Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

The next meeting of the
Royal National Hospital of Rheumatic Diseases NHS Foundation Trust Main Board
to be held in Public will be on Thursday 26th January 2012 at 1300 hrs
to be held in the LECTURE HALL, RNHRD

A G E N D A

		Action	Person	Paper
	OPENING BUSINESS			
1.	Apologies for Absence	-	Chair	-
2.	Declaration of Interests	-	Chair	-
3.	Minutes of meeting held in public – 5th December 2011	For approval	Chair	3.1
4.	Action List / Matters Arising	For information	Chair	4.1
5.	i) Chair's Report	For information	Chair	5.1
	ii) Chief Executive's Report	For information	Chief Executive	5.2
	iii) Medical Director's Report	For information	Medical Director	5.3
6.	Board Training - Janet Rowse, Sirona Social Enterprise	-	Chief Executive, Sirona	-
	QUALITY GOVERNANCE			
7.	i) Patient Safety Walkabout – Rheumatology : Stephen Cole	For information	Non Executive Director	7.1
	ii) Q3 Quality Report	For information	Director of Governance	7.2
	iii) Q3 Essential Standards Declaration	For information	Director of Governance	7.3
	PERFORMANCE			
8.	i) Q3 Operational Performance & Clinical Practice Report - Q3 Infection Control Report - VACS	For information	Director of Operations & Clinical Practice	8.1
	ii) PEAT 2011 Action Plan	For information	Director of Operations & Clinical Practice	8.2
9.	Financial Performance i) Finance Report Month 8 2011/12	For information	Director of Finance	9.1*
	ii) Q3 Monitor Report Submission	For approval	Director of Finance	9.2*
	MEETINGS			
10.	Integrated Governance & Quality Assurance Meeting Minutes – 31st October 2011	For information	Chair of IGQAC	10.1
11.	Charitable Funds Committee Chair's Report	For information	Chair of Charitable Funds Committee	11.1
	CLOSING BUSINESS			
12.	Any Other Business	-	-	-

CLOSED SECTION

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.

PLEASE NOTE PAPERS 9.1 & 9.2 WILL FOLLOW SHORTLY
Janet Rowse will join the meeting at 1400 hrs

DRAFT

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

HELD IN PUBLIC
MINUTES OF THE
TRUST BOARD OF DIRECTORS
Monday 5th December 2011
The Lecture Hall, RNHRD

Present:

Peter Franklyn	:	Chair (PF)
Kirsty Matthews	:	Chief Executive Officer (KM)
Dr Ashok Bhalla	:	Medical Director (AB)
Steven Haynes	:	Director of Finance (SH)
Annie Kelly	:	Director of Operations & Clinical Practice (AK)
Peter Spencer	:	Non-Executive Director (PS)
Chris Johns	:	Non-Executive Director (CJ)
Niall Bowen	:	Non-Executive Director (NTB)
Stephen Cole	:	Non-Executive Director (SC)
In attendance:		
Caroline Coles	:	Board Secretary (CC)

ITEM	TOPIC	ACTION
	The Chair welcomed the two Governor representatives and the one member of public to the RNHRD Trust Board meeting held in public.	
PM 12/11/1	**Board Training**	
	Kirsty Matthews, Chief Executive presented an overview of the Andrew Murrison report entitled "A Better Deal for Military Amputees". This report was published in June 2011 and looks at the NHS providing total services for military amputees. The Chair thanked Kirsty for a most informative presentation.	
PM 12/11/2	**Apologies for Absence**	
	Apologies were received from Hayley Sewell, Director of Governance.	
PM 12/11/3	**Declaration of Interests**	
	No declarations of interests were received.	
PM 12/11/4	**i) Minutes of Meeting held in public on 3rd October 2011**	
	The minutes of 3rd October 2011 held in public were **approved**.	
	ii) Minutes of AGM – 29th September 2011	
	The minutes of the Trust's AGM held on 29th September 2011 were **approved**.	
PM 12/11/5	**i) Chairs Report**	
	Peter Franklyn, Chair presented the report. No additional comments were made. The Board **noted** the report.	
	ii) Review of Effectiveness of Board Sub Committee	
	Peter Franklyn, Chair presented the report inviting the Board to comment on whether the revised Committee structure agreed in September 2010 had proved effective in practice during the past year. It was noted that:- ▪ Were there to be any time delay in minutes/reports being presented to the Board, it is the responsibility of the relevant Chair to highlight any issues that may arise ahead of the minutes being presented. **Action : Chairs of Sub Committees** ▪ One amendment was requested to the committee structure chart to reflect that Charitable Funds Committee minutes will be approved by the Audit Committee before being ratified by the Board.	**Chairs** **KM**

	Action : Chief Executive The Board **agreed** that the structure had worked well providing timely information and assurances to the Board and should continue in its current form.	
	iii) Chief Executive's Report	
	Kirsty Matthews, Chief Executive presented the report, highlighting:- ▪ The Trust's governance rating will be amended to amber red as a result of the recent unannounced CQC inspection visit. This recognised already highlighted shortfalls in two specific training related areas. A clear action plan has been produced for completion by end December 2011 to ensure compliance by the next quarterly report; progress will be reviewed at the January 2012 Board meeting **Action : Director of Governance** ▪ The challenges around the reduced Neuro Rehabilitation bed occupancy. ▪ Monitor's visit to the Trust, which was part of a planned series of visits to FT hospitals following the submission of Annual Plans. The discussions also included the Trust's strategic plans and measures to deal with the current in-year financial position. ▪ Information from the Department of Health had been received regarding issues arising out of the management of planned waiting lists. ▪ Monitor has commenced a consultation process to look at the future issue of Provider Licences. A Trust wide response will be sent by the Chief Executive to meet the deadline of Monday 12th December 2011. **Action : Chief Executive** The Board **noted** the very helpful and informative report.	**HS** **KM**
	iv) Medical Director's Report	
	Dr Ashok Bhalla, Medical Director presented the report and highlighted:- ▪ Two new consultants had started, both on fixed term contracts. ▪ Meetings are taking place to discuss potential clinical collaboration opportunities with Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Science, Oxford ▪ An update on annual appraisals The Board asked for the timescale when the new Rheumatology Consultant would commence clinics. Dr Bhalla confirmed that this would be within the next 2 weeks. It was noted that any combined post that came out of the potential clinical collaboration with Oxford would be a competitive appointment and open to all. Discussions had started with the new locum Rheumatology Consultant, Dr Lee, to determine to what extent it might be appropriate to also promote the RNHRD during his Round-Britain fundraising Kayak expedition in 2012. The Board **noted** the report	
PM 11/12/6	**i) Patent Safety Walkround**	
	Annie Kelly, Director of Operations & Clinical Practice presented the report in the absence of the Director of Governance who completed the walkround in the Neuro Rehabilitation Unit. The walkround provided an opportunity to talk to some patients and relatives with good feedback on both staff and services. Concerns were raised from staff over levels of staffing however the Director of Operations & Clinical Practice reassured the Board that a robust system is in place to monitor staffing levels and staffing levels at this time were at an appropriate level. The Non Executives asked if the timing of the visits to the Unit had changed as per an action from a previous meeting. It was confirmed that timings had been reviewed.	

	The Board **noted** the report.	
	ii) Quality Report	
	Annie Kelly, Director of Operations & Clinical Practice presented the report in the absence of the Director of Governance. Key points were highlighted:- ▪ In October 2011 the Trust met all the applicable national requirements ▪ In October 2011 there were no serious incidents, serious complaints or trends in complaints. ▪ The CQC completed an unannounced inspection visit on 25th October 2011 and the report concluded that - The trust was not meeting Outcome 07 - Safeguarding people who use services from abuse, due to a lack of staff training and understanding in this area. The Director of Operations & Clinical Practice confirmed that the Trust was now compliant and had achieved the target set. - An improvement action had been proposed with regard to the level of Appraisals. The Director of Operations & Clinical Practice confirmed that the Trust was now compliant and had achieved the target set. ▪ The trust's rating for *C.difficile* is amber as the trajectory for 2011/12 is 3 cases in 3 separate patients and there have been 2 cases to date in 2011/12 against a trajectory of 1 case to the end of Q2 and 2 cases to the end of Q3. ▪ The Trust had been assessed by the NHS Litigation Authority (NHSLA) and had achieved the level 1 standard. The Trust passed all 50 criteria which was to be applauded. The Board acknowledged the success of the NHSLA assessment, however it wished to focus on the CQC unannounced visit which highlighted concerns in both the levels of safeguarding training and appraisals; concerns that had already been expressed by the Board at previous Board meetings. The Chair stated that it is essential to ensure that the procedures that are in place are working to an appropriate level of compliance. After robust discussions on the level of training required assurance was given that following a vigorous review the correct level of training for each individual was now correct and that procedures had been put in place to capture the right training at the right level at the right time. The Board **noted** the report.	
PM 12/11/7	**Operational Performance & Clinical Practice Report**	
	Annie Kelly, Director of Operations & Clinical Practice presented the report highlighting:- ▪ Neuro Rehabilitation bed occupancy was below target. ▪ Endoscopy was underperforming. ▪ Pain Management are behind plan year to date, however this is offset by private patient income. ▪ The appraisal rate has continued to improve and has now achieved the target set by the CQC improvement plan. ▪ Level 2 safeguarding adults training target set by the CQC action plan has now been met. ▪ One adverse event has been reported for October 2011; a VTE diagnosed in Neuro Rehabilitation. A full root cause analysis is underway. Initial findings indicate that the cause was due to the complex nature of the patient. ▪ The report from the SW Dementia Review had been received which showed a good level of awareness and commitment within the Trust to meet the needs of vulnerable patients. ▪ The staff survey closes on 9th December 2011. A good level of response has been received. ▪ Staff flu vaccination programme has been completed. The uptake has increased by over 40% from last year. ▪ Industrial action took place on 30th November 2011 with 10% of the workforce out on strike. The Trust put into operation well rehearsed plans that maintained safe	

	services to its patients during this period. The Chair acknowledged the positive comments in the Dementia Peer Review, however noting one of the suggested improvements is for signage in the hospital, which has been raised at previous meetings. The Chief Executive confirmed that a trust wide communication project was being undertaken in conjunction with the "Refresh" Appeal which would cover signage. The Board requested that this item be prioritised and should not wait for the delivery of the Refresh Appeal. **Action : Director of Operations & Clinical Practice** The Board requested further explanation on the investigation of apparent under representative charging to commissioners. The Director of Finance explained that normal practice was for an appropriate tariff to be agreed with the appropriate commissioners based on the scoring mechanism in place. However during the patients' stay 1-1 special nursing support had been required which incurred extra cost; this has now been invoiced. As a consequence the processes around assessments and approval of funding has been urgently reviewed and tightened to prevent reoccurrences. The Board requested the previously published HR League table be included in the report once more to identify those departments failing to maintain appropriate training levels. **Action : Director of Operations & Clinical Practice** The Board **noted** the report and wished to thank all the staff concerned in the development of robust plans that covered the industrial strike action ensuring continuous safe services for the Trust's patients.	**AK** **AK**
PM 12/11/8	**Finance Report Month 7 2011/12**	
	Steven Haynes, Director of Finance presented the report highlighting:- ▪ The Income and Expenditure account for the year to date shows a deficit compared with a planned breakeven position. This is mainly due to the level of PCT income for the period being below plan in both Neuro Rehabilitation and Pain Management. ▪ There were a high number of discharges in Neuro Rehabilitation which has resulted in a reduction in the number of occupied beds. The emerging November 2011 position is expected to be around 13.5 occupied beds. ▪ The cash position continues to be steady; however this needs continuous close monitoring to deliver the year end forecast ▪ The Welsh debt continues to be an issue with discussion on small disputed amounts leading to further delays in payment until the disputed amount has been resolved. The Board asked for reassurance that there was a step by step approach to the issue of the Welsh debt. The Director of Finance gave assurance that there was a robust process in place and that the next step would be a face to face meeting. **Action : Director of Finance** Robust discussions followed around forecasting and the basis of the projected number of occupied beds in Neuro Rehabilitation going forward. A new forward modelling system had been set up showing weekly prediction of the level of bed occupancy which will ensure more adept forecasting. The Board **noted** the report, its concern over the current financial position and the trend in the reduction of occupied beds in Neuro Rehabilitation due to a number of factors stressing that it is essential to sustain this number with a drive to increase it back to its original planned level.	**SH**
PM 12/11/9	**Health & Safety Annual Report 2010/11**	
	Steven Hayes, Director of Finance presented the report covering the period from April 2010 to March 2011.	

	The Chair asked if there had been any claims in the period. The Director of Finance would check and report back. **Action : Director of Finance** Chris Johns, NED lead for Health & Safety stated that since he joined the Health & Safety committee a lot of work had been carried out within the Health & Safety team. In reviewing the report he wished confirmation that the fire compartmentalisation had been completed. The Director of Finance assured the Board that following the fire brigade's visit the requirement of compartmentalisation compliance had been met and the drawings of the Trust now reflected this. Further assurances on the more detailed work required to produce smoke safe compartmentalisation was requested, together with assurances that all the work in Trim Street had been completed. The Director of Finance will check the exact work that has been completed and report back. The Board stressed that it was imperative to have complete assurance. **Action : Director of Finance** The Board **noted** the report, however, suggested that for any future Health & Safety reports a mechanism should be put in to place to ensure that the Lead NED for Health & Safety endorse reports before being presented to the Board.	**SH** **SH**
PM 12/11/10	**R&D Operational Capability Statement**	
	Steven Haynes, Director of Finance presented the statement for approval by the Board. This statement was part of the R&D report presented at the November 2011 Board meeting that was omitted in error. It was confirmed that the information contained within the statement concerning Trust employee's had been agreed with each individual concerned. The Board **approved** the statement.	
PM 12/11/11	**Remuneration Committee Terms of Reference**	
	Peter Franklyn, Chair of the Remuneration Committee presented the terms of reference of the remuneration committee for ratification. The Board **ratified** the terms of reference subject to one slight amendment in 2.3 from Director of HR to Head of HR.	
PM 12/11/12	**Finance & Activity Committee Terms of Reference**	
	Stephen Cole, Chair of Finance & Activity Committee (F&AC) presented the terms of reference of the F&AC. The Board **ratified** the terms of reference subject to the Audit Committee approving the self assessment document.	
PM 12/11/13	**Any Other Business**	
	Food Hygiene Award The Chief Executive advised that the Trust catering team had achieved a high standard food hygiene award with merit following a result of a recent inspection. A press release will be produced. As this was Steven Haynes' last Board meeting, the Chair, on behalf of the Board, wished to thank him for his support and effort during his time as Finance Director at the Trust and wished him every success in the future.	
Resolution to exclude members of the public and press pursuant to the Public Bodies (Admission to Meeting) Act 1960		
The Trust Board **approved** the resolution.		

The next Trust Board meeting to be held in Public : 26th January 2012

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

RNHRD Trust Board held in Public : 26th January 2012 - ACTION LIST			
Item	**Action**	**Responsible**	**Action/Update**
1.	**PM 12/11/5 : Review of Effectiveness of Board Sub Committee** Were there to be any time delay in minutes/reports being presented to the Board, it is the responsibility of the relevant Chair to highlight any issues that may arise ahead of the minutes being presented	**Chairs of Sub Committees**	**Completed. Noted for future meetings.**
2.	**PM 12/11/5 : Review of Effectiveness of Board Sub Committee** One amendment was requested to the committee structure chart to reflect that Charitable Funds Committee minutes will be approved by the Audit Committee before being ratified by the Board.	**Chief Executive**	**Completed**
3.	**PM 12/11/5 : Chief Executive's Report : Unannounced CQC Visit Action Plan** A detailed action plan has been produced for completion by end December 2011 to ensure compliance by the next quarterly report; progress will be reviewed at the January 2012 Board meeting	**Director of Operations & Clinical Practice**	**Completed. All targets have been met.**
4.	**PM 12/11/5 : Chief Executive's Report : Monitor Consultation** Monitor has commenced a consultation process to look at the future issue of Provider Licences. A Trust wide response will be sent by the Chief Executive to meet the deadline of Monday 12th December 2011.	**Chief Executive**	**Completed**
5.	**PM 12/11/7 : Operational Performance & Clinical Practice Report** The Board requested the previously published HR League table be included in the report once more to identify those departments failing to maintain appropriate training levels.	**Director of Operations & Clinical Practice**	**Completed. Included in monthly report**
6.	**PM 12/11/8 : Finance Report Month 7 2011/12** The Board asked for reassurance that there was a step by step approach to the issue of the Welsh debt. The Director of Finance gave assurance that there was a robust process in place and that the next step would be a face to face meeting.	**Director of Finance**	**The Director of Finance did not conduct a face to face meeting before his departure. The new Director of Finance will review actions undertaken to date and present an action plan to the February 2012 F&A Committee.**
7.	**PM 12/11/9 : Health & Safety Annual Report 2010/11** The Chair asked if there had been any claims in the period. The Director of Finance would check and report back.	**Director of Finance**	**Verbal update to be given at the Board meeting.**

8.	**PM 12/11/9 : Health & Safety Annual Report 2010/11** Further assurances on the more detailed work required to produce smoke safe compartmentalisation was requested, together with assurances that all the work in Trim Street had been completed. The Director of Finance will check the exact work that has been completed and report back.	**Director of Finance**	**This was discussed in detail at the Health & Safety meeting and the Non Executive Director was given the acquired level of assurance.**

Future Actions

Item	Action	Responsible	Deadline
1.	**PM 12/11/7 : Operational Performance & Clinical Practice Report : Hospital Signage** The Board requested that this item be prioritised and should not wait for the delivery of the Refresh Appeal.	**Director of Operations & Clinical Practice**	**March 2012**

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title:	**Chair's Board Briefing**
Author:	Peter Franklyn, Chair
Meeting	Trust Board, 26th January 2012
Sponsor:	n/a
Appendices:	n/a
Action Required:	For Information

Chairman's Board Brief – January 2012

Meetings:

5 January 2012	SHA Chairs and Chief Executives meeting Taunton
6 January 2012	Lead Governor & 3 Chairs meeting
11 January 2012	Routine meeting RUH/RNHRD
20 January 2012	Public Equality and Diversity progress meeting RUH

Quality/ Patient Experience Agenda:

6 December 2011	Volunteers coffee morning
25 December 2011	Walk round with GM Rheumatology/Head of Nursing

P M Franklyn
Chair RNHRD
NHS FT
12/01/12

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**Chief Executive Officer's Report**
Author	**Kirsty Matthews, Chief Executive Officer**
Meeting	**Trust Board Meeting – 26th January 2012**
Sponsor	**n/a**
Appendices	**Appendix 1 : EMG Agenda - 15th December 2011 & 12th January 2012**
Review	**n/a**
Action Required	**For information**

1. MEETINGS

1st December	**:**	**Meeting with Department of Health, London reference Murrison Prosthetics Report**
7th December 2011	**:**	**Murrison Prosthetics Report Implementation Workshop, Newbury**
11th January 2012	**:**	**RNHRD / RUH meeting to review progress on stated strategic intent to merger**
13th January 2012	**:**	**Telephone update with Monitor**
17th January 2012	**:**	**Meeting with Tony Clarke, B&NES Overview & Scrutiny Panel Member**

2. LOCAL UPDATE

From 1st January 2012 the Government funded whistleblowing helpline changes to a free phone service. The helpline number will be 08000724725.

www.dh.gov.uk/health/2011/12/whistleblowing-helpline/

3. REGIONAL UPDATE

Jeff James, Chief Executive Wiltshire B&NES PCT Cluster left at the end of December 2011. Ed McAlistair Smith replaces Jeff Janes at NHS Wiltshire until April 2013, when the PCT is due to be abolished as part of the Government's NHS reforms. He was recently CEO of NHS Buckinghamshire.

4. MONITOR

On 6th December 2011 Monitor wrote to the RNHRD to advise their analysis of Q2 was complete and that the Trust's current ratings were:-

Financial Risk Rating	:	1
Governance Risk Rating	:	Amber/Red

The Board should note that the Trust has failed to meet its C-Difficile trajectory for 3 consecutive quarters and its governance risk rating may be overridden to red by Monitor.

5. RNHRD EXECUTIVE MANAGEMENT GROUP

The EMG agenda for December 2011 and January 2012 is attached as appendix 1.

6. MARKETING UPDATE

Trust website

Between 18th December 2011 and 17th January 2012 there have been, 3,136 visitor to our website, just over 70% of these were new visits. The Marketing & Communications Manager is meeting with the web programmers on the 19th January 2012 to discuss how we can utilise Google more effectively to monitor activity on the site, ensure that we are reaching the groups that we need to reach, and appear higher in results using search engines when finding a condition or service that the Trust provides. A plan for enhancing and maintaining our site will be produced to ensure that the potential of the website is maximised and supports the Trusts 12/13 business plans.

7. MEDIA COVERAGE

Media activity throughout December 2011 has included:

- **Half Marathon places** – coverage in Bath Chronicle and This is Wiltshire about remaining golden bond places
- **Undiagnosed CFS/ME in children as a cause of school absence** –13 December onwards extensive coverage of research report led by Dr Esther Crawley –variety of media including

    - Guardian, Daily Mail,
    - BBC Radio 4 – Today programme (Interview)
    - Heart Radio
    - Jack FM
    - BBC Breakfast (TV -AYME and patient)
    - BBC News (TV - AYME and patient)
    - BBC London radio
    - Radio 5 live
    - BBC Bristol
    - BBC News online
    - Bath Chronicle
    - Nursing Times

- **Phantom Limb pain – mirroring** Professor Candy McCabe is testing the use of mirrors with acute stroke victims – BBC world service piece on treatments for phantom limb pain
- **Serita Stone recovering from bobsleigh injury including treatment at RNHRD** - assorted media – BBC radio, breakfast TV, Daily Mail, Bath Chronicle
- **Ballet dancer Jack Widdowson recovery from spinal injuries after attack, with help from specialists at RNHRD** – Bath Chronicle, This is Somerset

Kirsty Matthews
Chief Executive
18/01/12

EMG
Thursday 15th December 2011
1400 – 1715hrs
In the
BOARD ROOM

Agenda

Timings				Paper
		OPENING BUSINESS		
1400 - 1430	1.	Apologies	KM	-
	2.	Minutes of 17th November 2011	KM	√
	3.	Action List	KM	√
		BOARD REPORTS		
1430 - 1500	4.	Update from December 2011 Board Meeting		√
	4.1	Chief Executive Report	KM	√
	4.2	Director of Finance Report	SH	-
	4.2.1	Operating Framework 2012/13	SH	√
	4.3	Director of Operations & Clinical Practice Report	AK	√
	4.3.1	CQC Action Plan	AK	√
	4.4	Medical Director Report	AB	√
	4.5	Director of Governance Report	HS	√
		OPERATIONAL/STRATEGY		
1500 - 1615	5.	Datix	TI	-
	6.	BMD Activity Plans	TI	-
	7.	Emergency Planning Overview	AK/SI	-
		SPECIALITY REPORTS		
1615 - 1715	8.	Rheumatology	AP	-
	8.1	Endoscopy (Dr A Griffiths)		
	8.2	Day Case Unit		
	9.	Estates	MS	√
	10.	Marketing & Communications	EM	-
		ANY OTHER BUSINESS		

Date of next meeting : 12th January 2012

EMG

Thursday 12th January 2012
1400 hrs
in
Board Room

Agenda

Timings			Paper
1400 - 1500	Outline of Planning Process for 2012/13	-	-
1500 – 1700	Financial Position ▪ Update November/December 2011 Outturn ▪ Action Planning Q4 ▪ Implications of significant year end deficit ▪ Next Steps	-	-

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**Medical Director's Report**
Author	**Dr Ashok Bhalla, Medical Director**
Meeting	**Trust Board Meeting – 26th January 2012**
Sponsor	**n/a**
Appendices	**None**
Review	**n/a**
Action Required	**For information**

1. Responsible Officer

Dr Tim Craft, Medical Director at The Royal United Hospital, has kindly agreed to deliver revalidation of medical staff at the RNHRD NHS FT, but would like to limit his role to that point only. A small task group has been established at the RUH who will determine how to implement and enhance medical appraisals in support of revalidation. Dr Craft has kindly asked if the Medical Director would like to join this group. Dr Bhalla has written to Dr Craft to accept this offer.

Dr Bhalla would be grateful for the Board to consider the offer from Dr Craft to act as Responsible Officer and approve the appointment.

2. Endoscopy Service and Locum Consultant Gastroenterologist

Dr Anthony Collins, who was instrumental in setting up the endoscopy service, has also been providing Locum Consultant Gastroenterologist cover to the single handed current practice of Dr Adrian Griffiths. Dr Collins has written (03 January 2012) to formally cease to act as a Locum in this capacity. Over the years since retirement, Dr Collins has provided Locum Consultant cover, but felt that he would need to undertake at least 250+ endoscopies per year to keep in practice. As referrals to the Unit have fallen, his services have not been required so frequently and, therefore, he has not been able to see the required number of patients. Under the circumstances it is felt appropriate that we accept Dr Collins' assessment of the situation and Dr Bhalla has written thanking him for his assistance. Dr Griffiths has now been asked to liaise with the RUH to enquire as to how cover can be provided during his absences for annual and study leave.

3. Waiting List Clinics for Rheumatology

It had previously been agreed that the waiting list clinics, undertaken on a Tuesday evening, would cease at the end of February 2012. In view of the significant deficit, consultants and relevant trainees have agreed to continue undertaking waiting list clinics on Tuesday evenings for the month of March 2012. The Locum Consultant, Dr Martin Lee, has also agreed to undertake waiting list clinics during the months of February and March 2012. The current system cannot be maintained and indicates a clear need for an additional full time consultant (see point 4. and 5.).

4. New Locum Consultant (Rheumatology) Appointment

Dr Martin Lee will be leaving at the beginning of April 2012 for a four month absence to undertake kayaking for NRAS (National Rheumatoid Arthritis Society). With the loss of his clinical activity it is apparent that we will not be able to review all the outpatient patients in a timely fashion. As a result, a Locum Consultant Rheumatologist appointment will be advertised for a six, and possibly twelve month period. This would be in addition to Dr Lee when he returns to the RNHRD in August 2012.

5. Substantive Consultant Appointment

There is no doubt that a new substantive full time consultant appointment (Rheumatology) is essential in order to maintain clinic activity at the required levels. This post, which will be linked with the Nuffield Department for Orthopaedics in Oxford, will be advertised shortly. We are hoping to attract an individual with good academic track record who will develop academic services at the RNHRD in conjunction with the University of Oxford. The area of expertise that we are looking for could be either in connective tissue disease or, probably more likely, in inflammatory joint disease, particularly rheumatoid arthritis. This is the most common inflammatory joint disease and yet we do not have a consultant lead for this. It is anticipated that the new consultant will undertake four outpatient clinics per week and over a three year period develop the academic element of the post and obtain external grants etc.

6. GMC Trainee Survey Results

Professor Sandhu, Postgraduate Dean and Head of Education at the Severn Deanery, wrote to Dr Bhalla on 12 December 2012 to congratulate the RNHRD on receiving excellent GMC Trainee Survey results for this year. The RNHRD scored 9 'green flag' (this is where positive scores are in the top quartile and with a mean outside the 95% intervals of the national mean). In terms of the overall satisfaction within the specialty of rheumatology in Severn Deanery, the score was 85% and the RNHRD was ranked 6 out of 17 sites nationally. Clearly there is room for further improvement, but to date the Severn Deanery rotation in rheumatology continues to attract high calibre trainees.

Dr Ashok Bhalla
Medical Director

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

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: Senior Nurse** **Walkround carried out by: Stephen Cole, Non-executive director**
Date: 5/12/2011	**Format of walkround: walk round ward area discussion with patient**
Report completed by: Patient Safety co-ordinator	**Distribution: General Managers, Non-executive Director, the Trust Board, Matron**

PATIENT /RELATIVE/CARER STORY
Discussions took place with patients on Violet Prince ward. The first had been admitted the previous day (a Sunday). The patient explained that his referral from the East Midlands to the Trust was recommended by the Macmillan team who suggested being referred to the Consultant Nurse, Bath Centre for Pain Services, at the Trust; it was not without some questioning from his local PCT. From initial telephone calls with the Consultant Nurse's team, he felt the hospital was a good place to come to. On arrival at the Trust, staff were welcoming and he was treated as an individual. He was very content with how he had been treated thus far and had no concerns to raise. The second was a patient who has had over the years a number of spells at the Trust, the first as a patient in the neurorehabilitation ward. She lives relatively locally. On account of her progress made since her admission, she was extremely happy with the treatment she had received. She was effusive in her praise of the staff, expressing concern for the Trust's future. She had no concerns to raise other than whether there is sufficient staff.

#	ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
1.	Tiles that had come away from the wall are still coming away from wall by bath	General Manager has contacted Facilities Manager	Matron Rheumatology		Tiles have been repaired

Colour code: **Action required** **No action required**

#	ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
2.	Broken chair in back corridor	General Manager has contacted Senior staff nurses to complete disposal form and send to Facilities	Band 6 nurse	31/12/2011	31/12/2011
3.	Two broken bed-side tables	Disposal of broken tables. Purchase of new tables	Matron	Purchase of new tables in progress	Broken tables disposed

Colour code: **Action required** **No action required**

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**December 2011 & Q3 Quality Report**
Author of Document	**Hayley Sewell, Director of Governance**
Meeting	**Board of Directors January 2012**
Action Required	**For noting**
Appendices	**1. Complaints Report** **2. Action Plan Update Following CQC October 2011 Visit** **3. Priorities for Improvement in 2011/12 Q3 Progress Report**
Assurance	**CQC Outcome 16 - Assessing and monitoring the quality of service provision.**

National Targets - For noting by the board

- In December 2011 the Trust did not meet all the applicable national requirements and minimum standards for acute trusts detailed in Monitor's Compliance Framework 2011/12 due to exceeding the C Diff trajectory for 2011/12. As achieving the C Diff trajectory is a "gateway" to achieving the £55K CQUIN payment for 2011/12 the trust does not qualify for any CQUIN payment for 2011/12.
- In December 2011 there were no serious incidents, serious complaints or trends in complaints.
- The CQC completed an unannounced inspection visit on 25.10.11 and their report concluded that the trust was not meeting Outcome 07 - Safeguarding people who use services from abuse due to a lack of staff training and understanding in this area. All actions have now been completed and the Directors have declared compliance in all areas at the end of Q3 2011/12.

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

Targets and indicators, thresholds, and monitoring periods for 2011-12	Threshold	Weighting	Monitoring Period for Monitor	Dec 2011	Year to date	R/A/G to date
Safety						
Clostridium difficile year on year reduction (to fit the trajectory for the year as agreed with PCT; 3 cases in 3 separate patients – profiled as one case in Q2, Q3 and Q4)	0	1.0	Quarterly	0	4	
MRSA – meeting the MRSA objective	0	1.0	Quarterly	0	0	
Patient Experience						
Referral to treatment waiting times – non-admitted i.e. out patients (95th percentile)	18.3 weeks	1.0	Quarterly	13.71		
Referral to treatment waiting times – admitted i.e. inpatients (95th percentile)	23 weeks	1.0	Quarterly	10.74		
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	Quarterly	Comp-liant	Compliant	

2. Complaints

In quarter 3 2011/12 there were **6** new written complaints. There were also 2 complaints re-opened in quarter 3, as further issues were raised by complainants after their original complaint. In quarter 1 2011/12 there were 5 written complaints and in quarter 2 there were 6 new written complaints. These compare with the average of 4 per quarter in 2010/11 and 4.25 per quarter in 2009/10.

In quarter 3 the Trust received 4 complaints about Rheumatology. Three of these were concerning communication and one was regarding clinical treatment and care. Investigation has concluded that there are no trends in these complaints.

In quarter 3 the Trust received 2 complaints regarding clinical care and treatment on Neuro-rehabilitation. These are in the process of being investigated and responded to.

Further details are contained in Appendix 1.

3. PALs

In quarter 3 of 2011/12 we received 71 verbal complaints. This compares with an average of 24.5 per quarter in 2010/11 22.5 per quarter in 2009/10. We received 16 verbal complaints in quarter 1 and 56 in quarter 2. This increase was due to complaints about access to the appointments office by telephone. We received 40 verbal complaints regarding patients unable to access the Appointment Office by telephone in quarter 3 2011/12.

Following increasing volumes of complaints, regarding access to the Appointment Office by telephone, in September and October 2011 action was taken for all telephone calls from patients complaining about being unable to contact the office to be put through to either the Outpatient Manager or the General Manager for Clinical Support Services. This has resulted in PALS receiving no complaints from patients during November and December 2011.

We received 4 verbal complaints regarding delays in follow-up appointments in quarter 3 of 2011/12. We received 3 verbal complaints regarding this issue in quarter 1 and 4 in quarter 2 of 2011/12. This compares with 16 in 2010/11, an average of 4 per quarter. This compares with 8 in 2009/10, an average of 2 per quarter.

Further details are available on request.

Appendix	**1**
Title	**Complaints report Quarter 3 2011-12**
Author of Document	**Laura Davies, Patient Experience & Membership Manager**
Sponsor	**Hayley Sewell, Director of Governance**
Meeting	**Board January 2011**
Action Required	**For information**
Assurance	**CQC essential standards of quality safety outcome 17 Complaints and 16 Assessing and monitoring the quality of service provision. PCT Quality Monitoring.**

Summary of complaints received for 2011/12 and trends and comparisons with 2010/11 and 2009/10:

In quarter 3 2011/12 there were 6 new written complaints. There were also 2 complaints re-opened in quarter 3, as further issues were raised by complainants after their original complaint. In quarter 1 2011/12 there were 5 written complaints and in quarter 2 there were 6 new written complaints. These compare with the average of 4 per quarter in 2010/11 and 4.25 per quarter in 2009/10.

In quarter 3 the Trust received 4 complaints about Rheumatology. Three of these were concerning communication and one was regarding clinical treatment and care. Investigation has concluded that there are no trends in these complaints.

In quarter 3 the Trust received 2 complaints regarding clinical care and treatment on Neuro-rehabilitation. These are in the process of being investigated and responded to. Initial investigation suggests the need for a review of nursing leadership and a review of nursing systems across the unit.

We have received no complaints regarding delays in follow up appointments in quarter 3 2011/12. We have received 2 complaints in quarter 1 2011/12 and 2 complaints in quarter 2 2011/12 regarding this issue. These compare to 2 complaints received in 2010/11, one in quarter 1 and one in quarter 2. This compares to 1 complaint received in quarter 2 of 2009/10.

We have received no complaints regarding patients unable to access the appointments office by telephone in quarter 2 2011/12. We received 1 complaint in quarter 1 2011/12 and 1 complaint in quarter 2 regarding this issue. This compares to 0 complaints received in 2010/11and 0 complaints received in 2009/10.

Summary Data for 2011/12:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
New Complaints:	**1**	**3**	**1**	**3**	**2**	**2**	**3**	**1**	**2**				**18**
Rheum		2		1	1	2	3	1					10
Rheum OP follow up appts	1		1	1	1								4
CFS Adult													0
CFS Paed		1											1
Neuro				1					2				3
Pain													0
Gen Med													0
Complaints Re-opened		**1**				**1**		**2**					**4**

Trends by quarter, year to date for 2011/12:

Complaint type by Korner definitions	New Complaints received in Quarter 1	New Complaints received in Quarter 2	New complaints received in Quarter 3	Complaints received year to date 2011/12
Admissions, discharge and transfer arrangements	1			1
Aids, appliances, equipment	1			1
Appointments Delay/ Cancellation	2	2		4
Attitude of staff		1		1
All aspects of clinical treatment/ care		2	3	5
Communication verbal/ written		1	3	4
Policy and commercial decisions				
Personal records	1			1
Patient privacy and dignity				
Failure to follow procedure				
Patient property		1		1

Detailed report by quarter pages 3 - 14

Complaints received in Quarter 2				
Complaint reference number	**04 /2011-2012**			
Classification	Formal complaint		**PCT**	Worcestershire
Timescales	**Date complaint received**	19/05/2011	**Actual date of response letters**	09/06/2011 17/10/2011 29/11/2011
	Target date for response	10/06/2011	**Date complaint closed**	
Status	**RE-OPENED**			
Service area	CFS/ ME PEADIATRIC			
Subject / issue raised	Personal records			
Initial response actions taken				**Date action completed**
	Acknowledgement letter sent to complainant from Chief Executive			19/05/2011
	Complaint sent to Consultant and General Manager for Pain Management Services with request for full investigation and response by 06/06/2011			19/05/2011
	Response received from Consultant			02/06/2011
	Response incorporated into letter from Chief Executive and sent			09/05/2011
	Complaint re-opened			13/09/2011
	Acknowledgement letter sent to complainant from Chief Executive			14/09/2011
	Complaint sent to Director of Operations with request for full investigation and response by 03/10/2011.			14/09/2011
	Response received from service manager			13/10/2011
	Response incorporated into letter from deputy Chief Executive and sent			17/10/2011
	Complaint re-opened			10/11/2011
	Complaint sent to Service Lead detailing			21/11/2011
	Action completed by Service Lead and response provided			22/11/2011
	Response incorporated into letter from Chief Executive and sent			29/11/2011
Findings	**Patient's mother highlighted concerns regarding the contents of a clinical letter and the circulation of the corrections to appropriate professionals involved in patient's care. Re-opened - regarding erroneously filed document belonging to another patient found in patient's medical records.**			

Outcome and further action taken		**Date action completed**
	Confirmed that the patient's mother's corrections on the patient's medical records.	06/2011
	Offered to send a copy of the corrections to the health professionals as identified by the complainant.	Offer declined
	Re-opened – investigations found that controls are in place to ensure misfiling of patient's records minimise the risk of such incidents.	10/2011
	Re-opened – response confirmed that appropriate actions had been taken regarding the misfiled patient record.	11/2011
Learning and service developments as a result of the complaint	**Reminder to staff regarding care when filing health records, all staff to complete information governance training.**	

Complaints received in Quarter 2				
Complaint reference number	**12 /2011-2012**			
Classification	Formal complaint		**PCT**	BANES
Timescales	**Date complaint received**	16/09/2011	**Actual date of response letter**	20/10/2011
	Target date for response	21/10/2011	**Date complaint closed**	20/11/2011
Status	**Closed**			
Service area	RHEUMATOLOGY			
Subject / issue raised	All aspects of clinical treatment/care			
Initial response actions taken				**Date action completed**
	Acknowledgement letter sent to complainant from Chief Executive			26/09/2011
	Complaint letter sent to Dr Bhalla, Medical Director, with a request for full investigation and response by 10/10/2011.			27/09/2011
	Response received from Dr Bhalla			10/10/2011
	Response incorporated into letter from deputy Chief Executive and sent			20/11/2011
Findings	**Patient felt there was a failure to investigate and diagnose by a doctor during an outpatient appointment.**			
Outcome and further action taken				**Date action completed**
	As a result of a thorough investigation no failure to investigate and diagnose was identified.			Nov 2011
Learning and service developments as a result of the complaint	**No recommendations**			

Complaints received in Quarter 3				
Complaint reference number	**13 /2011-2012**			
Classification	Formal complaint		**PCT**	BANES
Timescales	**Date complaint received**	04/10/2011	**Actual date of response letter**	28/10/2011
	Target date for response	08/11/2011	**Date complaint closed**	28/11/2011
Status	**Closed**			
Service area	RHEUMATOLOGY			
Subject / issue raised	Communication Verbal/written			
Initial response actions taken				**Date action completed**
	Acknowledgement letter sent to complainant from Chief Executive			04/10/2011
	Complaint letter sent to Dr Bhalla, Medical Director, with a request for full investigation and response by 21/10/2011.			04/10/2011
	Response received from Dr Bhalla			18/10/2011
	Further information provided by Diagnostic Unit team			20/10/2011
	Response incorporated into letter from Chief Executive and sent			28/11/2011
Findings	**Patient detailed points of concern regarding the administration of a caudal epidural and information provided prior to the procedure.**			
Outcome and further action taken				**Date action completed**
	Doctor explained the reasons for actions taken and information provided during procedure and apologised for patient's experience.			Nov 2011
	Identified information in patient literature regarding caudal epidurals did not provide details of all treatment options provided to patients.			Nov 2011
Learning and service developments as a result of the complaint	**Diagnostic Unit Team to review and update patient information leaflet to ensure it captures all treatment options in Jan 2012.**			

Complaints received in Quarter 3				
Complaint reference number	**14 /2011-2012**			
Classification	Formal complaint		**PCT**	Devon
Timescales	**Date complaint received**	04/10/2011	**Actual date of response letter**	07/11/2011
	Target date for response	08/11/2011	**Date complaint closed**	07/12/2011
Status	**Closed**			
Service area	RHEUMATOLOGY			
Subject / issue raised	All aspects of clinical treatment/care			
Initial response actions taken				**Date action completed**
	Acknowledgement letter sent to complainant from Chief Executive			04/10/2011
	Complaint letter sent to Dr Jenkinson, Consultant and copied to Medical Director and Head of Therapies, with a request for full investigation and response.			04/10/2011
	Verbal consent gained from patient to respond to patient's husbands complaint			04/10/2011
	Outpatient appointment with Consultant			10/10/2011
	Telephone call received by Complaints manager from patient detailing concerns regarding outpatient appointment on 10/10/2011			14/10/2011
	Email received from patient's husband detailing concerns regarding the speed of response by Trust			18/10/2011
	Telephone call from Complaints Manager to patient explaining complaints procedure and actions being taken			20/10/2011
	Telephone conversation; between Medical Director on patient's GP.			24/10/2011
	Transferred patient's care to Medical Director			24/10/2011
	Telephone conversation between Medical Director and patient to agree future treatment plans			27/10/2011
	Email received from husband detailing concerns regarding treatment plan			01/11/2011
	Telephone call from Complaints Manager to patient to discuss concerns and agree actions.			01/11/2011
	Response letter sent from Chief Executive detailing all actions taken			07/11/2011

	to resolve patient and families concerns.	
Findings	**Patient's husband detailed concerns regarding treatment received during an inpatient admission.**	
Outcome and further action taken		**Date action completed**
	Doctors, therapists and nurses reviewed patient's treatment during inpatient stay and explained reasons for actions taken	Nov 2011
	Future treatment plan identified and agreed with patient by Medical Director.	Nov 2011
Learning and service developments as a result of the complaint	**Contracts regarding assessment and management to be identified and agreed between Trust Clinicians and patients. Action Medical Director.**	

Complaints received in Quarter 3				
Complaint reference number	**15 /2011-2012**			
Classification	Formal complaint		**PCT**	BANES
Timescales	**Date complaint received**	17/10/2011	**Actual date of response letter**	15/11/2011
	Target date for response	21/11/2011	**Date complaint closed**	15/12/2011
Status	**Closed**			
Service area	RHEUMATOLOGY			
Subject / issue raised	Communication Verbal/Written			
Initial response actions taken				**Date action completed**
	Acknowledgement letter sent to complainant from Chief Executive			17/10/2011
	Complaint letter sent to Dr Bhalla, Medical Director, with a request for full investigation and response.			21/10/2011
	Complaints Manager telephoned patient to discuss complaints procedure and identify an individual investigation plan			21/10/2011
	Appointment arranged for patient with Consultant, Dr Korendowych on 02/12/2011.			
	Letter sent to GP surgery			01/11/2011
	Letter received from GP surgery			02/11/2011
	Response received from Dr Bhalla			04/11/2011
	Confidential information deleted from medical notes on patient's request			15/11/2011
	Response incorporated into letter from Chief Executive and sent			15/11/2011
Findings	**Patient detailed points of concern regarding information provided by patient in confidence that they did not wish to be included in health record was passed on to patient's GP.**			
Outcome and further action taken				**Date action completed**
	Information provided by patient in confidence was deleted from patient's medical records at GP surgery			Nov 2011
	Information provided by the patient in confidence was deleted from patient's medical records at RNHRD			Nov 2011
	Apology from doctor for including information provided in confidence			Nov 2011

	in letter to GP	
Learning and service developments as a result of the complaint	**Doctor advised that patient had provided information in confidence and it was not to be included in their health record.**	

Complaints received in Quarter 3				
Complaint reference number	**16 /2011-2012**			
Classification	Formal complaint		**PCT**	BANES
Timescales	**Date complaint received**	17/11/2011	**Actual date of response letter**	16/12/2011
	Target date for response	22/12/2011	**Date complaint closed**	
Status	**Open**			
Service area	RHEUMATOLOGY			
Subject / issue raised	Communication Verbal/Written			
Initial response actions taken				**Date action completed**
	Acknowledgement letter sent to complainant from deputy Chief Executive			18/11/2011
	Complaint letter sent to Dr Bhalla, Medical Director, with a request for full investigation and response by 02/12/2011.			18/11/2011
	Letter regarding patient's complaint received from patient's GP			25/11/2011
	Reports received from doctors involved in patient's care during inpatient stay			29/11/2011
	Telephone conversation between Complaint's Manager and patient to arrange a telephone discussion between patient and Dr Jenkinson, her Consultant.			08/12/2011
	Telephone conversation between Dr Jenkinson and patient			08/12/2011
	Response to concerns and actions taken incorporated into letter from Chief Executive and sent to patient and copied to GP			16/12/2011
Findings	**Patient detailed points of concern regarding the information provided during inpatient admission and in discharge summary**			
Outcome and further action taken				**Date action completed**
	Doctors involved in the patient's care explained the reasons for actions taken during inpatient admission and apologised for patient's experience.			Dec 2011
	Identified information in discharge summary not discussed with patient before discharge.			Dec 2011

Learning and service developments as a result of the complaint	**Ensure any information which is potentially distressing to the patient is discussed with them in person before they receive the information in writing.**

Complaints received in Quarter 3				
Complaint reference number	**6 /2009-2010**			
Classification	Formal complaint		**PCT**	Wiltshire
Timescales	**Date complaint received**	21/11/2011	**Actual date of response letter**	16/12/2011
	Target date for response	05/01/2012	**Date complaint closed**	
Status	**Re-Opened**			
Service area	RHEUMATOLOGY			
Subject / issue raised	Appointments delay/cancellation			
Initial response actions taken				**Date action completed**
	Letter received from patient's MP			21/11/2011
	Telephoned patient to discuss complaint and actions to be taken			18/11/2011
	Sent form to patient to gain written consent to copy response letter to MP			25/11/2011
	Consent form received from patient			09/12/2011
	Response to concerns and actions taken incorporated into letter from Chief Executive and sent (copied to MP and GP).			16/12/2011
Findings	**Patient detailed points of concern regarding access to urgent treatment when in flare.**			
Outcome and further action taken				**Date action completed**
	Service provided to patients when in flare does not meet patient's expectations.			Dec 2011
	Trust policy explained to patient			Dec 2011
Learning and service developments as a result of the complaint	**No recommendations.**			

Complaints received in Quarter 3				
Complaint reference number	**17 / 2011/12**			
Classification	Formal complaint		**PCT**	Bucks
Timescales	**Date complaint received**	14/12/2011	**Actual date of response letter**	
	Target date for response	18/01/2012	**Date complaint closed**	
Status	**Open**			
Service area	NEURO-REHABILITATION UNIT			
Subject / issue raised	**All aspects of clinical treatment/ care**			
Initial response actions taken				**Date action completed**
	Acknowledgement letter sent to complainant from Chief Executive.			16/12/2011
	Chief Executive spoke with service Consultant and Head of Nursing regarding the issue.			16/12/2011
	Complaints Manager spoke with complainant to offer support and advice through the complaint process and explain actions that have and are being taken			16/12/2011
	Complaints Manager highlighted complaint to Director of Operations			16/12/2011
	Complaint letter sent to Amanda Pacey, Head of Nursing with a request for full investigation and response by 04/01/2012.			19/12/2011
	• A full investigation into the issue highlighted by the complaint. • A response report detailing the findings of the investigation and any actions taken to address			17/12/2012
	Clinical Managers to approve final response letter			
Findings	**Patient's family detailed points of concern regarding nursing levels in HDU.**			
Outcome and further action taken				**Date action completed**
Learning and service developments as a result of the complaint				

Complaints received in Quarter 3				
Complaint reference number	**18 / 2011/12**			
Classification	Formal complaint		**PCT**	Bucks
Timescales	**Date complaint received**	21/12/2011	**Actual date of response letter**	
	Target date for response	30/01/2012	**Date complaint closed**	
Status	**Open**			
Service area	NEURO-REHABILITATION UNIT			
Subject / issue raised	**All aspects of clinical treatment/ care**			
Initial response actions taken				**Date action completed**
	Acknowledgement letter sent to complainant from Chief Executive.			22/12/2011
	Complaint letter sent to Dr Peter Tucker, Acting General Manager with a request for full investigation and response by 09/01/2012.			19/12/2011
	• A full investigation into the issue highlighted by the complaint. • A response report detailing the findings of the investigation and any actions taken to address			
	Clinical Managers to approve final response letter.			
Findings	**Patient's family detailed points of concern regarding storage of equipment and furniture in HDU.**			
Outcome and further action taken				**Date action completed**
Learning and service developments as a result of the complaint				

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**Action Plan Update following CQC Unannounced Inspection Visit October 2011**
Author of Document	**Hayley Sewell, Director of Governance**
Meeting	**Board of Directors January 2012**
Action Required	**For noting**
Appendices	**1. Care Quality Commission (CQC) Review of Compliance** **2. CQC Review of Compliance Action Plan**
Assurance	**CQC Essential Standards of Quality and Safety, Outcome 16 - Assessing and monitoring the quality of service provision.**

1. CQC Un-announced inspection report and action plan

By law, providers of health services have a legal responsibility to make sure they are meeting essential standards of quality and safety.

The CQC will formally review services at least every 2 years to check whether a service is meeting all of the essential standards. The CQC carried out an unannounced inspection visit at the RNHRD on 25 October 2011.

If the CQC has concerns that providers are not meeting the essential standards they may set improvement actions, compliance actions or enforcement action. These are defined as:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

The CQC provided the trust with a draft report following their un-announced inspection visit on 25.10.11. The trust commented on some issues of factual accuracy and the final report was received on 18/11/11. The report is also published on the CQC website.

The overall judgement following the compliance review was that the trust was;

The Royal National Hospital for Rheumatic Diseases NHS Foundation Trust was not meeting one or more essential standards.

Essential Standard	CQC Judgement
Outcome 01 Respecting and involving people who use services	Compliant
Outcome 04 Care and welfare of people who use services	Compliant
Outcome 07 Safeguarding people who use services from abuse	This regulation is not being met. There are **moderate concerns** with this outcome due to lack of staff training and understanding. **Action must be taken to achieve compliance**.
Outcome 14 Supporting staff	Improvements actions required There are **minor concerns** with this outcome as not all staff have reviewed or updated their mandatory training and not all staff receive regular supervision or appraisals. **Improvements should be made to maintain compliance.**
Outcome 16 Assessing and monitoring the quality of service provision	Compliant

The RNHRD NHS FT implemented an action plan to address the issues in the CQC report and has achieved the actions within the agreed timescales;

- to ensure a minimum of 80% of relevant staff have received safeguarding training.
- to ensure that a minimum of 80% of relevant staff have completed their mandatory training and that appraisals are completed

The Director of Governance will advise the CQC that the action plan is completed.
I will confirm this to the CQC following the January 2012 Board meeting.

The CQC may undertake a further inspection visit.

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

CQC Compliance	Lead Director, Hayley Sewell Director of Governance
Action Plan Update:	**16 January 2011**
Action plan completed by:	Annie Kelly, Director of Clinical Practice & Operations

	ISSUE IDENTIFIED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE
1.	Outcome 7: Safeguarding people from abuse Compliance Action **People who use services at the hospital may not be safeguarded from abuse. This is due to lack of staff training and understanding in this area. Training records showed that by the end of quarter 1 of 2011/12 67% of staff had received this training.**	**The Trust needs to ensure a minimum of 80% of relevant staff have received safeguarding training.**	**Director of Clinical Practice and Operations**	**31.12.11**	**Complete**
2.	Outcome 14: Supporting staff Improvement Action **Staff have the skills and competencies to meet the needs of people who use the hospital but not all staff have reviewed or updated their mandatory training. Staff feel well supported but not all staff receive regular supervision or appraisals**	**The Trust needs to ensure that a minimum of 80% of relevant staff have completed their mandatory training and that appraisals are completed**	**Director of Clinical Practice and Operations**	**31.12.11**	**Complete**

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Priorities for Improvement in 2011/12 – Q3 Progress Report

The following priorities were agreed by the Trust Board on the 3rd May 2011 and were submitted to Monitor as part of the Annual Plan 2011-12

The priorities have been identified through:-

- Feedback from patients through the National CQC Survey of Adult Inpatients in the NHS 2010 results for RNHRD, complaints and PALs and patient feedback to the Council of Governors.
- Feedback from the wider public through the Annual Members Day, LINKs
- Feedback from commissioning PCTs through the CQUIN
- Feedback from staff through the national patient safety programme and review of the risk register

Priorities for improvement	Monitoring	Measurement	Reporting	Lead	Progress as at end Q3
Patient Safety					
100% of inpatients who have a diagnosis of pulmonary embolus (PE) or deep vein thrombosis (DVT) to have a root cause analysis (RCA) undertaken. To ensure the learning from the RCA shared and disseminated internally within the hospital and also within the wider community	Incidents of PE and DVTs to be recorded together with RCA on trust –wide incident reporting system. Incident reports and RCAs monitored by Clinical Risk Committee.	Number of PE or DVTs and number of completed RCAs and completion of any associated improvement action plans.	Quarterly Clinical Risk Committee Report to IGQAC. IGQAC Report to Board. Quarterly quality report to host PCT. Annual Quality Report	Director of Clinical Practice and Operations	Nil diagnosis of DVT or PE within Q1 & Q2 **Q3 Update** 2 VTE in Q3, both on Neuro , 1 in July and 1 in Oct. RCAs and action plans completed and learning disseminated
To improve the management of patients with catheter associated urinary infections by reducing the	Incidence of catheter associated urinary infections to be	Number of incidents of catheter	Quarterly Clinical Risk Committee Report to IGQAC	Director of Clinical Practice and Operations	Newly devised and implemented continence

incidence of infections. To ensure all patients with a urinary catheter in situ have an assessment and review to clearly indicate the rationale for the catheter	monitored and reported to Clinical Risk Committee.	associated urinary infections	(Integrated Governance and Quality Assurance Committee). IGQAC Report to Board. Quarterly quality report to host PCT. Annual Quality Report	Infection Prevention and Control Nurse	assessments for all in patients. Continence link nurse role established. Monthly Patient Safety audit covering Patients with Catheters and UTIs, reported regionally to Patient Safety Programme. **Q3 Update** New measure developed for %of patients with catheters versus no of patients with infections
To implement the SKIN(Surface, Keep moving, Incontinence management & Nutrition care) bundle for all patients with pressure areas graded at 2 and above and to initiate the practice of intentional rounding in line with National objectives in relation to tissue viability	Audits reported to Clinical Risk Committee	Outcome of audits and completion of any associated improvement action plans	Quarterly Clinical Risk Committee Report to IGQAC. IGQAC Report to Board. Quarterly quality report to host PCT. Annual Quality Report	Director of Clinical Practice and Operations Pressure Area Lead Nurse	PDSA cycles have been used to test the change of the pressure area care. Full implementation of the SKIN bundle is planned for the end of July 2011. **Q3 Update** Skin bundle implemented
Clinical Effectiveness					
Use of the Goal Attainment Score (GAS) to demonstrate a high standard of both patient participation and outcome measure of recovery sufficient to record the	Individual GAS scores	Number of patients who have achieved goals.	IGQAC Report to Board. Quarterly quality report to host PCT.	Director of Clinical Practice and Operations General Manager	Baseline data calculations completed . Data collection process now on

patient journey and benchmark the service and its process in relation to adult inpatients on the Neuro-Rehabilitation Unit.			Annual Quality Report	Neuro Rehabilitation and Clinical Psychologist.	Web trak. Data analysis has begun in preparation for presentation in September 2011 Quality Meeting as agreed. **Q3 Update** Presentation to Commissioners completed. Benchmarking data will be submitted to UK Roc in Jan 2012
To achieve a reduction in average length of stay for rheumatology admissions to 8 days, supporting improved outcomes for patients through preventing delays to them leaving hospital, and enabling their care to be provided in the most appropriate setting	Length of stay for rheumatology admissions	Average length of stay for rheumatology admissions.	IGQAC Report to Board. Quarterly quality report to host PCT. Annual Quality Report	Director of Clinical Practice and Operations General Manager Rheumatology	Currently being achieved with an average Length of Stay to date this year is 6 days. **Q3 Update** Achieved for Q2
To reduce avoidable admission to rheumatology in patient services. This will include the development of a rapid access assessment day case facility to provide alternatives to in patient admission.	Identify all non elective admissions to Rheumatology inpatient services and undertake an audit to determine whether or not the admission was preventable	Audit results	IGQAC Report to Board. Quarterly quality report to host PCT from Q2. Annual Quality Report	Director of Clinical Practice and Operations General Manager Rheumatology & Consultant Lead Rheumatology	Clinical criteria developed by medical staff, plans in place for service to run four days a week., reviewing establishment to extend to 5 days. Planned to start 5th September 2011. **Q3 Update** Pilot delayed due to lack of Registrar

					cover due to start in February 2012
Patient Experience					
In the National CQC Survey of Adult Inpatients in the NHS 2010 results for the RNHRD the trust scored 74% for the question; Did you ever use the same bathroom or shower area as patients of the opposite sex? There are no multiple use mixed sex bathrooms on the wards, therefore the trust will hold focus groups with patients to highlight how we can improve the trust's performance in this area.	National CQC Survey of Adult Inpatients in the NHS 2011	National CQC Survey of Adult Inpatients in the NHS 2011	National CQC Survey of Adult Inpatients in the NHS 2011 results for the RNHRD presented to Board and host PCT on publication by Care Quality Commission (Spring/Summer 2012). 2011/12 Quality Report	Director of Clinical Practice and Operations Matron	Audit performed monthly of a random selection of 20 inpatients addressing issues relating to privacy and dignity. Shower room on Violet Prince now refurbished as part of remedial bathroom action plan. **Q3 Update** No breaches of EMSA YTD. Regular patient satisfaction survey in place.
The Council of Governors and the National CQC Survey of Adult Inpatients in the NHS 2010 results for the RNHRD have both highlighted a need to improve communication with patients on leaving the hospital. The areas for improvement highlighted by the National CQC Survey of Adult Inpatients in the NHS 2010 results for the RNHRD were: 1. Were you given clear information about your medicines	National CQC Survey of Adult Inpatients in the NHS 2011 results for the RNHRD	National CQC Survey of Adult Inpatients in the NHS 2011 results for the RNHRD	National CQC Survey of Adult Inpatients in the NHS 2011 results for the RNHRD presented to Board and host PCT on publication by Care Quality Commission (Spring/Summer 2012). 2011/12 Quality Report	Director of Clinical Practice and Operations Matron	New discharge checklist/leaflet developed which includes information regarding medicines. To be piloted on the wards in July 2011. **Q3 Update** Question added to Patient Satisfaction survey on

2. Did a member of staff explain the risks and benefits of the operation or procedure					information re medicines Ward checklist implemented.
Improve the out patient experience regarding; 1. Contacting the appointments office through improved technology 2. Environment in the out patient department 3. Access to patient information regarding expert groups.	Complaints and PALs Reporting Governors patient feedback reported in PALs reports	Number of Complaints and PALs relating to patient experience in this area	Complaints and PALs reported quarterly to IGQAC. IGQAC and Quarterly Quality Report to Board. Quarterly quality report to host PCT. Annual Quality Report	Director of Clinical Practice and Operations General Manager Clinical Support Services	Refurbishment currently being costed and then plan for phased approach as part of capital programme. Changes to booking processes and staff ways of working currently being implemented to improved telephone response rates. E-mail option for appointments now in implemented **Q3 Update** Refresh Appeal has been launched to raise £150K for refurbishment of OPD New telephone system implemented which resulted in increased complaints from patients. On

					going work to improve in place.
Reduce number of delayed follow-ups in Rheumatology.	Number of delayed follow ups. Complaints and PALs Reporting Governors patient feedback reported in PALs reports	Number of delayed follow ups each month. Number of Complaints and PALs relating to patient experience in this area	Monthly report to Board on number of delayed follow ups. Complaints and PALs reported quarterly to IGQAC. IGQAC and Quarterly Quality Report to Board. Quarterly quality report to host PCT. Annual Quality Report	Director of Clinical Practice and Operations General Manager Rheumatology	Number of initiatives in place including additional clinics, locum consultant, validation of long waiting patients, change of Booking process to be implemented from 04.07.11. Projected date for backlog of rheumatology follow ups to be cleared by Dec 2011. **Q3 Update** Number of patient on the follow-up waiting list has reduced by 80% (6100) with 1470 patient requiring an appointment – 301 backlog and 1169 future appointments. It is planned that all backlog patients will be booked and seen by the end of the financial year. A majority of patients are now being offered

					their follow-up appointment on the day of consultation. Capacity issues have been escalated in terms of meeting follow-up demand in OPD in 2012/13 in order to prevent a further backlog problem
Ensure that the trust continues to achieve 18 week referral to treatment target for 95% of referrals	Percentage achieved 18 week referral to treatment	Percentage achieved 18 week referral to treatment each month	Monthly report to Board Quarterly quality report to IGQAC and host PCT. Annual Quality Report	Director of Clinical Practice and Operations General Manager Clinical Support Services	Achieved for Q1-Q3

Title	**Quarter 3 2012/13 Care Quality Commission (CQC) Essential standards of quality and safety Compliance Declaration**
Author of Document	**Hayley Sewell, Director Governance**
Meeting	**Board Jan 2012**
Action Required	**For information.**

Quarter 3 Care Quality Commission (CQC) Essential standards of quality and safety Compliance Declaration

The RNHRD NHS FT is required to register with the Care Quality Commission (CQC) as a provider of NHS health care. The requirement for the CQC to register the trust includes an assessment of compliance against the "Essential standards of quality and safety[1]". In order to support registered providers in their ongoing compliance with these essential standards the CQC have developed a self-assessment tool called the Provider Compliance Assessment (PCA). The PCA focuses on outcomes for the 16 essential standards most directly related to the quality and safety of care. These are set out in part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Executive Directors have reviewed the 16 essential standards and agreed a lead director for each standard. The lead director for each standard has responsibility for assessment against the standard and agreeing the compliance level and any associated action plans for areas where the outcome is not met in full. Directors are required to sign their compliance statements each quarter.

The Executive Directors have completed an assessment against the essential standards of quality and safety for quarter 3 of 2011/12 and signed a statement declaring full compliance in all areas including those areas identified by the CQC inspection visit as the agreed actions were completed by the end of quarter 3 2011/12.

The CQC may ask a provider to submit some or part of the PCA when a review of compliance (either planned or responsive) is being undertaken. The CQC requires providers to submit an annual declaration to support annual registration.

Monitor requires FTs to report on a failure or likely failure to meet the CQC registration requirements of the CQC. Compliance against the essential standards forms part of Monitor's quarterly governance ratings.

The compliance assessments will be repeated at the end of quarter 4 in 2011/12.

Table 1. The essential standards, lead Director and Compliance Level for Q3 2011/12.

Outcome	Essential Standards	Lead Director	Quarter 3 2011/12 Compliance
1	Respecting and involving people who use services	Director of Governance	
2	Consent to care and treatment	Director of Governance	
4	Care and welfare of people who use services	Director of Operations & Clinical Practice	
5	Meeting nutritional needs	Director of Operations & Clinical Practice	
6	Cooperating with other providers	Director of Operations & Clinical Practice	
7	Safeguarding people who use services from abuse	Director of Operations & Clinical Practice	
8	Cleanliness and infection control	Director of Operations & Clinical Practice	
9	Management of medicines	Director of Operations & Clinical Practice	
10	Safety and suitability of premises	Director of Finance	
11	Safety, availability and suitability of equipment	Director of Operations & Clinical Practice	
12	Requirements relating to workers	Director of Operations & Clinical Practice	
13	Staffing	Director of Operations & Clinical Practice	
14	Supporting workers	Director of Operations & Clinical Practice	
16	Assessing and monitoring the quality of service provision	Director of Governance	
17	Complaints	Director of Governance	
21	Records	Director of Governance	

Table 2. Compliance Definitions

Compliance Definitions	Compliance
Evidence available at the time of assessment shows the outcome is met	
Evidence available at the time of assessment shows that the outcome is mostly met or there is not sufficient evidence to demonstrate the outcome is met. Impact on people who use services, visitors or staff is low. Action required is minimal.	
Evidence available at the time of assessment shows that the outcome is mostly met or there is not sufficient evidence to demonstrate the outcome is met. Impact on people who use services, visitors or staff is medium. Action required is moderate.	
Evidence available at the time shows that the outcome is at risk of not being met or there is no available evident that the outcome is met. Impact on people who use services, visitors or staff is high/significant. Action is required quickly.	

The definitions of ‘impact’ are:

Low: No or minimal level of impact on people who use services in one or more areas
Medium: A moderate impact, but no long-term effects on people who use services in one or more of the areas.
High: A significant or long-term impact on people who use services in one or more of the areas.

The compliance assessments are reported to the Integrated Governance and Quality Assurance Committee (IGQAC), Board, CQC and Monitor. The Board will receive the full assessment and action plans for any areas where compliance has not been met in full. The detailed compliance assessments and any associated action plans will be presented to the Integrated Governance and Quality Assurance Committee. Evidence files to support the compliance assessments are available from the lead Directors. IGQAC will review the Provider Compliance Assessments through out the year.

The internal auditors reviewed the declarations for a sample of the essential standards during October 2011/12 and concluded that; Taking account of the issues identified, the Board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective. However we have identified issues that, if not addressed, increase the likelihood of the risk materialising.

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title:	**Operational Performance & Clinical Practice Report**
Author:	Annie Kelly, Director of Clinical Practice & Operations
Meeting	Trust Board Meeting – 26th January 2012
Appendices:	1.Patient Safety Key Indicators , November 2011
	2. Vital Aspects of Nursing and Physiotherapy Care, November 2011
	3. Training Scorecard December 2011
	4. Qtr 3 2011/12Human Resources Dashboard
	5. Qtr 3 2011/12 Infection Control Report
Action Required:	For information

Introduction

This report provides the Board with an update on performance against key indicators in the following domains: patient safety, clinical practice, workforce and activity.
Key risks at month 9 are:

- Bed Occupancy remains below target of 18.5 OBD in Neuro, average was15.7 OBD for December
- Under performance on Endoscopy continues, exacerbated by Consultant sickness in month 9
- Pain management activity remains behind plan due to continued difficulties in approval of funding by PCTs
- Therapy outpatients underperforming significantly, plan in place to catch up by year end
- 2 cases of *C. difficile* in month have put the Trust 1 case over the full year target of 3 cases. BANES have confirmed that this will eliminate any CQUIN payment for the year.

Patient Safety

Appendix 1 provides detail of performance against the key patient safety indicators for the first 8 months of the year, there were 5 adverse events in November 2011, 2 cases of *C. difficile* one in a Neuro rehabilitation patient, and one in a Rheumatology patient, full root cause analysis has been undertaken for both cases and action plans are in place, see Appendix 4 for details. A new measure of “catheter infections” has been added this month to provide us with a stretch target within patient safety domains, this will allow us to monitor catheter infections in detail and develop action plans for improvement.

Clinical Practice

The VACS report is contained in Appendix 2, some deterioration in scores within Neuro rehabilitation reflects the pressure on the ward from a range of factors including higher than average sickness, compassionate leave, high levels of specialling with one patient requiring mental health specialling 24 hours a day. Staffing levels are under regular review by the Head of Nursing and the Matron has agreed to be based on the ward to provide a focus for leadership and support staff until a new band 7 ward manager post can be recruited to.

Work Force

The Trust has completed all actions required by the CQC with regard to appraisal and safeguarding training. Appraisal rates are 81.89% at the end of December 2011, 100% of staff received level 1 safeguarding children and adult and Mental Capacity Act training via induction and 87% of staff have been updated in level 2 safeguarding adults and 83% in level 2 safeguarding children training by the end of December 2011. A letter and leaflets raising awareness of safeguarding for adults and children and the Mental Capacity Act has been sent out to all staff that have not completed induction within the last year to provide them with level 1 information. Staff are asked to send in a return confirming they have received and read the information.

The Training Scorecard in Appendix 3 provides detail on mandatory training achievements and it should be noted that the groups of staff requiring conflict resolution, managing difficult behaviour and Mental Capacity Act level 2 training have been reviewed, modified and a number of courses are planned, which will improve figures against target within the next 2 months. Performance against the range of mandatory training continues to improve and areas being reported as amber are being targeted, some courses run less frequently such as fraud awareness and equality & diversity and therefore take time to show improved attendance. In house solutions are being looked at for both these courses to increase frequency and accessibility for staff. It also needs to be noted that in some cases numbers to be trained are small e.g. food safety, level 3 safeguarding training so the difference between a green and amber rating can be fairly small. A fraud awareness course had to be cancelled this month due to the external trainer not turning up,

Sickness/Absence Management

Considerable effort is being put into sickness/absence management as year to date we are above our target of 4%, this across all specialities. HR are running training courses for front line managers, have organised and supported Managers with 1-1 interviews for individuals who have triggered the sickness policy and are working closely with Occupational Health to manage a number of individuals who are on the second phase of the policy. See Appendix 4.

Staff Consultations

No new consultations this month.

Interim Management Structure

As the Trust is not in a position to recruit in to the vacant management posts for up to four months and therefore needed to find an interim solution that meets the ongoing needs of the organisation. The following actions have been taken:

The two current General Managers, have agreed to change their roles to take on different responsibilities, the GM for Rheumatology will be responsible for patient safety and day to day operational delivery of services across the Trust and the GM for Clinical Services will take on business planning and information support for all specialties across the Trust. To facilitate these enhanced roles the following will need to take place:

- the Matron for Rheumatology will continue to work across Trust but will have an enhanced role in Neuro rehabilitation
- a band 7 nurse will be employed in Neuro rehabilitation
- an internal advert will be placed for a 3 month secondment for a development post as a deputy GM to support the two existing GMs and to support them in providing broader cross Trust services

NHS Staff Survey

The staff survey response is 64.3% which is very high and we are awaiting comparator results with other Trusts in England.

Business Planning 2011/12

The Director of Clinical Practice & Operations supported by the Finance Manager has been holding 1-1 meetings with service leads to produce robust end of year forecasts, identify cost pressures, service development and efficiency savings. This will feed into the business

plan a draft of which will be presented to the Board next month with a plan to finalise by May 2012.

Neuro-Rehabilitation
Activity during December remained below target and provided average bed occupancy (OBD) of 15.7 against a revised plan of 18.5 occupied on average per day. For November the average bed occupancy was 16. The emerging picture for January looks similar; Table 1 below provides detail on the current month.

As at 16th January 2012

Performance against 18.5 beds	NEURO		
	Month to date		**Forecast to end of Month**
Days meeting Target or above	**0**	**Days meeting Target or above**	**0**
Occupied Beds Total	**218**	**Occupied Beds Total**	**424**
Target	**278**	**Target**	**574**
Performance	**-60**	**Performance**	**-150**
Additions to WL	**0**	**Additions to WL**	**0**
New Admissions	**2**	**New Admissions**	**4**
% occupancy	**78.6%**		**73.9%**

Performance against 13.0 beds			
	Month to date		**Forecast to end of Month**
Days meeting Target or above	**0**	**Days meeting Target or above**	**0**
Occupied Beds Total	**218**	**Occupied Beds Total**	**424**
Target	**195**	**Target**	**403**
Performance	**23**	**Performance**	**21**
Additions to WL	**0**	**Additions to WL**	**0**
New Admissions	**2**	**New Admissions**	**4**
% occupancy	**111.8%**		**105.2%**

Skill mix calculations for a reduced bed base have been completed and are part of the Outline Business Case for Service Transformation presented this month to the Board. To assist therapy outpatient activity 0.8wte of a band 7 physiotherapist, 0.61wte of a band 7 and 0.2wte of a band 8 occupational therapist have agreed to be seconded from Neuro to Rheumatology until the end of March 2012. This will temporarily reduce the skill mix on Neuro and introduces the concept of flexible working to staff that will face significant change in the future.

Specialling on the ward continues with one patient in January requiring 24 hour mental health specialling due to risk of self harm, these costs have been included in the end of year forecast and will be recouped from the commissioner.

Whilst the business planning process for 12/13 is not yet complete, work initiated in the Autumn to identify new streams of work, particularly in inpatient Neuro rehabilitation, have not identified firm proposals to replace reductions in demand. The Clinical Lead and Director

of Clinical Practice & Operations are linking in with the Regional Trauma network and will be active members of both the Steering Group and the Rehabilitation sub committee. Major Trauma centres will be located in Plymouth, Southampton and Bristol. It is hoped that this will ensure that RNHRD is part of the patient trauma pathway that will lead to firm referral pathways being put in place to maintain activity on the Unit.

On18th January 2012, the Unit ran a very successful multi disciplinary education session which was attended by 40 clinicians which included GPs on Vocational Rehabilitation.

Rheumatology

Rheumatology referrals from GPs remain steady with a slight seasonal dip which is expected in December, trends will be monitored and Appendix 11 of the finance report provides detailed information over the last 3 years. Inpatient activity is above plan in month and YTD, but due to tariff variation is below on income. Anti TNF is above plan with day cases being slightly below by 29 cases YTD.

Therapy Outpatients has shown deterioration in performance since October 2011, due to a mixture of maternity leave and vacancies within Physio and Occupational Therapy. A capacity plan has been agreed with service leads which increases therapists by relocating staff from other services, maximising staff productivity and uses newly recruited staff. The plan will be monitored on a weekly basis by the general manager to ensure the back log in appointments can be cleared by the year end and the income position is secured. February and March are months where staff take outstanding annual leave and if necessary some staff will be allowed to carry days forward into the new financial year to reduce the risk to delivery of the plan. The bulk of additional clinics will be in physiotherapy and they will extend the working day till 8pm to utilise space more effectively and accommodate additional activity.

Endoscopy remains a significant risk with 82 procedures being undertaken in December, this was below plan due to Consultant sickness. Activity is 780 against an YTD plan of 1043 cases. January is expected to be a better month with around 127 endoscopies planned and referrals for February seem to be increased. Analysis of activity over the last year shows a downward trend on endoscopy GP direct access referrals which is attributed to Wiltshire PCT in the main with approximately a 40% (365 YTD) reduction referrals alone from this PCT in 2011/12 (YTD) in comparison to the same period in 2010/11. BANES PCT referrals are variable from month to month, there doesn't appear to be a downward trend on referrals from here – YTD referrals are up 10% (46).

Outpatient waiting list initiative clinics continue to run well, January is forecasted to be above plan for follow-ups and new attendances.

- YTD forecast activity at the end of January shows new activity to be 7% below plan (-333 YTD), which is an improvement on previous weeks and follow-ups 14.0% (+2121 YTD) above plan.
- End of year forecast for news is 243 below plan (if the additional WLI activity is achieved as agreed at EMG) and follow-ups 2223 above plan.
- In comparison to activity delivered last year the forecast and expected level of activity is less for news and more for follow-ups, but this is likely to be related to the increase in WLi activity in comparison to last year to clear the follow-up waiting list backlog.
- The over-performance in the follow-up should off-set the under-performance on new attends

- There has also been a slight increase in the new outpatient waiting list size and waiting times for 1st apt (from 5 to 7 weeks); this may well account for some of the new outpatient activity under-performance – the additional new patient WLI activity in March 2012 will contribute to bring this back in line. Going forward into 2012/13 if throughput remains as it is in terms of discharge rates and new to review ratio there will be a weekly clinic shortfall of 7.4 clinics per week between April and August 2012 when Dr Lee is on his sabbatical . A locum Consultant is being arranged to cover this gap to ensure backlog is not created again. Appendix 12 of the Finance report provides more detail.

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. Despite good levels of income from private patients, NHS activity will not achieve the plan for the year. All available patients are being treated and where possible added to existing programmes learning from this year is being factored into next year's business plan to ensure activity plans are realistic.

CFS adult continues to show an underachievement on income YTD, additional follow up patients are being planned into clinics and an additional programme is being arranged for March 2012 which will bring in an additional £5K and reduce the shortfall by year end. The mix of contract and non contract patients is affecting income in this specialty and year end forecasts have been carefully worked through which show that despite activity by March being above plan the income shortfall will be around £12K. The team are being asked to undertake additional activity to reduce this further.

The MacMillan, SLA has been signed off and agreed at the end of December, the team is now proceeding to recruitment of staff, and a small amount of patients will be seen in the last quarter of this year with main activity starting from April. MacMillan and the regional Cancer Network have both agreed that they will provide £26.5K each towards capital spend to improve outpatient treatment areas. This money is allocated to convert Parry ward into usable group therapy and consulting rooms.

CFS Paediatric programmes continue to over perform against plan and by end of year expect to exceed their income target by £89K. Referrals remain steady this month but activity has dropped slightly due to a band 7 Psychologist leaving during December. Plans are going ahead to recruit additional Paediatric/GP sessions to bring this up to 6 p.a a week, and to increase physiotherapy and administration to support this growing service. The additional staffing will support service growth in Bristol and improve patient safety by providing more medical oversight of these complex patients.

CRPS activity is being disaggregated to allow service line reporting for this speciality. News is expected in April 2012 from the National Specialist Commissioning group on continued funding for the late effects service which has been in pilot form this year. An overseas (USA) patient has been booked in January with the possibility of a further 3 in the pipeline. This is a direct result of Professor Candy McCabe lecturing in the USA where such services do not exist.

Recommendations

The Board is asked to;

1. Note this report and the key risks identified and to support the actions being taken to meet activity plans and mitigate risk.

Appendix 1 Patient Safety key indicators

Adverse Harm Events

Event	Info. Source	No. of days since last incidence	Total for Year 2010/11	July 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011
Total no. events	Adverse events tool	**11**	4	2	2	0	1	0	5
MRSA bloodstream infections	Audit	**1763**	0	0	0	0	0	0	0
C Diff infection	Audit	**11**	1	0	1	0	0	0	2
Catheter/ infection	Audit	**0**	New measure						3
Pressure Ulcers Grade 2-4 RNHRD acquired	Audit	**243**	0	0	0	0	0	0	0
Patient Falls with adverse event	DATIX reports	**343**	1	0	0	0	0	0	0
Medication errors with adverse events	DATIX reports	**995**	0	0	0	0	0	0	0
Blood transfusion adverse event	DATIX reports	**955**	0	0	0	0	0	0	0
Transfer to acute care within 72 hours admission	WebTrak	**153**	2	1	1	0	0	0	0
DVT or PE following admission	DATIX reports	**61**	0	1	0	0	1	0	0
Unexpected deaths	WebTrak	**304**	New measure	0	0	0	0	0	0

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title:	**Vital Aspects of Clinical Care Report for November 2011**
Author:	**Amanda Pacey, General Manager for Rheumatology and Head of Nursing**
	Sponsored by Annie Kelly, Director of Operations and Clinical Practice
Meeting	**Trust Board January 2012**
Action Required:	**For Information**

2011				
AREA	**Aug**	**Sept**	**Oct**	**Nov**
Combined RNHRD	**96%**	**94%**	**91%**	**93%**
HDU	**99%**	**96%**	**96%**	**98%**
ANR	**92%**	**99%**	**100%**	**93%**
YPNR	**96%**	**96%**	**90%**	**95%**
BNRS Matron questions	**84%**	**97%**	**85%**	**78%**
Violet Prince	**98%**	**92%**	**94%**	**94%**
Rheum Matrons questions	**97%**	**99%**	**89%**	**95%**
VAP's	**86%**	**87%**	**88%**	**93%**

Risk Rating		**VACs (nursing)**	**VAPs (Physiotherapy Neuro)**
	Low	85%+	85%+
	Medium	75-84%	75-84%
	High	Below75%	Below 75%

The VAP's targets have been changed as recommended by the Board in May 2011.
Nursing questions changed in November 2011, this affects scores. New Mental Health questions were added in October 2011.

Executive Summary

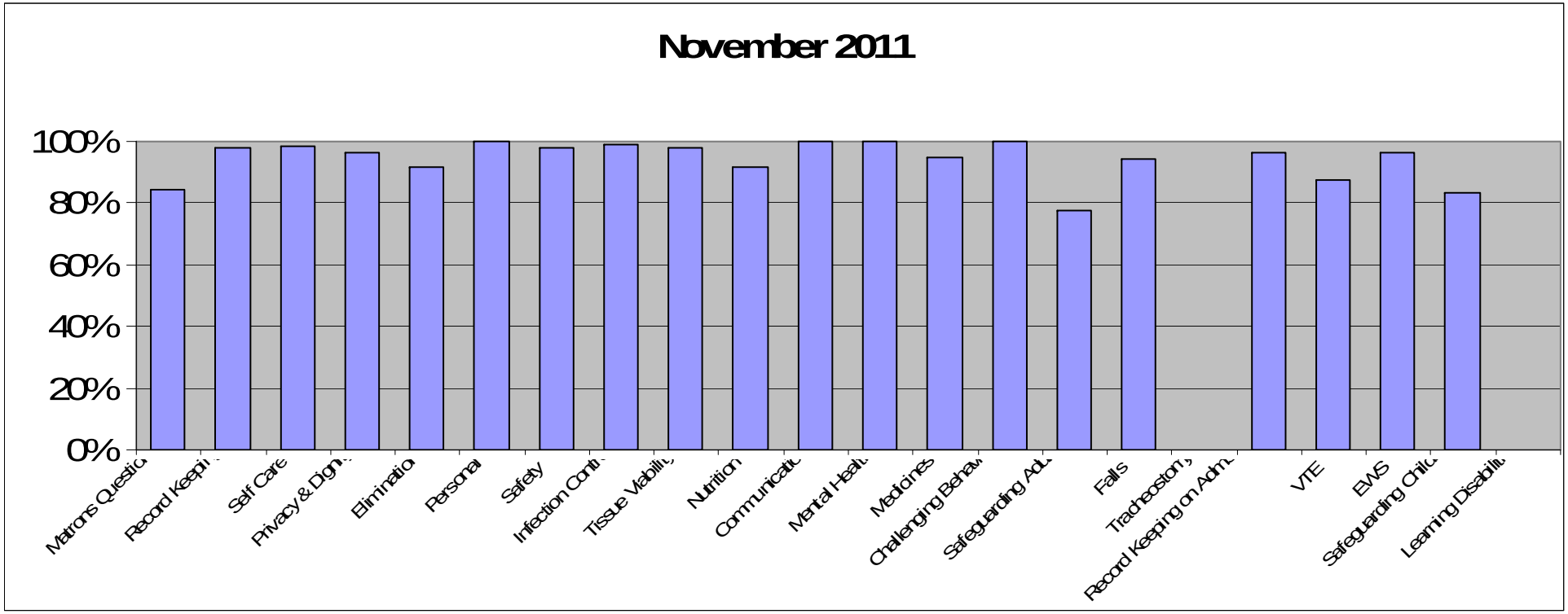
Most scores and targets for nursing and BNRS physiotherapy (VAPS) remain within target. A number of scores are below target within one or more of the areas within Neuro rehabilitation, they are: Management, Elimination, Nutrition, VTE and Falls. This reflects pressure on the ward relating to staff sickness, high levels of specialling and problems with leadership within Nursing. Although bed occupancy is at 13 against a target of 17.5 the complexity of the patients is high. The new Trust wide Matron has been set objectives by the Director of

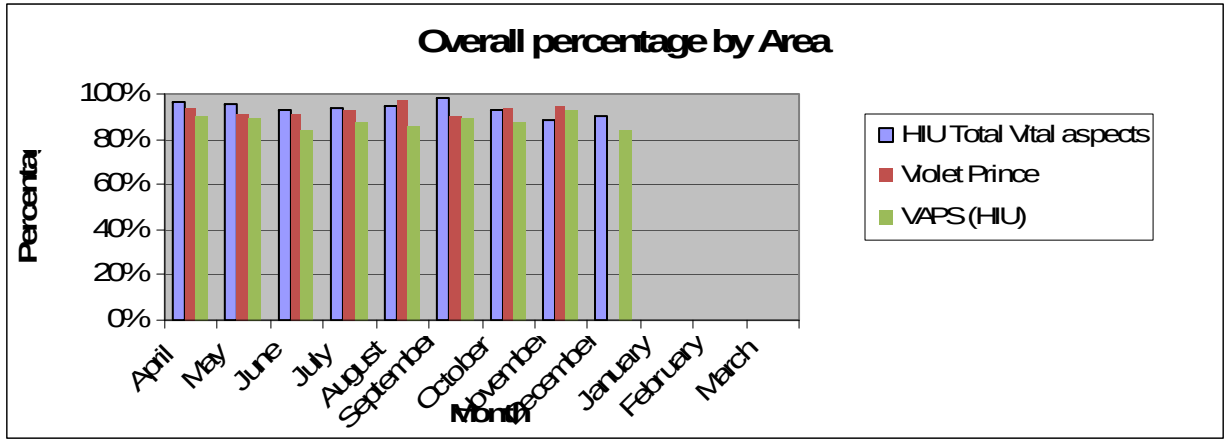
.

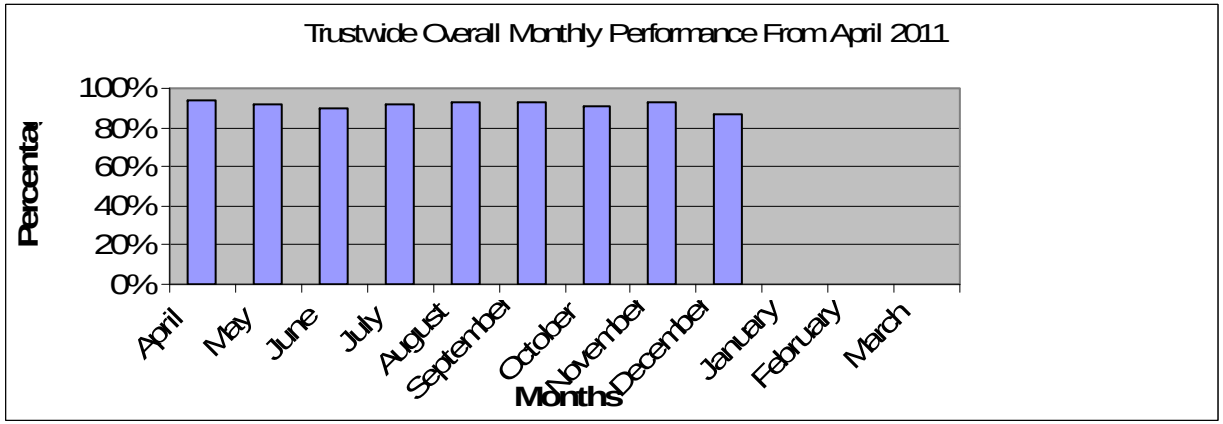
Operations and Clinical Practice and will be based on Neuro rehabilitation to support nursing practice and improve leadership on the ward. A band 7 ward manager role is being advertised for the ward to provide a long term solution. There have been no serious cases for learning disabilities, child protection or safe guarding adults detected through the audit. The audit highlights again this month that safe guarding adult and children training was below the agreed target on both ward areas which has been resolved in future months in line with the CQC action plan.

Introduction

Questions have been changed to monitor different aspects for nursing and when this occurs the scores are low until action plans have been competed and will take a few months to level out. All issues raised will be closely monitored by the Matron and Head of Nursing.







Analysis of Domains where the target is not met, this is split by ward area.

Summary of Domain scores in Red/Amber/Green

The following table shows areas RAG rated in terms of excellence (green) and the areas of high risk to patients (red) with a summary of the action plans. The actions are a summary of the plans that are in place for patient safety. These detailed action plans go to the Clinical Risk Committee.

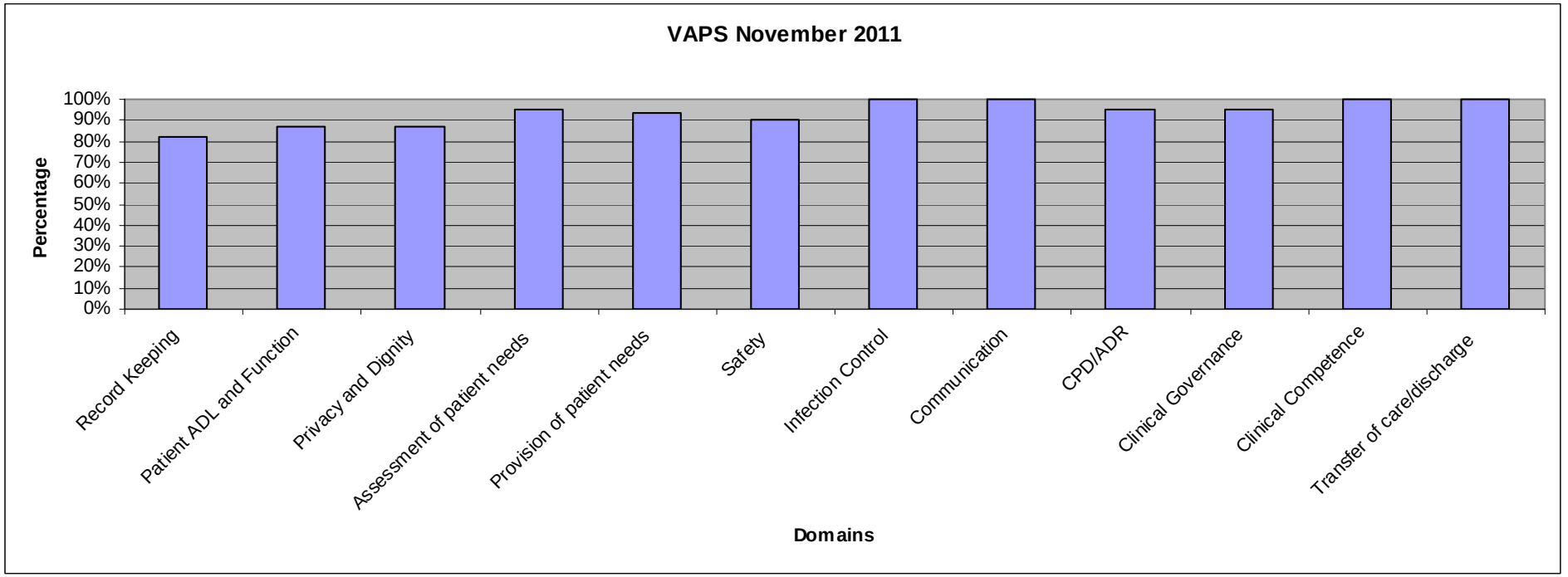
Domain	ANR	YPNR	HDU	VP	Action Plan point & area	Responsible person	Completion date
Management / team leader / Matrons questions	78%	95%	80%	95%	New system - team leaders on Neuro have taken over this responsibility for the first time this month and this is being supported by matron. The ward was experience high levels of sickness which affected completion of the audit and scores.	Matron	31st January 2012
Record Keeping on admission	86%	100%	100%	94%	Rheum – Target met Neuro – Target met The Band 6 staff Nurses will continue to monitor compliance.		
Record keeping	91%	NA	100%	100%	Rheum – Target met Neuro – Target met		
Tracheostomy	NA	NA	NA	NA	Questions to be modified by Team Leader in HDU	Team leader	Feb 2012
Self Care	100%	100%	100%	93%	Rheum – Target met Neuro – Target met		
Privacy and Dignity	100%	89%	100%	98%	Rheum – Target met Neuro – Target met		
Elimination	86%	81%	100%	100%	Rheum – Target met Neuro – Target not met, the link nurse is leaving and needs to be replaced in the recruitment process.	Matron	Feb 2012
Personal care	100%	100%	100%	100%	Rheum – Target met Neuro – Target met		
Patient Safety	100%	93%	100%	99%	Rheum – Target Neuro – Target met		
Infection Control	100%	100%	100%	96%	Rheum – Target met Neuro – Target met		

Tissue viability	100%	91%	100%	100%	Rheum – on Target Neuro– on Target		
Nutrition	96%	82%	100%	89%	Rheum – Target met Neuro – Target met	Matron	Dec 2011
Communications	100%	100%	100%	100%	Rheum – Target met Neuro – Target met	Psychology team	Dec 2011
Mental Health	100%	100%	100%	N/A	Rheum – There were no patients with Mental Health needs during the month of November.		
Medicine Management	93%	95%	100%	90%	Rheum – Target met Neuro – Target met		
Challenging Behaviour	100%	100%	100%	NA	Rheum – Target met Neuro – Target met	Team leader	Nov 2011
Safeguarding adults	75%	60%	100%	75%	There are 3 questions for this and one is training. This low number of questions makes a difference to the % outcomes. Rheum – Target not met Neuro – Target not met This is based on training figures and has improved since November due to extra training.	Matron	Dec 2011
EWS	87%	100%	100%	98%	Rheum – Target met Neuro – Target met		
Safeguarding children	67%	100%	100%	67%	This is new domain. Contains 3 questions: The Unit has a safe guarding children's lead. 80% of staff have received child protection training within the last year. Are all staff aware of the Safeguarding Children Policy? Where is it?	Matron	Dec 2011

					Rheumatology – Target not met – education being monitored monthly and implemented. This has been resolved since November. Neuro – Target not met. Face to face training being implemented. By end of December completed and figures raised – to be monitored by Matron.		
VTE	75%	100%	100%	83%	. Rheum – Target met Neuro – Target not met – review by doctors not taking place, the VTE lead has been off sick and this has been an issue following this up, now there is a system with the nurses in place.	Matron	Dec 2011
Learning Difficulties	NA	NA	NA	NA			
Falls	83%	100%	100%	100%	Falls processes are monitored by Matron and the patient safety team. Review of fall risk assessment in HDU will be undertaken given the levels of supervision.	Matron	Jan 2012
Training	73%	92%	90%	58%	14 new questions. Improvements are being made in highlighting and implementing where there are issues. Rheum – meeting has taken place with Matron to ensure training is prioritised and implemented, an improvement has taken place in December 2011.	Matron	Dec 2011
Lead role: IPC, Continence, wound care, dementia, MDB	89%	100%	89%	89%	9 new questions.		
Pressure ulcers	100%	100%	100%	100%	7 new questions, some included in Tissue Viability and management questions already but separated out for clarity		
Peripheral vascular cannula (PVC)	100%	100%	100%	100%	5 new questions: included in Tissue Viability		
Medical Devices	100%	100%	100%	100%	12 new questions: also included in the management questions but separated out for clarity to feedback to staff		

Vital Aspects of Physiotherapy (VAP) November 2011. This month showed excellent progress. Only 1 domain falls into amber and this has shown an improvement from 77%-82%. All other domains are within target range. This is largely attributable to the improved consistency between scoring the audit and writing the board report which has ensured more clear and focussed feedback to the Physiotherapy team.				
Domain	**Vital Aspects of Physio on Neuro**		**Responsibility**	**Implementation plan**
Record keeping	**82%**	Ongoing focus on documentation standards with all staff. Particular areas that require ongoing focus are to ensure that all signature sheets are signed by all treating therapists and that rehab plans are consistently signed and up to date.	Senior Physiotherapist	Feedback at weekly meetings
Patient ADL and Function	**87%**	Question 20 has been changed from 'Does at least one Physiotherapy component of the rehab goal incorporate one FIM & FAM measurement?' to 'Where possible has the patient been involved in identifying and setting their own rehab goals?' This reflects the unit drive to ensure that all goals are individualised and patient centred.	Senior Physiotherapist	Feedback at weekly meetings
Privacy and Dignity	**87%**	On target		
Assessment of patient needs	**95%**	On target		
Provision of patient needs	**94%**	On target		
Safety	**90%**	On target		
Infection Control	**100%**	On target		
Communication	**100%**	On target		
CPD/ADR	**95%**	On target.		

Clinical Governance	**95%**	On target		
Clinical Competence	**100%**	On target		
Transfer of care/discharge	**100%**	On target		



Appendix 3

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	Oct	Nov	Q3+ Dec	Jan	Feb	Mar	Q4	RAG	2010-11	Comments
Manual Handling - No patient contact (Back Awareness)	**80%**	**86%**	85%	83%	**84%**	83%	84%	**83%**							All staff
Manual handling for Patient contact	**80%**	**92%**	90%	90%	**91%**	92%	93%	**93%**						91%	All with regular patient handling
Life Support - Basic	**80%**	**86%**	85%	85%	**87%**	84%	87%	**89%**						86%	All clinical staff
Life Support - Intermediate	**80%**	**92%**	92%	93%	**93%**	88%	88%	**88%**							Senior Nurses
Safeguarding Children (Child Protection) Level 1	**80%**	**52%**	54%	93%		100%	100%	**100%**						81%	All staff on induction. Safeguarding Children level 1 now face to face on induction
Safeguarding Children (Child Protection) Level 2	**80%**	**15%**		56%	**74%**	84%	83%	**82%**							All staff with direct contact with children
Safeguarding Children Trust Lead (Child Protection) Level 3	**80%**	**100%**			**50%**			**50%**							2 staff require training, Director of Operations to complete update training.
Safeguarding Adults Level 1	**80%**	**66%**	67%	67%		100%	100%	**100%**						62%	All staff at Induction
Safeguarding Adults Level 2	**80%**				**67%**	72%	81%	**86%**							All clinical staff
Fraud Awareness	***75%**	**65%**	69%	69%	**69%**	70%	69%	**69%**						68%	All staff, recent course cancelled, external trainer did not turn up. In house solution being developed.
Equality & Diversity	***75%**	**66%**	65%	67%	**67%**	67%	70%	**70%**						70%	All staff. Course runs quarterly.
Fire Training	**80%**	**90%**	92%	92%	**92%**	88%	90%	**87%**						64%	All staff
Fire Marshalls	**80%**	**100%**		100%	**100%**	**100%**	**100%**	**100%**							Fire Marshalls & Bleep holders
Food Safety	**80%**			72%	**72%**	**73%**	**76%**	**78%**						69%	All handling food. Catering manager now trained to deliver training. Additional training in feb planned to target nursing staff on wards
Infection Control Patient Contact	**80%**	**84%**	80%	82%	**84%**	**83%**	**83%**	**83%**						82%	All face-to-face contact with patients
Infection Control Non Patient Contact	**80%**	**81%**	81%	85%	**84%**	**97%**	**98%**	**98%**						93%	All non-face-to-face contact
Information Governance	**80%**	**88%**	88%	87.5%	**90%**	**89%**	**87%**	**75%**						77%	Access to person identifiable info
Managing difficult behaviour	**80%**			76%	**67%**	66%	62%	**62%**						73%	Front line clinical BNRS & Rheum
Conflict Resolution	***75%**			77%	**51%**	59%	60%	**60%**							Front line admin staff Course planned for 2nd Feb 2012
Mental Capacity & DoL Level 1	**80%**			100%	**34%**	**33%**	**31%**	**100%**							All Clinical staff via induction
Mental Capacity & DoL Level 2 (Manager Group)	**80%**				**0%**	**0%**	**71%**	**76%**							Senior clinicians who complete DoL applications. New course.19 out of 25 staff have completed the training

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.*

Appendix 4

HUMAN RESOURCES 12 MONTH KPI REPORT Quarter 3 2011/12

This report documents the activity and status of HR key performance indicators for the 9-month period 1st April 2011 to 31st December 2011. Figures below are percentages. Appendix 3 provides detail in mandatory training.

Target Area	Comments	Q 1	Q 2	Q 3	Q 4	YTD	Financial Year	Target 11/12	RAG Status
1. Sickness	Consistently dropping. Targets now set by directorates	4.25	4.65	3.42 (December sickness has not yet been completed)		4.36	4.11	Below 4% with a stretch of 3.5 by year end	
2. Turnover	Voluntary turnover only, not including dismissals	0.91	4.17	4.29		9.83	6.73	11%	
3. Stability	This element focuses on those with 0 to 1 years service leaving the organisation	99	94.03	92.90		89.89	91.72	TBA	
4. Appraisals	100% completion of appraisals	57	63.74	90.46		90.46	N/A	80%	
5. Induction	100% corporate and local induction. (Based on 12 months combined data)	100	100	100				100%	
6. Training	80% attendance for all statutory and mandatory training	Report being developed, see Appendix 3 for Training report up till Q3						80%	
7. Bank Cost		£104k	£116k	£101k		£321K	£1138718.07	TBA	
8. Staff Engagement	Delivery of 10 staff sessions to develop engagement	Report under development				TBC	10+ sessions	10 sessions	
9. Staff Satisfaction	CQC staff survey Key Finding	Report under development				TBC	3.58	>3.60*	
10. Staff intention to leave jobs	CQC staff survey Key finding	Report under development				TBC	2.64 (Below 2010 National average of 2.71)	<2.50*	
11. Survey completion	Staff participation (61.5% 2010)	N/A	N/A	**64.30**		64.30 %	N/A	70%	
13. Disciplinary/ Grievance & Appeals		Report under development		2		5	2		

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title:	Infection Prevention and Control Report Quarter 3, 2011
Author:	Jackie Cooke, Infection Control Nurse
Director:	Annie Kelly, Director of Infection Prevention & Control
Meeting:	Trust Board, January 2012
Action Required:	For information

Introduction

This document is to provide assurance to the Trust Board on Infection Prevention and Control practices for the period October to December 2011 inclusive. The report details performance against Commissioners' contract requirements, national standards set by the Health and Social Care Act 2008, and compliance frameworks such as NHSLA and the CQC Regulation 12, outcome 4.

Infection Rates

Bacteraemia (MRSA, MSSA /E-Coli) and *C. difficile* rates are reported on a monthly basis to the Health Protection Agency. Table 1 below shows that the Trust has had 1 case of *C. difficile* in each of the first two quarters and 2 new cases in December 2011, 1 case on Violet Prince ward and 1 case on Neuro Rehabilitation. The Trust has therefore had 4 cases YTD of *C.difficile* against a full year target of 3; performance is now red against this target. The breakdown of cases by specialty is 3 Neuro Rehabilitation and 1 in Rheumatology. Root Cause Analysis (RCA) for both new cases has been completed and the Infection Control Coordinator (ICC) and Director of Infection Prevention & Control (DIPC) have discussed the findings with the clinical team and action plans are in place. BANES have confirmed that the breach of the *C.difficile* target will eliminate any CQUIN payment for the year.

Table 1

2011-2012	Quarter 1		Quarter 2		Quarter 3		Quarter 4		YTD
	No.	Target	No.	Target	No.	Target	No.	Target	Actual
C. difficile	1 (May)	0	1 (Aug)	1	2 (Dec)	1		1	4
MRSA Bacteraemia	0		0 (Sept)		0 (Nov)				
MSSA Bacteraemia	0	TBA	0 (Sept)	TBA	0 (Nov)	TBA		TBA	
E. coli Bacteraemia	0	TBA	0 (Sept)	TBA	0 (Nov)	TBA		TBA	

Table 2 provides historical data on trends for *C.difficile* since 2006; it should be noted that numbers of in patient beds will have altered during this period. Further trend analysis will be undertaken using Health Protection Agency (HPA) data, for the second quarter of this year the Trust has a *C. difficile rate* of 2.11 per 10,000 bed days, average across the south west region is 2.44. Due to the two new cases in December our *C. difficile* rate will increase for Quarter 3.

Table 2

Year	No of *C. difficile* cases
2006	**10**
2007	**7**
2008	**3**
2009	**Nil**
2010	**2**
2011	**4 YTD**

Due to the introduction in some Trusts of a more sensitive laboratory test for *C.difficile* which picks up more positive results, the HPA advise that rates of infection across different Trusts cannot at present be compared. Bristol laboratories which we use are not using the new test. Trust performance against bacteraemia targets remains excellent and targets have not yet been set for the new reporting requirements for MSSA and E. coli bacteraemia.

The SHA has written to Primary Care Clusters and Trusts regarding suggested *C. difficile* targets for the next 2 years, the RNHRD target has been reduced to 2 cases a year and 1 case the following year. The Director of Clinical Practice & Operations will be writing to the SHA to ask for a review of this target given the emerging picture within Neuro of more complex patients. The lead Infection Control Nurse within Banes and Wiltshire PCT will be asked to support this submission and has been asked to provide a further external review of our infection control arrangements to identify any further areas of learning for the Trust from recent cases of *C. difficile*.

Root Cause Analysis

Root cause analyses are performed on all bacteraemia (MRSA, MSSA /E. Coli) and *C. difficile* cases. The Trust is required to report these infections on the Health Protection Agency 'MESS' database and to our Commissioners.

Case 1: Patient with *C. difficile* on BNRS on 19/05/11 sent to the PCT and action plan completed.
Case 2: Patient with *C. difficile* on BRNS on 08/08/11 sent to PCT and action plan completed.
Case 3: Patient with *C. difficile* on Violet Prince on 16/12/11 sent to PCT and action plan in progress
Case 4: Patient with *C. difficile* on BRNS on 20/12/11 RCA been signed off on 09/01/12 and sent to PCT.
Actions from case 2 in August 2011 had been implemented examples of this are, change in November 2011 on Neuro rehabilitation and December on Violet Prince Ward to a more effective daily cleaning using a new chemical which are known to kill *C. difficile.* Cleaning plan was updated and a full deep clean was carried on both wards.

MRSA Screening

MRSA screening is now well established across the Trust. Procedures are in place to screen all day cases 3 months prior to admission; elective patients 3 weeks prior to admission; and emergency admissions within 48 hours of admission. Table 2 demonstrates that 100% of day case and elective patients have been screened prior to admission for the first 8 months of this year. The report is compiled using a matched census return, i.e. it compares number of screens to admissions, and the ICC undertakes a monthly audit at an individual patient level via the Track Care system to validate the data. Table 2 shows the cross-Trust figures and performance for MRSA screening up to the end of November 2011.

Table 2

2011-12	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
MRSA screening prior to admission	>100%	>100%	>100%	>100%	>100%	>100%	>100%	>100%
MRSA screening emergency	100%	98% 1 pt not screened within timeframe (VP)	98% 1 pt not screened within timeframe(BNRS)	100%	100%	98% 1 pt not screened within time frame (BNRS)	100%	100%

Outbreaks
No outbreaks were reported within this time period. Transfer protocols have been implemented which ensure no patients are transferred from areas that have experienced any recent or current outbreaks. Norovirus has been active within the Bristol, Wiltshire and Banes communities. The ICC receives daily alerts which are disseminated across the Trust to raise awareness of staff for the need for vigilance and good hand hygiene. Some signage advising visitors to be aware of Norovirus is prominently displayed in our public areas.

PEAT Report.
Trust PEAT Action Plan being reported separately to Trust board this month.

Performance against Hygiene Code

Indicator	Status
Management and organisation	Regular Infection Control walk-rounds by DIPC and Infection Control Coordinator – completed in October 2011, next due January 2012. Regular IPC visits by PCT in place Monthly attendance at the RUH Collaboration meeting by the Infection Control Co-coordinator. DIPC attends regional meeting. Monthly Department meetings with infection prevention link staff include training as well as feedback to link staff. Flu Campaign completed
The environment	Regular monitoring by Matron and housekeepers includes weekly Matron walk-rounds documented by the Matron and a monthly audit using the Infection Prevention Society (IPS) national audit on environment. Environmental audits are undertaken by the ICC, Facilities and Housekeeping managers. See Table 3 below for audit results. Housekeeping managers check and sign off, on a daily basis, the environmental cleaning. Business plan is being developed to purchase access to database for National Standards of Cleanliness Audit. The Trust has updated the Cleaning Plan policy which will be ratified by IGQAC in January 2012. Areas deep cleaned in November and December have been BNRS, BRPM and VP ward. The laundry room in BNRS has been moved and updated and a Linen policy ratified in October 2011. PCT visit in December still requested certain areas to be completed-action plan in progress. Clinical sink audit November 2010 - Facilities and Infection Control have an agreed resources budget for 3 sinks per year and a priority list has been agreed. Work is scheduled for January 2012 and will include the 2 siderooms for isolation on BNRS.
Patient transfers and movements	Patients transferred to the Trust are routinely screened pre-admission for MRSA and on readmission and treated. If a patient is admitted and is MRSA positive they are isolated whenever possible, and universal precautions are standard practice throughout the Trust. Transfer letters need review following recent RCAs findings
Information to patients and the public	Patient information leaflets are available which have been approved by the Patient Literature Group.

Antibiotic usage	The Trust uses RUH Antibiotic Prescribing Guidance. New monthly antibiotic surveillance audit commenced in October and will be completed by Pharmacist on the 15th of each month and reported by the ICC . International Antibiotic awareness day on 18th November –poster presentation in the foyer and information sent to clinical staff about antibiotic awareness. New guidelines from the DOH, 'Advisory committee on antimicrobial Resistance and HCAI, November, 2011 requires audits to be completed on IV AB's given. Trust to start this audit in January 2012
Infection control audits	Annual Infection Prevention National audits completed in February 2011 and action plans completed. The audits are designed by IPS to monitor infection control guidelines in acute trusts. The update 2011 IPS audits were launched in September 2011 but require training for use. See Table 3 below for monthly audit results.
Hand hygiene and PPE	Saving Lives and Clean your Hands hygiene audits completed monthly by infection control link nurses: see Table 3 for audit results. International Infection control week was on 15th-21st October 2011-foyer presentation on the aims of collaborative working for the preventive of infection was the aim of the week. There was a quiz and promotion of the WHO 5 Moments to Hand Hygiene
Clinical incidents regarding infection control	3 clinical incidents in October 2011, 2 related to late reporting of pathology results and missed report from previous hospitals. New policy in place on Diagnostic Testing which provides clear guidance to staff on responsibilities for following up test results and communicating results. The introduction of ICNET in November 2011 has allowed real time tracking of pathology results.1 incident related to 4 patients developing urinary tract infections. Awareness campaign for the new policy being planned. Root Cause Analysis for *C. difficile* cases x 2 in December 2011 completed.
Complaints	No complaints for Quarter 3 regarding infection prevention and control.
Induction and training programmes in infection control	All induction training completed this year to date. December training figures – Clinical staff: 83% have received training; there is a total of 201 out of 242 staff within their training dates. Non-clinical: 98% have received training; there is a total of staff 103 out of 105 within their training dates, frequency of this training has been altered to once every 3 years instead of every 2 years. Training to the Board of Governors took place 23/11/11
Policies /clinical care protocols	Policies for NHSLA ratified for Hand Hygiene, IPC strategy, Inoculation Incidents, Uniform and Pre-MRSA screening policy. Laundry policy ratified. Draft updated versions Universal precautions, Outbreak policy, Multi-resistant AB infections, Isolation policy, Cleaning manual and Cleaning policy awaiting ratification in January 2012

Audit

The ICC leads the annual infection control audit programme. All audit results are reported to the Infection Control Committee which monitors progress against action plans. From Table 3 it can be seen that monthly audits are being completed and results are good. Deteriorating scores in environment audits are related to progress with the capital programme, for example, hand washing sinks, up-grade of washing facilities on Violet Prince ward, and the need to purchase new patient and visitors' chairs. The first wave of the rolling replacement programme of new chairs has arrived and completed in October 2011.

Table 3 Infection Control Audit Results
Each month we audit the following:

2010-11	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
CYH	96%	97%	97%	96%	99%	98.5%	97.5%	95%	96%			
Saving lives (9x care bundles)	94-100% range	100%	100%	100%	100%	100%	100%	100%	100%			
Environment	94.5%	96%	88%	86%	87%	92%	92%	95%	96%			

Three additional audits are underway and will be reported in the next quarter report to the Board: **Bare below the Elbow**, 2011 91% (2010-55%) area of improvement is support services wearing watches in clinical areas.
Aseptic Technique, 2011-results all questions asked except 2=100%. Areas of improvement-cleaning of trays and equipment being laid out on sterile field.
Sharps Bins. 2011 result 96%.
Surveillance Tools
The implementation of Infection Control Net (ICNET) which is a robust surveillance tool for accurate and timely information on laboratory results by individual patient has been completed. This will improve management and control of infections, ease collection of data on infections for reporting purposes and clinical management of patients. The system has been active from 1st November 2011.

Recommendations

Action plans for *C. difficile* cases to be completed by March 2012, £2K capital monies allocated to improve storage on Neuro Rehabilitation, reducing clutter

DIPC to lead development of a business case for C4C software to ensure compliance with National Cleaning Standards audit requirements

Implementation plan to be developed for the new Diagnostic Testing policy and ICNet to improve clinical care through follow up of results.

Trust Cleaning Plan being developed and to be approved by the IGQAC in January 2012

The Board is asked to note the contents of this report and support the work of the Infection Control Coordinator.

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title:	**PEAT (Patient Environment Action Team) 2011 RNHRD scores & updated Action Plan.**
Author:	Malcolm Sommerville, Estates & Facilities Manager
Sponsoring Director:	Annie Kelly , Director of Clinical Practice & Operations
Appendices:	Appendix 1 : PEAT Action Plan 2011/12
Action Required:	For Information

Introduction.

PEAT is an annual assessment of inpatient healthcare sites in England with more than 10 beds.

PEAT is self assessed and inspects standards across a range of services including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas).

The assessment was established in 2000 and is a benchmarking tool to ensure improvements are made in the non-clinical aspects of a patient's healthcare experience. PEAT highlights areas for improvement and shares best practice across the NHS.

NHS organisations are each given scores from 1 (unacceptable) to 5 (excellent) for standards of privacy and dignity, environment and food within their buildings. The NPSA publish these results every year to all NHS organisations, as well as stakeholders, the media and the general public.

Background to 2011 PEAT Inspection

The 2011 RNHRD PEAT team consisted of: 2 Matrons, Head of Nursing and General Manager for Rheumatology, Estates Manager, Infection Prevention and Control nurse, Housekeeping representative and patient representative Connie Wright. Staff members such as the catering manager, dietician and finance manager provided information to support the inspection.

Patients, patient representatives and members of the public where also part of the assessment process. The aim of the PEAT assessment is to review the key areas of Environment, Food and Privacy and Dignity from a patient perspective.

No external assessor was available, but the NPSA validation team can visit the Trust in the future.

The RNHRD team performed the assessment on the 2nd February 2011. The areas assessed were BNRS, Parry Ward, Violet Prince Ward, Parry day room / dining room

at lunch time, kitchen, x-ray, clinical measurements, OPD, stair wells, lifts, corridors, garden and the front of the hospital to look at signage and access.

2011 PEAT Scores

Please see appendix 1

Comparison with pervious PEAT scores is shown in the table below.

Royal National Hospital for Rheumatic Diseases			
Year	**Environment**	**Food**	**Privacy & Dignity**
2011	Good	Excellent	Good
2010	Good	Good	Good
2009	Good	Excellent	Excellent
2008	Good	Excellent	
2007	Good	Excellent	
2006	Good	Good	

2012 PEAT Inspection

Date for this year's inspection is Tuesday 21st Feb 2012.

Inspection team made of the following:-

Malcolm Sommerville – Estates & Facilities Manager

Jackie Cooke – Infection Control Advisor

Debbie Lacey – Housekeeping Manager

Chris Harland – Matron

Patient representative – to be confirmed

Annie Kelly – Director of Clinical Practice &Operations

2011 – PEAT Action Plan

Please see Appendix 1

Recommendations

The Board is asked to note the progress made with the 2011 PEAT Action Plan and the plans for 2012 inspections. A Non Executive Director is asked to join the inspection team.

Appendix 2

PEAT ACTION PLAN 2010-11

AREA	ITEM No	ISSUE	ACTION	LEAD	PROGRESS	STATUS	COST IMPLICATIONS (Estimated)
SUSTAINABILITY	1	Requirement for Policy/Strategy on Sustainable Development including Carbon Reduction	Development of Sustainable Development Management Plan/strategy containing a commitment to reduce 2007 carbon footprint by 10% by 2015	RH	Strategy and implementation plan to Board	**Apr-11**	
		Need to evidence Healthcare and/or the Good Corporate Citizen Model within plan	Review the Good Corporate Citizenship Assessment Model	RH	Monitoring to be place to include aspects of model	**Mar-11**	
		Requirement for Policy/Strategy on Sustainable Development including Carbon Reduction taking BREEAM Healthcare and/or the Good Corporate Citizen Model as its baseline	Develop monitoring report on carbon usage, raise carbon awareness reduction at every level of the organisation.	RH			
		Implementation of strategy	Development of implementation plan for strategy	RH			
		Requirement for Strategy to be available to the public	Plan/ strategy needs to be on Trust web site The strategy will need implementing.	RH	Once approved by Trust Board	**May-11**	
CLEANING	2	Front sign at door height appears dirty.	Front sign at door height needs a professional clean as this is thought to be copper.	MS	Cleaning procedure implemented	**Complete**	Nil
	3	General cleaning of lighting across trust appears poor.	Scheduled cleaning necessary.	MS	Rolling programme in place	**Complete**	Nil
	4	Vents are dusty.	Scheduled cleaning of all vents in the hospital. Not in housekeeping role as specialised cleaning needs to take place.	MS	Rolling programme in place	**Complete**	Nil
	5	Dirty and dusty oil paintings, which cannot be cleaned by the housekeepers.	CH to contact MT to arrange cleaning by specialist	MS	Assessment visit by conservator arranged for 13th July. Reported verbally that dry dust cleaning of pictures by Housekeeping Dept will not have detremental effect on picture / frame. Housekeeping to carry out cleaning late October.	**Complete**	Nil
	6	Internal and external window cleaning ongoing contract for a schedule for cleaning.	Need to have schedule implemented for frequency and this needs conveying to staff/ Matron	MS	Currently an annual programme completed November 2010. Additional cleaning commissioned for September 2011. Future cleaning to be March / September.	**Complete**	additional £2,000 above existing annual clean
	7	Linen rooms/cupboards dusty.	Linen cupboards need to be scheduled on 6 monthly cleaning schedule.	DL	Plinths used for storage & to enable easier cleaning. Complete.	**Complete**	Nil
	8	Tape for equipment cleaning not used across trust.	For all areas to use the equipment cleaning tape to indicate equipment has been cleaned.	DL	Infection Control Coordinator recommends use laminated signs. Tape no longer used for cleaning.	**Complete**	Nil
	9	Building appears dirty: stone work.	Building needs an outside clean.	RM/RH	Heritage application, to be considered as part of 3 year Capital plan.	**Possible future capital scheme 2012-2015**	£100,000+
	10	Main entrance/reception: areas of the lighting is poor with dust in the light shades.	Arrange for cleaning	MS	Cleaning / relamping carried out. 6 monthly PPM to be put in place for future.	**Complete**	Nil
	11	General ceilings and walls in need of repair, after work has been carried out ceiling tiles have not been replaced in some areas. Where fitting have been removed, the walls have not been "made good".	General over view of all ceiling and walls needs implementing and walls and ceiling need to be made good.	MS	Ceiling tiles to be replaced. Making good / decoration works to be incorporated into Painting Programme. Significant revenue / capital funding issues associated with implementation of a painting programme.	**funding required for rolling programme of decoration / minor improvements.**	approx £50,000 per year for 5/7 years to bring to category B.Thereafter £20,000 per year to maintain std
	12	Broken radiator panel at main reception.	For this to be repaired.	MS	Repaired	**Complete**	Nil

PEAT ACTION PLAN 2010-11

AREA	ITEM No	ISSUE	ACTION	LEAD	PROGRESS	STATUS	COST IMPLICATIONS (Estimated)
MAINTENANCE	13	Parry Ward have the wrong kind of sinks for hand washing.	Replace sinks	MS/JC	Sink replacement programme has been developed and is intergrated into 2011/12 and 2012/13 capital programme. Replacement sinks in Parry are contained in 2011/12 MacMillan upgrade to support CSF Adults service developments.	**Upgrade of Parry in planning stage**	Approx £70,000 MacMillan have funded £26.5K which has been matched by SW Cancer Network Circa £20K to be funded from 2012/13 capital programme
	14	CQ ward blinds need replacing as they are not fit for dignity purposes and are dirty and broken.	New blinds/ curtains to be obtained	GS	Blinds removed. Roller blind on order.	**Complete**	
	15	Carpet in BNRS Cambridge Day room is looking tired.	New carpet / suitable floor covering needed – to go to capital planning meeting.	GS	Continues to be cleaned on weekly basis by housekeeping.	**Possible future capital scheme 2012-2015**	
	16	Caleb Parry ward: ceiling tile is falling down	Repair ceiling tile.	CH	Repaired	**Complete**	Nil
	17	Caleb Parry ward drafty windows.	Draft proof all windows.	CH	Secondary double glazing on VP and some ward areas in Neuro are fitted. Ideally a window replacement programme needs to be actioned for the whole site rather than installation of additional secondary glazing	**Possible future capital scheme 2012-2015**	approx £50,000 per year for 4 / 6 years
	18	Old telephone net work still in place, these do not work and have messy signs to indicate this that are torn.	Remove old out of use phones and make good area.	MS	Completed but walls not made good.will form part of future capital programme / painting programme	**partial completion**	
	19	Internal window sills across Trust appear chipped and broken.	Need repairing and decorating.	MS	Upgrade work on the 2nd floor included painting of sills. For all other areas see item 11	**Partial completion ongoing 2011-12**	Contained within item No 11 and or item 17
	20	VP corridor bathrooms- bathroom with chair lift – tiles are falling off the wall.	Repair.	CH	Completed.	**Complete**	Nil
	21	Décor is damaged, e.g. the skirting boards has chipped paint. The wall paper is looking old and tired and the Patient representative felt the area appeared dull and tired, rather that bright and cheerful and welcoming.		MS	Painting programme to be developed and then programmed into future capital plans	**Possible future capital scheme 2012-2015**	Contained within item No 11
REFURBISHMENT	22	Bathroom in CQ has leaked water and this has gone under the flooring. This was scored as unacceptable.	Builder doing a quote for this work, bathroom condemned in interim period as not fit for patient use.	GS	Upgrade of assited shower has been carried out and due to be handed over to staff week beginning 18th July	**Complete**	
	23	CQ kitchen is not fit for purpose, fittings are below standards and this makes cleaning difficult, small, cramped, no ventilation. Paint pealing.	Refurbishment of kitchen with a self closing door, as positioned next to patient rooms which are used for isolation. Date for implementation needs to be decided.	GS	Upgrade of kitchen has been carried out	**Complete**	
	24	More sinks necessary in VP ward.	Part of VP ladies bathroom refurbishment program.	RM / MS	Area not part of 2011/12 or 2012/ 13 capital programme	**Possible future capital scheme 2012-2015**	£120,00 - £150,000
	25	VP ladies bathroom – shower is not fit for purpose.	To be condemned until repaired.	AP	Upgraded to provide suitable showering accomodation.	**Complete**	£3,000.00
	26	CQ main ward area office is not confidential.	Ward area needs sealing off to make a ward office.	GS	Currently not a scheme within 2011/12 capital programme	**Possible future capital scheme 2012-2015**	£10,000.00
	27	Ceiling in bay 2 for Violet Prince ward above a patient bed is peeling off.	Bed space condemned. For Estimation for repair of the ceiling to be obtained by the Rheumatology Matron and finance. To be repaired.	CH	Ceiling repaired.	**Complete**	
	28	Shower trolley in BNRS split.	Order new shower trolley.	GS	New cover. Plans to replace trolley - no date.	**Jan-11**	

PEAT ACTION PLAN 2010-11

AREA	ITEM No	ISSUE	ACTION	LEAD	PROGRESS	STATUS	COST IMPLICATIONS (Estimated)
EQUIPMENT REPLACEMENT	29	Carpet in main reception is deep cleaned monthly, but now looks tired and is not cleaning up as well as it should be.	New carpet, estimation for reception, OPD, stairs and corridors on the landings.	RM/SH	Quotes obtained for carpet assessing costs for redecoration. General upgrade of main entrance area only. (external automatic doors to internal automatic doors).	**Work will now not be carried out from 2011/12 capital programme**	Possible project within Refresh scheme.
	30	Patient lockers too small and not in good condition in both patient areas.	New & trust wide consistent lockers for patient in all areas.	CH/CH	New furniture needs to be sourced neeeds to tie in with refurbishment work.	**Possible project within Refresh scheme or future capital schemes**	£20,000
	31	Blinds and curtains in CQ, BNRS day room needs replacing.	Matrons to asses all blinds in the ward areas and request an estimation of cost and decide with finance the priority are for replacing blinds.	CH	Awaiting delivery.	**Complete**	
	32	X-ray seating is all made from fabric. The chairs are in generally good condition, but will need replacing with non fabric material chairs that can be cleaned appropriately.	New chairs to be sourced	JS/AH	Waiting funds for 2nd wave of seating purchase. Funds expected April 2012	**Apr-12**	
	33	Commodes on BNRS rusty as they are used for showering patients.	Matron in BNRS looking into commodes that can stand the constant use in water. Business case to be made to buy new commodes x 4.	GS	Rusty commode removed. JC & OTs sourcing new commodes.	**Complete**	
	34	Patient chairs in BNRS (CQ) rooms are stained.	New chairs with materials that can be cleaned x 8.	GS	Chairs removed.	**Complete**	
MISCELLANEOUS	35	Patient information leaflets racks on the ward areas are not well stocked and are untidy. The leaflets in out patients are satisfactory. PALs do have a patient literature group and this works well.	For review of all available leaflets on the ward areas and a tidy up of relevant leaflets for patients.	LD	Walkround monthly. Last carried out approx w/c 22 November 2011.	**Complete**	
	36	Signage: some of the signs are adequate (the blue ones), others need to be reviewed	Review all signage ?welcome sign is needed.	EM/MS	Ongoing. New signs at main entrance to be incorporated in main entrance upgrade. See item 29.	**Possible project within Refresh scheme or future capital schemes**	Possible project withi Refresh scheme
	37	Signs are not laminated and appear messy on the notice boards, some notice boards are crammed with information, some out of date.	For all trust signage to be reviewed, including notice boards and this to be maintained on a regular basis.	RM	Underway some notice boards tidied further work to be done	**Jan-11**	
	38	Signage on bathrooms and toilets now have single sex signage. The vacant and engaged signs are laminated flip signs.	The signs for engaged and vacant need replacing with professional signs.	AP	Signs replaced	**Complete**	
	39	Patient Personal possessions policy out of date.	Patient Personal possessions policy needs updating.	AP	Started in draft	**Mar-11**	
	40	Not enough storage in both patient areas leading to in VP equipment storage on main ladies ward. On BNRS for Gym equipment being stored in corridors.	Find more storage and store equipment appropriately. This has already been commenced, but needs further work.	KB/CH	De-cluttered mattress room but equipment still stored in main corridor of ward.Further declutter day planned in February 2012	**Feb-12**	
	41	The reception chairs are situated in front of the BIRD sample collection box and the paper signs for the internal mail, which appears makeshift.	Review layout of area	MT	Area tidied, chairs removed and replaced.	**Complete**	
	42	Weighing scales across trust are all in open patient areas, i.e. waiting rooms and ward areas, this does not promote patient confidentiality and dignity.	Move the weighing scales to a private area.	AP	new weighing scales bought and will be move to a dignified area when they arrive.	**Complete**	
	43	Privacy and dignity in OPD regarding interruptions during consultations with patients.	For staff not to interrupt consultations between patients and doctors.	RM	Being addressed as part as review of outpatient processes	**Complete**	

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title	**: 2011/12 Finance Report for 09 months ending 31st December 2011**
Author of Document	**: Rachel Hepworth, Director of Finance**
Meeting	**: Trust Board Meeting, 26th January 2012**
Action Required	**: For information**
Summary of Document	**: To update the Trust Board on the financial position of the Trust up to 31st December 2011**

SUMMARY NOTE

This paper details the financial position of the Trust for the 9 months ending 31st December 2011. The key points to note are:-

(i) The Income and Expenditure account for the year to date shows a **deficit of £752k** compared with a **budgeted surplus of £95k**. Within this figure EBITDA is £788k behind plan. The key points to note are:

- The in month performance shows a deficit of £314k in December of which £147k relates to PCT income.
- The level of PCT income for the period totals £9,544k and is £767k below plan with Neuro Rehabilitation £359k behind plan, Pain Management £204k behind plan and Rheumatology £264k behind plan.

Overall the year end forecast has deteriorated by £459k from the month 7 forecast reported in November 2011 to a deficit of £909k i.e. £1,033k below the planned surplus of £124k.

The movement in year-end forecast between Month 7 and the current forecast is outlined below

	M7>M8	M8>M9	Total
PCT Income: Endoscopy	(£ 30k)	-	(£ 30k)
PCT Income: Rheumatology Therapy Outpatients	-	£ 108k	£108k
PCT Income: Rheumatology Inpatients incl Rehab bed days	-	(£105k)	(£105k)
PCT Income: Rheumatology Outpatient Services	-	£ 56k	£ 56k
PCT Income: Rheumatology Anti TNF and Daycases	-	(£ 29k)	(£ 29k)
PCT Income: Pain Management	-	(£ 68k)	(£ 68k)
PCT Income: Neuro Rehabilitation	(£ 75k)	(£ 29k)	(£104k)
PCT Income: CFS Adult reduction in first outpatient appointments	-	(£ 13k)	(£ 13k)
PCT Income: CFS Paediatric reduction in outpatient appointments	-	(£ 14k)	(£ 14k)
PCT Income: WIP	-	(£ 55k)	(£ 55k)
Other Income: Guernsey recharge for Neuro Rehabilitation agency nurse	-	£ 55k	£ 55k
Other Income: MacMillan Cancer Care Programme & N McHugh Grant	£ 37k	-	£ 37k
Other Income: CQUIN	-	(£ 55k)	(£ 55k)
Private Patient Income	(£ 50k)	(£ 8k)	(£ 58k)
Pay Costs: Neuro Rehabilitation agency nurse to be recharged to Guernsey	-	(£ 50k)	(£ 50k)

Pay Costs: NBT accrual for Paeds Consultant & Clinical Excellence Award	(£ 40k)		(£ 40k)
Non Pay Costs: drugs not recharged to PCTs i.e. not PbR excluded drugs	-	(£100k)	(£100k)
Non Pay Costs: IT agency coder	-	(£ 11k)	(£ 11k)
Depreciation:	-	(£ 11k)	(£ 11k)
Sum of other movements less than £10k	£ 8k	£ 20k	£ 28k
	(£150k)	**(£309k)**	**(£459k)**

(ii) The Balance Sheet for 31st December 2011 shows net current liabilities of £1,207k compared with the figure of £810k at 30th November 2011. The forecast balance sheet implies current liabilities at the year-end will be circa £1,395k

(iii) The cash balance is £962k (including £729k early payment from local PCT's) compared with £970k for November 2011. The cash flow forecast shows a projected "overdrawn" position of £246k at 31st March 2012. Enquiries are underway to put in place borrowing facilities to support the cash position.

(iv) The debtor's position now stands at £744k (£783k in month 8) with creditors at £2,181k (£2,084k in month 8).

(v) KPI – the Monitor Financial Risk Rating (FRR) stands at 1.

The Trust Board is asked to note the report.

The following appendices are included as indicated:

Appendix		M09 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**	n/a
7	**Aged Debtors Report**	Y
8	**Aged Creditors Report**	Y

1. Income & Expenditure Account

The Trust's income and expenditure account is summarised in Appendix1.

The Income and Expenditure position to the 31st December 2011 shows a **deficit of £752k against a budgeted £95k surplus.**

1.1 PCT Income

PCT income is **£767k below** plan.

1.1.1 Rheumatology

Overall the speciality is below plan predominately due to the underperformance in endoscopies

As previously reported, the lower than planned revenue for inpatient stays continue to contribute to the underperformance.

Referrals for December 2011 were 288 (see Appendix4). This compares with 344 for November 2011 and is above the 2011/12 referral rate for the same month (263).

1.1.2 Pain Management

The year end forecast has been reviewed and revised to £180k below plan (£112k below plan at November 2011) This reflects the patients currently booked on courses during January-March 2012, plus additional activity for patients for whom funding has not yet been approved. The management team will continue to pursue the early resolution of outstanding funding applications to bring activity into this financial year.

1.1.3 Neuro Rehabilitation

Overall there is a major under performance of £359k to date.

If the remaining 3 months of the year deliver average bed occupancy of 13 and therapy attendances continue to underperform, then the service will be £615k below budget on 31st March 2012. The emerging January position is to be at 105% occupancy against the target of 13 beds.

There have been a number of patients within Neuro Rehab who, during the course of their stay, have required and received 1:1 care due to a variety of clinical indications. However, the cost of the additional care has not been charged to PCT's and this is now being reviewed with Finance and the Director of Operations in order to recoup some of this cost within this financial year.

1.1.4 Chronic Fatigue

There is a shortfall against plan in adult services. Overall the income is £49k above plan to date, due to a significant increase in the volume of paediatric outpatient attendances. The year end forecast is now £86k over plan by the year end.

1.1.5 Clinical Measurement

To date income is £34k below plan, year to date a small decline on the November 2011 position. The year end forecast remains unchanged at £45k below plan.

1.1.6 Private Patient Income

Income from private patients for the period is £122k (Pain Management is £107k) against a plan of £133k. The year end forecast is £142k, which is £58k below plan. This is a reflection of the private patient attendances to the year end as obtained from each of the speciality areas.

1.1.7 Education, Training and Research Income

Education, Training and Research income is above plan by £96k with £231k remaining on the balance sheet as Deferred Income.

1.1.8 Other Income

Other Income is currently above plan by £22k and is forecast to exceed plan by £88k by year end.

1.2 Expenditure

1.2.1 Pay Expenditure

Pay expenditure is shown in detail in Appendix 2. Overall there is an overspend of £15k.

The year end forecast is at plan of £11,548K

There are five specific areas which give cause for concern. These are listed below with comments.

Department	Comments
Neuro rehabilitation	The team is £105k overspent as at period 9, a deterioration of £8k on the month 8 position. The team is currently experiencing high sickness levels and has had two staff on long-term sickness due to medical reasons. This is leading to increased usage of bank nursing. Further risks remain with bank costs expected to increase due to a number of high dependency patients being treated who require 1:1 nursing. These additional costs will be

	recharged to the appropriate commissioners but the increase in behaviourally challenging patients has impacted on staff sickness levels. The Director of Operations is to review the skill mix within the Department and more detail is available in the VACs report.
Medical Records	The team is forecast to be £9k overspent at year end due to additional hours being worked each month to support increased workload particularly in outpatients. This is an improvement of £3k on the period 8 position as overtime worked by IT staff on data quality is now being reported within IT.
IT	The year end forecast shows an overspend of £26k a deterioration against the period 8 position of £13k year end forecast. This is due to the recruitment of an agency coder to the year end. The Chief Executive has requested an explanation of this overspend, a verbal update will be given to the Board.
Domestic	The year end forecast now shows an overspend of £27k (from £31k in M8) and remains in part to the reinstatement of staff following internal HR processes. Long term sickness and maternity leave also remains a factor. The Chief Executive has requested an explanation of this overspend and a verbal update will be given at the Board.
CRPS	Over established by .02WTE band 8a since May 2011 which has resulted in a £16k overspend as at December 2011 and is forecast to be overspent at the year end by £24k.

1.2.2 Non-Pay Expenditure

Non-pay expenditure is shown in detail in Appendix 3. Overall the position is £52k under spent against plan and is predicted to be £112k overspent at the year end. There are 4 areas which give cause for concern.

Department	Comments
Neuro Rehabilitation	There continues to be an overspend on consumables in Neuro Rehabilitation. This increased usage is related to the increase in high dependency patients and new infection control procedures. The new Matron has been asked to investigate this.
Facilities	Both the £22k overspend YTD and a forecast overspend of £50k at year end are due to unplanned minor works, cost of attending courses and maintenance essential to the Trust for which no budget was allocated for the year. This relates to unavoidable health and safety issues which have needed to be addressed primarily as a result of the HSE inspection report issued to the Trust in May 2011.
IT	IT is £20k overspent as at period 9 and this position is forecast to be £23k overspent at year end. This has arisen due to delays in recruiting a permanent Head of IM&T leading to increased spend on interim management. The GM for Clinical Support Services has been asked to provide an action plan to reduce expenditure across IT services over the next two months.
M&D	M&D is £30k overspent in December 2011 predominantly due to expenditure in drugs for which the Trust cannot recharge so they are

	bundled into the inpatient or outpatient tariff i.e. not high cost, PbR excluded drugs. Indications are that these are for osteoporosis drugs for which we are receiving approximately 6 new patients per month and we do not hold excessive stocks of these. Year end forecast now at £88k overspend compared to £5k underspend reported in November 2011. The Medical Director will lead a review on this to agree what actions can be put in place to improve the year end forecast.

1.2.3 Contingency Reserves

Contingency reserves now stand at £25k 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 31st March 2012.**

2. Balance Sheet and Cash Position.

2.1 Cash

The cash position at the end of December was £962k. This includes cash in advance from PCT's of £729k which will reverse by the year end. The net position is therefore £233k 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. The level of cash is forecast to be at 31st March 2012 £246k overdrawn, compared to the target of £722k. This position takes into account reduced PCT income and a further delay in the payment of creditors. Enquiries are underway to put in place bank facilities to support the cash position.

2.2 Debtors

The level of debtors is £744k (Appendix 7). This is a decrease against the November figure of £39k.

2.3 Creditors

The level of creditors is £2,184k (Appendix 8) and £1,240k excluding pay and accrued expenditure. During December there has been a decrease in the creditor value against the RUH from £441k to £348k although £296k of this has now been settled.

3. Capital

The capital expenditure report is forecast to be on plan at the year end.

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 shows an over recovery of £29k with a current year end forecast of £33k above plan.

6. Year End Forecast

The forecast shows a deficit of £909k compared with the planned surplus of £124k.

This position is a £459k deterioration on the year end forecast compared to the £450k deficit shown in the last months report to the Board, and reflects the impact of the December 2011 actual position and revised PCT income forecasts as submitted by each specialty lead.

Appendix 1

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Narrative 1

INCOME & EXPENDITURE ACCOUNT
FOR THE PERIOD ENDING 31 Dec 2011

Favourable Variance + \ Adverse Variance (-)

	Month 09 Actual £'000	Month 09 Budget £'000	Month 09 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 M08 £'000
INCOME										
PCTs	942	1,089	(147)	9,544	10,311	(767)	12,760	13,716	(956)	12,915
Private patient	4	27	(23)	122	133	(11)	142	200	(58)	150
Education, training & research	96	121	(24)	1,196	1,100	96	1,542	1,446	96	1,541
Other income	14	57	(42)	391	369	22	621	534	88	571
sub total	**1,057**	**1,293**	**(237)**	**11,253**	**11,913**	**(660)**	**15,066**	**15,896**	**(830)**	**15,176**
PBR excluded drugs	451	357	94	3,800	3,431	369	5,000	4,520	480	5,000
Total income	**1,508**	**1,650**	**(143)**	**15,053**	**15,344**	**(291)**	**20,066**	**20,416**	**(350)**	**20,176**
EXPENDITURE										
Pay expenditure	967	981	14	8,672	8,657	(15)	11,548	11,515	(32)	11,474
Non-pay expenditure	346	311	(35)	2,806	2,756	(51)	3,719	3,607	(112)	3,589
Reserves	0	(30)	(30)	0	(64)	(64)	25	25	(0)	37
sub total	**1,312**	**1,261**	**(51)**	**11,479**	**11,349**	**(129)**	**15,291**	**15,147**	**(144)**	**15,100**
PBR excluded drugs	451	357	(94)	3,799	3,431	(368)	5,000	4,520	(480)	5,000
Total expenditure	**1,763**	**1,618**	**(145)**	**15,277**	**14,780**	**(497)**	**20,291**	**19,667**	**(624)**	**20,100**
EBITDA	**(255)**	**32**	**(287)**	**(224)**	**564**	**(788)**	**(225)**	**749**	**(974)**	**76**
Depreciation	(42)	(37)	(5)	(382)	(330)	(52)	(492)	(440)	(52)	(480)
Interest receivable	0	0	0	3	1	1	3	2	1	3
Dividend payments on PDC	(17)	(16)	(1)	(149)	(140)	(8)	(195)	(187)	(8)	(199)
Total surplus/(deficit)	**(314)**	**(20)**	**(294)**	**(752)**	**95**	**(847)**	**(909)**	**124**	**(1,033)**	**(600)**
Monitor Budget figures		**(20)**			**133**			**124**		

Appendix 2

ANALYSIS OF PAY EXPENDITURE
FOR THE PERIOD ENDING 31 Dec 2011

	Month 09 Actual £'000	Month 09 Budget £'000	Month 09 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 M08 £'000
Neuro Rehab	238	226	(12)	2,114	2,009	(105)	2,787	2,697	(90)	2,742
Rheumatology	266	274	9	2,467	2,475	7	3,291	3,298	4	3,305
Pain Management	62	74	12	614	667	53	799	889	90	808
CFS	38	33	(5)	290	295	5	391	394	3	387
CRPS	14	11	(2)	118	102	(16)	160	136	(24)	159
Patient Secretarial Service	20	22	2	195	199	4	256	265	9	263
Medical Records	29	43	14	263	272	9	349	341	(9)	353
IT	30	21	(10)	185	186	1	274	248	(26)	261
Portering	21	23	2	191	208	17	252	278	25	251
Catering	14	15	1	139	132	(7)	188	176	(12)	192
Domestic	30	29	(1)	283	257	(26)	370	343	(27)	374
Facilities	9	9	1	77	84	7	104	112	8	104
HR	19	20	1	160	181	21	219	241	23	218
Governance	10	11	1	98	98	1	128	131	3	130
Finance	21	23	2	180	208	29	241	278	37	236
Research funded pay	44	43	(1)	410	390	(20)	541	520	(21)	547
Other	102	103	1	888	893	4	1,196	1,168	(29)	1,146
Total expenditure	**967**	**981**	**14**	**8,673**	**8,657**	**(15)**	**11,548**	**11,515**	**(35)**	**11,474**

Appendix 3

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

ANALYSIS OF NON-PAY EXPENDITURE
FOR THE PERIOD ENDING 31 Dec 2011

	Month 09 Actual £'000	Month 09 Budget £'000	Month 09 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 M08 £'000
Rheumatology	9	13	4	89	113	25	131	151	20	131
Neuro Rehab	13	14	1	160	138	(23)	211	181	(30)	206
Pain Management	0	3	3	19	27	8	30	36	6	30
M&D Department	79	49	(30)	480	453	(27)	648	560	(88)	549
Medical Contracts	46	49	3	430	438	8	579	584	5	579
Facilities	50	44	(6)	432	399	(33)	582	532	(50)	574
Finance	35	22	(13)	171	194	23	227	259	32	218
Orthotics	6	6	(0)	60	56	(3)	76	75	(0)	76
Diagnostics	8	7	(0)	70	66	(3)	91	89	(2)	91
HR/Membership	4	4	(0)	25	35	10	40	47	7	40
Patient Transport	6	7	1	55	60	5	73	80	7	79
Executive	11	14	3	69	60	(9)	75	75	0	75
IT	20	16	(4)	168	148	(20)	220	197	(23)	209
R&D	15	21	6	188	188	(1)	256	250	(6)	256
Other	43	42	(1)	390	378	(11)	479	490	11	477
Non Pay	**345**	**311**	**(33)**	**2,806**	**2,754**	**(52)**	**3,719**	**3,607**	**(112)**	**3,589**

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	334	110	**444**	254	**57%**	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	333	56	**389**	331	**85%**	71	**21%**	116	**35%**
Oct-11	319	58	**377**	320	**85%**	67	**21%**	125	**39%**
Nov-11	290	54	**344**	316	**92%**	59	**19%**	104	**33%**
Dec-11	228	60	**288**	319	**111%**	64	**20%**	122	**38%**
Jan-12			-						
Feb-12			-						
Mar-12									
2011/12	2,770	549	**3,319**	2,952	**89%**	550	**19%**	1,044	**35%**
Dec-10	**214**	**49**	**263**	**465**	**177%**	**51**	**11%**	**109**	**23%**
MAT	**3,681**	**757**	**4,438**	**4,145**	**93%**	**723**	**17%**	**1,382**	**33%**

	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	111	42	**153**	77	**50%**	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	121	21	**142**	113	**80%**	21	**19%**	34	**30%**
Oct-11	115	15	**130**	109	**84%**	13	**12%**	39	**36%**
Nov-11	103	26	**129**	117	**91%**	16	**14%**	31	**26%**
Dec-11	90	24	**114**	119	**104%**	17	**14%**	34	**29%**
Jan-12			-						
Feb-12			-						
Mar-12									
2011/12	961	203	**1,164**	1,026	**88%**	134	**13%**	285	**28%**
Dec-10	**67**	**19**	**86**	**124**	**144%**	**5**	**4%**	**15**	**12%**
MAT	**1,249**	**274**	**1,523**	**1,366**	**90%**	**151**	**11%**	**333**	**24%**

Appendix 5
31 December 2011

31st Mar 2011	31 Dec 2011	Movement	30 Nov 2011	31 Mar 2011 Forecast
£'000	£'000	£'000	£'000	£'000
104	99	6	93	97
7,090	7,052	(20)	7,072	7,087
7,194	**7,151**	**(14)**	**7,165**	**7,185**
57	55	(1)	56	55
1,237	370	5	365	536
(268)	(171)	0	(171)	(171)
119	778	(90)	868	778
469	374	(44)	418	366
684	962	(8)	970	(246)
2,298	**2,368**	**(138)**	**2,506**	**1,318**
9,492	**9,519**	**(152)**	**9,671**	**8,503**
(722)	(488)	55	(543)	(301)
(1,048)	(1,244)	(131)	(1,113)	(1,407)
(29)	0	3	(3)	(50)
(1)	(50)	(17)	(33)	1
(422)	(449)	(21)	(428)	(449)
0	(731)	0	(731)	0
(565)	(613)	(148)	(465)	(508)
(2,787)	**(3,575)**	**(259)**	**(3,316)**	**(2,713)**
(1)	0	0	0	0
(14)	(10)	0	(10)	(10)
(38)	(38)	0	(38)	(38)
(53)	**(48)**	**0**	**(48)**	**(48)**
6,652	**5,896**	**(411)**	**6,307**	**5,741**
6,015	6,015	0	6,015	6,015
(143)	(143)	0	(143)	(143)
0	(756)	(410)	(345)	(911)
780	780	0	780	780
	0	0	0	0
6,652	**5,896**	**(410)**	**6,307**	**5,741**

he first quarter from local PCTs £729k

Appendix 7

Ten Debtors as at 31-12-11

Customer	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Debtors
WELSH ORGANISATIONS	17.1	14.2	15.8	18.7	51.7	77.7	195.3
WILTSHIRE PCT	0.0	0.6	93.3	-43.5	0.0	0.0	50.5
BRISTOL PCT	33.6	0.4	7.1	0.0	0.0	0.0	41.1
ISLE OF WIGHT NHS PCT	0.7	32.1	0.0	0.0	0.0	0.0	32.8
WORCESTERSHIRE PCT	24.4	0.0	0.0	0.0	0.0	0.0	24.4
DORSET PCT	20.5	0.0	0.0	0.0	0.0	0.7	21.1
STATES OF GUERNSEY HEALTH AND SOCIAL SERVICES	20.6	0.0	0.0	0.0	0.0	0.0	20.6
MIDDLESBROUGH PCT	20.5	0.0	0.0	0.0	0.0	0.0	20.5
NHS HERTFORDSHIRE	6.9	4.2	0.0	3.5	0.0	0.0	14.6
NHS HEALTH SCOTLAND	20.0	0.1	1.6	1.3	2.5	-12.1	13.5
	164.3	51.6	117.8	-20.0	54.3	66.3	434.3
Others							
NHS	119.9	10.9	13.9	17.9	3.2	4.9	170.7
NON NHS	115.3	9.2	1.6	11.2	0.3	1.5	139.0
TOTAL at 31-12-11	**399.5**	**71.7**	**133.2**	**9.1**	**57.8**	**72.7**	**744.0**
% at 31-12-11	54%	10%	18%	1%	8%	10%	100%
TOTAL at 30-11-11	**623.4**	**-10.9**	**-24.8**	**54.6**	**99.5**	**41.0**	**782.9**
% at 30-11-11	80%	-1%	-3%	7%	13%	5%	100%
TOTAL at 31-10-11	**824.0**	**-57.7**	**9.4**	**100.3**	**132.7**	**46.2**	**1055.0**
% at 31-10-11	78%	-5%	1%	10%	13%	4%	100%
TOTAL at 30-09-11	**280.2**	**115.0**	**107.3**	**81.9**	**132.1**	**31.5**	**748.0**
% at 30-09-11	37%	15%	14%	11%	18%	4%	100%
TOTAL at 31-08-11	**384.2**	**185.7**	**1.3**	**145.3**	**100.2**	**17.8**	**834.5**
% at 31-08-11	46%	22%	0%	17%	12%	2%	100%
TOTAL at 31-07-11	**516.4**	**16.1**	**145.9**	**90.3**	**135.4**	**-6.6**	**897.5**
% at 31-07-11	58%	2%	16%	10%	15%	-1%	100%
TOTAL at 30-06-11	**570.4**	**308.4**	**-15.0**	**88.6**	**161.0**	**-11.4**	**1102.0**
% at 30-06-11	52%	28%	-1%	8%	15%	-1%	100%
TOTAL at 31-05-11	**439.0**	**26.8**	**68.7**	**55.7**	**134.9**	**75.8**	**801.0**
% at 31-05-11	55%	3%	9%	7%	17%	9%	100%
TOTAL at 30-04-11	**800.6**	**56.7472**	**2.79537**	**95.6199**	**126.403**	**160.659**	**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 8

Top 10 Creditors as at 31-12-2011

	Supplier	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Creditors
1	HEALTHCARE AT HOME LTD	0.0	387.9	0.0	0.0	0.0	0.0	387.9
2	ROYAL UNITED HOSPITAL BATH NHS TRUST	48.2	286.8	13.2	0.0	0.0	0.0	348.2
3	HEALTH COMMISSIONFOR WALES	0.0	0.0	0.0	0.0	0.0	41.7	41.7
4	NHS SUPPLY CHAIN	15.6	13.2	7.2	0.0	0.0	0.0	36.0
5	UNIVERSITY HOSPITALS BR	0.0	0.0	0.0	23.0	0.0	12.3	35.4
6	FACTORSPREAD LTD	0.0	0.0	31.0	0.0	0.0	0.0	31.0
7	MJ MAPP LLP	20.8	0.1	0.1	2.7	0.0	0.0	23.7
8	INTERSYSTEMS	9.9	9.9	0.0	0.0	0.0	0.0	19.8
9	BATH INSTITUTE FOR RHEU	15.0	0.0	4.7	0.0	0.0	0.0	19.7
10	WINCHESTER&EASTLEIGH HEALTHCARE NHS TRUST	5.6	0.0	2.8	11.2	0.0	0.0	19.5
		115.1	697.9	59.0	36.9	0.0	54.0	962.9
	OTHERS	114.7	117.1	19.3	17.2	5.6	3.4	277.3
	PAY EXPENDITURE	360.5	0.0	0.0	0.0	0.0	0.0	360.5
	ACCRUED EXPENDITURE	580.2	0.0	0.0	0.0	0.0	0.0	580.2
	TOTAL at 31/12/2011	**1170.5**	**815.1**	**78.3**	**54.1**	**5.6**	**57.4**	**2181.0**
	% at 31-12-11	54%	37%	4%	2%	0%	3%	100%
	TOTAL at 30/11/2011	**1720.3**	**73.8**	**210.2**	**20.0**	**2.8**	**57.0**	**2084.0**
	% at 30-11-11	83%	4%	10%	1%	0%	3%	100%
	TOTAL at 31/10/2011	**1040.1**	**875.1**	**74.1**	**48.1**	**3.1**	**56.9**	**2097.6**
	% at 31-10-11	50%	42%	4%	2%	0%	3%	100.0%
	TOTAL at 30/09/2011	**1597.3**	**140.1**	**86.8**	**57.6**	**3.6**	**56.7**	**1942.0**
	% at 30-09-11	82%	7%	4%	3%	0%	3%	100%
	TOTAL at 31/08/2011	**967.5**	**485.2**	**101.7**	**57.7**	**41.4**	**59.7**	**1713.2**
	% at 31-08-11	56%	28%	6%	3%	2%	3%	100%
	TOTAL at 31/07/2011	**1194.9**	**579.7**	**23.1**	**28.7**	**34.1**	**67.4**	**1927.9**
	% at 31-07-11	62%	30%	1%	1%	2%	3%	100%
	TOTAL at 30/06/2011	**1652.4**	**159.8**	**55.4**	**87.7**	**36.6**	**52.3**	**2044.2**
	% at 30-06-11	81%	8%	3%	4%	2%	3%	100%
	TOTAL at 31/05/2011	**1130.5**	**327.1**	**47.0**	**66.5**	**35.0**	**53.8**	**1659.9**
	% at 31-05-11	59%	20%	3%	4%	2%	3%	100%
	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

Minutes of the
INTEGRATED GOVERNANCE AND QUALITY ASSURANCE COMMITTEE
Held on Monday 31st October 2011 10:00 to 12:30 in the Board Room

Present:

Kirsty Matthews (Chair) (KM)	:	Chief Executive Officer
Hayley Sewell (HS)	:	Director of Governance
Dr Ashok Bhalla (AKB)	:	Medical Director
Chris Johns (CJ)	:	Non Executive Director
Annie Kelly (AK)	:	Director of Clinical Practice and Operations
Gina Sargeant (GS)	:	General Manager Neuro, Head of Therapies
Amanda Pacey (AP)	:	General Manager Rheumatology and Head of Nursing
Marianne Spaans (MS)	:	General Manager, Head of HR
Anne Twitchett (AT) (Minutes)	:	PA to Director of Governance

Apologies:

Bernice Statton (BS)	:	Clinical Governance Manager

In attendance

Val Johnson (VJ)	:	Assistant Director of Performance and Quality (BANES)

Papers for this meeting available at: **\\Data1\Governance & Performance\IGQAC\IGQAC 31.10.11 papers**

Agenda Item	Minute	Action
2	Minutes of IGQAC meeting 18th July 2011 The minutes were **approved** subject to three minor typing error amendments. Page 3: 5.1 f **deaths** not dates 5.1 d where **it** may be appropriate Page 5 7.6 by specially **trained** radiographers	

3	**Review of Action List 18.07.11**	
1	*Medical Director's nominated deputy.* Deputy to be Consultant Rheumatologist – Dr E Korendowych (EK) depending on day of meeting.	
4	*Email Access to appointments.* Complete. Patients can now contact the Appointments department by email.	
5	*Business continuity planning.* Strike action planned for the end of November 2011.	
6	*Outcome 21 Neuro Rehabilitation audit of health records outstanding*. Clinical Governance Manager BS has received information and will upload onto audit database.	BS
7	*Rheumatology audit of health records remain outstanding*. A yearly audit but it has overrun the time for review. Director of Clinical Practice and Operations AK to ensure completion.	AK
8	*2010 Inpatient Survey Results. Action plan complete*.	
9	*PMU to set up focus group with patients to discuss their feedback re bathrooms*. This action complete.	
10	*2009 Outpatient Survey action plan –review of medical ownership for the required actions on questions with lowest scores.* Medical Director AKB confirmed that this is complete and has been addressed through other forums.	
11	*Patient Safety Q4 2010/2011 report. Further information on liability for safety in Bath Heights*. Post meeting note – Risk Assessment Form 1 was completed in July 2011 and is due for revision in July 2013.	
12	*Medical Director (AKB) to present to medical staff outcome of RCA on AS patient who fell.* Meeting on 11.11.11	AKB
13	*Q4 2010/2011 NICE Guidance. Medical Director to advise if NICE guidance on osteoporosis are applicable and ensure audits against the NICE guidance complete.* Complete.	
14	*Patient Experience. PALS and Patient Experience Manager LD to review ways to audit complaints and present to EMG.* Complete.	
15	*HR. Director of Clinical Practice and Operations AK to present full Q4 2010/2011Training report to May 2011 Board.* Complete including Q1 and Q2.	

16	*Evidence for CQC standards re Outcome 10 Safety and Suitability of Premises. Estates Manager MS to update the asbestos register, review fire evacuation system and complete Legionnella inspection visit action plan. Post meeting note* - Asbestos register / risk assessment was updated on the 29th September 2011. Legionella Action plan was completed and submitted for board approval prior to the HSE deadline of the 30th June. Since then the plan has been regularly updated. The last update was on the 25th November 2011. Fire evacuation strategy has been agreed with Health and Safety advisor, Estates Manager and fire safety advisor and is currently to be disseminated to all staff and staff members who are appointed fire wardens through face to face training.	SH/MS SH
18	*Finance Director to attend a one day IOSH Course*. Having attended a one day course, Non Executive Director CJ has asked that a more advanced course be organised for the successor Finance Director to attend. He also requested that the Finance Director prepare an annual Health and Safety report to be presented to the December 2011 board meeting. Non Executive Director CJ stated that the Trust's executive H&S knowledge must be compliant with the expectations of the H&S Executive to offer an assurance of compliance.	AKB/TI
19	*Quality. Individual Consultant Level information.* Medical Director AKB reported that discharge rates between Consultant teams vary. Differing outcomes will be investigated to reduce follow up rates. Statistics needed from General Manager Clinical Support (TI)	AK AK
20	*Assessment against Monitor's Quality Governance Framework to be presented by Director of Governance at September 2011 Board.* Complete.	
21	*Q2 2011/2012 Quality Improvement report* to be presented to the next IGQAC meeting. To be presented at next IGQAC meeting 01.02.2012	AK
22	*Presentation of Contract Performance Scores. AK to ensure compliance.* Director of Clinical Practice and Operations AK assured compliance with target set by commissioners.	
23	*Finance Director SH to provide sustainability annual plan from Facilities re Governance areas.* Complete. Covered in PEAT report.	
24	*Director of Clinical Practice and Operations AK to provide a report regarding end of life care.* This report has been prepared by the General Manager Rheumatology and Head of Nursing (AP) and will	

	be submitted to the Clinical Risk Management Committee.	AK/AP
25	*Director of Clinical Practice and Operations AK to discuss with Infection Control Nurse (JC) the non elective MRSA screening for May 2011 reported at 95% in the* Q1 reported to Board. Systems are in place to ensure that the MRSA screening will be completed on admission in cases when there is no screen completed by the patient's GP.	
26	*Director of Governance HS to give assurance to Board that unexpected deaths are reported.* HS informed the committee that there any cases of unexpected deaths are reported monthly in Director of Clinical Practice and Operations AK's Board reports.	AK
28	*Patient Experience. Complaints and PALS reports to include information for previous 2 years as a comparator*. Complete.	
29	*Reporting of images. Timescales for reporting of images.* There are no specified timescales for reporting in SLA with the RUH. Practice is for urgent referrals to be reported within 24 hours. Director of Clinical Practice and Operations AK will ensure that this is included in SLA with RUH in the 2012/13 contracting round with the RUH regarding this SLA.	
30	*Being Open Policy*. All new policies are now noted on the "What's new?" page of the Mintranet.	AK/AT
31	*Security Policy. Lock down procedure.* This is complete.	
32	*Drugs and Therapeutics ToR to include responsibility for reviewing medicine incidents to risks.* Complete.	
33	*Policy for prescription and administration of oxygen – names to be removed.* Complete.	
	CEO KM reiterated the importance to committee members of completing their actions and notifying the PA to the Director of Governance AT to circulate to members of the committee one week before the meeting for efficiency.	
4	**Care Quality Commission**	
4.1	CQC Standards of Quality and Safety – Q2 2011/2012 Declaration.	
	Directors with responsibility for the outcomes have signed a declaration of compliance for Q2 of 2011/12. However the Trust received an unannounced inspection visit in October 2011. The CQC noted the trust's reports on the RNHRD website regarding Q1 training and appraisal rates. Director of Clinical Practice and	AK

	Operations AK reviewed the report. There are data quality issues in the HR report; the data needs cleansing to give more accurate information. **Safeguarding** level 1 training is now 100% as this is included on the Induction programme. There are problems with availability for a higher level of training in Safeguarding (required by Level 2) with a course not available until March 2012. There are plans to agree with B&NES and the Board, a safeguarding target of 80% as 100% is not an achievable target. Director of Clinical Practice and Operations AK stated that the Trust's has an acceptable level of safeguarding investigators (4 people). **Appraisal.** There is a data quality issue that has adversely affected the numbers. Director of Clinical Practice and Operations AK is finalising a report for the Board.	AK
4.2	**CQC Dignity and Nutrition Report**. CQC rated the Trust as a low risk. Outcome 1 Respecting and involving people evidence shows that the Trust was rated in the top 20% of Trusts for treating patients with dignity and respect and also for Outcome 5, meeting nutritional needs, the Trust was rated in the top 20% of Trusts in the 2010 national inpatient survey. The 2011 National Patient Survey is in progress.	
4.3	**Presentations of Evidence for CQC standards.** **Outcome 14 – Supporting workers** Head of HR (MS) gave a presentation on evidence for supporting workers and people who use services are safe. An outline of the induction programme was explained which covers 100% of new starters. Appraisal data needs cleansing. Appraisals are used to identify training needs and professional development. There will be a review of the Management Structure in December 2011. Suggestion that there should be a link to the Trust's overall objectives and individual's appraisals. Also suggestion of a three month period in Q1 for all staff to complete appraisals. Reports from staff induction feedback will be circulated to encourage improvement and constant review. **Outcome 8 – Cleanliness and Infection Control** General Manager Rheumatology and Head of Nursing AP gave a presentation on evidence in the Trust for cleanliness and infection control. To deliver cleanliness and infection control requires competent nursing staff, using the right medicines and adhering to up to date policies on specialised drugs and following protocols that are reviewed appropriately. Peer reviews are in place. There is a good relationship with BCAP, NICE guidelines are followed and there is an alert system in place. **Outcome 4/5/6 Care and welfare of people who use services,**	

	meeting nutritional needs and co-operating with other providers. General Manager Neuro, Head of Therapies (GS) gave a presentation on Outcome 4, 5 and 6. There are inconsistencies in the DNR policy and in particular it is noted that parents feel that it lacks clarity. The General Manager's presentation offered assurance that the Trust is meeting the outcomes. It was suggested that Outcome 6 be addressed by Matron. The IGQAC committee thanked the General Managers for their commitment, work and presentations.	AK/CH
4.4	CQC has announced that in general there will be more unannounced inspection visits.	
5	**Quality**	
5.1	**Q2 Monitor declaration** The Director of Governance HS stated that Q2 performance showed non compliance with performance targets due to a further case of C Diff against a trajectory of 1 to the end of Q2. The Trust was rated Green/Amber in Q1 because of the occurrence of 1 case of CDiff against a trajectory of 0.	
5.2	**2011/12 Quality Improvement Priorities Q2 Report** Director of Clinical Practice and Operations AK confirmed that the improvement priorities approved and agreed at the May 2011 board are the focus areas are to improve patient safety and clinical effectiveness. A report on progress against the 2011/12 Quality Improvement Priorities will be presented to the January 30th 2012 IGQAC meeting by the Director of Operations and Clinical Practice.	
5.3	**Presentation Q2 Contract Performance and CQUIN Scores** The Director of Governance HS advised that the performance and scores will be presented at the B&NES meeting on the 8th November 2011.	AK
5.4	**NHS Constitution Review** The Director of Governance HS advised that the Trust's assessment showed compliance in all areas with the exception of the staff pledge (P2) of appraisals. The appraisal figures have improved to 70% (therefore rated as amber/green). Domestic staff appraisals are low but there is an action plan in place to address this issue.	
6	Clinical Governance	
6.1	**Patient Safety** The Patient Safety report will be presented to the Clinical Risk Management committee.	

	The Director of Governance HS confirmed that the role of IGQAC is to monitor the outcomes of Walk rounds to provide assurance to the board that actions are complete. Director of Clinical Practice and Operations AK gave a verbal update on a walk round she completed on 14.10.11 in Clinical Measurement and the X Ray department. Cleaning issues had been addressed. The new BMD scanner is to be installed. Completed actions need to be closed.	
6.3	**Clinical Risk** The Director of Governance HS reported on the Clinical Risk Management meeting 10 October 2011. General Managers presented root cause analysis which is also cascaded to Medical staff. The Medical Director to report to IGQAC on dates of staff meeting where RCA information is shared. Alerts are targeted at the committee and are reviewed as part of the PCT Quality Review meeting. . All policies approved at Clinical Risk are ratified at IGQAC.	AKB
	Endoscopy Global Rating Score to be completed in April and refreshed in October annually. The Medical Director to report back to the next IGQAC meeting that the Global ratings are complete.	AKB
6.4	**NHSLA Assessment Progress Report** Assessment is at Level 1 in November 2011.	
6.5	**Clinical Effectiveness and Audit** The Director of Governance presented a report on National Clinical Guidance published in Q2 2011/12 Assurance on Outcome 16 Assessing and monitoring the quality of service provision and NHS Constitution. In Q2 there was no NICE guidance that was applicable to services provided at the Trust. . The report noted that there is insufficient evidence for NICE to recommend MIST therapy. This outcome was forwarded to the Director of Clinical Practice and Operations for information.	
6.6	**Patient Experience** The Director of Governance HS reported that regarding written complaints, there is no clinical risk trend. However, there has been a 100% increase in the number of complaints to PALs that relate to difficulties contacting appointments which occurred on the introduction of a new telephone system. Director of Clinical Practice and Operations AK is addressing this issue. It was felt that the system's introduction was not properly planned. The Medical Director highlighted a cause for complaints for patients with chronic pain in that there is a mismatch between their expectations and what the Trust can deliver. The suggestion is that there should be a patient contract.	AKB

	CEO KM highlighted that it should be the role of IGQAC to monitor that helpful suggestions from patients are actioned. The PALS report should reflect actions ie PALS case number 76, (Patients to be kept informed of waiting times) the report should evidence the patient's suggestion has been considered and the patient informed of the outcome. Also Case 91 (attitude of staff) and Case no 139 (attitude of receptionist). Director of Clinical Practice and Operations AK and General Managers to investigate to check for trends. Patient Liaison office to attend General Managers' meeting to address issues.	HS/LD AK AK/LD
6.8 6.9	**National Inpatient Survey 2011** The CQC have advised that the implementation of the national inpatient survey is behind schedule. Progress report to be brought forward to next meeting.	HS
7	Policies and Terms of Reference for Ratification – Note: all the policies listed have already been approved by a sub-committee.	
7.1	Medical Devices policy. **Ratified** by IGQAC	
7.3	Self harm tools and observances.	
7.4	CPR Life support.	
7.5	Slips Trips and Falls policy	
7.6	Admission, discharge and transfer of patients BRNS. **Ratified.**	
7.7	Admission, discharge and transfer of patients Rheumatology. **Ratified.**	
7.8	Manual Handling policy. **Ratified.**	
7.9	Early warning score procedure. **Ratified.**	
7.10	Ethical Resuscitation policies. Audit on each event. **Ratified.**	
7.11	Diagnostic and Screening policy. **Ratified.** (New policy)	
7.12	Transfusion policy. Audit on each transfusion. **Ratified.**	
7.13	Keeping patients safe in hospital including mental health. **Ratified.**	
7.14	Procedure for observation – mental health. **Ratified.**	
7.15	General observation form. Level 1 **Ratified.**	
7.16	General observation form Level 2 **Ratified.**	
7.17	24 hours observation form levels 3 and 4. **Ratified.**	
7.18	Chaperoning policy. **Ratified.**	
7.19	TOR Psychosocial Group. **Ratified.**	
7.20	TOR Children's Group. **Ratified.**	
7.21	Uniform policy. **Ratified.**	
7.22	Vacuum assisted Closure (VAC) policy. **Ratified.**	
7.23	Densosumab policy. **Ratified.**	
7.24	Research Governance Policy. **Ratified.**	
7.25	IR(ME)R –ionising radiations (medical exposure) regulations 2000 **Ratified.**	
7.26	Health Records Policy **Ratified.**	
7.27	Rheum Specialist requesting X Rays policy. **Ratified.**	
8	**External Visits**	

8.1	**HSE Legionnella Management Systems Inspection Action Plan Progress Report** The Director of Governance HS explained that she had asked the Facilities manager for an update on the Action plan. The committee has asked for the Facilities manager to attend the next IGQAC meeting. The deadlines have changed on the action plan but needs to be complete by 31.12.1, a deadline given by the HSE. Continuity planned regarding this action plan as the Director of Finance is leaving the Trust in December 2011. Director of Clinical Practice and Operations AK will provide support in the handover period December 2011 to January 2012. A statement is to be presented to the Board to offer assurance that the action plan is being addressed.	SH/MS AK AK/SH
8.2	**PEAT 2011 Action Plan progress report**. This plan ensures that the action plan is fit for purpose. In future, A summary sheet should be presented to IGQAC with the PEAT action plan. CEO KM requested a meeting to review actions with the Finance Director SH to be ready to present to the Board in December 2012 in particular the plan/strategy on Sustainable Development including carbon reduction. Report to detail actions around equipment and operations. Director of Clinical Practice and Operations to investigate completed and outstanding actions with the General Managers. Capital planning report to be complete by January 2012. Report to be presented to the next IGQAC meeting on outcomes.	SH KM/SH AK SH AK
8.3	**Learning Disability Action Plan Progress Report** Lead for the Action Plan is with Matron (CH). Many of the actions are the responsibility of the PALS Manager (LD). PA to Director of Governance (AT) is uploading actions onto the reminder software 4Action+ and IGQAC to monitor the outcomes. PALS Manager (LD) to give update on progress at the next IGQAC meeting. (01.02.12)	HS/LD
8.4	**B&NES Quality Assurance Visit 22.09.11** Director of Clinical Practice and Operations (AK) stated that the outcome of the visit was positive. Staff were found to be very welcoming and also a good standard in medical records. Main concern from the PCT was that inpatient length of stay should be reviewed. More ambulatory care to be provided through outpatient clinics. An audit of admissions will be reviewed and an action plan implemented to improve admission procedures and reduce length of stay.	HS

	B&NES PCT requested prompt Quarterly reports. B&NES are willing to accept delays in the first quarter but there will be a CQUIN incentive scheme to make sure that actions are put in place in a timely manner so that B&NES have time to review before meetings. Director of Clinical Practice and Operations (AK) to advise IGQAC of dates of the Day Case Facility for the management of Emergencies e.g. flare in R.A.	AK
8.5	**Dementia Peer Review** Director of Clinical Practice and Operations (AK) stated that the outcome of the review showed that the ambiance of the Trust was good but the environment needs to be improved such as reducing clutter. Awaiting reports.	AK
	Unannounced Inspection visit by the CQC – 25.10.2011 The Director of Governance (HS) reported that the visit was made on the 25th October 2011. The inspectors examined patient areas. The CQC noted the information on the Trust's website regarding failure to meet trust targets on staff appraisals, training. The inspectors' initial comments on feedback from patients were favourable. A report is expected two weeks from the visit date. Factual accuracies will need to be checked and an action plan will be drawn up.	
9	**Information Governance**	
9.1	**Report from the Information and Governance & Strategy Committee 8.6.11** The Director of Governance (HS) highlighted from the report the following points: 1. The Finance Director (SH) was appointed as a new Senior Information Risk owner (SIRO) as required by the IG Toolkit Assessment. 2. The committee reviewed all incidents relating to Information Governance from 1.4.11 – 31.08.11 and noted no particular high risk trends. 3. There will be an update on the 3 year Information Governance strategy. This will be ready for January 2012 4. A new Head of IM&T will be in place for December 1st 2011.	SH
10	**Meetings/Minutes**	
10.1	**B&NES PCT Quality meeting 10.03.11/10.5.11** The Director of Governance (HS) reported that Consultant Rheumatologist and Lead for Ankylosing Spondylitis Dr Raj Sengupta delivered a presentation on Biologic therapies and how they are used in Rheumatology. This was well received. The Quality Scorecard was discussed and CQUIN 2011-2012. It was agreed that a separate meeting will be held to review the results and	

	agree trajectories. CEO (KM) noted that the RCA of the C Diff incidents in May and August 2011 have been reviewed by the PCT infection control nurse who commented that the RCA was comprehensive so offering an external assurance to the Trust.	
	Date of next meeting: 30.01.2012 10:00 – 12:30 Board Room	

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Title:	**Charitable Funds Committee Meeting – Chair Report**
Author:	**Niall Bowen, Non-Executive Director/Chair of Charitable Funds Committee**
Meeting:	**Trust Board, 26th January 2012**
Appendices:	**n/a**
Review:	**n/a**
Action Required:	**For Information**

Briefing Note on Charitable Funds

Minutes of Charitable Funds Committee Meetings on 19 October and 21 December 2011 went to the Audit Committee on 18 January. The following is a summary of the main developments.

Documentation:

Terms of Reference and Guidance on the Use of Funds are now complete and will be signed off out of committee. The Fund Raising Policy continues to be work in progress by the recently appointed Fund Raising Manager (FM).

Finance:

The application of charitable funds continues to be a cause for concern and this has been closely interrogated at the last two meetings. As a result, funding of the personal trainer for staff and the free provision of tea and coffee will cease from 1 February 2012. The contract for garden maintenance expires in April 2012 and the FM is to review alternative funding sources. Contributions to staff Christmas parties will continue but in future require prior approval of the Committee.

I have been concerned that fund managers are able to act in isolation, with a cumulatively detrimental effect on the overall fund. The Financial Accountant and FM are to review the expenditure process but for the future managers will be asked to discuss their requirements with the FM since sources of external funding may be available. The cash flow analysis has until now been done on a quarterly basis but Finance have been asked to establish monthly reporting and to ensure a more realistic projection based on actual income/expenditure over previous months. At my request a reserve level will be set for the Fund and this will be addressed by the F and A Committee.

Consolidation of Charitable Funds:

NHS FT Foundation Trusts have been granted a dispensation to the application of IAS 27 for 2011/12 and 2012/13, as confirmed in Monitor's 2011/12 NHS FT Annual Reporting Manual (Section 2.9). I have checked with John Plumer of Monitor who confirms that their Lead Technical Accountant has no further guidance to add.

Applications for Approval:

A request to fund at a cost of £4,800 an R & D proposal for a Fibromyalgia Coping Skills Project was approved and the Committee will review at intervals progress and spend control. A proposal to fund at up to £30k new work streams to create a Young Persons' Rehabilitation Unit as an enhancement to the neuro-rehab service was deferred. Although general support was given, the application had not been previously presented to executive management for approval and it will be reconsidered following an upcoming discussion by the board.

Refresh Appeal:

This will be launched on 16 March 2012 at a dinner in the lecture hall for potential donors. The objective is to raise £250k by March 2013 through donations and events such as a Summer Ball. A steering committee is in place with delegated actions and several local companies, in addition to BANES will be approached for sponsorship. We have received confirmation that the name of our Patron, Duchess of Cornwall, can be utilised for a further three years.

Bath Half Marathon:

This takes place on 11 March 2012. The RNHRD now has 80 runners in total, 49 of whom are staff and the remainder from the University of Bath. Runners need to register by 10 February 2012 and will be sent reminders. The minimum amount raised is likely to be £8,700. Runners will wear black vests and a request has gone out staff to provide support on the day at three or four specific points along the route.

Trust Applications:

We have sent nearly 50 applications out for unrestricted donations but also for specific items. Two responses thus far but positive for £1,000.

Charitable Funds Sub-Committee

Two more staff members have joined this committee, which is actively motivated and all departments of the hospital are now represented. This sub-committee is chaired by the FM.

Niall Bowen
Chair of Charitable Funds Committee
17 January 2012