

North Cumbria University Hospitals



NHS Trust

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 25 MARCH
AT 1PM IN THE BOARD ROOM, WEST
CUMBERLAND HOSPITAL, WHITEHAVEN**

Present:

- Ms G Tiller, Interim Chair**
- Mr M Evens, Non Executive Director**
- Mr M Cook, Non Executive Director**
- Mrs A Farrar, Chief Executive**
- Mr S Shanahan, Director of Finance**
- Dr D Freake, Director of Strategy**
- Mrs C Platton, Acting Director of Nursing**
- Dr J Rushmer, Medical Director**

In Attendance:

- Mrs R Duguid, Acting Director of Governance/Company Secretary**
- Mrs A Stringer, Director of HR and OD, Northumbria**
- Mr L Morgan, Director of Redevelopment**
- Mrs C Riley, Director of Communications**
- Mr S Bannister, Interim Director of Estates & Facilities**
- Mrs Y Chaudry, Improvement Director, TDA**
- Ms J Tulley, TDA**

TB13/14 APOLOGIES AND DECLARATIONS OF INTEREST

Apologies were received from Professor V Bruce and Mr D Gallagher.

Interests were declared by Mrs A Farrar, Dr J Rushmer, Mrs C Riley, Mr S Bannister and Dr Freake as seconded employees of Northumbria Healthcare NHS Foundation Trust.

Additionally, Dr Freake made a further declaration as a partner of Gibson, Freake Edge Consultants.

TB14/14 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 28 January 2014 were **APPROVED** as a correct record, subject to Mr A Pounds' title being amended to Associate Director of Human Resources.

TB15/14 MATTERS ARISING AND ACTION PLAN

No matters arising were discussed.

The action plan was **APPROVED** as follows:

- TB97b/13 Safety & Quality Quarter 2 Report: Mrs Platton had approached AQUA and the TDA for comparable data, and when received, it would be included in the next Board report.
- TB7aiv/14 Nurse Staffing Report: improvements included in March report. Action complete.
- TB8/14 Finance Report: update outlined in March report. Action complete.

TB16/14

A PATIENT STORY

Ms Tiller welcomed representatives from the Older Persons Assessment and Transfer Team (OPATT), who were a specialist, integrated multi-disciplinary team comprising of nurses, therapists, social workers and medical staff (Ms D Baggley, Mrs T Birtle, Ms B Godwin, Ms N Goodley).

The team explained that they were dedicated to supporting and improving emergency care systems within the Cumberland Infirmary for frail older people with complex needs, including dementia.

The team outlined a patient story whereby a patient was admitted to A&E following a fall at home. They explained that previous practice would have entailed the A&E department having to spend a couple of hours ringing round the various agencies. However, as soon as the patient was brought into A&E triage was immediately started, x-rayed and then referred to OPATT. The team dealt with the liaison with social services, occupational therapy, geriatric team and discussed options with the family. The patient was then transferred to Keswick Hospital and her case discussed at the Falls Group. This type of patient who have normally have been admitted into hospital, but with the support of OPATT, the care for patients has been improved so as to provide care closer to their home.

The team explained that the criteria for care under OPATT was ages 75 and over. At present the service was only provided at Carlisle, however, they were looking to roll this out at Whitehaven. The service was currently provided over 5 days but this was to increase to 7 day cover in April.

Mr Morgan stated that this valuable service helped the Trust with its A&E performance and was a great example of teamwork.

Ms Tiller thanked the team for their interesting and informative presentation.

TB17/14

SAFETY AND QUALITY

a) **Progress with Special Measures**

a. **Keogh Action Plan**

Mrs Farrar presented a report which provided the Board with an update on progress to come out of Special Measures.

The following key points were **NOTED**:

- The Keogh Action Plan continued to be updated on a monthly basis and the Trust was receiving independent support to review the evidence in support of the actions and clarifying mainstream areas of work which were being implemented as part of the organisation.
- Since the last Integrated Development Meeting with the Trust Development Authority, the Trust has completed and evidenced a further 8 actions, as follows:
 - Review of Executive leadership (3.1)
 - Outcomes from the OD work reported to the Board (4.2)
 - Outcomes from the OD worked reported to the Workforce Committee (4.3)
 - Cultural measurement tool, medical engagement survey implemented and complete. (6.2)
 - Independent investigation providing assurance that safe systems in place for medical device equipment. (9.5)
 - Post approved and postholder commenced in March 2013 and undertaken planned preventative maintenance for high risk equipment. (9.6)
 - Replacement equipment programme now included in the long term financial model and new equipment for WCH is now part of the hospital redevelopment plan. (9.8)

Two actions had had revised completion dates, as follows:

- Planned/unplanned changes in permanent and local medical workforce (7.7 – this affected the roll-out of care bundles and 7.8).

Three red actions had improved to green, as follows:

- Capacity has increased in some areas and a recruitment plan is in place with search companies to address remaining gaps (3.2).

- Out of hours GI bleeding to transfer to CIC site once GI medical workforce is table (7.10).
- Mandatory training compliance is part of Board assurance (8.2)

Two actions remain red but are being actively progressed, as follow:

- Nursing recruitment to the right number to open additional beds at CIC (7.5). Executive Management Team decided in March to no longer open escalation beds at WCH.
- Planned/unplanned changes in permanent and local medical workforce (7.7)

Mrs Farrar reported that the hard work of the ward managers had been outstanding in increasing the numbers of staff who had undertaken their mandatory training, taking the Trust up to 80%. The final figure would be known at the end of the month.

The report was **APPROVED** by the Board.

b. **Infection Prevention and Control**

Mrs Farrar presented a report which provided Board members with details on the current position in relation to infection prevention and control.

The following key points were **NOTED**:

- As of 17 March 2014, the Trust has had 24 apportioned *Clostridium difficile* cases up to 31 March and were, therefore, better than trajectory and better than the England average. At the end of February, 71% of wards met the infection control bundle and 100% standard was expected at the end of March.
- The main areas of risk were:
 - If the Trust does not achieve the new higher standard of 95% mandatory training target for infection prevention and control. 80% had been achieved, which compared favourably with last year, which was less than 10%.
 - The actions emerging for the Trust in relation to minimising the risk of antimicrobial resistance.

Mrs Farrar reported that although significant improvements continue to be made, there was no room for complacency

and further work was required to ensure the Trust maintained improvements and the completion of action plans.

Mrs Farrar also requested the Board to approve the change in the risk rating from High to Medium due to the improvements achieved to date.

The Board **NOTED** the report and **APPROVED** the change from High to Medium.

c. **Nurse Staffing and Outcomes**

Mrs Platton outlined the nurse staffing and outcomes report which provided assurance that the ward staffing levels and monitoring of agreed indicators ensured safe care was being delivered in line with Keogh requirements.

The following key points were **NOTED**:

- Recruitment continued to be a significant challenge for the Trust due to vacancies and an increase in ward staffing establishments. Overseas recruitment was still being actively pursued for qualified staff and in the interim agency nurses were supporting ward staffing levels.
- At WCH nurse staffing was of serious concern and daily monitoring and support at senior level was required. The nursing vacancies, along with the number of locum medical staff, increased the risk and presented daily challenges for all staff within the clinical teams. Staff were delivering safe care but it required significant effort and commitment from our front line staff and support from matrons and managers.
- Across the Trust daily monitoring of ward staffing and site issues was provided by the matron and OSM with escalation to Chief Matron and Directors.
- A number of wards were under close supervision and monitoring by the Senior Nursing Team and Operational Service Managers (OSM) due to vacancies, sickness and case mix.

Mr Cook asked if there had been any changes to the number of student nurses. Mrs Platton reported that she had written to the University to request an increase in the number of intakes, e.g. two per year instead of one. The current intake of University students was 100 overall qualified nurses and Mrs Platton expected to recruit at least 60 of these. Mrs Platton was also hopeful that additional nursing staff could be recruited from overseas and the Trust would be involved in these interviews.

In relation to Beech A, Mrs Platton reported that a 15 Steps Review was shortly to be undertaken within this challenging area, so as to support the staff and the ward. In relation to Overwater Ward, following a recent complaint, rapid intervention had been undertaken so as to address the issues raised.

The Board **NOTED** the information outlined within the report.

d. **Estates and Facilities**

Mr Bannister presented a report which provided Board members with an update on the key issues, and actions required, as raised by the Keogh Review.

A full and more detailed update report had been presented to the Safety & Quality Committee in February and March and the Estates & Facilities risk register had been presented to the Assurance Committee in February.

Overall, Mr Bannister reported that key operational activity and performance demonstrated better governance of estates and equipment. Success was now clearly defined and measured, with escalation and action being rapid. It was, however, taking time to review all the equipment (over 8000 items) but Mr Bannister assured the Board that high risk equipment was being maintained at above 90% being the norm and non high risk items were being maintained to a better standard, but there remained work still to be done; compliance for CQC outcome would not be compliant until quarter 2.

Mr Bannister updated the Board on specific issues, raised by the Keogh team, in relation to the core competencies and capability of the estates and facilities department.

Since updating the Board in October, Mr Bannister confirmed that:

- Key appointments of a statutory nature had been made
- These appointments had received the necessary training and had been skilled up
- Governance of a regulatory need had been stiffened

Mr Bannister reported that the external advisor to the Trust had been staggered at the improvements made to date and felt that the estates team were now based on compliance and quality. He also explained that being the first Trust in the country to adopt a system approach to estates and facilities would give the Board more assurance.

Mr Cook reiterated that the Safety & Quality Committee had been provided with a full and detailed report and thanked Mr Bannister for achieving a significant reduction in risk in relation to estates and facilities.

The Board **APPROVED** the detail within the report and Mr Bannister agreed to update the Board in June 2014.

ACTION:

Further updated to be provided to the Board in June.

e. **Recovery Model**

Mrs Farrar presented a report which outlined details of a proposed recovery model following the Trust being placed into Special Measures in July 2013.

A subsequent review of board level capability and capacity had resulted in the appointment of a new chair and a change in a number of NEDs, a substantive chief executive and a new substantive Executive team.

As well as the issues raised via the Keogh Review, the Trust also faced a number of key delivery challenges which included a financial deficit which had resulted in the Trust taking loans to ease cash flow and applying for distress funding; non-delivery of NHS constitutional standards and the lack of a joined up health economy strategy.

In addition to the challenges identified above, the Trust would be inspected within the Chief Inspector of Hospitals' (CIH) inspection regime. The Trust would have to demonstrate improvement in the following domains: safe; effective; caring; responsive; and well led.

Within the context of this background, it was proposed that a structured focus upon recovery was established, which would strengthen accountability for delivery within the executive management team.

The Executive Team would oversee and account for the delivery of the outcomes with the recovery model and a number of workstreams had been agreed, as follows:

- Finance
- Delivery
- Quality and Clinical Effectiveness
- Strategy and Planning
- Governance and Assurance
- Preparation for CloH Visit

The new structure and recovery framework would provide a strong foundation for moving from a reactive firefighting environment to a more proactive systematic environment, underpinned by a clear vision for the future and process for delivery of the vision.

A Project Management Office had also been established so as to lead the recovery project.

The Board **APPROVED** the recovery model.

f. **Peer Support Arrangements (Buddy Arrangements)**

Mrs Farrar reported that the Trust Development Authority (TDA) was tasked by the Secretary of State for Health to assist particular Trusts to respond and act on the Keogh Report and to enlist the help of high performing trusts in this project and to establish a 'Buddy Contract' for this purpose. Northumbria Healthcare NHS Foundation Trust was, therefore, identified by the TDA as the most appropriate 'buddy' and a 'Buddy Arrangement' was signed between all parties on 21 February 2014.

The Arrangement outlined:

- The activities the high performing trust (Northumbria) would undertake to support the 'special measure' trust (North Cumbria).
- The activities the special measures trust would undertake in return.
- The role of the Authority (TDA) in overseeing the Peer Support Arrangement and reimbursing the costs of the high performing Trust.

The arrangement came into effect as from 21 February, upon signature by all of the parties, and would subsist until 31 July 2014, when further discussion would take place. The Arrangement may be extended, with the consent of all parties, if the Trust did not pass its re-inspection by the Chief Inspector of Hospitals.

Northumbria Healthcare NHS Foundation Trust would be reimbursed their costs of providing the assistance by the TDA.

The Board **NOTED** the approval of the Peer Support Arrangements.

b) **Clinical Audit Report**

Dr Rushmer presented a report which outlined the clinical audit projects that had been undertaken by the Trust during 2013/14.

He explained that the process around clinical audit planning and activity had been improved to provide a clearer focus on the Trust's priorities for audit activity and the resulting improvements.

A significant number of audit projects had been registered and a number of action plans had been developed to support service improvement. The central audit team continued to work with clinical teams on this aspect so as to demonstrate improvements in the quality of clinical care. Progress had also been made against the Trust's position with compliance with NICE guidelines.

Dr Rushmer explained that clinical audit updates were presented to the Safety & Quality Committee on a quarterly basis, but it was intended to increase audit feedback via the Quality Panels.

Mrs Farrar reported that the Executive Management Team would discuss the clerking resources required for the information gathering.

Although the report gave no additional assurance about current known major risks, the Board **NOTED** the assurance provided that the Trust was developing an outcome based approach. The Board also **NOTED** the improvement in the clinical audit system compared to the previous year.

c) **Safeguarding Report**

Mrs Platton presented a report which provides the Board with evidence to confirm that the Trust was meeting the standards relating to safeguarding, learning disabilities, mental health capacity and deprivation of liberty. The report reflected progress with regard to all aspects of safeguarding and highlighted that this was a priority for the Trust.

Mrs Platton reported that the Trust expected to achieve 95% of staff being trained in safeguarding by the end of March 2014.

The Board **NOTED** the key actions taken and that safeguarding standards were compliant.

d) **Medical Director's Report**

Dr Rushmer presented his report which provided updates on the following key issues:

- Mortality
- Quality panels
- Cancer services
- Trauma peer review
- Out of hours GI bleeding
- Dermatology
- Medicine WCH
- Recruitment of medical staffing
- Education and training
- 7 day working
- Obstetrics and gynaecology

Dr Rushmer explained that the issues outlined in his report were issues that had been discussed by the Executive Management Team in more detail and with the appropriate action being taken. He stressed the importance of the Trust continuing to improve with health economy partners.

Key issues highlighted from within the report included:

- In relation to medical staffing of the acute medicine service at West Cumberland Hospital, Dr Rushmer reported that the Trust was working with the clinical commissioning group to recruit and retain medical staff.
- Dr Rushmer reported that an obstetric and gynaecology risk summit had been held in February. He confirmed that although a safe service was currently being delivered, there was a need to test the resilience of the service configuration in the longer term. The North Cumbria Programme Board was, therefore, commissioning a review of the service and the Board would be kept updated.
- In relation to medical staffing overall, 15 substantive consultants had been appointed since November and Dr Rushmer was also pleased to report that some consultants who had retired, were coming back to work in the Trust on a part-time basis.

The Board **NOTED** the information outlined in the report.

e) **Patient Safety Walkround Report**

Mrs Duguid presented a report which summarised the outcomes from the patient safety walk rounds.

In November 2013, the Trust's Patient Safety Walk Round Programme was revised so as to ensure a clear focus on embedding lessons learned from serious incidents. In January 2014, this was expanded further to include specific questions in relation to patients who had a 'do not attempt resuscitation' notice in place, as well as whether the name of the doctor and nurse looking after the patient was visible and understood by the patient.

Good evidence of the recommendations from serious incidents being implemented had been evidenced. Any issues of risk were escalated through the Ward Manager and Matron and items had also been discussed with the Executive Management Team.

The Trust Board **NOTED** the key outcomes from the patient safety walk rounds concluded to date.

Questions from the public:

1. Mr Alexander questioned whether the walk rounds were targeted to specific areas. Mrs Farrar explained that these were targeted to those wards and departments that had had a serious incidents, falls and specific handover issues. Dr Rushmer explained that this was how the regulators carried out their inspection of particular areas.
2. Mr Alexander queried the cleaning levels at the Cumberland Infirmary. Mrs Farrar explained that the Board had lost confidence in Interserve and an external review of the services being provided had been instigated.
3. Mr Alexander reported that the hand hygiene (infection control) stand had been 'stuffed in a corner' and was no longer visible to patients and visitors. Mrs Riley agreed to look into this.

TB18/14

STRATEGY, POLICY AND ENGAGEMENT

a) Securing Sustainability: Final 2 Year Plan Submission

Dr Freake presented the final version of the 2 Year Operational Plan Summary and requested Board approval.

Draft versions had been seen and commented on previously by Board members. This final version incorporated changes made as a result of Board and Executive discussion, and to reflect comments from commissioning colleagues. No specific comments had been received from the Trust Development Authority (TDA) in relation to this document.

Other elements of the 2 year submission included the planning checklists, and finance, activity and workforce returns. No comment had as yet been received from the TDA with regard to the March draft submission, with the exception of handling of cost improvements.

Any non-material checklist adjustments would be actioned by Executives prior to final submission. The final 2 year financial and associated activity plans would be submitted to the Board separately for formal sign off.

The principal issues related to robustness of financial plans and in particular CIP delivery plans, and strong and sufficiently detailed plans and trajectories to secure and maintain key operational targets/constitutional standards.

Pending minor amendments, the Board **APPROVED** the 2 Year Plan.

b) **5 Year Clinical Strategy 2014/15 – 2018/19: High Level Overview**

Dr Freake presented a report which outlined the national and local context to the development of a 5 year clinical strategy for the Trust and described some of the key issues and milestones which the strategy would address.

Dr Freake explained that the Trust's milestones would need to be aligned to those of our health economy partners.

The Board **NOTED** the national and local planning context in the development of the 5 year plan, along with the miles and expected outcomes.

c) **Communication and Engagement Strategy**

Mrs Riley presented the Communication and Engagement Strategy for 2014, explaining that the strategy set out the ambition for communications and engagement for the future and also clarified the expectations from the Trust Development Authority and introduced key performance indicators for the future.

Mrs Farrar enquired as to where the patient groups would be included. Mrs Riley explained that they were to be included in the 'we are listening' exercise in April/May.

Mr Evens felt that some of the key performance indicators were a bit unambitious but felt that a good starting point would be the updating of the Trust's website. Mrs Riley confirmed that work on the website had already commenced and would be one of the KPIs to be achieved.

As the Trust did not have a Communications Committee, Mrs Riley would report progress and updates to the Executive Management Team in due course.

The Board **APPROVED** the Strategy.

TB19/14

DELIVERY

a) **Finance Report**

Mr Shanahan presented a report which outlined the Trust's financial position at the end of February 2014.

The report provided an overview of the proposed revenue budgets for 2014/15. The budgets planned for a deficit of £26.3m for 2014/15 and included funding for developments and inflation totalling £5m, along with a contingency reserve of £3.4m. The plan assumes delivery of cost reductions totalling £11m in year. The plans would be subject to review by the NHS Trust Development Authority.

In relation to the Trust's financial position, a revenue deficit of £23.7m had been reported in January. Since then, the Trust had agreed a contract with Cumbria CCG for 2014/15, and as part of that agreement, the CCG had agreed to provide additional support of £6.8m previously set aside for the acquisition. This would be paid in two equal instalments of £3.4m in March 2015 and March 2015 respectively. The forecast outturn deficit had, therefore, been amended to £27.1m to reflect the reduction in support that would be received in the financial year.

Mr Shanahan reported that the Finance, Investment and Performance Committee had discussed the finance report in detail at its last meeting.

Mr Shanahan extended his thanks to the finance team for pulling together the submission for distressed funding which had been successful.

The Board **APPROVED** the proposed budgets for 2014/15 and **NOTED** the overall financial position.

b) **Core Performance Report**

Mr Morgan outlined his report which provided the Board with details on the delivery of the NHS constitutional targets, highlighting by exception, key areas of underperformance and the improvement plan to affect delivery.

Mr Morgan explained that meeting these standards was a key requirement to coming out of special measures.

The key targets being met were:

- Reduction in the number of cases of clostridium difficile
- Mixed sex accommodation

- 75% Flu Vaccinations
- 95% A&E 4 hour standard (achieved for last 6 weeks, as at 17/3/14 but Q4 performance predicted at 94.5% and year end performance predicated at 94.0%.

The key targets not being met, but proactive improvement plans in place, were:

- Cancer 62 day pathway
- 18 weeks admitted pathway at Trust and Speciality level
- Care Quality Commission Core Standards.

The Board extended their thanks and appreciation to staff for the significant improvements being achieved in relation to the 95% A&E standard.

The report was **NOTED** by the Board.

c) **Workforce Reporting including OD Plan**

Mrs Stringer presented a report which outlined the Trust's performance against the key human resources controls and the Organisational Development Plan for 2014/15.

All the HR controls had been achieved, with the exception of recruitment (amber), sickness absence (amber), attendance at mandatory training (amber) and appraisal rates (red).

The overall completion rate for mandatory training had increased to 76%, with plans in place to achieve the 80% target by the end of March 2014. The Trust sickness rates had decreased to 4.66%. Appraisal rates for the year to February 2014 had decreased to 57.83%. Mrs Stringer reported that the high risk area of medical devices training, which was currently 2%, was being addressed as a priority.

Mrs Stringer explained that associated action plans were in place to address the areas of exception.

The Board **NOTED** the information outlined in the report and **APPROVED** the Organisation Development Plan, which had been discussed in detail at an earlier meeting.

d) **Staff Survey**

Mrs Stringer presented a report which outlined the results of the 2013 staff survey.

Ms D Haddrick, HR Advisor, gave a presentation which outlined the key findings of the survey.

The preliminary results, as discussed at the previous Board meeting on 22 January 2014, had shown no discrepancies or changes in the comprehensive results, and the following issues remained:

- There were 29 indicators (28 key findings plus the overall staff engagement score). Of the 29 indicators, 25 had improved, 1 had remained the same and 3 had deteriorated, when compared to the 2012 results. Of those, 25 that had shown improvement, 8 were better than the national average (indicated with an asterisk). Of those 3 that had deteriorated, 2 were marginal (effective team working and opportunities for promotion) with significant change in staff having to work extra hours (up from 65% to 71%).

As indicated in the presentation, the 2013 results for the Trust had been RAG rated with reference to the 2012 results; green representing an improvement in the results from 2012, amber representing no change and red indicating deterioration.

Reports for each business unit had been distributed to the relevant HR Business Partner for them to share at the BU Board and agree an action plan for the year ahead, bearing the results in mind. A copy of the 2014 action plan was tabled for Board members, which would be subject to review by the Workforce Committee and approval by the Trust Board.

The Board **NOTED** the content of the report and **APPROVED** the action plan.

TB20/14

REGULATORY

a) **TDA Self Certification**

The Board **APPROVED** the TDA Self Certification return for February 2014.

b) **Risk Management Report**

Mrs Duguid presented a report which outlined the progress made to date in relation to the Trust's risk management arrangements, as well as outlining the risk profile for the Trust in relation to the strategic risks.

In answer to a question from Mr Evens, Mrs Duguid confirmed that the KPMG review would be updated in May/June.

Mrs Farrar explained that 'risk' was something that all services and staff needed to focus on as it was our 'core' business.

The Board **NOTED** the summary of improvements to the risk management processes across the Trust, the Board Assurance

Framework and the exception report on the Corporate Risk Register.

c) **Board Risk and Assurance Framework 2014/15**

Mrs Duguid outlined the Board Risk and Assurance Framework, which outlined how the organisation was governed and how risk management worked in practice from ward to board. This also included the identification, assessment and escalation of risk.

Following the review of the Trust's governance arrangements, which had been supported by the Trust Development Authority, the key terms of reference for the Board committees had been updated. This framework incorporated all the terms of reference which had been developed with the Trust Board during the last few months.

The framework also incorporated the improvements which had been made to strengthening the risk management arrangements and associated policies during the last six months.

Mrs Duguid stressed the importance of this framework being embedded throughout the Trust and for staff to be trained in its understanding and for them to pass on their feedback.

The Board **APPROVED** the Board Risk and Assurance Framework and associated committee terms of reference.

TB21/14

FOR INFORMATION

a) **Safety & Quality Committee – January and February 2014**

The minutes were **NOTED** for information.

b) **Clinical Policy Group – January and February 2014**

The minutes were **NOTED** for information.

c) **Audit Committee – February 2014**

The minutes were **NOTED** for information.

d) **Charitable Funds Committee – February 2014**

The minutes were **NOTED** for information.

e) **Workforce Committee – January and February 2014**

The minutes were **NOTED** for information.

TB22/14 **ANY OTHER BUSINESS**

a) **CQC Information Submission**

Mrs Farrar confirmed that the pre-visit information had been submitted successfully to the CQC.

TB23/14 **DATE, TIME AND LOCATION OF NEXT MEETING**

Tuesday, 24 June 2014 at 1pm in the Board Room, Cumberland Infirmary.