



**4** Testing the new **repeatable mental health room design**



**7** **Cost, time and risk savings** with mandatory BIM by 2016

news, views and information from ProCure21+

# plusnews

June 2014



## ProCure21+ keeps pioneering hospital at forefront

Trust's first ProCure21+ scheme was delivered four weeks early and significantly below budget

**Queen Victoria Hospital in East Grinstead is a site of national significance in the English healthcare system: opened in 1937 as a pioneering centre for reconstructive surgery,** it became famous for its work with the badly burned and disfigured veterans of World War II – otherwise known as the Guinea Pig Club. Now the hospital is a renowned centre for burns and reconstructive surgery. Three years ago the Trust embarked on a programme of rebuilding its famous theatres to

make them fit-for-purpose for modern keyhole and reconstructive surgery.

"The hospital as a whole – including the theatres – had grown as a result of historical accident, rather than design," explains Trust programme director Heather Bunce. "They had become old and outdated; some of them originated from the 1940s and 1950s, and we weren't achieving the throughput we needed because only specific operations could be carried out in some theatres

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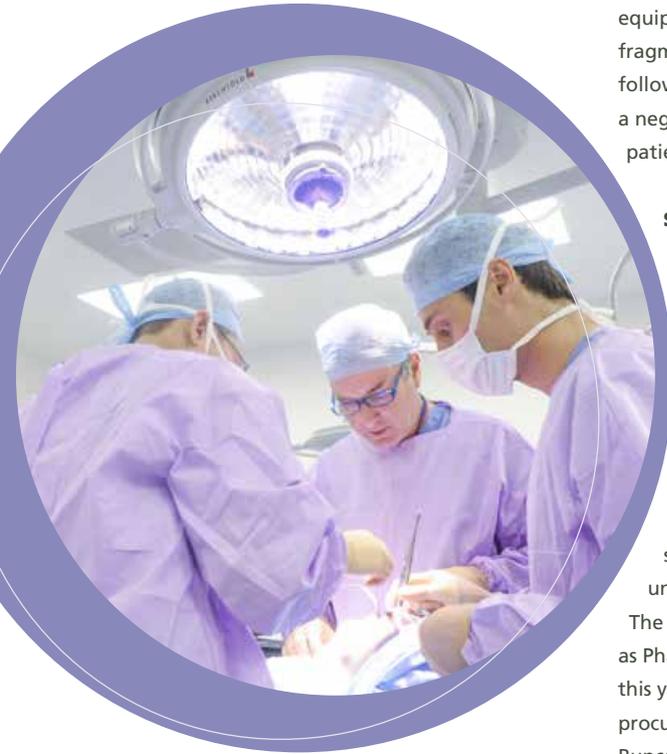
**top** The original site layout of QVH, dating from the 1930s  
**above** Aerial shot of the new theatres block, at the heart of the existing hospital site

## in this issue

Repeatable Rooms and Standardised Components move into **mental health** with two single bedrooms for organic and functional illness • Interserve wins **Best of BREEAM** award for work on **Nottingham City Hospital** scheme • **Cabinet Office** says mandatory BIM will bring **cost, time and risk savings** to ProCure21+ schemes • Updated **NHS Premises Assurance Model** is launched at HefmA conference • **New IA** aims for growth and upskilling • FAQs on '**no defects at completion**'



**Above** Elaine Neal, design management assistant at Interserve, carries off a Best of BREEAM award for the PSCP's work on Nottingham City Hospital **page 6**



**above** Surgeons operating in one of the ten new theatres at Queen Victoria Hospital

## video



Matron **Jo Davis**, estates manager  
**John Trinick**, PSCP project manager  
**Mike Willcox** and P+HS lead architect  
**James Gordon** discuss the use of  
 ProCure21+ at Queen Victoria Hospital  
[Watch the video on the  
 ProCure21+ website](#)

due to limitations of size, shape and equipment." Patient flow was also fragmented, with patient journeys following disjointed routes; this had a negative impact on footfall and patient/staff experience.

### Strategic review

A strategic estates review considered patient pathway redesign, and prioritised the operating theatres for redevelopment to achieve the key objective of operational efficiency. Phase One of the programme saw six theatres rebuilt, forming a purpose-built surgery block with a day surgery unit and supporting infrastructure.

The remaining four theatres followed as Phase Two, handed over in February this year. ProCure21+ was chosen as the procurement framework because, as Bunce says, it gave the opportunity of "true partnership working... we were new to the framework and our PSCP (Willmott Dixon) worked very closely with us to help us get up to speed with the framework." The PSCP team co-located to the Trust's estates office, where they shared desks in the same space as the estates team: "There was no demarcation – it made it so much easier, quicker, more efficient, and even more importantly, it gave us all a shared sense of purpose," says Bunce.

Stakeholder engagement was made more efficient by the use of some Building Information Modelling techniques, including the use of 3D models that were used by the PSCP team to help clinicians visualise layouts, equipment and spaces. "They found it very helpful, because it meant they could see, discuss and adjust exactly what they were getting. It also meant

there was minimal disruption to their working day," says Bunce. "Effectively we ended up taking just an hour of their time once a week or once a fortnight, depending where we were in the programme."

The initial enabling works were extensive, with 17 department relocations including the estates and facilities department itself. The existing health records and outpatients buildings were then demolished to make way for new structures. Enabling works were further complicated by the adjacency of ancient woodland carrying three separate preservation orders and containing a host of wildlife including bats, great crested newts and wild orchids. Translocation of species was successfully carried out, and wildlife is now thriving on an area adjacent to the new facility.

### Disruption risk

Just as sensitive were the Corneo Plastic Eye Clinic, Peanut children's Ward, Burns Centre and Blond McIndoe Research Facility, all of which ran a full programme of work every day while construction was under way immediately next to their buildings. The PSCP developed a little-used rear access road to the estate, ensuring construction traffic was separated from the rest of the site, and avoided importing expensive granular materials to fill below a second, separate new access road by re-engineering and reusing suitable excavation and demolition material. Both roads saved cost and significantly reduced vehicle movements on and off the estate – which was important not only to the Trust, but also local residents.

*continued over...*

Remaining disruption risk was minimised by close working with the clinical teams: "During the whole eighteen-month construction period, the works were planned so carefully that we only had to stop the theatre programmes once, and even then only for a two-hour stretch," says Bunce. "I consider that a triumph of partnership working and planning."

#### Modular solution

At the outset of the scheme, the PSCP inherited a volumetric design developed during the feasibility stage of the theatre works; to determine its suitability and affordability, an early mini-competition was held, and the volumetric solution was found to be unaffordable. Following an options appraisal review of alternative solutions, the decision was taken to use a pre-insulated light-gauge steel-framed modular solution for the main structure of the new facilities, for reasons of cost and speed-to-build. As a result, the programme timings and risk were reduced, with the buildings becoming watertight very quickly after construction began on-site.

"Using the ProCure21+ framework allowed us to work alongside the Trust in value-managing the scheme much more effectively," says Willmott Dixon project manager and health manager Mike Willcox. "That was also aided by the co-location – we could interrogate the scheme and the design in conjunction with Trust staff, discuss ideas and potential risks, and find a truly cost-effective solution. Dialogue was both easy and effective."

Astonishingly, given the weather conditions throughout the build period, the new theatres were handed over

four weeks ahead of schedule. Not only that, but the scheme came in under budget – final accounts were being agreed at the time of handover, with savings returned to the Trust and the PSCP in accordance with the ProCure21+ framework gainshare arrangements.

"This was a fantastically successful project," says Bunce. "I don't think we ever envisaged it would be this successful. We have superb quality buildings and our efficiency on elective surgery has increased. The clinicians love it, and from an estates point of view it's much easier to maintain and manage." +

**Scheme** Queen Victoria Hospital elective surgery theatres rebuild

**Trust** Queen Victoria Hospital NHS Foundation Trust

**PSCP** Willmott Dixon

**GMP value** £11.9m including Stage 3 fees and enabling works

**Date of handover** 17th February 2014 (four weeks ahead of schedule)

**Facilities include** 10 operating theatres, admissions suite and day surgery unit

**Floor area** 2,860m<sup>2</sup>



**Above top** Section of 3D model used to help stakeholders visualise the completed rooms

**Above** The pre-insulated light-gauge steel-framed modular walling system being erected on-site in September 2013

# Repeatable rooms and standardised components: for mental health

## Following its successful launch and adoption programme for acute care environments,

the ProCure21+ Cost Reduction Programme's initiative on Repeatable Rooms and Standardised Components has rolled forward into

the mental health sector. The programme is currently some three-quarters of the way towards being ready to launch a repeatable bedroom design, together with a set of standardised components, suitable for mental health environments.

The repeatable bedroom has been designed as a result of an extensive consultation process, in conjunction with a range of stakeholders including patients, clinicians and supply chain

representatives. The process began with a literature review in conjunction with the Medical Architecture Research Unit at London South Bank University: an assessment and evaluation process was used to produce an evidence matrix, showing correlates between design features and patient/staff outcomes. This matrix was then used to assess the experience base of existing room designs. The resultant assessment schedules help

to quickly identify design solutions that can inform the repeatable room design.

"There is a surprising scarcity of research relevant to the mental health bedroom, and so we used learning gained from the design process for the acute single bedrooms to structure a questionnaire for use in interviews with mental health Trusts, supplementing the literature review," explains ProCure21+ PSCP programme director David Kershaw. Following this, an Expert Review Panel assessed and modified initial designs.

## Evaluated and updated

These designs have now been evaluated during room testing with clinical staff, at healthcare supplier Arjo Huntleigh's showroom in Houghton Regis. Designs have been further updated following these tests, where pinch-points and operational procedures require.

The latest development designs were recently presented to the Designing In Mental Health Network conference. Further reviews are planned with patients and DiMHN delegates before considering the next process step of a Technical Review to test the designs and ensure suitability for purpose.

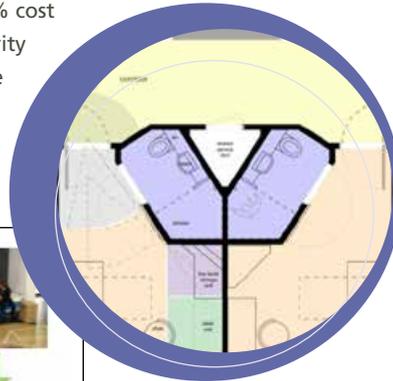
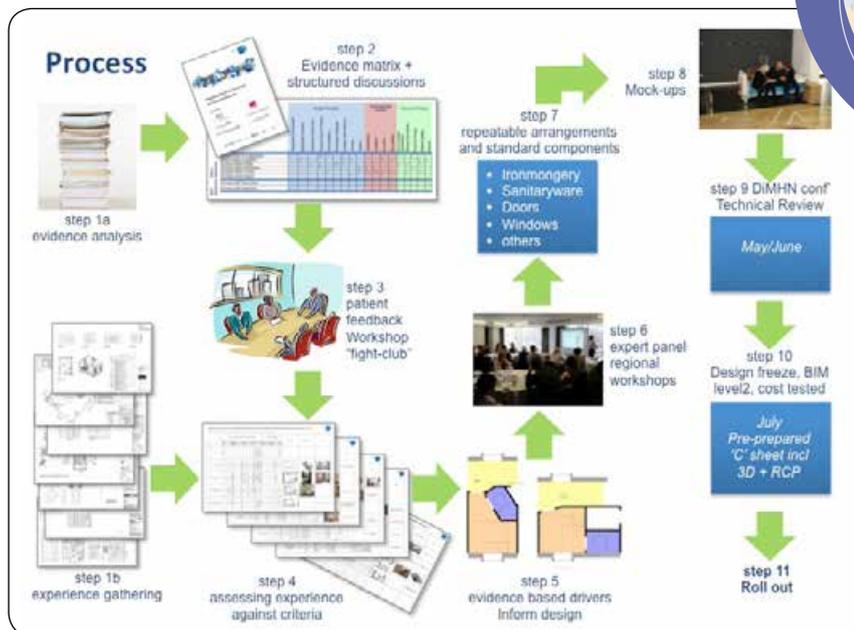


**above** Testing the new functional Mental Health single bedroom repeatable room design

The mental health repeatable bedroom is intended for two specific care groups: adults with functional mental illness, and adults with organic mental illness. Consultation discovered a requirement for balance between two overlapping but different sets of needs, balancing the risk of violence/aggression and patient self-harm with the need to help prevent patient falls, use age-appropriate fixtures and fittings, and provide for assistance with mobility.

With the design developing well, attention has now turned to defining standardised components, to include anti-ligature doorsets and ironmongery, sanitary ware and lighting. According to experience with the adult acute bedroom, there is potential for up to 10% cost reduction, and the majority of this will stem from the components used. From an ongoing survey, the cost range to date of

**below left** Detail from the single bedroom repeatable room design for mental health  
**below far left** The process of designing the repeatable rooms for mental health environments



Next steps for the mental health programme include a workshop for older adult patients and their carers. Following evaluations and modifications from a patient and expert panel, plus a technical review, rollout is expected in the late summer of 2014. A Building Information Modelling (BIM) model will be constructed, together with visualisations and 3D models.

The resulting standard 'organic' mental health repeatable single bedroom has a sightline from the door, daylight and views to the exterior, anti-ligature fixtures and fittings, and has a combined bedroom and en-suite footprint between 17 and 19 square metres.

existing projects is already £10K on just these few components alone. As with the acute bedroom, the MH design and potential cost reductions will be achievable whether used as a package solution for new-build schemes or independently as part of a refurbishment project.

The Cost Reduction Programme team recognises the need for additional feedback on the mental health programme, and invites mental health Trusts to participate by completing a questionnaire and by sharing the all the input reviews and workshop output reports on the Club website (see *Guidance section*). For more information, please email [p21helpdesk@dh.gsi.gov.uk](mailto:p21helpdesk@dh.gsi.gov.uk) +

## Interserve is Best of BREEAM with Nottingham City Hospital

**This year's Best of BREEAM Awards saw first place going to Interserve** for its construction work on the Elective Orthopaedic Theatre building at Nottingham City Hospital – a ProCure21+ project.

The Elective Orthopaedic Theatre building scored 78.81% on the BREEAM specification, design and construction assessment scale at the pre-construction stage. A panel of judges, comprising the Green Building Council, the Crown Estate, the Cabinet Office, CIBSE and the chair of BRE Global, voted the building design and the teamwork behind the BREEAM process to be the winner.

"The long-term partnership between the Trust and Interserve has allowed

them to develop their approach to sustainability and BREEAM," said Elaine Neal, Interserve's BREEAM co-ordinator for the project. "The construction team was involved at design stage, which will provide momentum and continuity when the scheme seeks post-construction BREEAM rating."

The Elective Theatres building is located on Nottingham's City Hospital campus, and will have a floor area of 2,058m<sup>2</sup>, providing surgical facilities for injuries and musculoskeletal conditions. It incorporates a number of environmentally responsible features that were noted in the award, including reduced carbon emissions, efficient water use, life cycle costings used in main building element selection, site waste management plan focused on waste prevention, and the use of low-impact, responsibly sourced materials. The Theatres building is due for handover in March 2015. +



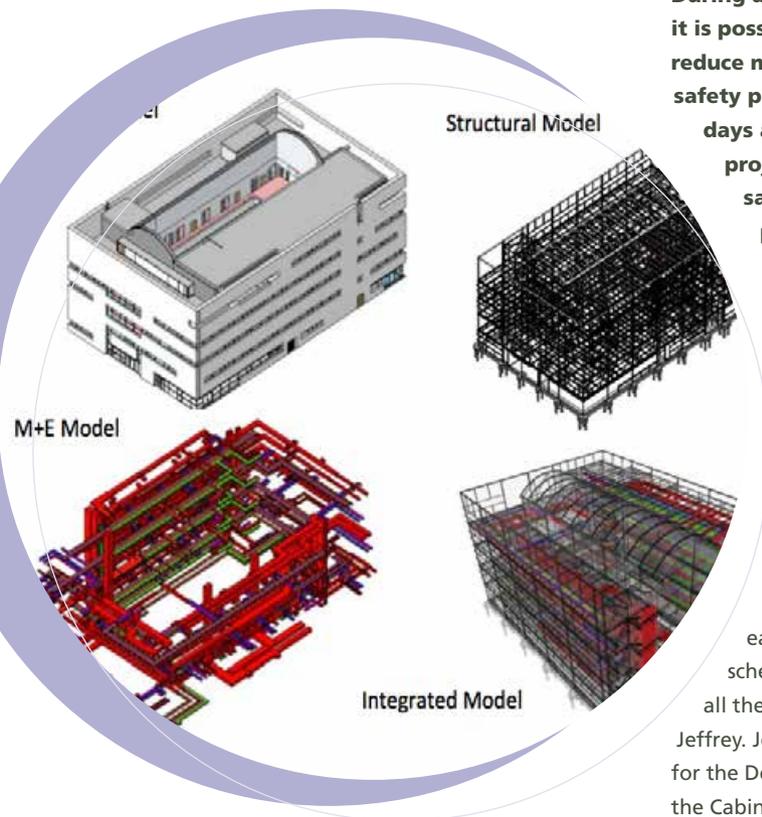
**above** Pictured at the presentation of the award are - left to right - Richard Hardy, MD of BRE Global; Elaine Neal, design management assistant at Interserve; Mark Pendry, BREEAM assessor at Gleeds; and Michaela Strachan, TV wildlife presenter

## Projects completed January to May 2014

Trust	Project title	PSCP	Completion date	GMP £m
West London Mental Health NHS Trust	Secure Perimeter works	Willmott Dixon Holdings	07 January 2014	1.51
West Hertfordshire Hospitals NHS Trust	CHP Project	Integrated Health Projects	14 January 2014	1.91
Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust	80-bed MH Hospital, OPD, Community Base, Acute Day Hosp & other Clinical Support/Admin Space	Kier Regional Ltd	17 January 2014	22.60
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Grimsby Decant Ward - Project 2	Balfour Beatty Group	20 January 2014	0.42
West London Mental Health NHS Trust	New Access Road	Balfour Beatty Group	24 January 2014	8.20
Calderdale and Huddersfield NHS Foundation Trust	Ward 8 Refurbishment HRI	Interserve Construction Ltd	27 January 2014	1.80
Royal Devon and Exeter NHS Foundation Trust	Research Innovation Learning Development Centre	Interserve Construction Ltd	31 January 2014	19.69
Royal Liverpool and Broadgreen University Hospitals NHS Trust	New Multi-Storey Car Park	Integrated Health Projects	03 February 2014	8.20
Royal Cornwall Hospitals NHS Trust	Trelawny Theatres and Recovery Reconfigurations & Integrated Laparoscopic Theatre Installations	Balfour Beatty Group	10 February 2014	2.45
University Hospital Southampton NHS Foundation Trust	North Wing Assessment Lounge	Kier Regional Ltd	10 February 2014	0.47
Hertfordshire Partnership NHS Foundation Trust	Project 7 - Hub 6 - Rosanne House, WGC	Interserve Construction Ltd	10 February 2014	1.31
Queen Victoria Hospital NHS Foundation Trust	New Theatres Block	Willmott Dixon Holdings	17 February 2014	11.75
Great Ormond Street Hospital for Children NHS Foundation Trust	Same Day Admissions Unit	Balfour Beatty Group	24 February 2014	1.60
Countess of Chester Hospital NHS Foundation Trust	Countess Development	Integrated Health Projects	27 February 2014	9.62
Northamptonshire Healthcare NHS Foundation Trust	Older Persons Unit (OPU)	Balfour Beatty Group	03 March 2014	50.2
University Hospital Southampton NHS Foundation Trust	Countess Mountbatten Hospice	Kier Regional Ltd	17 March 2014	0.43
Royal United Hospital Bath NHS Trust	RUH Bath NHS Trust Relocation of Pathology Sciences	Kier Regional Ltd	17 March 2014	9.07
The Christie NHS Foundation Trust	Young Oncology and Haematology & Transplant Units	Interserve Construction Ltd	17 March 2014	10.15
The Christie NHS Foundation Trust	Brachytherapy Unit	Interserve Construction Ltd	17 March 2014	3.30
Colchester Hospital University NHS Foundation Trust	Colchester Radiotherapy Reprovision Services for NE Essex (Retitled from Cancer Centralisation)	Interserve Construction Ltd	31 March 2014	18.49
South Devon Healthcare NHS Foundation Trust	DCP - Infrastructure Services Upgrade	Medicinq	10 April 2014	10.00
Great Ormond Street Hospital for Children NHS Foundation Trust	Angio Theatres and PACU	Balfour Beatty Group	17 April 2014	9.70
University Hospitals of Bristol NHS Foundation Trust	Centralisation of Specialist Paediatric Services	Laing O'Rourke	18 April 2014	15.15
Great Ormond Street Hospital for Children NHS Foundation Trust	Badger Ward	Balfour Beatty Group	30 April 2014	2.39
Gloucestershire Hospitals NHS Foundation Trust	Hereford Satellite Radiotherapy	Balfour Beatty Group	30 April 2014	3.16
Somerset Primary Care Trust	Bridgwater Community Hospital	Integrated Health Projects	30 April 2014	20.86
Devon Partnership NHS Trust	Langdon Hospital Minor Works	Interserve Construction Ltd	16 May 2014	2.00
Hinchingbrooke Health Care NHS Trust	Fire Alarm and Emergency Lighting Upgrade	Kier Regional Ltd	16 May 2014	1.57

# Mandatory BIM brings cost, time and risk savings to ProCure21+ schemes

Benefits of BIM are “vast and far-reaching” says Cabinet Office health support officer



above BIM is a collection of models by discipline, brought together into one integrated model

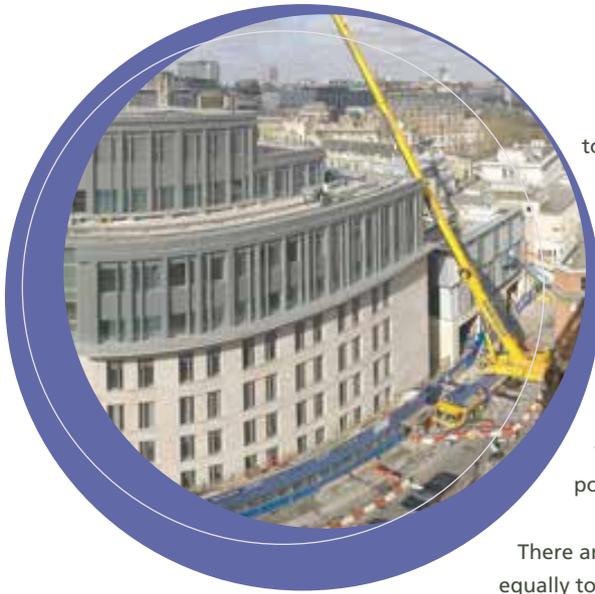
**During a construction project, it is possible to significantly reduce materials waste, improve safety planning, reduce person-days at key stages of a project, reduce defects and save time** – all reducing

programme risk and cost – by implementing Building Information Modelling (BIM) at an early stage. BIM also provides information to improve the efficiency of the facilities management processes once the building is handed over. “Barts Health NHS Trust implemented BIM at an early stage in construction schemes, and has demonstrated all these benefits,” says Howard Jeffrey. Jeffrey is BIM support officer for the Department of Health with the Cabinet Office BIM Task Group, and has a close engagement with ProCure21+. “The task now is to roll out those benefits to the rest of the NHS, and to support the process of adoption on a wider scale, across Trusts and schemes,” he says. Accordingly, the BIM Task Group is currently mapping the Level 2 BIM process to the ProCure21+ framework, to identify opportunities for benefit and build these into the framework.

The BIM Task Group was established following the introduction of the 2011 Government Construction Strategy (GCS), which tasked government construction with achieving ongoing cost reductions and carbon emission reductions. As part of this, the GCS identified Building Information Modelling as a supportive discipline and set the target of attaining Level 2 BIM on all government construction projects by 2016.

## Search and retrieve

What’s meant by Level 2 BIM? “In a nutshell,” says Howard Jeffrey, “using the protocols and guidance brought together by the BIM Task Group, Level 2 BIM aims to ‘federate’ a 3D model by populating it with associated supporting information – not necessarily contained within the model, but linked from it. So within the model for a bedroom, for instance, you’d have an image indicating a light fitting, which, when you clicked on it, would take you to a manufacturer’s database to obtain product information such as dimensions, power requirements and maintenance recommendations.” The ability to search and retrieve relevant information quickly in an electronic format is where the efficiency improvements and savings are to be gained, both during design and



**above** Barts Hospital (383 beds) reduced its M&E package cost by £1.7m through improved design co-ordination and clash prevention

construction, then occupation and maintenance of the buildings.

The benefits of BIM are huge – but difficult to describe from an external standpoint, according to Jeffrey. “It’s only when a scheme is running that you begin to really appreciate what BIM can achieve for an NHS client.” Early BIM adoption has been tracked and assessed on five ProCure21+ schemes, and indications from the early adopters are encouraging. For instance, use of BIM at Burnley’s Urgent Care Centre allowed the Trust to achieve a faster sign-off using a 3D model, while Queen Elizabeth Hospital in Gateshead was able to use its model for faster pricing.

#### **Powerful benefits**

Likewise, co-ordination reviews at Barts Health NHS Trust meant that significant design changes were avoided, saving £311,000 overall. The Trust also used the BIM model to retrieve data from Room Data Sheets, reducing that task time from 150 days

to just five days, and 125 material take-offs were enabled using the model, which saved around £3,000 per material take-off via person-hour reductions. “These are technical-sounding benefits,” Jeffrey admits, “but it’s easy to see how powerful they are.”

There are also benefits that apply equally to the supply chain and the NHS client, as in the case of reduced stakeholder meetings at design stage: on average, the BIM early adopters have found that stakeholder meetings have gone from four to two. “That’s more clinicians and hospital management doing their day jobs, more of the time, and a time-saving for the PSCP and supply chains too,” Jeffrey points out. There is also potential for significant improvement in the ability to maintain buildings more efficiently during their whole life cycle. “Better estate means an improved patient journey and more efficient service delivery,” says Jeffrey.

#### **Single repository of data**

It could be said, simply, that BIM provides the correct information to the appropriate person at the right time. “That sounds insignificant, but the implications are actually vast and very far-reaching,” says Jeffrey. “With a Level 2 BIM model, you effectively have a single repository of all the data associated with a refurbishment or new-build, and that means no duplication of information or effort,

with the associated avoidance of errors. Multiply that down the supply chain, and even into the operational phase of a building’s life, and it’s clear that it could achieve major savings of time, risk and cost across the lifespan of a scheme and the building itself.”

#### **Investment in future**

The Government Construction Strategy’s requirement for Level 2 BIM is not going to go away, Jeffrey says: “At some stage, Level 3 and higher still will become mandatory in government construction, so the supply chain could think of this as an investment in their future in government construction projects.”

In a bid to involve NHS clients at an early stage of their ProCure21+ project, the ProCure21+ management team has produced a benefits matrix for clients to complete (available from the ProCure21+ Club website). This allows trusts to weight a given potential benefit and decide whether they want the benefit on their scheme; it describes benefits to 10 different design and construction sub-processes including visualisation, adjacency planning, clash detection, standardisation and energy analysis.

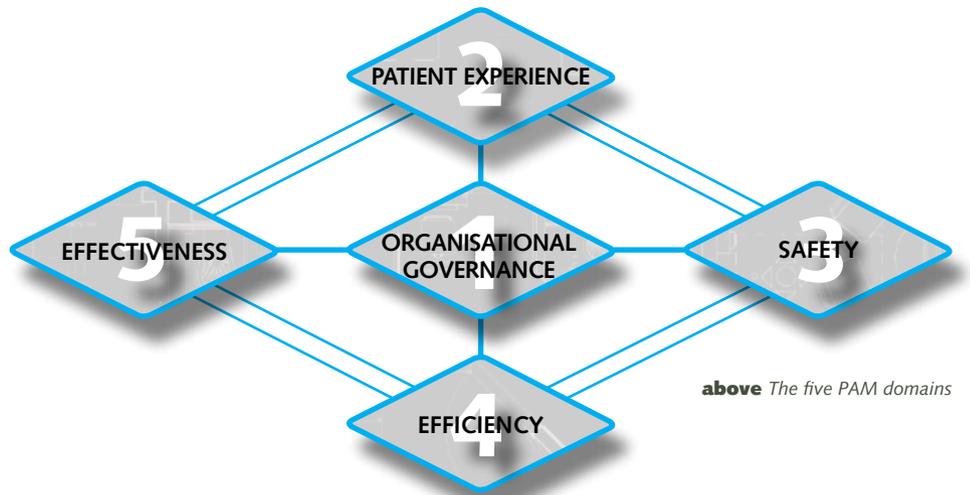
The ProCure21+ team also provides training in BIM for NHS clients and PSCPs: for more information, contact Julian Colaco at the Department of Health on [julian.colaco@dh.gsi.gov.uk](mailto:julian.colaco@dh.gsi.gov.uk). An Executive Summary for NHS clients can also be found on the ProCure21+ website at [www.procure21plus.nhs.uk](http://www.procure21plus.nhs.uk) +

# The NHS Premises Assurance Model: updated and relaunched

Assurance, measurement, comparison and a useful business tool – the new NHS PAM is here

Given that premises and facilities services account for approximately £7bn in revenue costs each year, and around £3bn of capital investment, it remains a priority for the NHS to assure the safety, quality and efficiency of its premises. The new, updated NHS Premises Assurance Model (PAM) – launched last month at the HefmA conference in Brighton – is a robust and rigorous tool for the purpose.

Developed by the NHS, with the support of the Department of Health, the 2014 NHS PAM allows the boards of NHS organisations to demonstrate to patients, commissioners and regulators that robust systems are in place to assure the safety of their premises and associated facilities services. It also provides a consistent basis for measuring compliance with relevant legislation and guidance, and comparing efficiency with peer organisations; and it functions as an efficient tool to aid the prioritisation of investment decisions to raise standards in the most advantageous way possible.



above The five PAM domains

The model provides two types of analysis:

- **Self-assessment questions** for organisations to rate their compliance with relevant statutory requirements and guidance, and to make evidence available to support that assessment;
- **Metrics**, derived from data already provided by the NHS, including Hospital Episode Statistics, Estates Return Information Collection (ERIC) data, the National Inpatient Survey, and Patient-Led Assessments of the Care Environment (PLACE) – these compare the efficiency of premises and facilities use between peer NHS provider organisations.

The self-assessment questions cover five domains:

- 1 Organisational governance:** how the organisation delivers strategic leadership and effective scrutiny of premises and facilities operations;
- 2 Patient experience:** how users experience the premises and facilities services;
- 3 Safety:** the safety of premises and facilities services, divided into key elements;
- 4 Efficiency:** how the premises and facilities provide value for money, are economically sustainable and meet clinical and organisational requirements;

**5 Effectiveness:** how the premises and facilities are functionally suitable and effective in supporting the delivery of improved health outcomes.

The NHS Premises Assurance Model has been updated to take account of the new regulatory requirements emerging from the Francis Report and Keogh inspections; to align with

the Care Quality Commission (CQC) inspections; and finally to make it consistent, comprehensive and supportive of the focus on patient safety and efficiency.

The NHS PAM allows the NHS to deliver on the NHS Constitution pledge: "to provide services from a clean and safe environment that is fit for purpose, based on national best

practice", coupled with the current regulatory requirements, to ensure that "service users are protected against risks associated with unsafe and unsuitable premises."

The 2014 version of the NHS PAM and further guidance can be found at <https://www.gov.uk/government/publications/nhs-premises-assurance-model-launch> +

## New IA aims for growth and upskilling

### ProCure21+ has a new implementation advisor.

Graham Bell, who will cover the London and south-east area including the Home Counties, Suffolk and the Kent coast, will be working with NHS clients, PSCPs and the ProCure21+ team until January 2016. He will be based in Hitchin, Hertfordshire.

Graham is on a two-year secondment from NHS Property Services, and has built up a wealth of experience during a nine-year stint working for NHS Hertfordshire delivering capital upgrades throughout the area's community estate.

"I'd like to help grow the number of ProCure21+ schemes in my area," Graham says, "via repeat business as well as NHS clients new to ProCure21+. And I also aim to support the up-skilling of project teams, particularly with new challenges such as Building Information Modelling that will increase efficiency and cost-effectiveness as well as adding value for NHS clients. ProCure21+ is already a flagship framework across public sector construction, and our new initiatives,

comprehensively implemented, will help to keep it at the forefront as an exemplar to other sectors."

Graham says he would also like to see "some good ProCure21+ news stories in the industry press" – a great aim for the 2014-15 financial year.

Contact Graham by email on [graham.bell@dh.gsi.gov.uk](mailto:graham.bell@dh.gsi.gov.uk) or by phone on **07795 401995** +



**above** Graham Bell: aiming to boost skills on schemes in London and the south-east  
**below right** ProCure21+ implementation Advisors: areas covered

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# FAQs

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

**Question** How much reliance is a PSCP to place on the Works Information requirements Parts 1.2, 6.2, 9.4 and 12.18 regarding application of the ProCure21+ requirement in respect of 'No Defects at Completion'?

**Answer** It is essential that the principles on which the ProCure21+ National Framework Agreement and the NEC3 contract are founded are followed by PSCPs and supply chains. There should be no remaining evident "defects" at completion, and it is important to note that the following are defects:

- What have historically been referred to as snagging lists;
- Failure to provide copies of as-built drawings, maintenance and/or operational manuals, warranties, etc.

NHS clients are entitled to refuse to accept a facility if there are any defects evident at completion, and PSCPs should not advise an NHS client that a facility is complete if they are aware that defects exist. There should be an effective quality management process in the PSCP's programme. Please note that defects that occur "after completion" during the 2-year defects liability period are to be treated in accordance with the provisions of the contract and are not treated as a failure to achieve the ProCure21+ provision of "no defects at completion".

ProCure21+ pro forma PF16 should be actively included in the PSCP's quality system for a scheme, and the handover procedures should list all pro forma items signed off by the supervisor once any defects are resolved. It is expected that all subcontractors are subject to a rigorous quality regime.

PSCP failure to achieve the "no defects at completion" standard on ProCure21+ schemes can result in disruption to the delivery of healthcare services by NHS clients, as well as additional financial costs that may be incurred as a result of having to facilitate the correction of such defects once a facility is operational; an NHS client may be entitled to recover these from the PSCP. PSCPs and their supply chain members should consider what this may mean for themselves when proposing to an NHS client that a facility is complete and may be handed over. +

**Question** In a situation where the PSCP finds that, at a point before the Guaranteed Maximum Price has been agreed and accepted, the project manager is not prepared to allow sufficient time prior to completion in the PSCP's Proposed Stage 4 Programme to meet the exigency of "no defects at completion", what should the PSCP do?

**Answer** The problem should be raised initially as an early warning. If it cannot be resolved as a client risk then it should be referred to the ProCure21+ implementation advisor and/or the central ProCure21+ team as a framework matter.

The supervisor's inspection of work for handover is considered a test (see the NEC3 contract, clause 40.1) and, as such, arrangements for progressive acceptances or final acceptance at completion should be identified in the PSCP's quality plan (see Works Information, Part 10.1) prior to the project manager's acceptance of the PSCP's proposed GMP. +



## BBH 2014

### Award for Innovations in ProCure21+ schemes

Call for entries

BBH's 2014 Award for Innovations in ProCure21+ will recognise innovative features or schemes that add value for the NHS client in one or more of these areas:

- Patient and staff experience
- Improvement of operating efficiency
- Reduction in hospital-acquired infections
- Health and wellbeing of local community
- Reductions in capex or opex costs

Additional consideration will be given by the judges to schemes where benefits can be evidenced, and also where benefits have been shared with other NHS clients (within ProCure21+ or otherwise). Benefit will not necessarily be determined by the size of the scheme.

Entries are restricted to ProCure21+ schemes only. ProCure21+ NHS clients may apply, and ProCure21+ Principal Supply Chain Partners may submit entries on behalf of clients, with permission.

**For more information**, or to enter the BBH 2014 Award for Innovations in ProCure21+, contact the BBH Awards team on **020 7193 6654** or email **bbhwards@hpcimedia.com**