



4 **Standardisation** of components and room designs **saves money** for NHS Trusts



9 ProCure21+ provides **"open-book"** ethos at Barrow-in-Furness **mental health** facility



news, views and information from ProCure21+

plusnews

November 2013



Langdon innovates in tight budget with ProCure21

ProCure21 used to get medium-secure mental health build up and running while saving on a tight budget



above Main entrance at Langdon Hospital's men-only medium-secure mental health unit

right An external courtyard for the 60-bed unit



April saw the completion of Langdon Hospital's men-only medium-secure mental health facility, a 60-bed unit replacing a smaller facility that had become unfit for purpose. The new facility includes extensive therapy facilities, with a computer lab, art and music therapy rooms, a gym, shop, café and library, and is situated on a 110-acre site with an external sports barn and multi-use games area. The original project was a PFI new-build, officially

approved by the local Strategic Health Authority with a budget of £45m – but Devon Partnership NHS Foundation Trust felt this was unaffordable. Instead, ProCure21 was employed to bring the entire project within budget constraints.

Although Trust project director Jim Masters had some experience of the framework, project manager Craig O'Dwyer was new to it, and the Trust

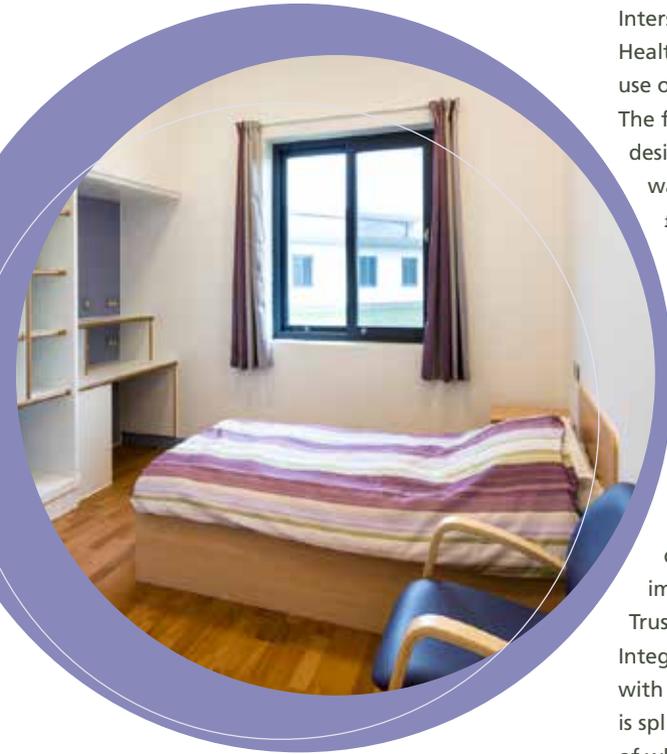
continued on page 2

in this issue

Major **savings of time, cost and innovation**: the ProCure21+ Cost Reduction Programme focus on standardised components and repeatable designs • **Adding value** by **reducing variability** in component specification at Nottinghamshire • **Innovative oval design** at Prestwich young people's mental health facility • **3D modelling** helps to bring QVH theatre redesign **within budget** • **Open-book processes** add value to **flagship** facility in Barrow-in-Furness • FAQs: acceptance and **approval**, plus **defined costs**

UP TO 37% SAVINGS
hard flooring

Substantial savings with standardised components – see page 4



above A bedroom at the Langdon site.

“going through the **selection process** in a relatively **informal** setting gives you a **huge** amount of **scope...** even at that stage, the PSCP was prepared to **collaborate**”

Jim Masters
Projects director
Devon Partnership NHS Foundation Trust

worked in partnership with PSCP Interserve and the Department of Health at the outset to make full use of the ProCure21 mechanism. The first challenge was to bring the design within budget: “Our target was to get the building down to £25.3m, from its original £45m,” says Jim Masters. “In the end, not only did we achieve this, but even exceeded it, as there was a significant gainshare returned to the Trust.”

Interserve was chosen as the PSCP partly on the strength of partner architect Devereux’s design, “which fired the imagination of our staff and the Trust board,” says Craig O’Dwyer. Integrating all the extensive facilities with line-of-sight security, the design is split into separate wards, each of which has a smaller open-access version of the large central courtyard with raised beds and different designs and decoration to mark the patients’ progression from admission to discharge.

The second major factor in the Trust’s choice of PSCP was Interserve’s experience in mental health construction and its willingness to work with a Trust that had no previous experience of ProCure21. Interserve’s ProCure21+ operations manager Graham Ward described the PSCP’s approach: “We did joint training and some dummy runs of specific processes and events, and the Trust were prepared to have informal chats about perceived risk and how to manage and mitigate it, which was very helpful. They were happy to ask for help – they had a very collaborative approach to gaining understanding.”

From the Trust’s point of view, the framework allowed them to select “exactly the right PSCP”, says Jim Masters: “To be able to go through the selection process in a relatively informal setting – where we can ask the right questions and work out whether the candidates are answering the brief and are being innovative – gives you a huge amount of scope to understand all the different elements that the supply chain you choose is bringing to the table. Even at that stage, the PSCP was prepared to collaborate, listen and understand our needs as a client.”

“Collaborative” is the word that comes up time and time again in both PSCP and Trust accounts of the scheme’s progress. Internal layout was developed with detailed input from nursing staff, clinicians and estates personnel including infection control and security staff, with all internal and external facilities conforming to excellent line-of-sight standards.

Use of the framework also enabled both PSCP and Trust to be flexible in response to non-programmed events – such as the publication of new Department of Health guidance on medium-secure mental health facilities just after the design had been accepted. The PSCP worked closely with the Trust to provide alternatives to meet or exceed the new guidance, including rigorous testing: “It was a lot of legwork, but we were efficient about it, and that plus the partnership approach that the Trust took to solving this problem meant we were able to be commercially sensitive to their needs,” says Graham Ward.

A £1.2m enabling works package was put in hand at the outset, including bulk muck shift, creation of an access road that was also used later by all construction traffic, storm water drainage, and formation of the construction plateau and infrastructure. Some on-site buildings were demolished and one was converted into a bat house, working in conjunction with a bat ecologist.

Innovation played a major role in the project, particularly in the shape of an early decision to use prefabricated panels in the construction of the building, resulting in cost-savings of £140,000, time-savings of 20 weeks in programme time, and a significant reduction in the weather- and Health and Safety-related risk associated with full on-site construction ("and as the build period spanned the worst winter on record, this was very welcome as it helped us to finish on time despite everything," says Jim Masters). There was also zero waste from the panels: "Everything is designed to standard dimensions, so full sheets can be used even if they're cut," says Graham Ward. The steel frame of the building was constructed as soon as the design was approved, and this reduced risk of on-site delay; roof covering and window installation followed quickly so the building was made watertight very early in the on-site phase.

Building Information Modelling principles were used as part of the scheme, with all drawings and

reports kept on a central server and used to draw up and work with all contract documentation throughout the supply chain. iPads and a site-wide wireless network were used to bring up any documentation and drawings in real-time, "to serve a variety of purposes including communication with everyone from Trust directors right through to the sub-contractors," says Craig O'Dwyer.

The final benefit came in the form of the PSCP's internal employee development scheme, which also added value to the build by constructing a new football pavilion on-site as a separate project to the ProCure21 scheme. A derelict pavilion was demolished and a new one built using surplus materials from the site and labour donated via the Interserve Employee Foundation, "which also enabled two of our carpentry apprentices to gain experience in roof construction," says Graham Ward.

Jim Masters commends the non-adversarial approach facilitated by the ProCure21 framework as "the foundation of everything we did. We liked the open-book accounting, and the way that our issues became the PSCP's issues. We had the usual contractual issues, but at no time did the relationship even threaten to break down. To this day, it remains good, and for me, that's the real added-value that ProCure21 brings." +

Scheme Medium-secure men's mental health unit

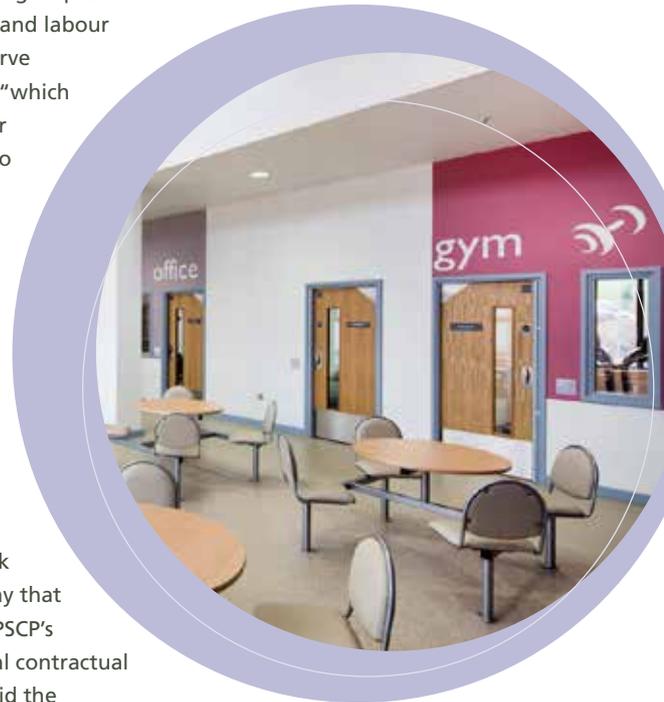
Trust Devon Partnership NHS Foundation Trust

PSCP Interserve

GMP value £25.3m

Date of completion April 2013

Facilities include 60 inpatient bedrooms, extensive therapy facilities, sports barn, computer lab, art and music therapy facilities, multi-use games area, gym, shop



above left aerial view of the 60-bed facility. **above** communal area, bordered by office space and gym

Standardised components and repeatable designs

ProCure21+ to introduce a programme of highly cost-efficient, high-performance repeatable room designs and standard components

In April 2013, the ProCure21+ National Seminar held in London revealed increasing interest in standardised components and repeatable room designs. The

Quality, Innovation, Productivity and Prevention (QIPP) agenda has alerted many Trusts to the need to innovate while simultaneously saving costs, and the imperative of the Government Construction Strategy to achieve a cost reduction target of 14.1% by 2015 has added momentum.

As a result, NHS clients attending the National Seminar were highly enthusiastic about a ProCure21+ initiative to establish standardisation as a means of achieving significant cost reductions and improving patient outcomes for capital schemes.

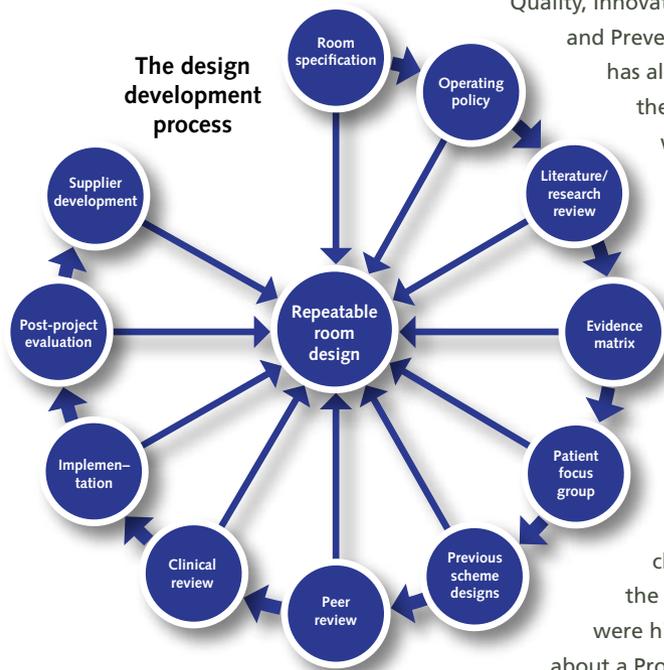
Accordingly, the Department of Health and CEOs from each of the ProCure21+ Principal Supply Chain Partners have agreed to deliver a first 'wave' of proposals by the end of 2013 – the development of five repeatable

room designs and 12 standard components, to be shared across the NHS via the ProCure21+ ProjectShare and StandardShare web portals.

Programme director David Kershaw has overall responsibility for bringing together the collective ProCure21+ knowledge, experience and learning to create the Cost Reduction Programme – an initiative that will deliver or even exceed the requirements of the Government Construction Strategy. He commends the initiative to NHS clients: "This move is an excellent means of achieving improvements in patient outcomes while simultaneously achieving cost-savings that are both required by Government and in the interests of the NHS. It is free of charge to NHS clients, and being embedded in the ProCure21+ framework means it is a robust, tried and tested way of adding extra value to capital schemes."

Repeatable design

The initial five repeatable rooms have been designed for an acute setting (mental health room designs are to follow in 2014) and comprise design options for a single bedroom with en-suite bathroom, a four-bed bay with en-suite, a separate WC as part of the four-bed bay, a 3- and 2-sided



above developing the repeatable room designs and standardised components registers

access consultation/examination room, and a consultation room.

The principles of evidence-based design have been used throughout. A core team of health planners, architects, design managers and cost managers has created initial designs based on an evidence matrix created in collaboration with the Medical Architecture Research Unit (MARU) at London South Bank University.

A patient focus group has been convened to gain direct feedback on existing room provisions, patient preferences and expectations, and future needs. Additionally, an Expert Review Panel, with representatives from relevant disciplines and professional bodies, is being convened to review and comment on the repeatable designs before they are made generally available. Revisions of the designs were presented at IHEEM in October.

All the repeatable room designs will be made available as BIM models containing 2D and 3D drawings, product performance data, maintenance data, costs and programme information as part of a single information repository. The ProjectShare web portal can be used to access the repeatable room designs. As part of the ProCure21+ Club, it can be accessed via the Club website at www.procure21plus.nhs.uk/club.

Component standardisation

"The basic building blocks of each repeatable design are repeatable components," says David Kershaw.

"These are suitable not only for new-build projects, but also for refurbishment schemes where the existing structure will largely dictate the layout."

A number of supplier-led and technical proposals have been accepted into the Cost Reduction Programme as offering either better alternatives, or existing proven products at a new, lower price-point. The first proposals cover hard flooring, suspended ceilings, sanitary ware, lighting, doors and ironmongery, and partitions (see **First standardised components** on right). All these supplier proposals are unique and exclusive to the ProCure21+ framework, and many are associated with significant cost-savings: for instance, the iQ range of Tarkett hard flooring products offers improved lifecycle and up to 37% cost reduction. Another example of improved performance coupled with cost-savings is Medicare Rockfon suspended ceilings, which have a 30-year guarantee, free design service, Class A acoustic properties, Class 1 fire properties and up to 27% cost reduction.

David Kershaw emphasises that none of these proposals are mandatory, and there are no contractual obligations to purchase. There are also no minimum value/quantity requirements, no volume discount or rebate structures with any suppliers, and all unit rates have been benchmarked to confirm best value. "However, NHS clients using the ProCure21+ framework are

There are significant benefits to taking this approach, in terms of **cost-** and **time-savings**

Richard Brown
Associate director,
Nottinghamshire Healthcare
capital planning unit

ProCure21+ First standardised components

Hard flooring

Sanitary ware

Suspended ceilings

Lighting

Doors

Ironmongery

Partitions

encouraged to use these “smarter” buying proposals as the baseline for component specification, representing best value quality and cost,” he says. “The PSCPs will in future adopt these proposals as the baseline specification and for calculation of the Guaranteed Maximum Price, and deviations will be noted as an exceptional cost arising from client instruction.”

ProCure21+ Second wave of standardised components

| | |
|--------------------|--------------------------|
| Chillers | BMS |
| Boilers | Fire/smoke dampers |
| CHP | Insulation |
| Air handling units | Distribution boards |
| Handwash stations | Medical gases |
| Bedhead trunking | Pipework (push fittings) |
| Fire alarms | Bathroom pods |

A number of additional standard components are currently being considered by the PSCPs, focused particularly on M&E components and those that impact on repeatable room design. These include units such as chillers, boilers, CHP, air-handling systems, nurse call systems, insulation, fire/smoke dampers, bathroom pods and clinical hand-wash systems amongst others (see **Second wave of standardised components** on this page).

The proposals will be accessible via StandardShare, the ProCure21+ web portal, which can be accessed via the ProCure21+ Club at

www.procure21plus.nhs.uk/club

The cost reduction programme and ProCure21+

David Kershaw acknowledges that the initiative is only the beginning of a continuous development process: “Product and design innovation, responding to in-use feedback, improvements in clinical care and changing patient needs, will be captured and will contribute to the evolution of repeatable room design moving forward,” he says.

To facilitate and manage this process, the ProCure21+ Principal Supply Chain Partners are to host a forum to review the repeatable room designs on a regular, ongoing basis.

The Department of Health’s commitment to repeatable room designs and standardised components as a basis for achieving the cost reduction targets is evident from the fact that the initiative has been written into several key documents including the ProCure21+ Client Charter, the Works Information template, the GMP checklist and the project manager roles and responsibilities, as an indication of its value.

Guidance Note 19 has now been published to confirm access to, and the use of, the first wave of standard components. See www.procure21plus.nhs.uk/club +

UP TO
37%
SAVINGS
hard
flooring

UP TO
27%
SAVINGS
suspended
ceilings

Adding value by reducing variability in component specification at Nottinghamshire Healthcare NHS Trust

focus

Nottinghamshire Healthcare NHS Trust is ahead of the curve. The Trust's capital planning unit has a blend of both private/public sector backgrounds along with commercial and technical skills, and is ensuring that the Trust's capital programme is already meeting the savings, efficiency and quality requirements of the ProCure21+ framework and the Government Construction Strategy – in some cases even exceeding them. The strategy is partly about reducing the potential variability in design – and careful component specification, with the Trust's consultant designers, can save money and increase supply chain efficiency.

The capital planning unit was established in 2004, specifically to manage high-value construction projects that associate director Richard Brown calls "step-change projects" – those transformational projects where the clinical model, the location or the working procedures are changing in line with the Trust's overall vision and business plan.

Part of the Trust's approach to its capital programme is to standardise, as far as possible, the fixtures and fittings used in its buildings. Beginning two years ago,

Richard Brown and his colleagues began to draw up a matrix of key components such as flooring, doors and door frames, ironmongery, windows, curtain walling, light fittings, ceilings and sanitary ware as used in its current buildings, and tested to Home Office standards for NHS mental health facilities. The matrix is also hyperlinked to product data sheets and operating and maintenance manuals, providing an information repository or library for future use.

Equally important, says Richard Brown, "is our work around innovation, where we influence suppliers to design or modify products to meet our stringent requirements. These then become our new standard. We are continually looking ahead for better ways of delivering schemes and sharing these with other Trusts."

He adds: "Our objective is to provide a clean, fit-for-purpose, safe, secure and therapeutic environment for patient recovery that is affordable and supports the provision of high-quality services sustainable over the long-term."

"Our capital plans align to the Trust's

business plan," he continues. "The estates strategy and plan articulate our five-year capital requirements, which we share with our Principal Supply Chain Partner. In this way, the delivery team, comprising our PSCP, design consultants and suppliers, are aware of the bigger picture, as we manage with less capital."

In conjunction with the Trust's PSCP Balfour Beatty, the capital planning unit's approach to delivering best value has helped to specify components. Balfour Beatty has completed the refurbishment of two wards in the Trust's low-secure forensic hub, and will shortly complete a new-build assessment and treatment unit for patients with learning disabilities. Work is currently ongoing with further schemes at the Trust's medium-secure hospital in Leicester and the high-secure Rampton Hospital.

"For these projects, we aim to continue delivering best value through reduced capital, and to build on our work around product specification and component design. There are significant benefits to taking this approach, in terms of cost- and time-savings," says Richard Brown. +

ProCure21 & ProCure21+ projects completed last quarter

| Trust | Project title | PSCP | Completion date | GMP £m |
|---|--|-------------------------|-------------------|--------|
| Liverpool Women's NHS Foundation Trust | Big Push & Centre for Better Births | Laing O'Rourke | 11 July 2013 | 9.62 |
| Royal Devon And Exeter NHS Foundation Trust | Aseptic Suite | Laing O'Rourke | 23 August 2013 | 6.11 |
| South West Yorkshire Partnership NHS Foundation Trust | Ward 18 Priestly Unit Upgrade | Interserve Health | 30 September 2013 | 2.1 |
| University Hospital Southampton NHS Foundation Trust | WISH project, Level F, BRU Building | Kier Regional Ltd | 1 July 2013 | 0.88 |
| Airedale NHS Foundation Trust | Provision of Endoscopy Unit | Willmott Dixon Holdings | 4 July 2013 | 2.56 |
| Plymouth Hospitals NHS Trust | Specialist Services, Oncology & Blood Services | Balfour Beatty Group | 8 July 2013 | 2.04 |
| Isle of Wight NHS PCT | Maintenance works 2012/13 | Balfour Beatty Group | 26 July 2013 | 2.25 |
| University Hospital Southampton NHS Foundation Trust | Teenage Young Adult Unit | Kier Regional Ltd | 29 July 2013 | 1.41 |
| University Hospital Southampton NHS Foundation Trust | Haematology Day Unit | Kier Regional Ltd | 29 July 2013 | 1.06 |
| University Hospital Southampton NHS Foundation Trust | Retinopathy | Kier Regional Ltd | 23 August 2013 | 0.18 |
| University Hospital Southampton NHS Foundation Trust | Lifelab | Kier Regional Ltd | 9 September 2013 | 1.3 |

Prestwich meets holistic mental health needs with ProCure21+

Greater Manchester West Mental Health NHS Foundation Trust and ProCure21+ PSCP IHP have worked together to design and build a new 20-bed mental health centre at Prestwich Hospital. Known as Junction 17, the new £10m facility incorporates open internal garden space, ensuite bathrooms, lounges, games and recreation areas, together with a family visiting space, and will specialise in the assessment and treatment of young people with a range of mental health issues including anxiety, depression, self-harm, eating disorders and psychosis.

ProCure21+ was used to help the design, planning and construction of the new unit, and to incorporate an attached education facility known as Cloughside College, which continues the education of inpatients alongside treatment and therapeutic work. An innovative oval design in the main unit enables staff to view the whole length of the corridors from nursing office areas, thereby providing excellent 'line of sight' facilities and meeting the most recent guidance on mental health buildings.

Trust director of nursing and operations Gill Green says that the new facility will have a "massive influence on how patients feel. Research has even suggested that recovery times can improve when patients are cared for in an attractive and therapeutic environment."

"The new unit will allow the Trust to more efficiently and effectively meet the holistic care of patients," says IHP regional director Mark Thomas. "The modern space and comfortable environment will make a real lasting difference to patients and their families." +

ProCure21+ and 3D modelling save time and cost at QVH

Queen Victoria Hospital's ten-year programme of modernisation began with the redevelopment of its operating theatres. Famed for their pioneering reconstructive surgery after World War II, the theatres had become dated and not able to meet the requirements of current guidance on surgical spaces. ProCure21+ was used as the procurement route to design and construct the first six of a new ten-theatre surgical block at the heart of the hospital, based in East Grinstead.

PSCP Willmott Dixon worked together with the Trust to introduce the ProCure21+ methodology. "QVH is a very small Trust, and as a client they openly acknowledged that as they'd never used ProCure21 before they would need some support during the pre-construction, design and development phases," says Willmott Dixon's regional health manager Mike Willcox. "That allowed us to build an excellent working relationship, with good communications."

The PSCP used 3D modelling and some areas of Level 2 Building Information Modelling to help Trust staff visualise the proposed works. "The real benefit was to the stakeholders," says Mike Willcox: "They could immediately see

what the room would look like, and as we showed them fully loaded room layouts they were able to understand how they would use the space."

Architects, M&E sub-contractors and Trust Board members also used the models in a process that added "significant value" to the pre-construction phases: "We were able to use the model as a departure point for discussions with some key parts of the supply chain, as well as our clients, and that helped with the value management that was key to bringing the project as a whole within budgetary constraints," says Mike Willcox. "The first phase went so well that the Trust instructed us to progress the remaining four theatres and these are due for delivery in the spring." +

below interior at Junction 17: "recovery times can improve in an attractive and therapeutic environment"



top 3D visualisation of theatre space at QVH
above actual theatre space

Affordability is key to success for Barrow mental health scheme

ProCure21+ adds value to flagship scheme with open-book processes and partnership working

The £5m inpatient modernisation project at the Dane Garth dementia and acute mental healthcare facility in Cumbria was a challenging one. But ProCure21+ and PSCP Balfour Beatty helped the scheme to come in “on programme, within budget and meeting the Trust’s expectations,” says Stephen Prince, Cumbria Partnership NHS Foundation Trust estates facilities and capital investment manager.

The scheme, handed over in May 2012, was part new-build and part refurbishment, delivered in two phases to allow the existing acute mental health facility to remain operational throughout, while also maintaining specialist security measures.

The PSCP implemented specialist technology to reduce vibration and employed silent demolition techniques to ensure minimum disruption to service users.

Key to the success of the exacting programme of works

was excellent communication. The whole project team, including the PSCP, operated out of shared offices during design and construction stages, “which was the catalyst for the successful outcome of the project,” says Stephen Prince. Balfour Beatty project manager Clive Pirrie describes the process: “Each week we had a formal meeting to discuss any issues arising, to report on progress and to analyse performance. In that way, we were able to spot slippage and correct it, because it was vitally important to the Trust that the project ran to time.”

The new design provides a range of acute mental health and dementia services, including therapeutic spaces and 100% single bedrooms with ensuite bathrooms; it also meets current guidance on improved patient privacy and dignity.

The BREEAM rating was carefully managed by the PSCP to balance the shortfalls of the existing building with the higher ratings of the new-build part of the scheme. Clive Pirrie explains: “We were able to score well on key areas such as local transport and travel distances, and the provision of cycle racks. One of the main areas was ecology – the excavated spoil that we didn’t remove from site was landscaped and



above Entrance to the Dane Garth facility **right** Internal waiting areas with decorative roof-work and information screen



seeded for flora and fauna. We also maximised the insulation properties for the new-build section, and used PIR controls for lighting to achieve good energy savings." As a result, Dane Garth achieved a BREEAM Very Good rating overall.

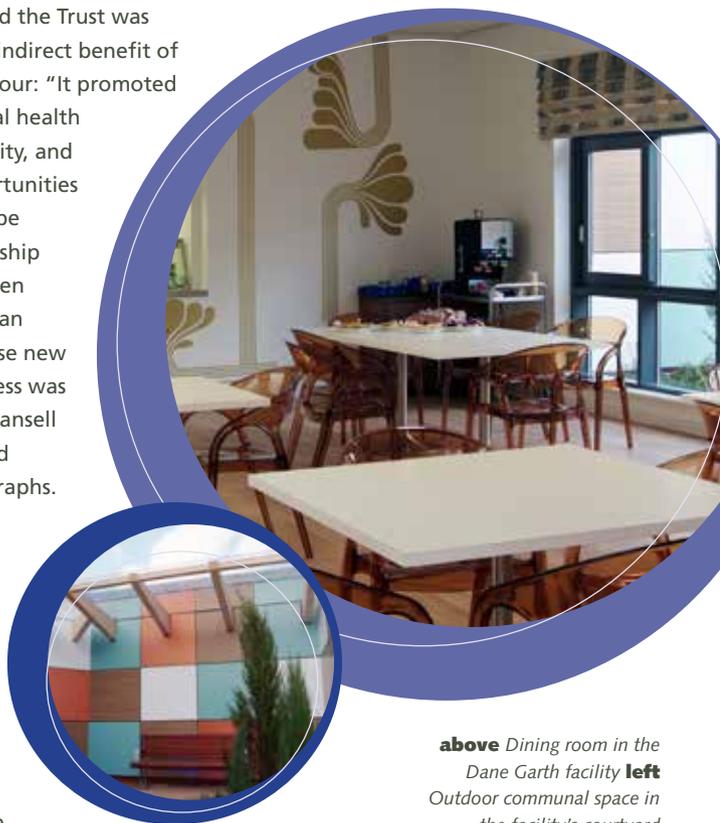
Affordability was key to the scheme, and from the outset the PSCP employed value engineering techniques to replace key components with better-value substitutes of equal or greater performance. Examples include the replacement of resin-bound gravel in outdoor areas with coloured concrete hard landscaping, and extensive market testing on isolated power supply units and associated mechanical and electrical components. The Trust played its part too: "Robust application of the commercial management process allowed us to accurately forecast and manage the cost of the project and achieve necessary changes within the overall budget," says Stephen Prince.

KPI targets set by the PSCP at the outset included local labour in the supply chain: 10% of the labour force was to come from within a 20-mile radius of the Barrow site, 25% from within a 35-mile radius, and 75% from within a 50-mile radius. However, the PSCP had to work hard to engage local suppliers: "At the outset, it didn't generate the level of interest we'd hoped," says Clive Pirrie. "We held a 'meet the buyer' day before the job started, and sent a letter to all possible sub-contractors." The hard work paid off: in the event, Balfour Beatty's targets were exceeded by an

average of 43%, and the Trust was delighted with the indirect benefit of employing local labour: "It promoted awareness of mental health within the community, and created some opportunities for service users to be involved in this flagship project," says Stephen Prince, referring to an ex-service user whose new photography business was commissioned by Mansell to take progress and completion photographs.

ProCure21+ was perceived as adding significant value to the scheme overall. "The biggest benefit from our point of view is the real buy-in from the client," says Clive Pirrie.

"The open-book process isn't just about accounting, it's an ethos of transparency that runs right through the scheme, from client to PSCP and vice versa, about everything." He cites the example that Balfour Beatty were able to demonstrate inaccuracies in the original bid, using the joint risk register as a tool for not just sharing risk but sharing the mitigation and management of those risks. Stephen Prince agrees: "The ProCure21+ use of management tools such as early warnings, risk reviews and compensation events allowed issues to be brought out into the open and resolved by the team before they became problems or added cost to the Trust or delivery partner." +



above Dining room in the Dane Garth facility **left** Outdoor communal space in the facility's courtyard

"the policy of employing local labour promoted **awareness** of mental health within the **community** and created some **opportunities** for service **users** to be involved in this **flagship project**"

Stephen Prince
Capital investment manager
Cumbria Partnership NHS Foundation Trust



FAQs

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

Question ProCure21+ Template A (page 63) requires the PSCP to submit to the NHS client the "Gateway Form of Scheme Proposal: Stage 4 Completion of the substantial design, construction and handover" for acceptance. We have a dispute on the acceptance of the design and ask "What is the status of this document and its attachments once acceptance is confirmed by the NHS client and PSCP engrossing Appendix C to the Form of Agreement?" Work has progressed, and the *Supervisor* says that rooms are not compliant with Health Building Notes or other standards, etc. Our GMP submission included a full dossier of design drawings and derogations. We contend that acceptance of the submission by the client is acceptance of the design.

Answer The ProCure21+ Works Information supported by NEC3 Clause 21 identifies the requirement for the PSCP to design the works and receive confirmation of acceptance of the submitted design from the *Project Manager* before proceeding with the relevant work.

It is essential that during the design process the PSCP uses the ProCure21+ Contract Administration Pro Forma 10 to record design submissions and *Project Manager* acceptances. It is not the *Employer* who accepts the design, albeit the *Project Manager* consults with the *Employer* under delegated authority or appointment.

Acceptance of design by the Project Manager does not only occur at the time the GMP is submitted to the Employer by the PSCP; it should be a continuous process throughout design and GMP development (using Pro Forma 10 at key points in the design development programme including critical areas) and not just when design packages are submitted for acceptance.

The status of the 'Acceptance document' is that it is subject to the PSCP following the ProCure21+ processes and procedures during the course of developing and agreeing the design and GMP. The PSCP should also ensure that 'Works Information, Site Information and Contract Data Part one', which are *Employer*-owned documents even where prepared by the PSCP, are formally adopted by the *Employer* and Advisors prior to GMP submission, to ensure there are no disputes over content during the contract delivery in Stage 4.

It is important to note that "acceptance" is not the same as "approval" in that it does not remove design liability from a PSCP. NEC3 clause 14.1 states "The *Project Manager's* or the *Supervisor's* acceptance of a communication from the *Contractor* does not change the *Contractor's* responsibility to Provide the Works or his liability for his design." +

Question We have completed work at Site and have received the Project Manager's Certificate of Completion Pro Forma 23. We are now finalising paperwork, invoices and subcontract accounts in our local office as well as rectifying some Defects. The Project Manager is refusing to certify these Defined Costs.

Answer Regarding work in your local office: Defined Cost is only applicable for work undertaken within the Working Areas (it is not acceptable to include the local office as 'an additional Working Area').

It is acceptable for some work to be undertaken in your local office prior to Completion, providing the intention is clearly stated in the GMP build-up, showing identified staff who are not included in the office overhead and accepted by the NHS client.

Defined Cost for such people is as the Amended Schedule of Cost Components. If such costs are identified after agreement of the GMP, the GMP cannot be increased to allow for them.

NEC3 11.2(25) states "the cost of correcting Defects after Completion is a Disallowed Cost." PSCPs should actively pursue the ProCure21+ policy of No Defects at Completion (Works Information 1.2). +