

TRUST BOARD

Date of Meeting: 25/06/2013	Agenda Item No: 7.1	Enclosure: 12
Intended Outcome:		
For approval	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		
Executive Summary:		
<p>The paper updates the Trust 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 April 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 JUNE 2013</p>

1. INTRODUCTION

Despite the issues resulting from the restricted use of cranes, good progress has continued to be made on the construction of the New West Cumberland Hospital since the contract was signed in December 2012. At present Laing O'Rourke (LOR) report that they believe the build will remain on course for practical completion by the 19 December 2014.

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.

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 it 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 May position of 6.83 days which represents a reduction of 0.36 days from April (7.19 days). The 12 month rolling average. LOS for Medicine remains high at 6.48days.

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.

At its meeting on the 2 May the North Cumbria Clinical Leaders Group agreed a number of preferred 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'.

A critical part of these contingencies is the provision of a temporary 30 bedded sub acute ward on the WCH site. The Cumbria Clinical Commissioning Group (CCG) has signalled their intention to commission such a unit. And have developed a service specification document and have a wish that NCUH and CPFT to work together as providers to deliver the service. NCUH and CPFT have had a first meeting to develop proposals for a joint approach to running such a unit. The CCG has also signalled an intention to use block and spot purchase 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 and North Cumbria University Hospitals Trust.

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 took place in April with staff starting in a staggered way from 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**

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 May 13 (predicted to March 14)	5429 (32,574)	1791 (10,746)	265 (1,590)	2885 (17,310)	86.5%	6.84

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

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.

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

North Cumbria University Hospitals

NHS Trust

MEETING OF THE NEW HOSPITAL PROJECT BOARD HELD AT 11.00 AM ON TUESDAY 21 MAY 2013 IN THE BOARD ROOM, WEST CUMBERLAND HOSPITAL, WHITEHAVEN

PART 1

Present:	Kevin Dickinson Mark Evens Damien Gallagher Clive Graham Sue Halsall Stephen Harrison Karen Kershaw Steve Kilday Steven Kinninmonth Les Morgan (Chair) Natalie Rutherford Steve Shanahan Stuart Taylor Mike Walker Liz Dover	Head of IT, Northumbria FT Non-Executive Director, NCUHT Director of Human Resources, 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 Senior Project Manager, Laing O'Rourke (LOR) Director – West Cumberland Hospital Communications Officer, NCUHT Interim Director of Finance, NCUHT Cost Advisor, Rider Hunt Medical Director, NCUHT Copeland Senior Commissioning Manager, CCG
In Attendance:	Catherine Lomax	Management PA, NCUHT

Apologies:	Paul Brayson Lesley Carruthers Abi Chicken Alan Davidson Chris Platton Caroline Rea Jeremy Rushmer Corinne Siddall	Northumbria FT Deputy Director of Nursing, NCUHT Cost Advisor, Rider Hunt Director of Estates & Facilities, NCUHT Director of Nursing, NCUHT Network Director for North Cumbria, CCG Director for Clinical Transformation, NCUHT Acquisition Director of Operations
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	Action
1. WELCOME / INTRODUCTIONS Mr Morgan welcomed everyone to the meeting.	

2. APOLOGIES FOR ABSENCE

Apologies were received as above.

3. MINUTES OF THE LAST MEETING

Part 1 minutes of the meeting held on 16 April 2013 were accepted as a correct and accurate record.

4. ACTIONS AND MATTERS ARISING

Mr Kinninmonth referred to Page 2 and the work around procurement and tender packages and said this was on-going but not ready to bring back to the Project Board. He will provide the feedback when appropriate to do so. Action to remain listed.

There has been a slight deferral to the date for handover of the black corridor as reported to the last meeting.

Mr Kinninmonth said there were two matters that he had been asked to provide feedback on and these were about the crane incident on 30 April 2013 and water ingress into Medical Physics on Level 2 and he would provide the detail through presentation slides and summarise current dialogue between LOR and the Trust to resolve both matters.

- Crane Incident – This occurred when one of the cranes came into contact with the north side of Block E hitting and breaking an empty window on Kirkstone Ward. No one was injured and all crane work was immediately halted on site and an investigation undertaken by LOR.

Mr Kinninmonth explained in detail how the collision had happened and primarily this was down to lack of communication. Following an internal investigation and a disciplinary, a number of additional safety measures have been put in place and include anti-collision equipment fitted to all cranes on site and new protocols and systems in place for general crane work. There is an exclusion zone around the existing building which requires a special permit and process for cranes to operate within it. However, a final safety measure and physical protection to the most vulnerable parts of the building is yet to be agreed to and the LOR design team are working on an appropriate solution.

On 13 May 2013, crane work on site recommenced outside the exclusion zone.

- Medical Physics – LOR are working with the Estates Department, as there have been two areas of weakness identified to Block E, Level 2. Following repairs and further investigation works to the problem area there still remains an issue with water ingress. LOR

SK

have arranged for Peter Bromiley, CDMC to come on site tomorrow, 22 May to carry out additional investigation work.

It was noted that if further incidents occur in this area they need reported to the Project Board. If the problem cannot be resolved then they may need to consider whether building works continue so close to Block E.

The Project Board were assured that everything possible was being done to rectify this matter.

PART 1 – CONTRACTUAL AND NEW BUILD UPDATE

5. LOR ISSUES

Mr Kinninmonth said the last few weeks have been a difficult period for LOR and the crane incident has lost them 10 working days out of the programme plus 4 days of inclement weather. However they have concentrated progress to the ground floor level in Zones 5 and 6 and have reprogrammed the works taking on board the delays. Mr Kinninmonth said LOR have taken benefit of the re-sequenced activities and will maintain the refit dates and manage to plan and keep to the completion date of 19 December 2014 although the Contract end date is 15 March 2015.

In relation to the black corridor handover will be by 7 June and completion of the road outside EAU is also due by this date.

Mr Walker said it had been reported previously that Zone 6 work was behind the other zones and asked whether LOR had caught up. Mr Kinninmonth said they were still behind in that area and it was important to resolve the issues causing the delay.

The road condition to the Sneakyeat Industrial Estate was raised as requiring urgent priority by the Trust, as there was potential for an accident waiting to happen.

Mr Morgan said that he had personally contacted Cumbria County Council in recent days and had an unbelievable response. He intends taking this to a higher level in the County Council given the WCH redevelopment is a major construction development in West Cumbria. He will follow up either later today or tomorrow.

LM

Mr Kinninmonth said LOR needed information from the Trust about equipment and IT services, in particular the 'big ticket' items, as confirmation was needed for service infrastructure. Mr Kilday said they will not have the information in the timeframe required but will follow up and send details of what equipment will and will not transfer.

SKIL

Mr Kinninmonth informed the Project Board that a new Communications

<p>Manager had been appointed and will commence this week. The intention is to meet with Natalie Rutherford, Trust Communication Officer, as LOR have a long list of potential communications and good news stories they want to get out to the local public.</p> <p>Mrs Halsall asked Mr Kinninmonth if he was aware of a new major contractor event taking place in the area soon and whether LOR had been invited. The event is for local business to spotlight potential employment opportunities and is being organised by Britain's Energy Coast. Mr Kinninmonth noted this and will follow up.</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 11.40 am.</p>	<p>SK</p>
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Distribution: New Hospital Project Board Members

North Cumbria University Hospitals

NHS Trust

MEETING OF THE NEW HOSPITAL PROJECT BOARD HELD AT 11.00 AM ON TUESDAY 21 MAY 2013 IN THE BOARD ROOM, WEST CUMBERLAND HOSPITAL, WHITEHAVEN

PART 2

Present:	Kevin Dickinson Mark Evens Damien Gallagher Clive Graham Sue Halsall Stephen Harrison Karen Kershaw Steve Kilday Les Morgan (Chair) Natalie Rutherford Steve Shanahan Stuart Taylor Mike Walker	Head of IT, Northumbria FT Non-Executive Director, NCUHT Director of Human Resources, 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 Communications Officer, NCUHT Interim Director of Finance, NCUHT Cost Advisor, Rider Hunt Medical Director, NCUHT
In Attendance:	Liz Dover Catherine Lomax	Copeland Senior Commissioning Manager, CCG Management PA, NCUHT

Apologies:	Paul Brayson Lesley Carruthers Abi Chicken Alan Davidson Chris Platton Caroline Rea Jeremy Rushmer Corinne Siddall	Northumbria FT Deputy Director of Nursing, NCUHT Cost Advisor, Rider Hunt Director of Estates & Facilities, NCUHT Director of Nursing, NCUHT Network Director for North Cumbria, CCG Director for Clinical Transformation, NCUHT Acquisition Director of Operations
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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 16 April 2013 were accepted as a correct and accurate record.</p>	

Mrs Halsall referred to Page 2 and the Trust needing to request a recharge back from LOR due to the reported delays, which should be to LOR. This amendment will be made to the minutes.

2. ACTIONS AND MATTERS ARISING

The actions from the previous meeting were noted and confirmed.

3. PROJECT MANAGER'S REPORT

Mr Kilday said in terms of roles within the Project Team, he confirmed that he was Project Manager and Mr Paul Wilkinson was Capital Planning Manager and both were now formally in place.

Copies of the Project Manager's Report for May were tabled.

Mr Kilday highlighted the following points;

- Progress – As previously reported this remains unchanged with works on site planned for completion by 19 December 2014 with the actual 'Contract Completion' date being 27 March 2015. As reported in Part 1 of the meeting, Mr Kinninmonth has stated no changes to the completion dates only the sequence of activities to the LOR programme.
- Cost – Copies of the Rider Hunt Financial Report Nr 4 had been issued prior to the meeting and the Project Board was reminded this is a 'Commercial in Confidence' document

Mr Evens asked if the spend to date plus contingency was ahead of expectations. Mr Taylor said in terms of contract programme, it is what was expected but they were hoping to identify and review monies in the Risk Register but overall they were under spending.

Issues about procurement benefits to the Trust were highlighted and had been raised previously with Mr Kinninmonth. Mr Taylor said the whole process was open and transparent and delays have happened but LOR were reporting on programme for the tendering processes. Mr Taylor said he would continue to monitor this.

Mr Taylor said his intention was to meet up with the Project Team next week and pull out specific risks and track against these to see whether the items have been accounted for in the Risk Register.

Mrs Halsall enquired whether there was anything programme critical. Mr Taylor referred to the summary of Compensation Events and proposed changes and said the majority in 'grey' were completed but the ones in 'orange' remain open and are being dealt with LOR.

ST

Mr Kilday tabled copies of the clarification list summary and had highlighted areas where future action may be required. Currently the Risk Register, clarification and derogation lists were being worked through to form one complete list. Mr Kilday said if anyone wanted to discuss any one area to let him know.

Mr Shanahan referred to no.48 on the list and the Aseptic Suite, which requires a broader discussion. Mr Morgan was aware of the need to have an open discussion with the Pharmacy Department linked to the Trust Board discussion about Oncology and Cancer Services. Mr Morgan described some practices and option appraisals that were being done and will need to go through the usual process. The other question raised was whether Pharmacy was picking up the cost of robotic handling. Mr Morgan said this would depend on affordability and conversations were being had between David Campbell, Chief Pharmacist for Northumbria FT and Bill Glendinning but no decision had been made and conversations were on-going. Mr Dickinson said there were IT implications when a decision is made.

With reference to no 45, MRI, faraday cage, room fit out etc, it was noted there was originally £50,000 allocated. Mr Kilday said he would check up on this. He did except the list of items would tease out lots of discussion.

Mrs Halsall said there was a whole list of equipment issues to resolve and would suggest some actions plans and named individuals, who should be dealing with these.

- Issues – Updates were given on progress with the A&E Entrance, Trust Provisional Sums, Kitchen Design, Patient Entertainment Strategy and IM&T Strategy meetings. Mr Kilday said he needed Project Board approval to proceed with the instruction to LOR for changes to Ambulance turning circle outside the A&E Department.

The Project Board were in agreement to the change to be made to this area.

- Trust Proposed Changes – Mr Kilday said LOR had provided costs this month for a number of items currently under review by the Project Team and include;
 - Theatre Design Option 4A - £17,000
 - Security/CCTV review - £19,000
 - IT Cat5 cabling change to Cat6e - £190,000
 - Laminar Flow Canopy for Theatre 4 - £50,000

The IT cost was discussed at length and requires the IT experts input to ensure the new build is future proofed.

SKIL

<p>Mr Kilday said if the Trust does progress with these changes then it will be subject to a full and high level approval process being put in place. The Director of Finance will need to approve, as Mr Kilday does not have delegated authority for these amounts of monies.</p> <p>In addition, there were a number of change requests to Endoscopy, Ophthalmology and Emergency Care Department that needed to be raised.</p> <p>Mr Morgan said these changes should go to the Commissioning Group first for comment and consideration and then bring a recommendation back to the Project Board. Mr Kilday agreed to follow up.</p> <p>Mr Kilday said the two main site issues; the crane incident and medical physics water ingress had been covered in Part 1 of the meeting.</p> <p>A number of design issues were under review. Mr Dickinson enquired about the FF&E discussions with Supplies and asked whether any discussion had taken place about nurse call and alarms, as this has organisational wide implications in how it links back to switchboard. Mr Kilday said there were certain timescales to report back to LOR outstanding issues and he would be happy to raise questions such as this with them.</p> <p>The only two work packages yet to be signed off were soft flooring and canopies.</p> <p>No further questions were raised.</p> <p>Mr Morgan thanked Mr Kilday.</p> <p>4. PHASE 2 GROUP REPORT</p> <p>Mr Morgan reported that at the April Private Trust Board members were presented with an option appraisal for refurbishment of the retained estate. The Trust Board accepted in principle the preferred option would be a full complete refurbishment (Option B) but recognised that the cost associated with this was not fully available for the Trust Board to make a decision. The Trust Board asked for a business case to be developed for this option for submission to the Trust Development Authority (TDA) to access the capital balance needed to deliver the scheme.</p> <p>Mr Morgan said Mrs Halsall and Mr Wilkinson have been working up a draft addendum to the Full Business Case and discussion with the TDA to date has been positive. The addendum will be presented to the Private Trust Board on 28 May 2013 and submitted to the TDA thereafter.</p>	<p>SKIL/SS</p> <p>SKIL</p> <p>SKIL</p>
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6. REVIEW OF COMMUNITY HOSPITAL AND COMMUNITY SERVICES UPDATE

Following the presentation of the scoping document to the senior level group overseeing this piece of work, they are in agreement to the way forward being to commission a 30 bedded sub-acute ward supported jointly by the Acute Trust and Cumbria Partnership FT. A further draft document will be issued next Monday. Mr Morgan said this will subsequently have a knock on effect with Phase 2 in that it will reduce the footprint available to accommodate other things.

7. BUSINESS UNIT WORKSHOP UPDATE

The second series of Business Unit/Department workshops commence this week and into June.

8. PROJECT MEETING MINUTES TO BE RECEIVED

- **Clinical Reference Group 16/04/2013** - The minutes were received and noted.
- **Draft Commissioning Group 07/05/2013 (Unconfirmed)** – The minutes were received and noted.

9. RISK REGISTER

As there was not sufficient time for the end agenda items to be reported, it was decided to defer this item to the beginning of the next meeting.

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10. ANY OTHER BUSINESS

No other business was discussed.

11. DATE AND TIME OF NEXT MEETING

The next meeting will take place on **Tuesday 18 June 2013 at 11.00 am in the Board Room, Level 5, West Cumberland Hospital, Whitehaven.**

The meeting closed at 1.05 pm.

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