

TRUST BOARD

Date of Meeting: 26/02/2013	Agenda Item No: 6.3	Enclosure: 10
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: West Cumberland Hospital redevelopment update		
Aims: To provide the Trust Board with an update on West Cumberland Hospital Redevelopment		
<p>Executive Summary:</p> <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 • Overview of Activity <p>Minutes of the January Project Board are attached for information.</p>		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC	✓	
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable	✓	
Develop a new healthcare facility in West Cumbria that is fit for the 21st century	✓	
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions	✓	
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust	✓	
<p>Recommendations:</p> <p>The Trust Board is asked to note the content and accept this report</p>		
Prepared by: Les Morgan Director – West Cumberland Hospital	Presented by: Les Morgan Director – West Cumberland Hospital	

**TRUST BOARD
WEST CUMBERLAND HOSPITAL
REDEVELOPMENT UPDATE
FEBRUARY 2013**

1. INTRODUCTION

Since the signing of the contract on 19th December 2013 the programme has been revised and the time line for the redevelopment of the WCH site is expected to be as follows. The two year programme for the construction of the new build has a planned handover date of 19th December 2014. There is a period of 12 weeks within the contract for slippage but Laing O'Rourke (LOR) remains confident of sticking to programme.

Assuming the build remains on schedule, and allowing a reasonable time scale for commissioning the new building, we would anticipate transferring clinical services into the new facilities in late February 2015. Demolition and refurbishment of retained estate is currently schedule to run from Jan 2015 to December 2015. Following this the final landscaping will be completed.

2. CLINICAL VISION WORK-STREAMS

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

The programme for transferring high risk surgical cases by specialty is developing well. The expected dates for transfer in 2013/14 are: Vascular Surgery Quarter 1, Trauma & Orthopaedics Quarter 2 and Emergency Surgery Quarter 3

The timescale for the transfer of high risk Medical cases is still being developed and will be agreed by the end of February 2013.

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 Q2/3 2013/14

Medicine is still developing it timetable which will be agreed by the end of March 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 present 5.95 days to below 4 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 to take 40 to 45 beds of activity, the redeveloped WCH can function at its revised bed base. The scoping of the work to deliver this is being undertaken by senior clinicians and managers of NCUHT, CPFT and the PCT/CCG. The outcome of the scoping exercise is being reported to the Chief Officers of the three organisations on the 7th March.

3. COMMISSIONING

The commissioning group will next meet on 5th March and then monthly thereafter. The control sheets to monitor the necessary change from the present service configuration to the redeveloped hospital site configuration are being developed across the following areas;

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

Half day workshops are arranged for early March with each of the Clinical Business Units and the Department of Estates and Facilities to develop and agree the detailed delivery plans for the changes necessary in each.

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
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%
2012/13 Actual(predicted) April 12- Jan 13	26,395 (31,674)	9,053 (10,863)	1,232 (1,478)	15117 (18,140)**	*85%

*Bed occupancy 2012/13 April – December, January – February 13 will be higher.

** February very busy expect final figure to be higher.

The chairs of the sub-groups, **Estates and Facilities, Clinical Informatics, Infection Prevention and Control, Resource and Efficiency and Furniture and Equipment**, have been asked to come to the March Commissioning Group meeting and outline their detailed work plans to deliver the scheme.

A Phase II review is looking at everything not in the new build. In particular it is looking for solutions to the issues of Education and Accommodation provision, but it is also reviewing all options to deliver the best solution for the retained estate. The review will produce an options appraisal by the end of April 2013 for consideration by the project board.

4. CONTRACTUAL ISSUES

The first formal monthly review has taken place with LOR since the signing of the contract in December. This gave an opportunity for the new project team to be introduced and formally notified to LOR. Les Morgan is now formally notified as project director and Paul Brayson as project manager. A further meeting was also held to enable the CMD co-ordinator for the scheme to appraise the project director, project manager and site supervisor of the trusts responsibilities as the client under the CMD regulations. (CDM regulations are predominantly concerned with health and safety issues during the build and in maintenance of the building post-handover).

The Trust has agreed the laying of a major electrical cable, critical to the build programme, with North West Electric.

5. STAKEHOLDER ENGAGEMENT

Stakeholder engagement remains a critical to the delivery of the project and maintaining public confidence in the WCH redevelopment. In the last month the formal project stakeholder sub group has met and the project director has presented a redevelopment update to the 4 Copeland

neighbourhood forums in, Seascale, Cleatamoor, Whitehaven and Egremont as well as presenting to the joint Allerdale and Copeland stakeholder group.

6. PROJECT RISK REGISTER

The project risk register is maintained by the project team and reported to the project board on a monthly basis. At this month's project board the new project team agreed to a full review of the risk register post contract signature and in light of the new team reviewing the project as part of their induction. The risk register will come to the board following that review.

7. RECOMMENDATION

The Trust Board is asked to note the content and accept this report.

LES MORGAN
DIRECTOR – WEST CUMBERLAND HOSPITAL

**MEETING OF THE NEW HOSPITAL PROJECT BOARD
HELD AT 11.00 AM ON TUESDAY 15 JANUARY 2013 IN THE BOARD
ROOM, WEST CUMBERLAND HOSPITAL, WHITEHAVEN**

Present:	Lesley Carruthers Alan Davidson Mark Evens Clive Graham Sue Halsall Stephen Harrison Karen Kershaw Steven Kinninmonth Warren Leech Les Morgan (Chair) Caroline Rea Jeremy Rushmer	Deputy Director of Nursing, NCUHT Director of Estates & Facilities, NCUHT Non-Executive Director, NCUHT AMD, Clinical Support Services Interim Project Manager, NCUHT IT Team Leader, NCUHT Clinical Planner/Risk Manager, NCUHT Laing O'Rourke (LOR) Laing O'Rourke (LOR) Director – West Cumberland Hospital Network Director, West Cumbria CCG Director for Clinical Transformation (Northumbria Acquisition)
	Steve Shanahan Corinne Siddall Stuart Taylor Mike Walker	Interim Director of Finance, NCUHT Director of Operations, NCUHT Cost Advisor, Rider Hunt Medical Director, NCUHT
In Attendance:	Catherine Lomax	Management PA, NCUHT

Apologies:	Kathryn Berry	NHS North of England
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	Action
<p>1. WELCOME / INTRODUCTIONS</p> <p>Ms Siddall welcomed everyone to the meeting. Following SMT approval of the new project structure and governance arrangements on 9 January, Mr Morgan is now appointed as Senior Responsible Officer (SRO) for the redevelopment of the West Cumberland Hospital. Ms Siddall said she would be handing the chairmanship of today's meeting to Mr Morgan, who will subsequently chair future meetings of the New Hospital Project Board.</p> <p>2. APOLOGIES FOR ABSENCE</p> <p>Apologies were received as above.</p>	

3. MINUTES OF THE LAST MEETING

The minutes of the meeting held on 14 November 2012 were accepted as a correct and accurate record.

4. ACTIONS AND MATTERS ARISING

Mr Morgan confirmed the concerns raised by the Copeland Disability Forum about the door system into the main entrance of the hospital had been resolved. Mr Morgan said that he had visited the Lakes College with an Estates colleague to look at the type of door system in place. Feedback had been given to members of the Copeland Disability Forum on the decision to go with a sliding door rather than revolving door. Mr Morgan had met with

Mr Cambridge and Mr Kember from the LOR design team to look at how this could be incorporated into the design of the new main entrance.

Mrs Halsall confirmed the names in the signed Contract had been agreed as, Project Director, Corinne Siddall, Project Manager, Sue Halsall, Site Supervisor, Alan Davidson. Once the organisation structure was confirmed the Trust would notify LOR of the changes. Mr Kinninmonth and Mr Leech had acknowledged the Trust's position and accepted that the Contract will need to be amended accordingly.

Mrs Halsall confirmed the Sweet Report had not been circulated but all other actions against her name had been done.

Mr Walker requested the Energy Centre Update be added to the agenda.

Ms Siddall formally handed the chairmanship over to Mr Morgan to take members through the rest of the agenda items.

5. STAGE 4 CONTRACT UPDATE

Mrs Halsall reported that the Stage 4 Contract had been signed on 18 December 2012 and the Trust was now under Contract. She expressed a massive 'thank you' to Mr Kinninmonth and Laing O'Rourke colleagues and Rider Hunt for all their support in achieving the final sign off of the Contract. Mrs Halsall would cover the detail in her Project Manager's report later on the agenda. The Trust now needed to progress and manage this with LOR.

Mr Morgan suggested the WCH Development Update and Project Manager's Report could be summarised, as one by Mrs Halsall, Interim Project Manager.

6. PROJECT MANAGER'S REPORT

Copies of the Project Manager's Report were tabled.

Mrs Halsall said the report sets out the position as it is now and should be considered a 'live' project.

The key points highlighted were;

- The LOR Stage 4 Contract sum totals £72.8m but excludes VAT for simplicity.
- The total LOR contract cash flow to 31 December 2012 was £17.182m.
- HMRC have confirmed that the Trust is entitled to recover 28.7% of VAT on the project. This was identified as a risk but is now complete.
- Significant progress had been made on the new build with retaining walls and drainage under construction in line with the plan. The programme issued during December 2012 showed a movement due to construction of the road around the site, which has proved complex but does not affect the end date.
- Four key design changes to A&E, Outpatients, Main Entrance and Lifts have made good progress.
- Post GMP (Compensation Events), a number of issues required further work and planning and were listed on Page 8 of the report.
- A number of early warnings have been triggered and the six key ones were highlighted. The Project Team need to work through these, as they could impact on the programme. Regular weekly meetings with LOR colleagues need structured in to ensure no surprises.
- The Risk Register will continue to be reviewed every month and the top risks presented to the Project Board.

Mrs Halsall brought to the attention of the Board a number of potential matters that need urgent Project Board agreement to proceed.

The first being a quotation on Page 13 of the report from Electricity North West showing the cost of £93,710.17 to carry out trench works to install an electricity gable for the new substation. This work crosses over the road within the LOR site. In terms of authority, Electricity North West needs to decide who digs the trench and who schedules the work. The Trust is expected to pay up front for these works.

Mrs Halsall enquired about the process to approve this amount, as the works must take place within a reasonable timescale to ensure it does not impact on the LOR programme. Mr Shanahan acknowledged he would be the delegated authority to approve.

It was agreed to ask Mr Dougan to work out a plan that involves LOR colleagues and once this is done it should be referred to Mr Shanahan for approval of the funds.

SH/SS

The second matter concerned the final costs associated with the blocking of windows that impact on Fairfield and Honister Wards, and rooms on level 2. The Board were informed that a plan is in place with LOR doing the external work and the Trust doing the internal, however extra costs associated with mechanical ventilation had been identified and sit Trust side. Mrs Halsall acknowledged there was some monies set aside in the 'risk pot' for this. Mr Morgan suggested that he and Mrs Halsall have the conversation outwith the meeting with Mr Shanahan to formally approve further funds. This conversation should also clarify who has the power of authorisation to approve future funds for the project.

SH/SS/LM

Mrs Halsall referred to third matter on Page 14 and consideration of a proposed redesign to Theatres – the detail of which was in the report. Dr Graham talked through the concerns regarding the layout of the operating theatre and in particular the shared prep room. The matter had been raised and discussed at Clinical Reference Group, who had supported the change.

Robust discussion took place and concerns were raised by members of the Project Board that the proposed change was being brought back at a very late stage and furthermore, it seems not everyone was in agreement with the proposal.

Mr Evens commented although there seemed to be some redesign required, he was not convinced of the impact this had on the critical path. He appreciated this was one last chance to get it right but questioned how many more times it would come back to Board. It was acknowledged the redesign remained in the same footprint. It was suggested that a meeting be arranged the following week between Dr Graham, Mr Rushmer, Patrick Armstrong and Sheena Todhunter in an attempt to resolve the issues raised at today's meeting.

GG/JR

Mr Kinninmonth said in terms of Mr Evens comments, the quicker it is resolved the better, as the longer it goes on there will be an impact on LOR going into Zone 6 and this will have its implications.

Mr Morgan asked whether there was time for this matter to come back to the Project Board next month. Mr Kinninmonth acknowledged there was but it would have cost implications to what Crown House was doing around this redesigned area.

It was agreed to get all the issues bottomed out at the meeting being arranged and for a final design to be agreed and signed off by Mike Walker, Clive Graham and Patrick Armstrong. Dr Graham would lead on the Theatre matter.

GG

Mr Kinninmonth suggested it would be helpful to LOR if the Trust puts the details of the changes into a document and this is presented to next month's Project Board for approval.

Mrs Halsall said this concluded the report. Mr Morgan thanked Mrs Halsall.

7. PROJECT STRUCTURE AND GOVERNANCE ARRANGEMENTS

Mr Morgan provided the Project Board with an overview of the new project structure and governance arrangements.

Mr Morgan said that the Trust Board will have overall responsibility for the project with Ann Farrar being formally the Project Sponsor (SRO). Ms Farrar will devolve this responsibility to Mr Morgan, as Project Director.

- **The Project Board** – Chaired by Mr Les Morgan. The key change to the Project Board is what it will focus on in terms of management of the LOR Contract and the clinical changes required to ensure the new hospital is operationally ready on time.

Mr Morgan said the proposal is for the Project Board to be in two parts with LOR invited to attend the first part of the meeting to give an update on progress with the Contract, as well as being an opportunity to flag up any matters of interest or concern.

Part two of the meeting will focus on Trust business in terms of clinical issues with its health and social care partners. It was important that representatives from the CCG continue to attend both CRG and Project Board.

There will be four facets from the Project Board;

- **The Clinical Reference Group** – Chaired by Mr Mike Walker. The role of the CRG will change and the focus will be to develop the Clinical Vision for West Cumberland Hospital and drive the delivery of this through the creation of four time limited work streams owned and managed by the Business Unit structures and will keep and maintain a risk register and feed relevant risks into the Project Risk Register. The four work streams will be;

- High Risk Medical & Surgical Patient Transfers – Leads – Denis Burke/Patrick Armstrong
- Efficient Care – Leads – Denis Burke/Patrick Armstrong
- Increasing Range of Sub Specialties – Leads – BUD's
- Integrated Care – Leads – Les Morgan/Olu Orugun

Mr Morgan summarised the purpose of each of the work streams.

The CRG will report directly to the Project Board.

- **The Commissioning Group** – Chaired by Dr Clive Graham. Attendance will be operational staff including Business Unit Directors, Deputy Directors, Business Managers, key Department Leads, Lead Nurses/Matrons, Infection Prevention and the Project Team.

The purpose of this group is to develop a commissioning plan agreed and owned by the Business Units and Corporate Departments and performance manage the delivery of that plan through sub groups.

Underpinning the Commissioning Group will be five control sub groups, who will oversee delivery of targets via control sheets for Finance, Workforce, Physical Estate, Bed Configuration and Furniture and Equipment. These will be as follows;

- Informatics – Chaired by Steve Shanahan
- Estates & Facilities – Chaired by Alan Davidson
- Infection Prevention Control – Chaired by Clive Graham
- Resource & Efficiency – Chaired by Les Morgan
- Furniture & Equipment – Chaired by Les Morgan

Mr Morgan summarised the purpose and proposed membership of each sub group.

The Commissioning Group will report directly to the Project Board.

The first meeting of the Commissioning Group took place on 8 January, chaired by Dr Graham and was more of an explanatory meeting. Mr Morgan will pick up, as appropriate the non-attendance of key people.

Mr Morgan explained that in relation to a Risk Group, risks will not be separated but will be monitored by the Commissioning Group, the CRG and the Phase 2 Group and reported back to the Project Board by Mr Morgan and Ms Kershaw. Each of these three groups will have their own section on the register that they will manage. The Project Board will decide what comes off the Risk Register and what goes onto the Trust wide Risk Register.

- **The Phase 2 Group** – Chaired by Les Morgan. This group is time limited and will review all aspects of the WCH site not in the new build ie. all retained estate and buildings outside the ring road and develop options for redevelopment and disposal and make recommendations to the Project Board on the way forward by the end of April. Any agreed plans will feed into the Commissioning Group.

- **External Stakeholders** – The formal Stakeholder Group will continue and be chaired by Mr Morgan. This group includes representatives from the PCT/CCG, Cumbria Partnership FT, Cumbria Link, Save Our Services, County Council and local Authority Council. This group meets bi-monthly and keeps stakeholders informed of progress to date and key milestones in the WCH redevelopment.

Mrs Halsall said with regard to external interface with the community, LOR have been doing some ‘meet the buyer’ events with local tradesmen and contractors. Mr Kinninmonth briefed members on the detail of these events. In addition, LOR were engaging with the Lakes College to give apprentices the opportunity to come on site and gain real practical work experience.

Mr Morgan said that he was happy for LOR to be involved in the formal Stakeholder Group meetings. Mr Kinninmonth said that because LOR engaged with the local workforce they have to hand a good stream of examples and statistics that could be shared. Mr Morgan said he was meeting with Heads of Communication to look at how the Trust develops the Communication Strategy for project.

The County Council has the Overview and Scrutiny Committee for the WCH Redevelopment, which meets quarterly and NHS representatives are invited. Mr Morgan and Mr Walker will attend future meetings.

Other external stakeholder forums attended by the Project Director are the Neighbourhood Forums, which there are four relating to the project. These are attended by the local population led by local Councillors and highlight key issues regarding hospital services and the redevelopment.

The Disability Forum represents vulnerable groups and will be requested to attend meetings, as required.

- **Contract Management** – The Project Manager will lead and attend monthly cost review, design and site meetings with LOR colleagues to manage the relationship with the contract. The Project Manager will report into Mr Morgan and is the only person who can change any aspects of the contract via the Project Board.

Mr Leech referred to the cost review and site meetings and said these could become one meeting with an agenda to cover both. The design meetings were separate but there would be some overlap of discussions.

SH/LM

<p>Mr Kinninmonth said as LOR were not involved in the Commissioning Group sub groups, it would be helpful to get a summary of where the Trust was up to, so LOR can keep a track of things happening in the organisation. Mr Morgan acknowledged this and expressed the Trust would wish to continue to work closely with LOR, however the requirement would be adhoc and more formalised, hence the reason to define the Project Board and introduce two parts for reporting.</p> <p>Mr Leech asked for confirmation of revised names for Project Director, Project Manager and Site Supervisor for the purpose of amending the Contract now the new project arrangements appeared to be formally in place. It was agreed these would be issued to LOR.</p> <p>Mr Evens referred to the project structure and suggested the Project Board line that reports to Ms Farrar should actually report to the Trust Board. Mr Evens said that Mr Morgan, as chair of the Project Board could feedback to Ms Farrar when she does not attend the meeting. Mr Morgan said that he would pick this up with the Trust Board.</p> <p>8. PROJECT MEETING MINUTES RECEIVED</p> <p>The minutes from the Clinical Reference Group meeting held on 20 November 2012 were received for information.</p> <p>9. ANY OTHER BUSINESS</p> <p>a) <u>Energy Centre Update</u></p> <p>It was confirmed that provision for the Energy Centre was in the Contract and LOR will build the new Energy Centre. Mr Kinninmonth said a decision on the fuel source was required very quickly, and there was potentially options available to give the Trust a more cost effective and efficient energy solution.</p> <p>Mr Davidson briefed the Project Board on conversations held with Mr Steven Bannister. Mr Kinninmonth agreed to set up a meeting in the next few weeks to take this forward.</p> <p>10. DATE AND TIME OF NEXT MEETING</p> <p>The next meeting will take place on Tuesday 19 February at 11.00 am in the Board Room, Level 5, West Cumberland Hospital, Whitehaven.</p> <p>Meeting closed at 1.15 pm.</p>	<p>LM</p> <p>SK</p>
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Distribution: New Hospital Project Board Members