIM to FM
information
process



FAQs

DH senior policy & performance manager Cliff Jones answers your ProCure21+ questions

Question We have received a programme from the PSCP that does not contain the full requirements of the ECC contract. What should we do?

Answer Failure by the PSCP to provide a competent and acceptable programme places the PSCP's position and the contract in jeopardy. In such cases, the PSCP should be notified that the programme is not accepted, and in accordance with the provisions of Clause 31.3 the PSCP should be requested to provide a compliant programme.

The programme is fundamental to the delivery of a successful outcome on a ProCure21+ project, and is important to enable the parties to understand:

- how the works will be constructed;
- what the key actions are (including the design and procurement process, not just construction processes on site);
- the resources required to undertake the works;
- where the critical activities and decision points lie.

The above list is not intended to be exhaustive.

The requirements in respect of the programme when undertaking a ProCure21+ project can be found in:

- Clause 31 of NEC3 Option C – this details the provisions in respect of the programme: and
- ProCure21+ NEC3 Contract Template B Section 9 - Programme.

The above should be complied with at all times on any ProCure21+ project. However, it is important to note that the scale and complexity of the work being undertaken may affect the extent of detail and content provided in a programme for

acceptance. It is also important to note that any supporting information for any programme submitted for acceptance should be available for inspection by the Project Manager or their representatives at a PSCP's offices.

If any programme re-submitted for acceptance fails to comply with the above requirements then the PSCP Framework Manager and Department of Health ProCure21+ Implementation Advisor should be contacted and advised of the issue.

Question What is the difference between the "period for reply" (as required in the Contract Data Part One) and the timescales stated within the clauses in the contract (such as the set periods for notification, submission of quotations for compensation events and acceptance of the programme)? As these are all considered to be communications under the contract, which takes precedence: the "period for reply" (which is discretionary) or the prescribed timescale?

Answer NEC3 Option C clause 13.3 confirms that the parties reply within the "period for reply", unless the contract states otherwise. Therefore if there is a specific period stated in the contract for a communication, as with the examples referred to above, then the stated timescale applies. If the contract does not specify a period for a communication then the "period for reply" stated in Contract Data Part One applies. The "period for reply" is not discretionary: it is stated in Contract Data Part One and must therefore be complied with for those communications to which it applies. The only exception to this is cases in which the parties have complied with the provisions of Clause 13.5 where "the Project Manager

and Contractor agree to" an extension "before the reply is due".

Question We are receiving notification of an Early Warning (EW) every time the PSCP believes that something will happen that may affect the project, and this has resulted in what could be considered an excessive number of these to date. Is this how the process provided for by Clause 16 of the NEC3 Option C Contract is intended to be applied?

Answer An EW is intended to provide the parties with an opportunity to meet and address any issues that Clause 16.1 states could:

- increase the Total of the prices,
- delay Completion,
- delay meeting a Key Date, or
- impair the performance of the works in use.

However, before issuing an EW as provided for by Clause 16.1 and commencing the contractual process of addressing it, the parties should talk to each other in order to confirm that there really is a matter that could cause the above. It may only be one party's perception that such a matter exists. During any such discussions, the parties may agree that there is actually no matter that needs to be addressed and therefore no EW is required. Effective teamwork and communication between the parties in this way should help to ensure that EWs are only issued when a matter arises that could affect the above.

The contract requires that all EWs are registered on the ProCure21+ risk register, and thereafter managed in accordance with the process. Therefore, proliferation by the PSCP should be dealt with by the project manager as a matter that could adversely affect completion. +