

**The next meeting of the Royal National Hospital of Rheumatic Diseases NHS
 Foundation Trust Main Board to be held in Public will be on
 Monday 6th June 2011
 at 1300 hrs
 in the Lecture Hall, Upper Borough Walls, Bath**

A G E N D A

		Action	Person	Paper
OPENING BUSINESS				
1.	Board Training - Biologic Services	-	Dr Raj Sengupta	-
2.	Apologies for Absence	-	Chair	-
3.	Declaration of Interests	-	Chair	-
4.	Minutes of meeting held in public on 4 th April 2011	For approval	Chair	4.1
5.	i) Chair's Report	For information	Chair	5.1
	ii) CEO's Report - Demonstration of new website	For information	Chief Executive Officer	5.2
	iii) Medical Director's Report	For information	Medical Director	5.3
QUALITY GOVERNANCE				
6.	i) Patient Safety Walkabout – Rheumatology	For information	Director of Operations & Clinical Practice	6.1
	ii) Quality Report	For information	Director of Governance	6.2

B R E A K

PERFORMANCE				
7.	Operational Performance & Clinical Practice Report	For information	Director of Operations & Clinical Practice	7.1
8.	i) Finance & Activity Committee Chair Report - 25 th May 2011	For information	Chair of Finance & Activity Committee	8.1
	ii) Finance Report Month 1 2011/12	For information	Director of Finance	8.2
STRATEGY				
9.	Service Development Group i) Terms of Reference	For approval	Chair of Service Development Group	9.1
CLOSING BUSINESS				
10.	Any Other Business	-	-	-

CLOSED SECTION

CONFIDENTIAL ISSUES

To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business conducted.

DRAFT

HELD IN PUBLIC
MINUTES OF THE
TRUST BOARD OF DIRECTORS
Monday 4th April 2011
Lecture Hall, RNHRD

Present:

Peter Franklyn : Chair (PF)
Kirsty Matthews : Chief Executive Officer (KM)
Dr Tim Jenkinson : Medical Director (TRJ)
Rayna McDonald : Director of Operations and Clinical Practice (RM)
Steven Haynes : Director of Finance (SH)
Stephen Cole : Non-Executive Director (SC)
Chris Johns : Non-Executive Director (CJ)
Niall Bowen : Non-Executive Director (NTB)

In attendance:

Hayley Sewell : Director of Governance (HS)

ITEM	TOPIC	ACTION
	The Chair welcomed all members, governors and public to the second RNHRD Trust Board meeting held in public.	
PM 04/11/1	Board Training	
	Dr Nick Hall, of the Bath Institute for Rheumatic Diseases (BIRD), presented an update on BIRD the aims of which are to develop and manage research and education programmes. Dr Hall highlighted the links between BIRD and the RNHRD NHS FT and Bath University. The Chair thanked Dr Nick Hall for his presentation.	
PM 04/11/2	Apologies for Absence	
	Sir Peter Spencer : Non-Executive Director (PS)	
PM 04/11/3	Declaration of Interests	
	No declarations of interests were received	
PM 04/11/4	Minutes of 7th February 2011 (meeting in public)	
	The minutes were approved .	
PM 04/11/5	i) Chair's Report	
	The Chair presented the report and highlighted:- <ul style="list-style-type: none"> Meeting with Sarah Bevan, Chair of BANES. Attendance at University of Bath Annual Court <p>PF had thanked the Mayor for the reception held in honour of the Governors which followed the Council of Governors meeting on 30 March 2011.</p>	
	ii) Chief Executive's Report	
	The Chief Executive Officer presented the report and highlighted:- <p>BANES Social Enterprise Janet Rowse has been appointed as Chief Executive of BANES Social Enterprise. A full leadership team will be appointed during the summer of 2011.</p> <p>PCT Clusters BANES and Wiltshire will form a single cluster. KM will present further information as plans develop.</p> <p>RUH Debt KM advised the Board that SH would update the board on the position regarding RUH debt as part of the finance report.</p>	

	<p><u>RUH FT Application</u> Brigid Musselwhite, Deputy CEO of RUH, attended the Chief Executive brief and the Council of Governors meeting on 30/03/11 to brief attendees on the RUH FT application.</p> <p><u>Health and Social Care Bill</u> Announcement today regarding possible changes to the Health and Social Care Bill were noted.</p> <p>The Chair requested information on the RNHRD NHS FT's involvement in local health and well being partnership boards. The Director of Operations and Clinical Practice confirmed that members of the Trust attend various committees that report to the local health and well being partnership board.</p> <p>The Board noted the report.</p>	
	<p>iii) Medical Director's Report</p> <p>The Medical Director presented the report and highlighted:-</p> <p><u>QIPP</u> Included discussions regarding how the trust can work with primary care to manage rheumatology referrals.</p> <p><u>Combined GP Consultant Rheumatology Afternoon</u> Approximately 35 GPs had attended what was considered to be a successful meeting.</p> <p><u>Specialist Peer Review</u> The Endoscopy Peer Review date has been changed to 5.5.11 at the request of Mr Krysztolik who will undertake the review.</p> <p>The Board noted the report.</p>	
PM 04/11/6	<p>Quality Accounts</p> <p>i) Patient Safety Walkround</p> <p>Niall Bowen, Non Executive Director presented the report on the diagnostics and day case unit.</p> <p>NB advised that the patient interviewed was a patient from Wales who had attended the Trust for a number of years. The patient reported that the Trust had arranged his appointments so that he could attend as a day case and was complimentary about the nursing staff and the hospital in general. The patient had no negative feedback.</p> <p>RM confirmed that all actions arising from the walkrounds were reviewed at the Integrated Governance and Quality Assurance Committee (IGQAC).</p> <p>The Board noted the report.</p>	
	<p>ii) Quality Report</p> <p>Hayley Sewell presented the report and highlighted that:</p> <ul style="list-style-type: none"> ▪ The Trust had met all applicable national targets for February 2011 ▪ The Trust was fully compliant with the CQC registration and essential standards of quality and safety for February 2011 <p>The Board noted the report.</p>	
PM 04/11/7	<p>Operational Performance & Clinical Practice Report</p> <p>Rayna McDonald presented the report. The key highlights were:-</p> <p><u>Adverse Events</u> There were no adverse events in February 2011. Although there had been an increase in patients falls compared with last month there were no injuries sustained as a result.</p>	

	<p><u>Vitals Aspects of Care (VACs)</u> Overall domain scores were all rated green for February 2011. The scores for VTE re-assessment had decreased but improvement action has been taken to improve scores. PF questioned the scale of this issue and RM reported that the scores for initial assessment were high and this decrease reflected re-assessment scores. TRJ confirmed that the VTE relative risk for the rheumatology patient population was low. CJ questioned how the VACs score for falls was 100% although falls had occurred. RM explained that the VACs scores reflect assessment of falls whilst patient safety report records actual incidents of falls.</p> <p>PF requested further analysis on falls. Action : Director of Operations and Clinical Practice</p> <p><u>Sickness Figures</u> Sickness figures for January 2011 had been corrected to 4.2% and had decreased in February 2011 to 3.67%.</p> <p><u>Appraisals</u> The reported number of appraisals continued to be low in month 11; however increased appraisal activity in the last 6 weeks of the financial year is expected to result in an increase in number of appraisals before the year end.</p> <p>CJ asked if thought had been given to a different approach to appraisals in 2011/12 given that outcome so far for 2010/11.</p> <p>RM confirmed that measures introduced to date to improve appraisals included;</p> <ul style="list-style-type: none"> • Training • Cascade of responsibility for carrying out appraisal • Review of spread of appraisal dates throughout the year. • Review of appraisal forms <p>CJ to meet with RM outside the board meeting to discuss further options. Action : Director of Operations and Clinical Practice & Non Executive Director</p> <p><u>Neuro-rehabilitation referrals</u> The Trust had received more transfers from the RUH of patients for intermediate care following stroke.</p> <p><u>Rheumatology follow-ups</u> RM confirmed that a meeting is scheduled with BANES PCT to review options for management of follow ups. TRJ confirmed that BANES PCT had in previous years indicated that they would introduce a referral management scheme and as this had not happened demand had not decreased as expected and included in plans. The RNHRD will review the management of rheumatology follow ups with input from local GPs.</p> <p><u>RAGE</u> Discussions were continuing with Macmillan to ensure that the Trust can continue to provide the service during 2011/12 in the absence of a decision regarding specialist commissioning.</p> <p>The Board noted the report.</p>	<p>RM</p> <p>CJ/RM</p>
PM 04/11/7	ii) Staff Survey Results 2010	
	<p>RM presented the 2010 Staff Survey Results. In summary 13 areas had improved compared with the 2009 results and 1 area the performance had declined.</p>	

	<p>RM will develop an action plan for areas identified for improvement; the action plan will be reviewed at IGQAC.</p> <p>NTB recommended that the action plan includes feedback to staff.</p> <p>KM advised the board that the results had already been fed back to staff through the CEO Brief and LINKs meeting.</p> <p>SC highlighted that the results showed that 59% of staff reported they did not have a well structured appraisal and the need to focus on this area for improvement.</p> <p>The Board noted the report.</p>	
PM 04/11/8	Financial Performance	
	i) Finance & Activity Committee Chair Report – 23rd March 2011	
	<p>Stephen Cole presented the report. He reported all issues were contained within the Finance Report.</p> <p>The Board noted the report.</p>	
	ii) Finance Report Month 11 2010/11	
	<p>Steven Haynes presented the report and expanded on the issues for month 11 as mentioned above as follows:-</p> <p>Month 11 Activity Income</p> <p>During month 11 there was disappointing monthly activity income and therefore the year end forecast has been revised down from £79 to £39K.</p> <p>During month 12 activity increased and the activity reports suggest that PCT activity income plan will be met. A surplus will be secured; however the size of the surplus is yet to be confirmed. The planned cash balance has also been exceeded and reasons will be explained when final March accounts are produced.</p> <p>RUH</p> <p>RUH have agreed to issue a credit note for £77K in respect of pharmacy charges, which will be reported in the March 2011 accounts.</p> <p>RUH have agreed to pay £75K of the outstanding £150 NpflIT invoice. This has been agreed by the Finance Directors and NEDs out of committee. It was noted that the SHA would have charged up to 50% of the outstanding invoice had they been instructed to arbitrate.</p> <p>PF questioned if all the reserves would be utilised to deliver a surplus in 2010/11 and SH confirmed that this would be the case.</p> <p>PF recorded his thanks to the Finance Director and Finance Team for resolving the RUH debt position.</p> <p>The Board noted the report.</p>	
PM 04/11/9	Any Other Business	
	<p>PF advised the Board on the issue of annual self assessment of the board and sub committees in accordance with Monitor's Code of Governance.</p> <p>PF will forward a draft paper to all board members in a week for comment and present a paper to the Board in May 2011.</p> <p>Action: Chair</p> <p>There were no other matters raised</p>	PF
CLOSED SECTION		

Next meeting: Monday 9th May 2011

Title:	Chair's Board Briefing
Author:	Peter Franklyn, Chair
Meeting	Trust Board, 6 th June 2011
Sponsor:	n/a
Appendices:	n/a
Review:	n/a
Action Required:	For Information

Meetings

- **10 May – Bath Business Improvement District**
Initial meeting under the auspices of Future Bath Plus laying out the aspirations for the Bath Business Improvement agenda.
- **12 May – 3 Chairs**
Meeting with newly elected Lead Governor and interim Chairs of Council of Governor sub-committees. Verbal update at Board as required.
- **27 May – Council of Governors**
Inaugural meeting of new Council of Governors. Verbal update at Board as required.

Peter Franklyn
Chairman RNHRD

26 May 2011

Title	Chief Executive Officer's Report
Author	Kirsty Matthews, Chief Executive Officer
Meeting	Trust Board Meeting – 6th June 2011
Sponsor	n/a
Appendices	n/a
Review	n/a
Action Required	For information

1. Meetings

27th May 2011 : Meeting with Janet Rowse, Acting CEO & Strategic Director Adult Social Care & Housing.

2. Consultation Documents

None to report

3. Local Update**South West SHA**

The 7 PCT cluster arrangements have been confirmed.

CFS Paediatrics

Significant increase in referrals reported in April/May 2011.

4. National Update

The NHS Future Forum is due to report back to the Government by end of May 2011.

5. RNHRD Executive Management Group

There was no EMG meeting held in May 2011.

6. Media**Bath Chronicle**

Hospital staff highlight clinical trials (19/05/11) : Staff at the Royal National Hospital for Rheumatic Diseases are raising awareness of the importance of medical research as part of an international day.

New beds to help patients recovering from painful fractures have been installed at a Bath hospital (12/05/11). The four electric beds will make patients' stay at the Royal National Hospital for Rheumatic Diseases, also known as the Min, more comfortable.

Isle of Wight County Press (online)

Tragic accident which changed a whole family (March 2011). Coverage about specialist support from Neuro Rehabilitation

7. Marketing Update**RNHRD Website**

Website launched on 1st June 2011.

Veterans

18th May 2011 Internal Focus Group held to look at outputs of External Focus Group with charities and plan to meet operational requirements. Formal project structure agreed.

SW Armed Forces Health Forum event to take place on 22nd June 2011 where Jeremy Gauntlett-Gilbert will present on behalf of the Trust.

8. Recruitment Update

Interviews were held on 26th May 2011 to cover maternity leave of Director of Operations & Clinical Practice.

Kirsty Matthews
Chief Executive Officer
27/05/11

Title	Medical Director's Report
Author	Dr Tim Jenkinson, Medical Director
Meeting	Trust Board Meeting – 6th June 2011
Sponsor	n/a
Appendices	None
Review	n/a
Action Required	For information

1. Meetings

BMA Masterclass for Physicians – General Update

Dr Jenkinson attended this conference held on Tuesday 17th May 2011.

2. Potential academic/clinical collaboration – update

Positive feedback from both sides. Dr Jenkinson and Professor McHugh keen to participate in supporting the provision of an MSc Musculoskeletal Science.

Opportunities for clinical collaboration.

3. Specialist Peer Review : Neurological Rehabilitation

Undertaken by Professor Derick Wade, Consultant and Professor in Neurological Rehabilitation, Oxford Centre for Enablement, Oxford. Recommendations report received 24th May 2011.

4. Audit

Follow up pending list audit carried out. Database to be populated with outcome data. Audit to be written up shortly.

Dr Tim Jenkinson
Medical Director

24/05/2011

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A Patient Safety Walkround is a visit to a ward or department by a member of the Trust Board. The walkround gives staff the opportunity to discuss safety issues and areas of concern. Patients and relatives are also interviewed when appropriate. Following the walkround, a report and action plan are developed allowing improvements to occur.

PATIENT SAFETY WALKROUND REPORT

Area: Rheumatology Ward	Lead area representative: Matron Rheumatology Walkround carried out by: Director of Operations and Clinical Practice and Patient Safety Coordinator
Date: 23/5/2011	Format of walkround: Walkround of ward area, discussion with staff in ward office, discussion with patient on ward.
Report completed by: S Ibbunson	Distribution: Matron Rheumatology, General Manager Rheumatology, Head of Estates and Board Meeting Papers 6 th June 2011

PATIENT /RELATIVE/CARER STORY

A discussion took place with a patient on Violet Prince ward who had recently been admitted. She has been a patient on ward before and had been looking forward to her admission. I asked specific questions regarding the cleanliness of environment, the food and the facilities in general overall she only reported positive feedback and stated that she enjoyed the experience of going to the day room for meals. I asked what we could do to improve her stay and she was unable to think of anything. She commented that she had been tested for MRSA pre admission which found reassuring and thought very positive, she commented that this was not routine practice in Scotland.

#	ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
1.	Bath room opposite blue room Water is not hot enough for patient to have a bath.	Discuss with Facilities-	Matron Rheumatology	23/05/2011	Complete
2.	Tiles have come away from wall by bath	Report to facilities	Matron Rheumatology	1/06/2011	

#	ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
3.	During discussion with staff they asked for advice about when to report patient falls that occur outside hospital	Advice to staff and clarity given about responsibilities and action to take in situations.	Director of Operations and Clinical Practice	23/05/2011	Complete
4.	Staff raised the issue of the front door of the building being able to be opened from inside at night enabling patients to let themselves out of the building to smoke	Matron to contact Facilities Manager to discuss the possibility of the door being alarmed to raise awareness of staff that patients are leaving building or propping front door open	Matron Rheumatology	31/05/2011	
5.	Several condemned chairs in back corridor of VP despite disposal requested 2 months ago.	Matron to complete disposal form and send to facilities	Matron Rheumatology	31/05/2011	Complete
6	Discussed the recording and management of controlled drugs (CD). Queries raised by Director of Operations regarding process for the destruction of CDs in particular how they are returned to the RUH for destruction.	Clarification of process and audit for destruction of CDs.	Director of Operations and Clinical Practice	08/06/11	

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Paper Number	6.2
Title	Quality Report for April 2010
Author of Document	Hayley Sewell, Director of Governance
Meeting	Board of Directors June 2011
Action Required	For information
Assurance	CQC Essential Standards of Quality and Safety, Outcome 16 - Assessing and monitoring the quality of service provision.

National Targets - For noting by the board

- In April 2011 the Trust met all the applicable national requirements and minimum standards for acute trusts detailed in Monitor's Compliance Framework 2011/12¹. See table 1 below for applicable targets)
- In April 2011 there were no serious incidents, serious complaints or trends in complaints or other patient safety issues and the trust remained compliant with Care Quality Commission registration and essential standards of quality and safety.

Table 1. Targets and indicators, thresholds and monitoring periods for 2011/12

Targets and indicators, thresholds, and monitoring periods for 2010-11	Threshold	Monitoring Period for Monitor	Monitoring Period for RNHRD Board	April 2011	Year to date	R/A/G
Safety						
Clostridium difficile year on year reduction (to fit the trajectory for the year as agreed with PCT; 3 cases in 3 separate patients)	0	Quarterly	Monthly	0		G
MRSA – meeting the MRSA objective	0	Quarterly	Monthly	0		G
Patient Experience						
Referral to treatment waiting times – non-admitted i.e. out patients (95 th percentile)	18.3 weeks	Quarterly	Monthly	12.04 weeks		G
Referral to treatment waiting times – admitted i.e. inpatients (95 th percentile)	23 weeks	Quarterly	Monthly	10.25 weeks		G
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	Quarterly	Monthly	Compliant		G

1. Compliance Framework 2011/12 Monitor March 2011

Title:	Operational Performance & Clinical Practice Report
Author:	Rayna McDonald, Director of Operations & Clinical Practice
Meeting	Trust Board Meeting – 6 th June 2011
Appendices:	1. Patient Safety Key Indicators
Action Required:	For information

Patient Safety

In April there was one adverse event a, patient on Neuro rehabilitation developed a grade 2 pressure sore on their elbow underneath a plaster cast. Unfortunately, there is always a small risk of this occurring when a plaster cast is in situ. The potential for this is always risk assessed at the time the plaster is applied, however once the splint is in place it is not possible to check pressure areas. Once the splint was removed treatment for the pressure sore was commenced and hit has completely with no residual problems.

There were a total of ten falls sustained by 8 patients in April; none of these falls resulted in injury to the patient.

Emergency Preparedness

In March 2011 we were required to complete a Emergency Preparedness Assurance return rating ourselves against 100 standards in relating to emergency preparedness and submit to the SHA. Following submission a meeting took place with the SHA and all local Health and Social Care providers to review the returns for B&NES. This was followed up with a summary report form the SHA.

The SHA reported that;

“The assurance return for Royal National Hospital for Rheumatic Diseases NHT Foundation Trust demonstrated that the Trust has maintained a strong position across the emergency preparedness work agenda, particularly in the following areas:

- leadership and governance
- generic emergency preparedness and response;
- mass casualty response planning;
- seasonal flu and winter preparedness;
- vulnerable people.”

The follow up meeting changed 4 standards that we had rated ourselves as amber or red to green, they also identified 2 additional actions which were rated as amber that are now complete. All standards that we identified as requiring action were contained with the Emergency preparedness action plan for the Trust that the Emergency planning group is monitoring and working towards completion.

Work Force

Monthly Data	Target	2010-11 Year End Figure	Apr-11		YTD Total (Rolling)	Financial Year Total
	2011-12				May 10 - Apr 11	Apr 11 - To date
Induction Attendance (%)	100%	100.0	100.0	G	100%	100
CRB % completed before start date	100%	100.0	100.0	G	100%	100
Sickness (%)	3.5%	3.5	3.4	G	3.5%	3.4%
Short Term Absence %		97.0	5.0	N/A	97.0%	97.0%
Long Term Absence %		3.0	3.0	N/A	3.0%	3.0%
No.of People > 4weeks		32	2	N/A	10	2
Other Paid Leave (%FTE)		9.6	2.2	N/A	9.7%	2.2%
Turnover (Monthly %FTE)	12%	12.3	0.0	G	12.3%	0.0%
Personal Development Plans (YTD%)	85	55.0	54.2	R	54.2%	54.2%
Whistle Blowing Cases	0	0	0	G	0	0

The majority of targets continue to be achieved.

In 2010 – 2011 the sickness absence target of 4% was reached and improved. The target for 2011-12 has been reduced to reflect this to 3.5% from 4.0% in order to maintain this management actions and focus will be need to be sustained.

There has been no improvement in the Personal Development Plans figure and this will be addressed by the new Learning and Development Manager.

Neuro-Rehabilitation

Activity has been fluctuating in April and May with the main factors contributing being temporary transfers to the RUH as patient's clinical condition has deteriorated necessitating transfer. An audit is being undertaken to ascertain the requirements that would be necessary for the RNHRD to keep some of these patients, to decrease the impact of this in future months.

The referral rate has improved this month including one private patient.

Dr Carroll and Dr Tucker are presenting at the European Federation of rehabilitation and research, presenting the RNHRD Approach to Managing Challenging Behaviour. The unit has had 2 abstracts and presentations accepted for the Society of Rehabilitation and Research meeting in Keele in July.

Following attendance at an SHA lead event following from the Trauma Pathway, Dr Carroll Consultant Neuro Rehabilitation and Gina Sargeant General manger Neuro rehbilation are leading the development of the Adult Clinical Rehabilitation Network for the South West Specialist Commissioning Group, Dr Carroll will be the Chair of this group and therefore member of the SHA Executive Board for this project which will be influencing the developing National Commissioning for Neuro Rehabilitation for the SW peninsula form 2012. Gina Sargeant is to be the South West Peninsula Therapy Lead for this project also.

Rheumatology Follow-ups

There has been minimal movement on the graph relating to the number of overdue follow-ups in Rheumatology. As at the end of April 2011 there were 7437 patients on the

rheumatology follow-up waiting list (**figure 1**) with 85% (6319) patients without an appointment of which 31% (1969) are overdue for their planned follow-up appointment.

Figure 1: follow-up waiting by status (all)

Status	Booked	Unbooked	All	% Unbooked
Overdue	854	1969	2823	70%
Future	264	4350	4614	94%
Rheum Total	1118	6319	7437	85%

The median waiting time for patients that are overdue for their follow-up appointment and have yet to be dated is 8.7 weeks. The median wait for overdue appointments at appointment date is 21 weeks.

A detailed capacity plan and analysis of how the back log of overdue follow ups will be reduced over the 2011, it is predicted that the back log will be eliminated by January 2012 was presented to the Finance and Activity Committee on the 25th May 2011 the paper detailed the actions planned and further proposals for agreement with the consultant group and Executive team

To summarise the following actions are currently taking place

- The consultant group is determining the need for a permanent consultant appointment
- An advert has been placed for a locum consultant
- Dr Jenkinson has undertaken a case note audit to determine the cohort of patients suitable for return to the care of their GP.
- In order to mitigate the impact of the early departure of Dr McFarlane additional clinics are being booked on a regular basis commencing in early June.
- Enhanced monthly reporting is being developed.

Further proposals relate to changes to the waiting list management process, a validation process of long waiting patients, improvement in data quality and further development of capacity planning and monitoring.

Detailed performance reports will be provided on a monthly basis to the Finance and Activity Committee, Consultants and Rheumatology Management meeting to ensure progress is monitored and additional or corrective actions are undertaken promptly if required.

Rayna McDonald
Director of Operations & Clinical Practice
27/05/11

Royal National Hospital

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Title	: 2011/12 Finance Report for month 1 ending 30th April 2011
Author of Document	: Steven Haynes, Director of Finance
Date of Document	: 23rd May 2011
Action Required	: For information
Summary of Document	: To update the Board on the activity and income position of the Trust for the period to 30th April 2011

This paper details the activity volumes with calculated income for April 2011, along with the forecast volumes and income provided by General Managers for the financial year. It also includes the Trust's balance sheet position at the month end.

The key points to note are:

- (i) PCT activity was below plan in most areas and has resulted in an income shortfall of £108k in the month.
- (ii) Pain management did not deliver any complex admissions or CRPS admissions but plan to delivery year end forecast.
- (iii) The Rheumatology shortfall in April is £48k and is due to an under delivery in outpatients and endoscopies.

Proposals being developed include the following;

- Plans being developed for reduction in expenditure if continuing trend of non-achievement of plan in endoscopy.
 - Plans in place to use capacity in diagnostic unit for alternative activity for example the development of a video fluoroscopy clinic and the unit is also researching opportunities to offer facilities for outsourcing.
 - In Pain Management there maybe the opportunity to run an additional adolescent programme later in the year.
- (iv) Outpatient activity was low due to high level of leave as a result of the number of bank holidays and the British Rheumatology Society conference resulting in a clinic cancellation rate higher than anticipated. New reporting being put in place will assist in controlling this.
 - (v) Paediatric CFS has seen an increase in referrals resulting in a small over recovery of income by £4k.
 - (vi) Overall, the year end forecast shows a shortfall of £16k, against plan, due to significant under recovery predicted in Pain Management of £39k. This shortfall is due to a planned 4 week programme unlikely to be filled to capacity, due to decreasing approvals from PCT's. If adult approvals increase we have the capacity to deliver higher numbers on the programmes through the rest of the year. At this stage it is difficult to predict the likely outcome.

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- (vii) For private patient income, the Trust secured £22k in April, through the delivery of care by the Pain Management service.
- (viii) The balance sheet for 30th April 2011 shows net current liabilities of £594k with a cash balance of £1,072k compared with £684k at 31st March 2011. This includes £738k of prepayment from three local PCTS.
- (ix) The debtor's position now stands at £1,243k (Appendix 17), compared with £1,599k at 31st March 2011. This includes a figure of £122k relating to the RUH which they have now paid in May. The Creditors for suppliers now stands at £969k (Appendix 18), a reduction by £218k against the March position.

The Board are asked to note the position.

The following appendices are included as indicated:

Appendix		M01 inclusion
1	Analysis of Referrals (Rheumatology)	Y
2	Analysis of Waiting Numbers (Rheumatology)	Y
3	Balance Sheet	Y
4	Cash Flow Report	Y
5	Aged Debtors Report	Y
6	Aged Creditors Report	Y

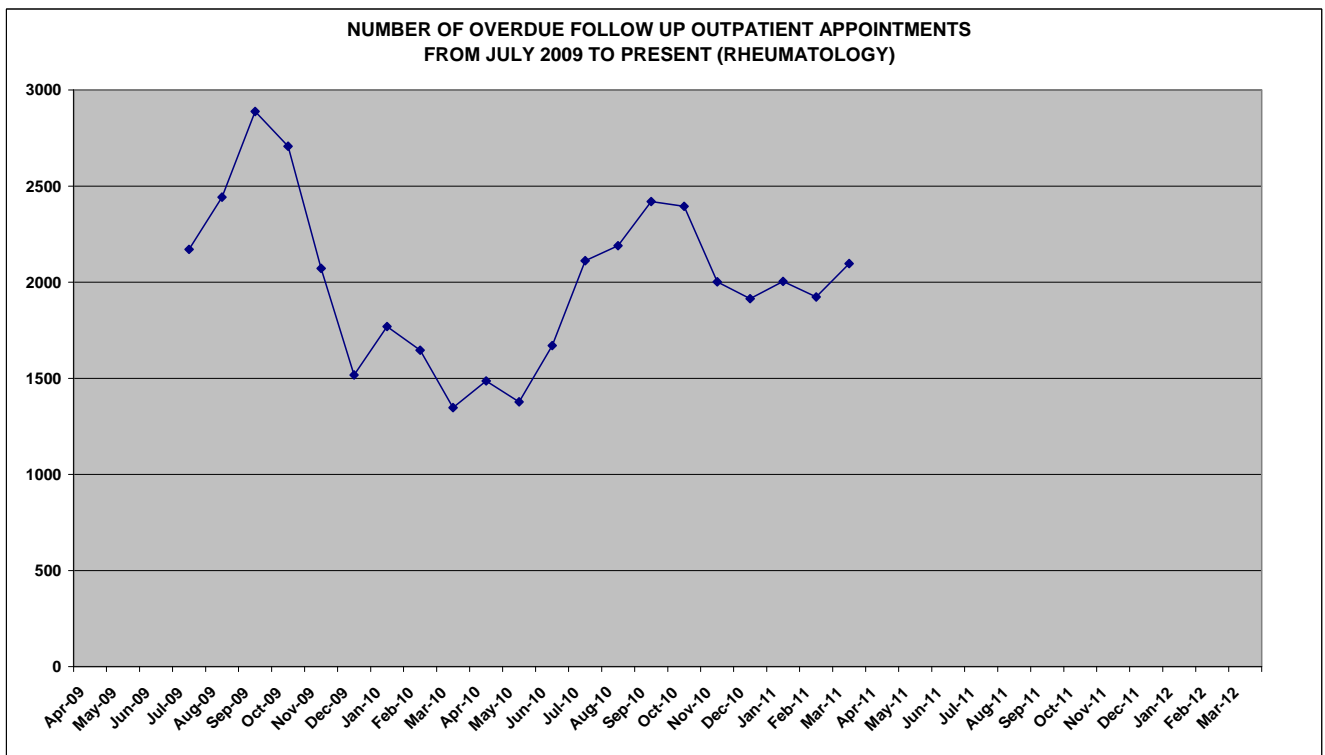
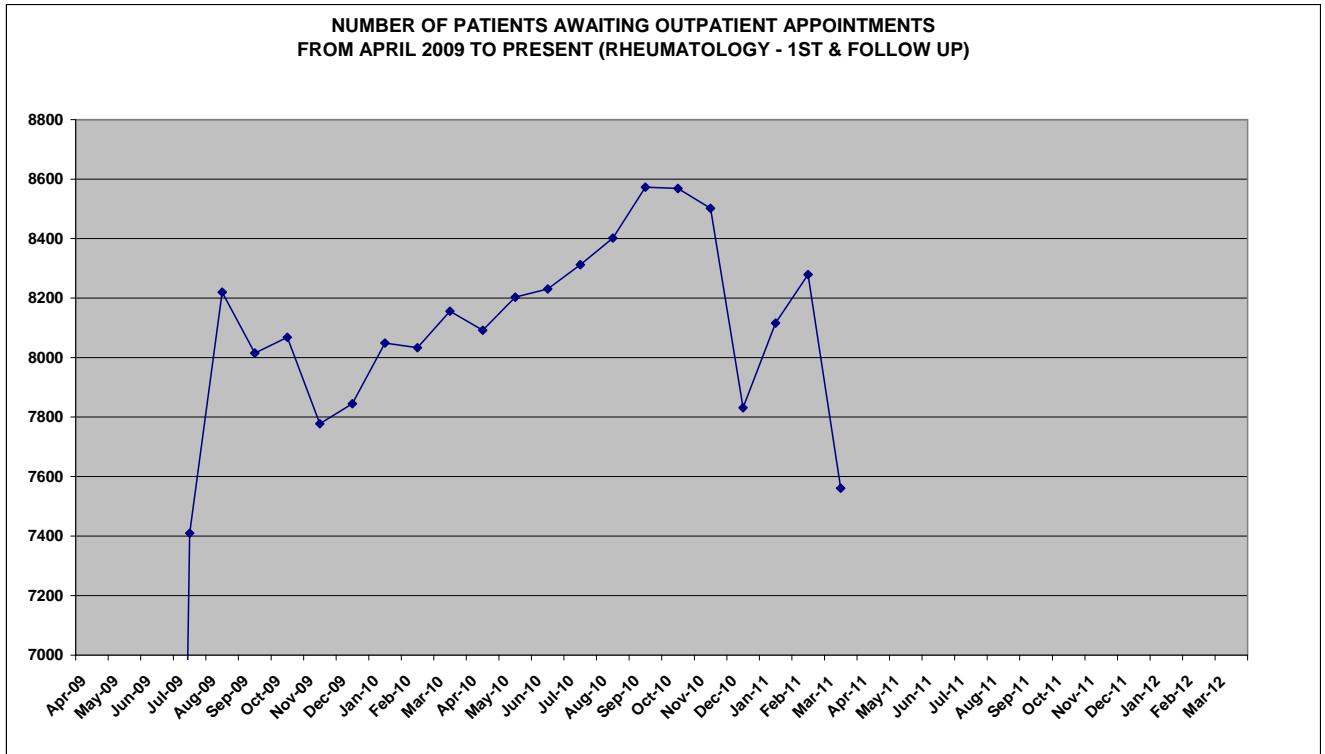
Appendix 1

ANALYSIS OF REFERRALS - Rheumatology

ALL ACTIVITY SOURCES ie. PCT's, TRUSTS etc.										
	GP Referrals	Other Referrals	TOTAL REFERRALS	1st Outpatient	Conversion Rate Referral to OP	Inpatient	Conversion Rate OP to IP	Daycases	Conversion Rate OP to Daycase	
2008/09	3,045	998	4,043	3,746	93%	715	19%	1,248	33%	
2009/10	3,368	936	4,304	4,822	112%	733	15%	1,236	26%	
2010/11	3,217	704	3,921	4,898	125%	627	13%	1,227	25%	
Apr-11	276	53	329	254	77%	54	21%	109	43%	
May-11			-							
Jun-11			-							
Jul-11			-							
Aug-11			-							
Sep-11			-							
Oct-11			-							
Nov-11			-							
Dec-11			-							
Jan-12			-							
Feb-12			-							
Mar-12			-							
2011/12	276	53	329	254	77%	54	21%	109	43%	
Apr-10	301	63	364	482	132%	48	10%	115	24%	

WILTSHIRE PCT ONLY										
	GP Referrals	Other Referrals	TOTAL REFERRALS	1st Outpatient	Conversion Rate Referral to OP	Inpatient	Conversion Rate OP to IP	Daycases	Conversion Rate OP to Daycase	
2009/10	1,172	314	1,486	1,400	94%	142	10%	200	14%	
2010/11	1,020	211	1,231	1,306	106%	94	7%	182	14%	
Apr-11	85	17	102	77	75%	14	18%	19	25%	
May-11			-							
Jun-11			-							
Jul-11			-							
Aug-11			-							
Sep-11			-							
Oct-11			-							
Nov-11			-							
Dec-11			-							
Jan-12			-							
Feb-12			-							
Mar-12			-							
2011/12	85	17	102	77	75%	14	18%	19	25%	
Apr-10	94	15	109	136	125%	14	10%	22	16%	

APPENDIX 2



Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

Appendix 3

BALANCE SHEET AS AT

30 April 2011

	31st Mar 2011	30 Apr 2011	Movement	31 Mar 2011
	£'000	£'000	£'000	£'000
Fixed Assets				
Intangible	104	102	(2)	104
Tangible	7,090	6,829	(261)	7,090
Total Fixed Assets	7,194	6,931	(263)	7,194
Current Assets				
Stock	57	57	0	57
NHS Trade Debtors	1,237	874	(363)	1,237
Provision for Irrecoverable Debt	(268)	(268)	0	(268)
Other Prepayments and Accrued Income	119	282	163	119
Other Debtors	469	369	(100)	469
Cash at Bank *	684	1,072	388	684
Total Current Assets	2,298	2,386	88	2,298
Total Assets	9,492	9,317	(175)	9,492
Current Liabilities				
NHS Trade Creditors	(722)	(280)	442	(722)
Non-NHS Trade Creditors - Revenue	(1,048)	(1,343)	(295)	(1,048)
Non-NHS Trade Creditors - Capital	(29)	(9)	20	(29)
PDC Dividend Creditor	(1)	0	1	(1)
Other Creditors	(422)	(460)	(38)	(422)
Payments Received on Account	0	(730)	(730)	0
Accruals and Deferred Income	(565)	(158)	407	(565)
Total Current Liabilities	(2,787)	(2,980)	(193)	(2,787)
Non Current Liabilities				
Obligations under Finance Leases	(1)	0	1	(1)
Provisions	(14)	(10)	4	(14)
Deferred Income	(38)	(38)	0	(38)
Total Non Current Liabilities	(53)	(48)	5	(53)
TOTAL ASSETS EMPLOYED	6,652	6,289	(363)	6,652
TAXPAYERS' EQUITY				
PDC	6,015	6,015	0	6,015
Retained I & E Surplus	(475)	(119)	356	(475)
YTD I & E Surplus	0	(110)	(110)	0
Revaluation Reserve	728	142	(586)	728
Donated Asset Reserve	384	361	(23)	384
TOTAL TAXPAYERS' EQUITY	6,652	6,289	(363)	6,652

Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

2011/12 Cashflow Plan

	Apr £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	March £'000	Annual £'000
Balance b/fwd	684	1,072	791	834	893	1,098	955	1,188	1,238	1,264	1,203	1,259	
<u>Cash Inflow</u>													
NHS -Contract	1,050	1,050	1,050	1,100	1,050	1,050	1,100	1,050	1,050	1,100	1,050	1,050	12,752
NHS Contract - Prepayment	730	0	0	0	0	0	0	0	0	0	0	(730)	0
NHS -Non Contract	206	352	566	312	695	484	691	508	529	495	329	573	5,740
Private Patient	7	12	20	11	24	17	24	18	18	17	11	21	200
Non-NHS	54	35	31	42	56	33	22	21	31	45	89	42	501
SIFT / MPET	65	62	65	65	65	64	65	65	65	65	65	65	776
Research Grants	56	56	56	56	56	56	56	56	56	56	56	56	672
Total Cash Inflow	2,168	1,567	1,788	1,586	1,946	1,704	1,958	1,718	1,749	1,778	1,600	1,077	20,641
<u>Cash Outflow</u>													
Payroll	959	968	960	997	954	940	969	942	967	965	960	961	11,542
NHS Expenditure	310	208	208	121	167	168	132	124	23	156	122	82	1,821
Non NHS Expenditure	119	188	160	35	140	223	162	126	312	152	142	75	1,834
Capital	20	50	20	30	70	30	50	40	40	30	30	30	440
Drugs	324	425	369	312	392	383	374	407	361	524	278	370	4,519
PDC	0	0	0	0	0	94	0	0	0	0	0	93	187
Other	44	10	28	32	18	10	38	29	20	13	12	16	270
Total Cash Outflow	1,776	1,849	1,745	1,527	1,741	1,848	1,725	1,668	1,723	1,840	1,544	1,627	20,613
Net Movement in Month	392	(282)	43	59	205	(144)	233	50	26	(62)	56	(550)	28
Balance c/fwd -note 1	1,072	791	834	893	1,098	955	1,188	1,238	1,264	1,203	1,259	709	

APPENDIX 5

Top Ten Debtors as at 30-04-11

	Customer	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Debtors
1	WELSH HEALTH SPECIALISED SERVICES COMMITTEE	41.7	29.9	0.9	47.8	78.4	62.6	261.3
2	HAMPSHIRE PCT	175.1	0.0	0.0	4.4	1.6	0.9	182.0
3	ROYAL UNITED HOSPITAL BATH NHS TRUST	31.5	3.9	1.9	3.2	14.4	92.9	148.0
4	WILTSHIRE PCT	92.9	0.0	0.0	23.4	21.0	0.7	138.0
5	BATH AND NORTH EAST SOMERSET PCT	102.8	0.0	0.0	0.0	0.0	0.0	102.8
6	SOMERSET PCT	47.6	0.0	0.0	0.0	0.0	0.0	47.6
7	BIRMINGHAM EAST AND NORTH PCT	48.3	-0.8	0.0	0.0	0.0	0.0	47.5
8	NHS SUFFOLK	28.2	0.0	0.0	0.0	0.0	0.0	28.2
9	SOUTHWARK PCT	20.9	0.0	0.0	0.0	0.0	0.0	20.9
10	NHS TELFORD AND WREKIN	10.4	0.0	0.0	0.5	9.5	0.0	20.5
		599.3	33.1	2.8	79.4	125.0	157.2	996.7

Others

NHS	93.3	22.3	-0.5	15.2	-1.5	-2.7	126.2
NON NHS	108.0	1.3	0.5	1.0	2.9	6.1	119.8

TOTAL at 30-04-11	800.6	56.7	2.8	95.6	126.4	160.7	1242.8
% at 30-04-11	64%	5%	0%	8%	10%	13%	100%

TOTAL at 31-03-11	994.0	20.9	39.7	118.7	130.3	295.7	1599.2
% at 31-03-11	62%	1%	2%	7%	8%	18%	100%

APPENDIX 6

Top 10 Creditors as at 30-04-2011

	Supplier	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Creditors
1	HEALTHCARE AT HOME LTD	343.8	0.0	0.0	0.0	0.0	0.0	343.8
2	ROYAL UNITED HOSPITAL B	157.6	7.3	4.6	30.4	10.9	7.8	218.6
3	HEALTH COMMISSION FOR WALES	0.0	0.0	0.0	0.0	0.0	41.7	41.7
4	CARE QUALITY COMMISSION	40.0	0.0	0.0	0.0	0.0	0.0	40.0
5	UNIVERSITY HOSPITALS BR	0.0	21.1	0.0	0.0	12.3	0.0	33.4
6	POINT RIDGE CARPENTRY & BUILDING SERVIC	22.3	0.0	0.0	0.0	0.0	0.0	22.3
7	MANNINGS FACILITIES MANAGEMENT LTD	12.2	0.0	0.0	8.9	0.0	0.0	21.0
8	UNIVERSITY OF BATH	-1.8	0.2	0.0	20.6	0.0	-0.1	19.0
9	BATH INSTITUTE FOR RHEUMATIC DISEASES TRADING	14.8	0.0	2.0	0.8	0.0	0.0	17.5
10	BRISTOL WESSEX BILLING SERVICES LTD	0.0	0.2	16.6	0.0	0.0	0.0	16.8
		588.9	28.7	23.2	60.6	23.3	49.4	774.1
	OTHERS	114.2	22.7	23.0	16.1	2.1	4.4	182.3
	PAY EXPENDITURE	426.6	0.0	0.0	0.0	0.0	0.0	426.6
	ACCRUED EXPENDITURE	699.6	0.0	0.0	0.0	0.0	0.0	699.6
	TOTAL at 28/04/2011	1829.3	51.4	46.2	76.7	25.4	53.7	2082.6
	% at 28-04-11	88%	2%	2%	4%	1%	3%	100%
	TOTAL at 31/03/2011	1269.0	471.8	96.5	219.8	33.2	82.0	2172.3
	% at 31-03-11	58%	22%	4%	10%	2%	4%	100%

Royal National Hospital
for Rheumatic Diseases



NHS Foundation Trust

Title:	Finance & Activity Committee Meeting – Chair Report
Author:	Stephen Cole, Non-Executive Director
Meeting	Trust Board, 6th June 2011
Appendices:	Appendix 1 : Agenda 25th May 2011
Review:	n/a
Action Required:	For Information

Finance and Activity Committee

Meeting 25th May 2011

The Finance & Activity Committee met on 25th May 2011 to consider matters set out on the attached agenda.

The main items on the agenda after dealing with the minutes and matters arising were to consider matters to be taken to the Audit Committee to be held later that day, being 4, 5 & 6 bullet points on the agenda. All these matters were discussed in detail with the Finance & Activity Committee members reaching agreement and concluding that the Audit Committee:-

- be asked to authorise bad debt write-offs
- be asked to approve the movements on the bad debt provision in the year ended 31st March 2011
- to note the presentation of certain matters in the financial statements (matters also highlighted in the external auditors report)
- to note that certain tables and narrative in the Annual Report were in the process of amendment to provide concise and consistent explanation of movements between 2009/10 and 2010/11
- should be assured that there is a robust plan to be followed to eliminate overdue out-patient follow ups.

The 11/12 Month's Activity Reports were considered. Disappointment was expressed that it appeared from the reports on numbers presented that shortfalls in activity in Month 1 are being effected in revised full year outcome estimates so soon after the 11/12 plan had been agreed by the Board. The Operations and Finance teams were to reconsider these positions and an explanation given. Requests were made for comparisons of actual and planned pay and non-pay expectation to be provided. Balance sheet movements suggest a deficit for the month, albeit opening balance sheet entries for 1st April 2011 are not yet finalised. The cash position benefits from £730,000 advance payments from PCTs currently presented as creditors in the balance sheet.

The Director of Finance will provide further details to the Board on the year end financial statements, annual report finance and business review and the Month 1 finance report. The Director of Operations will provide the Board with further details on the overdue out-patient follow ups report.

Stephen Cole
 Chair, F&A Committee
 27/05/11

Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

A G E N D A

Finance and Activity Committee Meeting

Date of Meeting 25th May 2011

Venue Board Room 09:30 – 13:00

- | | Paper |
|--|-------|
| • Apologies for Absence | |
| • Minutes of meeting 20 th April 2011 | ✓ |
| • Matters arising and actions | ✓ |
| • Proposal for bad debt write off (See Item 12.1 of Audit Committee papers) | ✓ |
| • Draft Annual Report and Accounts for 2010/11
(See Items 6-11 of the Audit Committee papers) | ✓ |
| • Month 1 Activity & Income Report | ✓ |
| • Outpatient follow up report by RMcD – to follow | ✓ |
| • AOB | |

Date of next meeting 22nd June 2011 14:00 – 17:00

Terms of Reference for the Service Development Forum

Purpose

The forum will support the activities of the RNHRD NHS FT Trust Board. Its purpose is to support the Trust Board and Executive Management Group in developing a robust approach to service development to meet the overall corporate objectives and deliver against the targets of the Charitable Funds Committee

Membership

Non Executive Director who will chair the forum
Chief Executive
Marketing and Communications Manager

In Attendance

CEO's PA who will act as secretary to the forum
Fund Raising Manager for at least alternate meetings as a minimum
Other senior members of the Trust will be invited to attend when appropriate.

Frequency of Meetings

Bi monthly

Accountability/Reporting Arrangements

The NED Chair will provide a quarterly update report to the Board
The CEO will provide a quarterly update report to the EMG

Reporting arrangements in to the Forum from Sub Committees

Whereas there are no formal reporting sub committees, the forum will work closely with the Charitable Funds Committee and the Charitable Funds Fundraising sub committee. The Forum will also need a close interface with the Executive Management Group in particular, to support the business planning process. Any new service developments will need to be reviewed by the Executive Directors and the Finance and Activity Committee to scrutinise financial and activity implications and align with operational plans.

Duties

On behalf of the Trust Board to:

- Act as an interface between all staff and the appropriate committee to identify areas of innovation in practice, IT or equipment and ensure their potential is maximised
- Oversee the development and effective implementation of an internal and external communications strategy, to include fund raising, that maximises the profile of the RNHRD to all existing and potential stakeholders and ensures that information is received in an appropriate and timely manner
- Oversee the development of specialty and trust wide annual and three year marketing plans
- Review the fundraising strategy and operational plans in line with the above
- Ensure that the resources (people, materials, IT infrastructure) are in place and being effectively utilised to maximise cross Trust communication, fundraising and marketing activities
- Agree the financial implications of marketing and communication plans and report to the Finance and Activity Committee
- Agree the financial implications of fundraising plans and report to the Finance and Activity Committee and Charitable Funds committee

- Mitigate against and report to IGQAC and the Trust Board as required any organisational reputational risks
- Monitor the achievement against the marketing, communication and fundraising plans on a quarterly basis and hold individual managers to account for their actions
- Approve any significant, material changes to marketing or communication materials
- Consider any new operational or strategic marketing, fundraising or communication plans to assist with the strategic business development of the Trust and where appropriate make recommendations to the Trust Board

Process for monitoring the effectiveness of the forum

Annually the forum will review its performance against the requirements of the Terms of Reference and assess its effectiveness. Feedback will be sought from the Trust Board and the Executive Management Group who will receive quarterly updates from the meetings. The forums' conclusions will be included in the Annual Report presented to the Trust Board.

These terms of reference were:

Approved by the Service Development Forum on : 10th May 2011

Ratified by the RNHRD Trust Board on :