

TRUST BOARD

Date of Meeting: 28/05/2013	Agenda Item No: 6.1	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 MAY 2013</p>
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1. INTRODUCTION

Good progress has continued to be made on the construction of the New West Cumberland Hospital since the contract was signed in December 2012. However a notable incident on the 28 April 2013 when a crane working on the new build struck the side of the existing hospital which has lead to several weeks of restricted work on site. 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** – This was planned to commence on 10th June 2013 and a lot of work has gone into organising the theatre rotas to accommodate lists and become more efficient. There will be two trauma lists per week at WCH with the rest at CIC. Due to issues with theatres on the WCH site last week this change was implemented early as an interim measure and has worked effectively.
- **General Surgery** – The aim is to start at CIC in August however this is dependant on a number of appointments to be made for lower and upper GI. Interviews took place on Friday 26 April and two offers of appointment were made.

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 April position of 7.19 days which represents an increase of 1.68 days from February (5.51 days). The 12 month rolling average. LOS for Medicine remains high at 6.39 days.

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

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

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

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

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

At its meeting on the 2nd of 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) have signalled their intention to commission such a unit and are currently preparing a service specification document

and have a wish that NCUH and CPFT to work together as providers to deliver the service.

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 are scheduled for 30 April 2013 with a start date in the early summer.

3. COMMISSIONING

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

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

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 May and early June. 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 13 (predicted to march 14)	2693 (32,316)	864 (10,368)	137 (1644)	1401 (16,812)	88%	7.19

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 monthly reviews are now taking place with LOR since the signing of the contract in December 2012 and the new Project Team is 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. We continue to work with LOR to reach a conclusion as quickly as possible.

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. The first five open forums for staff about the WCH redevelopment were held in April. This give 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 to the May meeting; it will then come to the Trust Board.

7. RECOMMENDATION

The Trust Board is asked to approve this report.

LES MORGAN
DIRECTOR – WEST CUMBERLAND HOSPITAL

**MEETING OF THE NEW HOSPITAL PROJECT BOARD
HELD AT 11.00 AM ON TUESDAY 16 APRIL 2013 IN THE BOARD ROOM,
WEST CUMBERLAND HOSPITAL, WHITEHAVEN**

PART 1

Present:	Steven Bannister Paul Brayson Lesley Carruthers Abi Chicken Alan Davidson Damien Gallagher Ian Gordon Clive Graham	Director Estates & Facilities, Northumbria FT Project Manager, Northumbria FT Deputy Director of Nursing, NCUHT Cost Advisor, Rider Hunt Director of Estates & Facilities, NCUHT Director of Human Resources, NCUHT Chairman, NCUHT Business Unit Director, Paediatrics & Clinical Support, NCUHT
	Sue Halsall Karen Kershaw Steve Kilday Steven Kinninmonth Les Morgan (Chair) Caroline Rea Steve Shanahan Stuart Taylor Mike Walker	Head of Strategic Financial Planning, NCUHT Clinical Planner/Risk Manager, NCUHT Senior Project Manager, Northumbria FT Senior Project Manager, Laing O'Rourke (LOR) Director – West Cumberland Hospital Network Director for North Cumbria, CCG Interim Director of Finance, NCUHT Cost Advisor, Rider Hunt Medical Director, NCUHT
In Attendance:	Catherine Lomax	Management PA, NCUHT

Apologies:	Mark Evens Stephen Harrison Chris Platton Jeremy Rushmer Corinne Siddall	Non-Executive Director, NCUHT IT Team Leader, NCUHT Director of Nursing, NCUHT Director for Clinical Transformation, NCUHT Acquisition Director of Operations
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	Action
<p>1. WELCOME / INTRODUCTIONS</p> <p>Mr Morgan welcomed everyone to the meeting and apologised due to an overlapping of annual leave, a number of the papers and reports would be tabled or be verbal updates. He said as the new Project Team comes together the way in which these reports are presented to future Project Boards will settle down and be circulated with the agenda in advance of the meeting.</p>	

2. APOLOGIES FOR ABSENCE

Apologies were received as above.

3. MINUTES OF THE LAST MEETING

Part 1 minutes of the meeting held on 19 March 2013 were accepted as a correct and accurate record.

4. ACTIONS AND MATTERS ARISING

Mr Kinninmonth confirmed the strategy for communications was now done and can be circulated to the Project Board for a final review. Mr Davidson said there had been a lot of positive media coverage recently, which the Trust welcomed.

With reference to Page 3, Mr Kinninmonth said LOR had approached Groundwork and had also applied for a grant to try and benefit the funding for the external landscaping but this had not been successful. Mr Kinninmonth said he had received a business case from Groundwork last week but was yet to review this formally for the scheme. He would like to share this with Mr Brayson and Mr Kilday. Mr Brayson asked whether there was a fee associated with it, as it would need to be of real benefit now, as well as into the future and he would need to be convinced Groundwork were a credible robust provider. Mr Kinninmonth acknowledged the comment and will follow up with them both outwith the meeting.

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PART 1 – CONTRACTUAL AND NEW BUILD UPDATE

5. LOR ISSUES

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

He reported that the handover of the black corridor would now take place week commencing 28 April, a week later than planned.

A third tower crane was coming on site and working in the area where the main entrance will be situated. This preliminary work should be completed by the middle of next week.

Mr Kinninmonth stated that despite being behind with some works on site due to complexity and interface this will not affect the programme and the completion date remained 19 December 2014.

The LOR team were currently looking at service models being managed off site and the work around procurement and tender packages continued. Mr Bannister referred to the service packages and spread of systems within risers and said there would need to be interface with the Trust to sign these

<p>off. Mr Kinninmonth said that LOR would make sure they were comfortable with the design, as there were some issues to be resolved. LOR would take them through a fly through model, as further inspection and testing off site was necessary. Mr Kinninmonth acknowledged LOR would talk this through with the Trust.</p> <p>Mrs Halsall enquired about procurement market testing and whether any benefits might come back to the Trust, as this was a key issue for Project Board approval. Mr Taylor said a tracker had been set up for each of the packages and he would be happy to issue the tracker. Mr Kinninmonth said they had done a robust market testing exercise and had already stripped out £½ million and to be aware the baseline was 5%, so there could be benefits to the Trust. Mr Taylor added that the whole process was visible and he would be happy to bring this back to the Project Board.</p> <p>Ms Kershaw said it was reported at the last informal client interface meeting that the black corridor would be handed back by 21 April and the lighting and electrics in by 3 May. A further delay will be an issue for the use of the mortuary vans and the date will need extended. Mr Morgan said it appeared to be the same delays and LOR remain confident for the 19 December 2014 but might this slip into the 12 weeks. Mr Kinninmonth said LOR were on target to achieve the date and the delays reported at the last meeting have been reprogrammed to mitigate further delays, this means they are keeping the tower cranes working and rearranging the sequence of works.</p> <p>Mr Morgan commented that Mr Kinninmonth had done a very good presentation to the New West Cumberland Hospital Stakeholder Group recently, as well as showing them the new fly through of how the new hospital was getting constructed. Once this is perfected, Mr Morgan suggested it would be helpful to show this to the Project Board.</p> <p>Mr Bannister commented that a web cam was being installed at the new Cramlington hospital site and is a powerful tool, which will keep staff, patients and public engaged. He wondered whether this could be considered on this site. Mr Morgan said West Cumberland Hospital redevelopment was a slightly different limited site but thought it would be a good idea to pursue once it was built for public perception. Mr Davidson added this had been raised before and agreed it would be good for internal and external impact.</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 11.30 am.</p>	<p>SK/ PROJECT TEAM</p> <p>ST</p> <p>SK</p>
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Distribution: New Hospital Project Board Members

**MEETING OF THE NEW HOSPITAL PROJECT BOARD
HELD AT 11.00 AM ON TUESDAY 16 APRIL 2013 IN THE BOARD ROOM,
WEST CUMBERLAND HOSPITAL, WHITEHAVEN**

PART 2

Present:	Steven Bannister Paul Brayson Lesley Carruthers Abi Chicken Alan Davidson Damien Gallagher Ian Gordon Clive Graham Sue Halsall Karen Kershaw Steve Kilday Les Morgan (Chair) Caroline Rea Steve Shanahan Stuart Taylor Mike Walker	Director Estates & Facilities, Northumbria FT Project Manager, Northumbria FT Deputy Director of Nursing, NCUHT Cost Advisor, Rider Hunt Director of Estates & Facilities, NCUHT Director of Human Resources, NCUHT Chairman, NCUHT Business Unit Director, Paediatrics & Clinical Support, NCUHT Head of Strategic Financial Planning, NCUHT Clinical Planner/Risk Manager, NCUHT Senior Project Manager, Northumbria FT Director – West Cumberland Hospital Network Director for North Cumbria, CCG Interim Director of Finance, NCUHT Cost Advisor, Rider Hunt Medical Director, NCUHT
In Attendance:	Catherine Lomax	Management PA, NCUHT

Apologies:	Mark Evens Stephen Harrison Chris Platton Jeremy Rushmer Corinne Siddall	Non-Executive Director, NCUHT IT Team Leader, NCUHT Director of Nursing, NCUHT 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 19 March 2013 were accepted as a correct and accurate record.</p> <p>Reference was made to Page 3 and the issue raised by Mr Davidson on behalf of Mr Steven Bannister not Mr Steve Dougan about the Tenos Report (fire safety) being coherent with the Fire Strategy.</p>	

<p>2. ACTIONS AND MATTERS ARISING</p> <p>Mr Kilday confirmed that he could get the information about the Theatre air handling unit motors and send to Mr Davidson. He assured the Project Board there was resilience in place.</p> <p>It was acknowledged that the action for Mr Shanahan to speak to Mr Armstrong and Ms Corlett had been superseded and the Theatre redesign work was now complete. LOR had been instructed to do the changes including laminar flow for Theatre 5. Mr Taylor said that costs were now awaited but he would follow this up with LOR and feedback to the Project Board.</p> <p>Mr Brayson referred to Page 2 and confirmed that a Fire Advisor had been appointed and will be involved with the main construction contract. LOR have been informed and a backup strategy will be in place for the next 18 month- 2 years. The Trust will now be compliant with CQC outcome 10, Safety and Suitability of Premises.</p> <p>3. PROJECT MANAGER’S REPORT</p> <p>The Project Manager’s Report for April was tabled.</p> <p>Mr Brayson summarised the following points;</p> <ul style="list-style-type: none"> • Progress – This remains unchanged and LOR are still reporting and committed to the completion date being 19 December 2014. Mr Brayson said most projects tend to dip into the 12 week terminal float, which would take the contract completion up to 27 March 2015. • Cost – Copies of the Rider Hunt Cost Report Nr 3 was issued in advance of the meeting and ideally this will be the case for future meetings to give members sufficient time to digest the content and raise any issues. Mr Brayson asked how much detail the Project Board wanted to go through and whether there was anything they wanted to highlight. <p>Mr Gordon referred to Page 7 of the Cost Report and had been asked to raise a couple of queries on behalf of Mr Mark Evens. He asked what the non-work costs actually represented. Mr Taylor explained these were Trust costs and these had been reported previously to the Project Board to approve.</p> <p>Mrs Halsall listed these as;</p> <ul style="list-style-type: none"> ○ £98,000 North West Electricity ○ £13,000 Catering design ○ £15,000 to Ashtenne for leasing of land with a decision to be made, as to whether the Trust extends the lease or buys the 	<p>SK</p> <p>ST</p>
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land for future use

- £36,000 for roof repairs to the LOR cabins – it had been agreed that 50% will be recharged back from LOR, so a total of £18,000 will come back to the Trust.
- £8,000 ducts for Honister and Fairfield due to windows being blocked and other bits and pieces. With regard to the black corridor the Trust may need to request a recharge back from LOR due to the reported delays.

Mrs Halsall stressed that she and Mr Kilday will continue to track these with Mr Taylor.

Mrs Halsall said in relation to Mr Evens second query about provisional sums and early warnings, there had been some firming up with LOR about these. Mr Taylor said in relation to FF&E, LOR had been instructed to go out to tender and costs will be received soon. With regard to Hard and Soft Landscaping, LOR had come up with alternative options, which Mr Cambridge and Mr Taylor will look at in more detail. Mr Kilday commented that LOR were well on with doing the packages and there would be less risk and more certainty as things progress. Mr Kilday added that he and the Project Team look at the provisional sums and programme with LOR and Mr Taylor on a weekly basis.

- Risks – Work around the Risk Register is in progress. A series of meetings are planned to review the Trust risks and eventually these will settle down to a monthly review process being reported back to the Project Board.
- Issues
 - A&E Entrance – Significant concerns have been raised about the functionality of the ambulance access to A&E. These are being pursued with NWAS. Mr Brayson expressed however little progress has been made to date due to key individuals in the Ambulance Trust being unavailable. This was now a priority as it is becoming a risk with abortive costs associated if a decision is not made very soon.

Ms Kershaw commented that she had spoken to Jan Wharton about decontamination tents, which would be erected outside A&E. Ms Wharton was getting back to Ms Kershaw with measurements of the tents.

- Kitchen Design – Work on this had progressed well. Layouts for the kitchen, server, café and ward pantries were done and had been shared with LOR. A meeting was scheduled to go through the LOR response. The expected completion of this exercise was 13 April 2013.
- Patient Entertainment Strategy – The entertainment system for

patients needed urgent resolution, as it impacted on wall fixings and current package being tendered. Mr Davidson was following up the Trust's contractual arrangements with Hospedia.

Mr Bannister said that a PID had been done for the WCH site but they do need to look at a strategy with Mark Thomas, Director of Informatics for Northumbria and develop a phased group that will tie in with Whitehaven and Cramlington, as to whether there needs to be an IT service at the patient bedside. Mr Brayson said they may need to look at future proofing to a moderate cost but more information was necessary. If a decision is deferred this will become a procurement issue by LOR and the Trust would need to pick up as a variation. Mr Bannister commented that at least three providers were in for consideration and Mr Brayson and Mr Davidson were meeting to review the offers

- Control of Infection – LOR have been asked to review the recent publication of the Health Technical Memorandum documentation to see whether it has any implications on the build. Mr Brayson stated it was an important document that everyone needs to read and in particular Dr Clive Graham. Mr Morgan suggested it would be helpful if Dr Graham could join Mr Brayson in 2/3 weeks when he meets with LOR to review.

It was considered the Infection Prevention sub group, chaired by Dr Graham may need to meet to pull together a collective response.

- IT Strategy – Discussions are on-going with LOR about the IT specification and requirements for IT/Telephones, as a check to ensure that this fits in with any overarching Trust strategy being considered.
- Theatre Design – Following agreement at the last Project Board for the redesign, a cost is still awaited for changing to a 4th Laminar Flow theatre.

No general comments were raised.

4. PHASE 2 GROUP REPORT

Two papers were tabled 'Commercial in Confidence' setting out the options for Phase 2 works to Blocks E, F and G of the retained estate.

Mr Morgan said that the options paper will be presented to the Private Trust Board on 30 April 2013.

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PB/CG**

Mr Morgan provided some background to this and explained the organisation has a scheme signed off by the North Cumbria Trust Board, which unless a different decision is made what we will endeavour to be delivered.

Having reviewed and discussed the options outlined in the commercial land in confidence papers the project board agreed to the papers going forward for discussion at the trust board.

5. REVIEW OF COMMUNITY HOSPITAL AND COMMUNITY SERVICES UPDATE

Ms Rea briefed the Project Board on the piece of work being undertaken by the CCG, Cumbria Partnership FT, Adult Social Care and NCUHT on models of care that need to join up in hospital care and were in the FBC along with a number of other assumptions. The findings were recently reported to the North Cumbria Strategic Leaders Group, who tasked Ms Rea and a small working group to get on with producing a plan.

Ms Rea said they were looking at new arrangements being put in place to oversee the whole programme of work and will feedback to the Project Board in the coming months.

A meeting was scheduled for 2 May to look at a contingency plan, as this must be agreed by mid-May; otherwise the Trust will not deliver what is required in the timescale for the commissioning of the new hospital.

6. BUSINESS UNIT WORKSHOP UPDATE

All the Business Unit workshops were completed in March/April and they have been tasked with looking at rotas, operational policies, workforce and financial assumptions and included the Estates and Facilities Department. A second series of workshops will be arranged in 8-10 weeks to receive feedback.

A review of the FBC document will be done, as it was written a while ago and subsequently CIPs have changed, as well as a number of reviews in nursing and admin being undertaken. This will all come together to see whether the Trust is on track to deliver expected assumptions in the FBC.

Mr Morgan said that he will be commencing WCH redevelopment staff sessions at the end of the month and in the second series of workshops should be able to provide more answers in terms of people's job role, shift patterns and place of work. Change to the HR process will need to be consistent and one approach. Workforce will be on both Trust and Project Risk Registers, as the situation is not just about the redevelopment.

Mr Morgan expressed there had been good attendance at the workshops and feedback since has been good and positively received.

7. PROJECT MEETING MINUTES TO BE RECEIVED

- **Clinical Reference Group 19/03/2013** - The minutes were received and noted.
- **Draft Commissioning Group 02/04/2013 (Unconfirmed)** – The minutes were received and noted.

8. RISK REGISTER

Mr Kilday reported that a significant piece of work had been undertaken around risks and he tabled a summary of risk costs and quantities and details of the most extreme risks.

The summary showed four different levels of risk graded, low (green), moderate (yellow), high (amber) and extreme (red). Mr Kilday had reviewed the Risk Register as it was at “sign off” and identified the extreme risks, which will change and close down and drop in cost.

The lower risks will be managed through the Project Team but the intention is to report by exception on extreme risks to the Project Board, as previously agreed. Details of these extreme risks would be provided in more detail to identify risk owners and mitigation actions.

Mr Brayson commented that in terms of going forward and making the Risk Register more manageable, his preference would be to keep to a “traffic light” system and in future only review ‘red – extreme’ risks. Mr Morgan said his concern would be quantifying the risk, as under a million was still considered a high risk. Mr Halsall added that it was also about key contract dates and how the Project Team can phase the timing of the risks.

Mr Bannister said in his view the biggest risk unquantified was the review of the FBC in terms of affordability. He would suggest that a risk group be set up to look at this and would start within the Project Team.

Mr Davidson added that to give additional assurance to the Project Board, a number of the risks have been pulled out of areas and are being addressed and he hoped these would be closed out in the next 5 weeks.

Mr Morgan said there needed to be an understanding of what the level of the risk was. It was acknowledged there was a piece of work on-going outwith the meeting and this will be reported back next month. Mr Kilday added this included target dates for getting the risks closed out.

Mr Bannister expressed this piece of work was a good start but it did not show the risks that will emerge quickly from LOR. He questioned how the Project Team were picking up intelligence from LOR and if information was filtering through. Mr Brayson explained this was normally done via early warnings notification but Mr Kilday had filtered out the LOR costs

and can cross reference with their risk pot. Mr Brayson added that early warnings are usually flagged up in dialogue first before being issued formally. The Trust is at risk and exposed until the risk is closed out but the important factor is the process to manage this has commenced.

9. ANY OTHER BUSINESS

No other business was discussed.

10. DATE AND TIME OF NEXT MEETING

The next meeting will take place on **Tuesday 21 May 2013 at 11.00 am in the Board Room, Level 5, West Cumberland Hospital, Whitehaven.**

The meeting closed at 1.25 pm.

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