

Achievements and benefits

ProCure21 allowed the Trust to conduct an in-depth analysis of project risk as a whole. Each risk was identified and apportioned to the most suitable party to manage it. Based on the Trust's appetite for risk, some were apportioned to the Trust that traditionally may have been left with the contractor and paid for. The Guaranteed Maximum Price (GMP) was, therefore, more accurately calculated and almost certainly lower than if they had apportioned all risk to the PSCP.

Design Innovation was critical. The internal layout maximised use of available natural light in wards, improved patient privacy and dignity, offered extra storage and provided dedicated staff changing and rest areas.

Part of a long-term development programme, the CCPU was designed so that an additional C-arm diagnostic scanner can be added if needed.

An access road built for construction vehicles was retained by the hospital without adding to the GMP and has been converted to a fire and ambulance route. This enhances the emergency vehicles access.

The Trust used Medicinq on the selection and procurement of medical equipment to ensure co-ordinated provision, delivery and installation of the unit.

The scheme was delivered on time and on budget. "We believe in robust costing right from the start," said Andy Dixon. "It came in £10,000 under budget."

Kettering District General Hospital has a better view of capital procurement and has exceeded its year six target in attracting additional clinical referrals.

Key innovations

- * Open book approach was supported by both the Trust and the PSCP with cost reporting against the overall Trust budget and not solely the PSCP GMP.
- * During the design phase, complex M & E Supply Services issues were resolved after an extensive site investigation and consultation with Trust Estates Department. Had this not been done, problems and possibly delays would have been experienced during construction.
- * The CCPU was built on top of an existing ward, enveloping it so that in the future, as the Trust's needs changed, it could be redeveloped with minimum disruption.
- * The building envelope was rationalised and simplified while maintaining its aesthetic appearance.
- * The building envelope has been extended so that additional floor space has been created without having to increase the original budget.



Kettering General Hospital is dedicated to improving efficiency and offering patients and clinicians better and more diverse services. A partnership with Medicinq helped the hospital develop an estates strategy that is critical to achieve these aims. The construction of a Cardiac Catheter Laboratory was key to the expansion of the hospital and its services for patients.

// We want to be an excellent District General Hospital, //
said James Hayward

Contacts

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Introduction

Prior to this scheme, Kettering General Hospital had used traditional procurement for building. But it had left a bitter aftertaste as some deadlines were over-run and budgets exceeded. Kettering, an aspirant NHS Foundation Trust, had secured treasury capital for a much needed Cardiac Catheter Laboratory and was determined to get better results this time. Director of Estates, James Hayward, believed it was the opportunity the Trust needed to try a different sort of procurement. He had examined the ProCure21 option and attended one of its training courses; he believed it could be the solution.

"I was keen to look at alternatives that would yield the maximum benefit to the Trust and deliver this capital project, on time, on budget and to high standards. I felt ProCure21 would complement our business objectives."



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Principles and objectives

Kettering General Hospital has set itself some tough targets to improve its services, to build on a solid reputation and establish itself as a natural choice for local patients and a credible alternative for those further afield. To contribute to this it needed to deliver its capital programme on time, to budget and to high standards; it needed to have confidence in its Principal Supply Chain Partner.

"We want to be an excellent District General Hospital, and have a number of areas where we are driving improvements through; one key element is the investment to improve the environment in which patients are being treated," said Mr Hayward. "If we could improve that then we were confident we would retain local patients, attract external referrals, reduce operating costs, lower infection risks and secure improved ratings in patient satisfaction surveys."

"Having been convinced myself that ProCure21 was worth a try, I had to convince my Trust Board. Having completed a Full Business Case, and as part of the selection process, we invited the PSCPs to execute a cost validation exercise to ensure that the selected partner could deliver the Cardiac Catheter Procedure Unit (CCPU) on time and under budget." The Board appointed Medicinq as its partner after a very thorough selection process.

The PSCP set out to build a relationship of trust. Having done similar ProCure21 projects before it knew it could bring unique experience to the project.

"Our approach is total transparency, trust and openness. Because of what had gone before at Kettering, there was an element of cautiousness. It called for a cultural change, and steadily and slowly we had to build up a relationship that demonstrated we had nothing to hide," said Andy Dixon, Operations Director for Medicinq.

"We hired a bus and took stakeholders from Kettering to other CCPU's locally we had completed. It was an ice-breaker. The stakeholders could see what we had done, what could work for them, what wouldn't, and it would give them the opportunity to ask any questions."

The plan worked. "ProCure21 was a refreshing change from what we had experienced in the past. We believed there was a real sense of partnership and openness," said Mr Hayward.

This relationship paid off. Medicinq was again selected on a subsequent scheme to provide a £17 million Women and Children's Unit.

Challenges

Access to site could have been difficult but problems were overcome by constructing a new route at the back of the hospital taking traffic away from patient care areas.

Disruption had to be kept to a minimum so a decision was taken to close the ward for a short time to ensure the project came in on time. Failure to do so could have caused disruption to the day-to-day running of the ward.



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