

**MINUTES OF THE TRUST BOARD MEETING  
HELD IN PUBLIC ON  
TUESDAY, 8 FEBRUARY 2011,  
IN THE BOARDROOM, WEST CUMBERLAND  
HOSPITAL, WHITHAVEN**

**Present:**

- Mr M Little, Chairman**
- Ms C Heatly, Chief Executive**
- Mr M Bonner, Vice Chairman**
- Mr M Evens, Non Executive Director**
- Mr K Clarkson, Deputy Chief Executive/Chief Operating Officer**
- Mr M Walker, Medical Director**
- Mr A Mulvey, Director of Finance**
- Mrs C Platton, Acting Director of Nursing**

**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**
- Mrs N Rutherford, Communications Officer**

**TB13/11     WELCOME AND APOLOGIES FOR ABSENCE**

Apologies for absence were recorded from Professor S Cholerton, Ms J Cooke and Mr P Day.

**TB14/11     DECLARATIONS OF INTEREST**

There were no declarations of interest.

**TB15/11     MINUTES OF THE LAST MEETING**

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

Page 3, 6<sup>th</sup> paragraph, 2<sup>nd</sup> line to read "attended the Measurement Day the previous week ....".

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Page 8, bottom paragraph, 5<sup>th</sup> line to read “to assess its success.”

Page 12, 4<sup>th</sup> paragraph, 2<sup>nd</sup> line to read “cause analysis, which had identified missing data due to”.

**TB16/11      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 the management of Charitable Funds. Update to be given at the March Board meeting.

TB128.1/10 Performance Report – quality dashboard information included within February report – action now complete.

**TB17/11      PRESENTATION ON TRUST'S NEW WEBSITE**

The Trust's Head of Communications & Reputation Management and Communications Officer gave a presentation to the Board, outlining the Trust's newly designed website.

Following the approval at the previous month's meeting of the Board of the Trust's Communication Strategy, the Head of Communications & Reputation Management explained that the development of the Trust's new website formed part of the Strategy. She explained that over the past few years there had been a big explosion of social and business networking and it was important that the Trust was able to be part of this market and a new website could enable this.

The website had been developed in-house by the Trust's Communication Department at a total cost of £100 for the purchase of a domain license to enable the site to go live. The Head of Communications & Reputation Management extended her thanks and appreciation to the Communications Officer and Mr A Sheridan, IT Department, for all their help and assistance in the production of the website.

During development, the team had looked at best practice elsewhere and had also carried out research and accessibility testing with a variety of groups such as A'Level media students, Patient Panels, Cumbria Links, Disability Forums and Action for the Blind.

The Communications Department hoped to launch and 'go live' with the site on 14 February. Ongoing maintenance would be the responsibility of the Communications Department.

The Communications Officer gave a demonstration of the navigation of the website to the Board.

Mr Bonner enquired as to how dynamically the site would be maintained. The Head of Communications & Reputation Management

explained that part of the development of the website had included the development of an appropriate action plan so as to ensure that the website was kept up to date. The Head of Communications & Reputation Management also confirmed that the Communications Department would take responsibility for the online comments form.

In answer to a question from Mr M Evens, the Head of Communications & Reputation Management confirmed that the website had been tested on Broadband and dial-up and no problems had been identified.

The Head of Communications & Reputation Management explained that the section entitled "Appointments" was planned to be further developed so that patients would be able to cancel their appointments via the website.

The Chairman thanked the Head of Communications & Reputation Management and the Communications Officer for their interesting presentation and for developing the Trust's new website.

#### **TB18/11      CHAIRMAN'S REPORT**

The Chairman presented his report, which provided the Board with an update on business, activities and matters that the Chairman wished the Board to be aware of.

The report gave an update on the following issues:

- Update on Board Cycle of Business
- Update on Board Development Plan and priorities for 2011/12
- Foundation Trust – meeting with NHS North West

The report was **NOTED**.

#### **TB19/11      CHIEF EXECUTIVE'S REPORT**

The Chief Executive presented her report, which provided the Board with 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 the following:

- **PCT Clustering:** The NHS Operating Framework for 2011/12 had announced the creation of PCT clusters in order to facilitate the move towards the new NHS, as set out in the Health and Social Care Bill. Although PCTs were due to be abolished in 2013, they would have a critical role in creating the new GP commissioning consortia, developing commissioning support arrangements for those consortia, facilitating arrangements with Trusts around Health and Wellbeing Boards and ensuring that finance and quality management did not decline over the transitional period. PCT clusters were to be formed with a single executive team to manage a number of PCTs in a particular geographical patch. As yet, the

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cluster for Cumbria was undecided but was to be decided the following week.

- **Cumbria GPs – Pathfinder Status:** Cumbria had been selected as one of the 52 groups of GP practices selected by the Government to be the first to take on commissioning responsibilities as part of the Government's plans set out in the NHS White Paper, 'Liberating the NHS: Equity and Excellence'.

The groups selected, known as pathfinders, would work together to manage their local budgets and commission services for patients direct with other NHS colleagues and local authorities. The pathfinders would test the new commissioning arrangements to ensure they were working well before more formal arrangements came into place.

- **Development of the Clinical Strategy:** A significant amount of work had been progressed during the last eight weeks on developing the clinical service strategy, how this interlinked with the Full Business Case for the new West Cumberland Hospital development and the overall financial recovery/turnaround plan for the local health economy.

Senior consultants within the Trust and the GP leads had held two specific strategy sessions during January 2011 to discuss the development and sustainability of clinical services across North Cumbria. A specific update report had been prepared for the Board and was included on the agenda for further discussion.

The Chief Executive explained that consultants within the Trust were being encouraged to be part of this process, which needed to be completed swiftly.

The QIPP Director enquired as to the development of the Health & Well Being Board. The Chief Executive confirmed that although this was not yet established, the Trust would be overall involved.

The report was **NOTED**.

## **TB20/11      STRATEGY AND POLICY**

### **a)      New West Cumberland Hospital Development**

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

The following key points were **NOTED**:

- The clinical strategy review process was underway in partnership with NHS Cumbria and GP commissioning localities. Two major clinical workshops had been held during January 2011 to agree the future clinical models to be

adopted across North Cumbria. The outputs of these workshops were now being incorporated within the plans for the new hospital. The Project Team and designers were working with the clinical user groups to amend the plans and to ensure that the required facilities could be delivered within the available capital budget of £90 million. The revised scheme would form the basis of the Full Business Case (FBC) which would be presented for consideration by the Trust Board in March 2011.

- Work was continuing 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. Detailed work was continuing with Cumbria Partnership NHS Foundation Trust staff on the design of the refurbished facilities within J Block to accommodate mental health inpatients.
- The anticipated overall programme remained as outlined at the January 2011 meeting of the Trust Board in that the completion of the new build work was expected in December 2013.

The Chief Executive enquired as to whether the FBC would require approval from the PCT prior to seeking SHA approval. The Deputy Chief Executive/Chief Operating Officer confirmed that this was the case and the PCT were aware of the timescales for approval.

The report was **NOTED**.

b) **Clinical Strategy Report**

The Deputy Chief Executive/Chief Operating Officer and Medical Director presented a report which provided the Board with an update regarding the important work that was being undertaken in respect of the clinical strategy for the North Cumbria health economy, in partnership with NHS Cumbria and the locality lead GPs, who would hold pathfinder status for GP commissioning from April 2011.

The following key points were **NOTED**:

- Trust Board members were reminded that the National Clinical Advisory Team (NCAT) report was issued via the Strategic Health Authority on the 6 October 2010. The report noted that the review of Closer to Home and the plans for the new West Cumberland Hospital development formally met two of the four Secretary of State criteria. The report concluded with two specific recommendations which were:

1. That NHS Cumbria and North Cumbria University Hospitals NHS Trust meet with NHS North West to consider the report and agree an action plan which responded to the points raised.
2. NCAT to revisit North Cumbria in six months to review the current position and to re-evaluate progress against the Secretary of State criteria (reconfiguration tests).

At a meeting held with NHS Northwest and Dr Chris Clough, it was agreed by all partners that in order to satisfy the recommendations from the NCAT report, a revised and more robust clinical strategy, that was financially affordable, was required for North Cumbria. It was further agreed that the development of this strategy should be pursued with some urgency as it would be essential to inform the final Full Business Case for the new West Cumberland Hospital. In addition, it was also noted that the clinical strategy should interface coherently with the current turnaround plans for the Cumbrian health economy.

- All partner organisations provided an interim plan to the North West SHA on the 23 December 2010. This joint response described the direction of travel for the development of the clinical strategy for the health economy along with details of the key workshops that were being held during January 2011 with key clinical leaders.

Since the meeting in November 2010 there have also been fortnightly telephone updates involving the SHA and the Medical Directors of the PCT and NCUHT.

In addition, a detailed financial turnaround plan was also provided to the Director of Finance at the North West SHA on the 23 December 2010, which was consistent with the interim clinical strategy report that was submitted jointly to the SHA on the same date.

- Two detailed workshops had been held during January 2011 involving the Executive management teams and senior Clinical Leaders from NHS Cumbria, NCUHT and the GP locality areas. The events were held on Thursday 13 January 2011 and Thursday 27 January 2011. Excellent attendance was noted at both sessions with a very high level of clinical engagement throughout the planning days.

Using the initial outputs from the West Cumbria led work, the two January 2011 workshops were able to examine the identified care pathways in the context of the whole of North Cumbria. The discussion and debate focussed on how acute services, in particular, could be effectively provided from the Trust's two hospital sites (the Cumberland Infirmary and the West Cumberland Hospital) making sure that the overall

clinical strategy that emerged, provided a framework for clinically safe and sustainable services for the population of North Cumbria.

At the final workshop, all participants recognised and acknowledged that the discussions had been extremely productive in terms of identifying a sustainable framework for the clinical strategy. It was strongly felt that the outputs of this work should satisfy the NCAT requirements of demonstrating a whole systems approach to the future sustainability and viability of services within North Cumbria. In addition, it was NOTED that it was extremely important to now fully cost the models that had been discussed for the clinical delivery of services from the two hospital sites within the Trust.

- Board members noted that this work would also need to underpin and support the following processes:
  - The turnaround plan
  - The contract negotiations with NHS Cumbria for the 2011/2012 contracting round
  - The Full Business Case for the new West Cumberland Hospital
  - The IBP and LTFM for the Foundation Trust application

The Medical Director stressed that the whole of process was focused on developing a clinical strategy that delivered clinically safe and financially viable services for north Cumbria.

The Trust Board would be kept informed regarding the continuing development of the clinical strategy and the provider response in respect of the affordability of the models that were being proposed.

The report was **NOTED**.

## **TB21/11      OPERATIONAL PERFORMANCE**

### **a)      Performance Report**

#### **a)      Operating Framework**

The Deputy Chief Executive/Chief Operating Officer introduced the Performance Report, outlining the Operating Framework as at 31 December 2010.

The Operating Framework for the NHS in England for 2011/12, which was published in December 2010, provided information on the range of "Integrated Performance Measures" for 2011/12 onwards. There were a wide range of metrics covering performance, workforce and finance. Work had, therefore, commenced

within the Trust to establish which metrics would feature in future reports to the Trust Board from April 2011 onwards. Shadow monitoring of appropriate metrics would also commence as soon as it was practical to do so. The Trust Board would also continue to receive reports regarding progress on the previously agreed key metrics until the end of the financial year.

Excellent performance was achieved in December 2010 across a number of key indicators, these include:

- Eight indicators of 18 weeks performance (at Trust level)
- Seven indicators of Cancer Waiting Time performance
- Access to GUM clinics – 48 hour target (offered appointments)
- Data quality on Ethnic Groups
- 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
- Choose and Book slot availability
- Elective length of stay (LOS)
- Staff Turnover
- MRSA Bacteraemia (attributed to Trust)
- Clostridium Difficile Infections (attributed to Trust)
- Slips, trips and falls (inpatients)
- Eight Estates and Facilities indicators

The Deputy Chief Executive/Chief Operating Officer commended staff for all their hard work in ensuring the Trust continued to perform well, especially in light of the continuing cost improvement programme.

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

- Percentage of admitted patients treated within 18 weeks
- 14 day wait for symptomatic breast patients
- Thrombolysis
- Cancelled operations
- Infant health – breastfeeding initiation
- Maternity hospital episode statics – data quality indicator
- Number of patients waiting longer than 6 weeks for diagnostic tests
- Access to GUM clinics – 48 hour target (patients seen)
- Choose and book slot availability

The Deputy Chief Executive/Chief Operating Officer explained that the non-elective length of stay had

deteriorated to 5.1 days in month and a QIPP/Turnaround workstream was to be commissioned to drive performance improvement.

The outpatient DNA rate had deteriorated to a level of 9.6% in month following three months of improvement. The Trust had experienced severe winter pressures and inclement weather during the month which had contributed to the dip in performance levels. The position would be closely monitored during subsequent months, however, the Deputy Chief Executive/Chief Operating Officer was confident that the Trust's performance in this area would recover.

The QIPP Director enquired as to whether the efficiencies identified by the TPOT team, at the previous Board meeting, would have an impact in the current financial year. The Deputy Chief Executive/Chief Operating Officer explained that the TPOT project team were currently looking at the pressures within emergency and surgical services but did not expect efficiencies within the current financial year.

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. There had been no post 48-hour bacteraemia for December 2010 and the Trust was within trajectory. The excellent work to minimise infections carried out by the clinical teams has attributed to no post 48 hour bacteraemia for 8 months at the Cumberland Infirmary and for 7 months at West Cumberland Hospital.
- **CDifficile:** The performance for the month of December 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 November 2010 and data showed a decreasing trend in the risk adjusted mortality index in November. However, there had been an increase in September and October which was currently subject to further investigation and clarification. This review process was to 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. 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 as a result of a slip, trip or fall would continue.
- Development of Quality and Safety Indicators: The governance team had been reviewing what quality and safety indicators needed to be developed as part of the monthly report to the Trust Board. Following the publication of a report by the CQC into developing quality and safety by reporting, a core meeting with the information team had been set up to ensure the new indicators that would be added to the performance report were robust in terms of data collection on a monthly basis but also met the guidance referred to in the report. The timescale for this work being drafted and tested would be March, following which, it would be fully incorporated into the performance report in April 2011.

The Acting Director of Nursing highlighted the good work that had been achieved within infection control, which would continue to improve the Trust's standards further.

The Chairman enquired as to how patient experience would be reported through to the Board. The Acting Director of Nursing explained that there were a range of options, including real time feedback on the patient's experience as well as lessons learned from complaints. The Acting Director of Nursing explained that the Patient Panels were also assisting the Trust with a patient experience questionnaire, the outcome of which would be reported to the Board in due course.

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 amounted to 3017.75 WTE, which equated to a reduction of 7.39 WTE since Month 8.
- The Trust's sickness absence rate for Month 9 was 5.15%, lower than the equivalent point in 2009/10,

however, there had been an increase in month of 0.4%.

- The number of appraisals undertaken had increased, however, still remained under target at 58.9%. HR Business Partners were actively monitoring appraisal completion within the Divisions and action plans had been requested to outline how and when improvements would be made.

The Director of HR explained that it was planned to establish a Trust Health and Well Being Group and to incorporate occupational health activity within this Group.

The Director of HR **AGREED** to provide more commentary on the overtime and other data within the report in the future.

d) **Finance Report**

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

- The Trust was reporting a deficit of £587k at the end of Month 9, which was an improvement from Month 6 of £7,366k. The Trust had delivered CIP of £7,087k against a plan of £15,750k up to the end of December 2010. The significant improvement in the financial performance related to the Trust securing an additional £10m from NHS North West in support of strategic change across the economy.
- The Clinical Divisions had overspent by £802k in month and were currently overspent by £3,141k. Divisional budgets had been reduced in line with CIP plans to reflect the bed reconfiguration and reduction in WTE budgets, which accounted for the large variance.
- Current CIP plans expected schemes totalling £12,085k to be in place against a full year plan of £21,018k, however, the pace of delivery needed to improve and plans needed to translate into reductions in expenditure so as to have a real effect on delivery.
- Elective activity was 142 spells behind the plan in month and cumulatively 380 spells below the plan. Non elective activity had been very high in the month, reporting 305 spells above the plans, leading to a cumulative over performance against the plan of 690 spells.

- The Trust was currently forecasting that it would achieve all its primary statutory financial targets. The performance of the Better Payment Practice Code would, however, not be met due to the liquidity issues faced over recent months, although it was improving of late.

The report was **NOTED**.

**ACTION:**

- i. Director of HR to provide more commentary on the overtime and other data within the report in the future.
- ii. The outcome of the investigation into the increase in the mortality rates to be reported to the Governance Committee and Trust Board.

**TB22/11**

**GOVERNANCE**

a) **Safeguarding Exception Report**

The Acting Director of Nursing presented a report to the Board which gave an update on all the aspects of safeguarding within the Trust in relation to children, adults and patients with learning disabilities.

The following key points were **NOTED**:

▪ **Safeguarding Children:**

- The training matrix for safeguarding children, which was a robust system, continued to be progressed, focussing on medical staff, general theatres and anaesthetic departments.
- The Trust had reviewed CRB checks on all employees who had started to work for the Trust prior to 2002 and this work was now complete.
- The baby tagging X-Tag system was now fully operational in both Maternity and SCBU across the Trust. The system would be subject to audit and monitoring, the outcome of which was currently being monitored through the governance team.
- The report outlined risks which the Safeguarding Children's Team were reviewing and updating.
- In the case of any declared serious case reviews involving patients known to the Trust, the Acting Director of Nursing would be informed by the Local Safeguarding Children's Board, and these were formally 'logged' in the Trust.

▪ **Safeguarding Adults:**

- Safeguarding adults level 1 training continues to be delivered across the Trust. The Training and

- Development Lead/Adult Social Worker had agreed to deliver more Deprivation of Liberty Safeguards training, which was to be focussed on Band 6 nurses.
- Following discussions with the Cumbria Safeguarding Adult Board, it was agreed that the Trust could record all referrals made to Social Services on the database.
  - The Trust's Deputy Director of Nursing (WCH) was the Trust's representative on the Cumbria Safeguarding Group.

▪ **Learning Disabilities:**

- Learning disabilities training was delivered by the Cumbria Partnership Trust.
- All matrons, sisters/charge nurses and admission areas had a copy of the patient passport for any learning disability admissions.

In summarising, the Acting Director of Nursing explained that the report brought together all aspects of safeguarding, therefore, providing assurance to the Board that important issues were being addressed.

In relation to the baby tagging system, the Deputy Chief Executive/Chief Operating Officer enquired as to whether the Board could be assured that all staff fully understood their responsibilities across both hospital sites. The Acting Director of Nursing explained that problems had previously been experienced with the system, but these had now been resolved. The Trust's Health & Safety Manager was to undertake an audit on the system, the details of which would be presented to the Governance Committee in March to provide assurance on the use of the system. Monitoring of the system would continue on a monthly basis. The Acting Director of Nursing confirmed that any continuing problems with the system were being logged and fully investigated.

The Deputy Chief Executive/Chief Operating Officer enquired as to whether the Cumbria Wide Group were addressing the key 'red' issues outlined in the Workplan. The Acting Director of Nursing and QIPP Director confirmed that the Cumbria-wide group were reviewing these and met on a quarterly basis. The Acting Director of Nursing confirmed that any 'red' issues were being progressed as part of the workplan.

The QIPP Director drew attention to the fact that there appeared to be a lot of temporary safeguarding staff within the PCT and queried whether this was of concern. The Acting Director of Nursing confirmed that this was being monitored.

Mr M Evens felt that there had been a great deal of progress achieved and enquired as to whether the Acting Director of Nursing had any remaining concerns. The Acting Director of

Nursing confirmed that although she had no major concerns, the training of medical staff and the rollout of this training to other staff groups would continue to be progressed.

The report was **NOTED**.

b) **Governance, Risk Management and Quality Strategy Update**

The Acting Director of Nursing presented a report which provided the Board with an update on issues relating to the Governance, Risk Management and Quality Strategy.

Board members were reminded that in July 2010, they approved a new Governance, Risk and Quality Strategy, which joined together the previous separate Risk Management, Quality Improvement and Governance Strategies.

The Trust Board were aware of the significant developments which had been made during 2010 to strengthen the Trust's governance arrangements and which have been centred on the Trust's six core pillars of governance.

Specific updates to the Governance, Risk Management and Quality Strategy had been made to incorporate:

- The legal requirement to meet the essential standards of Safety and Quality set out by the Care Quality Commission.
- Update on NHSLA standards for 2011/12 and risk assessment process.
- Current status of the organisation's committee structure.

The report outlined to the Board the specific updates which had been made to the strategy and details of these were outlined in the appendix to the report.

The Board **NOTED** that although the overall responsibility for control of infection now sat with the Acting Director of Nursing instead of the Medical Director, the two roles worked very closely together.

As the meeting was not quorate, those present **APPROVED** the Strategy and **AGREED** to **RATIFY** at the next meeting.

The report was **NOTED**.

<p><b>ACTION:</b> Strategy to be ratified at the March meeting of the Board.</p>
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**TB23/11      STANDING BOARD COMMITTEES**

a)      **Governance Committee Minutes and Action Plan – December 2010**

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

b)      **Audit Committee Minutes and Action Plan – December 2010**

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

**TB24/11      ANY OTHER BUSINESS**

a)      **Questions from the Public**

Mrs C Wharrier raised her concerns regarding the Trust's financial position and the lack of questions around the workforce sections of the Trust Board performance report. Mrs Wharrier also raised the issue of other organisations using Trust accommodation and apparently not financially contributing towards this.

The Director of Finance explained that there were a range of Service Level Agreements in place with partner organisations and these were to be reviewed. The Chief Executive explained about Government spending and how this affected all Trusts. The Chief Executive gave reassurance that patient safety was the Trust's top priority, and although efficiencies had to be achieved, she explained that this was not at the detriment or quality of services the Trust provided.

In answer to a question relating to the costs associated to the PFI hospital at Carlisle, the Chief Executive explained that it cost an additional £4-5m over tariff per year for the running of the hospital. Over tariff payments associated with PFI hospitals were not currently recognised, but the Government was currently looking at this. The Chief Executive also confirmed that there were no cleanliness issues at the Cumberland Infirmary and that regular PEAT inspections recorded outcomes as 'excellent'. The QIPP Director explained that over 80% of the Trust's patients, via NHS Choices, had expressed their opinion that they felt the Trust's hospitals were very clean. This was further evidenced by the fact that the Trust had not had any MRSA infections within the last 809 months, which was excellent when compared to other Trusts.

Mr W Sellar raised issues relating to the sustainability of ophthalmology services at WCH. The Medical Director explained the process of how the decision was reached in relation to the service changes and how these had been reviewed in the Surgical Division. Mr Sellar also raised issues relating to the Trust's carbon footprint with the 'hub and spoke' model.

In relation to the clinical strategy models, the Deputy Chief Executive/Chief Operating Officer explained that the models were to be costed during March 2011.

**TB25/11      DATE, TIME AND PLACE OF NEXT MEETING**

Tuesday, 8 March 2011 at 1.00pm in the Board Room, Cumberland Infirmary.