

TRUST BOARD

Date of Meeting: 30/04/2013	Agenda Item No: 6.1	Enclosure: 12
Intended Outcome:		
For noting	For information	For decision ✓
Title of Report: West Cumberland Hospital Redevelopment		
Aims: To provide the Trust Board with an update on West Cumberland Hospital Redevelopment		
Executive Summary:		
<p>The paper updates the board on re-development of West Cumberland Hospital with particular reference to:</p> <ul style="list-style-type: none"> • The implementation of the Clinical Strategy • Commissioning programme • Contractual matters • Community engagement • Overview of activity <p>Minutes of the February Project Board are attached for information.</p>		
Overview of key areas for consideration or noting:		
Specific implications and links to the Trust's Strategic Aims:		
We deliver excellent clinical outcomes along closely integrated pathways		✓
We deliver excellent patient-centred services		✓
We deliver excellence in safety, quality and regulatory compliance		✓
We deliver efficient care and work within budgets		✓
Recommendations:		
The Trust Board is asked to approve the report.		
Prepared by: Les Morgan Director – West Cumberland Hospital	Presented by: Les Morgan Director – West Cumberland Hospital	

<p style="text-align: center;">TRUST BOARD WEST CUMBERLAND HOSPITAL REDEVELOPMENT UPDATE APRIL 2013</p>
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1. INTRODUCTION

Good progress has continued to be made on the construction of the New West Cumberland Hospital with the build remaining on course for practical completion by the 19 December 2014. The 3rd Tower Crain is now on site and there should be a noticeable pace to the completion of the external shell of the new build over the next few months.

2. CLINICAL VISION WORK-STREAMS

Work-stream 1: Transfer of patients on either a high risk surgical or medical pathway from WCH to CIC.

- **Vascular** – The aim is to start on 4 May 2013 so on track.
- **Orthopaedics** – This will commence on 1 June 2013 and a lot of work is going into organising the theatre rotas to accommodate lists and become more efficient. There will be two trauma lists per week at WCH with the rest at CIC.
- **General Surgery** – The aim is to start at CIC in August however this is dependant on a number of appointments to be made for lower and upper GI. Interviews take place on Friday 26 April.

A meeting has taken place with the Ambulance Service, which was positive and they have agreed to transfer vascular and orthopaedic patients. Also agreed is that a small number will be 'blue light' transfers.

The timescale for the transfer of high risk Medical cases is still being developed; this should be agreed by the end of April.

Work-stream 2: Increased range of sub-specialisation and increased elective care closer to home.

This is the development of as wide a range of sub specialties, consultant lead and delivered, at WCH. Surgery is planning to deliver a full range of Trauma and Orthopaedics from June in tandem with the high risk transfers outline above.

Medicine is still developing its timetable which will be agreed by the end of April 2013.

Work-stream 3: Enhanced efficiency of care.

The main focus for this is the reduction of length of stay using Northumbria Healthcare FT as the bench mark. Against this bench mark Surgery is already there. Medicine however still needs to make a reduction in Average length of stay from its March position of 5.51 days which represents a drop of 0.44 days from February (5.95 days). The average Medicine LOS for 2012/13 remains high at 6.14 days.

Work-stream 4: Transfer of acute care to a community hospital setting.

This work is required to ensure that by creating capacity in the community hospitals and enhancing community services to take 45 beds worth of activity, the redeveloped WCH can function at its revised bed base.

The initial scoping report for this work was presented to the Chief Officers of the local health economy at the Strategic Leadership Group on the 7 March. The report highlighted both the size of the task and the tight time scale to deliver significant and complex whole system change. The report went on to outline the key areas for change to deliver the system capacity needed including:

- The provision of an integrated emergency floor model.
- Increased efficiency (reduced length of stay) across all community hospitals and acute bed base.
- Community services enhancement to avoid unnecessary admission e.g. rapid response, seven day working, virtual ward model.
- Consultant outreach provision.
- Enhanced palliative care provision across primary and secondary care.

The general feeling was that while the ideas and proposals generated, if delivered, could provide the required capacity. It is however believed there is a significant risk that this magnitude of whole system change will not be delivered in the 21 month time scale available. It has been agreed that all partners will work together to quickly develop contingency plans to maintain bed capacity during this period of change.

The implementation of the key changes to community and community hospitals is being taken forward by the Joint Director of Operations Group, which is the senior operational staff from Cumbria Partnership Foundation Trust, Cumbria Clinical Commissioning Group and North Cumbria University Hospitals Trust.

A draft paper on possible capacity contingencies has been developed drawing on suggestions for each organisation the meeting to agree which contingencies to develop and take forward is on the 2 May. The outcome will be reported to the Trust Board in May.

Work-stream 5: Hospital at Night

This work-stream is being lead by Dr Jeremy Rushmer and Mrs Lesley Carruthers. The focus of the work-stream is to strengthen and develop the out of hour's clinical teams to support the smooth and safe running of the clinical services. A significant part of this work-stream will be the recruitment and training of a number of Nurse Practitioners.

The plan is to expand the current successful Nurse Practitioner (NP) service, to provide 2 NP's 8am - 8pm, 7 days per week including NP cover for the core wards in Medicine and Surgery.

One Nurse Practitioner works presently on Emergency Assessment Unit (EAU) 12 hours per day 10am - 10pm, working very closely with the medical team, and supporting the Junior Doctors. The proposal is to extend this cover for 24/7.

To cover the expansion of both areas will require a further 5.74WTE NP's. These jobs have been advertised and the response has been excellent, with internal, local, and national interest in the jobs, interviews are scheduled for 30 April 2013 with a start date in the early summer.

3. COMMISSIONING

The Commissioning Group will continue to meet monthly. The control sheets to monitor the necessary change from the present service configuration to the redeveloped hospital site configuration are almost complete across the following areas;

- **Workforce**
- **Finance**
- **Physical estate**
- **Beds**
- **Furniture and Equipment**

All of the half day workshops arranged with each of the Clinical Business Units and the Department of Estates and Facilities have now taken place in March and April. The business units and department are now doing detailed delivery plans for the changes necessary in each to be ready for the move to the new hospital.

A further control sheet has been developed to monitor and compare the activity assumptions in **closer to home**, which informed the bed numbers in the new hospital, and actual activity levels and trends for the last 2 years.

Table 1

Comparing WCH activity, actual 2011/12, 2012/13 and predicted 2014/15 as per FBC (using care closer to home assumptions)

	A&E Attendances	Day cases	Elective in-patients	Unplanned In-patients	Bed Occupancy	Average length of stay
2014/15 C2H assumptions	26,162	11,050	2,438	16,935	84%	
2011/12 Actual	30,914	11,170	1,627	16,795	85%	5.89%
2012/13 Actual	31,376	10,794	1,518	1,851	87%	6.14%

From next month the Activity Table will include;

- Day Surgery rates
- Percentage of patient admitted on day of surgery and
- Length of stay split between elective and surgery

A Phase 2 review is looking at everything not in the new build, specifically reviewing all options to deliver the best solution for the retained estate including possible solutions to the issues of Education and Training provision.

An initial paper is being considered in the private part of this board meeting.

4. CONTRACTUAL ISSUES

Regular formal monthly reviews are now taking place with LOR since the signing of the contract in December 2012 and the new Project Team is beginning to work well with the Lang O'Rourke team.

5. STAKEHOLDER ENGAGEMENT

Stakeholder engagement remains critical to the delivery of the project and maintaining public confidence in the WCH redevelopment. A draft communication and engagement plan has been produced and was approved by the Project Board in March. Part of this plan is a series of WCH redevelopment supplements in the local press. The first of these went out at the beginning of April in the Whitehaven News. The Project Director continues to attend and present at external events.

Internal staff engagement has been light in recent months but this will change significantly from this Month. There will be a number of open forums for staff about the WCH redevelopment every month. This will give

staff the opportunity to hear first updates on the redevelopment and importantly ask questions or raise any issues directly with the Project Director and the wider Project Team. The first five of these were held last week.

6. PROJECT RISK REGISTER

The project Risk Register is maintained by the Project Team and reported to the Project Board on a monthly basis. The Risk Register is currently being reviewed by the Project Team. An initial update was presented to the April Project Board with a fully updated Risk Register to be presented to the May meeting; it will then come to the Trust Board.

7. RECOMMENDATION

The Trust Board is asked to approve this report.

LES MORGAN
DIRECTOR – WEST CUMBERLAND HOSPITAL

**MEETING OF THE NEW HOSPITAL PROJECT BOARD
HELD AT 11.00 AM ON TUESDAY 19 MARCH 2013 IN THE BOARD
ROOM, WEST CUMBERLAND HOSPITAL, WHITEHAVEN**

PART 1

Present:	Paul Brayson Lesley Carruthers Alan Davidson Mark Evens Damien Gallagher Clive Graham Stephen Harrison Karen Kershaw Steve Kilday Steven Kinninmonth Les Morgan (Chair) Jeremy Rushmer Steve Shanahan Stuart Taylor Mike Walker	Project Manager, Northumbria FT Deputy Director of Nursing, NCUHT Director of Estates & Facilities, NCUHT Non-Executive Director, NCUHT Director of Human Resources, NCUHT Business Unit Director, Paediatrics & Clinical Support, NCUHT IT Team Leader, NCUHT Clinical Planner/Risk Manager, NCUHT Senior Project Manager, Northumbria FT Senior Project Manager, Laing O'Rourke (LOR) Director – West Cumberland Hospital Director for Clinical Transformation, NCUHT Acquisition Interim Director of Finance, NCUHT Cost Advisor, Rider Hunt Medical Director, NCUHT
In Attendance:	Catherine Lomax	Management PA, NCUHT

Apologies:	Patrick Armstrong Steven Bannister Ray Beale-Pratt Abi Chicken Louise Corlett Craig Melrose Chris Platton Caroline Rea	Business Unit Director, Emergency Surgery & Elective Care, NCUHT Director of Estates, Northumbria FT Locality Support & Planned Care Lead, NHS Cumbria Cost Advisor, Rider Hunt Deputy Director, Emergency Surgery & Elective Care Medical Director, CHOC Director of Nursing, NCUHT Network Director, West Cumbria, CCG
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	Action
<p>1. WELCOME / INTRODUCTIONS</p> <p>Mr Morgan welcomed everyone to the meeting.</p>	
<p>2. APOLOGIES FOR ABSENCE</p> <p>Apologies were received as above.</p>	
<p>3. MINUTES OF THE LAST MEETING</p> <p>Part 1 minutes of the meeting held on 19 February 2013 were accepted as a correct and accurate record.</p>	

4. ACTIONS AND MATTERS ARISING

Mr Kinninmonth said at the last meeting he was tasked with bringing some details of how LOR are engaging with the local community. He would provide a summary, as part of his update.

PART 1 – CONTRACTUAL AND NEW BUILD UPDATE

5. LOR ISSUES

Mr Kinninmonth gave a brief overview of current works on site and reported progress during the last period on Zones 4, 5 and 6.

He also reported that works to the black corridor delayed and date for hand over to the Trust rescheduled to 21 April. Work on the window blocking was progressing well.

In general terms programme is approximately 2 weeks behind the critical path minus changes to the A&E area. Mr Kinninmonth however stated this does not mean the completion date will be 2 weeks late. Mr Evens asked what the plan was to reverse this. Mr Kinninmonth said they were looking at this and have completed a certain amount of drainage and will be doing some overlapping of works and squeezing the timeline. There was nothing untoward in doing this but simply means that LOR will have to put more controls in place. Mr Brayson commented in that instance LOR were looking to avoid impact to the 12 weeks terminal float. Mr Kinninmonth acknowledged this.

Mr Kinninmonth reported that LOR have produced a document that outlines their intentions of engagement with the local community. Mr Kinninmonth will issue this once it has received internal sign off. He said what they have done is extract five key points from the OBC and FBC documents and aligned it with a business plan. Once comments are received, it will be issued out to a wider audience.

SK

In terms of the six apprenticeships from students at the Lakes College, LOR are in the process of 'filtering out' and a number of students have been on site to see what the apprenticeship would entail. Mr Kinninmonth briefed the Project Board on aspects that LOR are looking for in individuals, as to ensure the right six students are chosen.

Children from St Benedict's School have also visited the site and a second visit is schedule for 27 March 2013. LOR are doing a case study looking at how they connect school children to further education and to work.

In relation to the number of operatives employed, Mr Kinninmonth confirmed the following;

- Document controller appointed – local
- LOR – 4 operatives, 3 are local
- Expanded – 43 operatives, 30 are local
- Crown House – by the middle of the year this will increase

<p>Mr Kinninmonth informed the Project Board of its most recent engagement with an organisation called Groundwork, a social enterprise. Mr Kinninmonth said he would like to pick this up with Mr Brayson and Mr Kilday about how this might work. LOR met with Groundwork last week to look at the landscaping proposal and their work to fit in with the surrounding landscape. LOR were pleased with what was discussed. Mr Kinninmonth said LOR were going to put together a proposal and present it to the Project Board but in the meantime they will look at funding. The downside is that LOR need to act quickly and react this week. Mr Kinninmonth will make contact with Mr Brayson and Mr Kilday outwith the meeting. Mr Kinninmonth said as landscaping was a Provisional Sum and this was under some pressure another source of funding might be beneficial.</p> <p>The Project Board acknowledged the importance of engaging individuals and was positive about encouraging involvement from mental health and learning disability organisations. However, it was thought that Groundwork was associated with 'ex-offenders' and in the past there had been reluctance from the Trust Board to involve them on site. Mr Evens acknowledged that in the time he has been a Non-Executive this has never been raised at Board. Mr Rushmer said he would encourage this as long as LOR and the Project Board can give a degree of assurance and confidence to the Trust Board. Mr Kinninmonth agreed to do a little more research and feed this back to the Project Board.</p> <p>Mr Kinninmonth commented that LOR have noticed a crime issue in the local areas of Workington and Whitehaven and this would be a way of supporting a worthwhile initiative. Alternatively the Police are running a programme for troublesome children and LOR are looking at putting £1,000 of sponsorship towards this.</p> <p>Mr Morgan said all this information would be welcomed at the New West Cumberland Hospital Stakeholder Group. Copeland Borough Council has asked for a summary on the short and long term impact of employment. These are good news stories and it would be helpful for LOR to share with that group.</p> <p>It was noted that the LOR Communication Officer had left the business and Mr Kinninmonth was trying to rearrange some protocol that links in with Ms Elizabeth Kay from the Trust Communication Team. Mr Morgan said that this was now Natalie Rutherford, who had been allocated to cover communications relating to the WCH Redevelopment and she was working with Claire Riley from Northumbria to promote good engagement with the local community.</p> <p>Mr Morgan endorsed LOR's involvement in the piece in the Whitehaven News last week.</p> <p>No other questions or issues were raised.</p> <p>Mr Morgan thanked Mr Kinninmonth for the update.</p> <p>Mr Kinninmonth left the meeting at 11.20 am.</p>	<p>SK/PB/SKIL</p> <p>SK</p>
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Distribution: New Hospital Project Board Members

**MEETING OF THE NEW HOSPITAL PROJECT BOARD
HELD AT 11.00 AM ON TUESDAY 19 MARCH 2013 IN THE BOARD
ROOM, WEST CUMBERLAND HOSPITAL, WHITEHAVEN**

PART 2

Present:	Paul Brayson Lesley Carruthers Alan Davidson Mark Evens Damien Gallagher Clive Graham Stephen Harrison Karen Kershaw Steve Kilday Les Morgan (Chair) Jeremy Rushmer Steve Shanahan Stuart Taylor Mike Walker	Project Manager, Northumbria FT Deputy Director of Nursing, NCUHT Director of Estates & Facilities, NCUHT Non-Executive Director, NCUHT Director of Human Resources, NCUHT Business Unit Director, Paediatrics & Clinical Support, NCUHT IT Team Leader, NCUHT Clinical Planner/Risk Manager, NCUHT Senior Project Manager, Northumbria FT Director – West Cumberland Hospital Director for Clinical Transformation, NCUHT Acquisition Interim Director of Finance, NCUHT Cost Advisor, Rider Hunt Medical Director, NCUHT
In Attendance:	Catherine Lomax	Management PA, NCUHT

Apologies:	Patrick Armstrong Steven Bannister Ray Beale-Pratt Abi Chicken Louise Corlett Craig Melrose Chris Platton Caroline Rea	Business Unit Director, Emergency Surgery & Elective Care, NCUHT Director of Estates, Northumbria FT Locality Support & Planned Care Lead, NHS Cumbria Cost Advisor, Rider Hunt Deputy Director, Emergency Surgery & Elective Care Medical Director, CHOC Director of Nursing, NCUHT Network Director, West Cumbria, CCG
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	Action
<p>PART 2 – TRUST BUSINESS</p> <p>1. MINUTES OF THE LAST MEETING</p> <p>Part 2 minutes of the meeting held on 19 February 2013 were accepted as a correct and accurate record.</p> <p>2. ACTIONS AND MATTERS ARISING</p> <p>Mr Morgan explained one of the actions from last month was Ms Siddall's request for reassurance from Mr Armstrong and Ms Corlett if two Theatres went down at the same time could the organisation continue to manage. Mr Morgan asked whether Mr Shanahan had discussed this with them.</p>	

Mr Shanahan had not raised it and acknowledged this remained outstanding.

Mr Morgan referred to the CRG meeting held prior to the Project Board today and was pleased to report that Business Unit attendance was much improved. Part of the aim of the Business Unit workshops in the last weeks means the work reported into the CRG will start to be delivered.

- **Theatre Review**

Dr Graham tabled copies of the proposed Theatre layout and said that Theatres and Infection Prevention had looked at four potential options but had actually come up with a fifth preferred option. This was outlined as follows;

- Shared dirty utility – air flows
- Size of the prep room maximised
- Scrub area moved to the top of the design with prep below
- Option has had approval from Surgical Business Unit, Infection Prevention and the DIPC from Northumbria
- This proposal will be taken back to LOR.

Mr Davidson asked whether the intention was to keep to the original design solution for the air handling units, one supporting two theatres, as Theatres 5 and 6 were supposed to be ultra clean. Mr Morgan acknowledged this to be correct but said that just before the contract was signed, Theatres had pursued whether Theatre 5 should have a laminate flow. Mr Morgan said this will proceed within the Theatre redesign but a view had been taken that one plant would be shared between each pair of Theatres. Mr Kilday assured Mr Davidson that resilience was in place and one motor failure would not bring both Theatres down.

Mr Brayson said if the Project Board was satisfied that this represents the final proposal, he will give the instruction to LOR to proceed with the change including a 4th laminate flow. The Project Board were given assurance that whilst sharing the air flow system there was a resilience process in place and the risks were understood.

PB

The Project Board approved the redesign of Theatres.

3. PROJECT MANAGER'S REPORT

Mr Brayson apologised for tabling copies of the Project Manager's Report but this will in future be circulated with the agenda. Mr Brayson said the Project Manager role will transfer to Mr Kilday supported by colleagues and the report in its current format will develop.

The report summarised the following points;

- Progress – LOR were reporting the contract completion date of 27 March 2015 and incorporates 12 weeks terminal float and two weeks for

Christmas from the planned completion of 19 December 2014.

Mr Brayson reported that he and project colleagues had done a visit round the site and commented that LOR were doing well considering current inclement weather conditions.

- Cost – A copy of Rider Hunt's Financial Report Nr 2 (Commercial In Confidence) was tabled with the PM Report. The scheme remains within the £97,018,217 budget. Mr Taylor briefed the Project Board on key issues in the finance report.
- Risks – Mr Brayson said a robust review of the Risk Register was taking place by Mr Kilday. Four key areas were highlighted provisional sums, changes to the A&E Entrance, CHP (fuel for the Energy Centre) and the Kitchen Design were elements that will put the project under pressure to get through in terms of time and cost.

The redesign for the A&E Entrance continues but the Project Team was concerned about the functionality and access. This related specifically to the size of the turning area allocated for ambulances, in particular HART ambulances, which are bigger than a standard ambulance would have a problem and would need to do a complicated manoeuvre and reverse up to the entrance. Mr Brayson said there did not appear to have been much discussion with the Ambulance authorities. However, it would need a radical rework but Mr Brayson was sure they would come up with a revised solution. Mr Morgan advised they needed to engage with the Ambulance Service immediately to get a clear understanding of requirements.

Ms Kershaw said that the Project Team had met with the Ambulance Service and no concerns were raised at the time. The LOR design team had assured them the new entrance was a better design and better reception area and would suggest Mr Brayson raise this with Mr Sean Cambridge and designers.

Mr Davidson added that he had also raised concerns about Cumbria Fire and Rescue vehicles accessing this area in an emergency situation.

Mr Brayson said regarding CHP this had now been closed out, as a decision had been made to use bio-diesel to feed the new Energy Centre.

In relation to the Kitchen Design, Mr Brayson said the Trust had liaised with a specialist kitchen designer and Northumbria colleagues have come up with a suitable solution that will work well in the space allocated. Mr Davidson questioned the situation with sharing of 'dumb waiters'. Mr Kilday said the designer was looking at this again. He could confirm however all the equipment will fit in the space with some minor tweaking to ensure the equipment is in the correct place.

- Phase 2 Group – This group were in the process of finalising an option appraisal for formal consideration at the next Project Board in April.

Mr Davidson conveyed a concern raised by Mr Steve Dougan about the Tenos Report (fire safety) only covering new build items and not the Phase 2 (retained estate). He asked whether LOR or the Trust should consider

extending the scope of works to cover the Phase 2 work in line with Due Diligence and compliance with the CQC outcome 10, Safety and Suitability of Premises. Mr Brayson said this could not be done until there was a plan for the Phase 2 but agreed to discuss further with Mr Dougan.

PB

4. DRAFT COMMUNICATION & ENGAGEMENT PLAN

The Project Board received a copy of the Whitehaven Communications and Engagement Activity plan that had been produced jointly by the Heads of the Communication Teams, Claire Riley and Elizabeth Kay.

Mr Morgan asked for any comments, omissions or if there was any missed opportunities that the Project Board felt could be included.

Mr Morgan referred to a number of Neighbourhood forums he had attended and an invitation to the University of the Third Age (U3A) in September.

Also important to the communication plan was the appointment of key Governors and getting them engaged.

Mr Morgan informed the Project Board that Natalie Rutherford from the Communication Team would focus on comms for the WCH redevelopment and would attend future Project Board meetings and various sub groups.

No other questions were raised.

5. REVIEW OF COMMUNITY HOSPITAL AND COMMUNITY SERVICES UPDATE

Mr Morgan reported back on the recent presentation to Chief Officers regarding the scoping document for community hospital services. This focuses on community services and Cumbria Partnership FT delivering the reduction of 45 beds in the new hospital. At the meeting Cumbria Partnership acknowledged the scope would need to model in a further 22 beds due to demographics. Mr Morgan has included in this month's Trust Board paper a table of activity changes that will put the gap to 57, which he expects will trigger a robust and long discussion about what the proposals need to be to re-energise the system outside the acute setting.

Mr Morgan said that while the proposals to change the way community services and community hospitals work were very sound they will probably take some significant time to deliver and compensate for the revised Acute bed base at WCH. A contingency plan would be required to ensure services are maintained while these changes take place. North Cumbria University Hospitals NHS Trust have submitted to partners its proposals of what these contingencies might be.

Mr Rushmer enquired what the deadline was where the organisation will have confidence around the bed base. Mr Morgan said Ms Farrar's view is that whichever plan is agreed will need to be submitted to Monitor by the beginning of May.

6. BUSINESS UNIT WORKSHOP UPDATE

Mr Morgan reported that all the Business Unit and EFM Department workshops had taken place with the exception of Emergency Care and Medicine, which has been rescheduled for the 9 April 2013.

The aim of the workshops has been to establish the current position at WCH, as a starting point and look at what the expected position needs to be based on the assumptions detailed in the Full Business Care (FBC) for the WCH redevelopment.

Mr Morgan said he had met with Mr Shanahan and Mrs Halsall recently to look at the financial and manpower assumptions in the FBC and was still some work to do through April to check the original assumption remains valid.

Mr Morgan said the workshops have been useful and they have been tasked with developing the operational policies. He said although there is considerable pressure on the Business Units and Departments, it was necessary that they understand the magnitude of the work that needs to be done in the coming weeks and have plans to deliver it.

A second tranche of workshops will be set up in 8-12 weeks to check on plans for workforce and different ways of working, operational policies etc.

No questions were raised.

7. PROJECT MEETING MINUTES TO BE RECEIVED

- **Clinical Reference Group 19/02/2013** - The minutes were received and noted.
- **Draft Commissioning Group 05/03/2013 (Unconfirmed)** – The minutes were received and noted.

Mr Harrison asked whether any progress had been made on the Informatics sub group. Mr Shanahan said not as yet but he had met with Mr Steve Johnstone. This sub group was taking some time to set up.

8. RISK REGISTER

Mr Kilday explained that the Risk Register in its current form had not been updated since the Stage 4 Contract was signed in December 2012. Mr Kilday was reviewing the Risk Register along with the clarifications and derogations lists to align all the risks and condense these into a manageable working document. Mr Kilday expressed this was not an easy exercise and there was a lot of work to be done but he was scheduling a revised project Risk Register by the next Project Board.

Mr Kilday said two things that have changed are the colours for the risk ratings, which have been aligned to the general Risk Registers. The presentation of the Risk Register to the Project Board will focus on the high risks and these should come down as the month's progress. A summary sheet will identify examples of high risk items (not top 10) that are relevant and may transfer across to the Trust main Risk Register after Project Board discussion.

As the Risk Register is reviewed, individuals will be identified, as responsible for that risk.

Mr Morgan thanked Mr Kilday for the update.

9. ANY OTHER BUSINESS

No other business was discussed.

10. DATE AND TIME OF NEXT MEETING

The next meeting will take place on **Tuesday 16 April 2013 at 11.00 am in the Board Room, Level 5, West Cumberland Hospital, Whitehaven.**

The meeting closed at 12.50 pm.

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