North Cumbria University Hospitals NHS
NHS Trust

MINUTES OF A TRUST BOARD MEETING HELD IN PUBLIC ON TUESDAY, 24 MAY 2016 AT 1PM IN THE BOARD ROOM, WEST CUMBERLAND HOSPITAL, WHITEHAVEN

Present:
Ms G Tiller, Chair
Ms L Robson, Non Executive Director
Mr M Cook, Non Executive Director
Professor R Barton, Non Executive Director
Mr G Liston, Non Executive Director
Mr S Eames, Chief Executive
Dr D Freake, Director of Strategy
Mrs H Ray, Chief Operating Officer
Ms M Cushlow, Director of Nursing & Midwifery
Dr D Thomson, Medical Director
Mr M Brearley, Interim Director of Finance

In Attendance:
Ms C Brereton, Director of Human Resources
Dr O Orugun, AMD WCH
Mr R Harpin, AMD CIC
Mrs J Stockdale, Company Secretary
Mr M Thomas, Director of IM&T

TB23/16 APOLOGIES AND DECLARATIONS OF INTEREST

Apologies for absence were received from Mr D Rawsthorn and Dr O Orugun.

Declarations of interest were declared Dr D Freake and Dr D Thomson as secondees from Northumbria Healthcare NHS Foundation Trust and Mr Eames from Mid Yorks NHS Trust. Dr Freake also made a declaration as a partner of Gibson, Freake Edge.

TB24/16 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 29 March 2016 were **APPROVED** as a correct record.

TB25/16 MATTERS ARISING AND ACTION PLAN

No matters arising were discussed and the Action Plan was **APPROVED**, as follows:

It was **NOTED** that Mr D Rawsthorn was to be the NED for Resilience and Preparedness.

TB26/16 PATIENT STORY

RB explained that earlier in the day the Board had heard from a patient of his care pathway.

The patient had recounted his experiences from the time of his diagnosis through transplant to the present day. Whilst he had experienced difficulties and feelings of isolation and worries at times, he found the care from Dr Bow and Tricia Rose excellent – feeling that he had been treated as a family member. He now shared his experiences with the Pre-Dialysis Group to provide them with support and made a number of helpful comments in relation to the way services could be improved.

TB27/16 CHIEF EXECUTIVE'S REPORT

Mr Eames gave a verbal report and the following key points were **NOTED:**

- **Strategic Transformation Plan & Success Regime:** The Plan for WNE Cumbria was looking at creating an integrated care service for patients and the beds in community hospitals were to be part of these discussions. Need to look at what is provided in the community hospitals, working alongside social care and community care.

  From Trust point of view, it was planning to be part of being a vibrant network of specialist hospitals across the region as it wanted to be an integrated Trust and have a good track record of delivery and can provide, for the long term, safe and sustainable services. Following the conclusion of the current work of the Success Regime, and after public consultation, the expectation was that whatever comes out of the process, will then become part of the Strategic Transformation Plan and would be for the health economy Boards to implement. A document had been produced in March around some of the Trust's fragile acute services with its principle intention to give confidence to the CQC that there was a plan in place in the short and long term; a response was still awaited from the CQC.

  Currently the submission of the Pre Consultation Business Case for the Success Regime was being finalised for submission in early June to the National Investment Committee. There were significant capital investments within the Business Case for the Trust e.g. cancer development at CIC and Phase 2 of WCH, so the outcome was important.

  The Success Regime Consultation process was to start in July and a parallel process of consultation on mental health services would also be undertaken.

Mr Eames explained that overall the process was trying to stabilise and configure services and to make sure that staff and public went forward with the health economy in this process.

Partnership Working: Mr Eames reported that the Trust was at the point of securing a long term partnership with Northumbria Healthcare Trust and was entering into a similar partnership with Newcastle Trust. Useful discussions had also been undertaken with Dumfries & Galloway Trust, where there were already existing relationships, and on a longer timescale, would be looking to undertake a similar agreement.

Joint Delivery Board: Mr Eames gave an update on progress in relation to the Delivery Board, which was a Board whereby the Trust and the Cumbria Partnership Trust, with senior leadership from the local authority, commissioning GPs and GP federations, were looking at ways in which to integrate services. A number of programmes were already underway e.g. integrated children's service, neurology, stroke, minor injuries working with A&E and a number of back office functions, E&F, HR and perhaps IM&T.

West Cumberland Hospital and Cumberland Infirmary: At a recent public meeting at Whitehaven, concerns had been raised about services being removed from West Cumberland Hospital. Mr Eames confirmed that WCH had not been asset stripped due to the PFI hospital at Carlisle and it was the Trust's intention to fully utilise both its hospitals .Mr Eames confirmed that this detail would be uploaded to the Trust's website so as to assure staff, patients and the public. Details of the services attached as Appendix 1.

In relation to the Cumberland Infirmary, Mr Eames reported improved partnerships with the PFI provider. Discussions had now reached a complete resolution with the PFI provider to invest in a fire sprinkler system, which was the best outcome agreed with Cumbria Fire & Rescue.

Car Parking: A new temporary car park was to open shortly, followed by additional barrier controlled spaces towards the end of the year. Once the new temporary car park was opened, parking was to be vigorously managed, particularly the red line areas, outside the hospital main entrance and disabled spaces, due to safety reasons. Mr Eames made no apology for our future management of this issue as he explained that the safety of staff, patients and the public was of utmost importance. Proper signage was also to be installed.

The verbal report of the Chief Executive was **NOTED**.

TB28/16 SAFETY AND QUALITY

a) **Quality Improvement Plan – Q4 Position**

Ms Cushlow presented the Quality Improvement Plan for Quarter 4 (2015/16), explaining that the Plan was a live and dynamic document and members of the Board were requested to **NOTE** the position as at the end of March 2016.

The Plan was being monitored by the Clinical Executive Group and would be constantly reviewing it to ensure that it was 'fit for purpose'.

Going forward, the actions taken and the relevant evidence were to be embedded alongside each of the key areas.

The CQC were content with the plan and would be coming to the Trust during the summer to look at some of the evidence around the key areas.

The Board **NOTED** that the outstanding actions relating to strategy had been actioned and were evidence based.

The report was **NOTED.**

b) **Nurse Staffing Assurance**

Ms Cushlow presented the Nurse Staffing Assurance report for February and March 2016 as a whole, which was analysed to individual ward level.

The report includes a summary of staffing analysis and exception criteria. By triangulating the staffing data with the heat map indicators, the report identified ward areas which required monitoring by the senior nurse leadership team.

Whilst the fill rate was generally improved, it did identify some difficulties at individual ward level and a piece of work was ongoing to look at this.

The nursing workforce plan was being developed over the next few months so that this ley area of work could be finalised over the course of the year.

The Trust Board discussed the content of the Nurse Staffing Assurance report and **APPROVED** the level of assurance and mitigation as adequate.

c) **Patient Experience Report: Q4**

Ms Cushlow presented the Patient Experience Report for Quarter 4, 2015/16.

The report detailed the patient experience within the Trust and triangulated the Complaints, PALS, Friends & Family Test & 2 Minutes of Your Time.

The key points to **NOTE** included:

- Complaint response times had altered due to the change in method of calculation.
- NHS Choices showed a decrease in overall positive comments, however, both hospitals remained at 4 stars.
- Overall FFT scores had declined; from benchmarking data, this was replicated across comparator hospitals.
- The Trust Real time data demonstrated high levels of satisfaction. In particular, improvements were noted in discharge waiting times across both hospitals.
- West Cumberland Hospital had seen a significant improvement in relation to Two Minutes of your Time in 8 of the 12 categories. However, comments pertaining to 'Poor communication' had increased.
- The National End of Life Care Audit; the Trust had demonstrated that it had performed well in 7 of the 10 indicators.

Mr Cook had attended a Complaints Away Day to redesign the complaints process and was concerned that timescales were still not being met. Mr Eames said that he was determined to ensure that the Trust met these deadlines as it was healthy organisations that dealt with complaints in a timely way.

Mr Brearley commented that in relation to the Friends and Family Test the Trust appeared to be low compared to some Trusts. Ms Cushlow explained that the Trust adopted a telephone follow up service when the national directive removed the token system, and there was limited capacity to undertake the calls. Northumbria had chosen the telephone system as they felt it was better from a cooling off point of view and outside of the hospital environment.

Mr Eames queried what action was being taken to address some of the areas and felt it would be useful to restructure the report to say what was being done in response to the themes reported and to bring back to the Board in due course.

It was, therefore, **AGREED** that an action plan would be brought back to the Board in September.

The report was **NOTED**.

ACTION:
An action plan to be presented to the Board in September.

TB29/16 STRATEGY

a) **Information Management and Technology Strategy Update**

Mr Brearley presented a report which provided details of the progress that continued to be made in relation to the IM&T Strategy.

The following key points were **NOTED:**

- Implementation of the new Patient Administration System was progressing well, however, the Board was requested to note that this was a significant change programme and there was an increased communication to help highlight to our staff the impending change and training requirements. Mr Eames reassured the Board that the senior team were giving a lot of focus to its implementation and the Board would continue to receive assurance about implementation on a regular basis. It was expected that the new system would go live in September/October.

- Continued progress of the clinical portal which was to be linked to the documentation hub. This portal would enable much improved clinical handovers in relation to safety of care. Nursing was in the second phase of the clinical portal and, therefore, an engagement process would commence with the nursing teams in due course.

- The Trust continued to work closely with Success Regime partners on integrated systems.

- The Board were requested to **APPROVE** the removal of paper wherever practicable in supporting the Success Regime goals and Trust operational efficiencies.

Mr Liston said that he would be interested to see how the culture change could be managed in relation to barriers and benefits of implementing these changes as he felt that successful implementation was key. Mr Brearley commented that the Trust needed to move from an organisation of being tolerant of people not using technology to an organisation being intolerant of not using the systems.

The report outlined in the report was **NOTED** and the Board **APPROVED** the request to the removal of paper wherever practicable.

b) **Medical Workforce Strategy Update**

Dr Thomson presented a report which outlined key areas of progress in relation to the Medical Workforce Strategy.

Since the publication of the 5 Year Strategy, the Success Regime had been established and had also prioritised the development of a sustainable medical workforce.

The report outlined the key priorities within the strategy and the progress achieved to date, as follows:

- The establishment of new mechanisms for the engagement, through the creation of new committee with more rigor to increase accountability and responsibility.

- The Professor of Medicine for the UCLAN program had been appointed, which would start to focus on the delivery of the West Cumberland Campus and Medical School.

- New ways of working were being introduced already in order to deliver model services, such as; ambulatory Care, Frailty services, rapid access outpatients, high risk pathway changes.

- Enhancing wider cross organisational leadership with the development or greater working with the Partnership Trust and local GPs, in the development of the Integrated Care Communities.

- Mechanisms had been established to enhance the improvement required for the prevention of and learning from Never Events and significant events.

- Draft plans were well developed for the implementation of the Composite workforce to provide sustainable service delivery

- Appraisal rates for the medical workforce were now high at 97% and a new appraisal system had been introduced from April 2016.

- A suite of incentives had been developed to attract and retain medical staff

The progress achieved by the Board was **NOTED** and the Board **AGREED** to receive a further update in 6 month's time.

c) **Quality Strategy Update**

Ms Cushlow reported that work was ongoing to revise the Quality Strategy and that an update would be presented to the next Board meeting.

d) **Workforce and Organisational Development Strategy 2016/17**

Ms Brereton presented to the Board, for approval, the Workforce and Organisational Development Strategy 2016/2017. The strategy set out the strategic aims and objectives for workforce and organisational development issues.

The strategy was broken down into four overarching aims as follows:

Recruitment and Retention: To attract, recruit and retain highly skilled and capable medical and professional staff across the Trust.

Staff Engagement: To listen, engage and interact with staff at all levels recognising and rewarding their contribution to the Trust.

Health and Well-being: To create a positive and healthy working environment for our staff resulting in excellent and high quality patient care.

Organisational and Staff Development: To create a flexible learning organisation that continually grows and develops its staff in order to respond to the demands and challenges of our services.

Each of the overarching aims was supported by strategic objectives and key measures of success (performance indicators).

To support the delivery of the Workforce and Organisational Development a detailed year 1 implementation plan had been produced, which outlined specific objectives and deliverables for the HR function and wider Trust for this year.

The delivery of the strategic objectives would be delivered within the Trust through managers and staff. Furthermore, the Trust would be working closely with the Cumbria Partnership Trust (CPFT) to identify areas of joint working on strategic objectives and back office services as outlined in the implementation plan. This would ensure efficiency and effectiveness in the delivery of the objectives and to ensure successful outcomes.

In answer to a question regarding staff exit interviews, Ms Brereton explained that this was included within the action plan and for any staff leaving the Trust, they would be requested to complete a survey and/or to do a telephone survey. The outcomes of these would come back to the Board in due course.

The Strategy was **APPROVED** and it was **AGREED** that 6 monthly update reports would be provided to the Board.

TB30/16 DELIVERY

a) **Integrated Performance Report**

Mrs Ray presented to the Board the new Integrated Performance Report, which had been considered in detail at the Finance, Investment and Performance Committee the previous day.

Mrs Ray explained that the report was still work in progress and a glossary, trend analysis, clarification on the Friends and Family Test commentary, percentages and numbers would be added in future reports. There was an issue around the timing of some of the information flows but this was to be reviewed.

Leads had also been identified for each area of performance and the leads would present their section of the report going forward.

Mr Eames commented on the 4 hour wait as this should be recorded as 'green', and not 'red', as this target was in line with the trajectory.

The Board **NOTED** the key performance outlined in the report.

b) **2016/17 Financial Budgets**

Mr Brearley presented a report which provided the Board with an overview of the proposed revenue budgets for the 2016/17 financial year.

The Trust's 2016/17 financial plan, submitted to NHS Improvement in April 2016, was to deliver a £63.2m deficit for the year. The plan does not assume any Sustainability and Transformation Funding, as the Trust was unable to plan to achieve the expected deficit control total (of £24m), and so the Trust did not qualify for the £8.7m STP funding, though ongoing discussions are taking place.

The plan assumes delivery of £13.4m of CIP. The achievement of CIP targets at the Trust has historically been low, and so the Trust had engaged the services of Ernst & Young to assist with the planning, preparation and delivery of the cost improvement for 2016/17. EY had introduced a revised PMO and governance structure for CIP, and to date had supported the Trust to identify £15.5m of potential savings. These savings were currently being progressed through the 'Gateways' and completion of PID CIP documentation, and were currently risk assessed at £2.7m.

Business Unit expenditure budgets had now been agreed for 2016/17, in order to deliver the planned £63.2m deficit, and formal budget sign-off meetings had taken place with the CEO, Executive Directors and the Business Units.

Financial contract values and activity plans had been agreed with both NHS Cumbria CCG and NHS England. CQUIN and contract schedules were currently being finalised, and would be concluded by the end of May 2016. The Trust's commissioning contracts would operate on a full National Tariff basis for 2016/17. The levels of income were as expected to from commissioners and others.

Mr Cook enquired if there were any winter pressures funding available. Mr Brearley explained that the Trust had an agreement in the contract to do a review on a monthly basis, then at end of year to do a full review to see if additional resources were required.

Following discussion, the Board **APPROVED** the financial budgets for 2016/17.

c) **Workforce and Organisational Development Report for Q4**

Ms Brereton presented the quarter 4 update report in relation to Workforce and Organisational Development activity and data.

This quarterly report was based on a 3 month period, and where relevant, showed comparable data from previous quarters to demonstrate an increase or decrease specifically for those that were target driven.

The report also provides an update on workforce, HR and OD activity in the reporting period.

The following key points were **NOTED:**

- There had been a reduction in the number of agency staff engaged by the Trust since the last quarter. Although the agency medical and dental staff had remained fairly consistent, there had been a large reduction in non-medical agency workers 20.86wte at March 2016 compared with 51.74 wte reported at September 2015.

- The Trust's vacancy rate at 8.70% at the end of March 2016 had changed very little since the end of the last quarter 8.69%. Vacancies had remained the highest within the medical staff group at 24.01% Nursing and Midwifery vacancy rate was reported at 8.04% at the end of the quarter.

- The estimated cost of sick pay for the quarter was just under £1.25m.

- The reporting period included the highest sickness rate reported since January 2015 of 5.07%. In February and March 2016 all Business Units reported an absence rate higher than the Trust's target rate of 3.5%. The highest increases were within Surgery.

- Medical appraisal rates were reported at 93% however the appraisal rates for all other staff was very low at 48.18% and did not achieve the annual target rate.

- Statutory and mandatory training reached the overall target rate of 80% and IG training was reported at 95% at the end of March 2016.

The Board **NOTED** that this information and data was to be reported on a monthly basis within the new Integrated Performance Report going forward.

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

TB31/16 REGULATORY

a) **Board Assurance Framework and Risk Register**

Ms Cushlow presented a report outlining the Board Assurance Framework and the Risk Register.

Ms Cushlow explained that additional work was to be undertaken over next few months in reviewing the current risk management policies and procedures, how risks are articulated and managed, a review of the whole risk management framework and risk registers.

Ms Cushlow reported that concerns had been raised at Audit Committee by the Internal Auditors about risk so would be picking this issue up with them directly.

Additionally, a Board Development session was to be arranged to focus on Risk.

It was **AGREED** that following the review of risks had been completed, Board members would receive copies of the Risk Registers on a monthly basis.

The report was **NOTED.**

ACTION:
1. Board Development session on Risk to be arranged.
2. Following the review of risks, Board members to receive copies of the Risk Registers on a monthly basis.

b) **Director of Infection Prevention and Control of Infection Annual Report 2015/16**

Dr Graham presented the Director of Infection Prevent and Control of Infection Annual Report 2015/16.

The Board acknowledged all the hard work from the team, and staff overall, for their excellence performance.

The report was **NOTED.**

c) **Patient Experience and Complaints Annual Report 2015/16**

The Patient Experience and Complaints Annual report 2015/16 was **NOTED** by the Board.

d) **Clinical Audit Annual Report and Plan 2015/16**

Dr Thomson presented the Clinical Audit Annual Report and Plan 2015/16.

Dr Thomson explained that due to timings of the report, it had not yet been scrutinised by the Safety & Quality Committee.

Page 17 of the report identified audits that had been abandoned during the year and Mr Brearley queried whether this was due to poor planning or a lack of resources etc, as this needed to be improved. Dr Thomson **AGREED** to look into this and report back to the Board.

The Clinical Audit Annual Report and Plan 2015/16 was **NOTED** by the Board.

ACTION:
Dr Thomson to report back to the Board on the reasons why some audits had been abandoned during the year.

e) Draft Quality Account 2015/16

Ms Cushlow presented a draft version of the Quality Account 2015/16, explaining that the final document was to be finalised over the next few weeks, signed off by the Safety & Quality Committee, then back to the Board for final approval.

Ms Robson enquired as to where the quality priorities were derived from. Ms Cushlow explained that these came from the quality improvement strategy and things that had happened over the last year, however, she recognised that a process needed to be developed for identifying quality priorities.

The Draft Quality Account 2015/16 was **NOTED** by the Board.

f) **Trust Seal Register 2015/16**

The Board **NOTED** the report which identified use of the Trust's Seal during 2015/16.

g) **Annual Organisational Audit on Medical Appraisal**

The Board **APPROVED** the Annual Organisational Audit on Medical Appraisal for submission to NHS England by the end of May.

TB32/16 BOARD SUB-COMMITTEES

a) **Safety & Quality Committee – March 2016 and Unratified April 2016**

The minutes of the meetings held in March 2016 and April 2016 were **RECEIVED** by the Board.

There were no matters to be raised to the Board by the Committee Chair.

b) **Charitable Funds Committee – April 2016**

The minutes of the meeting held in April 2016 were **RECEIVED** by the Board.

There were no matters to be raised to the Board by the Committee Chair.

c) **Audit and Risk Committee – March 2016**

The minutes of the meeting held in March 2016 were **RECEIVED** by the Board.

There were no matters to be raised to the Board by the Committee Chair

TB33/16 ANY OTHER BUSINESS

There was no further business to discuss.

TB34/16 DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 26 July 2016 at 1pm in the Board Room, Cumberland Infirmary

Issues Raised from Public Gallery:

Issues raised from the public gallery included maternity options, security and privacy, installation of a bath on Honister, stroke care, exit interviews and sickness absence.

North Cumbria University Hospitals NHS Trust

Appendix 1

Response to list provided to North Cumbria University Hospitals NHS Trust about hospital services at West Cumberland Hospital

23 May 2016

- **Bacteriology (examining bacteria), Histology (tissue examination) and Haematology**

These three areas of work which are commonly known as pathology services have been centralised at the Cumberland Infirmary for many years now. This is the modern way that the whole of the NHS delivers pathology services, via centralised labs which are able to effectively process high volumes of tests and this has no detrimental impact on patient care. In fact, many NHS Trusts across the country are now outsourcing these services altogether to improve efficiency even further. At North Cumbria, however, this service is still provided 'in-house', via the Cumberland Infirmary, to support both hospital sites. At West Cumberland Hospital there is a laboratory which operates 24 hours a day and deals with all emergency blood samples and requests from the hospital wards including blood transfusions.

- **TSSU (sterile services theatre instruments)**

The sterile services department at the Trust has been based at the Cumberland Infirmary for over six years and this is in line with most NHS organisations nationally whereby a centralised approach to manage this vital service means we can ensure efficient and effective use of time and resources so that our frontline teams get a prompt service. In addition, there is a sterile services reception area at West Cumberland Hospital which is in charge of managing this function within the hospital, taking deliveries etc. and making sure teams have what they need within their departments.

- **Post mortems**

Post mortems have been carried out at the Cumberland Infirmary in Carlisle for over three years now, in line with national best practice and other NHS Trusts across the country. West Cumberland Hospital continues to have a fully functioning mortuary. If any deceased patients do require post mortem they are taken to Carlisle and then brought back to West Cumbria to be near loved ones.

- **Chemotherapy drug preparation**

As with many NHS Trusts, the North Cumbria University Hospitals NHS Trust has some time ago centralised its service for the preparation of chemotherapy drugs. However, this has no impact on patients who continue to receive chemotherapy services at West Cumberland Hospital.

- **Ophthalmology emergencies**

If a patient presents at West Cumberland Hospital's A&E with an eye problem and a consultant is available in the eye clinic, the patient can be assessed as appropriate. There are in fact more consultants working in ophthalmology at West Cumberland

Hospital as the consultants from the Cumberland Infirmary all do one full day each at West Cumberland Hospital.

- **Orthopaedic trauma (emergencies)**

In June 2013 care for all trauma and orthopaedic patients was centralised at the Cumberland Infirmary where dedicated surgeons, anaesthetists and full theatre teams are available 24/7 for anyone needing emergency orthopaedic surgery. For the first time in July 2014 the Trust achieved the Department of Health best practice guidance with 100% of hip fracture patients undergoing surgery within 36 hours of their initial injury.

- It is important to note that over the past two years, more orthopaedic operations than ever before have taken place at West Cumberland Hospital as our surgeons work across both hospital sites to treat as many patients as possible. The Trust is aiming to increase the number of orthopaedic operations taking place at WCH further in order to fully utilise the state-of-the-art theatres there.

- **Gynaecology**

We are continuing to carry out many gynaecology procedures at West Cumberland Hospital and a new hysteroscopy outpatient service for local women was introduced at WCH last year.

- Hysteroscopies have previously been carried out under general anaesthetic in theatre but following advances in modern technology, new thinner scopes mean there is no longer a need for a general anaesthetic and women can have the procedure as an outpatient in a consulting room. We have invested in new equipment and in recruiting specialist staff to make sure women in West Cumbria have access to these latest techniques as close to home as possible.

- **All general emergency surgery**

In September 2013, centralisation of care at CIC for any patients requiring 'high risk' surgery (such as upper GI bleeds) out of hours (at evenings and weekends) was implemented and from 1 October 2013, all 'high risk' surgery patients requiring complex operations, no matter what the time of day or night also centralised at Cumberland Infirmary to ensure all patients have 24/7 access to the right team of specialists. However it should be noted that some emergency procedures can be carried out safety at WCH and the Trust is in the process of moving some surgery back to Whitehaven.

- **Outpatient receptionists**

There are still reception staff available in both West Cumberland Hospital and the Cumberland Infirmary outpatients departments to book patients in when they arrive for an appointment.

- In February 2015, the Trust changed the system for patients phoning about outpatients appointments. A new Contact Centre opened in Carlisle for outpatients appointments, in order to offer an improved service for patients at both hospitals. The Centre has a booking team which enables the telephone answering service to be staffed for longer hours and has one phone number for all patients who have been referred to the Trust to call. Previously staff were based in different locations and some patients experienced difficulties reaching a member of staff to change an outpatients appointment or ask a question about their appointment. The model is one that has been tried and tested in many different hospital trusts to provide a more efficient and patient-focused outpatient booking service.

- **YDU young disabled unit**

Patients were transferred to other agencies or to the Cumberland Infirmary when the unit closed in 2010.

- **Junior doctors**

Health Education England removed junior doctors from West Cumberland Hospital in April 2014 due to the lack of clinical supervision available which is absolutely essential. Since then, we have been working very hard with our continued recruitment efforts to attract more permanent consultants to West Cumberland Hospital. In addition, the Trust has looked at other ways to fill the 'junior doctor' role such as training more nurse practitioners.

- **Doctors accommodation**

We provide modern accommodation facilities at Summergrove, very close to West Cumberland Hospital.

- **Library services (training and study area for staff)**

There continues to be a staffed library service at WCH providing a full range of services including 24/7 access to NCUH staff and the local health community (CPFT, CCG and GPs). Library staff work across both sites and maintained their 96% compliance against Health Education England standards for NHS libraries.

Catering services reduced

We continue to provide a catering service which meets the needs of patients, staff and visitors. The new restaurant is open Monday to Friday from 8.00am-6.30pm (longer hours than previously). The coffee shop is open seven days a week and is open from 8.15am-7.30pm Monday-Friday and 9.30am-7.30pm at weekends.

- **Dermatology**

The dermatology service provision at WCH is as follows:

- 2 x consultant clinics (Thursday all day) – this service is currently unavailable but will be reinstated as soon as possible
- 2 x GP with specialist interest clinics (Thursday all day) – unchanged
- 9 x nurse practitioner clinics (Monday-Friday) – introduced in March 2016

- A full-time nurse practitioner service has been added to the schedule from March 2016 in order to provide PUVA, dressings clinics etc. negating the need for patients to travel to CIC, with a plan to extend this further on recruitment to a part time vacancy.

- **Finance**

When the Trust moved to a shared service arrangement in 2011/12, some members of staff were redeployed within the Trust but the finance department continues to service the whole Trust.

- **Emergency cardiology services**

Since 2011 heart patients from West Cumbria who need a stent, known as primary percutaneous coronary intervention (PCPI) to widen blocked or narrowed coronary arteries, have been travelling to the Heart Centre at Cumberland Infirmary for this procedure. It is important to note that before this time they travelled to the Freeman

Hospital at Newcastle or the James Cook University Hospital at Middlesbrough. These arrangements in 2011 meant that the emergency procedure could be carried out in Cumbria to save seriously ill heart patients from travelling out of the county. Since 2013, the Heart Centre has been open 24/7.

- **Stroke and rehab services**

As part of the ongoing work in the Success Regime for West, North & East Cumbria, one of the proposals being discussed is to develop a hyper-acute stroke unit at the Cumberland Infirmary alongside acute stroke services at both hospital sites and enhanced stroke rehab services. No changes have been made to stroke services

- **Switchboard**

In line with many other Trusts, a central switchboard is planned meaning that external calls will be answered at the Cumberland Infirmary for both hospitals. This will mean staff can also dial internally between the hospital sites which is an improvement to the telephony system – members of the public will not notice a difference. Staff currently employed in Switchboard at West Cumberland Hospital will be dedicated to a new 24/7 Estates helpdesk to answer any queries about the new hospital or deal with work requests for the team.

- **Medical records**

From Tuesday 31 May 2016, more than 357,000 sets of notes will be moved from the Cumberland Infirmary and West Cumberland Hospital to a new single facility in Kingmoor Park, Carlisle. Medical records staff will remain at WCH – there has been no loss of service at WCH.

- The move will not only mean this vital service will be housed in a more appropriate environment, but it will achieve long-term savings. The move means there has also been a new intake of staff, including 20 team members, a new team leader at WCH and a new manager at CIC.
- In 2014, the Care Quality Commission (CQC) found that outpatient services at both hospital sites were rated as ‘inadequate’ under the safe domain, largely due to issues around the timely supply of up-to-date medical records to outpatient clinics. The Trust then carried out a significant amount of work in order to improve outpatient services including the opening of a new Contact Centre, which along with other improvements, resulted in more ‘good’ ratings for the service in the 2015 inspection. The inspection team noted that performance had improved by over 20% in the year period with over 95% of patient records available for appointments. It was also noted by the CQC that with a clearer plan and vision for the service (including the relocation of the department), staff were very positive and feel supported.
- The new facility will replace the Port Road store in Carlisle, which is no longer fit for purpose. It will also replace the basement stores at WCH which are located in a part of the site that is planned for demolition. The new facility is not only larger than previous sites but will improve the availability of notes for clinics and admissions. There will be frequent deliveries throughout the day during the working week and twice daily delivery of urgent notes on weekends and bank holidays.

- **The future of Consultant-led maternity and children's services (as stated in the Success Regime progress report published in March 2016)**

No changes have been made to these services at WCH currently as they form part of the Success Regime work.

- A number of maternity options are being considered as part of the Success Regime work as we seek to find a model of care that is clinically sustainable, given the small number of births in each location.
- The annual numbers of births are as follows (2014/15 data):
- Cumberland Infirmary Carlisle (CIC) – 1703
- West Cumberland Hospital (WCH) – 1264
- Penrith Birthing Centre – 69
- The obvious challenges associated with running small units such as these include staff recruitment, staff retention and difficulties with providing appropriate professional training. In addition the continuation of consultant led maternity services at both sites is dependent upon a range of other clinical services being in place. The options under consideration have been put forward by external experts including representatives of the Royal College of Obstetricians and Gynaecologists and the Maternity Network. The Maternity Services Liaison Committees have been closely involved in seeking the opinions of patients and the public about how these services should develop.
- The four main options under consideration are as follows:
- Keeping services as they are now and stepping up attempts to recruit staff to fill medical vacancies at the so-called middle grade. The question to be addressed with this option is whether recruitment at this level will improve given it has been a serious problem for some time now.
- The implementation of a "Consultant led, Consultant resident-on-call" system at both WCH and CIC. This option would require additional consultants and would need to be able to demonstrate that recruitment would not be a problem. This would only be a realistic option if there were sufficient women having babies to enable the Consultant staff to maintain their clinical skills and if it were affordable and deliverable.
- The identification of anticipated higher risk births with arrangements made for these to take place in a Consultant-led service at Carlisle where the comprehensive array of clinical support is more robust than it is at WCH.
- The provision of a Midwife-led unit at WCH with all other births booked for delivery in Carlisle. This option would need to show how the question of access and transport could be addressed. In addition, there are also some variations on the above. Ultimately the preferred option will need to be able to demonstrate it is capable of offering a safe service for mothers and babies and it will need to be a clinically and financially sustainable option for some years to come.
- Work is also proceeding on a whole system plan which redefines children's health services within an integrated model of care involving the provision of services closer to home. This model would have the important involvement of the Cumbria Partnership NHS Foundation Trust. Emerging options for children's health services include:
- The creation of a single, integrated children's health team covering the whole of

West, North and East Cumbria to enable much more care to be provided for children at home rather than in hospital. This team would be developed in partnership with Cumbria County Councils children's services.

- The development of a 14 hours-a-day Short Stay Paediatric Assessment Unit at West Cumberland Hospital with a maximum inpatient stay of 24 hours.
- The development of a 14 hours-a-day Short Stay Paediatric Assessment Unit at West Cumberland Hospital with no overnight paediatric inpatient beds. To some extent final proposals for children's services at WCH will be influenced by the outcome of discussion on maternity services. It should also be noted that we are working with the Newcastle Upon Tyne Hospitals Foundation Trust (NUTHFT) to explore the development of a branch of the "Great North Children's Hospital" in WNE Cumbria