

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON
TUESDAY, 8 MARCH 2011,
IN THE BOARDROOM, CUMBERLAND
INFIRMARY, CARLISLE**

Present:

- Mr M Little, Chairman
- Ms C Heatly, Chief Executive
- Mr M Bonner, Vice Chairman
- Mr M Evens, Non Executive Director
- Ms J Cooke, Non Executive Director
- Mr P Day, Non Executive Director
- Mr K Clarkson, Deputy Chief Executive/Chief Operating Officer
- Mr M Walker, Medical Director
- Mr A Mulvey, Director of Finance

In Attendance:

- Mr S Brown, QIPP Director
- Mr D Gallagher, Director of Human Resources & Organisational Development
- Mrs R Duguid, Company Secretary
- Mrs J Stockdale, Head of Corporate Affairs
- Miss E Kay, Head of Communications & Reputation Management

TB26/11 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were recorded from Professor S Cholerton and Mrs C Platton.

TB27/11 DECLARATIONS OF INTEREST

There were no declarations of interest.

TB28/11 MINUTES OF THE LAST MEETING

The minutes were **APPROVED** as a correct record, subject to the following amendments:

Page 15, 2nd last paragraph, 2nd last line to read, 'the last 8-9 months, which was excellent

TB29/11 MATTERS ARISING AND ACTION PLAN

The Company Secretary highlighted to the Board the current status on the Trust Board actions, as follows:

TB44.10/10 Governance Framework for Management of Charitable Funds: issue being progressed via Charitable Funds Committee. Ongoing

TB21a/11 Performance Report: Commentary on overtime information to be provided in April Performance Report.

TB22a/11 Governance, Risk Management and Quality Strategy Update: The Board ratified and approved the Strategy. Completed.

Mr M Evens queried the issue raised by Mrs C Wharrier at the previous meeting which related to other Trusts financially contributing towards services provided to them by the Trust. The Director of Finance confirmed that SLA's had been and were still currently in place, however, he intended to speak to Mrs Wharrier directly so as to reassure her that other Trusts were financially contributing.

ACTION:

Director of Finance to speak directly with Mrs C Wharrier regarding SLAs.

TB30/11 CLINICAL PRESENTATION: FRANCIS REPORT UPDATE

The Chairman introduced Mr R Heaton, Head of Nursing for the Surgical Division, to the meeting and invited him to update the Board in relation to the key findings from the independent inquiry into care provided by Mid Staffordshire NHS Foundation Trust and the actions taken by the Trust to date.

Mr Heaton gave a presentation (copy attached), reminding Board members of the key strands of the report and the approach taken to date by the Trust, as follows:

- Internal review across the organisation, the details of which were presented to the Board in April 2010.
- Specific action plans for each Division.
- Quarterly monitoring and reporting to the Governance Committee.
- Real time patient and staff experience has been developed across the Trust.
- The introduction of clinical indicators on each ward.
- The implementation of new Divisional governance reporting.
- Embarked on a review of clinical governance across the Trust.
- Established health economy collaboration on a number of areas, incorporating shared learning, standardised processes and baseline data.

Mr Heaton explained that maintaining and improving quality and safety through organisational change would continue and gave a few examples, such as:

- Development of a quality dashboard in April 2011.
- Integration of existing quality and safety measures.
- The joining up of 'what' and 'how' we measure in relation to the standards of care our patients receive.

Mr M Bonner enquired as to how 'dynamic' the new quality dashboard would be. The Company Secretary explained that it would be important to get the indicators right and that staff understand them and know what is being monitored. The Trust was already monitoring a large amount of indicators, all of which were accessible on the wards, but these were going to be redefined, and in due course, reported to the Board.

Ms J Cooke explained that monthly reports were presented to the Governance Committee, and although she felt it was a good step forward, felt that perhaps monitoring should be looked at in other areas not just on the wards.

Mr Heaton stressed the importance of communication in relation to staff taking ownership of governance issues across the Trust and explained that the Governance Facilitators were key to this process in working with clinical, nursing and other staff groups. Mr Heaton outlined the new clinical incident reporting process, as opposed to the previous 'lilac form' method. He also explained how the Divisional teams communicated with the departmental teams, using standard template agendas for meetings so as to capture key issues and ensure consistency.

The Chairman thanked Mr Heaton for his interesting and informative presentation.

TB31/11 CHAIRMAN'S REPORT

The Chairman presented his report, which provided an update of the business, activities and matters which the Chairman wished to bring to the attention of the Board.

The report outlined updates relating to:

- Trust merger and acquisition plans
- Board cycle of business 2011/12
- Non Executive Director vacancy

The report was **NOTED**.

TB32/11 CHIEF EXECUTIVE'S REPORT

The Chief Executive presented her report, which gave an update on key national and local announcements and policy developments that had emerged in the past month.

The issues outlined in the report included:

- Merger and Acquisition Update: Strategic aims and principal objectives 2011/12
- Management review
- Percutaneous Coronary Intervention (PCI) development
- Inquests into West Cumbria shootings
- Faster test for heart failure
- Dignity in care

The Chief Executive explained that monthly update reports would be presented to the Board in future in relation to Merger and Acquisition. Initial discussions had been held with three geographically located Trusts, e.g. Morecambe Bay, Northumbria and Newcastle. It was anticipated that the timeline for merger/acquisition would be in the region of 12-18 months. The Chief Executive stressed the importance of ensuring that the Trust continued to provide high quality, safe care for patients during this period, and at the same time, move ahead with the development of the new hospital at Whitehaven and the clinical strategy.

The Deputy Chief Executive/Chief Operating Officer enquired as to how the preferred partner would be 'sold' to staff, patients and stakeholders outwith the Project Board. The Chief Executive explained that several clinically led working groups would be established, along with an appropriate communications plan, which would help to reassure staff and patients that they were not being disadvantaged. The Chief Executive also explained that both of the MSC Chairmen were prepared to be part of the process in engaging a suitable partner.

Mr M Evens enquired as to whether the merger/acquisition process would have to undergo a formal governance review as we would become part of an existing Foundation Trust. The Company Secretary explained that this would be the case and the preferred partner would have to make statutory changes to their constitutional arrangements, all of which would have to be approved by Monitor. In addition, the CQC would continue to monitor the health care provided by both organisations throughout the process.

In relation to the Management Review report and recommendations, Mr Bonner enquired as to how the clinical teams would work 'radically' different across the two hospital sites. The Chief Executive explained that this would develop as part of the new clinical strategy and would involve different travel plans, reducing duplication of services and using resources differently.

The report was **NOTED**.

TB33/11 STRATEGY AND POLICY

a) **New West Cumberland Hospital Development**

The Deputy Chief Executive/Chief Operating Officer presented a report to the Board which provided an update on the progress of the new West Cumberland Hospital development.

The following key points were **NOTED**:

- The Project Team and designers continue to work with clinical users to amend the plans for the new hospital to ensure that the required facilities can be delivered within the available capital budget of £90m. The Full Business Case would then be finalised and brought to the Trust Board for approval, as soon as possible, and taking into account the revised clinical strategy, revised designs and any implications from the project emanating from the Trust's recent announcement regarding NHS Foundation Trust status.
- Work continues on the programme of decanting and refurbishment to allow the on-site relocation of Yewdale Ward, which was the one remaining area of the current site to be demolished to allow the new build to take place. The overall design of the new mental health facility, to be located within Block J at WCH, had now been signed off by the Cumbria Partnership NHS Foundation Trust and, therefore, the detailed design stage was now well underway.
- The overall programme currently remained broadly as previously reported to the Board, with completion of new build works still identified as being December 2013.

Mr M Evens enquired as to whether an extra-ordinary Board meeting would need to be arranged so as to approve the Full Business Case, or if this were delayed, would the Board be notified. The Deputy Chief Executive/Chief Operating Officer explained that he expected the position to be known within the next few weeks and the Board would, therefore, be kept updated regarding progress.

The Board **NOTED** the following:

- Work was continuing with clinical users to develop a revised scheme within the available £90 million capital funding for inclusion in the Full Business Case (FBC).
- It was intended to bring a revised FBC to the Trust Board for approval on completion of the clinical strategy and finalisation of a revised design.
- Progress had been made with the design and the ongoing programme of decanting to enable the successful and timely

relocation of mental health services from Yewdale Ward to J Block.

- Progress relating to the project programme and budget.

The report was **NOTED**.

b) **Estates Strategy Update**

The Deputy Chief Executive/Chief Operating Officer presented a report which provided the Board with a brief update regarding the Trust's Estate Strategy. The Trust Board had previously approved the Estates Strategy (2009-2014) at its meeting in October 2009.

The Estates Strategy was intended to improve the cost effectiveness of the estate, to continue to support the delivery of all services and to ensure the continuous improvement of the patient environment.

The current Estates Strategy (2009-2014) remained valid, however, it would be updated in due course to take into account the following issues:

- The FBC for the new West Cumberland Hospital
- The discussions regarding the potential for a "health and social care campus"
- Any options that are developed regarding the Tower Block building on the Cumberland Infirmary site

Mr M Evens enquired as to what progress had been made in relation to VFM and benchmarking for estates and facilities management. The Deputy Chief Executive/Chief Operating Officer explained that this was part of the 18 workstreams within the Trust's CIP programme. In addition, the Director of Finance explained that the issues of benchmarking and market testing were being discussed with the Trust's PFI partners.

The Chairman enquired as to whether the Trust was in the position to sell the tower block on the CIC site, to which the Director of Finance confirmed that it was.

The Company Secretary enquired as to when the Carbon Management Plan would be presented to the Board. The Deputy Chief Executive/Chief Operating Officer confirmed that this was to be presented to the Board at its April meeting for approval.

The Trust Board:

- **NOTED** the current situation with regard to the Trust's estate, the position following the reduction in the capital allocation for the new West Cumberland Hospital from £100 million to £90 million and the subsequent review of the design proposals.

- **NOTED** the overall strategic approach, direction of travel and potential for site rationalisation and further development of the West Cumberland Hospital site as a health and social care campus.
- **APPROVED** the way forward and next steps to be taken to achieve implementation of the necessary revisions to the originally approved Estates Strategy for the period up to 2014/15.
- **NOTED** that the Board would receive a further updated Estates Strategy following the finalisation of the Full Business Case for the new West Cumberland Hospital.
- **NOTED** the position in respect of the Tower Block building on the Cumberland Infirmary site.

The report was **NOTED**.

c) **Information Strategy Update**

The Director of Finance presented a report which gave the Board an update in relation to the Information Management and Technology Strategy 2009-12. The report informed the Board of the progress that had been made so far in the delivery of the 2010/11 element of the strategy and an overview of the deliverables over the coming six months.

The Director of Finance explained that the core elements of the Strategy for 2010/11 all directly supported the patient care pathway and clinical information and that this was being internally marketed as the "ForWard" programme.

The report gave updates in relation to the following projects:

- Clinical portal
- Admission tracking and discharge
- Wireless network
- Single sign-on

Ms J Cooke commented that she felt that patient confidentiality and safety did not appear to have been taken into account within the report and also felt that there were issues outlined in the report which needed more clarification. Ms Cooke drew attention to page 3 of the report, in relation to Admission Tracking and Discharge, where the report explained that work was ongoing to define the criteria for safe discharge. The Director of Finance explained that this statement did not mean that staff were unaware of how to safely discharge, however, were reviewing the criteria for discharge.

The report was **NOTED**.

TB34/11 OPERATIONAL PERFORMANCE

a) **Performance Report**

a) **Operating Framework**

The Deputy Chief Executive/Chief Operating Officer introduced the Performance Report, outlining the position as at 31 January 2011.

Excellent performance was achieved in January 2011 across a number of key indicators, these include:

- Eight indicators of 18 weeks performance (at Trust level)
- Eight indicators of Cancer Waiting Time performance
- Access to GUM clinics – 48 hour target (offered appointments)
- Data quality on Ethnic Groups
- Thrombolysis: 60 minute call to needle time
- Delayed transfers of care
- Total time in A&E: 4 hours or less
- Median waiting time in A&E
- Rapid access chest pain patients seen within 2 weeks
- Infant Health – smoking during pregnancy
- Number of patients waiting longer than 6 weeks for diagnostic tests
- Choose and Book slot availability
- Elective length of stay (LOS)
- Day Case rate for all elective procedures
- Staff Turnover
- MRSA Bacteraemia (attributed to Trust)
- Clostridium Difficile Infections (attributed to Trust)
- Slips, trips and falls (inpatients)
- Eight Estates and Facilities indicators

The report also outlined a number of improvement plans, and their progress, in the following areas:

- Percentage of admitted patients treated within 18 weeks
- 31 day cancer treatment target – subsequent treatment (drugs)
- 62 day cancer treatment target – urgent screening referrals
- 14 day wait for symptomatic breast patients
- Cancelled operations
- Infant health – breastfeeding initiation
- Maternity hospital episode statistics – data quality indicator
- Access to GUM clinics – 48 hour target

The Deputy Chief Executive/Chief Operating Officer also outlined improvements made in relation to productivity

metrics, namely elective and non-elective length of stay; day case rates; pre-operative bed days.

The performance dashboard also outlined details of the month 10 specialty level 18 weeks positions, with specific actions being discussed/implemented in the following specialities:

- Ophthalmology (Trust Board previously briefed regarding this speciality)
- Oral Surgery (previous action plan remained valid and had delivered significant improvement)
- Dermatology (immediate review had commenced)

The Orthopaedic speciality was “on watch” due to the performance levels in the last two months.

In summarising, the Deputy Chief Executive/Chief Operating Officer commented that the Trust was performing well and also drew attention to the fact that the thrombolysis target continued to be maintained.

In relation to DNA rates, Ms J Cooke enquired as to whether the plan was focused on reducing the rates further than 6%. The Deputy Chief Executive/Chief Operating Officer explained that in addition to the new text reminder service, a new even more aggressive target was to be set next year so as to reduce the rate further.

b) **Quality Metrics**

The Acting Director of Nursing presented the Quality Metrics Report, with the following points being **NOTED**:

- **MRSA:** The Trust continued to perform well against the Department of Health’s targets for reducing the incidence of MRSA bacteraemia. The Trust had to continue to achieve year on year reductions with the incidence of MRSA. The trajectory for 2010/11 was less than 6 apportioned cases. There had been no post 48-hour bacteraemia for January 2011 and the Trust was, therefore, within trajectory. The excellent work to minimise infections carried out by the clinical teams has attributed to no post 48 hour bacteraemia for 9 months at the Cumberland Infirmary and for 8 months at West Cumberland Hospital.
- **CDiff:** The Trust trajectory for Clostridium Difficile had been set to 120 for the year and this equated to 10 attributed cases per month. The performance for the month of January 2011 again showed the Trust performing well within its trajectory with 5 attributed cases.

This again demonstrated the excellent work carried out by the clinical teams to minimise infections across the Trust.

- Mortality Rates: Data was only currently available up to and including December 2010. The tables and graphs outlined in the report showed an increased trend in the risk adjusted mortality index in December 2010. This increase was currently subject to further investigation and clarification and this review process would be monitored by the Medical Director and Governance Lead. The outcome of the investigation would be reported to the Governance Committee and Trust Board.
- Slips, Trips and Falls: Excellent performance continued in respect of slips, trips and falls prevention. The January 2011 figure was 94 against a target of ≤ 100 . Considerable changes had been made in the Trust's approach to improving patient safety with regard to falls. The Trust remained committed to a further reduction over the year and, therefore, the focus on injuries to patients would continue.

The Chief Executive enquired as to whether mortality rates were adjusted seasonally. The Acting Director of Nursing confirmed that although these were not adjusted seasonally, they were monitored 'year on year'. Outliers were regularly reported to the Governance Committee on a monthly basis. The Medical Division were currently reviewing this in detail, particularly coding and data issues, and would be giving a detailed presentation to the Governance Committee in April and the Board would be kept updated.

Mr M Bonner commented that he was very pleased to see that the CDiff and MRSA rates had not risen over the winter period. The Deputy Chief Executive/Chief Operating Officer and Acting Director of Nursing stated that this was due to the excellent work of staff and the Infection Control teams and the fact that good infection control processes were now firmly embedded within the Trust.

c) **Workforce Report**

The Director of HR presented the Workforce Report, with the following points being **NOTED**:

- Staff in post for the Trust as a whole was currently running at 3009.1 WTE into month 10. This equated to a reduction of 66.71 WTE when compared to the equivalent month in 2009/10 and a reduction of 8.65WTE since month 9.
- The Trust's sickness absence rate for month 10 was 5.67%, which was lower than at the equivalent point in

2009/10 (6.01%) but was an increase on month 9. The Director of HR explained that sickness absence was costing the Trust in the region of £0.5m per month. HR business partners were monitoring sickness absence on a weekly basis to assist the achievement of the new target of 3% and that they were reporting to the QIPP team on a fortnightly basis.

- The number of appraisals completed at Trust level had increased across every Division within the month, taking the total to 62.9%. Again, the HR business partners were actively monitoring appraisal completion within the Divisions and action plans had been requested to outline how and when further improvements would be made to achieve the 80%.

The Director of HR explained that a workforce plan was in the process of being developed across all of the 17 cost improvement workstreams and this would be able to predict future workforce patterns.

The Director of HR explained that a written commentary on overtime had not been included within the report, however, this would be included for future reports.

In relation to overtime payments, Mr M Evens highlighted that on a per head basis, Estates & Facilities Management appeared to be paying high levels of overtime. The Director of HR explained that this was due to a number of consultations on service change still being outstanding, and once these were complete, the amount of overtime being paid would significantly reduce.

The Chief Executive commented that Family Services appeared to be an outlier in relation to overtime payments. The Director of HR explained that the high levels of overtime may be due to current sickness levels and the holding back on some posts due to a new structure which was currently being consulted on. However, the Acting Director of Nursing and Director of HR would look into this further.

Mr M Evens also commented on the headcount WTE figures within the report and pointed out that these appeared to differ from those reported at the Finance Committee. The Director of Finance and Director of HR explained that this was mainly due to the differences between how the Finance Department and ESR Bureau recorded the data, e.g. contracted hours and/or actual hours paid. The Director of Finance reassured the Board that this data would be consistent in future reports.

d) Finance Report

The Director of Finance outlined the Finance Report, with the following points being **NOTED**:

- The Trust was reporting a deficit of £1,363k at the end of Month 10, a deterioration of £777k in month. The Trust had delivered CIP of £11,429k against the target of £21,018k. The shortfall in the delivery of CIP was the main driver of the financial deficit.
- Income had reduced in month by £671k and was now £375k below the cumulative plan. The reduction in income this month was due to the low level of day case/elective activity in January 2011 as the Trust was under the control of the Strategic Health Authority's emergency planning process due to the national increase in winter pressures and flu. Discussions were ongoing with commissioners about a compensation payment for the loss of income during this period.
- Pay was overspent by £1,418k in January 2011 and £3,947k cumulatively. Whilst pay was overspent, the run rate continued to show a reduction, reflecting the reduction in actual WTE's paid during the year. Expenditure on substantively employed staff was underspent by £1,572k due to reduced headcount compared to budget but this was compensated by unbudgeted spending on premium agency staff of £5,518k, which was £455k in month. Pay budgets had been reduced in month to remove underspends created by vacant posts in line with CIP plans.
- Non-Pay was underspent by £727k in month and £1,566k cumulatively. Non-Pay was underspent due to the increase in the budget reserves as a result of the additional income secured from NHS North West. Excluding reserves, Non-Pay was cumulatively overspent by £1,857k. The Non-Pay run rate had reduced in January 2011 as all orders for goods and services continued to be monitored to try and slow expenditure down and ensure only essential goods were ordered.
- The Trust had actioned full year CIP of £11,429k against the plan of £21,018k. £1,284k of CIP had been actioned in month, the majority of which related to the removal of vacant posts. The pace of delivery would not deliver the original plan of £21,018k, the current year-end CIP forecast was now £12,085k. Further schemes were due to be implemented in the final months of the financial year in order to capitalise on any cost reductions as soon as possible.

- The Trust originally planned a year-end surplus of £3m, revised down to £1.5m to take into account the impact of IFRIC 12. The Trust continued to forecast that it would achieve this target, although there remained a significant element of risk unless expenditure reduced over the final two months of the year.

The Director of Finance stressed the importance of the Trust making a good start at the beginning of the next financial year.

The report was **NOTED**.

ACTION:

Director of HR to provide written commentary on overtime data in future reports.

TB35/11 GOVERNANCE

a) **Ombudsman's Report on Care of Older People**

The Acting Director of Nursing presented a report to the Board following the publication, on 15 February 2011, of the Health Service Ombudsman's report on ten investigations into NHS care of older people "Care and Compassion".

The report presented findings following ten independent investigations into complaints received relating to the standard of care provided to older people by the NHS. Following the investigations, it was recommended that urgent changes were required across the NHS to include listening to older people, to take account of feedback from families and to learn from mistakes.

Throughout the Health Service Ombudsman report, important issues were raised and all Trusts needed to learn from its findings.

The Trust already had in place a range of monitoring systems to review key areas such as the patient environment, patient nutrition and end of life care. However, so as to ensure the Trust could learn lessons from this important report, the Acting Director of Nursing and Medical Director had agreed that the following specific areas would be reviewed as good practice:

- Patient experience and communication
- PEAT scores and assessment
- Nutrition audits
- End of life care
- Discharge

The Acting QIPP Director enquired as to what arrangements were in place within the health economy for patients going into other health care facilities. The Acting Director of Nursing explained that a Cumbria-wide group, including nurses and clinicians and Social Services, was looking at this area.

The Board **NOTED** the report and **AGREED** the specific areas for review, as above.

b) **Delivering Same Sex Accommodation**

The Acting Director of Nursing provided the Board with an update of progress on the most recent Department of Health Guidance on Delivering Same Sex Accommodation (DSSA).

The report summarised the progress made in the delivery of same sex accommodation and provided an update on the following:

- Monitoring & Patient Experience.
- NHS Cumbria peer review of Cumberland Infirmary & West Cumberland Hospital.
- Department of Health peer review of Cumberland Infirmary.
- Monthly reporting to Department of Health on Mixed Sex Accommodation.
- Chief Executive Officer declaration 2011.
- Essence of Care and Clinical Indicators.
- Future requirements.

The Acting Director of Nursing reported that the Trust had eliminated mixed sex accommodation with the exception of clinical need in critical care areas, as per the Department of Health (DoH) guidance and that the Trust was, therefore, fully compliant.

On behalf of the Board, the Chairman extended his thanks to Mrs D Murchison and Mrs L Carruthers, and their teams, for all their hard work in ensuring the Trust was compliant.

The report was **NOTED**.

TB36/11 **ANNUAL REPORTING**

a) **Charitable Funds Annual Report and Accounts**

The Director of Finance presented the Charitable Funds 2009/10 Annual Report and Accounts to the Board.

The Director of Finance reported that the Charitable Funds balances and investments had grown during the year. It was intended to put in place better plans for spending the funds in the coming year.

Mr P Day, Chairman of the Charitable Funds Committee, explained that the Committee intended to have a detailed discussion at its next meeting regarding the increase in the valuation of the Trust's investments.

It was **AGREED** that the Trust's Communication Department would communicate details of Charitable Funds spending, but that details of this would be more current and up to date.

The Annual Report and Accounts was **ADOPTED** by the Board.

ACTION:

The Trust's Communication Department to communicate details of Charitable Funds spending.

TB37/11 STANDING BOARD COMMITTEES

a) **Governance Committee Minutes and Action Plan – January 2011**

Ms J Cooke, Chairman of the Governance Committee, commented that the Divisional reports presented at the Committee were extremely useful.

The minutes were **ADOPTED** by the Board.

b) **Charitable Funds Committee Minutes and Action Plan (unratified) – February 2011**

Mr M Bonner, Acting Chairman of the Charitable Funds Committee at the February meeting, reported that clinical representatives were now members of the Committee and would be assisting the Committee in ensuring funds were being spent as much as possible.

The Chief Executive queried as to what would happen to the charitable funds following a merger/acquisition. Mr P Day, Chairman of the Committee, explained that although the funds would be ringfenced for the previous organisation, this issue needed to be looked at more closely so as to confirm arrangements.

The minutes were **ADOPTED** by the Board.

c) **Audit Committee Minutes and Action plan (unratified) – February 2011**

Mr M Evens, Chairman of the Audit Committee, drew Board members' attention to certain issues within the minutes, as follows:

- The Committee had decided not to approve the writing off of a bad debt, which related to a salary overpayment.
- The Committee had received a report relating to residential accommodation within the Trust whereby only limited assurance

had been given, therefore, this area had been requested to be reviewed.

- An update report on the NICE Guidelines was to be presented to the Committee in July.

The minutes were **ADOPTED** by the Board.

TB38/11 ANY OTHER BUSINESS

A member of the public enquired as to whether the funding for the new West Cumberland Hospital was still committed. The Deputy Chief Executive/Chief Operating Officer explained that the Trust was fully committed to the project, however, the final approval of the scheme, which would secure the funding, would be the final sign-off of the Full Business Case by the Department of Health.

A member of the public raised the issue of the Board Room not being accessible to disabled people. The Chairman confirmed that this issue would be looked into.

TB39/11 DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 5 April 2011 at 1.00pm in the Board Room, West Cumberland Hospital, Whitehaven.