

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 3<sup>rd</sup> October 2011  
at 1300 hrs  
in the  
**LECTURE HALL**  
**RNHRD**

**A G E N D A**

		Action	Person	Paper
<b>OPENING BUSINESS</b>				
1.	Board Training - Outcome Data for Neuro Rehab	-	Dr Peter Tucker Clinical Psychologist, Young People and Neuro Rehab	-
2.	Apologies for Absence	-	Chair	-
3.	Declaration of Interests	-	Chair	-
4.	Minutes of meeting held in public on 4 <sup>th</sup> July 2011	For approval	Chair	4.1
5.	i) Chair's Report	For information	Chair	5.1
	ii) CEO's Report	For information	Chief Executive Officer	5.2
	iii) Medical Director's Report	For information	Medical Director	5.3
<b>QUALITY GOVERNANCE</b>				
6.	i) Patient Safety Walkabout – Diagnostic & Day Case	For information	Director of Governance	6.1
	ii) Quality Report	For information	Director of Governance	6.2
<b>PERFORMANCE</b>				
7.	Operational Performance & Clinical Practice Report	For information	Director of Operations & Clinical Practice	7.1
8.	Financial Performance i) Finance Report Month 5 2011/12	For information	Director of Finance	8.1
<b>CLOSING BUSINESS</b>				
9	Any Other Business	-	-	-
<b>CLOSED SECTION</b>				
<p>The Foundation Trust Board of Directors will be asked to consider the following resolution: ‘That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest’ (Section 1(2) Public Bodies (Admission to Meetings) Act 1960). Items in the private part of the meeting are either commercial in confidence or relate to individual staff and patients.</p>				

DRAFT

**HELD IN PUBLIC**  
MINUTES OF THE  
**TRUST BOARD OF DIRECTORS**  
Monday 4<sup>th</sup> July 2011  
Elwin Room, Bath Royal Literary & Scientific Institution

**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)  
Peter Spencer : Non-Executive Director (PS)  
Chris Johns : Non-Executive Director (CJ)  
Niall Bowen : Non-Executive Director (NTB)

**In attendance:**

Hayley Sewell : Director of Governance (HS)  
Caroline Coles : Board Secretary (CC)

ITEM	TOPIC	ACTION
	The Chair welcomed all to the RNHRD Trust Board meeting held in public.	
<b>PM 07/11/1</b>	<b>Board Training</b>	
	A presentation by Dr Jeremy Gauntlett-Gilbert, Senior Clinical Psychologist, was given with a brief explanation of the pain management services the Trust was able to provide to meet the needs of veterans both physically and psychologically and how the RNHRD can provide services.  It highlighted how the Trust is developing services for veterans and the role of the veterans' charities.  It was noted that this presentation had been well received at the SW SHA Armed Forces Forum on 22 <sup>nd</sup> June 2011.  The Chair thanked Dr Gauntlett-Gilbert for a very informative and useful presentation.	
<b>PM 07/11/2</b>	<b>Apologies for Absence</b>	
	Apologies were received from Stephen Cole, Non Executive Director.	
<b>PM 07/11/3</b>	<b>Declaration of Interests</b>	
	No declarations of interests were received.	
<b>PM 06/11/4</b>	<b>Minutes of Meeting held in public on 6<sup>th</sup> June 2011</b>	
	The minutes of 6 <sup>th</sup> June 2011 held in public were <b>approved</b> subject to one minor amendment on page 3 change "the" to "to" in 4 <sup>th</sup> paragraph.	
<b>PM 07/11/5</b>	<b>i) Chair's Report</b>	
	Peter Franklyn, Chair presented the report. There were no additional comments, however consideration to the proposed Board meeting arrangements for 2012 as per appendix 1 were discussed.  Kirsty Matthews, Chief Executive outlined the proposals and recommendations which have taken into account the new Medical Director's availability and the financial reporting timelines.  Peter Spencer, Chair of the Audit Committee requested that 5 meetings per year for the Audit Committee remain, with the option to reduce the number if necessary. The Board <b>agreed</b> the proposal of 8 Board meetings per year held in public, with the	

	option of a closed session as per the Section 1(2) Public Bodies (Admission to Meetings) Act 1960, together with 4 Board Seminars per year with meetings moving to a Thursday subject to Board papers being circulated the Friday the week before the meeting.	
	<b>ii) Chief Executive Officer's Report</b>	
	<p>Kirsty Matthews, Chief Executive presented the report and highlighted:-</p> <ul style="list-style-type: none"> <li>▪ At the SW SHA Armed Forces Forum contact was made with the Director General Army Medical Services, who is interested in visiting the Trust.</li> <li>▪ The salient points from the NHS Listening Forum were outlined in the report with the link to the full report</li> <li>▪ The increase in the positive media coverage improving the Trust's profile</li> </ul> <p>The Board made comment that the EMG agenda was a very logical and well presented agenda.</p> <p>The <b>Board</b> noted the report.</p>	
	<b>iii) Medical Director's Report</b>	
	<p>Dr Tim Jenkinson, Medical Director presented the report and highlighted:-</p> <ul style="list-style-type: none"> <li>▪ The key recommendations from the preliminary report of the peer review in Endoscopy</li> <li>▪ The follow up appointment pending list audit had been completed and showed 95% of patients required ongoing treatment/follow up.</li> </ul> <p>The Chair informed the meeting that he had attended the RUH Clinical Excellence Awards panel as a "lay" member and that RUH were happy to help in the RNHRD's process in this area.</p> <p>The Board <b>noted</b> the report.</p>	
<b>PM 07/11/6</b>	<b>i) Patient Safety Walkabout</b>	
	<p>Chris Johns, Non Executive Director presented the report and highlighted that the text carried the key points but showed that the outpatient area is in need of refurbishment. The Director of Operations &amp; Clinical Practice pointed out that this was part of the capital planning programme for 2011/12 and that all areas were compliant.</p> <p>Positive comments were received from the patient on the Trust's patient care. The importance of access to the hospital, particularly with Neuro Rehabilitation patients, was emphasised.</p> <p>The Board <b>noted</b> the report.</p>	
	<b>ii) Quality Report</b>	
	<p>Hayley Sewell, Director of Governance presented the report.</p> <p>It was noted that in May 2011 the Trust did not meet one of the national targets due to one case of C-Difficile. Monitor were informed and advised that the Trust's governance rating would not be affected by this performance score providing there were no new overrides during Q1 reporting.</p> <p>There were no serious incidents, serious complaints or trends in complaints in May 2011.</p> <p>A report from the external auditors had been received on the Quality report, where the governors had been specifically asked to review one area. The findings were very encouraging with one recommendation on improving control measures. The report is to be circulated to Board members and governors and fully reviewed at the next Audit Committee meeting in August 2011.</p> <p><b>Action : Director of Governance</b></p> <p>The Board <b>noted</b> the report.</p>	<b>HS</b>

	<b>iii) Single Equality Scheme, Equality &amp; Diversity Act Annual Monitoring Report 2010/11</b>	
	<p>Rayna McDonald, Director of Operations &amp; Clinical Practice presented the report highlighting that:-</p> <ul style="list-style-type: none"> <li>▪ the report will be published on the Trust's website</li> <li>▪ the Trust is compliant in all areas</li> </ul> <p>The Board requested the Director of Operations review inclusion of doctors in the clinical/senior manager category.  <b>Action : Director of Operations &amp; Clinical Practice</b></p> <p>The Board also requested additional assurance regarding the outcome of interviews to ensure there was no unintentional bias.  <b>Action : Director of Operations &amp; Clinical Practice</b></p> <p>The Board <b>noted</b> the report.</p>	<p>RM</p> <p>RM</p>
<b>PM 07/11/7</b>	<b>Operational Performance &amp; Clinical Practice Report</b>	
	<p>Rayna McDonald, Director of Operations &amp; Clinical Practice presented the report and highlighted:-</p> <ul style="list-style-type: none"> <li>▪ There was one adverse event in May 2011 of C-Difficile. A root cause analysis has been completed and an action plan implemented.</li> <li>▪ There were 3 medication errors with no adverse events, these are being investigated.</li> <li>▪ The decrease in Neuro Rehabilitation activity. An action plan has been developed.</li> <li>▪ There has been a change in nursing structure in that there will now be one Matron for the Trust</li> <li>▪ Rheumatology follow ups are showing a small reduction.</li> <li>▪ The appointments process has been reviewed with a number of improvements having now taken place</li> </ul> <p>It was noted that the sickness % figure for April 2011 is 3.4% not 4.3% as stated in the table on page 1.</p> <p>The Board queried the large majority of workforce close to / post retirement age, which is mainly due to the length of service of staff. The Board were reassured that this is being managed appropriately.</p> <p>A decision had not yet been made on the therapist weekend working initiative as consultation was still in progress.</p> <p>Chris Johns, Non Executive Director advised that initial discussions had taken place to review the appraisal system.</p> <p>The Board <b>noted</b> the report</p>	
<b>PM 07/11/8</b>	<b>i) Finance &amp; Activity Committee Chair Report – 22<sup>nd</sup> June 2011</b>	
	<p>Niall Bowen, Deputy Chair of Finance &amp; Activity Committee presented the report highlighting that the majority of discussions at the meeting were centred around activity levels and the steps to redress the situation.</p> <p>The Board <b>noted</b> the report.</p>	
	<b>ii) Finance Report Month 2 2011/12</b>	
	<p>Steven Haynes, Director of Finance presented the report and highlighted:-</p> <ul style="list-style-type: none"> <li>▪ The level of PCT income is below plan</li> <li>▪ There was an overspend in pay expenditure.</li> <li>▪ Other streams of income and expenditure are in line with budget</li> <li>▪ Overall the year end forecast based on 1<sup>st</sup> 2 months performance is below plan</li> <li>▪ An action plan has been developed to mitigate these shortfalls</li> <li>▪ The bank have confirmed renewal of the committed overdraft facility for 2011/12</li> </ul>	

	<p>The Board noted that Monitor are aware of the situation, together with the actions in place to rectify the situation.</p> <p>The activity/income data for June 2011 is still being compiled, however they are showing signs that Rheumatology income has significantly increased. Neuro Rehabilitation still remains under plan.</p> <p>The Board expressed concern that this situation has occurred so quickly.</p> <p>The Board identified the need to ensure that all budget holders take responsibility and accountability and that there is no unauthorised expenditure.</p> <p>Robust discussion took place regarding the reasons behind the shortfall in activity and it was noted that some aspects of the activity were not within the control of the Trust but due to changing referral patterns.</p> <p>The Board were reassured that the budget of £229k set for private patient income was within the cap.</p> <p>The Board were also reassured that there were no disputed claims with creditors and that capital expenditure is well monitored.</p> <p>The Board <b>noted</b> the report.</p>	
<b>PM 07/11/9</b>	<b>Audit Committee Minutes – 25<sup>th</sup> May 2011</b>	
	<p>Peter Spencer, Chair of the Audit Committee presented the minutes. There were no additional comments.</p> <p>The Board <b>noted</b> the minutes.</p>	
<b>PM 07/11/10</b>	<b>Any Other Business</b>	
	<p>As it was the last meeting for Dr Tim Jenkinson and the last meeting before maternity leave for Rayna McDonald, Peter Franklyn, on behalf of the Board wished to thank Dr Jenkinson for his contribution to the Board over the last 5 years as Medical Director, and, to wish Rayna McDonald all good fortune during her maternity leave.</p> <p>It was <b>agreed</b> to reinstate the August 2011 Board meeting in light of the financial situation and noted the apologies of some of the Executive team.</p> <p>Peter Haines, Governor, wished to know if governors would be invited to the Board seminars in 2011. Peter Franklyn, Chair, advised that this would be discussed at the 3 Chairs meeting.</p>	

**The next Trust Board meeting will be on 1<sup>st</sup> August 2011.**

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<b>Title:</b>	<b>Chair's Board Briefing</b>
<b>Author:</b>	Peter Franklyn, Chair
<b>Meeting</b>	Trust Board, 3 <sup>rd</sup> October 2011
<b>Sponsor:</b>	n/a
<b>Appendices:</b>	n/a
<b>Action Required:</b>	For Information

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### Chairman's Board Brief – October 2011

The Health and Social Care Bill has cleared its House of Commons stages and is now passing through the House of Lords, with its second reading scheduled for 11 October 2011.

There are a number of administrative amendments as well as some structural changes the most important of which as far as Governors is concerned is the extension of the transitional period until March 2016 where Monitor retains specific intervention powers over Foundation Trusts. They also make all Foundation Trusts subject to these powers. They amend clause 117 and replace clause 116 which would have applied the powers for two years to only some designated foundation trusts. Extending the powers would, as recommended by the NHS Future Forum, give Governors time to build capability in holding their board to account.

P M Franklyn  
Chair RNHRD  
NHS FT

26 September 2011

**EMG**  
**Thursday 15<sup>th</sup> September 2011**  
**1400 – 1715hrs**  
**In the**  
**BOARD ROOM**

## Agenda

Timings			Paper
<b>OPENING BUSINESS</b>			
1400 - 1415	1.	Apologies	KM -
	2.	Minutes of 18 <sup>th</sup> August 2011	KM ✓
	3.	Action List	KM ✓
<b>BOARD REPORTS</b>			
1415 - 1445	4.	Update from September 2011 Board Meeting	
	4.1	Chief Executive Report	✓
		- Feedback from "Any Qualified Provider Stakeholder" Meeting	KM ✓
	4.2	Director of Finance Report	SH ✓
	4.3	Director of Operations & Clinical Practice Report	AK ✓
	4.4	Director of Governance Report	HS ✓
<b>OPERATIONAL/STRATEGY</b>			
1445 - 1545	5.	Financial & Activity Recovery Plan Review	KM/SK -
	6.	New Service Developments	
	6.1	Step Down Service Presentation	GS -
	7.	Print Strategy Proposals	TI ✓
	8.	Medical Secretary Review	TI ✓
<b>SPECIALITY REPORTS</b>			
1545 - 1630	9.	Communications & Marketing	
	9.1	Freedom of Information Presentation	EM -
	10.	Rheumatology Monthly Report	AP
<b>MEETINGS</b>			
1630 - 1700	11.	Diaspora Event Debrief	AK -
	12.	EMG Terms of Reference Review	KM ✓
<b>POLICY RATIFICATION</b>			
1700 - 1715	13.	Induction Policy	AK ✓
	14.	Employment Checks Policy	AK ✓
	<b>NHS REFORM</b>		
	15.	"Operational Guidance to the NHS: Extending Patient Choice of Provider" plans	KM ✓
<b>ANY OTHER BUSINESS</b>			

**Date of next meeting : 20<sup>th</sup> October 2011**

<b>Title</b>	<b>Chief Executive Officer's Report</b>
<b>Author</b>	<b>Kirsty Matthews, Chief Executive Officer</b>
<b>Meeting</b>	<b>Trust Board Meeting – 3<sup>rd</sup> October 2011</b>
<b>Sponsor</b>	<b>n/a</b>
<b>Appendices</b>	<b>Appendix 1 : EMG Agenda</b>
<b>Review</b>	<b>n/a</b>
<b>Action Required</b>	<b>For information</b>

### 1. Meetings

**6<sup>th</sup> September : Rob Moorhead**, Department of Health, Armed Forces and Veterans Programme  
NHS Implementation Advisor

**8<sup>th</sup> September : Councillor Vic Pritchard** Bath and North East Somerset Council Health Scrutiny  
New Chair.

**12<sup>th</sup> September : Cancer Network Meeting**, Mary Barnes, Director of Cancer Services and  
Benjamin Roe Macmillan Lead AHP to discuss Cancer Rehabilitation.

**14<sup>th</sup> September : Any Qualified Provider Stakeholder meeting**

Event hosted by Bath and North East Somerset Primary Care Trust on a new development in health  
care commissioning called Any Qualified Provider.

Any Qualified Provider is an initiative launched by the Department of Health to increase people's  
choice of local services.

Choice is already offered for many hospital services and it is intended to now extend this to  
community health services and mental health services.

During September the PCT was asked to engage with its local community to determine which 3  
particular services will be identified as priorities for choice in our area in 2012.

Once selected, work will take place during the remainder of the year to identify local providers who  
can offer the chosen services to the quality standards that will be specified. The selected services  
are expected to be in place and on offer to local residents from autumn 2012.

The meeting on the 14<sup>th</sup> enabled the participants to hear more about the reasons for Any Qualified  
Provider, to learn what criteria and thinking the PCT are applying in identifying our chosen priorities  
and to participate in the debate.

**14<sup>th</sup> September** : Janet Rowse, CEO designate of B&NES community services social enterprise

**14<sup>th</sup> September** : Bryan Chalker, new Mayor of Bath, escorted on tour of Hospital

**14<sup>th</sup> September** : RUH Annual General Meeting, Angela Rippon guest speaker as Deputy Chair of  
Patients Association

**28<sup>th</sup> September** : Commodore Branscombe SSAFA

**30<sup>th</sup> September** : Mike Ralph, Deputy CEO of Avon and Wiltshire Partnership Trust for Mental  
Health Services and Justin Cunningham as SHA lead for the Armed Forces



## **2. Local Update**

### **RNHRD**

- Interviews were held for the Director of Finance on 19<sup>th</sup> September 2011. A successful candidate was identified who has verbally been offered the post and accepted. A full briefing will be given to the Board once all the necessary pre employment checks have been completed
- A Project Manager has been employed on a 1 to 3 month contract to support the service development projects described in the 2011/12 annual plan and the finance and activity recovery plan.

## **3. National Update**

### **Information Governance Assurance**

Sir David Nicholson and the Information Commissioner have written to all NHS chief executives to stress the importance of robust information governance. This letter points to guidance for board members, sets out required practice for all who handle patient information and draws attention to new penalties of up to £500k for breaches. Chief executives have been asked to draw this letter to the boards attention and ensure that local systems and processes are compliant.

For further information, go to: [www.dh.gov.uk/health/2011/09/information-governance/](http://www.dh.gov.uk/health/2011/09/information-governance/)

## **4. Monitor**

### **RNHRD Financial Risk Rating**

The RNHRD received a letter from Monitor on 19th September 2011 with regard to the reporting of an unplanned Financial Risk Rating of '1'. the letter outlined Monitors concerns in relation to the Trusts financial performance and the next steps.

### **RNHRD Feedback on Q1 submission**

The Trusts current ratings are:

Financial Risk Rating 1  
Governance Risk Rating Amber Green

The Amber-Green Governance rating reflects that the RNHRD has failed to meet its Clostridium Difficile Target

### **Health and Social Care Bill: timetable and failure regime**

The Health and Social Care Bill has cleared its House of Commons stages and is now passing through the House of Lords, with its second reading scheduled for 11 October 2011. The Department of Health recently published its latest amendments to the Bill which include detail on continuity of services and what will happen to foundation trusts and other providers that become unsustainable. The essence of these amendments is that there should be a pre-failure/ distress regime which seeks to secure the turnaround of a poorly performing trust before it reaches a point of failure. The proposed new regime allows clinical and financial problems to be addressed at a local level in order to ensure service continuity and high quality care in the long-term. Commissioners will have the primary responsibility here, but Monitor will have an important role in supporting them and ensuring that this is delivered.

The proposed amendments would mean that failing foundation trusts could no longer be de-authorised but that Monitor could appoint a suitably qualified person ("administrator") to take control of the provider"s affairs" in the event of previous interventions having been unsuccessful. The full briefing note can be found on the Monitor Website.

### **Updated Compliance Framework 2011/12 published**

Following the changes made since the publication of the *Compliance Framework 2011/12* in March, for example clarifying their application of CQC concerns, revising their definitions of mental health indicators and changes to the A&E clinical quality indicators, Monitor have published an updated version of the framework in September 2011. They have also incorporated a number of clarifications from the *Compliance Framework* frequently asked questions on their website. For ease of use, new text is highlighted in red and text that is no longer relevant has been struck through. The revised version can be found on the Monitor website.

### **5. RNHRD Executive Management Group**

The EMG agenda is attached as appendix 1.

### **6. Marketing Update**

#### **Performing Arts Medicine Clinic:**

Meeting 5<sup>th</sup> September 2011 with Naomi Wayne, CEO BAPAM, George Odam, Governor, Dr Tim Jenkinson and Amanda Pacey to review the current provision of the performing arts medicine clinic. It was agreed to continue the service and aim to increase referrals, activity is charged at national tariff and there is no additional cost to the Trust in providing this service. George Odam is also drafting a proposal for research funding to identify need across the South West.

#### **Update on Services to support ex military personnel:**

- 9<sup>th</sup> September 2011, workshop for clinical and non clinical staff identified as key in taking forward this service development. The new project manager has been briefed and an operational project plan has been developed to officially 'launch' the service(s) at the event on the 13<sup>th</sup> October 2011.
- 6<sup>th</sup> September 2011, the Chief Executive and Marketing & Communications Manager met with Rob Moorhead DH Armed Forces & Veterans Programme - NHS Implementation Advisor, Justin Cunningham Chair of the South West Strategic Health Authority Armed Forces Forum, and Sylvie Ford Head of non acute commissioning, [Kingston](#), to discuss opportunities for pathway development and service provision.
- 20<sup>th</sup> September 2011 internal steering group
- 30<sup>th</sup> September 2011 the Chief Executive, Marketing & Communications Manager and a senior clinical psychologist are meeting with Justin Cunningham and Mike Relph, Deputy Chief Executive AWP to discuss options for collaboration and pathway development.

### **7. Media Coverage**

Recent media coverage has included:

- Bath Chronicle: **Keep clean and carry on**. Positive piece about hygiene and patient safety, to tie in with patient safety week.
- Coverage around the cost of Chronic Fatigue to the economy, including interviews from Dr Crawely, included the following:
  - BMJ
  - ITV West
  - Bath Chronicle
  - The Naked Scientist
  - BBC drive time
- 5 articles have been submitted for potential publication in the Bath Chronicle for late September and October

Kirsty Matthews  
Chief Executive  
27/09/11

<b>Title</b>	<b>Medical Director's Report</b>
<b>Author</b>	<b>Dr Ashok Bhalla, Medical Director</b>
<b>Meeting</b>	<b>Trust Board Meeting – 3<sup>rd</sup> October 2011</b>
<b>Sponsor</b>	<b>n/a</b>
<b>Appendices</b>	<b>None</b>
<b>Review</b>	<b>n/a</b>
<b>Action Required</b>	<b>For information</b>

### **Medical Staffing:**

I am pleased to report that the Trust was able to appoint a fixed-term Consultant in Neurorehabilitation to accompany the substantive appointment of Dr Carroll. The successful candidate was Dr Beatrice Zhang. It is hoped that the candidate will start in the next two months.

The Rheumatology Lead together with the General Manager and the Medical Director will develop a business plan for an additional appointment of a Consultant in Rheumatology.

### **Electro Myelography (EMG)**

The current EMG Service which was provided at the RNHRD has now been replaced with a new system of referral for such planned tests. Dr Buchanan will be with us for a further six months during which time he will be undertaking general rheumatology clinics.

Dr Ashok Bhalla  
**Medical Director**  
28/09/11

A Patient Safety Walk round is a visit to a ward or department by a Senior Manager. The walk round gives staff the opportunity to discuss safety issues and areas of concern. Patients and relatives are also interviewed. Following the walk round a report and an action plan are developed allowing improvements to occur.

<b>PATIENT SAFETY WALKROUND REPORT</b>	
<b>Department:</b>	<b>Lead area representative: Nurse</b> <b>Walk round carried out by: Hayley Sewell Director of Governance, RNHRD</b>
<b>Date: 26 September 2011</b>	<b>Format of walk round: Walk round of day case unit discussions with nursing staff and patients.</b> <b>Walk round of diagnostics unit discussions with nursing staff and patients</b>
<b>Report completed by: Hayley Sewell, Director of Governance</b>	<b>Distribution: Trust Board Members and General Manager Rheumatology</b>

The day case unit is situated on the first floor of the trust and provides a service for patients requiring infusions of drugs such as biologic treatments. To the end of July 2011 there have been 74 biologic day cases and 49 other day cases in 2011/12. I completed the walk round with a nurse and interviewed a patient. The patient, from Somerset, had attended the trust for over 20 years and although another trust was closer she preferred to travel to the RNHRD for her treatment. The patient commented that the nursing staff were very efficient and if she had any problems she knew that she could discuss them with the staff. She had no concerns about patient safety and the only thing she would improve was the colour of the walls in the unit! The patient commented that she had received such good care from the trust that she wanted to give something back.

The endoscopy unit is situated on the first floor of the trust and provides upper gastro-intestinal endoscopy and flexible sigmoidoscopy. To the end of July 2011 there have been 117 endoscopies and 1 flexible sigmoidoscopy performed to date in 2011/12. I completed the walk round with a nurse and interviewed a patient. The nurse reported that a recent external assessment of the water from the endoscopy washer had resulted in no risks identified. The nurse pointed out that the trolleys would need replacing possibly including the provision of a bariatric trolley. The nurse pointed out that the lino was wearing and requested a drying cabinet for the scopes. The patient, interviewed together with her daughter, had attended for an endoscopy and had attended for an endoscopy 10 years ago. The patient reported that she received good care and that the information provided before the appointment was very clear and she had received a report on the outcome of the endoscopy. Her daughter commented that her mother had received her treatment very quickly after the doctor referred her and her only issue was getting to the trust because of the one way system in Bath.

#	ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
1.	The action plan from the walk round in March 2011 had not been updated	Action Plan from previous walk round in March 2011 to be updated and provided in time for the next walk round.	Director of Clinical Practice and Operations		
2.	No bariatric trolley in diagnostics.	Review equipment replacement regarding trolleys in diagnostic department including a bariatric trolley.	Director of Finance		
3.	Lino in endoscopy recovery area and endoscopy suit wearing, further wear could result in a trip hazard and infection risk.	Review need to replace the lino in endoscopy recovery room and endoscopy suite	Director of Finance		
4.	Patient requested to be reviewed by a doctor for another problem whilst receiving infusion on day case unit. Doctor was not available but specialist nurse reviewed patient instead.	Review of medical staff availability when patients attend day case unit for infusions.	Medical Director		
5.	In day case unit Nursing staff using footstools for seating (one of which has a split in the cover) whilst inserting a cannula.	In day case area review seating requirements for nursing staff whilst inserting a cannula.	Director of Clinical Practice and Operations		

**Appendix 1 Patient Safety key indicators**

**Adverse Harm Events**

Event	Info. Source	No. of days since last incidence	Total for Year 2010/11	April 2011	May 2011	June 2011	July 2011	Aug 2011
<b>Total no. events</b>	Adverse events tool	<b>0</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>2</b>
<b>MRSA bloodstream infections</b>	Audit	<b>1641</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>C Diff infection</b>	Audit	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Pressure Ulcers Grade 2-4 RNHRD acquired</b>	Audit	<b>122</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Patient Falls with adverse event</b>	DATIX reports	<b>221</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Medication errors with adverse events</b>	DATIX reports	<b>873</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Blood transfusion adverse event</b>	DATIX reports	<b>873</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Transfer to acute care within 72 hours admission</b>	WebTrak	<b>31</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>DVT or PE following admission</b>	DATIX reports	<b>31</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Unexpected deaths</b>	WebTrak	<b>181</b>	New measure	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Mandatory and Statutory Training Performance 2011-12															
It is important to note that the training figures give a "snapshot" of compliance on the day they are generated therefore the figures are a record of the training as at the day they are generated on and do not reflect the total average performance for the month or quarter.															
	Target	Q1+ Jun	Jul	Aug	Q2+ Sept	Oct	Nov	Q3+ Dec	Jan	Feb	Mar	Q4	RAG	2010-11	Comments
Manual Handling - No patient contact (Back Awareness)	80%	86%	85%	83%											All staff
Manual handling for Patient contact	80%	92%	90%	90%										91%	All with regular patient handling
Life Support - Basic	80%	86%	85%	85%										86%	All clinical staff
Life Support - Immediate	80%	92%	92%	93%											Senior Nurses
Safeguarding Children (Child Protection)	80%	52%	54%	93%										81%	All staff on induction. Safeguarding Children level 1 now face to face on induction
Safeguarding Children (Child Protection) Level 2	80%	15%		56%											All staff with direct contact with children
Safeguarding Adults	80%	66%	67%	67%										62%	Sourcing appropriate course via BaNES PCT
Safeguarding Investigators	80%	0%		0%											5 staff who require the training are booked on courses in Dec and March
Safeguarding Co-Ordinator	80%	0%		50%											Director of Clinical Practice is sourcing a course.
Fraud Awareness	80%	65%	69%	69%										68%	All staff
Equality & Diversity	80%	66%	65%	67%										70%	All staff. Course planned for end of Oct run quarterly.
Fire Training	80%	90%	92%	92%										64%	All staff
Fire Marshalls	80%	100%		100%											Fire Marshalls & Bleep holders
Food Safety	80%			72%										69%	All handling food. Catering manager now trained to deliver training & 2 courses planned in October.
Infection Control Patient Contact	80%	84%	80%	82%										82%	All face-to-face contact with patients
Infection Control Non Patient Contact	80%	81%	81%	85%										93%	All non-face-to-face contact
Information Governance	80%	88%	88%	87.5%										77%	Access to person identifiable info
Conflict - Managing Difficult Behaviour	80%			76%										73%	Front line BNRS & Rheum
Mental Capacity & DoL	80%			100%											Clinical staff
Key to targets indicated by traffic lights Green 80% +, Amber 70%+, Red >70%															
Conflict Resolution, Counter Fraud & Equality and Diversity: +75% = green, 50-74% = amber, 49% or less = red. These were agreed given the infrequency of the face to face courses.															

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<b>Title:</b>	<b>Operational Performance &amp; Clinical Practice Report</b>
<b>Author:</b>	Annie Kelly, Director of Clinical Practice & Operations
<b>Meeting</b>	Trust Board Meeting – 3 <sup>rd</sup> October 2011
<b>Appendices:</b>	1. Patient Safety Key Indicators , August 2011 2. Training report Quarter 1 2011
<b>Action Required:</b>	For information

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### Introduction

This report provides the Board with an update on performance against key indicators in the following domains: patient safety, workforce and activity.

Key risks at month 5 are:

- Bed Occupancy below target in Neuro £151K under achievement of income YTD projected under achievement by year end of £309K (based on 16 OBD)
- Under performance on Endoscopy £53K under achievement of income YTD projected under achievement by year end of £100K
- Appraisal rates, attendance at safeguarding training for adults & children, fraud awareness and equality & diversity mandatory training below target

### Patient Safety

In August there were two adverse events recorded, 1 *C.difficile* infection and 1 transfer of care within 72 hours of admission, both of these events occurred on the Neuro rehabilitation ward. A full root cause analysis was undertaken on the *C.difficile* case and key learnings have been cascaded to ward staff. Learning points include the need to isolate patients after one episode of diarrhoea, improve the use of stool charts, the need to declutter ward area and to prioritise installation of new hand washing sinks as part of this year's capital plan. The patient transfer to acute care was appropriate in the circumstances and unavoidable due to deterioration in the patient's condition.

Appendix 1 provides detail of performance against the key patient safety indicators for the first 5 months of the year.

### Work Force

This month the focus is on mandatory training. Last month it was reported via the dashboard report that only 57% of appraisals had been completed, work has been undertaken to identify areas of concern and all managers have been reminded to complete appraisals on time and submit the required evidence to Human Resources and results will be reported at the next meeting. Directors have agreed that we will move towards completing all appraisals in Q1 of the new financial year, a framework to support this is being developed by the Head of Human Resources

### Training

Appendix 2 contains a dashboard report for mandatory training and shows good progress across many areas. Training frequencies and courses have been reviewed and our target for completion of mandatory training has been adjusted to 80% in light of advice from the NHSLA. However safeguarding children and adults training is below target due to difficulties in accessing suitable courses via BaNES, this is being prioritised and plans are in place to promote in house e learning for Safeguarding Children level 2 training with facilitated sessions in the learning centre. Adult safeguarding training is being sourced externally and training for investigators is planned to be achieved by the year end.



### **Staff Consultations**

- Proposal to remove the recruitment & retention premia from 1<sup>st</sup> April 2012:- 4 group consultation meetings have been held during September, 108 nursing and therapy staff are affected by this proposed change. The consultation is due to close on the 30<sup>th</sup> September 2011. In total 16 staff have attended the group meetings, staff were also able to raise concerns or to comment on the proposal individually to Human Resources. All comments and concerns will be considered during October and the results will be communicated individually to staff by letter.
- Review of medical secretaries within Rheumatology: - after consultation with staff and to realise benefits from digital dictation a proposed new structure for this team has been drafted. 30 day consultation period will commence for staff affected by the change on 1<sup>st</sup> October 2011 with a view to the final structure being implemented in January 2012.

Consultation is being planned with all staff on changing terms and conditions in two areas:

- Notice periods for senior staff ( Band 7 and above) to be extended from 1 month to 3 months
- CRB checks to be carried out on staff every 3 years, currently this only happens on initial recruitment.

### **Staff Survey**

The staff survey is now underway with questionnaires being sent to staff week commencing 19<sup>th</sup> September 2011. A newsletter called "People Matter" designed by the HR team has also been distributed to staff publicising last year's results, our actions and promoting training opportunities.

### **Flu Vaccination**

Planning for staff vaccination is well underway with 3 clinics arranged in October and November to deliver 100 vaccines. There is capacity to run extra clinics should more staff choose to be vaccinated.

### **Neuro-Rehabilitation**

Activity has improved during August with average bed occupancy (OBD) of 17.6 against a plan of 17.5 OBD, see Table 1 below. This has bettered the Neuro income position by £8K on the previous month and reduced the projected under achievement of income by the year end by £154K. Figures for September are incomplete at present but are improved at 18.2 OBD. The Neuro team have worked hard to market the service and there is some evidence over the last 3 months that requests for assessments are increasing and they are more local than previously. Day case activity has been included in Table 1 below and demonstrates that the Directorate is responding to the need to offer a range of services to commissioners

**Table 1 Neuro Rehabilitation Activity 2011/12**

<b>Month</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>
<b>Actual OBD</b>	16.9	15	15.6	16	17.6							
<b>Planned OBD</b>	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5
<b>Temporary Transfer days</b>	18	35	5	8	13							
<b>Assessments Requested</b>	2	3	6	4	6							
<b>Day Cases</b>	5	3	3	0	2							

The second Neuro Rehabilitation Consultant has been appointed and will start in the Trust in late November 2011. This is a fixed term position for 1 year and will support the Lead Consultant in developing the service and the provision of quality care. The General Manager has dedicated Project Management resource to take forward implementation of

actions to improve bed occupancy further. The Unit has received an £11,000 donation from two friends of a YPNR patient, it is planned to refurbish YPNR and purchase specialist memory assisting equipment with the monies, this donation was mentioned recently in the Bath Chronicle.

### **Rheumatology**

Rheumatology referrals from GPs are increased in August, trends will be monitored as historical data demonstrates around a 10% increase in referrals each year, see table 2 below.

**Table 2 GP Referrals to Rheumatology**

<b>Year</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>
<b>2009/10</b>	287	276	290	282	269
<b>2010/11</b>	301	276	340	310	261
<b>2011/12</b>	276	307	336	295	328

Inpatient and day case activity is slightly below plan for August and despite good levels of endoscopy activity in August with 105 procedures being undertaken the main area of concern within Rheumatology is continued underperformance on endoscopy. This equates to a loss of income of £53K YTD which is projected to rise to £100K by the end of the year. The activity plan for the remainder of the year has been reprofiled and it is expected that due to reduced referrals that we will deliver 200 less endoscopies than the original plan by the end of March 2011. The General Manager is sending out a further mail shot to GPs to help secure referrals for future months, September activity is estimated to be around 90 cases which is 20 cases lower than the plan.

Outpatient waiting list initiative clinics are running well which has resulted in a 46% (2,222 patients) reduction in the back log of patients waiting for a follow up appointment, details can be found in Appendix 12 of the Finance report. Due to the early departure of Dr MacFarlane there will be a reduction in capacity during November, therefore the waiting list initiative clinics will be extended to March 2012. The Locum Consultant Dr Lee commences in December 2011. Given the year on year increase in referrals to Rheumatology and reliance in recent years on waiting list initiative clinics a job plan for a permanent Consultant will be agreed and a business plan brought to the Board..

### **Pain and Chronic Fatigue Services**

Pain Management services continue to experience difficulties in converting referrals into patients on programmes due to PCT decisions on funding of treatment being delayed or refused at the end of August there is a £10K under achievement on income, this is significantly improved on last month (£22K). CFS Adults position has worsened and is £19K under income target but this is offset by CFS Paediatric programmes which are performing very well with £45K over agreed income target. The Director of Clinical Practice and Operations will be working with CFS adults team to understand the under performance and will provide a more detail in future reports

1. The service is continuing to work on increasing referrals and targeting new work streams, dedicated project management resource has been provided to take forward these plans.

### **Recommendations**

The Board is asked to note this report and the key risks identified and to support the actions being taken to meet activity plans and mitigate risk.

# Royal National Hospital

## for Rheumatic Diseases

NHS Foundation Trust

**Title** : 2011/12 Finance Report for 05 months ending 31<sup>st</sup> August 2011  
**Author of Document** : Steven Haynes, Director of Finance  
**Date of Document** : 15<sup>th</sup> September 2011  
**Action Required** : For information  
**Summary of Document** : To update the Trust Board on the financial position of the Trust up to 31<sup>st</sup> August 2011

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### SUMMARY NOTE

This paper details the financial position of the Trust for the 5 months ending 31<sup>st</sup> August 2011. The key points to note are:-

(i) The Income and Expenditure account for the year to date shows a **deficit of £203k** compared with a **planned breakeven position**. Within this figure EBITDA is £170K behind plan. The key points to note are:

- The in month performance shows a small surplus of £8k in August.
- The level of PCT income for the period totals £5,326k and is £221k below plan. There remains the main area of concern in Neuro Rehabilitation which is £151k behind plan. The activity in the month is the highest so far this year and shows an average occupancy level of 17.6 beds compared to the target of 17.5 beds. If the bed days reach 16 beds for the remainder of the year, then the service will be £309k below its income plan.

**Overall the year end forecast has improved by £50k to a deficit of £200k i.e. £324k below the planned surplus of £124k.**

- (ii) The Balance Sheet for 31<sup>st</sup> August 2011 shows net current liabilities of £599k compared with the figure of £631k at 31<sup>st</sup> July 2011 with a cash balance of £1,092k (including £729k early payment from local PCT's).
- (iii) The debtor's position now stands at £835k with creditors at £1,713k.
- (iv) KPI – the Monitor Financial Risk Rating (FRR) stands at 1.

The Trust Board are asked to note the report.

The following appendices are included as indicated:

# Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

Appendix		M05 inclusion
1	Income & Expenditure Account	Y
2	Analysis of Pay Expenditure	Y
3	Analysis of Non-Pay Expenditure	Y
4	Analysis of Referrals (Rheumatology)	Y
5	Balance Sheet	Y
6	Financial Risks Register	Y
7	Aged Debtors Report	Y
8	Aged Creditors Report	Y

## 1. Income & Expenditure Account

The Trust's income and expenditure account is summarised in [Appendix 1](#).

The Income and Expenditure position to the 31<sup>st</sup> August 2011 shows a **deficit of £203k against a planned breakeven position.**

### 1.1 PCT Income

PCT income is **£221k below** plan.

#### 1.1.1 Rheumatology

Overall the speciality is just below plan to date, but the forecast shows a year end shortfall of £85k due to the predicted underperformance in Endoscopy of 188 cases.

Referrals for August 2011 were 381 (see [Appendix 4](#)). This compares with 338 for July 2011 and is above the 2010/12 referral rate for the same month (331).

#### 1.1.2 Pain Management

Overall NHS PCT income is forecast to be £44k below plan at the year end. There continues to be a recent increase in the number of patients who have seen their funding request approved. The level of private patient income for the year is £77k.

#### 1.1.3 Neuro Rehabilitation

There has been a shortfall in each of the first four months of the year, but August shows a slight over performance. Overall this has resulted in a major under performance of £151k to date.

If the remaining 7 months of the year deliver average bed occupancy of 16 beds, then the service will be £309k below budget on 31<sup>st</sup> March 2012. The emerging September position shows further improvement and is expected to be a minimum of 18 beds. If this is the case, then there will be an improvement in this position of circa £25k for one month.

This has been reflected in an improved year end forecast position and the best/worse case scenarios.

The number of assessments for admissions requested for the 5 months is 16.

#### 1.1.4 Chronic Fatigue

There is a shortfall against plan in adult services which is expected to improve over the rest of the year. Overall the income is £26k above plan to date, due to a significant increase in the volume of paediatric outpatient attendances. This is expected to continue and Chronic Fatigue Services are forecast to be £65k over plan by the year end.

**1.1.5 Clinical Measurement**

There is a significant underperformance in the income for Clinical Measurement services. A major reason is that the income for the falls and fracture service of £3k per month is so far outstanding for the year from the PCT. Payment is now expected to be received and this will be included next month with the appropriate adjustment made in the year end forecast.

**1.1.6 Private Patient Income**

Income from private patients for the period is £84k (Pain Management is £77k) against a plan of £83k. The year end forecast remains at £200k. This is within the private patient cap.

**1.1.7 Education, Training and Research Income**

Education, Training and Research income remains above plan by £31k with £110k remaining on the balance sheet as deferred Income.

**1.1.8 Other Income**

Other Income is on plan and forecast to achieve plan by 31<sup>st</sup> March 2012.

**1.2 Expenditure**

**1.2.1 Pay Expenditure**

Pay expenditure is shown in detail in Appendix 2. Overall there is an overspend of £46k, which shows a small improvement in August.

The year end forecast predicts an underspend of £40k. There are two areas which give cause for concern. These are listed below with comments.

<b>Department</b>	<b>Comments</b>
Neuro rehabilitation	The issues described in the narrative of the month 4 finance report remain in August, but bank usage ceased at the end of the month with pay for bank staff employed in June paid in July. Annual leave booking review has been completed. The issue of the suspended staff has now been resolved. The year end forecast shows some improvement over the next 7 months.
Medical Records	Additional hours continue to be worked to support increased workload. Staffing review being undertaken by the General Manager with details to be reported in the next few months.

A number of post in areas such as Pain Management and Portering are becoming vacant over the next few months and restructuring will be considered. The year end forecast reflects these actions.

### 1.2.2 Non-Pay Expenditure

Non-pay expenditure is shown in detail in Appendix 3. Overall the position is £51k under spent against plan and is predicted to be £88k underspent at the year end. There is an overspend on consumables in Neuro Rehabilitation which will be pulled back to budget by the year end. There was a significant overspend in facilities due to the need to deliver essential works both on maintenance and Health & Safety.

### 1.2.3 Contingency Reserves

Contingency reserves now stand at £88k providing some cover for future in year commitments and unavoidable cost pressures over the remainder of the year. **The year end forecast under the likely case scenario assumes the reserves will be used and therefore not available to support the position by 31<sup>st</sup> March 2012.**

### 1.2.4 Action Plan

A detailed action plan has been implemented and is showing some signs of having a positive impact on the year end position. The year end forecast at month 2 was a £298 deficit. It is now showing a £200k deficit.

## 2. Balance Sheet and Cash Position.

### 2.1 Cash

The cash position at the end of August was £1,092k. This includes cash in advance from PCT's of £729k which will reverse by the year end. The net position is therefore £363k with a year end target of £722k. If the predicted under recovery on income is correct, then there will be severe pressure on this position and this is reflected in a cashflow forecast shown in appendix 16 which shows the level of cash at 31<sup>st</sup> March 2012 at £386k, compared to the target of £780k.

### 2.2 Debtors

The level of debtors is £834k (Appendix 7). This is a reduction against the June and July figures.

There remains some areas of concern within the debtors relating to Welsh organisations. Further requested documentation has been sent to their commissioners which confirms that prior approval before treatment was sought and received. A payment of £28k has been received within the last week.

### 2.3 Creditors

The level of creditors is £1,713k (Appendix 8) and £858k excluding pay and accrued expenditure.

**3. Capital**

Capital expenditure report is forecast to be within plan by year end. The order for the Dexa Scanner has now been placed and is expected to be fully operational in November 2011.

**4. Monitor Financial Risk Rating**

The Monitor financial risk rating (FRR) remains at a rating of 1.

**5. Quality, Improvement, Productivity & Prevention (QIPP)**

Analysis of the current position and year end forecast against the planned QIPP saving target of £746k an over recovery of £31k with a current year end forecast of £46k above plan.

**6. Year End Forecast**

The forecast shows a deficit of £200k compared with the planned surplus of £124k.

This position is an improvement on the year end forecast of £250k deficit shown in last months report and reflects the emerging impact of the mitigating actions included in the financial recovery plan.

In summary the key to improving the year end position is:

- Deliver the planned activity volumes in Endoscopies.
- Increasing the average occupancy in Neuro Rehabilitation to a minimum of 17.5 beds.
- Continuing to exert downward pressure on expenditure to increase underspending on both pay and non pay budgets.



# Royal National Hospital for Rheumatic Diseases

NHS Foundation Trust

## INCOME & EXPENDITURE ACCOUNT FOR THE PERIOD ENDING 31 Aug 2011

Favourable Variance + \ Adverse Variance (-)

	Month 05 Actual £'000	Month 05 Budget £'000	Month 05 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual Budget £'000	Forecast Variance £'000	Month 12 Forecast as at M04 £'000
<b>INCOME</b>										
PCTs	1,110	1,115	(5)	5,326	5,547	(221)	13,273	13,716	(443)	13,183
Private patient	28	25	3	84	83	0	200	200	0	200
Education, training & research	170	176	(5)	716	689	26	1,486	1,446	39	1,486
Other income	38	21	17	251	235	16	534	534	0	534
sub total	<b>1,346</b>	<b>1,337</b>	<b>9</b>	<b>6,376</b>	<b>6,554</b>	<b>(178)</b>	<b>15,493</b>	<b>15,896</b>	<b>(402)</b>	<b>15,403</b>
PBR excluded drugs	415	348	67	2,039	1,854	185	4,720	4,520	200	4,720
<b>Total income</b>	<b>1,761</b>	<b>1,685</b>	<b>77</b>	<b>8,415</b>	<b>8,409</b>	<b>6</b>	<b>20,213</b>	<b>20,416</b>	<b>(202)</b>	<b>20,123</b>
<b>EXPENDITURE</b>										
Pay expenditure	979	982	2	4,837	4,793	(44)	11,430	11,471	40	11,315
Non-pay expenditure	303	305	2	1,450	1,502	51	3,502	3,591	88	3,502
Reserves	0	(0)	(0)	0	0	0	86	86	0	160
sub total	<b>1,282</b>	<b>1,286</b>	<b>5</b>	<b>6,287</b>	<b>6,294</b>	<b>8</b>	<b>15,018</b>	<b>15,147</b>	<b>129</b>	<b>14,977</b>
PBR excluded drugs	415	348	(67)	2,038	1,854	(184)	4,720	4,520	(200)	4,720
<b>Total expenditure</b>	<b>1,697</b>	<b>1,634</b>	<b>(63)</b>	<b>8,325</b>	<b>8,149</b>	<b>(176)</b>	<b>19,738</b>	<b>19,667</b>	<b>(71)</b>	<b>19,697</b>
EBITDA	65	51	14	90	260	(170)	475	749	(274)	426
Depreciation	(41)	(36)	(6)	(212)	(183)	(29)	(480)	(440)	(40)	(480)
Interest receivable	1	0	1	2	1	1	3	2	1	3
Dividend payments on PDC	(17)	(16)	(1)	(83)	(78)	(5)	(199)	(187)	(12)	(199)
<b>Total surplus/(deficit)</b>	<b>8</b>	<b>(0)</b>	<b>9</b>	<b>(203)</b>	<b>(0)</b>	<b>(202)</b>	<b>(200)</b>	<b>124</b>	<b>(324)</b>	<b>(250)</b>

## ANALYSIS OF PAY EXPENDITURE FOR THE PERIOD ENDING 31 Aug 2011

	Month 05 Actual £'000	Month 05 Budget £'000	Month 05 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual budget £'000	Forecast Variance £'000
Neuro Rehab	241	227	(14)	1,182	1,116	(65)	2,755	2,697	(57)
Rheumatology	281	274	(6)	1,393	1,377	(16)	3,322	3,298	(24)
Pain Management	68	74	6	355	371	15	847	889	42
CFS	34	33	(1)	150	164	14	359	394	35
CRPS	12	11	(1)	60	57	(3)	148	136	(12)
Patient Secretarial Service	21	22	1	113	110	(2)	268	265	(2)
Medical Records	34	30	(4)	170	152	(19)	408	364	(44)
IT	16	18	2	69	91	22	185	218	33
Portering	22	23	1	111	116	5	248	278	30
Catering	16	15	(2)	82	73	(9)	192	176	(16)
Domestic	28	29	0	161	143	(19)	348	343	(6)
Facilities	9	9	1	42	47	4	104	112	8
HR	19	20	1	86	101	15	215	241	26
Governance	11	11	(0)	55	55	(1)	131	131	0
Finance	23	23	0	106	116	10	233	278	45
Research funded pay	39	43	4	225	217	(8)	535	520	(15)
Other	104	118	14	477	489	13	1,132	1,130	(2)
<b>Total expenditure</b>	<b>979</b>	<b>982</b>	<b>2</b>	<b>4,837</b>	<b>4,793</b>	<b>(45)</b>	<b>11,430</b>	<b>11,471</b>	<b>40</b>

# Royal National Hospital for Rheumatic Diseases

NHS Foundation Trust

## Appendix 3

### ANALYSIS OF NON-PAY EXPENDITURE FOR THE PERIOD ENDING

	Month 05 Actual £'000	Month 05 Budget £'000	Month 05 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual budget £'000	Forecast Variance £'000
Rheumatology	6	13	7	51	63	12	139	151	12
Neuro Rehab	21	15	(6)	92	75	(16)	182	181	(0)
Pain Management	3	3	0	9	15	6	29	36	6
M&D Department	45	62	17	205	235	31	536	566	31
Medical Contracts	48	49	0	239	243	5	575	584	9
Facilities	61	20	(41)	231	212	(19)	538	508	(30)
Finance	(2)	22	24	71	108	37	220	259	40
Orthotics	8	6	(2)	33	31	(2)	75	75	0
Diagnostics	13	7	(6)	38	37	(2)	84	89	4
HR/Membership	2	4	1	13	19	6	39	47	8
Patient Transport	10	7	(3)	33	33	(0)	72	80	8
Executive	5	5	0	25	25	0	59	59	0
Other	84	94	10	411	404	(7)	955	955	0
<b>Non Pay</b>	<b>303</b>	<b>305</b>	<b>2</b>	<b>1,450</b>	<b>1,502</b>	<b>51</b>	<b>3,502</b>	<b>3,591</b>	<b>88</b>

## Appendix 4

### 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	307	57	364	282	77%	42	15%	116	41%
Jun-11	336	58	394	443	112%	73	16%	114	26%
Jul-11	295	43	338	319	94%	67	21%	123	39%
Aug-11	328	53	381	368	97%	53	14%	115	31%
Sep-11			-						
Oct-11			-						
Nov-11			-						
Dec-11			-						
Jan-12			-						
Feb-12			-						
Mar-12	1,542	264	1,806	1,666	92%	289	17%	577	35%
2011/12									
Aug-10	261	70	331	384	116%	56	15%	102	27%

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	102	27	129	103	80%	5	5%	35	34%
Jun-11	111	18	129	140	109%	17	12%	31	22%
Jul-11	112	9	121	118	98%	19	16%	34	29%
Aug-11	96	21	117	130	111%	12	9%	28	22%
Sep-11			-						
Oct-11			-						
Nov-11			-						
Dec-11			-						
Jan-12			-						
Feb-12			-						
Mar-12	506	92	598	568	95%	67	12%	147	26%
2011/12									
Aug-10	93	21	114	98	86%	4	4%	19	19%

# Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

## Appendix 5 BALANCE SHEET AS AT

31 August 2011

	31st Mar 2011	31 Aug 2011	Movement	30 Jul 2011
	£'000	£'000	£'000	£'000
<b><u>Fixed Assets</u></b>				
Intangible	104	93	(2)	95
Tangible	7,090	6,988	(26)	7,014
<b>Total Fixed Assets</b>	<b>7,194</b>	<b>7,081</b>	<b>(28)</b>	<b>7,109</b>
<b><u>Current Assets</u></b>				
Stock	57	56	0	56
NHS Trade Debtors	1,237	471	(16)	487
Provision for Irrecoverable Debt	(268)	(171)	0	(171)
Other Prepayments and Accrued Income	119	607	(101)	708
Other Debtors	469	400	(39)	439
Cash at Bank *	684	1,092	6	1,086
<b>Total Current Assets</b>	<b>2,298</b>	<b>2,455</b>	<b>(150)</b>	<b>2,605</b>
<b>Total Assets</b>	<b>9,492</b>	<b>9,536</b>	<b>(178)</b>	<b>9,714</b>
<b><u>Current Liabilities</u></b>				
NHS Trade Creditors	(722)	(281)	99	(380)
Non-NHS Trade Creditors - Revenue	(1,048)	(975)	136	(1,111)
Non-NHS Trade Creditors - Capital	(29)	(23)	(21)	(2)
PDC Dividend Creditor	(1)	(84)	(17)	(67)
Other Creditors	(422)	(457)	(21)	(436)
Payments Received on Account	0	(731)	0	(731)
Accruals and Deferred Income	(565)	(503)	6	(509)
<b>Total Current Liabilities</b>	<b>(2,787)</b>	<b>(3,054)</b>	<b>182</b>	<b>(3,236)</b>
<b><u>Non Current Liabilities</u></b>				
Obligations under Finance Leases	(1)	0	0	0
Provisions	(14)	(10)	0	(10)
Deferred Income	(38)	(38)	0	(38)
<b>Total Non Current Liabilities</b>	<b>(53)</b>	<b>(48)</b>	<b>0</b>	<b>(48)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>6,652</b>	<b>6,434</b>	<b>4</b>	<b>6,430</b>
<b>TAXPAYERS' EQUITY</b>				
PDC	6,015	6,015	0	6,015
Retained I & E Surplus	(475)	(475)	0	(475)
YTD I & E Surplus	0	(203)	7	(210)
Revaluation Reserve	728	728	0	728
Donated Asset Reserve	384	369	(3)	372
<b>TOTAL TAXPAYERS' EQUITY</b>	<b>6,652</b>	<b>6,434</b>	<b>4</b>	<b>6,430</b>

**Appendix 6**

**Financial Risk Register and Year End Forecast 2011/12**  
**Variance shown against target surplus of £124k**

	YTD variance £'000	Best Case variance £'000	YEAR END	
			Likely variance £'000	Worst Case variance £'000
<b><u>PCT Income</u></b>				
Rheumatology	(9)	(40)	(85)	(100)
Pain Management	(10)	(20)	(44)	(50)
Neuro Rehab	(151)	(200)	(309)	(420)
CFS	26	80	65	60
Clinical Measurement	(32)	(60)	(70)	(80)
WIP movement	(45)	0	0	0
	<b>(220)</b>	<b>(240)</b>	<b>(443)</b>	<b>(590)</b>
Private patient	0	20	0	(40)
Education, training & research	26	50	39	30
Other income	16	20	0	(20)
<b>TOTAL INCOME</b>	<b>(177)</b>	<b>(150)</b>	<b>(402)</b>	<b>(620)</b>
Pay expenditure	(44)	60	40	20
Non-pay expenditure	51	100	88	70
<b>TOTAL EXPENDITURE</b>	<b>8</b>	<b>160</b>	<b>129</b>	<b>90</b>
<b>EBITDA</b>	<b>(170)</b>	<b>10</b>	<b>(274)</b>	<b>(530)</b>
Depreciation	(29)	(45)	(40)	(35)
Interest receivable	1	1	1	0
Dividend payments on PDC	(5)	(12)	(12)	(12)
<b>TOTAL SURPLUS/(DEFICIT) BEFORE RESERVES AGAINST BUDGET</b>	<b>(202)</b>	<b>(46)</b>	<b>(325)</b>	<b>(577)</b>
Contingency Reserve to support the position	0	0	0	0
<b>TOTAL SURPLUS/(DEFICIT) AGAINST BUDGET</b>	<b>(202)</b>	<b>(46)</b>	<b>(325)</b>	<b>(577)</b>
<b>BUDGETED SURPLUS/(DEFICIT)</b>	<b>(0)</b>	<b>124</b>	<b>124</b>	<b>124</b>
<b>TOTAL SURPLUS/(DEFICIT)</b>	<b>(202)</b>	<b>78</b>	<b>(201)</b>	<b>(453)</b>
<b>Position shown as at Month 4</b>	<b>(212)</b>	<b>8</b>	<b>(250)</b>	<b>(528)</b>

**Notes:** Excludes high cost drugs  
 The likely case scenario relates to the forecast on appendix 1

# Royal National Hospital for Rheumatic Diseases

NHS Foundation Trust

## Appendix 7 Top Ten Debtors as at 31-08-11

Customer	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Debtors
1 WELSH ORGANISATIONS	25.4	24.6	-3.7	63.5	81.0	25.9	216.7
2 BERKSHIRE WEST PCT	43.4	22.0	0.0	19.1	0.0	0.0	84.5
3 WORCESTERSHIRE PCT	71.8	0.0	0.0	0.0	0.0	0.0	71.8
4 PFIZER LTD 5500	0.0	44.7	0.0	0.0	0.0	0.0	44.7
5 BATH AND NORTH EAST SOMERSET PCT	6.3	0.0	0.6	26.9	0.0	0.0	33.8
6 HEREFORDSHIRE PCT	29.6	2.8	0.0	0.0	0.0	0.0	32.4
7 DORSET PCT	8.9	11.3	0.0	0.0	0.0	0.7	20.9
8 NHS HERTFORDSHIRE	10.8	3.5	0.0	0.0	0.0	0.0	14.3
9 NHS TELFORD AND WREKIN	0.2	2.2	0.0	10.0	0.5	0.0	12.8
10 DEVON PCT	12.7	0.0	0.0	0.0	0.0	0.0	12.7
<b>Others</b>							
NHS	209.0	111.1	-3.0	119.6	81.5	26.6	544.7
NON NHS	90.7	70.0	4.5	24.4	17.6	-11.9	195.3
	84.6	4.6	-0.2	1.3	1.0	3.1	94.4
<b>TOTAL at 31-08-11</b>	<b>384.2</b>	<b>185.7</b>	<b>1.3</b>	<b>145.3</b>	<b>100.2</b>	<b>17.8</b>	<b>834.5</b>
% at 31-08-11	46%	22%	0%	17%	12%	2%	100%
<b>TOTAL at 31-07-11</b>	<b>516.4</b>	<b>16.1</b>	<b>145.9</b>	<b>90.3</b>	<b>135.4</b>	<b>-6.6</b>	<b>897.5</b>
% at 31-07-11	58%	2%	16%	10%	15%	-1%	100%
<b>TOTAL at 31-06-11</b>	<b>570.4</b>	<b>308.4</b>	<b>-15.0</b>	<b>88.6</b>	<b>161.0</b>	<b>-11.4</b>	<b>1102.0</b>
% at 31-06-11	52%	28%	-1%	8%	15%	-1%	100%
<b>TOTAL at 31-05-11</b>	<b>439.0</b>	<b>26.8</b>	<b>68.7</b>	<b>55.7</b>	<b>134.9</b>	<b>75.8</b>	<b>801.0</b>
% at 31-05-11	55%	3%	9%	7%	17%	9%	100%
<b>TOTAL at 30-04-11</b>	<b>800.6</b>	<b>56.7</b>	<b>2.8</b>	<b>95.6</b>	<b>126.4</b>	<b>160.7</b>	<b>1242.8</b>
% at 30-04-11	64%	5%	0%	8%	10%	13%	100%
<b>TOTAL at 31-03-11</b>	<b>994.0</b>	<b>20.9</b>	<b>39.7</b>	<b>118.7</b>	<b>130.3</b>	<b>295.7</b>	<b>1599.2</b>
% at 31-03-11	62%	1%	2%	7%	8%	18%	100%

# Royal National Hospital for Rheumatic Diseases

NHS Foundation Trust

## Appendix 8

Top 10 Creditors as at 31-08-2011									
Supplier	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Creditors		
1 HEALTHCARE AT HOME LTD	0.0	292.7	5.7	0.0	0.0	0.0	298.4		
2 ROYAL UNITED HOSPITAL BATH NHS TRUST	16.3	50.7	35.9	34.2	37.6	2.9	177.6		
3 UNIVERSITY HOSPITALS BRISTOL	21.1	23.0	0.0	0.0	0.0	12.3	56.5		
4 HEALTH COMMISSION FOR WALES	0.0	0.0	0.0	0.0	0.0	41.7	41.7		
5 FACTORS SPREAD LTD	0.0	37.0	0.0	0.0	0.0	0.0	37.0		
6 UNIVERSITY OF BATH	0.0	15.7	6.1	0.0	0.0	-0.1	21.7		
7 ROYAL COLLEGE OF ART	0.0	20.1	0.0	0.0	0.0	0.0	20.1		
8 BUPA HOME HEALTHCARE	0.0	7.8	10.7	0.0	0.0	0.0	18.6		
9 DRC LOCUMS LTD	8.7	5.0	0.0	0.0	0.0	0.0	13.6		
10 WINCHESTER & EASTLEIGH HEALTHCARE	2.8	8.4	0.0	0.0	0.0	0.0	11.2		
	48.9	460.4	58.5	34.2	37.6	56.8	696.4		
OTHERS	63.6	24.8	43.3	23.5	3.7	2.9	161.8		
PAY EXPENDITURE	353.9	0.0	0.0	0.0	0.0	0.0	353.9		
ACCRUED EXPENDITURE	501.2	0.0	0.0	0.0	0.0	0.0	501.2		
<b>TOTAL at 31/08/2011</b>	<b>967.5</b>	<b>485.2</b>	<b>101.7</b>	<b>57.7</b>	<b>41.4</b>	<b>59.7</b>	<b>1713.2</b>		
% at 31-08-11	56%	28%	6%	3%	2%	3%	100%		
<b>TOTAL at 31/07/2011</b>	<b>1194.9</b>	<b>579.7</b>	<b>23.1</b>	<b>28.7</b>	<b>34.1</b>	<b>67.4</b>	<b>1927.9</b>		
% at 31-07-11	62%	30%	1%	1%	2%	3%	100%		
<b>TOTAL at 30/06/2011</b>	<b>1652.4</b>	<b>159.8</b>	<b>55.4</b>	<b>87.7</b>	<b>36.6</b>	<b>52.3</b>	<b>2044.2</b>		
% at 30-06-11	81%	8%	3%	4%	2%	3%	100%		
<b>TOTAL at 31/05/2011</b>	<b>1130.5</b>	<b>327.1</b>	<b>47.0</b>	<b>66.5</b>	<b>35.0</b>	<b>53.8</b>	<b>1659.9</b>		
% at 31-05-11	68%	20%	3%	4%	2%	3%	100%		
<b>TOTAL at 30/04/2011</b>	<b>1829.3</b>	<b>51.4</b>	<b>46.2</b>	<b>76.7</b>	<b>25.4</b>	<b>53.7</b>	<b>2082.6</b>		
% at 30-04-11	88%	2%	2%	4%	1%	3%	100%		
<b>TOTAL at 31/03/2011</b>	<b>1269.0</b>	<b>471.8</b>	<b>96.5</b>	<b>219.8</b>	<b>33.2</b>	<b>82.0</b>	<b>2172.3</b>		
% at 31-03-11	58%	22%	4%	10%	2%	4%	100%		