TRUST BOARD

Date of Meeting: 26/03/2013	**Agenda Item No:** 6.2	**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:

The paper updates the board on re-development of West Cumberland Hospital with particular reference to:

- The implementation of the clinical strategy
- Commissioning programme
- Contractual matters
- Community engagement
- Overview of activity

Minutes of the February Project Board are attached for information.

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	✓

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

TRUST BOARD
WEST CUMBERLAND HOSPITAL
REDEVELOPMENT UPDATE
MARCH 2013

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.

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 1 and Emergency Surgery Quarter 3

The timescale for the transfer of high risk Medical cases is still being developed; this should have been 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.

Medicine is still developing it 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 present 5.94 days to below 4 days. At the Medicine and Emergency Care workshop in April a quarterly trajectory will be agreed for a reducing length of stay against which the business unit can be performance managed.

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 of 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 22 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.

Work-stream 5: Hospital at Night

This is a new work-stream being lead by Dr 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. Dr Rushmer and Mrs Carruthers presented their initial plans to the Clinical Policy Group in February and will now report regularly to the WCH redevelopment Clinical Reference Group. This aims to be in place prior to August 2014.

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**

Most of the half day workshops arranged with each of the clinical business units and the Department of Estates and Facilities took place in March with the exception of Medicine and Emergency care which has been arranged for early April. The business units and department are now 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 (predicted) April 12- Jan 13	28,708 (31,317)	9,879 (10,777)	1,368 (1,492)	16,533 (18,036)	84%	5.94%

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

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 building a good rapport with the Lang O'Rourke team.

5. STAKEHOLDER ENGAGEMENT

Stakeholder engagement remains a 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 presented to the Project Board in March. As part of this plan there will be the first WCH redevelopment supplements in one of the local newspapers in early April.

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 and is expected to be presented to the April Project Board; it will then come to the Trust Board.

7. RECOMMENDATION

The Trust Board is asked to note approve this report.

LES MORGAN
DIRECTOR – WEST CUMBERLAND HOSPITAL

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

PART 1

Present:	Ray Beale-Pratt	Locality Support & Planned Care Lead, NHS Cumbria
	Paul Brayson	Project Manager, Northumbria FT
	Lesley Carruthers	Deputy Director of Nursing, NCUHT
	Abi Chicken	Cost Advisor, Rider Hunt
	Alan Davidson	Director of Estates & Facilities, NCUHT
	Mark Evens	Non-Executive Director, NCUHT
	Clive Graham	AMD, Clinical Support Services
	Sue Halsall	Head of Strategic Financial Planning, NCUHT
	Stephen Harrison	IT Team Leader, NCUHT
	Karen Kershaw	Clinical Planner/Risk Manager, NCUHT
	Steve Kilday	Senior Project Manager, Northumbria FT
	Steven Kinninmonth	Senior Project Manager, Laing O'Rourke (LOR)
	Warren Leech	Commercial Manager, Laing O'Rourke (LOR)
	Charlie McGibney	Associate Director of Operations, NCUHT
	Les Morgan (Chair)	Director – West Cumberland Hospital
	Steve Shanahan	Interim Director of Finance, NCUHT
	Corinne Siddall	Director of Operations, NCUHT
	Stuart Taylor	Cost Advisor, Rider Hunt
	Mike Walker	Medical Director, NCUHT
	Paul Wilkinson	Capital Planning Manager, Northumbria FT
In Attendance:	Catherine Lomax	Management PA, NCUHT

Apologies:	Steven Bannister	Northumbria FT
	Kathryn Berry	NHS North of England
	Jeremy Rushmer	Northumbria FT

	Action
1. WELCOME / INTRODUCTIONS Mr Morgan welcomed everyone to the meeting, informal introductions were made. Mr Morgan introduced Mr Paul Brayson, Head of Capital Planning for Northumbria FT, who is currently acting as Interim Project Manager. Mr Steve Kilday will formally become the Project Manager following his induction into Northumbria FT and North Cumbria.	

2. APOLOGIES FOR ABSENCE Apologies were received as above. **3. MINUTES OF THE LAST MEETING** The minutes of the meeting held on 15 January 2013 were accepted as a correct and accurate record. Mr Evens requested a slight amendment to Page 7 of the minutes with reference to the new project structure reporting lines. Mr Morgan acknowledged the change would be made to the minute. **4. ACTIONS AND MATTERS ARISING** The actions from the previous meeting were confirmed as completed. Mr Kinninmonth enquired about the action related to the Energy Centre and whether any decisions had been made concerning the fuel source. Mr Morgan said this was not yet resolved but some discussions had taken place and a paper had been circulated. Mr Morgan stated this does need to be addressed and he will ensure some feedback is provided to LOR by the end of the week. **PART 1 – CONTRACTUAL AND NEW BUILD UPDATE** **5. LOR ISSUES** Mr Kinninmonth gave a brief overview of current works on site and reported; • Zone 4 was progressing well. • Zone 5 drainage had commenced. • Zone 6 is a few weeks behind due to rock and inclement weather conditions. This interface with Block E and LOR are conscious of maintaining the programme date. A second tower crane has been erected in Zone 6. A series of informal meetings have taken place. Matters discussed concern the A&E redesign and the Main Entrance. Drawings submitted a few weeks ago now need signed off and the process condensed in the next couple of weeks. 1:50's resubmitted highlighted issues on coding and medical gases. Other matters relate to various technical queries and issues, which do not need discussed at Project Board unless it is considered these need elevated.	**LM**

Other sign offs include; • Samples – process needed to get all the sign offs completed. • Provisional Sums – formal contract review meeting being held on 26 February 2013 to sign off. • Correspondence for Blocks E and F interaction. • Externals being presented now need a process for sign off. • Procurement – close to sign off of some major packages ie. structural steel, lifts, partitions etc. Mr Morgan asked if there was anything specific Mr Kinninmonth wanted to raise with the Project Board. Mr Kinninmonth enquired about the Theatre redesign and how this was going to progress and move forward. Mr Brayson commented that this would need to be discussed in this forum and they may ask LOR to do one more option with some detailed drawings again. Mr Morgan said in relation to how this may impact on the programme, they would try and keep in 'sinc' with LOR's programme and keep them up to date with developments. Mr Walker asked about local employment and whether this was being publicised. Mr Kinninmonth said an event held on 6 December 2012 was received positively and went down well with local contractors but suggested more could be done. He said the tender lists had not been publicised neither had how many people LOR have employed. Mr Morgan said that at the recent meeting of the West Cumberland Hospital Stakeholder Group, member organisations had expressed keenness of being involved with any internal groups and a willingness to do anything to help the redevelopment locally. They were also pleased that representatives from LOR would attend future meetings giving them an opportunity to raise matters directly with senior LOR personnel. Mr Morgan added that Elizabeth Kay, Head of Communications and Reputation Management was now working directly with the LOR Communication Team on the WCH redevelopment. Mr Kinninmonth referred to the link with the Lakes College and confirmed that six apprentices had commenced. Mr Leech suggested it would be helpful to meet later that afternoon for approximately an hour with certain individuals to sign off the tender lists. This was acknowledged as suitable and Mr Leech would follow up outwith the meeting. Mr Leech asked whether input was needed from LOR on the Risk Register. Mrs Halsall said at this stage the Project Team needed to do an internal review first. Mr Morgan added that a full review was required and he wanted to bring this back to CRG and Project Board. Mr Morgan asked whether LOR had any changes. Mr Leech said that LOR had	**PB** **WL**

moved £10,000 across as a contingency. Mr Morgan thanked Mr Kinninmonth and Mr Leech for the update. Mr Kinninmonth and Mr Leech left the meeting at 11.30 am.	

Distribution: New Hospital Project Board Members

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

PART 2

Present:	Ray Beale-Pratt	Locality Support & Planned Care Lead, NHS Cumbria
	Paul Brayson	Project Manager, Northumbria FT
	Lesley Carruthers	Deputy Director of Nursing, NCUHT
	Abi Chicken	Cost Advisor, Rider Hunt
	Alan Davidson	Director of Estates & Facilities, NCUHT
	Mark Evens	Non-Executive Director, NCUHT
	Clive Graham	AMD, Clinical Support Services
	Sue Halsall	Head of Strategic Financial Planning, NCUHT
	Stephen Harrison	IT Team Leader, NCUHT
	Karen Kershaw	Clinical Planner/Risk Manager, NCUHT
	Steve Kilday	Senior Project Manager, Northumbria FT
	Charlie McGibney	Associate Director of Operations, NCUHT
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	Stuart Taylor	Cost Advisor, Rider Hunt
	Mike Walker	Medical Director, NCUHT
	Paul Wilkinson	Capital Planning Manager, Northumbria FT
In Attendance:	Catherine Lomax	Management PA, NCUHT

Apologies:	Steven Bannister	Northumbria FT
	Kathryn Berry	NHS North of England
	Jeremy Rushmer	Northumbria FT

	Action
PART 2 – TRUST BUSINESS **6. ACTIONS AND MATTERS ARISING** • **Theatre Review** Dr Graham said that progress with the redesign was not where it should be and reported that a teleconference had taken place on 18 February 2013 with an external consultant and members of the Project Team present. Although discussion had been positive, the view was the current design was not best practice and there appeared to have been some compromise. Dr Graham said they were trying to modify the design in the current footprint but would need more time to do this before they can go back to users and be in a position to confirm a final	

recommendation. The key issues raised were; • With regard to the current design with a shared prep, concerns were raised about the movement of air flow and although recommended, the operating practices would need to change to circumvent this. • The issue about having a single ventilation into theatres was considered to be a problem, as this would take down two theatres instead of just one for any given reason ie. maintenance. • It was agreed that Paul Brayson will draw up what was proposed. He will take this back to the users, who need to come back with a good working solution. Mr Brayson said the current design could be tweaked and the advice was the interlocking door system would work but it would need a high degree of discipline from the staff. Mr Brayson said if they were significantly uncomfortable with a shared prep room then they do a careful design, squeeze up the scrub area, which changes the dimensions of the prep room to allow for two preps and two scrubs. Further debate took place about needing to maintain good practice under work pressures. Mr Brayson commented that other than the need for staff compliance there might also be a possibility of incidents around timing of the interlocks, which is approximately 30 seconds but can feel significantly longer. Mr Brayson suggested they go ahead with the exercise to see what two prep rooms would look like and feed this back, as discussed. The issue of ventilation was further discussed. Mr Davidson said that if the current design remains, as it is, then there will be no issues, as one air handling unit is facilitating two theatres. However, if they go with the other option two air handling units will be required. Mr Brayson suggested there may be a solution to doubling up the plant. Ms Siddall expressed two issues needed resolved, firstly the design and floor space and secondly and importantly she and Mr Shanahan would like assurance from Patrick Armstrong and Louise Corlett that the site could cope if two theatres were down at the same time. Mr Morgan commented that it was his belief that we could manage but would seek that assurance from the Surgical Business Unit. Mr Evens said potentially there was a difference between routine maintenance and breakdown issues, which would affect two theatres. He asked whether the Business Unit had satisfied itself that it could cope with unplanned downtime and what the level of resilience was for this equipment.	**LM**

Mr Shanahan said he was meeting with the Emergency Surgical/Elective Care team later that day and will raise this issue with them direct.	**SS**
Mr Morgan referred to the Business Unit workshops that he was setting up during March and where each of the Business Unit detailed plans will be reviewed with him.	
It was agreed that the Project Board needed a paper that it can examine and make a sensible decision to move forward. It was suggested the paper sets out the current proposals for shared scrub and interlocking door, the new proposals, the risks, the changes and benefits and the estimated costs.	**CG**
Mr Taylor agreed to speak to LOR about the issues raised with the exception of the costed approach and explain how this may impact on them.	
Mr Evens questioned whether they needed a decision mechanism before the next Project Board. Mr Morgan said if they press ahead with the work and a decision was made he would suggest as long as Mr Walker, Dr Graham and Mr Armstrong was satisfied with the solution then they should feed this back to the Project Board as a recommendation.	**CG/MW/PA**
Mr Evens asked if the option of an interlocking door system was signed off by the users. Mr Morgan would ask Ms Kershaw to clarify what was signed off at the time.	**LM/KK**
7. PROJECT MANAGER'S REPORT	
Mr Brayson outlined his and Mr Kilday's role, as Project Manager and that of Mr Wilkinson, Capital Planning Manager on the scheme. He said in the three weeks they have been on site everyone had made them very welcome.	
In terms of formally reporting this will come via the formal cost report and will be circulated with the agenda and papers for the meeting rather than tabled.	
Mrs Halsall said the cost report included details that would not normally be widely circulated. Mr Brayson said he would review this with Mr Kilday and Mr Taylor beforehand.	
Mr Taylor summarised briefly what the cost report covers in terms of an Executive Summary, overview of Trust budget and gain shares and contingencies.	
Mr Taylor confirmed there were no potential Early Warnings and all Compensation Events were on the table and have been closed down.	

With regard to PSCP risk, the level of detail would not normally be shown. Mrs Halsall indicated that the Crown House risks were not included. Mr Taylor said these do need to be visible and has been assured by LOR that he will see when Crown House spend their risk. With regard to the Trust Provisional Sum tracker, there was a need to start tracking this and understand the risks against these sums. Mr Brayson said there were large sums in there that would not normally be expected to be on the list and would suggest an approach for some kind of formal agreement with LOR. Mr Brayson said the A&E redesign had been signed off and it was important to look at this in moving it forward. Mr Brayson referred to the £10,000 that was set aside for bird deterrents and enquired whether this was needed or not. It was noted currently there were no issues on site and it was agreed this should be taken out. Mr Brayson said in terms of programme the formal position and LOR statement is for hospital completion by 27 March 2015. Mr Brayson expressed that there were a number of issues in the system that need urgent sign off and are up against contractual deadlines. Mr Brayson would be asking Mr Davidson's help in getting some of these signed off. Mr Morgan said they had the first formal Contract Review meeting last month and this was followed by a session with the CDMC, which focussed on issues of health and safety. Mr Brayson said that he would prefer to provide the Project Board with a verbal report backed up with the cost report from Rider Hunt. Ms Siddall considered the Rider Hunt report covered very much the same as the previous Project Manager's Report but would suggest it includes an exception report on the front. Ms Chicken said it would be possible to do this and the report could be issued for circulation a week ahead of each meeting. Mr Morgan thanked Mr Brayson for the update. **8. PROJECT MEETING MINUTES TO BE RECEIVED** • **Clinical Reference Group 15/01/2013** – The minutes were received and noted. Mr Walker provided an overview of the new format for the CRG. The membership will be revised and it was stressed the importance of Business Unit Directors and Deputies attending. Ms Siddall agreed to speak to Business Unit Directors. • **Commissioning Group 08/01/2013** – The minutes were received and noted. The February meeting was postponed. Mr Morgan had	**AC/ST/PB/ CL** **CS**

met with Dr Graham (chair of the CG) and Ms Kershaw to keep momentum. Mr Morgan had written out to the sub group chairs explaining what is expected to be reported back to the next meeting on 5 March 2013, in terms of their timetable work programme to the opening of the new build.

Mr Davidson said on the commissioning side would there be a remobilisation and procurement appointment. Mr Morgan said, yes but it was for discussion outwith this meeting, as it was quite a complex, logistics process and the organisation will make the appropriate appointment as soon as possible.

9. RISK REGISTER

Mrs Halsall reported there was a new Project Team in place and the Risk Register would be fully reviewed. Mrs Halsall reported four additional risks have been included.

The revised Risk Register will come back to the Project Board for a full review and will also need to go to the Trust Board.

10. ANY OTHER BUSINESS

No other business was discussed.

11. DATE AND TIME OF NEXT MEETING

The next meeting will take place on **Tuesday 19 March at 11.00 am in the Board Room, Level 5, West Cumberland Hospital, Whitehaven.**

Meeting closed at 12.45 pm.

Distribution: New Hospital Project Board Members