

**MINUTES OF THE TRUST BOARD MEETING
HELD IN PUBLIC ON TUESDAY, 11
SEPTEMBER 2012 AT 1PM IN THE BOARD
ROOM, WEST CUMBERLAND HOSPITAL,
WHITEHAVEN**

Present:

- Mr M Little, Chairman
- Mr M Bonner, Vice Chairman
- Professor V Bruce, Non Executive Director
- Ms J Cooke, Non Executive Director
- Mr M Evens, Non Executive Director
- Mrs A Farrar, Interim Chief Executive
- Mr A Mulvey, Director of Finance/Deputy Chief Executive
- Ms C Siddall, Director of Operations
- Mr M Walker, Medical Director
- Mrs C Platton, Acting Director of Nursing
- Mr M Walker, Medical Director

In Attendance:

- Mr D Gallagher, Director of Human Resources & OD
- Miss E Kay, Head of Communications & Reputation Management
- Mr A Davidson, Director of Estates & Facilities
- Dr J Rushmer, Director of Clinical Transformation
- Mrs J Lynch, Office Manager (minute taker)

TB82/12 **WELCOME AND APOLOGIES**

Apologies for absence were received from Mr P Day.

Mr Little welcomed Mrs Ann Farrar, Interim Chief Executive to her first Public Board Meeting.

Mr Little further welcomed Dr Jeremy Rushmer, Director of Clinical Transformation to the Trust.

TB83/12 **DECLARATIONS OF INTEREST**

No declarations of interest were recorded.

TB84/12 **CLINICAL PRESENTATION: NURSING STANDARDS ON DEMENTIA**

The Chairman welcomed Mrs Andrea Tomlinson, Matron for Nursing Standards to the meeting.

Mrs Tomlinson informed Board members of the work being undertaken within the Trust to ensure that patients with dementia received the best care possible. The following key points were noted:

- The Trust worked closely with the mental health team and would refer patients to the specialist mental health team. The Trust also used the booklet "This is me" for patient and family involvement to ascertain each patient's individual needs.
- Staff have undertaken mandatory training in dementia training and have the appropriate skills necessary to care for patients with dementia. Local training is also undertaken by the liaison specialist practitioner and this is ward based. Nutritional screening is undertaken by dieticians and medical staff on the ward.
- The Trust is focused on best practice dementia care through the use of champions at ward levels; working on the implementation of the Cumbria dementia strategy and empowering local leadership and commitment from ward level upwards.
- All patients over the age of 75 will be screened following the CQUIN criteria and referred onwards if appropriate.
- There is an improved liaison service which now works over 7 days per week. There is also improved links with providers.
- Patients and carers are directly involved in care planning, assessment and decision making. Flexible visiting and approaches to routine also ensured family/carers/supporters could be directly involved in care.
- Carers information desk at the Cumberland Infirmary site is to be replicated at the West Cumberland Hospital site.
- A lot of work is being done on the wards to ensure that they are dementia friendly; the Trust is also looking at minimal patient flow to avoid any unnecessary distress along with personalising bed spaces to help patients settle in to the environment.
- Work is ongoing in relation to anti psychotic prescribing.
- The Trust has adopted the 'Butterfly Scheme' which is a discreet identification system for hospital patients. This system alerts all staff to the easy to use carer sheet.

Following the presentation Mr Bonner informed members that this was a country wide priority and he questioned the understanding of staff. Matron Andrea Tomlinson reported that the training of staff was important and the Trust was looking at best practice dementia care. The Interim Chief Executive thanked Matron Tomlinson for the ward visit that she had been taken on prior to the Board meeting. She questioned what Matron Tomlinson felt needed to be done in the following 12 months. Matron Tomlinson reported that the staff needed the time to care for these vulnerable patients; the skill mix had to be right and the staff had to work to best practice. Professor Bruce expressed her delight with regards to the Trust working with the University of Stirling and questioned what needed to be done to improve the patient's journey. Matron Tomlinson informed members that a lot needed to be done from ward safety, not cluttering the ward environment; the productive ward was dealing with this aspect. Professor Bruce further reported that on the ward visit to Fairfield Ward that she had undertaken

today she had found the ward open, clean, uncluttered and a lovely ward to visit. Matron Tomlinson told members that this was work ongoing as patients could be placed on any ward.

Mr Little thanked Matron Tomlinson for presenting this information to the Trust Board. Members agreed that it would be useful to have an update in the New Year of how things had progressed.

ACTION: Matron Tomlinson to be invited back to the Trust Board in the New Year to update members on the Dementia Services within NCUH

TB85/12 **MINUTES OF THE LAST MEETING**

The minutes were **AGREED** as a correct record.

TB86/12 **MATTERS ARISING AND ACTION PLAN**

TB40a/12: The action was reported to be **COMPLETE**.

Tb48B/12: Ongoing: The Director of Operations updated Board members on the work undertaken in relation to the Trauma Board. The Trust would have to appoint a Trauma Lead and Dr Burke was looking at job descriptions for this post. The Director of Operations would bring this item back to the Trust Board in 3 months time.

TB75c/12: The Acting Director of Nursing updated members on the Trust's position on the contract for 2012/13. The Trust was working with colleagues from Northumbria Healthcare NHS Foundation Trust and the information relating to the quality dashboard would be fed back to Trust Board in due course.

TB76d/12: The action was reported to be **COMPLETE**.

TB87/12 **STRATEGY AND POLICY**

a) **Acquisition Update**

The Director of Finance/Deputy Chief Executive informed members that the IMA had now started to move forward and the information in the report had been superseded to some extent. The BTA was still being worked on but the BTA and the IMA had been separated and the IMA had been implemented. This would give the organisation surety going forward. The Due Diligence report was continuing.

The CCP was going forward to a second stage review. This had been expected given the geography of the new organisation (coast to coast) and the impact on the acquisition on patient choice. Despite the two stage process the acquisition continues to move forward and fits in the timeframe of 31 March 2013.

FT membership is progressing and the Trust has a couple of thousand members already. Information has been passed to staff with the pay slips also.

The Director of Operations was leading on the Single Operating Framework.

Mr Evens also welcomed Mrs Farrar to the Trust and informed members that he was pleased that the legal loopholes had been negotiated and that this showed a level of commitment from Northumbria Healthcare NHS Foundation Trust. Mr Evens expressed his concern that the acquisition would take place on or before 31 March 2013. The Director of Finance reported to members that it would be helpful if it happened before 31 March 2013.

The report was **NOTED**.

b) **West Cumberland Hospital Redevelopment Update**

The Director of Finance reported that the Trust had gained Treasury approval on 27 July 2012, with a financial closing date of 27 October 2012. The Department of Health had given a 4 week extension to the process as it recognised that the Trust was currently going through an acquisition process. This would push back the process by 4 weeks and give a financial closing date of no later than 23 November 2012. Work continued on site and the Trust Board had given approval for funds to be allocated for work to continue during August, September and October 2012.

The report was **NOTED**.

c) **Carbon Management Plan**

The Director of Estates and Facilities updated Board members on the progress made against the implementation of the Carbon Management Plan agreed in April 2011 for the 25% reduction of carbon emissions by 2015. The Trust was working on implementing a number of schemes within the financial year: -

- Heavy Oil use at the West Cumberland Hospital – will achieve a financial saving within 6 months as well as achieving carbon reduction.
- Replacement of traditional lights at the West Cumberland Hospital with LED lights.

Authorisation has been agreed to use capital funding of £300k and authorisation was passed to the Director of Finance to allocate the capital. A meeting to discuss the allocation of the capital is to be set up.

The Interim Chief Executive thanked the Director of Estates and Facilities for the detailed report and informed members that a decision had to be confirmed to allow the projects to move forward.

Members agreed that this action needed to be dealt with and authorised that the Director of Finance sort out the allocation of capital.

The Director of Estates and Facilities further reported that there had been some slippage on some schemes, he was in discussion with his colleagues in Northumbria as they were ahead of our Trust in relation to sustainability and carbon reduction. The Trust was expected to hit the target set for this year.

Mr Evens questioned why some of the projects had slipped as out of the 17 projects only one had been completed. The Interim Chief Executive reported that following discussions held the previous day there would be specific actions set to be completed within 2 weeks.

The report was **NOTED**.

<p>ACTION: The allocation of capital funding in relation to carbon management plans to be finalised by the Director of Finance and the Director of Estates and Facilities</p>
--

d) **Workforce Strategy**

The Director of Human Resources provided Trust Board members with an update on the workforce strategy and progress made to date. The strategy had already been approved and this was a yearly update. The strategy had been discussed with Northumbrian colleagues and had shown no inconsistencies. The following key points were noted:

- Over the past year there had been strengthened HR business partners by the provision of dedicated HR business partners to the divisions.
- Northumbria were further forward than our Trust but we were moving forward in the right direction.
- The Trust had removed a lot of local agreements that had accompanied Agenda for Change. This had involved a lot of detailed negotiations with the unions.
- Trade Union dialogue continued in a positive way.
- There were ongoing issues in relation to the staff survey action plan and this was being monitored by the Governance Committee.
- Meetings had been established with Northumbrian colleagues and took place on a fortnightly basis.

Mr Little questioned what was happening in relation to improving employee engagement. The Director of Estates and Facilities reported that there had been road shows, presentations and focus groups had been included in the action plan.

Professor Bruce questioned the appraisal rates as it was felt that explicit information was required on this. The Director of Human

Resources reported that this was pledge 2 and was part of the action plan that went to the Governance committee. The transition workstream was also looking into this aspect. The Director of Operations reported on the work undertaken within A&E department to ensure that their appraisal rate was increased.

The Interim Chief Executive reported that it was difficult to provide information on workforce without including the KPI's. In relation to appraisal and training the Board needed to know the operational action plan to deliver. It was necessary to move forward with this consistently. The Director of Human Resources informed members that workforce was an agenda item on the Governance committee and Trust Board at Northumbria, but that there was also a workforce committee whereby managers were called to account.

The report was **NOTED**.

TB88/12 **OPERATIONAL PERFORMANCE**

a) Performance Report

1. Operating Performance

The Director of Operations presented the Operational Performance Report and highlighted the following exceptions:

- A&E: continues to fluctuate in relation to patient waits. Patient flows are being addressed through the Emergency Flow project. From 1 August there was an acute physician on the Emergency Assessment Unit. The Emergency Assessment Unit and Short Stay Unit were also redesigned. Have not received the August figures yet but expect these to impact positively. Meetings are being held on a daily basis to review performance, breach analysis and CQC action plan/A&E action plan and it is expected that the markers will improve.

Mr Bonner questioned the 5% target in A&E and if that included habitual re-attenders. The Director of Operations reported that this was a national target and it was not unusual to report breaches. Work needs to be done in looking at how not to bring patients back although some patients will continue to re-attend. The Interim Chief informed members that there was a national standard and the Trust needed to look to meeting the target, she further suggested that the Director of Operations discussed with Northumbrian Counterparts (Chris Biggins/Elaine Henderson to discuss the data.

- Cancer: work is being targeted on the cancer breaches, but there are capacity issues. The data for August looks positive but awaiting verification of the data.
- Stroke: Stroke network is visiting the region and it is expected that they will visit the Trust though dates are to be confirmed. There is a bi weekly MDT meeting to look at all stroke information. August performance at CIC is 91.7% with WCH slightly lower.

Mr Bonner questioned the amount of breaches for the 31 day wait target as it was reported that 3 patients had chosen to delay their treatment. Both the Medical Director and the Director of Operations reported that this was due to patient choice but they are still classed as breaches.

- Delayed transfers of care: There has been a lot of work done on the issue of reporting on DTOC. Going forward, patients awaiting transfer to Community Hospitals would not be included in the reported figures, to be consistent with reporting elsewhere in the NHS. It is important to continue to keep collecting the information internally. Other Trusts have Community Hospitals under their control, whereas our own Trust does not have this. A task and finish group have finished the work that was required but are continuing to meet weekly and it is anticipated this will benefit the Trust in relation to the winter capacity.

Mr Evens requested that the “total” DTOC (i.e. including transfers to Community Hospitals) continue to be monitored and that it was reported to the Board on a periodic basis. The Director of Operations stated this would be done by including the information in the dashboard and in the narrative.

- 18 Weeks: achieved all 3 targets

The report was **NOTED**.

2. **Quality Report**

The Acting Director of Nursing presented the Quality Report and the following key issues were **NOTED** by the Board:

- Mixed Breaches: The Trust invited Ms Helen Crombie from NHS Northwest to review the unjustified mixed sex accommodation breaches in the Trusts Intensive Care Units to offer support and suggestions. Ms Crombie was assured of the Trusts current process and a couple of suggestions were made that the Trust has following through with. The staff appreciated the support and found the visit to be beneficial and a further visit has been arranged in October for Ms Crombie to visit the West Cumberland Hospital. Staff started to use the alert system which was suggested the following day to help with patient discharge from the unit. A

weekly conference call has been set up to NHS Cumbria regarding breaches, 7 were reported in July and 1 in August.

- C Diff cases: In July 2012 there was an increased incidence of Clostridium Difficile associated diarrhoea at the Cumberland Infirmary. A link was identified to wards on the Elm Floor. A full review was undertaken with infection prevention and clinical teams working with ward staff. An action plan was developed and this is monitored and reported to the Trust Infection Prevention Committee and the Governance Committee. Elm wards have been deep cleaned and increased spot checks undertaken. The staff were proactive throughout the whole process and monitoring will continue on a fortnightly basis.
- Advancing Quality (AQ): Following a request from the Board the invalidated data has been included in the July quality dashboard. The AQ team have been reviewing current practices and workloads with the aim to move towards real time data collection. Additional work hours have been given to support the audit process. Smoking cessation results are below expected targets and this is a measure that is constantly under reporting. Clinical teams have been requested to review current processes and the Trust is in discussion with NHS Cumbria regarding smoking cessation advisors working with Trust clinical staff.
- CQC Inspections: There were 2 unannounced CQC inspections; one in Surgical Services at WCH and one in the A&E department at CIC. With regards to the WCH visit 6 essential standards were looked at and the Trust met all the standards and was fully compliant. With regards to the CIC visit 8 standards were looked at, 4 were met and there were minor concerns relating to 3 of the standards and 1 moderate concern. The issues did not impact on patients using the service. A press conference was held whereby the Trust Chairman, the Acting Director of Nursing, the Director of Strategy and lead nursing A&E staff were present. The press were notified of the actions undertaken for the moderate and minor issues reported. The action plan will be submitted to the CQC and monitored through the monthly division performance reviews and reported to the Governance Committee.

The Interim Chief Executive reported that it was excellent that the action plan had been put together and that a lot of the work had already been undertaken. She also reported her pleasure that the 18 week targets had been achieved. The Acting Director of Nursing reported that the Director of Operations was the lead director for the action plan but the whole team had taken on board the concerns and worked through them.

Professor Bruce questioned the C Diff target and if the Trust was still in line with the annual target as there had been 7 cases in July. The Acting Director reported that the number had decreased to 3 in August and that the Trust had reported similar figures the previous year for the same period.

The Director of Finance questioned the CQC visits and feedback had been given to patients and staff. The Acting Director of Nursing informed members that the CQC representatives had spoken to patients and staff with no management presence.

The report was **NOTED**.

3. **Workforce Report**

The Director of Human Resources (HR) presented the Workforce Report, with the following key points being **NOTED**:

- Staff in post at July 2012 had reduced by 24.77 WTE (2940.10) when compared to the equivalent month in 2011, but had increased when compared to June 2012 (2924.87 WTE).
- Overtime in July had risen.
- There were 29 non medical staff leavers during June and 31 in July.
- The Trust's overall sickness rate remains steady at 4.91%, HR business partners are proactively supporting managers within each division in implementing the sickness management procedures.
- The annualised percentage of appraisals at July 2012 was 58.98%.
- Work continued to support the completion of mandatory training, particularly in clinical areas.

The Director of Human Resources voiced his concern regarding appraisals and mandatory training, and questioned that divisions should be held to account at the Performance Review meetings. The Director of HR further reported that he was working closely with his Northumbrian counterpart in addressing both appraisal and mandatory training.

Mr Bonner enquired about the increased in contracted staff in post. The Director of Human Resources reported that this could be an overlap following the changeover of doctors in August 2012.

Professor Bruce questioned the lack of progress relating to appraisals as the numbers were not increasing as she felt the Trust target rate was too low at 80% and that it should be increased. The Interim Chief Executive agreed that the Trust

needed to be more pro-active, with an action plan and ensuring that people took responsibility for seeking their own training.

The report was **NOTED**.

4. **Finance Report**

The Director of Finance/Deputy Chief Executive presented the Finance Report and the following key issues were **NOTED**:

- The Trust was reporting a surplus of £67k at the end of July against a planned surplus of £183k. The position was supported by £8.65m of strategic support funding.
- Total income was £19.1m for July against a target of £19.4m. Clinical income was £17.6m against a target of £17.9m. Elective activity was behind plan in total despite daycase activity being ahead of plan. Non-elective activity remained behind plan and casemix has now fallen behind plan also.
- Pay expenditure was £11.7m. Payments for the June bank holidays were made in July which resulted in increased enhanced pay costs and higher agency, bank and overtime costs.
- Expenditure on non-pay in July was £6.1m which, although marginally higher than in the previous year, was not showing the same upward trend as pay costs and also included the additional cost of PCI consumables since the service started in December 2011.
- The Trust delivered £0.4m of efficiency savings in July bringing the total for the year so far to £2.8m against the annual plan of £16.9m. The Trust had to continue to ensure that all divisions, supported by the PMO focus on implementing approved saving schemes and generating ideas for new schemes.
- The Trust's liquidity position had improved compared to 2011/12, although it remained fragile. The Trust continued to monitor closely cash flow to ensure core obligations were met; however, the Better Payment Practice Code is not being met.

The report was **NOTED**.

ACTION:

1. The Director of Operations to discuss with Northumbrian Counterparts (Chris Biggins/Elaine Henderson) the 5% national target for unplanned re-attendance rates for A&E to try and improve our own target data.
2. The Director of Operations to include the full DTOC information in the dashboard and in the narrative.

b. Sickness Reporting – Estates Department

The Director of Human Resources presented a report to Trust Board members relating to the management of sickness absence in the Estates and Facilities Department. Acute Trusts in the North of England had been approached regarding sickness absence rates and the information received has shown that the sickness absence within the Trust is in line with other Trusts. Confirmation had been given that in general NHS staff working in ancillary roles experienced a higher degree of musculo-skeletal related absences than those working in other areas.

The Estates and Facilities department was working on reducing the sickness absence rate and an active action plan was being followed; staff were being cautioned and followed through on their sickness absences.

The Director of Estates and Facilities reported that the Estates side of the department were performing well but Facilities had 3 areas of concern and 2 areas that had significantly improved. A lot of work had been undertaken with the unions and they were not endorsing or defending the inappropriate sickness of staff.

Mr Evens reported that he was pleased to note that the unions were working together with the Trust. He further reported that he was pleased that the Trust was working on the long term and short term sickness issues. The Director of Human Resources informed members that sickness above the rate of 3.5% was not acceptable.

The Interim Chief Executive questioned if the Trust policy on sickness absence was the same as Northumbria's. The Director of Human Resources informed everyone that the policy was fairly new. The Trust was being more pro-active on return to work interviews and rates had decreased over 20% over 3 years. The Trust was looking to harmonise the policy in line with Northumbria's policy.

Mr Little asked members if they had been assured by the exception report that had been presented. Members agreed that they had.

The report was **NOTED**.

TB89/12

GOVERNANCE AND ASSURANCE

a) Patient Safety Walkabouts – Feedback from Non Executive Directors

Mr Bonner informed members of the patient safety walkabout that had taken place prior to this meeting. Professor Bruce and he had visited Fairfield Paediatric Ward and had met with a good mix of staff, patients and visitors. The staff had been very open and it was pleasing to see how the ward was uncluttered. The staff had a good awareness of safety and this gave parents assurance that the

patients were safe. Staff further reported that they felt communication was good.

Whilst on the visit they had met with parents who had reported that they were totally comfortable with the environment. One set of parents had an issue but this was a minor issue and had been addressed by the ward.

Professor Bruce reported that the visit had been short but overall the ward was very good. The ward feeling was excellent and the children were happy there. The ward remained uncluttered even though part of the ward was being unfurnished and this was commendable.

The verbal update was **NOTED**.

b) **Improving Patient Safety by Identifying the Potential Causes for Harm**

The Medical Director updated the Board on an innovative initiative to improve patient safety by indentifying the potential causes of harm. The Medical Director acknowledged that both the Interim Chief Executive and the Director of Clinical Transformation had helped with this work also.

The Trust had developed a plan for ensuring the Trust had robust systems in place to identify patient harm and the impact on patient safety. A trigger tool was being used to identify harm and the severity of harm and this was being implemented into the Divisions. This process also helped with understanding of mortality as 3 indicators – HSMR, RAMI and SHMI were being used to flag up potential problems.

The Medical Director office was also looking at all deaths proactively to check whether sub-optimal care had been given. Northumbria Healthcare NHS Foundation Trust were helping with this aspect. 1200 cases from the previous year were being looked at and helping to embed the trigger tool into the organisation.

Mr Bonner questioned the checklist used. The Director of Clinical Transformation reported that it was not a comprehensive tool but was well validated.

The Interim Chief Executive informed members that this item required more time spent on it as it was a big subject and that the item would be deferred to a Trust development session when this item could be looked at in further depth.

The Director of Clinical Transformation reported to members on the condition of the patient records as they were in a poor state. The condition of the notes made it hard for Clinical Coders to collect the information required and this needed to be looked at also.

The report was **NOTED**.

<p>ACTION: A Board development session to be arranged and the patient safety/mortality item to be deferred to that day for discussion.</p>
--

c) **Patient Safety Walkabouts Update Report**

The Acting Director of Nursing updated the Board members on the Non Executive Patient Safety walkabouts. A number of visits had taken place since February 2012 and feedback was reported to Trust Board on the same day of the visit, with written reports then collated. Initially 2 wards were visited but on review and feedback from staff and Non Executive Directors it was agreed to reduce this to one area per visit to allow sufficient time with staff, patients and visitors. It was noted that staff had mixed feelings in relation to using Ulysses against the old system of 'lilac forms'.

Wards that had been visited were given feedback following the visit and the formatting of the feedback was currently being looked into.

The report was **NOTED**.

d) **Learning Disabilities Report**

The Acting Director of Nursing reported to the Board on the progress made in reaching national and local priorities for patients with a learning disability. As part of the Monitor Compliance Framework the Trust had to complete a quarterly self certification against compliance with requirements regarding access to healthcare for people with a learning disability. There were six criteria that the Trust had to judge itself against and the Trust was compliant on 5 of the 6. The Trust was not compliant in relation to the sixth criteria. The Trust was looking into undertaking a case note audit to ensure full compliance and Matron Crea Simpson was looking into this.

The report was **NOTED**.

e) **Northwest Transparency Project**

The Acting Director of Nursing informed Board members on the Northwest Transparency of Care project and the requirements for the Trust. The project was part of the drive of "being open and transparent" and the North West became the first region to collaboratively talk to patients and staff about the nursing care that was provided at the times when pressure ulcers and falls happened. The phase one pilot commenced October 2011 to February 2012 and included eight Trusts across the North West whereby a monthly review of falls and pressure ulcers was carried out by the Trust. The phase two pilot had commenced and had widened the parameters to capture all pressure ulcers including those caused by medical devices and expand the patient experience questions. The

participants had also been expanded. As part of the readiness to participate all Trusts had to complete a readiness preparation form and have Board support.

Appendix 2 of the report showed the completion date and return of the transparency of care project readiness form to be 31 August 2012. The Acting Director of Nursing reported that the SHA were aware of the date of our Trust Board and the late delivery of this form from our Trust.

Professor Bruce questioned the capacity of nursing staff to undertake the work required. The Acting Director of Nursing informed members that some staff members do this work already and that the work was in line with the 'safety thermometer'.

Mr Little asked members if they were happy to support this project. Members agreed that they were happy.

The report was **NOTED** and **APPROVAL** given to proceed with the project.

TB90/12

STANDING COMMITTEE OF THE BOARD

a) **Governance Committee – June 2012**

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

b) **Governance Committee – Unratified July 2012**

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

c) **Audit Committee – Unratified June 2012**

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

d) **Charitable Funds Committee – Unratified July 2012**

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

TB91/12

ANNUAL REPORTING

a) **Annual Audit Letter**

The Director of Finance/Deputy Chief Executive reported to the Board on the External Audit's annual Audit Letter for 2011/12 which summarised the Audit Commission's 2011/12 audit of the Trust. The key areas highlighted in the report are noted as:

- Goods Received Not Invoiced. There was an issue relating to outstanding orders that had not been accounted for correctly following the transfer of systems to SBS. The Trust now had systems in place to address the backlog and ensure that this did not re-occur.

- PFI invoicing. There was a need for greater resilience in the systems for checking and authorising invoices associated with the PFI, specifically with regards to in year variations. Revisions to the system have now been agreed.
- Asset verification. Weaknesses have been highlighted and revisions to the process have been agreed to resolve the issue.
- There were some issues regarding some of the finer details of the quality accounts which were resolved as the final version was completed. Lessons have been learnt which will be built on for the current financial year.
- PbR Data Assurance Framework; there were a number of outstanding recommendations, many of which have now been completed since the auditors completed their field work in June. The outstanding recommendations will be reported and discussed in more detail at a future Audit Committee meeting.

The Director of Finance/Deputy Chief Executive further reported that there had been concerns within the preparation of the Annual Accounts due to staffing issues. Measures had been taken to address this with temporary staff. This would be picked up in the Audit Committee and feedback to Trust Board at the October meeting.

The report was **NOTED**.

ACTION: The Director of Finance to feedback to Trust Board in October on the issues in the preparation of the Annual Accounts.

TB92/12

ANY OTHER BUSINESS

a. Board Agenda's:

Mr Little requested that the Trust Board agenda be amended to move the quality item higher up the agenda.

ACTION: The Trust Board agenda to be amended so that the Quality items are dealt with first on the agenda.

TB93/12

DATE, TIME AND LOCATION OF NEXT MEETING

Tuesday, 9 October 2012 at 1pm in the Board Room, Cumberland Infirmary, Carlisle.