

Kettering General Hospital: Hospital Rebuild Programme (HIP2)

Presentation to Overview & Scrutiny Commission

5th July 2022

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In September 2019 Kettering General Hospital (KGH) was announced as one of the 40 new hospital projects to be given the green light by Secretary of State of Health and Social Care through the Hospital Infrastructure Plan (HIP2)

The purpose of this presentation is to

1. Update members on where the scheme is in the approval process
2. Describes the process we went through in selecting a preferred option
3. Explains our plans for the new hospital
4. Sets out the next steps and overall timescales.

Kettering General Hospital - Current Site



We are required to follow a three stage approval process

Green Book

SOC

Completed in March 2021



- Establish a case for change
- Gain approval to proceed to later business case stages and associated costs

Role of benefits workstream



- Consider the potential benefits of new ways of working
- Pros and cons of options
- Quantify benefits to support affordability where possible

We are here...

Outline Business Case (OBC)

Expected completion August 2022

- Undertake options appraisal
- Develop a preferred option based on value for money
- Demonstrate this is viable and affordable

Role of benefits workstream

- Distinguish between different options
- Quantify benefits to support affordability to next level of detail



Full Business Case



- Confirm the preferred option is affordable and remains the best value
- Option is ready to proceed

Role of benefits workstream



- Develop implementation plans to deliver specific schemes
- Develop monitoring mechanisms

To implementation...



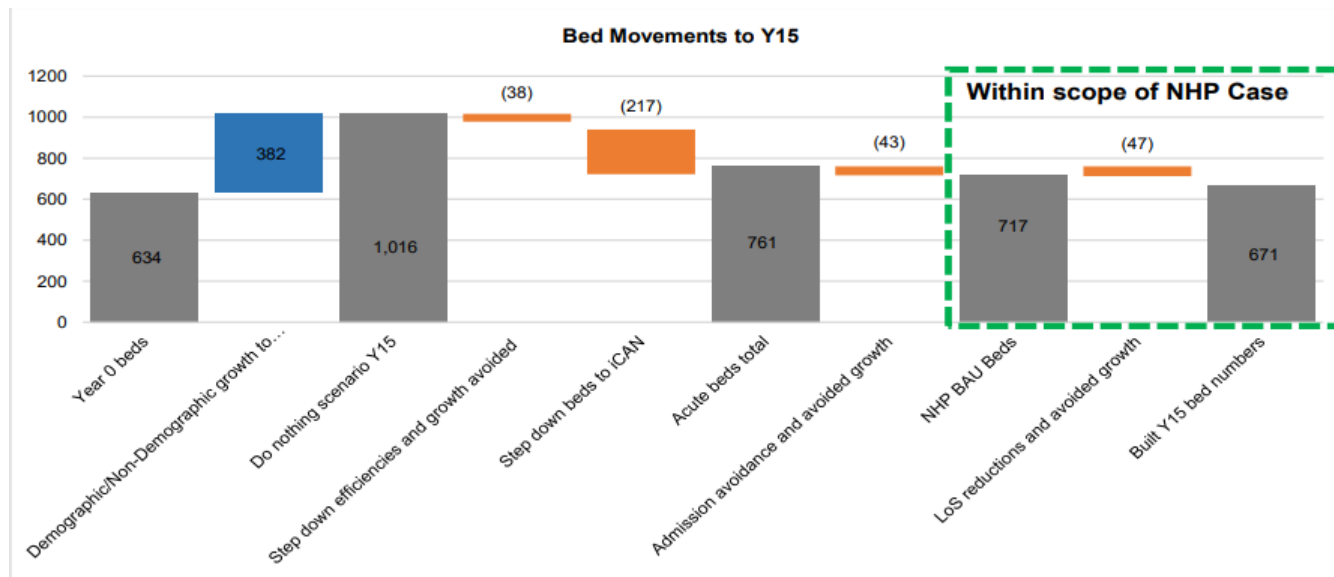
Options considered for the Strategic Outline Case

Option	0 (business as usual)	1 (do minimum)	2	3	4	5 (do maximum)	6 (greenfield)
DCP phases		1B1 (part), 1B2 and 1C	2A and 2B	3A, 3B and 3C	4A, 4B and 4C	5A, 5B and 6	Single phase
Option description	<ul style="list-style-type: none"> Backlog maintenance (which must be the realistic cost of keeping the current buildings operational) 	<ul style="list-style-type: none"> Enhanced urgent care hub Energy centre UCH IP accommodation New trust offices Demolitions Blue light road Additional car park A&E decant/demolition 	<i>Plus</i> <ul style="list-style-type: none"> New IP wards Theatre accommodation Enhanced entrances/communication Diagnostics Endoscopy Non-clinical support 	<i>Plus</i> <ul style="list-style-type: none"> New IP wards CCU Day medicine Enhanced entrances/communication Decant Demolitions 	<i>Plus</i> <ul style="list-style-type: none"> Day surgery unit Enhanced front of site Car parking Decant Demolitions 	<i>Plus</i> <ul style="list-style-type: none"> New women and children's hospital Decant Demolitions 	<ul style="list-style-type: none"> Full new build
Option new build m ²	n/a	23,000	49,000	67,000	74,000	89,000	109,000
Option capital ex VAT	c.£160m	c.£211m	c.£449m	c.£645m	c.£746m	c.£886m	c.£1,093m
Option capital inc VAT	c.£189m	c.£250m	c.£532m	c.£765m	c.£884m	c.£1,050m	c.£1,296m
Backlog maintenance‡	c.£189m to clear	c.£144m remaining	c.£77m remaining	c.£48m remaining	c.£38m remaining	c.£18m remaining	n/a
Est revenue impact‡	£9.6m (to clear backlog)	£12.3m	£25.9m	£37.5m	£43.5m	£51.9m	£64.1m
Outline timeline	tbc	2024	2026	2028	2029/30	2030/31	2024–2029

North Northamptonshire Population Growth Projections

Age	Population projection (000s)				Growth (%) 2020 -		
	2020	2028	2035	2038	2028	2035	2038
0-4	21.4	22.9	24.4	25.1	7.3%	14.2%	17.2%
5-15	51.6	55.3	58.9	60.4	7.3%	14.2%	17.2%
16-24	30.8	32.9	35.0	35.9	7.1%	13.7%	16.6%
25-44	86.9	93.1	98.8	101.4	7.1%	13.7%	16.6%
45-64	95.8	102.6	108.9	111.8	7.1%	13.7%	16.6%
65-84	59.3	71.7	84.5	90.8	20.8%	42.5%	53.0%
85+	8.1	10.5	13.1	14.5	29.6%	62.6%	79.2%
All	353.9	389.0	423.6	439.7	9.9%	19.7%	24.3%
England					3.7%	6.2%	7.2%

The future sizing of the hospital aligns with wider health system priorities



In terms of beds the bed model shows where the changes are the largest and key element is the reduction in patients who can be in a non-acute care environment either at home or in an interim bed.

The driver of the step down bed calculation is:

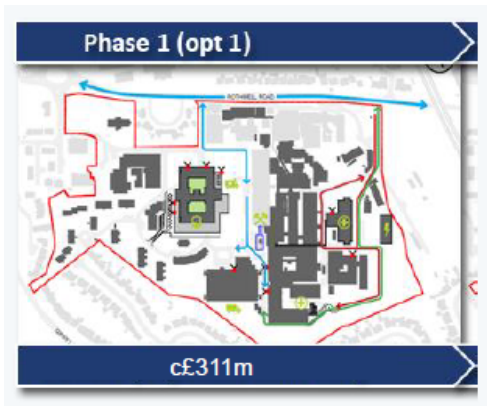
- Patients with >15 days LOS stepped down at day 10
- Applies to 92.5% of applicable patients only

At OBC stage we considered 3 main options:

OPTION 1

Single Six Storey block comprising:

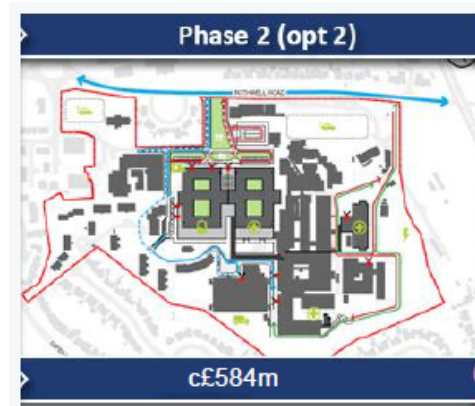
- Urgent Care Hub (Adult and Child ED and Assessment Units)
- 5 Generic Wards



OPTION 2

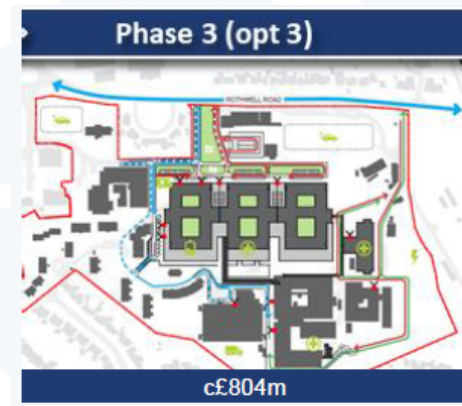
As per option 1 plus a second block housing

- Endoscopy and Main Entrance
- Fracture Clinic and Imaging
- 6 new Theatres and Critical Care
- 6 Generic Wards



OPTION 3

Three phases of buildings comprising all clinical facilities of preceding options with accommodation also for mortuary, pathology, pharmacy, catering



Each option was appraised against qualitative and quantitative criteria to arrive at a preferred option

QUALITATIVE	QUANTITATIVE
<p>The Qualitative Appraisal assessed each option against the following quality criteria and considered the extent to which each offered an improvement against the current position:</p> <ul style="list-style-type: none">• Clinical – patient experience and safety, adjacencies and clinical quality• Workforce – staff availability, staff experience and recruitment/retention• Digital as an enabler• Estates – complexity, capacity, time to build, environmental impact• Accessibility – for public and staff• Alignment with wider health & Group plans	<p>The Quantitative Appraisal reviewed the key financial indicators</p> <ul style="list-style-type: none">• Capital costs• Backlog maintenance and lifecycle costs (the ongoing costs to run the Estate)• Costed Risks• Benefits (Cash-releasing, non cash-releasing and societal)
<p>Summary outcome: Options 2 and 3 ranked more highly as the options that will deliver the most benefits providing more flexible capacity and driving improvements in both patient and staff experience, unlocking improvements in clinical quality and the overall condition of the estate</p>	<p>Summary outcome: Option 3 provides the highest level of financial and cash releasing benefits (although only marginally greater than for Option 2) but with a significantly higher capital cost.</p>

Why we selected our preferred option

The Trust Board of Directors considered 3 different options for rebuilding the hospital – building 1, 2 or 3 new blocks in a series of phases.

- Just building the first phase would not deliver the theatre and diagnostic capacity required in the long term, or sufficient numbers of new beds to decommission our old stock
- Option 2 (2 phases) and 3 (3 phases) are seen to deliver significant improvements in driving improvements in both **patient and staff experience** as well as unlocking much needed **improvements in clinical quality** and the **overall condition of the Estate**
- Option 2 was seen as more advantageous than option 3 because:
 - Although Option 3 delivered slightly more benefits, it required a **much larger capital** sum than has been indicated is available and therefore unlikely to be supported nationally
 - The **cost of repaying the capital** for option 3 is greater than the expected financial benefits meaning it would be unaffordable
 - Option 2 will involve a **shorter build programme** meaning shorter period of disruption and fewer internal moves
 - Option 2 provides the **flexibility** to develop the site further should more funding become available and allows the Trust to develop specific areas in advance of the main build e.g. Rockingham Wing.

Overall, in an environment where there are competing requests for limited capital, it is felt that option 2 provides the Trust with a greater chance of having it's scheme approved whilst also delivering significant improvements to the site.

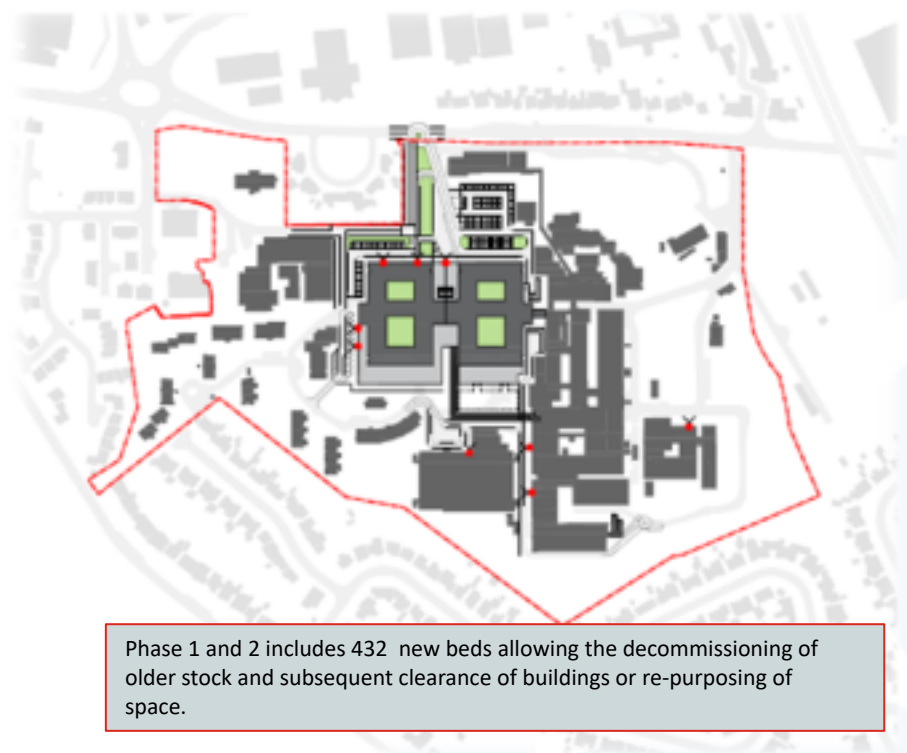
The scheme will comprise two main phases of construction

Phase 1



After Phase 1 has been built the current Emergency Department will transfer into the new building allowing the old facility to be demolished and clear space for Phase 2

Phase 2



Phase 1 and 2 includes 432 new beds allowing the decommissioning of older stock and subsequent clearance of buildings or re-purposing of space.

What will be included in the new hospital?

Phase 1

- Adult and Child Emergency Department
- Short Stay Paediatric Assessment Unit
- ED Imaging (also inpatient out of hours)
- Elderly Frailty Unit & Emergency Decisions Unit
- Medical SDEC and Medical Assessment Unit
- Surgical SDEC and Surgical Decisions Unit
- Six Generic Inpatient Wards

Phase 2

- Main Entrance
- Endoscopy Unit
- Orthopaedics and Fracture Clinic
- Diagnostic Imaging Department
- 6 Operating Theatres and Recovery Suite
- 20 bed Critical Care Unit
- 6 Generic Inpatient Wards
- FM Service Hub

Context illustrations: Preferred Option



Context illustrations: Preferred Options (Main Entrance)

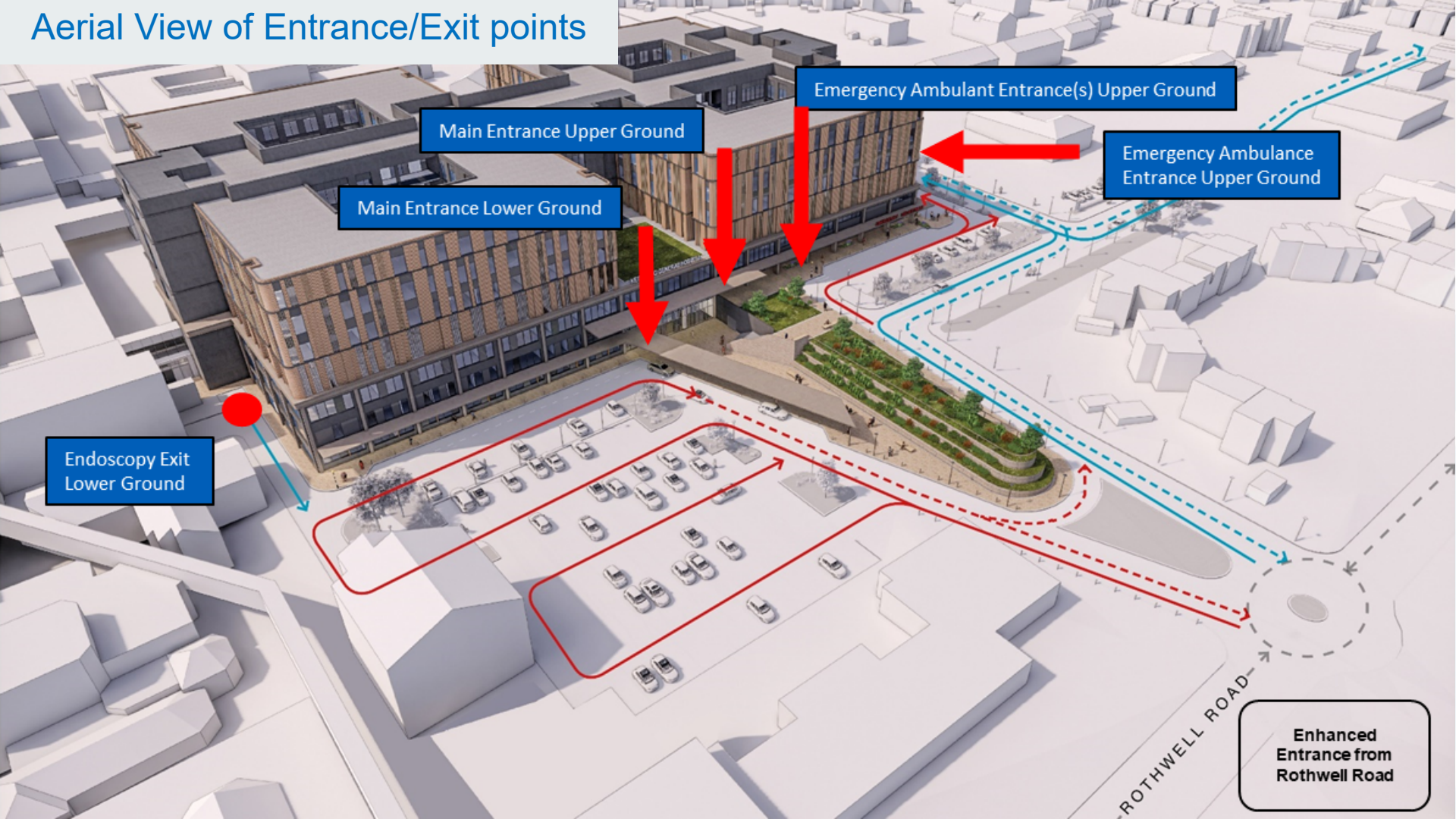


Easy Identifiable Reception

Easy Identifiable Circulation Core

Expansive, welcoming bright, double/triple height space with Non clinical hard wearing finishes

Aerial View of Entrance/Exit points



Emergency Ambulant Entrance(s) Upper Ground

Main Entrance Upper Ground

Emergency Ambulance Entrance Upper Ground

Main Entrance Lower Ground

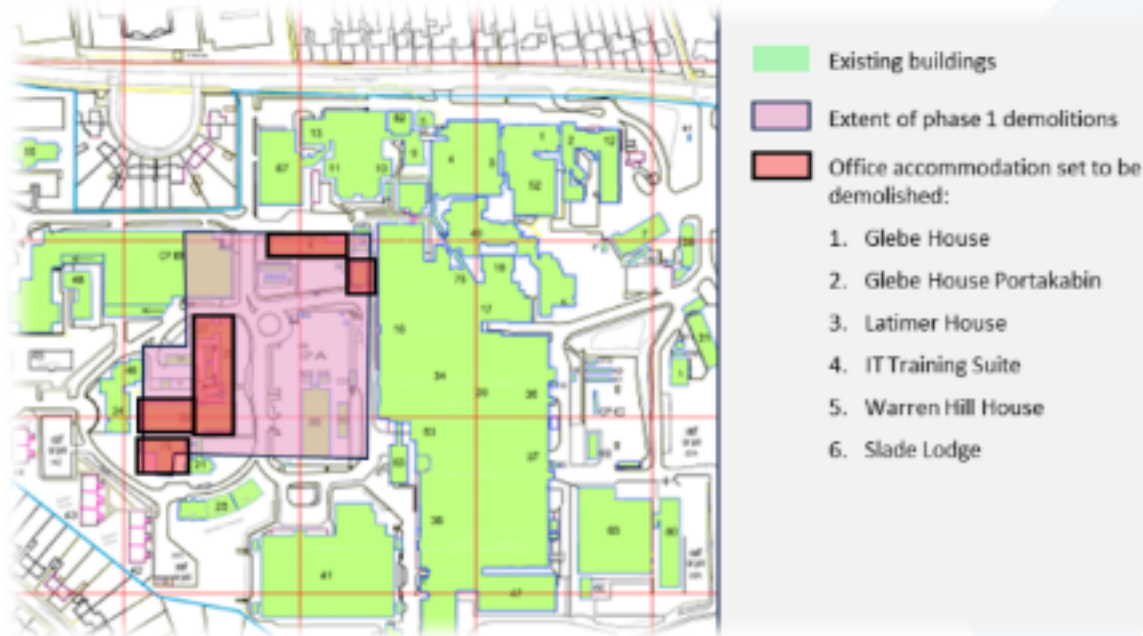
Endoscopy Exit Lower Ground

Enhanced Entrance from Rothwell Road

Before construction can begin, space needs to be cleared on site

Phase 1 will be built on land currently occupied by Glebe House, Warren Hill House and Latimer House, Car Park A and part of Car Park B.

The relocation of this office accommodation and provision of car parking spaces is part of the enabling works needed before construction of the new building can begin.



A number of enabling work projects are required

Energy Centre & Electrical



As well as supporting the new buildings the new energy centre and electrical works will:

- address the current critical risk we have in the power supply and aged distribution to our clinical buildings
- Contribute 58% reduction of our carbon footprint
- replace the end of life steam based infrastructure which is expensive to operate and currently requires specialist regular maintenance causing extensive disruption to our patients and services

Car Parking



There is both a short and long term requirement to ensure adequate parking provision for visitors and staff

- 250-300 spaces expected to be lost on site as a result of construction
- A longer term objective has been set to bring staff parking back onto site and to create a long term car parking solution
- Options for a new multi-storey car park are being explored

Accommodation (Clinical & Office)



- Space for existing clinical services on the ground floor of WHH needs to be re-provided, and there are other onsite services that wish to move
- Approx. 300 working spaces will be lost as buildings are demolished. The New Ways of Working pilot is showing that not all teams need a desk per person and that it is possible to use office space much more efficiently
- The Executives have agreed that not all corporate functions need to be located on-site which will free up space for those roles that do need to be on site
- Different onsite and offsite options are being explored for both clinical services and office accommodation.

Next steps

- To proceed, our plans for a new hospital must be approved by the Department of Health/HMT and further funding released.
- We intend to submit our Outline Business Case after Board Approval in July 2022, along with business cases for a new energy centre and upgrade to our electrical infrastructure.
- We have support from the National Team to progress with the main enabling works
- We are working towards having the site cleared and **ready for construction to begin Q4 2023/24**, although overall timescales are dependent on the release of funding and national prioritisation of which hospitals are built.
- We continue to push for this early start date and are hopeful that the maturity of our scheme and progress of our enabling works will allow this.

