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AN HSJ AND CONSTRUCTION NEWS SUPPLEMENT/26 MARCH 2009

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## COMMENT

# Good design will mean good health

The NHS has in recent years undertaken the largest hospital building programme in its history. In October 2008 the 100 new hospitals specified in the 2000 *NHS Plan* were completed two years early.

Programmes such as the private finance initiative, NHS LIFT (local improvement finance trust) and the ProCure21 procurement method have been important in providing these new hospitals and will continue to be so. ProCure21 has delivered more than 240 schemes worth £1.3bn and there are 200 schemes worth £2.2bn in their earlier stages.

The Department of Health has signed up to delivering the Department for Business, Enterprise and Regulatory Reform's "construction commitments" for healthcare and we have made sure that initiatives such as

**'Only by driving innovation into hospital design and procurement can we address the issues facing the health service'**

ProCure21 and the coming ProCure21+ have these principles embedded into their programme. The NHS is one of construction's largest clients and we need to maximise this opportunity for it to promote best practice across the whole industry.

I want to ensure the public and private sectors can work in partnership. Only by driving innovation into hospital design and procurement can we address the issues facing the health service, particularly improved care environments, greater sustainability and reduced carbon emissions.

The effects of the environment on patients and recovery are well documented. Including the views of patients and clinical staff when considering clinical strategy and hospital design will ensure that new hospitals are fit for purpose and will improve long-term value for money. ●

*Rob Smith is director of gateway reviews and estates and facilities at the Department of Health.*



# CAN WE BUILD IT?

Yes, we can, says Julian Colaco. Here he explains what ProCure21 is and why it's so efficient at making projects work

Over the past seven years, ProCure21 has been used to deliver community hospitals, primary care centres, mental health units and other acute services such as cardiac care and outpatient units.

It is a procurement method for publicly funded NHS capital schemes and is in line with Treasury guidance and compliant with the Office of Government Commerce's Common Minimum Standards policy.

ProCure21 represents current construction industry best practice and helps trusts guard against the poor practice and results that have been associated with traditional tender procurement.

ProCure21 allows trusts to use a framework of construction companies (principal supply chain partners) to deliver their capital schemes using common principles, practices and tools. These partners can be selected by trusts without having to go to *Official Journal of the European Union* tender, which saves at least six months. We have seen further time savings on site – seven weeks for schemes of £1m-£5m and 17 weeks for schemes of £5-£15m.

Principal supply chain partners offer a full range of services to assist with all aspects of business case formulation, design and construction.

ProCure21 offers the trust cost certainty by using a guaranteed maximum price. The trust and the principal partner develop and agree a price that, should there be no client changes, will be the final cost of the scheme. If then at final account there is an overspend, it is borne by the

principal partner, while any underspend is shared 50:50.

ProCure21 schemes' costs are in line with industry indicators and are constantly monitored by the Department of Health. The schemes have no cost premium over traditional tendering.

#### **Smooth running**

Although the supply chain is brought in at an earlier stage to input into the design, the efficiencies gained through the achievement of a better brief, design and a smoother construction period outweigh the initial investment. The result is a better chance of a high-quality scheme with more certainty of time and cost than the trust would have had otherwise.

ProCure21 encourages involvement of the supply chain in the business case and design process. This helps the scheme by:

- Getting expertise on to the scheme with early advice on feasibility and affordability;
- Adding detail for a more robust business case;
- Increasing the supply chain's knowledge of the trust, its key drivers and the scheme;
- Improving construction planning, leading to reduced construction periods and better safety on site;
- Encouraging an open working relationship;
- Engaging other users and stakeholders;
- Providing more surety to trusts on cost, time and quality.

ProCure21 uses the NEC2 (New Engineering and Construction) Contract Option C, which requires the client and supply chain to work together in



"a spirit of mutual trust and openness". The contract is used as a project tool and specifies how each party should act throughout the scheme.

It requires parties to notify each other of an event that may impact on any aspect of time, cost or quality of the scheme. It then goes on to specify how the parties should act to find a solution. Following the process allows problems to be solved at an early stage, reducing the risk of poor delivery or no delivery and encouraging a positive working relationship. To date there has been no litigation on any ProCure21 schemes.

Each scheme has a dedicated implementation adviser from the Department of Health who can provide as much support as the trust needs and provide access to

standard guidance, risk and benchmarking tools.

Implementation advisers are a reference point for best practice and provide access to a range of training courses provided free of charge. To get started you need to go to the ProCure21 website ([www.nhs-procure21.gov.uk/index.asp](http://www.nhs-procure21.gov.uk/index.asp)) and register your scheme, and we will contact you.

The current ProCure21 framework will come to an end in September 2010. Schemes run under the existing framework will continue to be supported until conclusion but schemes registered after 12 September 2010 will be under a new framework, ProCure21+, which is being developed by the Department of Health.

The DH still has a firm commitment to the principles of



*Rethinking Construction*, the 1998 report of the construction taskforce led by Sir John Egan that led to the creation of ProCure21. ProCure21+ will reflect this. A construction procurement route that is supported by the Treasury, the Department for Business, Enterprise and Regulatory Reform and the Office of Government Commerce, and gives assurance of current best practice, is vital for the government's commitment to improving public sector construction and is key to the success of ProCure21 to date.

Health minister Ben Bradshaw has signed up to the delivery of the "construction commitments" as developed by the DBERR for the Olympic development programme.

ProCure21+ is well positioned to take this forward on his behalf.

The new framework will provide the same capital procurement environment that has proved so effective to date. Already we have seen a large increase in the percentage of capital projects delivered on time and within budget.

The new framework will not

#### MOVING ON UP

In 2001 the National Audit Office reported that only 26 per cent of public sector schemes were delivered on time and 28 per cent were delivered within budget. In 2007, the latest year for which full ProCure21 figures are available, 84 per cent of schemes were delivered on time and 93 per cent were delivered within budget.

be fundamentally different from the existing one. Developments to the framework, however, will improve flexibility, increase transparency and enhance framework management. Lessons learned from the past seven years will be incorporated to make sure the programme matures as experience is gained.

New flexibility will make the programme more attractive to the NHS given their requirement under the Darzi report to offer healthcare in the primary sector and the local environment. Although it will not be a pan-government procurement route there will be flexibility for use by local authorities where healthcare is a key element. We have seen that the development of one-stop shop health centres is becoming more common.

**'New flexibility will make the programme more attractive to the NHS given its Darzi requirements'**

**Procuring success:** following ProCure21 will enable projects to be delivered on time and within budget, while avoiding some of the building nightmares shown here

ProCure21+ will be an ideal procurement route for these.

A draft of the high-level requirements document specifying the key elements of the framework has been posted on the website. We have held five consultation events, at which more than 100 of our NHS colleagues provided important input on what they would like to see as part of the method.

We also hosted a construction industry day where more than 300 construction professionals heard what ProCure21+ will look like and what will be expected of them. Feedback has been extremely positive and has given us plenty to consider.

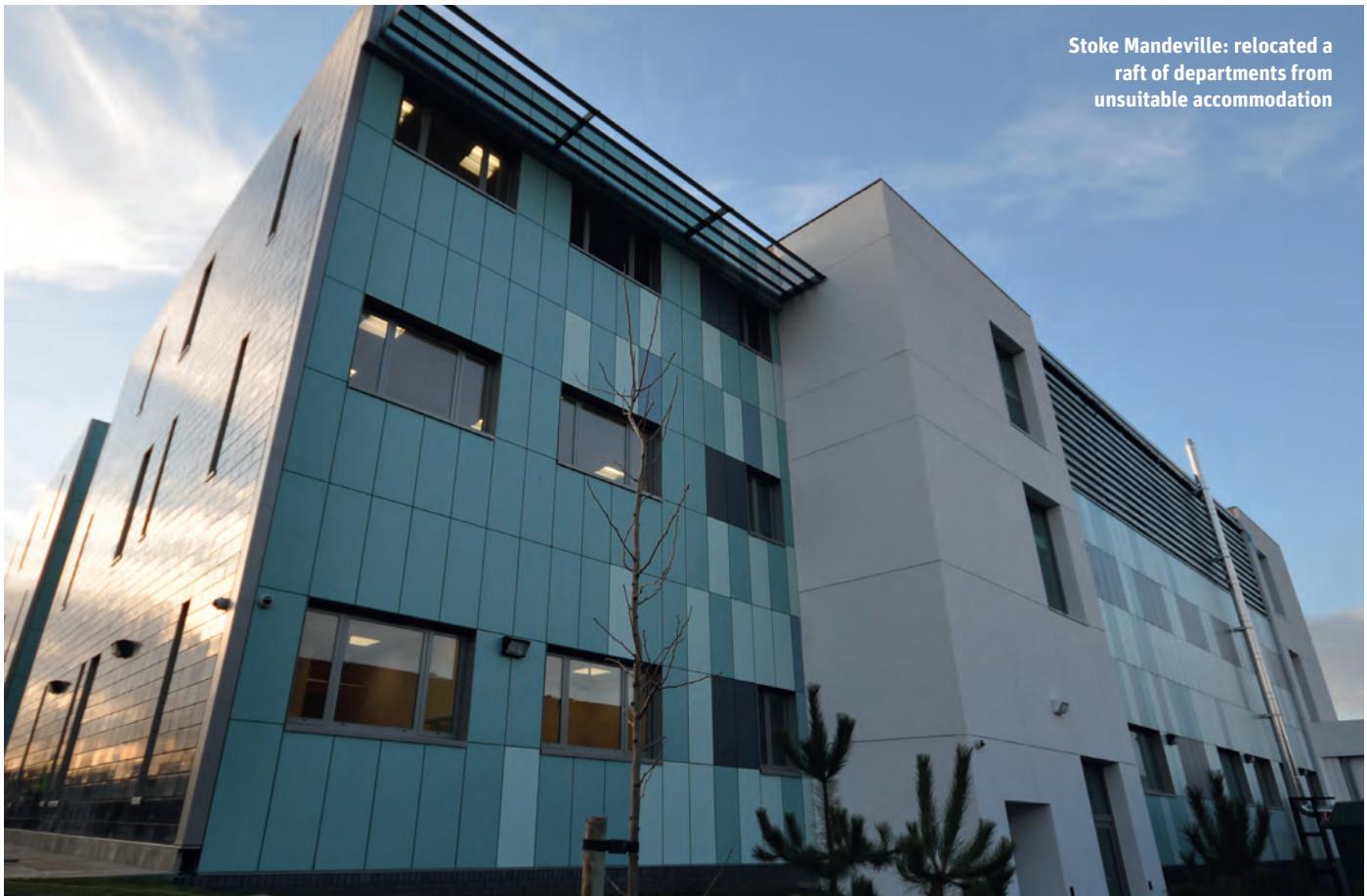
#### Best chance of success

The industry's innovation, experience and enthusiasm for delivering quality schemes will be key to the success of the framework. Although many of those there will not tender directly or be a principal supply chain partner, they have every chance of becoming part of the supply chains of those that do. But they must do so on the basis that the NHS has moved on from traditional tendering and so should they.

If anyone is to win work or deliver a successful scheme under ProCure21 they must sign up to its principles, practices and processes. This will require a rethink and a new approach. But we believe our framework case studies and innovations demonstrate how the method provides the best of chances for a scheme's success. ●

*Julian Colaco is ProCure21 training and communications manager.*

→ [www.nhs-procure21.gov.uk](http://www.nhs-procure21.gov.uk)



**Stoke Mandeville: relocated a raft of departments from unsuitable accommodation**

## CASE STUDIES

# BUILT TO LAST

Clients and contractors talk about the nitty gritty of working with the ProCure21 scheme – from initial fears to finishing touches. By Stuart Shepherd

### OXFORD RADCLIFFE HOSPITALS TRUST

**Scheme** Cardiac expansion and acute vascular imaging centre

**Principal supply chain partner**

BAM Construction

**Value (on budget)** £29.6m, plus imaging centre, £4.4m

**Finish date** April 2009 (on target)

The opportunity to complete a basket of projects within a flexible framework – including the significant expansion and reconfiguration of existing cardiac facilities – was just one of the features that persuaded Oxford Radcliffe Hospitals trust that ProCure21 was the most suitable approach for what has been a major non-private finance initiative capital scheme.

Earlier projects within the overall ProCure21 scheme

included an education centre, traffic and transport modifications and the refit of a fourth-floor children's ward into a two-ward 40-bed older persons unit – all with single ensuite rooms.

The cardiac expansion project – the Oxford Heart Centre – incorporates a 6,300m sq five-storey extension to the existing cardiac facilities and 1,900m sq of reconfigured space. The semi-basement level 1 houses five catheter labs, a recovery unit, day unit and research beds. Immediately above is a floor of cardiology and 25 single ensuite bedrooms with another floor of high-dependency and intensive care beds on top of this. Level 2 houses 25 cardiothoracic single ensuite bedrooms and other

facilities, with staff teaching and rest rooms alongside additional facilities on the top level.

#### Blue-light route

BAM project manager Graham Harrison says: "The sloping site had formerly been a car park and before we could really get going, as well as providing another temporary parking facility we had to divert the fire main, electricity, IT, drainage and other services.

"We then put in piled foundations, and because of the slope and how that means level 1 sits partly underground, we also had a secant piled wall [a barrier wall] to hold back the ground under the existing cardiac building. This centre is on a blue-light route so we were faced

with significant road use constraints."

Once these challenges had been successfully negotiated, the concrete frame and cladding construction method was relatively straightforward. Sustainability and energy efficiency features include window recesses and extractors to reduce heat build-up and remove the need for air conditioning. Chill beams in intensive care stop overheating caused by equipment.

The addition to the project of the university's acute vascular imaging centre tested both the framework's flexibility and the principal supply chain partner's powers of innovation.

"The imaging centre, which houses an MRI unit and a

catheter lab, is one storey up between the new cardiac expansion and the existing hospital, and sits over a service road," says Mr Harrison. "This build has been designed specifically in what is a difficult location around the medical equipment. To integrate it with the other facilities we cut into the existing buildings.

"We are very pleased with what we have been able to achieve," he adds. "I think we only started talking about the imaging centre in March 2007 and we handed it over, fully commissioned, in February of this year."

This flexibility has been a favourable feature of the ProCure21 framework for the clients as well. Oxford Radcliffe assistant director of estates and facilities (capital planning and development) Marion Fiddes points out: "The university won the funding for the imaging centre after work on the cardiac expansion had begun. We determined the best site for the unit and were able to use the NEC2 contract to bring this additional £4.4m project within the cardiac scheme.

"The whole team was on hand to work on the feasibility study together – structural and mechanical and electrical engineers, architects, clinicians, cost advisers, suppliers – and set a guaranteed maximum price."

In fact, much of the experience of looking at design and buildability under ProCure21 has been positively received. What has impressed Ms Fiddes and her colleagues, even at the earliest outline stages of projects, has been the co-ordinated approach to



**Hinchingbrooke: ProCure21 was used to upgrade the emergency care centre.**

feasibility and the ease with which all the how-to-build, where-to-build and risk issues can be promptly examined from so many perspectives.

"This gives you a complete briefing package to pass to the users quite quickly and without having to go to the market," she says. "You get a time advantage and, because the builders and designers are there at the same time, you are also getting a better level of understanding and the information you need right at the beginning of the project so that there is cost and buildability certainty throughout all stages of the project."

The cross-fertilisation of ideas between contractor, client and clinician is a great forum for innovation. What the trust has realised though is that there is still an onus on it to be a good client.

"I think what might make some organisations cautious of ProCure21 is an anxiety that they might get too involved in a non-critical 'group think' process,"

says Ms Fiddes. "This is where the open book accounting, the cost certainty of the guaranteed maximum price and the robust compensation events process provides for an objective stance."

Regular benchmarking exercises, the Oxford trust feels, act as a catalyst for bringing issues to the table in an atmosphere more conducive to problem solving than confrontation.

"One concern that we certainly have talked about with our contractors is the use of resources," says Ms Fiddes. "The P21 team is very useful to have around for feasibility studies once the major issues have been sorted, but both organisations need to consider carefully at what stage to bring in the whole team for feasibilities."

"It is very much up to the client and not the industry to control that and it's important to have those open conversations and be sure that expectations and understanding of the brief is matched by both organisations."

six wards closed temporarily. To be in a better position to reduce infection risk, to improve patient dignity and as a response to the Health Act 2006, the trust sought to upgrade six acute wards. Six-bed bays would become five-bed bays, each with its own ensuite shower and toilet, visitor hygiene stations, and purpose-built nurse stations.

"We were soon able to agree a guaranteed maximum price of around £500,000 for one ward with Kier Health," says Hinchingbrooke associate director of capital services David Woods. "This was important because there was a lot of

## **'What might make organisations cautious is anxiety about non-critical "group think"'**

pressure to get the work done quickly. The funding for the rest of the programme wasn't in place at that point but we knew that under the ProCure21 framework we had the opportunity to add it as it became available without having to go back to tender.

"We were confident, along with our cost advisers, that we could get the designs for that first ward done, get on site early in September 2007, and then work up similar designs for the other five wards with similar costings."

### **Cultural change**

ProCure21 had already been used at Hinchingbrooke to procure the trust's new emergency care centre, incorporating a new accident and emergency unit and a GP "out of hours" suite. Savings made during the procurement were re-invested in extra facilities that came at no extra cost.

"We saw it as an opportunity to realise the benefits of working together with the contractors and designers," says Mr Woods. "I think it gives the contractors a better appreciation of what a client's needs are. They also get the chance to give views on the practicalities of what the client is proposing."

"We also liked the



**Oxford Radcliffe: reconfigured and expanded cardiac facilities**

One of the overriding principles of ProCure21 is the commitment to partnering and working together both client and contractor to deliver best value for the NHS.



# ProCure21 Partnership In Action

Costain has found that by working in partnership with our NHS colleagues we have been able to establish good professional relationships which have led to NHS Trusts continuing to use both ProCure21 and ourselves to deliver projects over a number of years. Clearly we have to meet the targets set out both by the Trusts and the Department of Health, that projects are affordable and are delivered on time and within budget.

One example of such a relationship is working in partnership with Gloucestershire Hospitals NHS Foundation Trust where we have recently handed over our first project, a £17m ward extension, and have just started on site with our third project a £29m Women and Children's unit, and are helping the Trust with some of their forward planning.



Architects illustrations and designs courtesy of CODA Architects

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We have considerable experience in Project and Cost Management, Business Case Development (strategic, outline and full business case preparation) and have the expertise to realise our clients specific and individual project requirements, ensuring that implemented schemes are delivered to time and cost certainty.

Slater Jackson is experienced in all forms of procurement mechanisms whether it be traditional methods, framework agreements or national initiatives such as ProCure 21, recognising the benefits of different methods to offer expert advice on procurement strategy. We also recognise the importance of the various toolkits, benchmarking and robust risk management and offer a bespoke service from business case to construction, commissioning and post project evaluation.

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concept of getting to a guaranteed maximum price," he continues. "There is a lot of work to be done to minimise the risk but the guarantee it gives, that if you don't change anything it won't cost you any more at the end, is reassuring. On this project we have also appreciated the ability to get on site quicker."

Mr Woods concludes: "This has been a flexible, open-ended scheme and we have added to it as we have progressed. You couldn't do that under a traditional contract. There is a big cultural change going down this route but the evidence is that there are growing numbers of trusts opting for it."

The standout piece of innovation on the ward modernisation programme – which saw the trust listed at last year's Building Better Health awards – originated with some clinical team consultation and a little lateral thinking about the use of the bays in preventing the spread of infection. This prompted the principal supply chain partner team to call in door specialists Besam, who came up with a bespoke design for a foot-activated glazed sliding door that could isolate a bay of five beds.

"The doors are now being used proactively to inhibit the spread of infection," says Kier Health project manager Max Pearson. "Operationally successful as they are, I believe there are still some adaptations up for consideration, such as an infra-red non-touch swipe mechanism for opening rather than a kick plate."

The completed wards upgrade at Hinchingbrooke provides the trust with a configuration of innovative patient ward facilities, which can avoid future mixed-sex accommodation, as recently requested by the health secretary, and the innovative layout is a great example for the NHS.

## BUCKINGHAMSHIRE HOSPITALS TRUST

**Scheme** Stoke Mandeville Hospital ophthalmology and specialist outpatients unit

**Principal supply chain partner** Laing O'Rourke London & South East Ltd

**Value (on budget)** £20m

**Finish date** January 2009 (on time)  
Stoke Mandeville Hospital in Aylesbury is a base for specialist ophthalmology, burns and

plastics treatments as well as the highly respected National Spinal Injuries unit. This ProCure21 scheme sees the ophthalmology and eye casualty department and several outpatient units, including diabetes, rheumatology, ear, throat and nose relocated from unsuitable accommodation.

The new 5,375m sq modular building – consisting of two separate structures of three floors linked by a central atrium – houses three day surgery theatres and nine clinics. A number of standardised consulting rooms allow for the flexible release of clinical space to adjacent departments and maximum room occupancy, (currently running at 95 per cent efficiency).

"This has been an accelerated programme under ProCure21," says Laing O'Rourke project manager Carl Baldwin. "We began in January 2008 and finished just a year later – and 11 days early. That's a real feather in our caps."

### High marks

The site is on the main entrance to the hospital, which posed the contractors with the challenge of making sure the site was clean and secure, while good access was maintained for the public.

The build was also very close to the spinal injuries unit. To reduce noise, hoardings eight feet high were placed around the perimeter. Modular construction again cut down on noise and journeys into and off site and reduced the overall build duration by three months. These steps helped Laing O'Rourke score high marks on the considerate constructors award scheme.

"In terms of construction design we made a conscious if not unusual decision for a raised modular build of 116 separate units to use continuous flight auger piling," says Mr Baldwin.

**Hinchingbrooke: innovative layout is a great example to rest of NHS**



"This made for a quieter excavation and, with less waste going off site, proved cheaper than other comparable approaches."

In the central atrium, four footbridges link the two structures and an ETFE (transparent recyclable foil) roof, which improves energy efficiency and fire safety.

"Externally the long elevations have Trespa cladding and brise soleil [window shading]," adds Mr Baldwin. "The facades at either end have opalescent glazed ceramic cladding, which changes colour with the light and the sun."

During the pre-construction phase, Laing O'Rourke was able to offer its NHS client a number

of value-engineering solutions to bring down the guaranteed maximum price to better reflect the available budget.

"It is very pleasing to be working collaboratively at that stage of the process and to bring our perspective to issues such as buildability," notes Mr Baldwin. "Certainly it helps us understand the client's needs much more closely and bring all of that to bear in finishing the project on time and to cost."

Buckinghamshire Hospitals trust director of property services Ian Garlington says: "ProCure21 provides rapid access to the market and to high-quality supply chain partners. There are a number of advantages to this, particularly around assurance, which benefit our planning and risk management processes.

"In the future I would like to see ProCure21 more rigorously tested against market conditions, which I believe will bring the value for money and quality aspects further into line with the improvements clients see in terms of guarantees, assurance and risk management." ●



**Stoke Mandeville: the new building has three day surgery theatres and nine clinics**

## TRAINING

# LEARNING ON THE JOB

Training and upskilling are treated as essentials in the ProCure21 programme, reports Stuart Shepherd



**T**he NHS is changing the way it is procuring new buildings and refurbishment schemes. Primary care, mental health and acute providers are all examining how they can respond to the changing culture of healthcare and the growing need for more patient-focused premises that can simultaneously deliver wellbeing, prevention and treatment services in the heart of a community.

With this increased drive for flexible facilities and considerable government funding being committed to support it, ProCure21 is anticipating a continuation, if not a rise, in numbers of registered projects.

"There is a shift away from the larger acute schemes and towards smaller, more local, builds," says Julian Colaco, ProCure21 training and communications manager. "The

clients for these jobs may not have been involved with a construction project for quite some time and won't necessarily have the in-house skills and experience required."

He continues: "Because it is what they are familiar with and because it seems like the simplest approach, their natural instinct is probably going to be to go down the traditional tender and lowest price route. It doesn't follow, however, that it gives the best results."

ProCure21 follows the principles and practice of partnering and open-book accounting. These are features that represent a significant cultural shift for many public sector organisations, particularly the NHS.

Clients in the business of healthcare have always tended to prefer the contractor on the other side of the desk, where they can be seen and from where

there is less chance of such a large and overpowering beast running amok and making off with the finances. Developing confidence in the relationship with the contractor from clients who historically, like many others, have been reluctant to disclose the full budget to the supply chain is a challenge the introductory training seeks to address (see box).

### Streetwise

"The assumption was that if you told them how much money you had, the contractor would go and spend all of it and more," he says. "But now we have this more open way of working that allows for a joint development of the scheme. It is absolutely key that the NHS be honest with the principal supply chain partner about the budget. The contractor has to make a profit to stay in business.

"So what training participants

will learn is where that profit is and where the risks are, all as essentials of getting the best scheme for the best value."

"What they will also learn is that they can't expect to get value from partnerships that are cosy," he continues. "To reach a guaranteed maximum price they are going to have to be streetwise, to appreciate the need to challenge on cost and value within a framework that is both tested in the market and more complete than they could expect to get otherwise."

"And then when they get to their guaranteed maximum price and the project is under way, because it's all agreed upfront there is less chance of it falling through."

To date more than 700 delegates have attended the two-day introductory "Improving Knowledge to Improve Performance" training course. The sessions are facilitated by

## TRAINING COURSES AND CONTENT

### Introductory course

*Improving Knowledge to Improve Performance* (two days) includes:

- General introduction to ProCure21, principles and practices, cultural needs
- Requirements of the trust to manage the scheme effectively
- Roles and responsibilities of the project director and project manager and cost adviser
- PSCP selection – introduction to the process, when to select, scheme funding, feedback
- Pre-GMP costs, managing expectations, agreeing GMP

selecting the principal partner, agreeing guaranteed maximum price and the NEC contract.

There is also a strong emphasis on the NHS client side for the need for the principles and practices to be understood by a senior, preferably board-level, project director who has the time to dedicate to what is an intense and demanding programme of works. Where this might not be possible, the advice is to appoint a project manager.

The introductory training course is thorough but it became clear that delegates were looking to spend more time considering two particular areas of the ProCure21 programme – the process leading to guaranteed maximum price and working with the NEC engineering and construction contract.

“In that respect the new one-day practitioner courses are a natural development of what we already provided,” says Midlands and South West ProCure21 implementation adviser Andy Mitchell (see box).

He continues: “ProCure21 is by no means an easy option and building up the guaranteed price from the appointment of the supply partner often involves some difficult commercial negotiations, the development of a scheme through a phased contract (from strategic outline to construction and handover), activity scheduling, the assessment and management of risk and documentation, responsibility and governance issues.”

Six modules across the “Practitioners’ Route to GMP” day explore all these key issues as well as providing information and pointers to the templates,

- Cost adviser training – roles, responsibilities, deliverables, NEC contract
- NEC contract – introduction, use of the pro-formas, agreeing and signing the contract

- Principles and practices of open book audit
- Risk management and the framework standard risk register

### Agreeing the GMP

*A Guide to Using The NEC Contract* (one day advanced) – to include:

- An introduction to the spirit of the contract, and its structure
- Working with the contract – project administration
- Early warning notices and compensation events
- Practical case study workshops (adapted from live projects)

### Practitioner courses

*The Route to Guaranteed Maximum Price* (one day advanced) – to include:

- NEC Works information – developing the brief
- Commercial management
- Resource-driven activity scheduling

**‘To reach a guaranteed price they are going to have to be streetwise’**

models, matrices and advice available to clients using the framework.

“We have just finished a guaranteed maximum price checklist for people to access so they can be confident about what they need to complete before they enter into agreement,” says Mr Mitchell.

### Spirit of partnership

One-day training for the contract has been developed jointly between ProCure21 and Thomas Telford. This takes a very practical approach and as well as examining some of the detail of the contract also provides case studies for delegates to work through in groups and then review with course facilitators. There is also an emphasis on the culture and spirit of partnership inherent to the working of the contract. This is designed to get participants thinking about it as a project management tool rather than something only to be referred to in adversity.

Mr Mitchell says: “When we come across schemes that might not be running as envisaged we can normally trace that back to one of three things – the brief setting process, which makes sure everybody is clear about what will be delivered; project

management and management in accordance with contractual requirements. All of the training is focused on addressing these process or competency-based issues to help people move on to where they want to be.”

Both of the practitioner training days have been developed for delegates who are likely to have already attended the introductory two-day course or who have reasonable ProCure21 experience, and the position of this training is set to become increasingly central.

One issue that a number of projects have been running up against is people arriving on site either from the supply partner, the cost advisers or the project management companies with no ProCure21 or NEC contract understanding.

This is all unknown to the client, who find themselves a month behind with what was supposed to be a “hit-the-ground-running” approach. The answer: introductory courses will be more widely available for supply partners and NHS clients.

“We are set to make introductory training mandatory,” says Mr Colaco. “We are also discussing a requirement for all schemes, even those where the partners have worked together before, to have a facilitated start-up workshop provided by the supply chain.

“By doing this we hope to avoid any issues with project management standards and contract administration further down the line. We have certainly found that those schemes doing it already and creating a team ethos tend to manage themselves a lot better than those that don’t.” ●

**‘It is absolutely key that the NHS be honest with the principal supply chain partner about the budget’**

construction partnering experts Docte Consulting and attended by regional ProCure21 implementation advisers and are open to anybody involved in the planning or management of a scheme, from NHS in-house project director or principal supply chain partner project manager to cost adviser consultant to an NHS client.

As well as an examination of the cultural shift called for by the programme, the training looks at effective scheme management, roles and responsibilities,

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# ECO INNOVATION

## SUSTAINABILITY

In a pioneering move, green know-how is shared between supply partners across projects, reports Stuart Shepherd

Sustainable healthcare construction has always been a key driver for ProCure21. Back in 2003, Elyn Lodge, a 60-bed rehabilitation ward belonging to St Helens and Knowsley Teaching Hospitals trust, was the first full project designed and constructed under ProCure21.

The St Helens project saw initiatives using natural pressure-driven ventilation and energy-efficiency uses of daylight and layout. Other projects have since incorporated a variety of technologies supporting sustainability – including rainwater harvesting and combined heat and power generation – and have established a record of early adoption within the programme.

More recently it was recognised that a better co-ordinated approach would improve the consistent delivery of sustainability across all ProCure21 projects.

“The mechanism for doing that has been to set up a central sustainability forum,” ProCure21 implementation adviser and sustainability lead Terry Finch says. “It hasn’t called for a huge amount of resources but, rather, an exchange of ideas, initiatives and information between a group of like-minded individuals under the programme umbrella.”

The primary supply chain partners’ response was positive and a year ago they joined the forum. They have agreed to

select practitioners from their supply chains who have a cutting edge expertise in sustainability. This is already starting to make a difference by allowing all participating NHS organisations to gain access to their insights and raise the standard of best practice.

“While it has always been part of the ethos of ProCure21, it is both heartening and refreshing to actually see people, who would otherwise have a vested interest in keeping this knowledge locked within their company, bringing it to a wider audience,” says Mr Finch.

“This is the first time in my experience in the NHS that we have had individual consultants exchanging their experiences across the board. It means that we can all grow stronger as a team and certainly stronger than any individual consultant.”

### Exchange expertise

The other point to impress Mr Finch is that, given the range of sustainability initiatives undertaken at national level through ProCure21 schemes, the programme would virtually be able to cover any or all of the new and emerging technologies.

“Somebody somewhere has done it or is doing it,” he says. “It may perhaps only be a small energy-saving or carbon-reduction initiative as part of a bigger scheme, but nonetheless it develops learning.”

→12

Barnsley PCT’s Kendray unit is designed to reduce carbon and costs (see box, below)



## SUSTAINABILITY IN ACTION

### Barnsley PCT and Kier Health – a ProCure21-registered scheme

A number of design and sustainable technology features within the new Kendray mental health unit respond both to NHS carbon reduction strategies and anticipated rises in gas and electricity costs.

Ground source heating and

cooling is used to provide underfloor heating and combines the benefits of lower running costs and emissions with improved patient safety features.

The system converts stored energy from the earth through a heat pump into usable energy. It is able to supply about 70 per

cent of the total heating energy required. During warmer periods the system can be run in reverse to dissipate heat back into the earth.

Passive means of reducing heat build-up have also been gained from the buildings design, natural daylight and high-level windows.

**‘This is the first time that we have had consultants exchanging their experiences’**

11< Through the forum, that part of the country could exchange expertise with another scheme in another region."

Alongside this full menu of technical deliverables the forum is now branching out to examine policy and technical guidance, emerging trends and potential forthcoming legislative targets. To date the forum has produced a number of case studies and best practice data sheets, all available (or soon to be) to programme members via the online share point (see boxes).

ProCure21 hopes that the reach of the forum is far and wide and felt not only within the participating NHS organisation.

Programme manager Ray Stephenson says: "We are trying to make sure that sustainability best practice spreads throughout our principal supply chain partners as well. That isn't always the case because of the way these companies work. They tend to have their own regional divisions and sometimes these can act as buffers to getting this information passed on. So we want to be sure they are depositing their good ideas with us in order that they can be most widely shared.

"We want to be sure that where we identify a technology or innovation that is energy efficient and cost effective, we can share it with people so they can work out if it would fit with their scheme."

#### Overarching view

It is also anticipated that the new ProCure21+ framework will look to embed sustainability and innovation within its structure. As part of the consultation exercise with the NHS, construction industry and government departments, a new set of draft high-level requirements has been posted on the programme's website.

#### SUSTAINABILITY FORUM

##### From the Sustainable Timber and ProCure21 Best Practice data sheet

"Healthcare projects can often consume significant amounts of timber and timber-based products in their construction.

"However, the use of sustainable timber needs to be carefully planned. Procure21 offers the ideal vehicle for the optimum use of



The Kendray unit converts stored energy from the earth through a heat pump

## 'Unless we get sustainability on the agenda there remains the danger it will be overlooked'

"They cover a whole range of behaviours and requirements around contracting, performance management and partnership development," says Mr Stephenson. "But we also have a section that addresses sustainability. For now this just gives an overarching view of the issues but we will be asking the principal partners to proactively contribute to the development of sustainable schemes."

The sections on the draft document include the following:

#### Sustainability

- Principal supply chain partners must proactively contribute to the development of sustainable schemes, engaging, educating and supporting ProCure21+ clients.
- PSCPs are required to demonstrate compliance with all applicable sustainability legislation and Department of Health guidance, through all stages of development, highlighting key actions, commitments and responsibilities at every stage. This will include evidence of the successful application of environmental management systems in a construction project.

#### Innovation

Key to the successful delivery of framework benefits is the use of innovative working practices and elements by PSCPs. ProCure21+ will drive that

principle forward with the support of PSCPs and their supply chains. To support the evaluation of the capacity to innovate, PSCPs are required to submit proposals on:

- research and development practices;
- modern design thinking;
- client and end-user engagement;
- innovation transfer to clients;
- improving service standards in a clinical environment.

Mr Stephenson says: "This is about making sure that we get something in the framework or its guidance documents that includes the kind of sustainability best practice focus that principal partners need to introduce with their clients at the earliest stages of a project. We would want principal supply chain partners to be able to point clients towards alternative solutions and examples of payback periods on investment in technology for their facilities.

"The principal partners are already required to demonstrate compliance with legislation and trusts need to make sure they are mindful of DH guidance," he continues. "But unless we get sustainability firmly on the agenda there remains the danger that it will be overlooked. So essentially what we are doing in the consultation phase is sketch out how this might look." ●



# MJ Medical drives health design process efficiencies



Conclusions drawn from a review of data management in the hospital design process by leading healthcare consultants, MJ Medical, revealed inefficiency and inaccuracy in the course of finalising room content data, due to a protracted process of the collation and consolidation of information between design stakeholders.

For further information on OSU or MJ Medical's services and experience contact Bernice Williams on +44 (0) 1872 226 770 or e-mail [bernice.williams@mjmedical.com](mailto:bernice.williams@mjmedical.com)  
[www.mjmedical.com](http://www.mjmedical.com)

OSU (Online Stakeholder Update) is a dynamic web-based design data management tool unveiled by MJ Medical. OSU will offer clients considerable savings in time and effort through reducing the quantum of meetings required, whilst significantly improving the accuracy of Room Data Sheets (RDS), which in its own right reduces the overall time required to achieve clinical sign off for the design.

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A partnership for successful delivery



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# Get Involved



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**79%** average rating for service

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**80%** rating on defects

**0%** litigation on schemes to date

For more information on ProCure21, please visit our website [www.nhs-procure21.gov.uk](http://www.nhs-procure21.gov.uk)

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ProCure21 is an initiative of the Department of Health