

**AGENDA**

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 23<sup>RD</sup> AUGUST 2012**  
at 1400 hrs  
to be held in the  
RNHRD Lecture Hall

		Action	Person	Paper
<b>OPENING BUSINESS</b>				
1.	Apologies for Absence	-	Chair	-
2.	Declaration of Interests	-	Chair	-
3.	Minutes of meeting held in public – 26 <sup>th</sup> July 2012	For approval	Chair	3.1
4.	Action List / Matters Arising	For information	Chair	4.1
5.	i) Chair's Report ii) Chief Executive's Report iii) Medical Director's Report	For information For information For information	Chair Chief Executive Medical Director	- 5.2 5.3
<b>QUALITY / GOVERNANCE</b>				
6.	Quality Report	For information	Director of Governance	6.1
<b>PERFORMANCE</b>				
7.	Operational Performance & Clinical Practice Report	For information	Director of Operations & Clinical Practice	7.1
8.	Finance Report Month 4 2012/13	For information	Director of Finance	8.1
<b>MEETINGS</b>				
9.	Integrated Governance, Quality and Assurance Committee (IGQAC) minutes – 25 <sup>th</sup> July 2012	For information	Chair of IGQAC	9.1
10.	Charitable Funds Committee minutes – 16 <sup>th</sup> July 2012	For information	Chair of Charitable Funds Committee	10.1
<b>CLOSING BUSINESS</b>				
11.	Any Other Business	-	-	-

## Board held in public

Thursday 26<sup>th</sup> July 2012  
1300 - 1530 hrs, Board Room, RNHRD

### Members Present

Peter Franklyn	Chair (PF)
Kirsty Matthews	Chief Executive Officer (KM)
Dr Ashok Bhalla	Medical Director (AB)
Rachel Hepworth	Director of Finance (RH)
Annie Kelly	Director of Operations & Clinical Practice (AK)
Peter Spencer	Non-Executive Director (PS)
Niall Bowen	Non-Executive Director (NTB)
Stephen Cole	Non-Executive Director (SC)
Chris Johns	Non-Executive Director (CJ)

### In attendance

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

ITEM	TOPIC	ACTION
	The Chair welcomed all to the RNHRD Trust Board of Directors meeting held in public.	
PM 07/12/1	<p><b>Training</b> Sue Brown, RNHRD Consultant Nurse, joined the meeting and presented on the role of the Specialist Nursing Services in Rheumatology.</p> <p>The presentation concentrated on connective tissue disorders and biologics and gave an overview of services and roles within the two areas.</p> <p>The Chair thanked Sue for a very informative presentation and for her considerable efforts in expanding the role of specialist nursing within the Trust.</p>	
PM 07/12/2	<p><b>Apologies for Absence</b> No apologies were received.</p>	
PM 07/12/3	<p><b>Declarations of Interests</b> No declarations of interests were received.</p>	
PM 07/12/4	<p><b>Minutes of Meeting held in public on 30<sup>th</sup> May 2012</b> The minutes of 30<sup>th</sup> May 2012 meeting held in public were <u>approved</u>.</p> <p>The Chair asked if the H&amp;S inspector had visited the Trust, as a visit was expected in June 2012. The Non-Executive Director for health &amp; safety reported that the HSE had not yet arranged a visit. It was agreed that the Trust should be proactive in contacting the HSE.</p>	RH

**Action : Director of Finance**

**PM 07/12/5 Action List /Matters Arising**

The action list was **noted**.

**PM 07/12/6 i) Chair's Report**

The Chair presented the report. There were no additional comments.  
The Board **noted** the report.

**ii) Chief Executive's Report**

The Chief Executive presented the report which mainly focusses on a summary of recent media coverage.

The Chair raised a concern with regard to publicity around the SW Pay Consortium. The Chief Executive confirmed that the Trust had declined to be part of this consortium as the RNHRD Trust Board needed to prioritise strategic decisions ahead of the pay agenda and that a briefing note had been sent to all staff to explain the position.

The Chair reported that Dr Martin Lee had completed his challenge to kayak around the British Isles and it was agreed that a letter to congratulate his accomplishment would be sent on behalf of the Board.

**Action : Chair**

**PF**

The Chair confirmed that Connie Wright, an RNHRD governor, had been awarded the British Empire Medal (BEM) in The Queen's Birthday Honours List.

The Board **noted** the report.

**iii) Medical Director's Report**

The Medical Director presented the report and highlighted:-

- With regard to revalidation the Trust had received a green RAG rating on assessment of the Organisational Readiness Self-Assessment (ORSA)
- The update from the R&D department in particular the grants awarded
- The status of clinical recruitment

The Board **noted** the report.

**PM 07/12/7 i) Patient Safety Walkabout**

Two reports were presented to the Board as follows:-

- Rheumatology : The Director of Operations & Clinical Practice presented the report and commented that more open questions were being asked. 3-4 patients were interviewed and excellent feedback was received. All actions from the previous walkabout had been completed.
- Neuro Rehabilitation : The Director of Governance presented the report and noticed a marked change in the department following the appointment of a senior nurse. Most of the actions had been completed and the recommendation for more detail in handover was in progress. No patients were available for interview however a patient treatment session was observed.

The Non-Executive Director for H&S noted that there had been an incident on datix (the Trust's software system that records risks and incidents) reported at the last H&S meeting of members of staff being hit by patients and asked if any recommendations had been proposed. The Director of Governance reported that this had been discussed at the July 2012 Clinical Risk Committee and these incidences referred to patients with challenging behaviour on neuro rehabilitation. A recommendation is for improvements in the initial assessment of patient behaviour as well as on-going care.

The Board **noted** the report.

**ii) Q1 Quality Report**

The Director of Governance presented the report and highlighted that in June 2012:-

- the trust met all the applicable national targets and indicators
- there were no serious incidents, complaints or trends in complaints.
- there was one case of *C.difficile*

The Chair noted that 41 compliments had been received and asked how staff members were informed. The Director of Governance explained the current system in place to inform staff and the future plan to develop this further.

Concern was expressed that 3 complaints had been received regarding the attitude of outpatient reception staff. The Director of Governance reported that a detailed presentation had been received at the July 2012 Integrated Governance, Quality & Assurance Committee (IGQAC) on the outpatient department which included an action plan prepared as a result of patient feedback and the outpatient survey which included customer service training.

The Board **noted** the report.

**iii) Q1 CQC Essential Standards Declaration**

The Director of Governance presented the report which states that the Executive Directors have completed an assessment against the essential standards of quality and safety for quarter 1 of 2012/13 and signed a statement declaring full compliance in all areas.

A Non-Executive Director reported that a question was raised at the last IGQAC meeting as to whether the Board required the high level of detail currently presented in the Board papers or whether a capping report would be sufficient from the relevant Non-Executive Director. It was agreed that less paper would be welcomed; however responsibility would rest with the Non-Executive Director, or Chair of the sub-committee concerned to ensure that any risk or issues were highlighted appropriately to the Board.

The Board **noted** the report.

**PM 07/12/8 Operational Performance & Clinical Practice Report**

The Director of Operations & Clinical Practice presented the report which presented 2 months of data due to the Board Seminar last month. Key points to note for June 2012 were:-

- Average bed occupancy in Neuro Rehabilitation was 9 beds for June; July activity is expected to be similar.
- Fibromyalgia Coping Skills programme was behind plan YTD though improvement in month was expected as an additional Occupational Therapist is now in post. A plan is in place to recoup activity later in the year.
- Loss of Pain activity due to non-approval of funding with further programmes affected in August for the same reasons. July activity looks to be on plan.
- BMD referrals have dropped in June, this is being investigated and referrals tracked weekly; July activity will likely be affected
- A case of *C.difficile* reported in June on Neuro Rehabilitation, this is still within the Trust trajectory of 1 case for Q1.
- The staff survey action plan is attached for information

The Chair queried the graph in the VACs May 2012 report on Trustwide Overall Monthly Performance showing June to be down to 60% from 90%. The Director of Operations & Clinical Practice explained that not all data had been collected for June and therefore this was not a true indication.

The Board **noted** the report.

**PM 07/12/9 Update on Learning Disabilities**

The Director of Operations & Clinical Practice presented the report which provides an update on progress against the Trust's Learning & Disability action plan and also provides an overview of the interim report on the Winterbourne View hospital incident.

The Board asked how many patients are seen with learning disabilities in the Trust and is there a process for patient input in developing a strategy. The Medical Director reported that the Trust deals with very few patients with learning disabilities, single figures per year and a feedback form is available for patients and carers.

The Board **noted** the report.

**PM 07/12/10 Progress against Priorities for Improvement for Q1 2012/13**

The Director of Operations & Clinical Practice presented the report which showed the progress against a number of priorities of improvement the Trust identified and the Board approved as part of the Annual Plan 2012/13.

The Board **noted** the report.

**PM 07/12/11 Equality & Diversity Workforce Annual Report 2011/12**

The Director of Operations & Clinical Practice presented the report providing information on performance against the Trusts Equality & Diversity strategy in relation to the workforce and identifies the key risks.

The Chair raised a point of detail in that when communicating the total number of staff employed by the Trust this should be quantified by whether they are part time or full time. For the record the Trust employs 286 FTE.

The Board required clarification on the following points:-

- Is the Trust actually compliant
- There was no strategy incorporated in the document, only actual facts and figures
- How was the Trust going to increase opportunities of employment for those registered disabled.

**AK**

**Action : Director of Operations & Clinical Practice**

The Board **noted** the report as a factual description of the workforce.

**PM 07/12/12 Finance Report Month 3 2012/13**

The Director of Finance presented the report and highlighted:-

- The Trust income and expenditure position at the end of June 2012 was a deficit of £(732k), compared to a planned deficit of £(754k). The Trust is therefore £22k ahead of plan. The Trust expects to recover the deficit through additional funding and is forecasting a balanced position at the year end.
- The cash balance at 30th June 2012 was £1,122k.
- The Trust achieved a financial risk rating of 1 which reflects the deficit position
- Capital expenditure for the year to date was £96.8k.

The Chair asked about the contract review schedule. The Director of Finance replied that this is currently underway and will be completed in September 2012 and prioritised in order of expiry date.

It was noted that the Executive team were in the process of prioritising the capital programme budget.

**Action : Chief Executive**

**KM**

**PM 07/12/13 Q1 Monitor Submission**

The Director of Governance presented the Q1 Monitor submission for Board approval.

The Board **approved** the submission.

**PM 12/07/14 R&D Annual Report**

The Director of Finance presented the R&D annual report which has been reviewed at the recent R&D Committee. The Board were asked to note the report, however appendix 5 required approval from the Board for publication.

The Chair asked for clarification on the recommendations from the MHRA inspection in particular the 4 major recommendations. The Medical Director replied that these were mainly around a lack of infrastructure support and were being addressed. The Chair of the Audit Committee requested that the recommendations be placed on the 4action toolkit for monitoring.

**Action : Director of Finance**

**RH**

The Chair of the Finance & Activity Committee stated that there should be clarity in the management of the financial aspects of R&D and that reconciliation between the R&D grants awarded and the Trusts budgets should be performed regularly and included in the annual report.

**Action : Director of Finance**

**RH**

A Non-Executive Director queried whether there was an underlying issue to the drop in patient recruitment. The Director of Governance replied that this was as a result of the type of the studies. The Chair highlighted the challenge implicit in the number of patients to be recruited for 2012/13. The Director of Finance added that a research nurse had recently been recruited who will be responsible for recruitment.

A discussion followed on the progress against the objective to develop outcome measures in terms of how research is helping to improve the Trust's services. It was agreed that Peter Spencer, Non-Executive Director would provide a paragraph to assist the researchers in taking this further.

**Action : Non-Executive Director**

**PS**

The Board **noted** the report

**PM 07/12/15 Any Other Business**

The Chair acknowledged that this was Annie Kelly's last meeting and wished to thank Annie for the considerable amount of excellent work achieved over the last 12 months whilst covering maternity leave absence.

## Agenda Item : 4.1

TRUST BOARD held in Public ACTION LIST – 23<sup>rd</sup> August 2012

Item	Action	Responsible	Action/Update
1.	<b>PM 07/12/4 : Minutes of Meeting held in public on 30<sup>th</sup> May 2012 : H&amp;S Visit</b> The Trust should be proactive in contacting the H&SE	Director of Finance	Update on the action plan will be sent to HSE
2.	<b>PM 07/12/6 : Chief Executive's Report</b> Congratulatory letter to Dr Lee on his accomplishment to be sent on behalf of the Board.	Chair	Completed
3.	<b>PM 07/12/11 : Equality &amp; Diversity Workforce Annual Report 2011/12</b> Clarification required on:- <ul style="list-style-type: none"> <li>Is the Trust actually compliant</li> <li>There was no strategy incorporated in the document, only actual facts and figures</li> <li>How was the Trust going to increase opportunities of employment for those registered disabled.</li> </ul>	Director of Operations & Clinical Practice	Amendments to be made and placed on Trust website during August 2012.
4.	<b>PM 07/12/12 : Finance Report Month 3 2012/13</b> Prioritise the capital budget programme 2012/13	Chief Executive	Completed. See Finance Report
5.	<b>PM 12/07/14 : R&amp;D Report</b> Recommendations from the MHRA inspection to be placed on the 4action toolkit	Director of Finance	In progress
6.	<b>PM 12/07/14 : R&amp;D Report</b> Reconciliation between the R&D grants awarded and the Trusts budgets should be performed at least annually	Director of Finance	To be incorporated with internal audit review of R&D.
7.	<b>PM 12/07/14 : R&amp;D Report</b> Peter Spencer, Non-Executive Director would provide a paragraph to assist the researchers in taking forward the objective of how research is helping to improve the Trust's services.	Non-Executive Director	

### Future Actions

Item	Action	Responsible	Action/Update
-	No current future actions		

Title	Chief Executive Report
Author	Kirsty Matthews, Chief Executive
Meeting	Trust Board, 23 <sup>rd</sup> August 2012
Appendices	n/a
Review	n/a
Action Required	For Information

## 1. Local Update

### RNHRD

**PEAT 2012 Score** : The 2012 PEAT scores were published on the 18<sup>th</sup> July 2012. The link to the results is below:-

<http://www.ic.nhs.uk/statistics-and-data-collections/facilities/patient-environment-action-team-peat/patient-environment-action-team-peat--results-2012-england>

**2012/13 Annual Plan Review** : The Trust received a letter from Monitor on 31st July 2012 in relation to the 2012/13 Annual Plan Review (APR). The outcome of the RNHRD APR was that the Trust remains in significant breach of its Authorisation and will continue to be required to attend regular meetings with Monitor and to be subject to additional reporting requirements. The Trust was not considered for an in-depth review.

The Trusts annual risk rating is:-

Financial Risk Rating : 1  
Governance Rating : Red

**RNHRD Executive Management Group (EMG)** : The Trust's meeting structure has been reviewed to reduce duplication and increase accountability. As a result the EMG will be held every other month therefore no agenda is attached to this month's report. A newly formed Workforce Committee will be held on alternate months to EMG.

**CQC Unannounced Visit** : On 2<sup>nd</sup> August 2012 the Trust had an unannounced inspection visit by the Care Quality Commission (CQC) as part of their national programme of inspections regarding dignity and nutrition. The CQC also confirmed that, given the small size of the Trust, the inspection would incorporate our annual inspection covering the following outcomes at the same assessment; safeguarding, staffing, and respecting and involving people and records.

Their informal verbal feedback was that they judge the Trust to be compliant in all areas and rated the services very highly and patient centred and there were no areas identified for improvement. All patient feedback was positive. A formal report will be sent in due course. More detail is provided in the Director of Governance report.

## 2. Regional Update

### SHA South of England

The **Innovation Health & Wealth Report (December 2011)** recommended the creation of **Academic Health Science Networks** to provide a systematic delivery mechanism for the local NHS, universities, public health and social care to work with industry to transform the identification, adoption and spread of proven innovations and best practice. The **West of England Academic Health Science Network (AHSN)** draft expression of interest has now been developed, with the aim to build on collective strengths across the West of England in clinical research and innovation, training and education, informatics and



service delivery to improve health outcomes and stimulate wealth creation, RNHRD has expressed a wish to collaborate with other partners across the SW to develop this AHSN.

**Aspiring Top Leaders Programme** : The Trust received a letter on 24<sup>th</sup> July 2012 to update on leadership development in the southwest. A review of the current programme has been undertaken and the recommendation was that the programme should be re-commissioned with a revised curriculum design and selection process. The next programme under the new arrangements will now be launched early 2013.

**Bristol Hospitals** : University Hospitals Bristol Foundation Trust and North Bristol Trust have agreed in principle to merge, creating an organisation with an annual turnover of almost £1bn.

### **3. National Update**

**Healthwatch England** : Anne Bradley appointed as Chair of Healthwatch England. She has also been appointed as a member of the Board of the CQC. Healthwatch England will be a statutory CQC Committee launching on 1<sup>st</sup> October 2012 followed by local Healthwatch on 1<sup>st</sup> April 2013.

**Local Education & Training Boards (LETB) / Health Education England (HEE)** : HEE & shadow LETBs will take on delegated authority for 2013/14 planning functions for workforce planning, education and training from 31<sup>st</sup> October 2012. In addition the **NHS National Leadership Academy**, supported by **local Delivery Partnership Board (West)**, exists to support the ambitions of the Academy to develop outstanding leadership in health.

**National Institute for Health Research (NIHR) – NHS Trust Research League Tables** : The NIHR has published a new league table containing each NHS trust in terms of its clinical research activity.

Link : <http://www.guardian.co.uk/healthcare-network-nihr-clinical-research-zone/table/2012-trust-research-activity>

**3 Million Lives** : Sir David Nicholson's report 'Innovation, Health and Wealth: Accelerating adoption and diffusion in the NHS (IHW),' identified the need to accelerate the use of assistive technologies for people with long-term conditions, following publication he has confirmed his commitment to making the NHS a market leader in the management of patients with long-term conditions.

The NHS has been working with industry to develop new financial deals for 3millionlives. Those deals are based on shared risk and shared revenue models that importantly have no upfront capital cost to the NHS. As a first step in that process industry have offered to fund the installation of 100,000 units in the NHS within the next 12 months (2012/13). Those involved in this early tranche will act as pathfinders, creating the momentum needed to make 3millionlives a success and drive transformational change across the NHS. They will be supporting the delivery of QIPP through system redesign and improvement, and would be ready to work with industry to roll out at scale over the next 12 months.

### **4. Monitor Update**

Monitor has published the following consultations, further information can be obtained from the links below:-

- The new NHS provider licence consultation  
<http://www.monitor-nhsft.gov.uk/home/news-events-and-publications/our-publications/consultations/consultations-and-engagement-monito-0>
- Consultation on guidance for commissioners  
<http://www.monitor-nhsft.gov.uk/home/news-events-and-publications/latest-press-releases/monitor-launches-consultation-proposed-commi>

### **5. Media Coverage**

During July and August 2012 staff and patient communications have continued to be the main focus. In external outputs we have retained our comms readiness and responded to media enquiries as needed. Alongside communications on the change programme we have continued to promote service based information. August has seen a change in our communications strategy, with a move into a proactive stance on media and stakeholder communications relating to our change programme. This is already achieving positive results.

All communications both internal and external are achieving balance and are measured.

#### Media Activity

Item	Content	Published in
New service at the Min	Breast cancer rehabilitation service available at the Min	Bath Chronicle
Fears for Future of the Min	AS patient and NASS Director concerned about future of the AS course. Dr Bhalla quoted to reassure patients on the future of the course	Bath Chronicle
Patient fundraising for the RNHRD	Cwbran boy who was a chronic pain patient at the Min raising funds by swimming	South Wales Argus
Cheque presentation	Presentation for RNHRD Charitable Funds	Bath Chronicle Bath Life
Patient protest at the Min	AS patients concerned about future of course. RNHRD statement confirming there was no intention to stop the course achieves reassurance and balance	Interview on BBC Somerset
Patient protest at the Min	AS patients campaign outside hospital. Min statements quoted and balanced	Bath Chronicle
Plans to merge two hospitals	RNHRD and RUH have agreed to join. Dr Bhalla, James Scott and NASS director quoted discussing AS patient concerns. Dr Bhalla confirming services would continue after joining	Wells Journal This is Somerset website
Governors working closely with the Min board	Governors letter to the editor emphasising joint working and concern for quality	Bath Chronicle
RNHRD and RUH to join	Dr Bhalla interviewed around the future of the Min. AS patient included	Live Interview on BBC Radio Bristol
Funding is secured	New service headed up by the Min providing intensive rehabilitation for those suffering from late effects of radiation therapy	This is Somerset

#### **5. Fundraising**

Fundraising activity is continuing to be very successful, key points to note:-

- 19th July cake sale raised £500
- £12,000 raised against a target of £14,000 for the sensory room equipment upgrade, room to be re-opened early September 2012
- Artefacts are currently being cleaned and conserved to be displayed in an exhibition on 26th November 2012 to co-incide with the launch of Roger Rolls updated book "Diseased, Douched and Doctored - thermal springs, spa doctors and rheumatic diseases"

<b>Title:</b>	Compliance Framework <sup>1</sup> – trust performance July 2012.
<b>Author:</b>	Hayley Sewell, Director of Governance
<b>Meeting</b>	Trust Board, August 2012
<b>Action Required:</b>	For information

**National Targets - For noting by the board**

- In **July 2012** the trust met all the applicable national targets and indicators for acute trusts detailed in Monitor's Compliance Framework 2012/13<sup>1</sup>.
- In **July 2012** there were no serious incidents, complaints or trends in complaints.

**Table 1. Targets and indicators, thresholds and monitoring periods for 2012/13**

Targets and indicators, thresholds, and monitoring periods for 2012-13	Threshold	Weighting	Monitoring Period for Monitor	July 2012	YTD	RAG YTD
<b>Safety</b>						
Clostridium difficile year on year reduction (to fit the trajectory for the year as agreed with PCT; 6 cases in 6 separate patients – profiled as 1 case in Q1, 2 cases in Q2, 2 cases in Q3 and 1 in Q4)	0	1.0	Quarterly	0	1	
MRSA – meeting the MRSA objective	0	1.0	Quarterly	0	0	
<b>Patient Experience</b>						
Maximum time of 18 weeks from point of referral to treatment in aggregate admitted	90%	1.0	Quarterly	100%	100%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	95%	1.0	Quarterly	99.2%	98.9%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	1.0	Quarterly	98.4%	98.9%	
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	Quarterly	Compliant	Compliant	

**References:** 1. Compliance Framework, Monitor, March 2012

## **2. Care Quality Commission Unannounced Inspection Visit 2 August 2012**

On 2 August 2012, the Care Quality Commission (CQC) carried out an unannounced inspection visit as part of their national programme of inspections regarding dignity and nutrition.

The CQC also confirmed that, given the small size of the trust, the inspection would incorporate our annual inspection covering the following outcomes at the same assessment; safeguarding, staffing, respecting and involving people and records.

There were 4 inspectors, including an expert patient, and they observed the services being delivered in outpatient and inpatient areas, interviewed patients, carers and staff and examined patient records, trust policies and training records.

The feedback from the CQC was that they judge us to be compliant in all areas inspected and rated the services very highly and patient centred. There were no areas identified for improvement and all patient feedback was positive.

The CQC will forward a written report to us in due course, but this may take some time as this inspection was part of a national programme regarding dignity and respect and all reports need to be reviewed centrally before sharing with individual organisations. The final report from the inspection will be presented to the Board.

We are delighted with the outcome of this unannounced inspection which reflects our focus on delivering high quality, safe care.

**Agenda Item : 7.1 / Appendix 1  
Adverse Harm Events**

Event	Info. Source	Total for Year 2011/12	No. of days since last incidence	April 2012	May 2012	June 2012	July 2012	YTD 12/13 total
<b>Total no. events</b>	Adverse events tool	15	51	4	0	1	0	5
<b>MRSA bloodstream infections</b>	Audit	0	1915	0	0	0	0	0
<b>C Diff infection</b>	Audit	4	51	0	0	1	0	1
<b>No. patients with catheter</b>	Audit	34		5	2	3	4	14
<b>No. patients with catheter infection</b>		9	94	2	0	0	0	2
<b>Pressure Ulcers Grade 2-4 RNHRD acquired</b>	Audit	1	395	0	0	0	0	0
<b>Patient Falls with adverse event</b>	DATIX reports	0	91	1	0	0	0	1
<b>Medication errors with adverse events</b>	DATIX reports	0	1146	0	0	0	0	0
<b>Blood transfusion adverse event</b>	DATIX reports	0	1147	0	0	0	0	0
<b>Transfer to acute care within 72 hours admission</b>	WebTrak	4	114	1	0	0	0	1
<b>DVT or PE following admission</b>	DATIX reports	0	213	0	0	0	0	0
<b>Unexpected deaths</b>	WebTrak	0	456	0	0	0	0	0

**Title:** Vital Aspects of Clinical Care Report for June 2012  
**Author:** Chris Harland, Matron  
 Sponsored by Rayna McDonald, Director of Operations and Clinical Practice  
**Meeting:** Trust Board August 2012  
**Action required:** For information

**Introduction**

Vital aspects of Clinical Safety (VACS) data is a measurement of the processes and systems in place to measure quality of patient care in a quantitative manner.

**Scores March – June 2012**

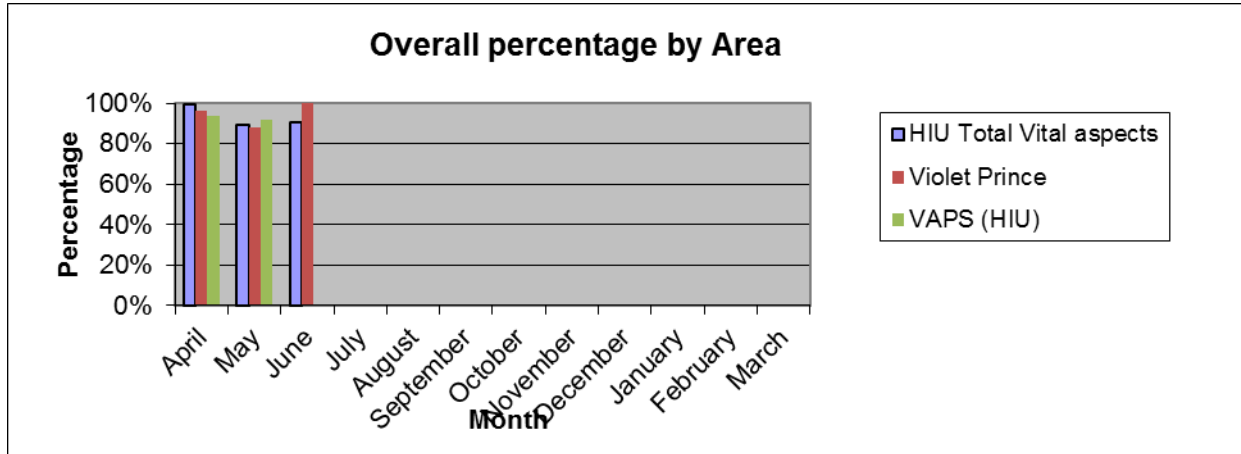
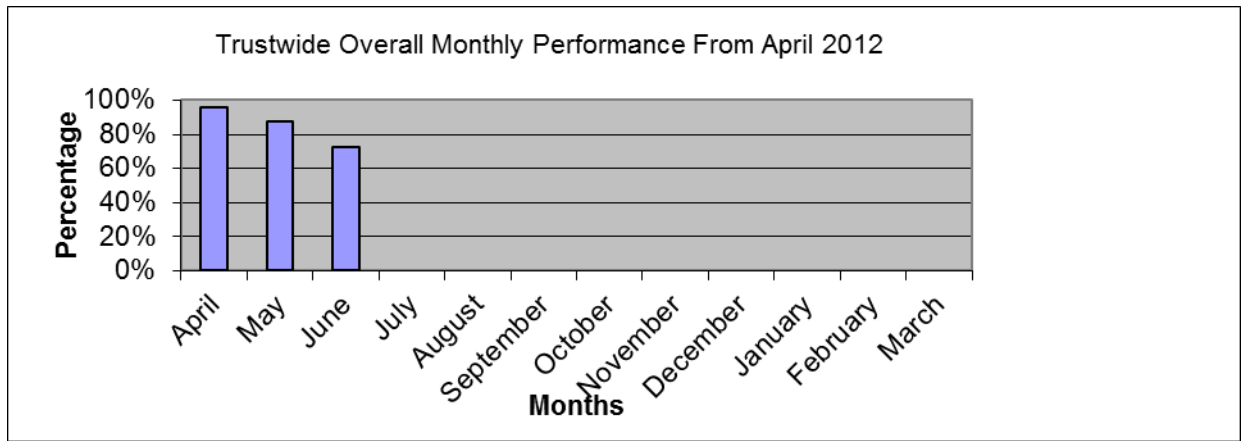
AREA	Mar	April	May	June
Combined RNHRD	93%	96%	87%	89%
HDU	97%	99%	90%	91%
ANR	100%	N/A	N/A	N/A
YPNR	99%	85%	85%	88%
BNRS Matron questions	87%	80%	88%	83%
Rheumatology	97%	96%	88%	89%

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

Rheum Matrons questions	90%	95%	81%	86%
VAP's	88%	93%	92%	95%

### Executive Summary

Domain overall scores are above targets for nursing. There have been no issues for Learning Disabilities, no cases of child protection detected through the audit. There was one case of safeguarding adults risk identified in Neuro and actions put in place. The patient in Neuro under a mental health section has been discharged in July. Within Physiotherapy domains there are some signs of improvement in scores on last month. Low scores in Rheumatology relate to clinical training in terms of access and assessment of need, the clinical lead for education in Neuro is now undertaking this role across the Trust which will result in a more structured and effective approach to clinical education and training.





### Summary of Domain scores in Red/Amber/Green

The following table show both 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.

#### Activity:

Neuro (ANR, YPNR, HDU): Average beds occupied for the month of May was 8. Specials: various through the month, with intentional rounding

Rheumatology (VP): 40 patients in May, plan for the year 374, achieved for the year to date: 108.

Domain	YPNR	HDU	VP	Action Plan point & area	Responsible person	Completion date
Record keeping	100%	100%	99%	Rheum – Target met Neuro – Target met		
Record Keeping on admission	100%	100%	100%	Rheum – Target met Neuro – Target met		
Tracheostomy	NA	NA	NA	Questions to be modified by Neuro Ward Manager June 2012.	Ward Manager	July 2012
Self Care	100%	100%	67%	Rheum – A very poor result Care plans are required to be signed by patient and nurse to demonstrate patient agreement to the prescribed care. Team Leaders to monitor compliance and feedback to Matron Neuro – Target met	Team Leaders	July 2012
Privacy and Dignity	90%	100%	91%	Rheum – Target met Neuro – Target met		

Matrons questions		NA	83%	86%	Rheum – Low results are concerned with Training. Plans have been made for a Band 6 staff Nurse to work with Team Leaders in both areas to allocate training to staff which should show positive improvement. Managers to oversee this process Neuro –As above	Team Leaders Neuro Band 6 Nurse	July 2012
Communications		92%	92%	100%	Rheum – Target met  Neuro – Target met. Information is not given to patients regarding healthy lifestyle whilst an inpatient. Ward Manager to discuss with GM potential rewording of this question to ensure appropriate for the unit. It may not always be possible to offer lifestyle advice.	Ward Manager	July 2012
Nutrition		100%	100%	98%	Rheum – Target.  Neuro – Target met. Very good improvement shown in HDU and YPNR		
Tissue viability		100%	100%	100%	Rheum – Target met  Neuro – good improvement shown.		
Infection Prevention and Control		95%	100%	91%	Rheum – on Target Neuro– on Target		
Patient Safety		100%	100%	100%	Rheum – Target met  Neuro – Target met		
Challenging Behaviour		NA	N/A	N/A	Rheum – Target met Neuro – Target met.		
Mental Health		100%	100%	N/A			

					Rheum – There were no patients with Mental Health needs during the month of June Neuro – Target met –		
Personal care		100%	86%	100%	Rheum – Target met Neuro – Target met		
Elimination		100%	100%	75%	Rheum – The assessments of patients with urinary catheters are not being reviewed and updated at regular intervals. This will be addressed and monitored by the Continence link nurse and overseen by the Team Leaders.  Neuro – Target met. Improvement has been shown regarding the accurate completion of documentation.	Continence Link Nurse Team Leaders	July 2012
Falls		100%	100%	100%	Rheum – Target met Neuro – Target met		
EWS		100%	100%	65%	Rheum – Team Leaders to ensure that staff awareness of the use of EWS is raised. The EWS documentation is not being completed as per guidelines. Matron will oversee  Neuro – Target met	Team Leaders	July 2012
Safeguarding adults		100%	100%	75%	Rheumatology – Staff on the unit have not completed the training for SGA. Team Leader to ensure that staff complete the E Learning module as soon as possible.  Neuro– Target met	Team Leaders	July 2012
Medicine Management		94%	100%	89%	Rheum – Target met Neuro – Target met		
VTE		100%	100%	100%	Rheum – Target met Neuro – Target met		

Pressure Ulcers		100%	100%	100%	Rheum – Target met Neuro – Target met		
Lead roles		89%	89%	100%	Rheum – Target met Neuro – There is no designated person on the unit who has attended Risk assessors training. Ward manager to discuss with GM	Ward manager	July 2012
Medical Devices		100%	100%	100%	Rheum – Target met Neuro – Target met		
PVC: Peripheral Venus Catheter		100%	100%	100%	Rheum – Target met Neuro – Target met		
Training		85%	86%	46%	Rheumatology have poor results in training. A Band 6 staff Nurse in Neuro is working with Team Leaders to allocate training to staff and to help improve results. Training figures are low in Neuro. Staff are being encouraged to complete E Learning. Matron and the Ward manager of Neuro are overseeing this process	Band 6 Staff Nurse Matron Ward Manager	End of July 2012

### Vital Aspects of Physiotherapy (VAP) June 2012.

Excellent standards have been maintained this month with all bar 1 domain remaining within target (green) levels.

This reflects both the ongoing effort to raise the profile of VAP and improvement in feedback methods within the Physiotherapy team, and the commitment to achieving sustained improvements in standards.

Domain	Vital Aspects of Physio on Neuro		Responsibility	Implementation plan
Record keeping	93%	On target		
Patient ADL and Function	93%	On target		

Privacy and Dignity	90%	On target		
Assessment of patient needs	95%	On target		
Provision of patient needs	98%	On target		
Safety	87%	This domain has improved this month however there are some ongoing issues that need to be addressed. 1) Staff do not receive feedback regarding the outcome of reported incidents 2) The need has been highlighted for a more formalised system for the training and recording of equipment use. PT specific equipment training and competencies also need to be completed and formally recorded on MLE - it is hoped that a system will be implemented within the next few months.	Unit management  Senior Physiotherapist	Incident form feedback system to be established  PT specific equipment training and MLE recording
Infection Control	100%	On target		
Communication	100%	On target		
CPD/ADR	83%	This area had fallen in to the amber zone this month due to some staff having outstanding appraisals.	Senior Physiotherapist	All outstanding appraisals are now booked and will be complete by next month.
Clinical	100%	On target: Annual business plan questions		

Governance		currently suspended- pending establishment review and business planning completion		
Clinical Competence	<b>100%</b>	On target		
Transfer of care/discharge	<b>100%</b>	On target		

# Royal National Hospital for Rheumatic Diseases

NHS Foundation Trust

<b>Title</b>	<b>Operational Performance &amp; Clinical Practice Report</b>
Author	Rayna McDonald, Director of Clinical Practice & Operations
Meeting	Trust Board Meeting – 23 <sup>rd</sup> August 2012
Appendices	Appendix 1 : Patient Safety Key Indicators July 2012 . Appendix 2 : Vital Aspects of Nursing and Patient Care, June 2012

## Action Required

For information

**Royal National Hospital**   
**for Rheumatic Diseases**

NHS Foundation Trust

## 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 4 are:

- Average bed occupancy in Neuro was 8 OBD for July; occupancy continues to decline with a predicted OBD for August of 5, and currently the unit is predicting an occupancy rate of between 5 and 7 patients for the remainder of the year.
- Pain activity has been on plan for July but is predicted to be below plan in August. The reduction in approvals for in-hospital programmes has a significant impact on income.
- Rheumatology outpatient activity has reduced due to higher than anticipated clinic cancellations. This will be monitored closely in the coming months.

## Patient Safety

Appendix 1 provides detail of performance against the key patient safety indicators. There were NIL adverse events in July.

A Bladder Scanner has been purchased and training completed. The scanner will enable staff to assess patients prior to insertion of catheters helping to ensure appropriate use of catheters and therefore reducing the incidence of associated infections; the monthly audit for catheter associated infections was nil for July

In July there were two patients with *C. difficile* positive results; neither of these count towards our trajectory as one was a transfer from RUH and the second was asymptomatic. This is in line with National reporting guidance. A Root Cause Analysis was performed for each case and recommendations have been implemented.

## Clinical Practice

The VACS report for June is contained in Appendix 2.

## Work Force

### HR Key Performance Indicators (KPI)

Action has taken place to address the reduction in staff up-to-date with Safeguarding Children level 2 training and as a result the percentage has now increased to 81%. Additional sessions have been organised for September and October to ensure that this level is maintained.

Sickness for July has decreased to 3% (target 4%). The majority of this is long-term sickness (70%) with 14 people having sickness of over 4 weeks.

### **Activity Rheumatology**

Rheumatology outpatient activity has performed below plan in July; however GP referrals remain up on last year; in patient activity has been above plan. This was due to higher than anticipated amounts of annual leave and reduction in the number of additional clinics taking place.

Fibromyalgia Coping Skills Courses have increased significantly this month with an additional 10 patients being treated. Therapy activity is currently performing above plan.

Endoscopy activity in July is on plan; activity is now only slightly below the year-to-date plan.

### **Pain Management**

Activity in July was marginally over plan resulting in an over performance in terms of income. The August position is forecast to be under plan in terms of income due to no approvals for patients on the in-hospital programme; all other planned activity has been delivered.

Referrals in Pain are approximately 45 less than those received in the same period in 2011/12 (April-July). There has also been a change in the types of referrals and those approved by commissioners in comparison to the plan e.g. more individual programmes (complex bed days) than the 3-, 4-week & in-hospital programmes.

### **Clinical Measurement**

GP referrals to have increased significantly in July (182) from June (107); activity in July was only marginally below plan.

### **CRPS & Late Effects**

Service running to plan for inpatients, new and follow-up outpatients but under plan for specialist nursing assessments, psychology and therapy follow ups. Long-term sickness and compassionate leave has been an issue earlier in the year; it is planned for activity to be returned to plan.

### **CFS Adults and Paediatrics**

In July CFS Adults have seen additional new patients (10) but were below plan in terms of follow-ups (-15).

CSF Paediatrics continues to perform above plan.

### **Parry Ward**

Conversion of Parry ward into additional therapy space and 2 consulting rooms is continuing with completion planned for the end of August. The conversion is predominantly funded by monies



gifted from Macmillan and the Cancer Network; a bid to cover additional building costs and equipment has been prepared for submission to the Charitable Funds Committee.

**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.

<b>Title</b>	<b>: Month 4 2012/13 Finance Report</b>
<b>Author of Document</b>	<b>: Rachel Hepworth, Director of Finance</b>
<b>Meeting</b>	<b>: The Trust Board meeting, 23<sup>rd</sup> August 2012</b>
<b>Action Required</b>	<b>: For information</b>
<b>Summary of Document</b>	<b>: To update the Trust Board on the financial position of the Trust for the first four months of 2012/13</b>

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## **SUMMARY NOTE**

This paper summarises the financial position of the Trust for July 2012.

The key points to note are as follows:

- (i) The Trust income and expenditure position at the end of July 2012 was a deficit of £(135k), compared to a planned deficit of £(199k). The Trust is therefore £64k ahead of plan. The overall income and expenditure position is provided at Appendix 1.
- (ii) The Trust's forecast for the year-end is £(451k) deficit.
- (iii) A breakdown of pay and non-pay expenditure is provided at Appendices 2 and 3 respectively.
- (iv) The cash balance at 31<sup>st</sup> July 2012 was £1,272k.
- (v) The balance sheet for 31<sup>st</sup> July 2012 shows net current liabilities of (£646k) compared with the figure of £(1,274k) at 30<sup>th</sup> June 2012. The balance sheet is provided at Appendix 4.
- (vi) The debtor's position now stands at £2,762k (£1,169k at 30<sup>th</sup> June 2012) with creditors at £2,076k (£2,172k at 30<sup>th</sup> June 2012). The top ten debtors and creditors are provided at Appendices 6 and 7 respectively.
- (vii) The Trust achieved a financial risk rating of 1.
- (viii) Capital expenditure for the year to date was £130.5k.

The Trust Board is asked to note the report.



## **1. Summary Income & Expenditure Account**

The Trust's income and expenditure position is summarised at [Appendix 1](#). The in-month performance was an overall deterioration of £(98k), compared to a planned deficit of £(138k), excluding the planned support. This compares to deficits of £(172k) in Month 1, £(185k) in Month 2 and £(375k) in Month 3.

### **1.1 Income**

#### **1.1.1 PCT Income**

Neuro Rehabilitation and Pain Management are under-recovering income, which is offset by over-recoveries in Rheumatology and CFS Paediatrics. The year-to-date PCT income is broadly in line with plan overall.

Risks to future PCT income include:

- Neuro Rehabilitation activity may continue to decline. Furthermore, the combination of consultant long term sickness and annual leave within the service could affect August admissions. Plans are in place to ensure continuity of the service over the coming month.
- Pain Management activity plans may not be met due to continued difficulty in obtaining funding. Commissioners have so far been unwilling to move away from a prior approval funding regime. GP referrals to the service were low in July 2012.
- Referrals into Clinical Measurement were reported to be lower than usual in June 2012, however, they improved to former levels in July 2012.
- It was reported last month that endoscopy clinics had to be cancelled due to staff sickness, problems with the equipment, and issues over water quality. Activity was low in June 2012, but broadly in line with plan in July 2012.

PCT contracts have not yet been signed although heads of terms have been agreed and the Deed of Variation is under review.

#### **1.1.2 Private Patient Income**

Private patient income was in line with plan in-month.

#### **1.1.3 Education, Training and Research**

Income from education training and research continues to over-perform, and is showing an over-recovery at Month 4 of £75k, with in-month over-performance £14k. The over-recovery of income on research is reflected by an overspend on expenditure. It is not envisaged that income for the year will be above plan.

#### **1.1.3 Other Income**

Other income is £(69k) below plan, with in-month performance £(2k) under budget. Other income includes the new Late Effects and MacMillan Step-Up services which are not yet fully up and running. The under-recovery of income is reflected in underspends in pay expenditure in these services.

## **1.2 Expenditure**

### **1.2.1 Pay Expenditure**

Pay expenditure is £170k underspent at the end of July 2012, an improvement of £51k on the previous month. A breakdown of pay expenditure by service line provided at Appendix 2.

Of the £170k underspend, £95k relates to vacancies in the Late Effects and MacMillan Step-Up Services which are in the process of recruitment. A further £32k underspend is in CFS Paediatrics, which is now spending slightly below budget.

Rheumatology is overspent by £(19k) to the end of July 2012. There are varying over and underspends within Rheumatology, however, the overspend includes £35k on waiting list initiatives which had not been planned for at budget setting.

The remaining services combined are have underspent by £63k. This includes an annual reserve of £46k (equivalent to £4k per month, or £16k year-to-date).

### **1.2.2 Non-Pay Expenditure**

Non-pay expenditure is overspent overall by £(80k) and is shown at Appendix 3.

A review of all non-pay expenditure is being undertaken including all purchase contracts, to identify an further savings opportunities and to ensure contracts are fit for purpose and meet the Trust's needs. This exercise is currently underway.

## **1.3 Forecast**

The revised year-end forecast at the end of July 2012 is a deficit of £(451k). This assumes an average bed occupancy of 6 in Neuro Rehabilitation.

## **2. Balance Sheet**

The Balance Sheet is provided at Appendix 4.

### **2.1 Capital Programme**

The movement on fixed assets is the net effect of additions as per the capital expenditure shown at Appendix 5 and the year-to-date depreciation charge. The capital programme remains under continual scrutiny.

An update on the capital programme is as follows:

- A decision was made at the Health & Safety Committee on 12<sup>th</sup> July 2012 not to proceed with the Datix upgrade.
- The roof works are expected to be completed by the end of July 2012.
- Listed buildings consent has been obtained for the installation of the lightning conductor, which will be valid for two years. It is not, however, intended to proceed with the work in 2012/13.
- The refurbishment of the Parry Ward has commenced.
- It is proposed to defer the replacement of the x-ray machine for review in 2013/14.
- It is not intended to implement the nurse call system in 2012/13, however, to facilitate other service developments within the Trust, some of the budget is reallocated to provide office accommodation for CFS Adults.

## **2.2 Cash**

The cash balance at the end of June 2012 was £1,122k. This was £1,087k higher than anticipated. This was predominantly due to a higher opening balance, lower pay costs than had been planned, and a reduction in debtors. Two payment runs in the first week of July reduced the bank balance by £771k.

## **2.3 Debtors and Creditors**

The top ten debtors and creditors are provided at Appendices 6 and 7 respectively.

The debtor's position stood at £1,169k on 30<sup>th</sup> June 2012, a reduction of £391k compared to 31<sup>st</sup> May 2012 (£1,560k). The aged debt with Bristol PCT were settled in July 2012. Although the Wiltshire PCT debt remains outstanding, there are no disputes with this and full payment is expected. Attempts to engage with the Finance Director at Aneurin Bevan Health Board to resolve the outstanding debts in respect of the Welsh Organisations has not to date been successful and the matter has been escalated to the Chief Executive.

Creditors totalled £2,172k at 30<sup>th</sup> June 2012, £187k less than at 31<sup>st</sup> May 2012 (£1,985k).

Appendix 1

INCOME & EXPENDITURE ACCOUNT  
FOR THE PERIOD ENDING 31 Jul 2012

Favourable Variance + \ Adverse Variance (-)

	Month 4 Actual £'000	Month 4 Budget £'000	Month 4 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual Budget £'000	Forecast Variance £'000	Forecast at Month 3 £'000
<b>INCOME</b>										
PCTs	1,075	1,016	59	3,711	3,706	5	10,833	11,303	(470)	11,285
Private patient	20	20	(0)	39	64	(25)	154	200	(46)	154
Education, training & research	125	111	14	521	446	75	1,338	1,338	0	1,338
Other income	60	62	(2)	179	248	(69)	1,005	1,157	(152)	1,005
Additional funding	694	173	521	694	694	0	2,081	2,081	0	2,081
sub total	<b>1,974</b>	<b>1,383</b>	<b>591</b>	<b>5,144</b>	<b>5,158</b>	<b>(14)</b>	<b>15,410</b>	<b>16,079</b>	<b>(668)</b>	<b>15,863</b>
PBR excluded drugs	466	458	8	1,821	1,833	(13)	5,420	5,500	(80)	5,420
<b>Total income</b>	<b>2,440</b>	<b>1,841</b>	<b>599</b>	<b>6,965</b>	<b>6,991</b>	<b>(26)</b>	<b>20,830</b>	<b>21,579</b>	<b>(748)</b>	<b>21,283</b>
<b>EXPENDITURE</b>										
Pay expenditure	926	977	51	3,738	3,908	170	11,375	11,725	350	11,376
Non-pay expenditure	399	319	(80)	1,333	1,240	(93)	3,799	3,726	(72)	3,799
sub total	<b>1,325</b>	<b>1,296</b>	<b>(30)</b>	<b>5,071</b>	<b>5,148</b>	<b>77</b>	<b>15,174</b>	<b>15,452</b>	<b>278</b>	<b>15,175</b>
PBR excluded drugs	466	458	(8)	1,821	1,833	12	5,420	5,500	80	5,420
<b>Total expenditure</b>	<b>1,791</b>	<b>1,754</b>	<b>(38)</b>	<b>6,892</b>	<b>6,981</b>	<b>89</b>	<b>20,594</b>	<b>20,952</b>	<b>358</b>	<b>20,595</b>
<b>EBITDA</b>	<b>649</b>	<b>87</b>	<b>561</b>	<b>73</b>	<b>10</b>	<b>63</b>	<b>237</b>	<b>627</b>	<b>(390)</b>	<b>688</b>
Depreciation	(37)	(37)	(1)	(147)	(147)	(0)	(489)	(440)	(49)	(489)
Interest receivable	0	0	0	1	0	1	0	0	0	0
Dividend payments on PDC	(16)	(16)	(0)	(63)	(62)	(0)	(199)	(187)	(12)	(199)
<b>Total surplus/(deficit)</b>	<b>596</b>	<b>35</b>	<b>561</b>	<b>(135)</b>	<b>(199)</b>	<b>64</b>	<b>(451)</b>	<b>(0)</b>	<b>(451)</b>	<b>0</b>

Appendix 2

ANALYSIS OF PAY EXPENDITURE  
FOR THE PERIOD ENDING 31 Jul 2012

	Month 4 Actual £'000	Month 4 Budget £'000	Month 4 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual budget £'000	Forecast Variance £'000	Forecast at Month 3 £'000
Neuro Rehabilitation	194	197	4	789	789	(0)	2,328	2,367	39	2,353
Rheumatology	278	271	(7)	1,104	1,084	(19)	3,408	3,253	(155)	3,368
Pain Management Dept	53	62	9	224	249	25	656	748	92	692
CFS Adults	16	14	(2)	59	54	(5)	163	162	(1)	167
Macmillan Step Up Services	3	8	4	13	30	18	62	91	29	48
CFS Paeds	25	26	2	72	104	32	267	313	46	256
CRPS	13	15	3	71	62	(9)	206	185	(21)	214
Late Effects	11	24	13	17	94	77	163	282	119	177
Clin Measurement Dept	15	15	0	61	62	1	181	185	4	177
Porters/Stores/Switch Dpt	22	22	(0)	84	88	5	261	265	4	256
Catering Dept	16	16	0	62	65	4	184	196	12	177
Domestic Dept	27	30	4	110	121	11	337	363	26	340
Facilities Dept	9	9	0	36	37	1	107	111	4	107
Human Resources Dept	18	22	3	74	87	13	222	262	40	222
Governance Dept	11	11	0	43	44	1	131	131	0	129
Patient Sec.Services	18	22	3	80	87	7	233	262	29	235
Medical Records Dept	11	12	0	49	46	(3)	146	138	(8)	157
IT + Computer Dept	19	22	3	88	90	2	258	269	11	257
Finance Dept	23	25	2	110	98	(12)	238	295	57	251
Research & Development	41	52	11	182	165	(17)	503	494	(9)	516
Other	103	102	(1)	412	451	39	1,321	1,353	32	1,277
<b>Total expenditure</b>	<b>926</b>	<b>977</b>	<b>51</b>	<b>3,738</b>	<b>3,908</b>	<b>170</b>	<b>11,375</b>	<b>11,725</b>	<b>350</b>	<b>11,376</b>



Appendix 3

ANALYSIS OF NON-PAY EXPENDITURE  
FOR THE PERIOD ENDING 31 Jul 2012

	Month 4 Actual £'000	Month 4 Budget £'000	Month 4 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual budget £'000	Forecast Variance £'000	Forecast at Month 3 £'000
Neurology Inpatients	19	11	(8)	54	45	(9)	137	136	(1)	137
Rheumatology Inpats	4	11	7	22	45	24	113	136	24	120
Rheumatology - Orthotics	10	6	(4)	27	23	(4)	74	70	(4)	70
Diagnostic Dept	6	8	2	27	30	3	89	93	3	91
Pain Management Dept	2	2	(0)	5	8	3	20	22	3	19
Rheumatology Services	52	47	(4)	212	185	(27)	636	559	(77)	641
Medical Contracts	63	49	(14)	206	195	(11)	596	584	(11)	582
Facilities Dept	39	46	7	180	184	4	545	553	8	557
Human Resources Dept	5	5	0	9	19	10	47	57	10	48
Patient Transport	7	6	(1)	25	23	(1)	71	70	(1)	71
Executive	5	5	(0)	21	19	(2)	59	57	(2)	59
IT + Computer Dept	10	14	4	55	56	1	168	169	1	172
Finance Dept	81	21	(59)	183	85	(98)	295	256	(39)	295
Total R&D	39	23	(16)	106	93	(13)	291	278	(13)	275
Total Other	57	64	7	200	228	28	658	686	28	663
<b>Non Pay</b>	<b>399</b>	<b>319</b>	<b>(80)</b>	<b>1,332</b>	<b>1,240</b>	<b>(93)</b>	<b>3,799</b>	<b>3,726</b>	<b>(72)</b>	<b>3,799</b>

## Appendix 4

### BALANCE SHEET AS AT

31 July 2012

	31 Mar 2012	31 Jul 2012	Movement	30 Jun 2012
	£'000	£'000	£'000	£'000
<b>Fixed Assets</b>				
Intangible	126	114	(3)	117
Tangible	7,162	7,157	(1)	7,158
Buildings/Donated Buildings			0	
IT			0	
Equipment			0	
Donated Equipment			0	
<b>Total Fixed Assets</b>	<b>7,288</b>	<b>7,271</b>	<b>(4)</b>	<b>7,275</b>
<b>Current Assets</b>				
Stock	44	44	0	44
NHS Trade Debtors	1,589	2,224	1,509	715
Provision for Irrecoverable Debt	(138)	(138)	0	(138)
Other Prepayments and Accrued Income	204	956	693	263
Other Debtors	208	538	84	454
Cash at Bank *	690	1,272	150	1,122
<b>Total Current Assets</b>	<b>2,597</b>	<b>4,896</b>	<b>2,436</b>	<b>2,460</b>
<b>Total Assets</b>	<b>9,563</b>	<b>12,167</b>	<b>2,432</b>	<b>9,735</b>
<b>Current Liabilities</b>				
NHS Trade Creditors	(1,307)	(856)	(151)	(705)
Non-NHS Trade Creditors - Revenue	(1,212)	(807)	218	(1,025)
Non-NHS Trade Creditors - Capital	(27)	0	0	0
PDC Dividend Creditor	(9)	(72)	(16)	(56)
Other Creditors	(249)	(413)	29	(442)
Payments Received on Account	(0)	(731)	0	(731)
Accruals and Deferred Income	(299)	(2,663)	(1,915)	(748)
<b>Total Current Liabilities</b>	<b>(3,103)</b>	<b>(5,542)</b>	<b>(1,835)</b>	<b>(3,707)</b>
<b>Non Current Liabilities</b>				
Trade and other payables	(22)	0	0	0
Provisions	(15)	(15)	0	(15)
Deferred Income	(32)	(32)	0	(32)
<b>Total Non Current Liabilities</b>	<b>(69)</b>	<b>(47)</b>	<b>0</b>	<b>(47)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>6,713</b>	<b>6,578</b>	<b>597</b>	<b>5,981</b>
<b>TAXPAYERS' EQUITY</b>				
PDC	6,015	6,015	0	6,015
Retained I & E Surplus	(249)	(249)	0	(249)
YTD I & E Surplus	0	(135)	596	(732)
Revaluation Reserve	947	947	0	947
<b>TOTAL TAXPAYERS' EQUITY</b>	<b>6,713</b>	<b>6,578</b>	<b>596</b>	<b>5,981</b>

## Appendix 5

### 2012-13 Capital Plan

#### CAPITAL FUNDING AVAILABLE

	2012/13 £000
- From Depreciation	440.0
- NHS South West Project Funding	0.0
- Macmillan	54.0
- Charitable Funds	250.0
	744.0

#### CAPITAL EXPENDITURE

	M04 YTD			Future in Year	Year End Forecast			
	Actual	Budget	Variance		Commitme	Actual	Budget	Variance
	£000	£000	£000		£000	£000	£000	£000
<b>General IM&amp;T</b>								
Replacement PC's	37.6	45.0	7.4	7.4	45.0	45.0	0.0	
Windows Upgrade	0.0	6.0	6.0	30.0	30.0	30.0	0.0	
Printers	0.0	1.0	1.0	5.0	5.0	5.0	0.0	
EPR Developments	0.0	2.0	2.0	20.0	20.0	20.0	0.0	
Server	0.0	1.0	1.0	5.0	5.0	5.0	0.0	
Back-up servers	0.0	3.0	3.0	15.0	15.0	15.0	0.0	
DATIX upgrade	0.0	1.0	1.0	0.0	0.0	5.0	5.0	
	<b>37.6</b>	<b>59.0</b>	<b>21.4</b>	<b>82.4</b>	<b>120.0</b>	<b>125.0</b>	<b>5.0</b>	
<b>Building &amp; Maintenance</b>								
Roof	74.9	20.0	-54.9	20.0	94.9	20.0	-74.9	
Hydro Pool Maintenance	3.5	0.0	-3.5	6.5	10.0	10.0	0.0	
Lightening Conductor	0.5	0.0	-0.5	0.0	0.5	50.0	49.5	
Refridgerant (R22)	3.5	0.0	-3.5	9.5	13.0	13.0	0.0	
HTM Compliance (Sink Replacement)	0.0	10.0	10.0	10.0	10.0	10.0	0.0	
Catering Equipment	0.0	5.0	5.0	0.0	0.0	5.0	5.0	
Kitchen Ventilation	0.0	0.0	0.0	10.0	10.0	10.0	0.0	
Fire Precautions	0.0	10.0	10.0	10.0	10.0	10.0	0.0	
Legionella	0.0	6.8	6.8	25.0	25.0	25.0	0.0	
Macmillan Step Down Service / Parry Ward	1.8	0.0	-1.8	70.2	72.0	54.0	-18.0	
Refresh	0.0	0.0	0.0	250.0	250.0	250.0	0.0	
	<b>84.2</b>	<b>51.8</b>	<b>-32.4</b>	<b>411.2</b>	<b>495.4</b>	<b>457.0</b>	<b>-38.4</b>	
<b>Medical Equipment</b>								
Bladder Scanner	8.7	9.0	0.3	0.3	9.0	9.0	0.0	
Endoscopy equipment	0.0	0.0	0.0	75.0	75.0	75.0	0.0	
X Ray	0.0	0.0	0.0	0.0	0.0	82.0	82.0	
	<b>8.7</b>	<b>9.0</b>	<b>0.3</b>	<b>75.3</b>	<b>84.0</b>	<b>166.0</b>	<b>82.0</b>	
<b>Other Schemes</b>								
Nurse Call System/offices	0.0	0.0	0.0	12.0	12.0	50.0	38.0	
PACS replacement (10% contribution to RUH)	0.0	9.0	9.0	50.0	50.0	50.0	0.0	
	<b>0.0</b>	<b>9.0</b>	<b>9.0</b>	<b>62.0</b>	<b>62.0</b>	<b>100.0</b>	<b>38.0</b>	
<b>TOTAL</b>	<b>130.5</b>	<b>128.8</b>	<b>-1.7</b>	<b>630.9</b>	<b>761.4</b>	<b>848.0</b>	<b>86.6</b>	

## Appendix 6

### Top Ten Debtors as at 31-07-12

Customer	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Debtors
1 BATH AND NORTH EAST SOMERSET PCT	1800.2	0.0	0.0	0.0	0.0	0.0	1800.2
2 WELSH ORGANISATIONS	30.5	4.2	30.8	16.8	49.1	125.6	257.1
3 SOMERSET PCT	94.2	0.0	0.0	0.0	0.0	0.0	94.2
4 HAMPSHIRE PCT	23.7	43.0	0.6	0.0	0.0	0.1	67.4
5 PFIZER LTD 5500	37.7	0.0	0.0	0.0	0.0	0.0	37.7
6 WORCESTERSHIRE PCT	37.0	0.2	0.0	0.0	0.0	0.0	37.2
7 ROYAL UNITED HOSPITAL BATH NHS TRUST	4.8	2.8	2.3	18.8	0.0	0.0	28.7
8 NHS HEALTH SCOTLAND	0.0	20.9	0.0	10.1	3.8	-9.9	24.9
9 HOUNSLOW PCT	0.0	20.5	0.0	1.4	1.4	0.0	23.3
10 LEEDS PCT	0.5	20.5	0.0	0.0	0.0	0.0	21.0
	2028.6	112.0	33.7	47.1	54.4	115.8	2391.6
<b>Others</b>							
NHS	57.3	16.7	24.7	12.6	35.0	11.4	157.8
NON NHS	170.1	5.6	2.3	12.7	19.7	1.8	212.1
<b>TOTAL at 31-07-12</b>	<b>2256.0</b>	<b>134.2</b>	<b>60.7</b>	<b>72.4</b>	<b>109.1</b>	<b>129.1</b>	<b>2761.5</b>
% at 31-07-12	82%	5%	2%	3%	4%	5%	100%
<b>TOTAL at 30-06-12</b>	<b>624.7</b>	<b>228.1</b>	<b>42.5</b>	<b>64.4</b>	<b>109.7</b>	<b>99.1</b>	<b>1168.5</b>
% at 30-06-12	53%	20%	4%	6%	9%	8%	100%
<b>TOTAL at 31-05-12</b>	<b>1039.5</b>	<b>59.3</b>	<b>26.1</b>	<b>138.1</b>	<b>129.6</b>	<b>102.5</b>	<b>1495.1</b>
% at 31-05-12	70%	4%	2%	9%	9%	7%	100%
<b>TOTAL at 30-04-12</b>	<b>383.0</b>	<b>101.0</b>	<b>82.0</b>	<b>84.1</b>	<b>126.1</b>	<b>93.8</b>	<b>870.0</b>
% at 30-04-12	44%	12%	9%	10%	14%	11%	100%
<b>TOTAL at 31-03-12</b>	<b>508.1</b>	<b>105.2</b>	<b>50.4</b>	<b>149.8</b>	<b>12.8</b>	<b>94.7</b>	<b>921.0</b>
% at 31-03-12	55%	11%	5%	16%	1%	10%	100%

## Appendix 7

### Top 10 Creditors as at 31-07-2012

	Supplier	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Creditors
1	HAMPSHIRE PCT	404.9	0.0	0.0	0.0	0.0	0.0	404.9
2	ROYAL UNITED HOSPITAL BATH NHS TRUST	114.8	149.3	19.4	23.8	0.4	0.0	307.8
3	BATH&NORTH EAST SOMERSET COUNCIL	0.0	17.9	0.0	39.8	0.0	0.0	57.7
4	BATH INSTITUTE FOR RHEUMATIC DISEASES TRADING LTD	2.4	19.1	3.7	3.7	15.5	2.6	47.1
5	HEALTH COMMISSION FOR WALES	0.0	0.0	0.0	0.0	0.0	41.7	41.7
6	NORTH BRISTOL NHS TRUST	0.1	0.5	0.0	40.3	0.0	0.0	40.9
7	FINNAMORE LTD	34.4	0.0	0.0	0.0	0.0	0.0	34.4
8	MEDCO HEALTH SOLUTIONS LTD	3.7	22.0	0.9	0.0	0.0	0.0	26.6
9	ANEURIN BEVAN LOCAL HEALTH BOARD	2.7	3.1	2.9	10.6	3.8	3.4	26.5
10	NHS SUPPLY CHAIN	8.1	0.0	9.2	9.2	0.0	0.0	26.4
		571.1	212.0	36.1	127.5	19.7	47.7	1014.0

OTHERS	99.2	84.5	28.1	41.0	4.8	14.0	271.5
PAY EXPENDITURE	351.2	0.0	0.0	0.0	0.0	0.0	351.2
ACCRUED EXPENDITURE	439.2	0.0	0.0	0.0	0.0	0.0	439.2

<b>TOTAL at 31/07/2012</b>	<b>1460.6</b>	<b>296.5</b>	<b>64.1</b>	<b>168.5</b>	<b>24.5</b>	<b>61.7</b>	<b>2075.9</b>
% at 31-07-12	70%	14%	3%	8%	1%	3%	100%

<b>TOTAL at 30/06/2012</b>	<b>1312.7</b>	<b>279.4</b>	<b>83.8</b>	<b>402.7</b>	<b>21.5</b>	<b>70.9</b>	<b>2171.0</b>
% at 30-06-12	60%	13%	4%	19%	1%	3%	100%

<b>TOTAL at 31/05/2012</b>	<b>923.0</b>	<b>404.4</b>	<b>368.4</b>	<b>66.1</b>	<b>27.1</b>	<b>65.9</b>	<b>1855.0</b>
% at 31-05-12	50%	22%	20%	4%	1%	4%	100%

<b>TOTAL at 30/04/2012</b>	<b>1273.0</b>	<b>326.3</b>	<b>77.2</b>	<b>21.1</b>	<b>32.5</b>	<b>59.9</b>	<b>1790.0</b>
% at 30-04-12	71%	18%	4%	1%	2%	3%	100%

<b>TOTAL at 31/03/2012</b>	<b>1184.4</b>	<b>666.1</b>	<b>172.6</b>	<b>56.4</b>	<b>14.2</b>	<b>59.9</b>	<b>2153.5</b>
% at 31-03-12	55%	31%	8%	3%	1%	3%	100%

Minutes of the  
**INTEGRATED GOVERNANCE AND QUALITY ASSURANCE COMMITTEE**

Held on **Wednesday 25<sup>th</sup> July 2012**

14:30 – 17:00 Board Room

Papers available at Data 1/Governance and Performance/IGQAC 25.07.12

In Attendance	Initial	Position
Kirsty Matthews	KM	Chief Executive Officer (Chair)
Hayley Sewell	HS	Director of Governance
Chris Johns	CJ	Non Executive Director
Annie Kelly	AK	Director of Clinical Practice and Operations
Anne Twitchett (Minutes)	AT	PA to Director of Governance
Tracy Iles	TI	General Manager Clinical Support (Attended for Agenda Item 5.5 )
Dr Ashok Bhalla	AKB	Medical Director (part attendance)
Sheila Morris	SM	Performance and Quality Manager B&NES PCT (attending on behalf of Val Janson)
<b>Agenda item 1 Apologies</b>		
Val Janson	VJ	Assistant Director of Performance and Operations B&NES PCT
Rachel Hepworth	RH	Finance Director
Amanda Pacey	AP	Head of Nursing and Operational General Manager
Bernice Statton	BS	Clinical Governance Manager
The minutes are written in the order of the agenda.		


Agenda Item	Minute	Action
2	<b>Minutes</b> of the Integrated Governance and Quality Assurance Committee meeting held on the Wednesday 9 <sup>th</sup> May 2012 were reviewed for accuracy and content. There were no corrections or amendments and the minutes were accepted as a true record.	
3	<p><b>Review of Action List 09.05.12.</b> CEO KM reviewed with the committee the Action List from the IGQAC meeting held 09.05.12.</p> <p><b>Actions brought forward from meetings held prior to 09.05.12:</b></p> <p><i>Item 1. Trust to hold a practice fire drill prior to IGQAC meeting 09.05.12 and to have a written record of the Fire Brigade's commitment to Fire Safety at the RNHRD.</i></p> <p><i>Agreed at 09.05.12 meeting:</i></p> <ol style="list-style-type: none"> <li>1. <i>Partial fire drill evacuation</i></li> <li>2. <i>Further fire marshal training</i></li> <li>3. <i>Test procedures for moving a patient – SI/DC</i></li> </ol>	


<p>4. Evening test of evacuating a bedded patient 5. Audit of fire evacuation system 6. Assurance that the Fire Brigade is satisfied with the Trust's safety procedures All above actions to be commenced by June 2012.</p>	RMCD/ AP
<p>Director of Clinical Practice and Operations AK to ensure that Head of Nursing and Operational General Manager AP can lead on Item 1 outstanding action points 1 and 4. CEO KM requested that Finance Director RH and Facilities Manager MSom submit a report covering item 1 and the completion date for the report to IGQAC is 31.08.12.</p>	RH/MS om
<p>Director of Clinical Practice and Operations AK informed the committee of an incident related to action item 1 concerning the main hospital lift failing to operate. The committee requested an incident report offering assurance that evacuation chair training is in place. Non-Executive Director CJ advised that he had attended the Health and Safety Committee meeting of the 12<sup>th</sup> July 2012 and points raised included the hospital evacuation procedures are in place with compartmentalisation and recommended that there should be a review of all fire safety procedures by an external advisor.</p>	RMCD/ SI
<p>Finance Director RH and Facilities Manager MSom are invited to attend the relevant agenda item of the next meeting of IGQAC to address actions to the Committee.</p>	RH/MS om
<p><i>Item 2. HSE Legionella Management Systems Inspection Action Plan Progress. Follow up water samples test results expected. HSE inspection due in June to review the Action Plan.</i> Director of Clinical Practice and Operations AK advised that water sample results were satisfactory. (Water results are reported to the H&amp;S committee.) The HSE has not been in contact to put in place the follow up visit. MSom to confirm date of review by HSE.</p>	MSom
<p><i>Item 4. Outcome 11 (Safety, availability and suitability of equipment). Progress on training issues to be reviewed at IGQAC meeting 25.07.12.</i> Director of Clinical Practice and Operations AK reported that VAC's training on both wards is complete. An updated action plan is awaited from Health and Safety Advisor DC.</p>	DC
<p><i>Item 5. Q3 national guidance/NCE's/NICE Guidance/intervention procedures. Anaphylaxis guidance forwarded to Medical Director and confirmation is sought if applicable to the Trust's services.</i> Item 5 to be brought forward to next IGQAC meeting. 31.10.12</p>	AKB
<p><i>Item 9. The role of IGQAC and a timetable for IGQAC key agenda items throughout 2012/13.</i> Item 9 is complete and committee work plan is Agenda 13 of the meeting, 25.07.12. The IGQAC Terms of Reference are to be reviewed and submitted to the next meeting for approval. PA to Director of Governance AT and PA to CEO CC to review the Trust's timetable of meetings for 2012/13 for inclusion of the Workforce committee and reporting structures.</p>	CC/AT
<p><i>Item 10. Major incident policy. A training exercise by Patient Safety Co-ordinator SI and Head of Nursing and Operational GM AP to be implemented. Brought forward to</i></p>	



	<p><i>IGQAC meeting 25.07.12.</i> Director of Clinical Practice and Operations AK advised that training has been organised for On Call Managers and On Call Directors. AK to confirm that training is complete.</p> <p><b>Future Actions arising from IGQAC meeting 09.05.12.</b></p> <p><i>Item 4. Outcome 10 Safety and Suitability of premises. The Action Plan has been submitted to the Capital Planning Group and requires investigation and action by the Finance Director RH. The LSMS has been appointed and the nominated Director is FD RH. A nominated NED is to be appointed. NED CJ has been nominated and confirmed.</i></p> <p><i>Item 5. Outcome 10 Safety and Suitability of premises. Guidance is requested on LSMS's expectations of role of NED. Awaiting outcome. Item 5 to be brought forward to next IGQAC meeting 31.10.12.</i></p>	<p>RMcD/ SI</p> <p>RH/MS om</p>
<b>4</b>	<b>Policies, Terms of Reference and Strategies for Ratification</b>	
4.1	<p><b>Clinical Coding Policy</b> The Director of Governance HS presented the Clinical Coding Policy to the committee for ratification. The Equality Impact Assessment to be added to the Policy. The policy was <b>ratified</b> subject to the addition of the EIA amendment.</p>	CW
4.2	<p><b>FMS Protocol</b> The Director of Operations and Clinical Practice AK presented the FMS Policy for ratification. A front sheet must be added to the policy. The committee advised that the protocol be amended and ratified at the Patient Safety and Quality Forum rather than. <b>Not ratified.</b></p>	RMcD/ SD/JR
4.3	<p><b>Quality and Safety Strategy</b> The Director of Governance HS presented the Quality and Safety Strategy 2012 -14 for ratification. The committee noted a spelling error on page 2, NHS not NS. Also on page 5 under the section headed Staff, Ensuring the NHS Constitution requirements are met regarding staffing, the NHS Constitution reviews should be submitted <b>6 monthly</b> to IGQAC. The committee also agreed that in order to avoid duplication of reporting to the Board, that a summary report from groups offering assurance on quality and safety is submitted to the Board, in particular Research and Development manager JC to write an annual summary of the research governance report for presentation directly to the Board and also NED CJ to offer assurance to the Board in a summary reporting from IGQAC meetings including Complaints and PAL's within Patient Experience. The Quality and Safety Strategy was <b>ratified.</b></p>	JC CJ
<b>5</b>	<b>Care Quality Commission</b>	
5.1	<p><b>CQC Essential Standards of Quality and Safety Declaration Q1 2012/2013</b> The Director of Governance HS presented assurance that the Executive Directors have completed an assessment against the essential standards of quality and safety for Quarter 1 of 2012/13 and signed a statement declaring full compliance in all areas. During Q1 2012/2013 there have been no CQC visits, no CQC concerns or outstanding compliance or enforcement actions.</p>	
5.2	<b>June 2012 Quality Risk and Profile (version 30.06.12)</b>	



	<p>The Director of Governance HS circulated for review the QRP report and noted the following changes:  Outcome 4: Care and Welfare of People who use services. The rating had increased from low green to high green as results from the relevant question in the 2011 adult inpatient survey (regarding pain control) results were much better than expected.  Outcome 16: Assessing and monitoring the quality of service provision has decreased from low green to low neutral as there has been a negative comment to CQC staff.  No outcomes were red rated, the Trust's Directors have declared compliance and there were no red rated risks in in any areas of compliance.  Outcome 10: Safety and suitability of premises. Insufficient data. 2012/13 Estates strategy to be approved. LSMS now appointed which will reduce risk in future QRP's.  The Director of Governance HS presented the Fraud and Security Management Service security work plan to offer assurance to the committee on compliance. Page 2 1.2 of the document states that the work plan has been endorsed in conjunction with NED CJ and approved by the Trust Board. NED CJ confirmed that he will sign the document with Finance Director RH and offer feedback to the Board. He will report on the Security Management Work plan at the next Health and Safety committee meeting. Signatures need completing on page 20. CEO KM will email Finance Director RH with detailed feedback on the SMS work plan.</p>	<p>RH/CJ KM</p>
<p>5.3</p>	<p><b>Review Assurance for CQC standards Outcomes 1,2,16,17 and 21.</b>  The Director of Governance HS offered assurance to the IGQAC committee on CQC Essential Standards and presented evidence and assurance on the following outcomes:  Outcome 1: Respecting and involving people who use services  Outcome 2: Consent to care and treatment  Outcome 16: Assessing and monitoring the quality of care provision  Outcome 17: Complaints  Outcome 21: Records  Please see link to presentation.</p> <p>  CQC Essential Standards 24 7 12.ppt</p> <p>The presentation assures IGQAC and The Board of the outcome requirements, evidence of audits and monitoring, evidence of the policies in place and organisation strategies of assurance in Q1.  Director of Governance HS noted that because of the changes in committee structure, the remaining CQC Standards will be reviewed by other committees.  Outcome 1: HS highlighted the QRP and that no complaints sent to the Ombudsman were upheld.  Outcome 2: Consent policy is compliant with the NHSLA standards. Audits complete on consent procedures.  Outcome 16: "Tea with Matron" is successful with good feedback. Good external assurance with PEAT action plan in place.</p>	
<p>5.4</p>	<p><b>News from the Care Quality Commission May 2012 – July 2012</b></p>	

5.5	<p>The Director of Governance HS noted the News from the CQC circulated to all Committee members for the months of May, June and July 2012 and noted that there is a national programme of inspections regarding dignity and nutrition.</p> <p><b>Outpatient Survey Action Plan</b> General Manager Clinical Support TI gave a presentation to the Committee on the 2011 Outpatient Survey Action Plan on behalf of the Director Operations and Clinical Practice AK.</p>  <p>Outpatient Action Plan update - IGQAC</p> <p>GM TI noted that the Outpatient Survey Action Plan has the following drivers; Outpatient Survey 2011, Headlines results, Final report and Patient written comments and the PAL's comments. The plan concentrates on seven key areas covered in the outpatient questionnaire. TI noted the following actions: <i>To improve delays in communication on waiting times for patient appointments</i>, an application for funding for an electronic patient self-check in and patient pathway tracking. <i>Improving access to the appointments office</i>; a service review has taken place with a move towards flexibility over generic roles in order to accommodate peak time tasks. <i>To improve the way staff communicate test results to patients</i>; this will be actioned through increased patient education training for medical staff with improved outpatient letter content. TI to attend medical staffing meeting in September 2012. The Trust's website will also offer information for patients on understanding their test results. The committee proposed that TI could present the action plan to the Trust's Governors as an agenda item on the Annual Members' Day. TI to arrange this with Governance and Communication Assistant LC.</p>	<p>TI/AKB AKB TI/LC</p>
6	<b>Quality and Safety</b>	
6.1	<p><b>Report on patient safety and quality forum (meeting held on 24.07.12)</b> The Director of Operations and Clinical Practice AK gave a verbal report on the first meeting held of the Patient Safety and Quality Forum. AK reported that it was an effective first meeting, reviewing the Workplan and ToR. The minutes of the meeting are attached to this report for circulation. To avoid duplication of reports, The Director of Governance HS and the Chair of the PS&amp;QF AK will review ToR and Workplans for Clinical Risk and PS&amp;QF for clarity and efficiency. PA AT to review timings of meeting. The Director of Governance HS to examine the role of IGQAC in scrutinising reports on behalf of the Board.</p>	<p>HS/ RMcD AT HS</p>
7	<p><b>Report from the Clinical Risk Committee meeting held on 19.07.12</b> The Director of Governance HS presented a comprehensive summary of the Clinical Risk meeting held on the 19<sup>th</sup> July 2012. HS noted that the Trust incident report for Q1&amp;Q2 2011/12 NRLS (compared with other trusts nationally) was in the middle 50% of reporters, that there were no incidents in that period resulting in death or serious injury and the most frequently reported incidents related to patient accidents (including slips, trip and falls). The key clinical risks on the risk register are: The X Ray equipment has reached the end of its support date. The delay in follow up for Rheumatology appointments. The committee noted that a meeting will be held to discuss in detail the delays in follow up appointments between</p>	<p>AKB/R</p>

	the Director of Operations and Clinical Practice AK and Medical Director AKB.	McD
8 8.1	<p><b>Clinical Effectiveness and Audit</b>  <b>Q1 2012/13 National Guidance NICE Guidance/Intervention procedures &amp; NCE's.</b>  The Director of Governance HS presented the list of NICE guidance published in Q1 2012 and noted applicable guidance was:  CG144 Venous thromboembolic diseases (published June 2012) Clinical Guidelines.  The guidelines have been forwarded to the Patient Safety and Quality Forum committee for review.</p>	RMcD
9	<b>External Visits</b>	
9.1	<p><b>PCT Complaints Review</b>  The Assistant Director of Performance and Quality NHS B&amp;NES VJ and Lay member of the Clinical Commissioning committee PW visited the Trust on the 12.06.12 and met with The Director of Governance HS to review complaints and hear about patient stories as these were aspects of concern highlighted in the Francis Inquiry. The PCT wrote to report that they were impressed with the complaints management service and the Trust's overall commitment to improving the patient experience at the RNHRD. Patient Experience Manager LD received a copy of the letter with the positive comments on her work.</p>	
9.2	<p><b>PEAT Action Plan 2012/13</b>  The Director of Operations and Clinical Practice AK presented the updated PEAT action plan 2012/13. The Trust has received a legacy (Charitable Funds) which has been put forward to the Capital Funds budget which if approved, will allow progress to be made on the PEAT Action plan whilst acknowledging merger plans. The focus of plans is X Ray equipment and endoscope equipment.</p>	
10	<p><b>Report from the Information Governance and Strategy Committee 11.06.12</b>  The Director of Governance HS reviewed the detailed minutes of the Information Governance committee meeting held on the 11<sup>th</sup> June 2012. HS noted that there have been changes to the IG training requirements. Finance Director RH and GM Clinical Support TI to review their areas on the baseline assessment by the end of July 2012. In addition HS asked RH and TI for a declaration of compliance on the essential standards of the IG Toolkit Assessment version 10 by the end of July 2012. IG Incidents. During May 2012, 3 patients received the wrong clinical letter. A risk assessment is in progress to address the errors and for proposals to minimise information security risks. Risk Assessment progress on all IM&amp;T proposals to be brought forward to next IGQAC meeting.</p>	RH/TI HS/RH/ TI RMcD
11	<p><b>HR Q1 Report</b>  The Director of Operations and Clinical Practice AK presented the Q1 HR report. The figures for sickness, rolling year to date is running above target at 4.79 (against target of 4%) which is a red rating. The Committee questioned the staff leaving turnover target figure of 11% annually and asked for clarity on this figure against a nationally accepted figure.</p>	MSP
12	<b>Meetings and minutes</b>	
12.1	<p><b>BANES PCT Quality Meeting 15.05.12</b>  The Director of Governance HS presented the draft minutes of the meeting of the BANES PCT Quality Meeting held on the 15.05.12 and noted that Q4 2011/2012 Reports and Assurances have been received by the commissioners. The CQUIN scheme 2012/13 has been agreed.</p>	

12.2	The Director of Governance HS gave a presentation to the committee on the BANES PCT 2011/12 Contract CQUIN and Quality Schedules. HS noted that nominated staff will be responsible for completing a scorecard which will collate information on quality requirements within the contract to report to the host PCT.
<b>13</b>	<b>IGQAC Work Plan</b>
	Director of Governance HS presented the IGQAC Work Plan for the committee to review. The committee agreed that this item would be brought forward to the October 2012 meeting of IGQAC.
	<b>Any Other Business.</b> All actions for the Director of Operations and Clinical Practice AK will be assigned to RMcD as AK will be leaving and RMcD will be returning.
	<b>Date of next meeting: 31.10.12 14:00 – 17:00 to be rescheduled.</b>

<b>Title:</b>	<b>CHARITABLE FUNDS MINUTES</b>
<b>Date of meeting:</b>	<b>16<sup>th</sup> July 2012</b>
<b>Time of meeting:</b>	<b>09:30</b>
<b>Venue:</b>	<b>Board Room</b>
<b>Members:</b>	<b>Niall Bowen (Chair) [NB] Stephen Cole [SC] Rachel Hepworth [RH]</b>
<b>In attendance:</b>	<b>Jane Carter [JC], Kate Lane [KL], Annie Kelly [AK], Peter Franklyn[PF]</b>
<b>Minutes taken by:</b>	<b>Mary Deacon</b>

		<b>Action</b>
	The minutes are written in the order of the agenda and not in the order in which the meeting was held.	
<b>CF/07/12/01</b>	<b>APOLOGIES FOR ABSENCE</b> Kirsty Matthews [KM], Stephen Scarff [SS], Prof Neil McHugh [NMCh]	
<b>CF/07/12/02</b>	<b>Declarations of Interest</b>	
	Nil	
<b>CF/07/12/03</b>	<b>Minutes of meeting held on 20<sup>th</sup> April 2012</b>	
	The minutes were <b>approved</b> by the Committee subject to one amendment	
<b>CF/07/12/04</b>	<b>Action List / Matters Arising</b>	
	<b>Items 1,3,4,5,7,8,11,12,13,15,16</b> are complete	
	<b>Item 2 CF/12/11/09 Fibromyalgia Coping Skills project.</b> A progress report paper was submitted to the Committee and presented by JC. Table 1 was in part unclear on the results presented. The inter quartile range relates to people and not the improvement rate. Self-belief has improved by almost 50% in 0-4 weeks, but slipped back to 28% in 0-3 months. PF suggested a graph of decay to possibly indicate the need for a person to attend a further course. JC reported that the project was completed within budget. The Director of Operations reported that Trust staff would continue the database from this point forward. <b>Action: A final paper is required to address the weakness in this paper, to provide the outcome of the project and outline how this statistical data can be used going forward.</b>	<b>JC</b>
	<b>Action: This project was block paid as the database work was carried out by staff in BIRD. JC to ask for a refund if the project came in under budget.</b>	<b>JC</b>

	<p><b>Item 6 CF/12/11/06 Draft annual report &amp; financial statements</b> On the agenda today</p> <p><b>Item 9 CF/12/11/07 Finance Cashflow</b> Previous Committee discussions have outlined the importance of producing a cashflow forecast in order to understand the commitment on spend and enable debate on investment balances as the fund is now increasing. <b>Action: A monthly cashflow is required in line with that produced for the Trust and to include a breakdown of donations on the cashflow.</b></p> <p><b>Action: A cashflow to be produced within the next two weeks. A meeting to then be held with SS, NB and KL following the completion of the cashflow.</b></p> <p><b>Item 10 CF/04/12/03 Music Therapy Evaluation</b> The Director of Operations reported that this document remains outstanding. KL is specifically fundraising for this post. £500 has been raised to date. <b>Action: A draft evaluation paper is in place. AK will ensure a final document is distributed with the minutes.</b></p> <p><b>Action: The Committee <u>agreed</u> that the funding will continue based on the receipt of the evaluation due to the high patient value received through music therapy</b></p> <p><b>Item 14 CF/04/12/08 Statement of financial activities Apr 11- Feb 12</b> Detail was given of the cost of £48,116. <b>Action: The Committee requested that full detail of costs be submitted each quarter.</b></p> <p><b>Item 15 CF/04/12/09 Bladder Scanner</b> The Director of Operations fed back to the Committee that staff are very pleased with this purchase. Whilst the scanner was funded from the RNHRD KL has attempted to raise funds towards the purchase. No further bids have been placed. Bidding stops 2-3 weeks after the purchase invoice is received.</p>	<p>SS</p> <p>SS</p> <p>AK</p> <p>KL</p> <p>SS</p>
<p><b>CF/07/12/05/06</b></p>	<p><b>Report on Fundraising Activity</b></p>	
	<p>K Lane presented her report. The Bath half marathon increased last year's income by a third. £700 remains outstanding, KL will continue to follow up the outstanding money.</p> <p>The July 2012 walk took place Sunday 15<sup>th</sup> July 2012. The Chair and PF took part in the event that raised £150.00. Due to the current financial position of the RNHRD a decision was made not to advertise this local event.</p> <p>The Charitable Funds Sub Committee will take place in July 2012, currently there are 5 members who are available to attend.</p>	



	<p>The Lecture Hall has the potential to be used for various local community events with donations given to the hospital for its use. The chairs in the hall need to be updated and uniform in appearance and this has been subject to various group comments. Importantly, the issue is having a negative effect on our ability to raise realistic amounts because external bodies consider it necessary to hire their own chairs. KL has sourced 120 stackable chairs at a cost of £2000.00 providing the order is placed before the end of July 2012. The chair has been tested to be comfortable. There is a possibility of funding of £1200.00 from the Bath Literary Festival towards the purchase, but this has yet to be confirmed.</p> <p><b>Action: KL to investigate if the chairs to be purchased are available in a washable fabric and to confirm they are fire retardant.</b></p> <p><b>Action: KL to confirm with M Sommerville the insurance cover of the Lecture Hall when in use by external organisations.</b></p> <p>The Committee <b>agreed</b> the purchase of the chairs subject to the two items raised.</p> <p>Derek Thorne joined the committee.</p> <p>A paper headed 'Public Relations – Protecting our reputation' was distributed and presented by DT to the Committee.</p> <p>A discussion was held on the rationale to continue to raise funds for the RHNDR given the current financial position of the Trust and the implications for patient services.</p> <p>DT gave his professional opinion on the media attention that could be of an adverse nature if the Trust were seen to continue to spend funds on projects for a building with an uncertain future.</p> <p>Both new and existing donors can be reassured they will be refunded any money donated for specific projects/equipment that do not go ahead should the question be asked.</p> <p>P Franklyn commented that it was absolutely tenable to continue to raise funds providing we are very clear that the funds used will give immediate and medium term difference to benefit our patient's experience. No long term improvements will be undertaken.</p> <p>The Trust should produce a shopping list of all equipment and improvements/repairs that are required. Each item should have a cost and a priority assessment. This will assist in clear and concise explanations of how and why funds have been used.</p> <p>Examples of acceptable funding were:</p> <ul style="list-style-type: none"> <li>• Outpatient waiting room chairs</li> <li>• Private areas to be constructed to allow for patients to be weighed and measured at outpatient appointments</li> <li>• Disabled toilets in the outpatient area are in desperate need of updating to allow use without having to obtain a key for entry</li> </ul> <p>KL reported that the expected legacy of approximately £240k will take the charitable fund balance to a level where any further</p>	<p>KL</p> <p>KL</p>
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	<p>applications would raise the question of need based on the value held by the Trust. She has already received comments on the value of the fund.</p> <p>AK reported that she has received negative comments regarding the accessibility of the RNHRD against the RUH. She urged that the some emphasis be placed that the hospital has closer links to Bath's train and bus stations.</p> <p>JC commented that she was not aware of how the refresh appeal value of £250k had been established. The Chairman reported that he was not able to accurately provide this information. It was recommended this process be revisited to give a clear plan of objectives with priorities and cost.</p> <p><b>Action: The Chief Executive should review how the appeal value was reached and give a clear plan of objectives with priorities, dates and costings by the end of August 2012.</b></p> <p>It was recommended that re-decoration and structural changes are limited. These areas of work can be easily misconstrued by the press. Again it was re-iterated to be confident that all such work is prioritised and carried out for the enhancement of our patients experience during their visit to the Trust.</p> <p><b>Action: Produce a shortlist of improvements giving full detail of priority, timescale, cost of work and immediate benefit to patients. The deadline for this review is the end of August 2012. A meeting to discuss the content of this wish list to be arranged and include NB, KM, MS and DT to approve so that progress can be made without waiting for the next committee meeting.</b></p> <p><b>Action: The Director of Operations and Director of Finance to bring the above action to the next Directors meeting for discussion/input. An update can be given at the October 2012 Charitable Funds Committee.</b></p> <p>P Franklyn thanked Kate for all her hard work, imagination and considerable effort given in a very short space of time to raise awareness of the Trust and increasing the balance of the fund.</p>	<p>KM</p> <p>KM/MS</p> <p>AK/RH</p>
CF/07/12/07	Finance	
	<p>The Director of Finance introduced the reports to the 31<sup>st</sup> May 2012.</p> <p>The balance sheet is more robust than in previous years. The fund includes £42k of the refresh appeal. A pledge to the refresh appeal of £15k has been made once the fund has reached £235k.</p> <p>Members commented that there have been fewer reports at the last two committees than in previous committee meetings. More detail is required on expenditure and income items.</p> <p>The Director of Operations asked the Committee to consider the purchase of a new x-ray machine as the capital plan is stretched to</p>	



	<p>its limit. The equipment is reported on the risk register due to its age and regularity of break downs which can result in the cancellation of appointments. PF directed AK to prepare a report to give all the reasons, recommendations, costs and clear needs of the patients for this Committee to consider the purchase. The estimated cost would be £150k.</p> <p>This once again highlighted the need for a shopping list for the Trust of all equipment requirements to enable the Committee to consider such items.</p> <p>SC commented it also reiterated the need to have cashflow forecasts.</p> <p><b>Action: To produce cash flow forecasts on a regular basis</b></p> <p><b>Action: Provide a capital expenditure list detailing priority, timescale, cost of work and immediate benefit to patients</b></p> <p>J Carter reported that the general research has a low fund balance and would benefit from further fund input.</p> <p><b>Action: JC to provide a list of additional funding requirements to the Committee.</b></p> <p>Annual Report and financial statements</p> <p><b>Action: page 2, item 2.1, The Director of Operations should be added to 'Other non-standing members attend committee meeting'</b></p> <p><b>Action: page 5, item 3.5 risks, should include a standard disclosure around the agreed minimum level of the fund. The actual figure should not be stated.</b></p> <p><b>Action: typing errors for amendment: Page 8 last line of first paragraph 'wither' Page 9, first bullet point amendment to 'these are a specialised mattress necessary for the care of patients' Page 13, first paragraph, fourth line 'theire'</b></p> <p>SC asked to what level the content of the annual report and financial statements had been checked. The Director of Finance reported that the management accountant had prepared the report to date and no senior level checking had yet been completed.</p> <p><b>Action: SC to advise the Director of Finance of any adjustments that are required.</b></p> <p><b>Action: The Director of Finance to review the annual report and financial statements.</b></p> <p><b>Action: Some reference should be included in the financial statements as to the financial position of the Trust as at 31<sup>st</sup> March 2012. This should be consistent with the information given by D Thorne.</b></p> <p>J Carter reported that the R&amp;D section of the annual report had not been updated by her.</p>	<p>RH</p> <p>RH</p> <p>JC</p> <p>SS</p> <p>SS</p> <p>SS</p> <p>SC</p> <p>RH</p> <p>SS</p> <p>JC/SS</p>
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	<b>Action: JC to provide updated R&amp;D section of the report</b>	
<b>CF/07/12/08</b>	<b>Charitable Funds for Research &amp; Development</b>	
	<p>J Carter presented the R&amp;D annual report and project update papers.</p> <p>The R&amp;D sub-committee scrutinise all applications. Most projects are within the £6k limit. Projects that require further funding are processed as a second application.</p> <p>PF commented that JC should make an application to this Committee if further funding is required.</p> <p>S Cole reiterated the need for a cashflow forecast.</p> <p>The project of chronic pain in A&amp;E was discussed. How do we ensure the cooperation of staff at other hospitals? JC reported that many staff are dealing with challenging patients on a regular basis. Patients rotate attendance at various A&amp;E departments in order to obtain pain relief drugs. It was suggested that specialist input from people willing to join focus groups and help deal with these situations should be considered. Travel expenses will be offered.</p> <p>Page 6 of the annual report details a joint funding project with St John's Hospital Trust. PF asked what feedback had been requested by St Johns following the completion of the project?</p> <p><b>Action: JC to advise what feedback had been requested by St Johns following the completion of the project</b></p> <p>The Committee <u>noted</u> the annual report and project update paper.</p>	<b>JC</b>
<b>CF/07/12/09</b>	<b>Any Other Business</b>	
	<p>The minutes for the April Committee do not show a quorum, RH should be moved to the members.</p> <p><b>Action: amend the minutes to show a quorum</b></p>	<b>MD</b>

**Next Meeting Date:** Wednesday 17<sup>th</sup> October 2012 @ 14:00 in Boardroom