

Report to the Meeting of the Trust Board of Directors Held in Public

Date of Meeting: 23/07/2013

Enclosure: 17

Title of Report	West Cumberland Hospital Redevelopment Update
Author	Les Morgan, Director – West Cumberland Hospital
Executive Lead	Ann Farrar
Responsible sub-committee	West Cumberland Hospital Redevelopment Project Board
Date of paper	23 July 2013
Executive Summary	<p>Good progress has continued to be made on the construction of the New West Cumberland Hospital. At present Laing O'Rourke (LOR) report that they believe the build will remain on course for practical completion by the 19 December 2014. However there is still no solution in place to protect the north face of blocks E and C to allow cranes to work in close proximity to these areas which is essential to completion of the build.</p> <ul style="list-style-type: none"> • Work on the clinical work streams is progressing well although medicine is a little behind on its timescales. • Average length of stay reduction in medicine is reducing but remains to high. • Significant bed reconfiguration has occurred this month in the surgical bed base. • Emergency activity remains high as do bed occupancy. • Progress is slow but continues to be made on bed contingency plans with partner organisations.
Assurance Framework reference	4.7 4.8
Level of assurance	Significant
Recommended changes to risk rating (if applicable)	N/A

Legal implications/ regulatory requirements	None
Actions required by the Board	The Trust Board is asked to approve this report.

1. INTRODUCTION

Good progress has continued to be made on the construction of the New West Cumberland Hospital. At present Laing O'Rourke (LOR) report that they believe the build will remain on course for practical completion by the 19 December 2014. However there is still no solution in place to protect the north face of blocks E and C to allow cranes to work in close proximity to these areas which is essential to completion of the build.

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** – Service change delivered.
- **Orthopaedics** – Service change delivered.
- **General Surgery** – The aim was to start the move to CIC in August however this was dependant on a number of appointments to be made for lower and upper GI and work on protocols being completed. Interviews took place on Friday 26 April and two offers of appointment were made. Work on refining protocols is underway and it is likely that this change will take place in late autumn.

The timescale for the transfer of high risk medical cases is still being developed.

The first bed changes to support the changing patterns of clinical care in surgery have been implemented. Elective Trauma is now on a dedicated 15 bedded ward, Overwater one, the remaining 30 inpatient surgical beds are now on Kirkstone ward. At the same time Skiddaw ward has changed from a 12 hour to a 23 hour day case unit. As well as supporting the changes in surgical clinical pathways these changes also deliver the first reduction of 7 beds against the 45 acute bed reductions needed by the time we move into the new hospital.

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.

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 June position of 6.27 days which represents a reduction of 0.58 days

from May (6.85 days). The 12 month rolling average. LOS for Medicine remains high at 6.45days.

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 2013. The report highlighted both the size of the task and the tight time scale to deliver significant and complex whole system change. In recognition of the significant risk that this magnitude of whole system change will not be delivered in the 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.

At its meeting on the 2 May 2013 the North Cumbria Clinical Leaders Group agreed a number of contingencies that they wish to see developed to support the transition from where we are now until the whole system can demonstrate its ability to operate with the revised bed base for WCH outlined in 'care closer to home'.

The two core contingency measures being:

- 30 bedded sub acute ward on the WCH site.
- The use of block and spot purchase, by the CCG, of intermediate care beds in the independent sector to support the changed bed base at WCH on a short term basis.

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, North West Ambulance Trust, North Cumbria University Hospitals Trust and Adult Social Care.

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. Staff are now coming into post and the Nurse practitioner unit is in its new position on the emergency admissions unit.

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**

The second half day workshops arranged with each of the Clinical Business Units and the Department of Estates and Facilities are now planned and will take place in late June and July. 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 (days)
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	18,051	87%	6.14
2013/14 Actual April to June 13 (predicted to March 14)	8197 (32,788)	2746 (10,984)	401 (1,604)	4320 (17280)	86.5% (April-May)	6.45

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 was considered in the private part of the April Trust Board meeting and a draft addendum to the FBC for the WCH redevelopment was considered in the private part of the June board meeting. This addendum to the FBC for the WCH redevelopment has now been submitted to the Trust Development Authority for their consideration for funding.

4. CONTRACTUAL ISSUES

Regular formal reviews continue with LOR on a monthly basis with the Project Team working well with the Lang O'Rourke team.

As Trust Board members are aware there was an incident on the 30 April 2013 when one of the cranes came into contact with the north side of Block E. The crane's block hit a window of an empty room on Kirkstone Ward, breaking the glass. All work with the cranes was immediately halted on site and an investigation undertaken by Laing O'Rourke the main project contractor. No one was injured in the incident and damage was limited and the affected area on Kirkstone Ward was back up and running within 2 hours.

Clearly the Trust priority is to ensure the safety of patients, staff and members of the general public visiting the hospital. To this end the Trust instructed LOR that no further work with cranes could proceed until we were assured that the cause of the incident was understood and that processes have been put in place to minimise the risk of such an incident happening again.

On the 13 May 2013, I agreed with LOR that following their internal investigation and with the addition of technical anti collision equipment fitted to all cranes on the site and new protocols and systems in place to, that general work with cranes could recommence. However we have still to agree final safety measures and physical protection to the most venerable parts of the existing buildings.

We have agreed an exclusion zone around the existing building which requires a special permit and process for cranes to operate within it. While these processes have been developed by LOR no permits to work in this area are to be issued and no cranes will operate within this exclusion zone until the final physical remedies are in place on the building without the express agreement of the Project Director and the Project Manager. We have allowed two pieces of work to go ahead since the last board meeting to enable work to progress using the new system within the exclusion zone. Both of these required extra precautions to ensure safety as the external protective measures have still not yet been agreed, we continue to work with LOR to reach a conclusion to this as quickly as possible but are disappointed that LOR have not yet put forward a workable or acceptable solution.

The Health and Safety Executive having reviewed Laing O'Rourke's internal review and action plan relating to the incident have said they are satisfied with both.

5. STAKEHOLDER ENGAGEMENT

Stakeholder engagement remains critical to the delivery of the project and maintaining public confidence in the WCH redevelopment. The Project Director continues to attend and present at external events.

Internal staff engagement has been light in recent months but this has now changed. Open forums for staff about the WCH redevelopment began in April. This gives staff the opportunity to hear first hand updates on the redevelopment and importantly ask questions or raise any issues directly with the Project Director and the wider Project Team. There will now be four open forums for staff every month until the redevelopment is completed.

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 from the June meeting; significant risks will be reported 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 18 JUNE 2013 IN THE BOARD ROOM, WEST
CUMBERLAND HOSPITAL, WHITEHAVEN**

PART 1

Present:	Steven Bannister Abi Chicken Kevin Dickinson Mark Evens Clive Graham Sue Halsall Stephen Harrison Karen Kershaw Steve Kilday Warren Leech Les Morgan (Chair) Caroline Rea Jeremy Rushmer Natalie Rutherford Steve Shanahan Stuart Taylor Mike Walker Paul Wilkinson	Interim Director of Estates and Facilities Cost Advisor, Rider Hunt Head of IT, Northumbria FT Non-Executive Director, NCUHT Business Unit Director, Paediatrics & Clinical Support, NCUHT Head of Strategic Financial Planning, NCUHT IT Team Leader, NCUHT Clinical Planner/Risk Manager, NCUHT Senior Project Manager, Northumbria FT Laing O'Rourke Director – West Cumberland Hospital Network Director for North Cumbria, CCG Medical Director Communications Officer, NCUHT Interim Director of Finance, NCUHT Cost Advisor, Rider Hunt Consultant, General Surgery / WCH Redevelopment, NCUHT Capital Planning Manager
In Attendance:	Catherine Lomax	Management PA, NCUHT

Apologies:	Patrick Armstrong Lesley Carruthers Louise Corlett Damien Gallagher Steven Kinninmonth Deb Lee Chris Platton Stephanie Preston Corinne Siddall	Business Unit Director, Emergency Surgery and Elective Care, NCUHT Deputy Director of Nursing, NCUHT Business Unit Deputy Director, Emergency Surgery and Elective Care, NCUHT Director of Human Resources, NCUHT Senior Project Manager, Laing O'Rourke (LOR) AMD of Paediatrics, NCUHT Director of Nursing, NCUHT Business Unit Deputy Director, Clinical Support and Paediatrics Director of Operations, NCUHT
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1. WELCOME / INTRODUCTIONS Mr Morgan welcomed everyone to the meeting.	
2. APOLOGIES FOR ABSENCE	

<p>Apologies were received as above.</p> <p>3. MINUTES OF THE LAST MEETING</p> <p>Part 1 minutes of the meeting held on 21 May 2013 were accepted as a correct and accurate record.</p> <p>4. ACTIONS AND MATTERS ARISING</p> <p>Reference was made to the crane incident, as reported by Mr Kinninmonth at last month's meeting. Mr Morgan commented that no progress had been made to the final safety measure in finding a solution to the physical protection of some of the most vulnerable parts of the building. Mr Leech acknowledged he was unable to provide any feedback and will follow this up with his colleagues. Mr Morgan said it would be appreciated if the Trust could have an update before the next meeting.</p> <p>Mr Morgan commented he understood the Health and Safety Executive (HSE) had been back on site. Mr Leech said this followed a formal complaint but HSE have confirmed it is not a reportable incident with them. Mr Leech said the HSE have been very complimentary of how LOR have dealt with the crane incident in terms of engagement and prompt response.</p> <p>Mr Morgan said he had still not seen the final report about the crane incident but was aware it had been shared with the HSE but not the Trust. He asked if Mr Leech could follow this up with Mr Kinninmonth.</p> <p>The water ingress to Medical Physics is an on-going situation and continues to baffle all, as to where the water is leaking in from. Mr Leech said following further investigation, it appears to be coming in at the back of the render system itself. The Project Board acknowledged this to be on-going and an outstanding situation that does need resolved.</p> <p>PART 1 – CONTRACTUAL AND NEW BUILD UPDATE</p> <p>5. LOR ISSUES</p> <p>Mr Leech said in terms of general progress LOR were still on track with the completion date of 19 December 2014 and will have reached some key milestones by August 2013.</p> <p>Mr Leech summarised good progress in Zones 4, 5 and 6 and reported the first service modules will arrive week commencing 8 July 2013.</p> <p>Mr Bannister referred to the zone where windows have been blocked and mechanical ventilation is in place. He said he was keen to understand this a little more and meet up with LOR to relook, as in the height of summer the patient environment will be unpleasant in this area. Mr Leech acknowledged the comment and will feedback.</p> <p>Mr Wilkinson sought advice, as to when the earliest access opportunity will be to physically drive an ambulance on to site and test the turning circle in reality. Mr Leech reported the access road was already in place and this area would</p>	<p></p> <p>WL</p> <p>WL/SK</p> <p>LOR/SB</p>
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be completed soon. LOR awaited the redesign from the Design Team.

Mr Morgan questioned how LOR were still on track to achieve the completion date of 19 December 2014 given limited access to the inner zone area around the site. Mr Leech said there was benefits with manufacturing off site and this allows for efficient productivity on site.

No other questions or issues were raised.

Mr Morgan thanked Mr Leech for the update.

Mr Leech left the meeting at 11.25 am.

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**MEETING OF THE NEW HOSPITAL PROJECT BOARD
HELD AT 11.00 AM ON TUESDAY 18 JUNE 2013 IN THE BOARD ROOM,
WEST CUMBERLAND HOSPITAL, WHITEHAVEN**

PART 2

Present:	Steven Bannister Abi Chicken Kevin Dickinson Mark Evens Clive Graham Sue Halsall Stephen Harrison Karen Kershaw Steve Kilday Les Morgan (Chair) Caroline Rea Jeremy Rushmer Natalie Rutherford Steve Shanahan Stuart Taylor Mike Walker Paul Wilkinson	Interim Director of Estates and Facilities Cost Advisor, Rider Hunt Head of IT, Northumbria FT Non-Executive Director, NCUHT Business Unit Director, Paediatrics & Clinical Support, NCUHT Head of Strategic Financial Planning, NCUHT IT Team Leader, NCUHT Clinical Planner/Risk Manager, NCUHT Senior Project Manager, Northumbria FT Director – West Cumberland Hospital Network Director for North Cumbria, CCG Medical Director Communications Officer, NCUHT Interim Director of Finance, NCUHT Cost Advisor, Rider Hunt Consultant, General Surgery / WCH Redevelopment, NCUHT Capital Planning Manager
In Attendance:	Catherine Lomax	Management PA, NCUHT

Apologies:	Patrick Armstrong Lesley Carruthers Louise Corlett Damien Gallagher Steven Kinninmonth Deb Lee Chris Platton Stephanie Preston Corinne Siddall	Business Unit Director, Emergency Surgery and Elective Care, NCUHT Deputy Director of Nursing, NCUHT Business Unit Deputy Director, Emergency Surgery and Elective Care, NCUHT Director of Human Resources, NCUHT Senior Project Manager, Laing O'Rourke (LOR) AMD of Paediatrics, NCUHT Director of Nursing, NCUHT Business Unit Deputy Director, Clinical Support and Paediatrics Director of Operations, NCUHT
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	Action
PART 2 – TRUST BUSINESS	
1. MINUTES OF THE LAST MEETING	
Part 2 minutes of the meeting held on 21 May 2013 were accepted as a correct and accurate record.	

Mr Kilday referred to Page 2 and said as well as the Project Manager role, the Site Supervisor role was contractually in place and was being undertaken by Steve Dougan. Mr Morgan acknowledged that the minute would be changed to reflect this.

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2. ACTIONS AND MATTERS ARISING

The actions from the previous meeting were noted and confirmed.

- Window Blanking Panels

Mr Morgan referred to a matter arising since the last meeting regarding window blanking panels.

Mr Kilday explained that this related to the design of the building in which the internal layouts have been redesigned but the external facade remains the same as originally planned. The Project Team have identified that a number of room partitions run into the window panes and the Designer's solution to omit this is to incorporate coloured blanking panels. Externally the building will look proportioned. Mr Kilday said on further investigation he has uncovered 47 incidents of walls running into window areas, which means over 150 blanking panels over window panes, 3 metres apart over three floors including Theatres will be fitted.

The matter has been raised urgently with LOR and have been asked why this has not been brought to the Trust's attention much sooner. Following a meeting with LOR they have informed the Trust that the detail has never been hidden and is on the C sheets on A site and is common practice. The Trust has stated that although this may not have been hidden neither has it been fully explained. No one involved pre December contract sign off were aware of the current circumstances.

It was expressed by Mrs Halsall that the contract set out exactly what the Trust was getting and the internal layout was Trust responsibility but this was a design defect, which is LOR's responsibility.

The Designers feel they have met their requirements and delivered in the long term a modern and flexible space for the future.

Mr Kilday said the CDMC has been involved with regard to future maintenance charges and the recommendations given, he considered to be unacceptable. Mr Kilday said although the Trust is dissatisfied with the explanations, it now has a product that it needs to manage.

In addition there were two points to highlight;

- Some panels are to integrate medical gases. A meeting has been set up, as this may affect the position of couches, as 9 out of 10 room layouts are done in a certain way.

Dr Graham said it was assumed all the rooms were the same but clearly this is now not the case if the gases are taken down.

- The internal corridors will not have flat ceilings and in parts where they fit around the windows will be stepped up. This was

considered unusual in a new build.

Mrs Halsall said in terms of the building of these walls, it would be interesting to see how many times LOR have done it with this methodology, as it appears the Trust is taking the brunt of this process.

Mr Taylor indicated it may not necessarily all be LOR's responsibility, as the architect has to ensure the correct perception ie. what is on the inside reflects what is on the outside. To seek planning permission might have been too much of a time delay.

Ms Chicken commented regardless it was important for the Trust to understand what the building was going to look like and clearly this may not be the case and should have been fully communicated to the Trust. A robust discussion followed.

Mr Morgan stated that the Project Board had now been made fully aware of the matter and the Project Team will keep challenging LOR, as it was not clear how this will impact on the clinical teams. Mr Kilday said that he had requested sight of variations of the whole rooms.

3. RISK REGISTER

Mr Kilday tabled copies of the Risk Register, which identifies all extreme risks across the scheme. The clinical risks were discussed in detail at the Clinical Reference Group.

As this was the first time the Project Board had reviewed the register in detail, the following comments were noted.

- **No. 273 Provisional Sums** – “Accountability” / “Delivered By” sits with Project Director, Les Morgan. Mr Banister said in terms of Due Diligence and aligning to that Risk Register, he would suggest the score needed to reflect this.
- **No. 182 Audiology Booth** – Discussed at CRG and “Accountability” will be changed to the Business Unit Director.
- **No. 231 Planning of traffic on site during phase 2 works** – May need to change arrangement and meetings have commenced regarding the phasing period.
- **No. 43 Provision Sum Allowance** – This will be picked up in the Project Manager and Rider Hunt Reports.
- **No. 157 Trust FF&E insufficient funds** – This issue is being addressed.
- **No. 284 Aseptic Suite** – It was still unclear what the Trust was doing about this service provision. Outcomes from an external supported workshop being held today (18/6) should bring some proposals to ahead and the Chief Pharmacist from Northumbria will have significant input into the final decision.

With regard to the construction side for this area, the drainage in Zone 4 is being done and is a blank space awaiting a Trust decision.

- **No. 316 MRI** – A business case will be required. This will need to include faraday cage fit out and equipment.
- **No. 170 Existing Drains Whole Site** – There had been some

proposal to do some drainage works on the outer ring road down the hill near the nurses residential houses. It was noted that if any works are required then the Estates Department should liaise with the Project Office.

- **No. 302 Provisional Sum Kitchen Fit Out** – This risk should begin to reduce, as there is now a kitchen design that works. How this is budgeted needed discussed and confirmed.
- **No. 163 Contingency for FF&E** – This is same as risk no. 157 and will be worked through with the Trust Supplies Department.
- **No. 301 / 300 Provision of “audio driver” / paging radio systems etc.** – A number of meetings have taken place between the Trust Informatics personnel and LOR. This will be picked up under agenda item 11 in Mr Kevin Dickinson’s presentation.
- **No. 313 VE Oxygen Relocation** – Agreement required, as to whether the cost is acceptable to relocate on site.
- **No. 125 Trust Revenue Affordability** – Mr Morgan to pick up with Mr Shanahan outwith this meeting.

Mr Kilday will issue the relevant risks to the individuals identified and re-issue to the Project Board in due course once the scores against the risk begin to reduce.

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4. PROJECT MANAGER’S REPORT

Copies of the Project Manager’s Report for June were circulated prior to the meeting.

Mr Kilday highlighted the following points;

- Progress – This remain unchanged and completion date is 19 December 2014.
- Cost – The Rider Hunt Financial Report was circulated under separate cover and key points will be highlighted in the next agenda item.
- Risks/Trust Contingencies/Clarifications/Derogations – 220 original risk items, 65 repeat risks (no cost allocation), 6 items complete, 6 new times added to date from clarifications list (316-321). 151 remaining risks (71%).

The derogations list is an on-going record of decisions made at GMP as part of the scheme design and incorporated into the Works Instruction reviewed regularly by the Project Manager where clarity is needed.

- Issues – These include Provisional Sums for FF&E Group 1 & 2 items and Hard and Soft Landscaping both of which have tenders going out in June to be returned by July. Mr Taylor commented that LOR had not formally started the courtyard areas but will begin soon. He agreed it would make sense as the cranes leave site end of September/October and then the works to courtyards and landscaping will begin to be developed.

The Kitchen redesign is agreed and costings are being compiled. A decision will be required on a procurement method for these works.

Issues concerning the Patient Entertainment System and IT Strategy will be picked up under agenda item 11 in Mr Kevin Dickinson's presentation.

- Trust Proposed Changes – Six Trust changes have been received and following cancellation of the Commissioning Group on 4 June were reviewed by the Project Team and Chairman of the Commissioning Group, Dr Clive Graham. Mr Kilday will present the internal process for future Trust changes to the next Commissioning Group on 2 July 2013 for comment. Mr Kilday said that representatives from Procurement will begin to attend the Project Board to advise on FF&E spend.

Mr Kilday outlined a number of site issues and design issues raised in the last month, which have been actioned or under review by the Project Team.

Mrs Halsall asked whether the business case for A&E equipment should be received at the Project Board as well as EMT. Mr Morgan said it should go via the Commissioning Group and be reported back to the Project Board to monitor total expenditure. It was acknowledged this will get picked up once the Procurement Team is appointed to the project and the Project Board will eventually receive a control sheet for information.

No further questions were raised.

Mr Morgan thanked Mr Kilday.

5. RIDER HUNT 'COMMERCIAL IN CONFIDENCE' REDEVELOPMENT OF WCH FINANCIAL REPORT NR 5

Mr Taylor provided an overview of the financial report from Rider Hunt.

- Project summaries

Currently four items under the Trust costs are being tracked and are non-works costs, Trust furniture and equipment, refurbishment works (Phase 2) and Trust risk and contingencies, which includes the cost if Cat6 (IM&T) if it was approved.

- Project change

This section showed the amounts allocated and expenditure and where the expenditure comes from ie. provisional sums. The amounts shown include the Cat6 although this is not a specific risk item identified to spend, as of yet.

A summary of Compensation Events are also identified and lines coloured 'grey' are all closed out items. The Project Manager automatically receives the timescales contractually. The yellow line items are for LOR to close out and have all been raised with them recently.

Any Project Manager's proposed instructions are also tracked and listed. The Trust's Risk Expenditure is also listed in this section.

- Risk

This section showed the Risk Register in detail with allowance and total spend against each risk.

Mr Morgan said it was good to see the processes in place and the detail behind it but would suggest the Project Board did not need to receive this in each monthly report. He would ask that the Risk Register be omitted from the main content of the report for the next meeting.

- Cashflow

The scheme remains within budget and the total paid to LOR amounts to £27 million, as at the end of June 2013.

Mr Morgan thanked Mr Taylor.

7. IM&T MANAGER' REPORT

Two papers were tabled. The Project Board received a comprehensive presentation from Mr Kevin Dickinson, Head of IT for Northumbria FT.

The papers outlined IT issues that have been raised around the type of cabling to be used, allowance for the patient entertainment system central equipment and layout of the wards within the new build.

Mr Dickinson's presentation set out;

- Proposed change to the location of the patient entertainment screen from the opposite wall to the bed head.
- Progress on the telephony proposal (Switchboard).
- Progress on the choice of cabling system for the new build (Cat6/Cat6e).

These issues needed to be resolved in the coming months as not to delay the construction work. Mr Dickinson said the issues were being addressed and acknowledged this was being done within a tight timeframe.

Following the details presented it was agreed that a cost for Cat6 (Cat5 allocated in project costs) was needed before any decision could be made by the Project Board.

No questions were raised.

Mr Morgan thanked Mr Dickinson for giving a progress update on the current IT issues affecting the new build.

8. PHASE 2 GROUP REPORT

The Project Board and Private Trust Board had received the final draft addendum to the FBC for Phase 2. The Finance Directors for North Cumbria, Mr Shanahan and Northumbria FT, Mr Dunn were looking at the financial aspects and once completed will forward to the Trust Development Authority (TDA) Finance Director for an informal review before final submission.

9. REVIEW OF COMMUNITY HOSPITAL AND COMMUNITY SERVICES UPDATE

Mr Morgan reported that a contingency plan has been agreed in principle with the CCG for the Acute Trust and Cumbria Partnership FT to work together on a 30 bedded sub-acute ward based at the West Cumberland Hospital. A

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separate meeting was scheduled on 24 June between the Acute Trust and Cumbria Partnership FT to look at how this will work and be developed. The CCG will receive feedback at the beginning of July.

Mr Morgan reported on other projects on going in the Health Economy.

10. BUSINESS UNIT WORKSHOP UPDATE

Mr Morgan said there had been a mixed response and a couple of the workshops were rescheduled due to departmental circumstances and a change to the timing of the Private Trust Board. All the Business Units and EFM Department are working through operational policies with a first draft required by the end of June.

11. PROJECT MEETING MINUTES TO BE RECEIVED

- **Clinical Reference Group 21/05/2013** - The minutes were received and noted.
- **Extraordinary Commissioning Group 04/06/2013** – The minutes were received and noted.

12. ANY OTHER BUSINESS

No other business was discussed.

13. DATE AND TIME OF NEXT MEETING

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

The meeting closed at 1.30 pm.

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