

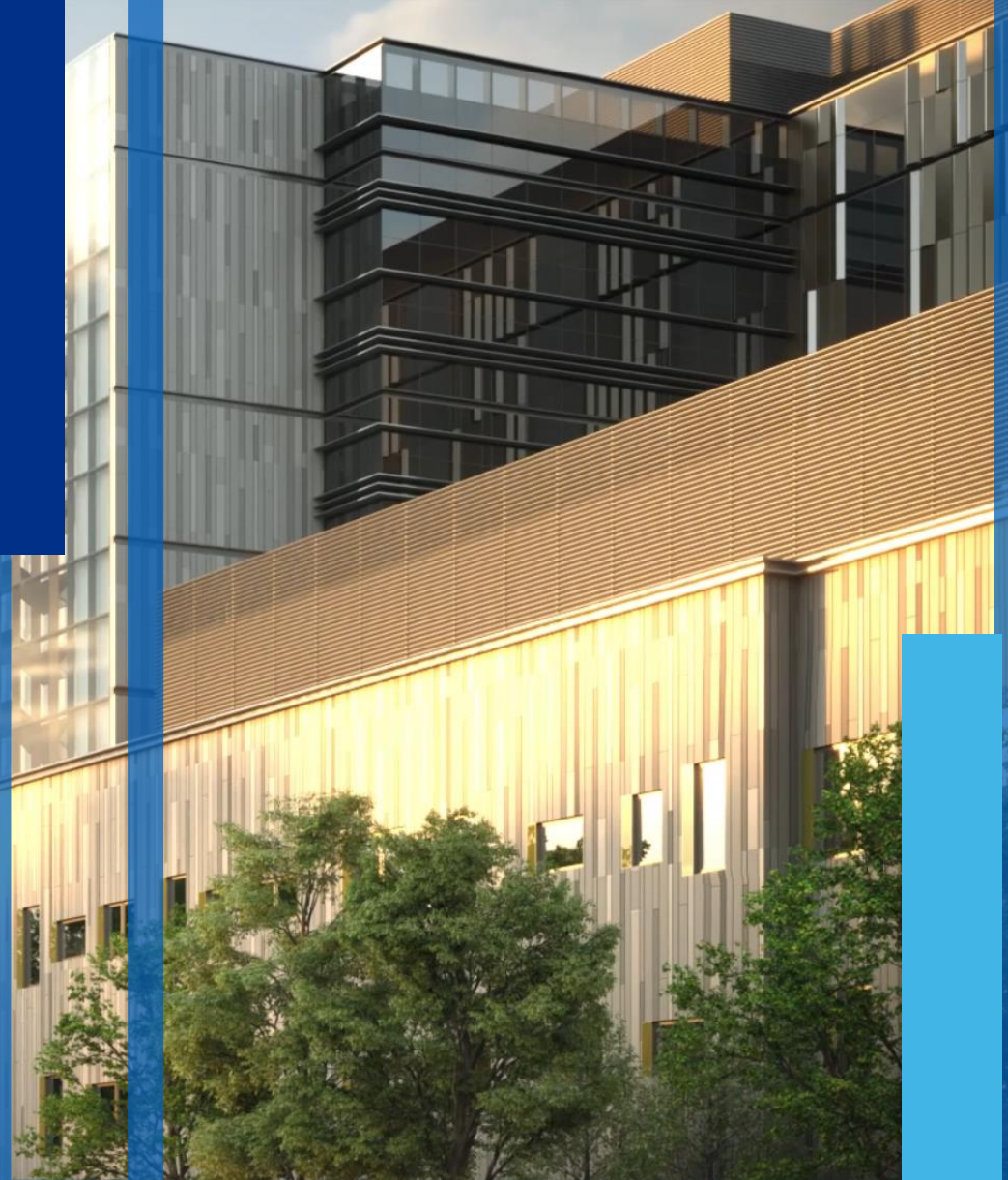


New Hospital Programme

The New Hospital Programme

Build UK Forum

29 January 2026



Department
of Health &
Social Care



Welcome and introductions

Suzannah Nichol, OBE
Chief Executive, Build UK

01

Agenda

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|---|---|
| 1 | Welcome and introductions
Suzannah Nichol OBE, Chief Executive, Build UK |
| 2 | New Hospital Programme overview
Natalie Forrest, Chief Programme Officer, NHP |
| 3 | How we will deliver the New Hospital Programme
Richard Lennard, Chief Operating Officer, NHP |
| 4 | Hospital 2.0 and industrialisation
Emily King, Industrialisation Director, NHP |
| 5 | The year ahead (Hospital 2.0 Alliance)
Emma Whigham, Hospital 2.0 Alliance Operations Director, NHP |
| 6 | Summary
Natalie Forrest, Chief Programme Officer, NHP |
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Suzannah Nichol OBE, Chief Executive, Build UK |



NHP Programme Overview

Natalie Forrest

Chief Programme Officer, NHP

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Parameters of Engagement



Transparency

This market engagement activity does not form part of any regulated procurement process.

NHP will take appropriate steps to ensure engagements do not result in a violation of the principles of non-discrimination and transparency.



Equality

NHP will ensure that it does not provide any potential supplier with information that may give one potential supplier an advantage over another.



Confidentiality

In return NHP expects that each organisation engaged respects the need for confidentiality of all information presented, shared or discussed by NHP.

Any commercially sensitive information shared by the supply chain will remain confidential.



Collaboration

This market engagement activity seeks for a collaborative discussion of the topics set out.

Any general questions and answers will be captured, and responses shared amongst all organisations engaged in this market engagement activity.

The past was difficult for healthcare...

The New Hospital Programme must deliver on Labour's manifesto commitment to renew NHS hospital infrastructure and meet the critical healthcare needs of the nation.

NHP is key to overcoming:

- Safety risks
- Outdated facilities
- Poor patient experience of hospitals
- Operational inefficiency
- A workforce under pressure

And getting hospitals built in a timely and cost-effective way



The New Hospital Programme

The New Hospital Programme (NHP) is currently one of the largest infrastructure programmes in the UK



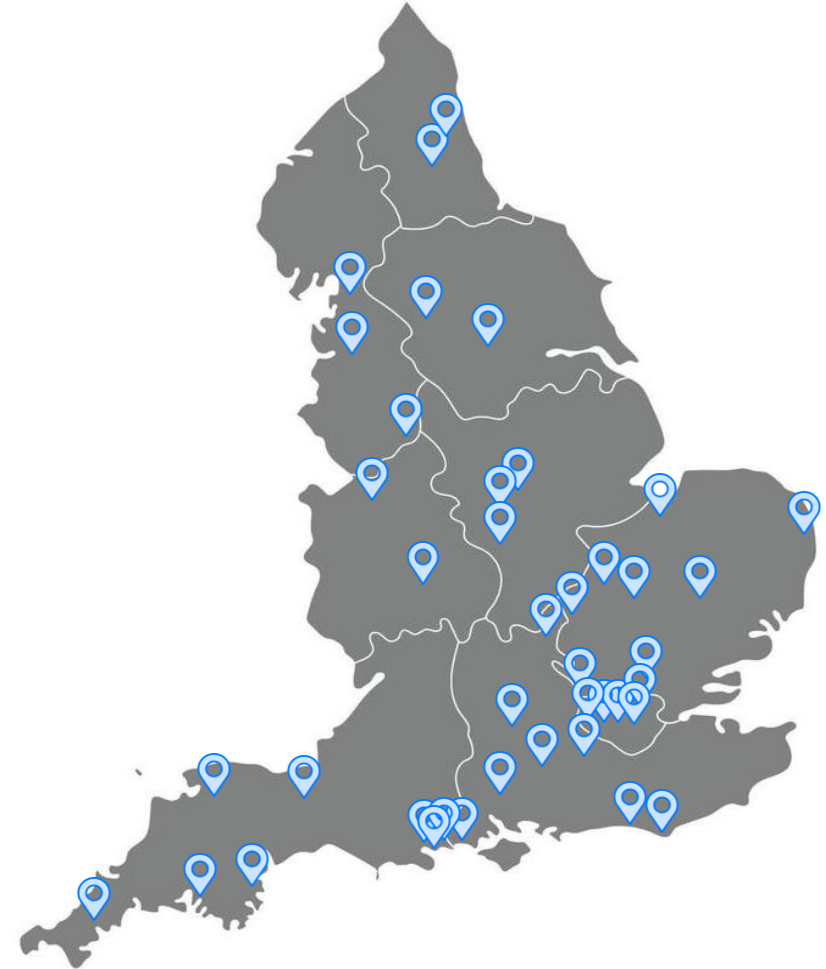
A series of next generation hospital builds in waves of delivery, including seven **RAAC hospitals** (Reinforced Autoclaved Aerated Concrete)



This is a **centralised programme** to deploy a **common set of design principles** incorporating **modern methods of construction** and digital strategy



Development and application of a **common commercial and procurement strategy** to achieve economies of scale and mitigate supply constraints



We are ready to deliver transformational benefits

We are unlocking future capacity to transform how healthcare infrastructure is delivered



Improved workforce wellbeing and efficiency



Increased productivity



Improved clinical care



Integration with communities



Cheaper and faster



Enhanced patient experience



Latest digital technologies



Green, sustainable hospitals

NHP Plan for Implementation

In January 2025 the Rt Hon Wes Streeting MP, Secretary of State for Health and Social Care, launched the NHP Plan for Implementation.

The NHP Plan for Implementation has provided a thorough, realistic and costed timetable for delivery ensuring the programme is on the soundest possible footing for delivery.

The plan confirms that NHP will be backed by up to £15bn of investment for each five-year spending period, averaging £3bn a year by 2030 to be confirmed at regular Spending Reviews.

For more information, please visit [New Hospital Programme: plan for implementation - GOV.UK](https://www.gov.uk/government/news/new-hospital-programme-plan-for-implementation)



Our Schemes

The waves approach ensures there will always be a balanced portfolio of schemes at different development stages being delivered now and into the future.



Wave 0 (already commenced construction)

- Alumhurst Road Children's Mental Health Unit, Dorset
- CEDAR Programme
- Dorset County Hospital, Dorchester
- National Rehabilitation Centre (NRC)
- Oriel Eye Hospital
- Royal Bournemouth Hospital, Dorset
- St Ann's Hospital, Poole, Dorset



Wave 1 (construction start 2025-2030)

- Airedale General Hospital (RAAC)
- Brighton 3Ts Hospital
- Cambridge Cancer Research Hospital
- Derriford Emergency Care Hospital
- Frimley Park Hospital (RAAC)
- Hillingdon Hospital
- Hinchingsbrooke Hospital (RAAC)
- James Paget Hospital (RAAC)
- Leighton Hospital (RAAC)
- Milton Keynes Hospital
- North Manchester General Hospital
- Poole Hospital, Dorset
- Shotley Bridge Community Hospital
- Queens Elizabeth Hospital, King's Lynn (RAAC)
- West Suffolk Hospital(RAAC)
- Women and Children's Hospital



Wave 2 (construction starts 2030-2035)

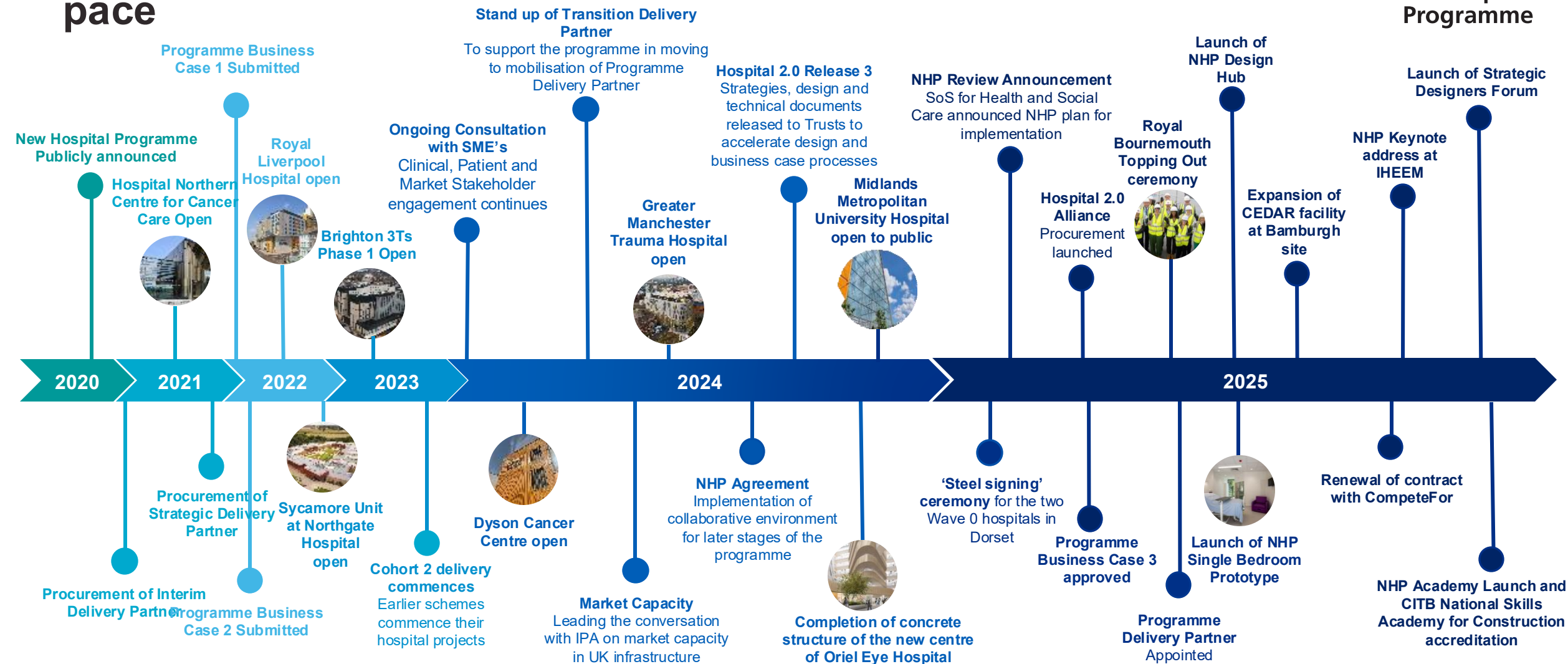
- Kettering General Hospital
- Leeds General Infirmary
- Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital
- Musgrove Park Hospital, Taunton
- Princess Alexandra Hospital, Harlow
- Specialist Emergency Care Hospital, Sutton
- Torbay Hospital
- Watford General Hospital
- Whipps Cross University Hospital



Wave 3 (construction starts 2035-2039)

- Charing Cross and Hammersmith Hospital, London
- Eastbourne District General, Conquest and Bexhill Community Hospitals
- Hampshire Hospitals
- North Devon District Hospital, Barnstaple
- Queen's Medical Centre and Nottingham City Hospital
- Royal Berkshire Hospital, Reading
- Royal Lancaster Infirmary
- Royal Preston Hospital
- St Mary's Hospital, North-West London

Significant progress has been made; we are ready to proceed at pace



How we will deliver the New Hospital Programme

Richard Lennard

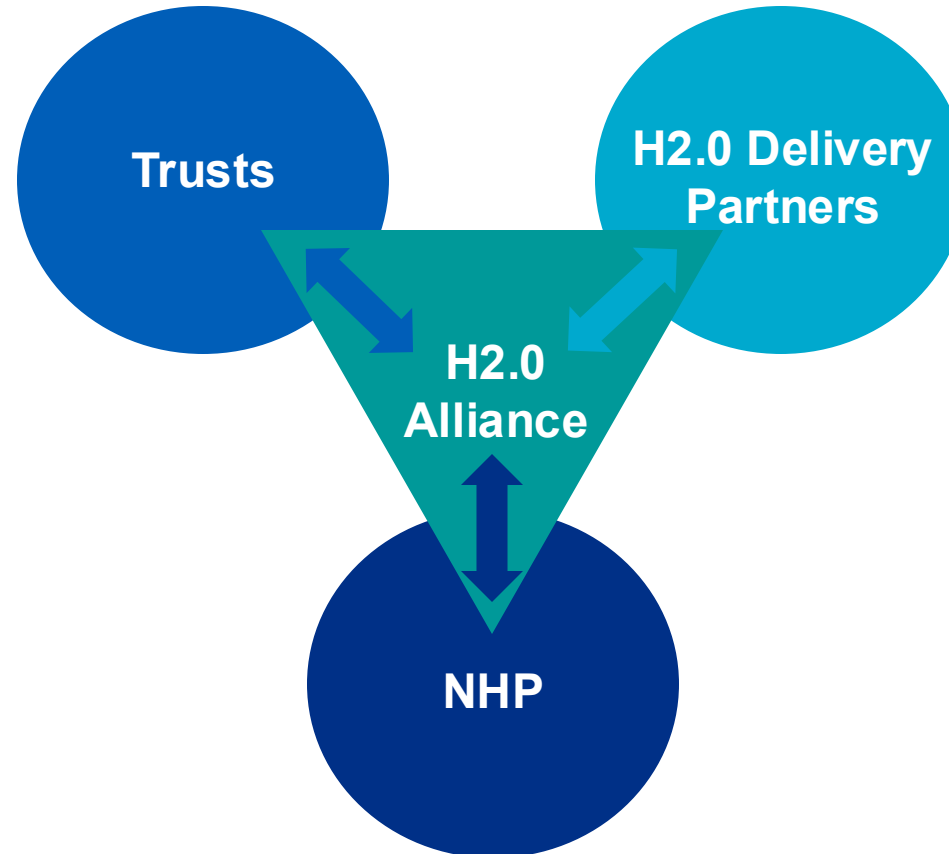
Chief Operating Officer, NHP

03

A Standardised Approach



Working in Partnership



Delivered by the NHP Supply Chain



Hospital 2.0 and industrialisation

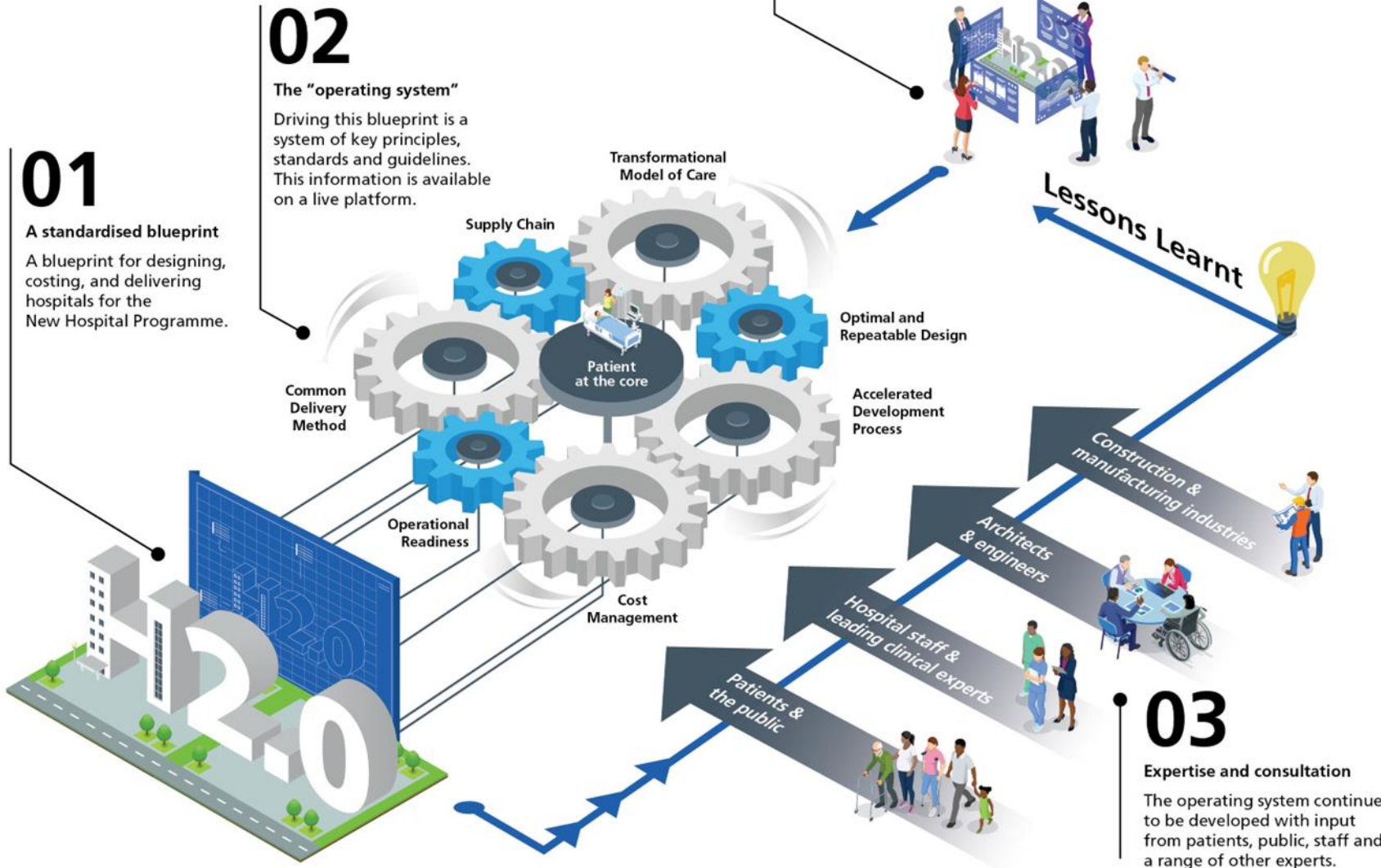
Emily King

Industrialisation Director, NHP

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Hospital 2.0 System

Advancing patient care in high quality healthcare environments



The Four Key Principles

Transformational patient care

Driving transformation to provide an excellent, safe and digitally enabled experience for patients, visitors and staff.



Hospitals for now and for the future

Hospitals that are adaptable and resilient to change, that transform national standards and leave a sustainable legacy.



Optimised healthcare structure

The right estate, the right layout, enabling people to be in the right place, supported by intelligent digital systems.



Built efficiently; operated and maintained to last

Using innovation and technology to leverage scale and drive efficiency and value for money and ensure maximum durability for the future.



“ Industrialised Construction approaches are centred around standard systems and processes that can be repeatedly deployed across many projects through stable relationships.”

An Introduction to: Industrialised Construction, CLC, 28.03.24

“Industrialisation removes unwanted variability and waste to improve performance and productivity with higher levels of certainty.”

Industrialisation definition, NHP 2024

Benefits of Industrialisation

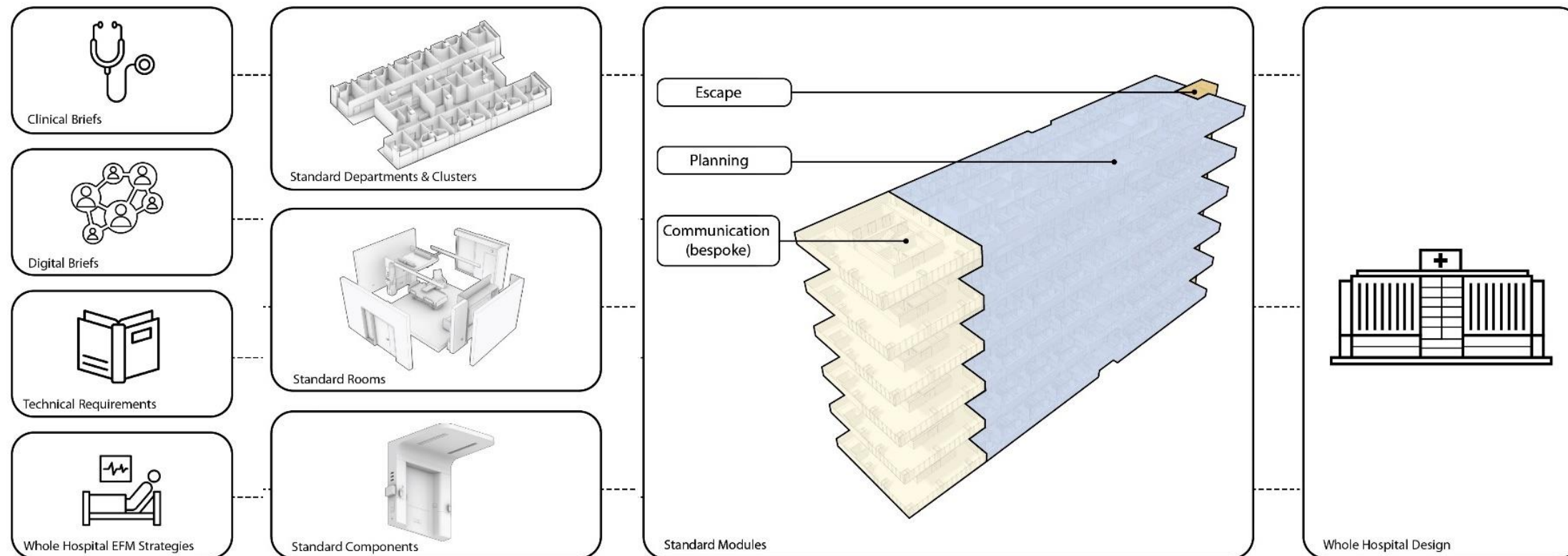
1. Achieving **efficiency** through the systematic removal of waste
2. Increasing **repetition** and capitalising on the **portfolio/programmatic** approach
3. Enabling **DfMA** through the supply chain
4. Increasing **stability** of the industry through **predictability** of product and pipeline
5. Enabling certainty of **cost** and **programme**
6. Increasing **safety** in construction and operation
7. Increasing **quality** and **consistency** of care

Product Demand ‘Problem Statements’

1. “We are building **more hospitals** than the supply chain currently have capacity to build – traditionally”
2. “Hospitals are **risky** to build”
3. We are competing with sectors who have **standardised** what they are asking for

NHP Response: Create stabilised demand through standardising components/systems based on a clinically proven design

Alignment of Kit Parts

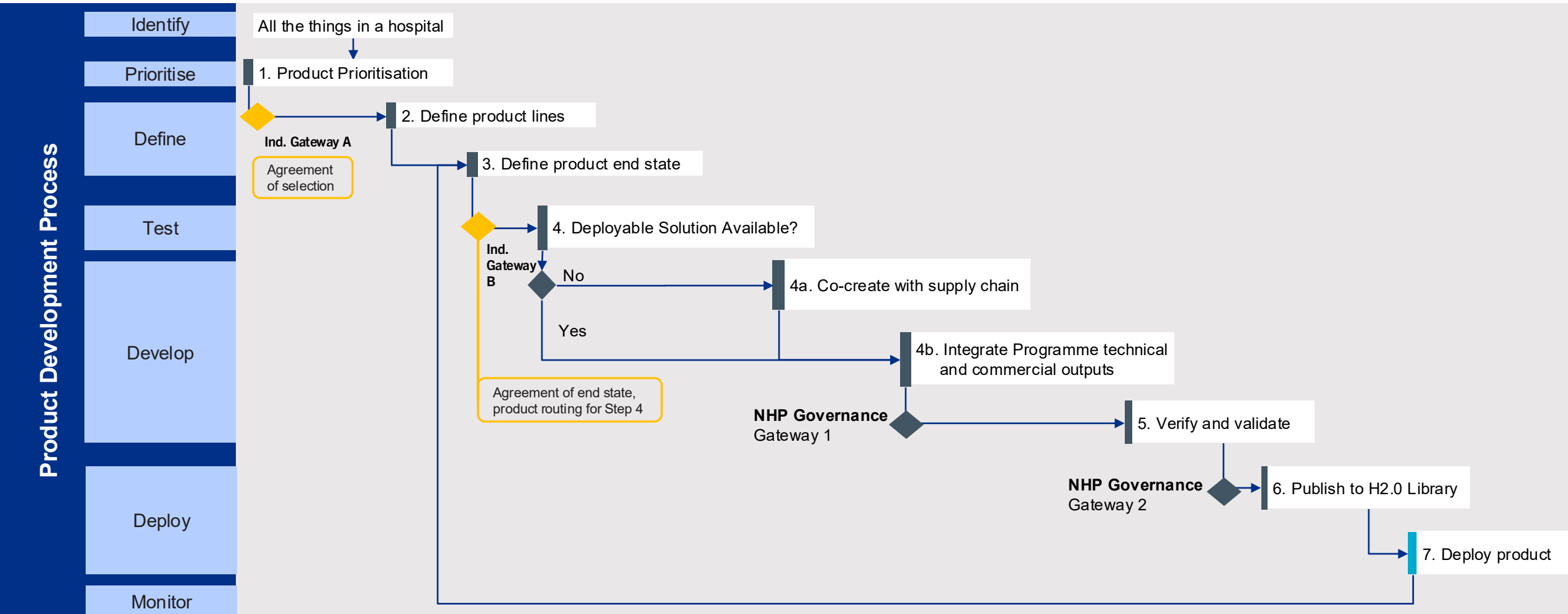


Critical Success Factors

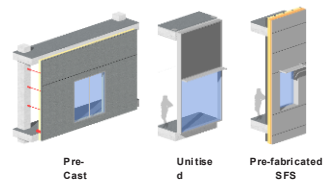
The Industrialisation Strategy [NHP-PGM-00-XX-H20-STG-000003] defines a set of performance and threshold success factors for the programme that will inform and guide the ambition for each Product put through the Product Development Process. These success factors should be used to determine the Product End-State, ensuring the solutions provide a measurable benefit to delivery, within available budgets and supply chain constraints.



Product Development Process: Overview

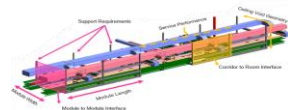


Priority Products



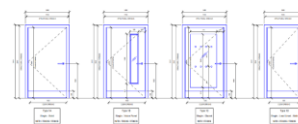
Facades

1.



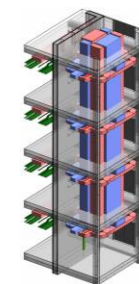
**Horizontal
MEP
Distribution**

3.



Internal Doors

5.

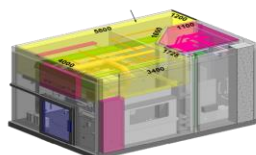


Risers

7.

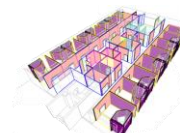
2.

In-Room MEP

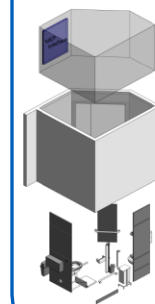


4.

**Internal Walls
& Partitions**



6.



Ensuites

Product 1 – In-Room MEP Modules

Product Definition:

Hospital 2.0 strategy utilises in-room distribution to facilitate the supply of services from corridor to the required clinical space, to support a clinical function or a patient or provide the necessary environmental conditions to enable a clinical provision.

Mechanical, Electrical and Plumbing (MEP) services such as: ventilation, hot and cold-water supply, medical gases, power and data. This product will fundamentally enable these services to be pre-manufactured within a module. The services within these horizontal distribution modules are in accordance with all relevant HTMs: 02-01, 03-01, 04-01, 07-04 and 06-01, 02, 03

Includes:

MEP services (into room and as a connection point for in room element e.g. bedhead), framing and fixing of services to framing and framing to soffit.

Benefits for implementation (for Wave 1 Schemes):

- Preconfigured modules reduce onsite time and labour requirement(s)
- A supply chain enabled solution will reduce design time by negating abortive design work of modules through use of supplier led configuration
- Development of critical interface information will support cross-scheme deployment of modules. H2.0 adoption levels and/or multi-contractor site work

Limits of Applicability & Expected Demand (for Wave 1 schemes):

- Inpatient Department
 - Bedroom (Standard): 3868
 - Isolation Bedroom: 258
 - Ensuite (Standard): 3868
 - Ensuite (Large): 258
 - Isolation Lobby: 258
- Additional rooms types will be progressively added as the design detail is developed and incorporated into specification documentation

Examples of in-room modules that could be deployed as a response to specification



Complexity:

Utilisation of Current Off the Shelf (COTS) capabilities to develop MEP contractor offerings, amended to deliver NHP specification, developed from H2.0 standard rooms.

H2.0 Product Requirements:



Performance

Fixed: Minimum performance and service provision requirements for each Space/Module type are defined and must be complied with by Designers and Product suppliers.



Interfaces

Fixed: The location, arrangement and quantity of services to be provided across each interface is defined and must be complied with by Designers and Product Suppliers.



Geometry

Variable: The routing of above ceiling services from the corridor interface to In-Room connection locations is up to the Product Supplier to optimise to suit their pre-fabrication methods.

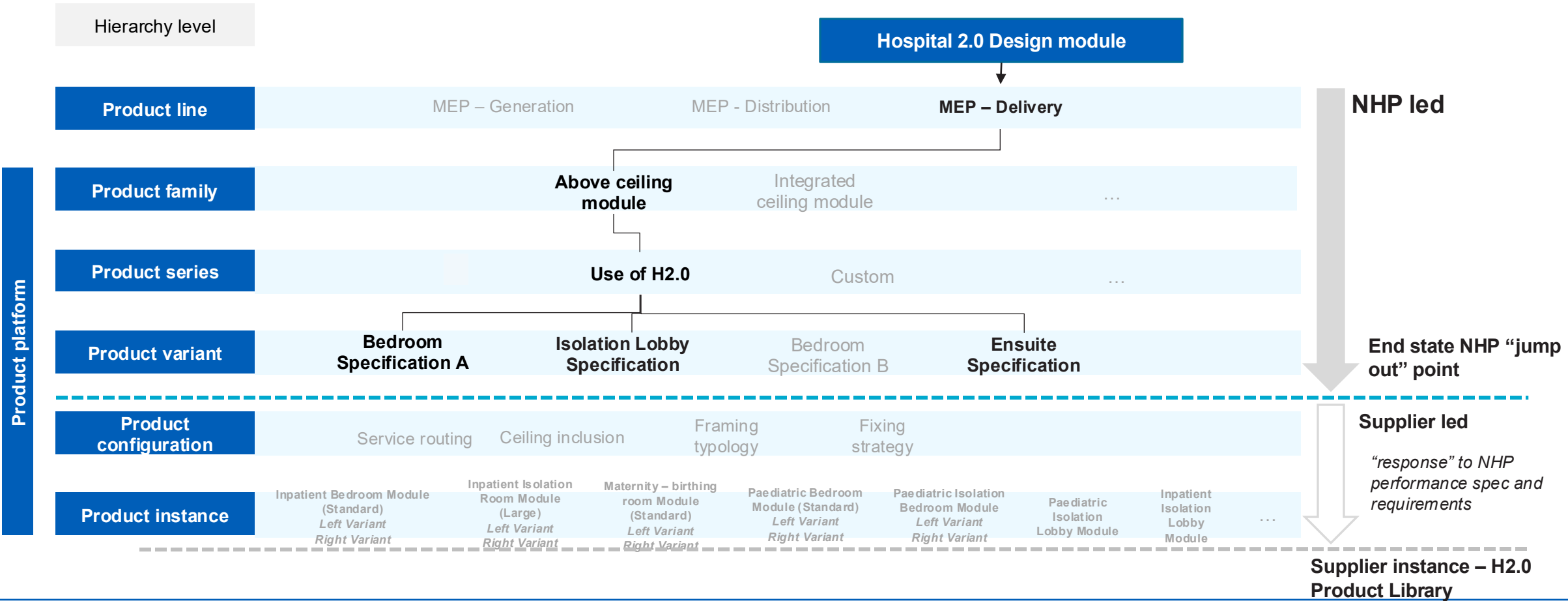
In-Room MEP – Product Hierarchy



New Hospital Programme

The Product Hierarchy supports the organisation of Industrialised H2.0 elements into a defined structure, enabling improved navigation through the H2.0 Library, as well as defining the current scope of spaces covered within the Product specification(s).

It is expected that product configurations and instances will be supplier-led and these **supplier solutions will be captured within a H2.0 compliant solutions catalogue** for future scheme use.



In-Room MEP Modules - Product Variables

Balancing NHP H2.0 Requirements with Trust/Contractor Choice

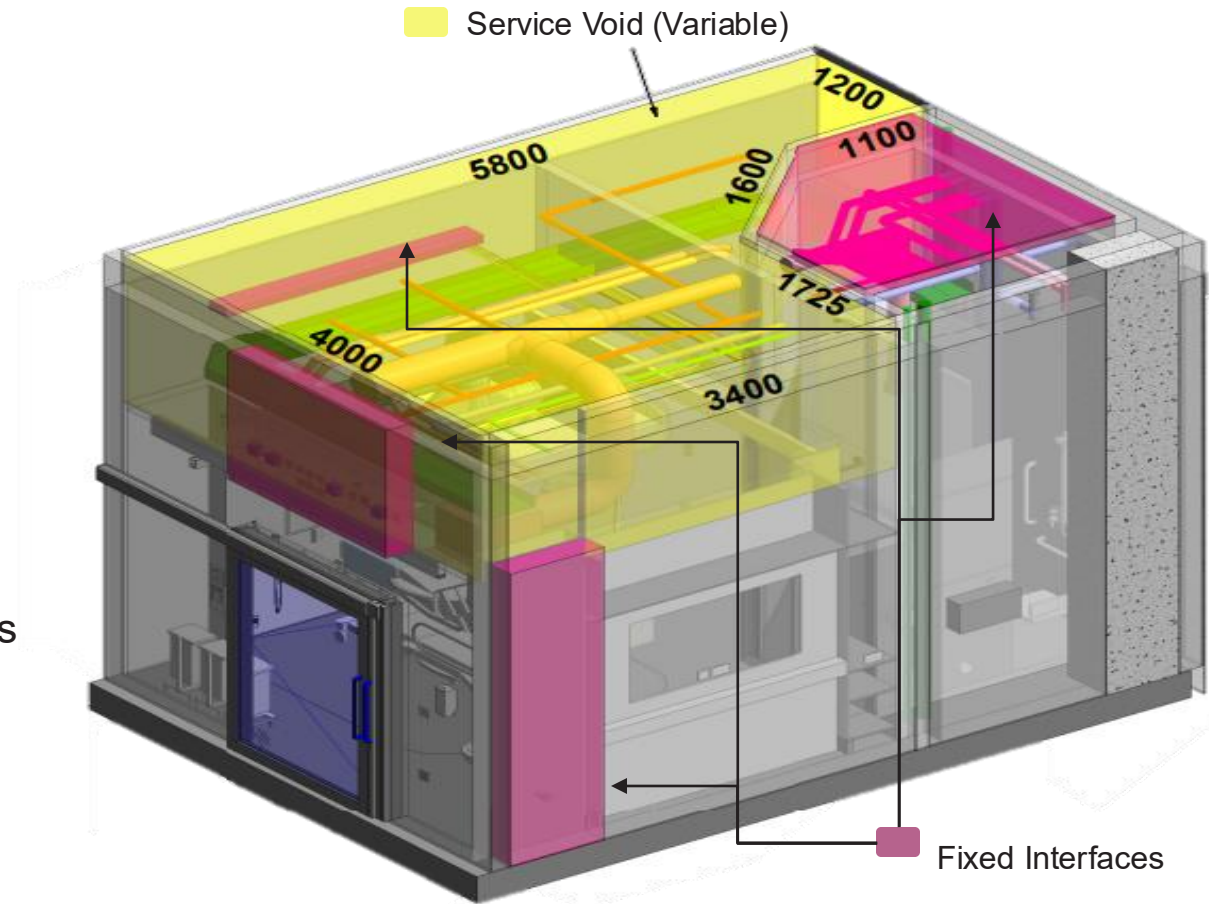
H2.0 Requirements (Fixed Variables)

- *Performance*: In-Room/Space and service provision
- *Interfaces*: Location, arrangement and quantity of services
- *Geometry*: Ceiling void space claim
- Alignment to H2.0 MEP Strategy
- Standardised naming convention for modules
- Module requirements including: transportation, functionality, disassembly, contractor QA & QC procedures, storage and limitation of on-site labour requirements

Contractor/Trust Choice (Variable Variables)

Each Trust/Contractor has autonomy over the following aspects of this Product:

- Specific product selection and/or arrangement
- MEP arrangement within ceiling void
- Fixing method, location and typology
- Installation methodology



Example: Inpatient Bedroom (Standard)

The year ahead (Hospital 2.0 Alliance)

Emma Whigham

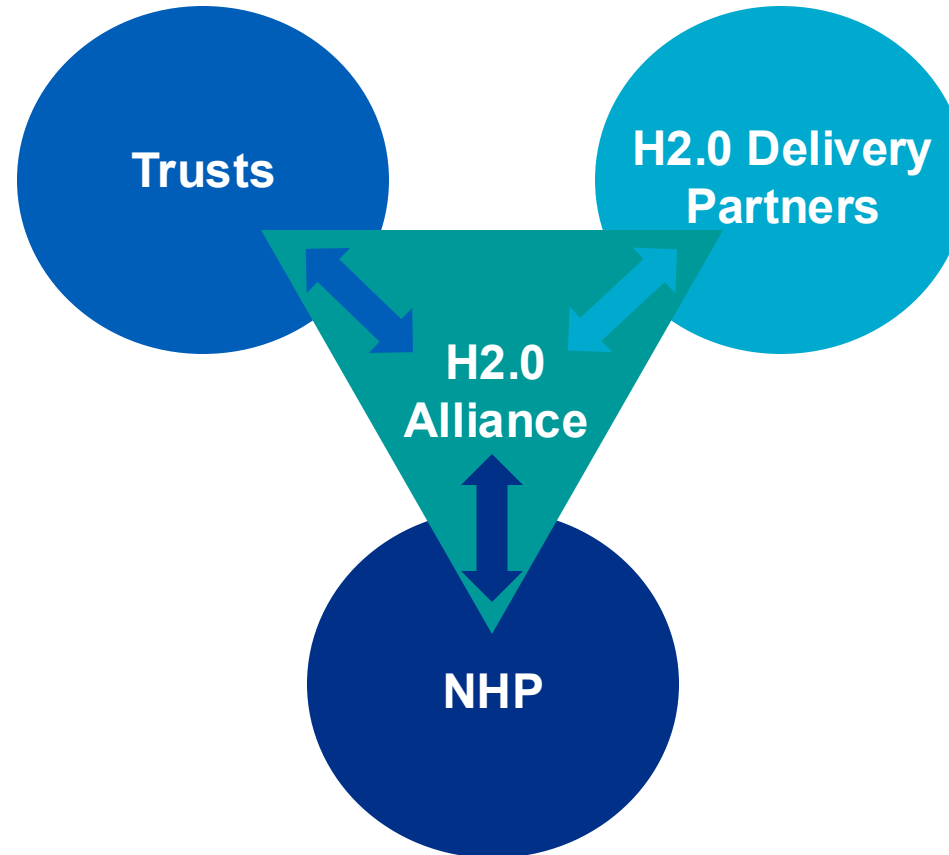
Hospital 2.0 Alliance Operations Director, NHP

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A Standardised Approach



Working in Partnership



Delivered by the NHP Supply Chain



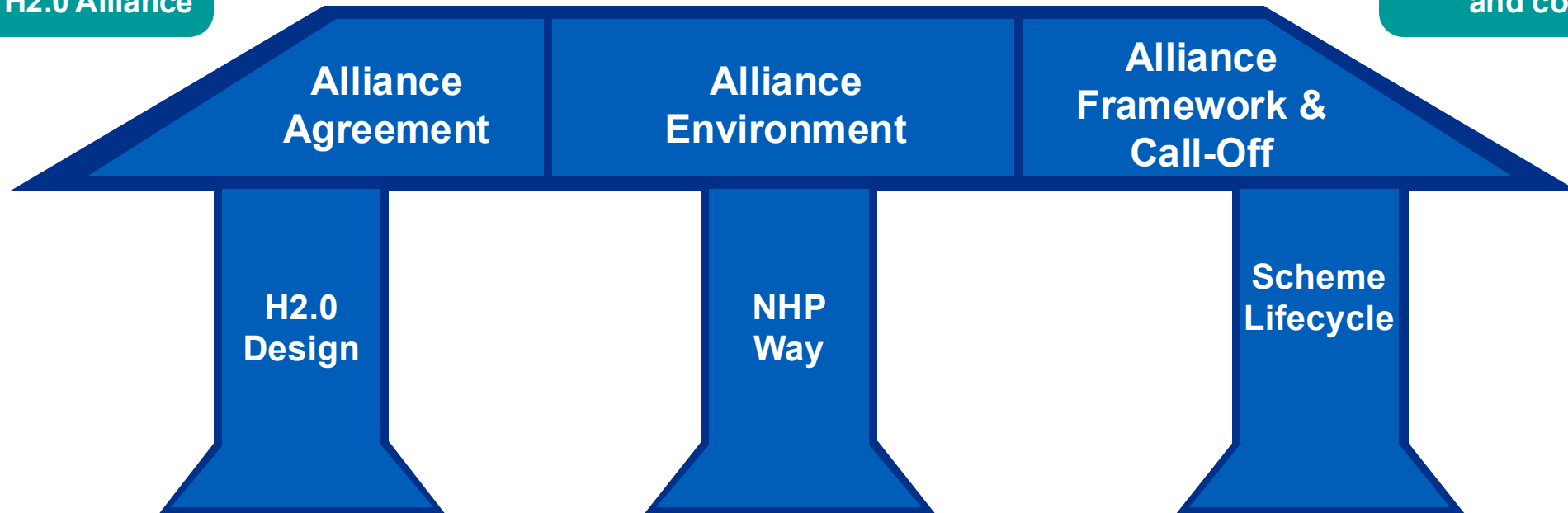
NHP H2.0 Alliance

Purpose of the NHP H2.0 Alliance:

1. To create a collaborative environment where member organisations solve collective problems
2. To enable NHP to control and manage the programme, providing support and scrutiny

It consists of three distinctive parts that make up the H2.0 Alliance

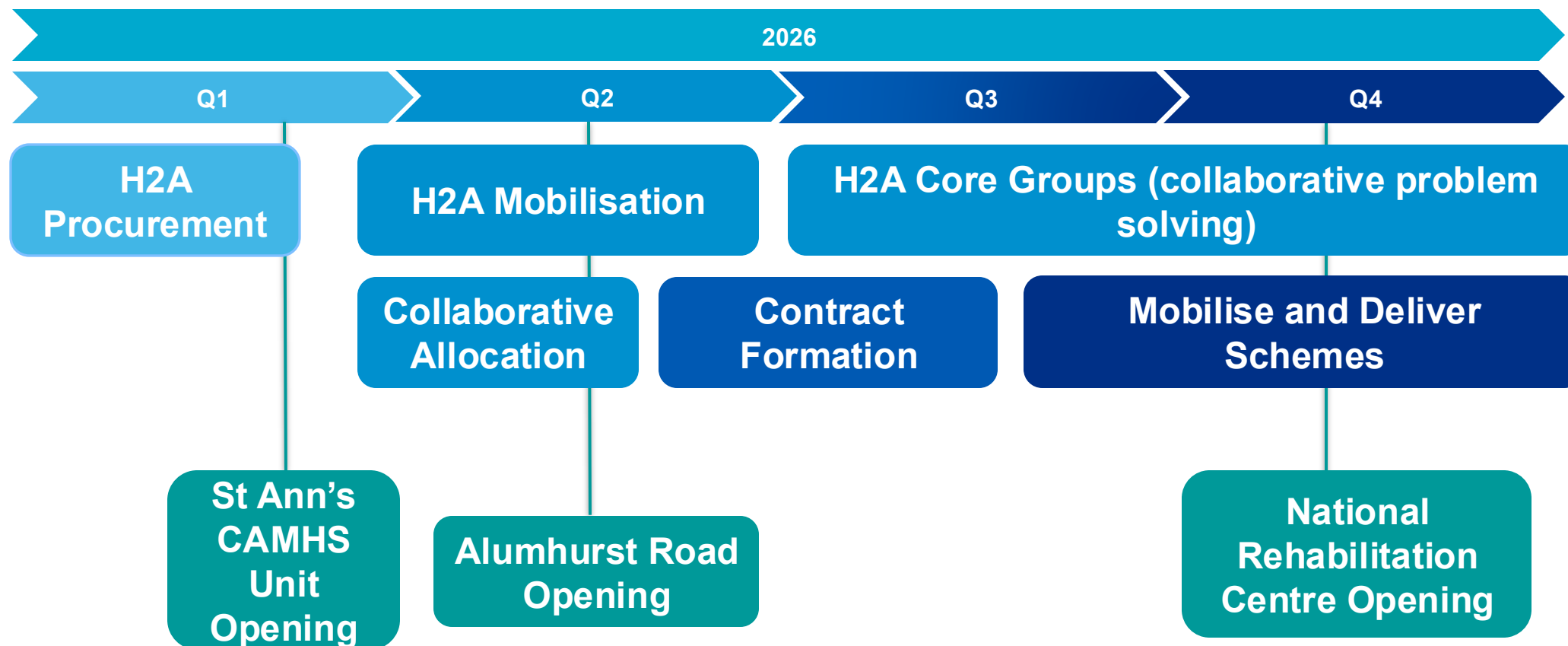
It has three pillars that create delivery alignment and consistency



NHS
**New Hospital
Programme**

[illegible]

Forward Looking Pipeline



Our ask to industry

Quotes from NAO Press Release on NHP (Jan 2026):

Standardised hospital designs offer potential savings and a stronger market for contractors

The Construction Schedule over the next few years is challenging as hospital schemes adapt to the new approach

In response to the government's Modern Industrial Strategy, we have identified three priorities for 2026

	The New Hospital Programme Needs:	Industry needs:
1. Support ease, speed, and long-term stability for business	A stable supply chain with the growing capability and capacity required to deliver a multi-billion pound programme	A stable operating environment that encourages them to grow their business capability
2. Enhance skills and accelerate access to talent	Create the opportunity to invest in new talent to deliver industrialised solutions and programmatic scale	Guidance and support for developing skills needs, compliance and talent development
3. Drive and support innovation	Programmatic enabling innovation to deliver scale, speed, which is not possible using traditional methods	Collaboration and certainty to invest and develop new products and methodologies, transferable to future projects

Summary

Natalie Forrest
Chief Programme Officer, NHP

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Summary

1. We have a realistic timetable and government commitment to funding the 15-year programme
2. We want to be your 'client of choice' - we have engaged the market extensively to inform the development of our commercial and technical approaches, and continue to do so
3. Hospital 2.0 is a standardised, repeatable and industrialised approach to delivering hospitals that will help us to deliver our strategic objectives and the NHS 10-Year Plan
4. We can only deliver our vision by working in partnership. The H2.0 Alliance will provide a collaborative environment for NHP, Trusts and Delivery Partners to share best practice and encourage innovation
5. There are huge opportunities for the supply chain to get involved

What you can do now



View our supply chain resources:

Find information on recent news, our Skills Hub, videos and presentations from events at www.competefor.com/nhp



Register to access NHP contract opportunities:

Register on **Contracts Finder** and **CompeteFor** e-brokerage tool



Engage with us:

Register your interest in receiving updates with us today, including our Industry Bulletin, by filling in our **Smart Survey**. For any questions, contact us at nhp.suppliers@nhs.net. Follow the New Hospital Programme on **LinkedIn**

Q&A

07



Closing remarks

Suzannah Nichol, OBE
Chief Executive, Build UK

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New Hospital Programme



Department
of Health &
Social Care

