

**TRUST BOARD**

<b>Date of Meeting:</b> 02/11/2010		<b>Enclosure:</b> 6
		<b>Agenda Item No:</b> 8.1
<b>Title of Report:</b> New West Cumberland Hospital Development		
<b>Aims:</b> This paper provides an update for the Trust Board on the progress of the new West Cumberland Hospital development.		
<b>Summary:</b>  The report covers matters relating to: <ul style="list-style-type: none"> <li>• Clinical review with hospital clinicians and GPs</li> <li>• Progress with the Full Business Case (FBC)</li> <li>• Progress with enabling schemes</li> <li>• Progress against programme</li> <li>• Project budget update</li> </ul>		
<b>Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):</b>		
<b>Financial</b>	To ensure that the scheme is delivered within the available capital envelope.	
<b>Workforce</b>	To ensure full involvement of staff and patients in the project.	
<b>Other</b>	To provide the best healthcare facility possible.	
<b>Recommendations:</b>  The Trust Board is asked to: <ul style="list-style-type: none"> <li>• Note progress with the clinical review</li> <li>• Note the position with the Full Business Case (FBC)</li> <li>• Note progress with enabling schemes</li> <li>• Note the updates regarding the programme and project budget.</li> </ul>		
<b>Document previously approved by:</b> Not applicable. Report directly to the Trust Board.		
<b>Prepared by:</b> David Hounslea Project Director	<b>Presented by:</b> Kevin Clarkson Chief Operating Officer/Deputy Chief Executive	

**TRUST BOARD  
NEW WEST CUMBERLAND  
HOSPITAL DEVELOPMENT  
NOVEMBER 2010**

## **1. INTRODUCTION**

This paper provides an update for the Trust Board on the progress of the new West Cumberland Hospital (WCH) development. It covers:

- Clinical review with hospital clinicians and GPs
- Progress with the Full Business Case (FBC)
- Progress with enabling schemes
- Progress against programme
- Project budget update

## **2. CLINICAL REVIEW**

As indicated in October's report to the Trust Board, a clinical review process is underway in conjunction with the locality lead GPs for Copeland and Allerdale.

A number of joint clinical work streams have been formed, comprising hospital clinicians and local GPs. These groups have been tasked with agreeing clinical models that:

- are built upon the foundations of "*Closer to Home*"
- enhance the integration of services and delivery of seamless care for patients
- actively facilitate and promote learning between clinicians
- enhance recruitment by developing innovative working practices and new roles and relationships which bridge across primary and secondary care
- are designed to ensure that the health resources available in West Cumbria are used to maximum effect and that we achieve the highest efficiency levels possible

The work streams cover ambulatory care, elective care, emergency care, children and family services, elderly care and clinical partnership working. Their work will inform any changes that may be required in respect of the plans for the new West Cumberland Hospital and also the primary care led developments at Cockermouth and Cleator Moor. A number of key principles have already been agreed, which will feed through into the plans for each development:

- **Ambulatory Care:** Three 'levels' of ambulatory care, based on the potential time that is required for the investigation or procedure and the range of services that could be delivered at each level, have been agreed. They will be

used to help identify how and where services can be best delivered for patients in the future.

- **Emergency Care:** Integrated primary and secondary care services as part of the “emergency floor” are being worked through.
- **Working together in the future:** A Clinical Advisory Group will be established that advises all partner organisations on the continuing development of appropriate clinical models for West Cumbria.

### **3. FULL BUSINESS CASE (FBC)**

The clinical review, as described above, will mean that a revised and updated FBC will need to be prepared to reflect a potentially amended scheme. This will be progressed by the Project Team following the conclusion of the clinical discussions.

As described at the October meeting of the Board, the Trust is also undertaking, with its professional advisers, an analysis of possible procurement routes for the construction phase of the project in order to determine which will offer the most competitive price for the works as requested by the Department of Health. Trust Board members will be keep up to date regarding progress.

On conclusion of the above reviews, the Trust is seeking to submit a revised FBC for final approval by the Strategic Health Authority (SHA) in January 2011.

### **4. PROGRESS WITH ENABLING SCHEMES**

As previously advised, the one remaining area to be decanted and demolished to allow construction to commence is Yewdale Ward, which is currently occupied by mental health inpatient services operated by the Cumbria Partnership NHS Foundation Trust.

The two Trusts have now agreed that inpatient mental health services should be re-provided in refurbished accommodation in Block J at West Cumberland Hospital. This requires the Stroke and Palliative Care services, which currently occupy that block, to be relocated. Plans for their relocation within existing accommodation at WCH are well advanced, with the aim of vacating Block J during November 2010. Detailed design work for the conversion of Block J for use as a mental health unit has commenced with colleagues from Cumbria Partnership NHS Foundation Trust. It is therefore planned that the on-site relocation of mental health services from Yewdale Ward will now take place in summer 2011 following the completion of the refurbishment work.

### **5. PROGRAMME**

The requirement to relocate mental health inpatient services within Block J means that the demolition of Yewdale Ward and construction works in that area of the site cannot now commence until mid-2011. However, it is expected that works on the already vacated and demolished areas of the site can commence immediately

upon approval of the Full Business Case, thereby minimising delay to the overall programme.

## **6. PROJECT BUDGET**

### **Authorised Funding**

The total authorised funding for the project comprises £11.6m capital and £0.6m revenue, covering the core project costs. The capital includes the £7.3m as at 31<sup>st</sup> March 2010 plus an allocation from the Trust of £1.8m for 2010/11 and £2.5m from the SHA.

In the month £2.5m was received from the SHA with a further £0.7m expected in the coming months. This represents the £3.2m balance of the SHA's £10m contribution. The final phasing of the Department of Health capital funding contribution will be confirmed upon approval of the Full Business Case.

### **Expenditure**

Capital - the total capital expenditure as at 30<sup>th</sup> September 2010 was £7.8m against authorised funding of £11.6m. This covers the Laing O'Rourke Phase 3 contract for design, enabling and decanting works.

Revenue - the total in year expenditure as at 30<sup>th</sup> September 2010 was £232k against a budget of £240k. The full year forecast expenditure will be in line with the planned budget of £480k. The cumulative project expenditure is £532k against authorised funding of £600k.

## **7. RECOMMENDATIONS**

The Trust Board is asked to:

- Note progress with the clinical review
- Note the position with the Full Business Case
- Note progress with enabling schemes
- Note the updates regarding the programme and project budget.

**Kevin Clarkson**  
**CHIEF OPERATING OFFICER/DEPUTY CHIEF EXECUTIVE**