

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 25th October 2012
at
1030 hrs
to be held in the
RNHRD Lecture Hall

		Action	Person	Paper
OPENING BUSINESS				
1.	Training : Quality in the New Health System - Maintaining and Improving Quality from April 2013.	For information	Director of Governance	Presentation
2.	Apologies for Absence	-	Chair	-
3.	Declaration of Interests	-	Chair	-
4.	Minutes of meeting held in public – 23 rd August 2012	For approval	Chair	4.1
5.	Action List / Matters Arising	For information	Chair	5.1
6.	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	- 6.2 6.3
QUALITY / GOVERNANCE				
7.	i) Patient Safety Walkround - Outpatient Department - Pain Services ii) Q2 Quality Report	For information For information For information	Non-Executive Director Non-Executive Director Director of Governance	7.1 7.1 7.2
PERFORMANCE				
8.	Operational Performance & Clinical Practice Report	For information	Director of Operations & Clinical Practice	8.1
9.	Finance Report Month 6 2012/13	For information	Director of Finance	9.1
10.	Q2 Monitor Submission	For approval	Director of Finance	10.1
CLOSING BUSINESS				
11.	Any Other Business	-	-	-

Board held in public

Thursday 23rd August 2012
1400 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)
Rayna McDonald	Director of Operations & Clinical Practice (RM)
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
	<p>The Chair welcomed all to the RNHRD Trust Board of Directors meeting held in public, particularly Rayna McDonald, Director of Operations & Clinical Practice returning from maternity leave.</p> <p>The Chair also wished to acknowledge the very positive informal verbal feedback received from a recent unannounced CQC inspection visit. It is very important at this stage in the proceedings for the Trust to have an external endorsement of our quality agenda and on behalf of the Board he wished to recognise this and thank the Executive team for their continued efforts.</p>	
PM 08/12/1	<p>Apologies for Absence Apologies were received from Peter Spencer, Non-Executive Director.</p>	
PM 08/12/2	<p>Declarations of Interests No declarations of interests were received.</p>	
PM 08/12/3	<p>Minutes of Meeting held in public on 26th July 2012 The minutes of 26th July 2012 meeting held in public were approved.</p>	
PM 08/12/4	<p>Action List /Matters Arising The action list was noted with additional comments as follows:-</p> <p>PM 07/12/4 : HSE Visit re Legionella in 2011 Action Plan : The Non-Executive Director for Health & Safety confirmed that the Trust was fully compliant in this area and that the action plan was being sent to the H&SE with immediate effect.</p>	

PM 12/07/14 : R&D Report : MHRA Inspection : The Director of Finance confirmed that the recommendations from the MHRA inspection were being processed to be placed on the 4Action toolkit.

PM 12/07/14 : R&D Report : A new research objective to be added for this year is as follows:- *Specific criteria are to be developed by December 2012 that require all research proposals to include a clear statement of the potential benefits that will derive from the work. These criteria are to include quantitative estimates of improvement in patient care and Quality of Life and, where appropriate, enhanced clinical and cost effectiveness of treatments.*

PM 08/12/5 i) Chair's Report

No item to discuss.

ii) Chief Executive's Report

The Chief Executive presented the report and highlighted:-

- The 2012 PEAT scores have now been published
- Monitor have completed their in depth review of the Annual Plans for all Trusts. They have not chosen to identify the RNHRD as one of the Trusts requiring supplementary scrutiny, the Trust already being under enhanced reporting due to significant breach of its Authorisation.
- The Executive Management Group (EMG) agenda had been historically attached to the report; however these meetings would now take place bi-monthly. A newly formed Workforce Committee will be held on alternate months to EMG.
- The very positive news with regard to the verbal feedback from the unannounced CQC inspection
- The advent of new NHS bodies that are emerging as existing organisations come to an end due to the significant level of change within the healthcare system.
- The current Monitor consultations

The Board **noted** the report.

iii) Medical Director's Report

The Medical Director presented the report and highlighted:-

- The short term medical staff issues discussed at the July 2012 Board meeting have been resolved.
- A new group of trainees have commenced their rotations at the Trust.

The Board **noted** the report.

PM 08/12/6 Quality Report

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

- The trust met all the applicable national targets and indicators
- There were no serious incidents, complaints or trends in complaints.
- There were no cases of reportable *C.difficile*
- A more detailed report on verbal feedback from the unannounced CQC inspection on 2nd August 2012 noting that the Trust was compliant in all areas reviewed.

PM 08/12/7 Operational Performance & Clinical Practice Report

The Director of Operations & Clinical Practice presented the report and highlighted the following:-

- Bed occupancy rate in Neuro Rehabilitation; average bed occupancy for July 2012 was 8 and August 2012 is predicted as 5
- Pain Management activity is on plan in July 2012 and early August. The pain management team have been proactive in August 2012 in adapting their programmes to match demand

- Rheumatology outpatient activity slightly below plan due to unexpected annual leave being higher in July/August.
- No adverse events reported
- VACS June 2012 scores overall green; however individual areas scoring red are due to training that had not taken place because of scheduling. This should improve as a trust wide clinical lead is now in place
- Safeguarding Children Level 2 training has increased to 81% with additional sessions organised to ensure this is maintained and improved
- Clinical Measurement bone mineral density referrals are now back to normal
- Parry Ward conversion will be completed at end August 2012.

The Chair raised the particular issue of cancellation of clinics due to higher than expected annual leave, this appeared to be a lack of planning. The Chair of the Finance & Activity Committee (F&AC) stated that this is an issue which had been explored at the recent F&AC meeting. A fuller explanation had been given at the meeting regarding the timing of the annual leave and from which it had been concluded it was not an issue as suggested by the written reports and recommending more care be taken in drafting both the Activity Report and Operations Director report.

The Chair commented that it was encouraging to see improvements in the short term sickness levels and very relevant for Pain Management to adapt their services. The number of catheter infections appeared to have dropped significantly co-incident with the acquisition of a bladder scanner. It had been proposed that this would be funded by the Charitable Funds Committee. The Chair of the Charitable Funds Committee reported that this had not happened as yet, however efforts were being made to secure this funding.

The Board **noted** the report.

PM 08/12/8 Finance Report Month 4 2012

The Director of Finance presented the report and highlighted:-

- The year end position remains at planned; deficit of (£451k)
- The Trust received the agreed PCT additional transitional support which explains the in month positive position
- Capital programme is in line with plan, however this will continue to be reviewed in terms of protecting the cash position without compromise to patient safe.
- The top 10 debtors; the Welsh debt has now been resolved with a repayment agreed.

The Chair noted that the Late Effects and MacMillan Step Up services had not yet commenced. The Director of Finance reported that it was intended to commence in September 2012 and that activity/income would balance out over the remainder of the financial year.

The Chair raised the concern over the apparent commitment of Refresh funds in the capital programme and that no assumption should be taken that such funds would be used to cover any shortfall in capital expenditure. The Chair of the Charitable Funds Committee reassured the Board the £250k Refresh spending in the capital programme will only be spent out of funds raised through the Refresh appeal. However, recently a sizeable legacy has been received by the Trust's Charitable Funds and proper proposals are being drawn up on what the spending priority would be; 26 applications have been received to date which will be reviewed by a small group to determine how best the money might be utilised for the benefit of patients.

The Non-Executive Director for Health & Safety asked if there was any risk if the lightning conductor installation was not completed this year. The Director of Finance assured the Board that no risk had been identified.

The Non-Executive Director for Health & Safety asked if the fire brigade were satisfied with the Trust's fire precautions. The Director of Finance reported that in an external consultants' view the Trust has appropriate compartmentalisation; however she will check

RH

with the Estates Manager that this has been checked with the fire brigade.

Action : Director of Finance

The Chair of the Finance & Activity Committee acknowledged that the trade debtor position continues to improve and is in the best position for a long time.

The Board **noted** the report.

PM 08/12/9 Integrated Governance, Quality & Assurance Committee Minutes – 25th July 2012

The Chair of the Integrated Governance, Quality & Assurance Committee (IGQAC) presented the minutes and highlighted the key points:-

- A review of the sub committee structure and its outputs
- A detailed review of CQC standards outcomes 1, 2, 16, 17 & 21 with required evidence
- A review of the action plan as a result of the Outpatient Survey

The Chair asked if the staff survey action plan had been followed up. The Director of Operations & Clinical Practice would check if it had been reviewed.

Action : Director of Operations & Clinical Practice

RM

The Board **noted** the minutes.

PM 08/12/10 Charitable Funds Committee Minutes – 16th July 2012

The Chair of the Charitable Funds Committee presented the minutes and highlighted the purchase of 120 chairs for the Lecture Hall so that it can be used as an external venue for local community events with the potential for increased donations being given to the hospital as a result.

A governor representative commented about the accessibility of the hospital mentioned in the minutes and asked if there had been any developments with the proposed pedestrianisation outside the hospital. It was noted following a new council being elected this project was on hold, however, the Director of Finance will continue to monitor the situation.

**PM 08/12/11 Any Other Business
Discharge of Patients**

Following concerns in the press in terms of hospitals discharging patients between 2300hrs and 0600hrs, the Director of Operations & Clinical Practice assured the Board the Trust does not discharge any patient after 2300 hrs.

Agenda Item : 5.1TRUST BOARD held in Public ACTION LIST – 25th October 2012

Item	Action	Responsible	Action/Update
1.	PM 08/12/8 : Finance Report Month 4 2012 Check to ensure that the fire brigade are content that the Trust has appropriate compartmentalisation.	Director of Finance	Estates Manager is preparing a report for the Health & Safety Committee.
2.	PM 08/12/9 : Integrated Governance, Quality & Assurance Committee Minutes – 25th July 2012 Check to ensure staff survey action plan has been followed up.	Director of Operations & Clinical Practice	Incorporated within the Director of Operations & Clinical Practice report.

Future Actions

Item	Action	Responsible	Action/Update
-	No current future actions		

A G E N D A

EMG
THURSDAY 20th September 2012
1400 hrs
In the
BOARD ROOM

			Paper
	OPENING BUSINESS		
1.	Apologies	-	-
2.	Declarations of Interests	KM	-
3.	Minutes of the 19 th July 2012	KM	✓
4.	Action List and Matters Arising	KM	✓
	BOARD REPORTS		
5.	Update from August 2012 Board Meeting		
	5.1 Chief Executive Report	KM	✓
	5.2 Director of Finance Report	RH	✓
	5.3 Director of Operations & Clinical Practice Report	AK	✓
	5.4 Medical Director Report	AB	✓
	5.5 Director of Governance	HS	To follow
	OPERATIONAL / STRATEGY		
6.	Strategy Update		
	6.1 Workstreams	KM	-
	6.2 Due Diligence	KM	-
7.	Top Line Review of Monthly Reports	ALL	
	7.1 Identification of Key Risks & Mitigating Actions		-
	7.2 Activity Report August 2012		✓
8.	Communications Update	DT	To follow
9. 1600 hrs	Education & Learning – Presentation by Yvonne Glenn	YG	
	9.1 Education Funding Framework		-
	9.2 Learning For Health – brief overview and introduction to catalogue		-
10.	Meetings		
	10.1 Future Structure of EMG	RM	-
	10.2 Vacancy Review Process	RM	-
	ANY OTHER BUSINESS		

Title	Chief Executive Report
Author	Kirsty Matthews, Chief Executive
Meeting	Trust Board, 25 th October 2012
Appendices	Appendix 1 : EMG Agenda – 20 th September 2012
Review	n/a
Action Required	For Information

1. Local Update

RNHRD

Monitor Risk Rating

On 4th September 2012 Monitor wrote to the RNHRD to advise their analysis of Q1 2012/13 was complete and that the Trust's current ratings were:-

Financial Risk Rating	:	1
Governance Risk Rating	:	Red

The Trust has been assigned a Red governance risk rating, which reflects that it is in significant breach of condition 2 of its terms of Authorisation.

RNHRD Executive Management Group (EMG)

The EMG agenda is attached as appendix 1.

2. National Update

Healthwatch England Launched

Healthwatch England, the new independent consumer champion for users of health and social care in England, has been launched. A key milestone in achieving the Government's vision set out in the White Paper 'Equity and excellence: Liberating the NHS', Healthwatch England's role is to give a national voice to the key issues affecting people who use health and care services.

For further information, go to: <http://www.dh.gov.uk/health/2012/10/healthwatch-england-launched/> and <http://www.healthwatch.co.uk/>

3. Monitor Update

As part of the transition process, Monitor has re-structured its executive team and made the following senior appointments:

- Executive director of assessment: Miranda Carter
- Managing director of provider regulation: Stephen Hay
- Managing director of sector development: Adrian Masters
- Executive director of co-operation and competition: Catherine Davies
- Executive director of legal services: Kate Moore
- Executive director of strategic communications: Sue Meeson

These roles will replace the existing Monitor senior management team with effect from 1st November. The managing director of provider regulation and the managing director of sector development both sit on Monitor's Board.

Catherine Davies is currently acting director of the Co-operation and Competition Panel, an advisory body whose functions are being transferred into Monitor.

Dr David Bennett remains chair and interim chief executive of Monitor.

4. Communications and Marketing

Media and communications activity has continued to be actively managed during the reporting period. Information regarding the trusts intention to join with the RUH is now widely circulated with reporting and comment being informed and balanced.

Alongside this and as part of a renewed focus on marketing the trust is engaging in positive reporting on service development and related aspects of business activity. Future events to profile cancer survivorship services provided at the Min, an exhibition of artefacts and a book launch are being organised for late November.

Proactive press releases circulated in the period include:

- Positive patient experience at the heart of the Min
- RNHRD annual members day and AGM
- CQC inspectors praise quality at the Min
- RNHRD supports Lupus Awareness Month
- Big Bath Stretch for World Arthritis Day at the RNHRD

Reporting in press and media is described in the table below

Item	Content	Published In
Tony Nicklinson family raising funds for RNHRD	Nicklinson family donated funds raised for Tony to RNHRD, in recognition of care he and family received during his time as a patient	Western Daily Press, Bath Chronicle
Small hospital with a big reputation	Outline of RNHRD services and further detail around neuro (linked to Tony Nicklinson story)	Bath Chronicle
Event for Arthritis Sufferers	NASS open event at RNHRD to let people with the condition meet other sufferers, and get advice from experts on how to cope.	Bath Chronicle
FT's in breach of terms of authorisation	11 trusts (including RNHRD) would not receive FT status if applied for today – Monitor confirmed trusts had breached the terms of their authorisation due to financial difficulty	Assorted including Daily Mail, Bourne Local, Health Investor, Public Finance
Annual Members Day and RUH AGM	Patients reassured over shake up at hospitals	Bath Chronicle
Bath Ancestors database online from B&NES	Database includes details of the Mineral Water Hospital case book from the 1750s	Bath Chronicle
Guide to aid people in pain	Prof McCabe writes book to help those experiencing pain	Bath Chronicle

5. Fundraising

Fundraising activity continues to be robust. Currently there are over 200 applications circulated for charitable donations and fundraising support. Responses are healthy and the refresh appeals fund is building. A programme of fundraising events is in place with activities throughout November and December.

Kirsty Matthews
Chief Executive
19/10/12

Title	Medical Director's Report
Author	Dr Ashok Bhalla, Medical Director
Meeting	Trust Board Meeting – 25th October 2012
Sponsor	n/a
Appendices	None
Review	n/a
Action Required	For information

1. Organisational Readiness for the Revalidation of Doctors

The Medical Director met with the GMC Employer Liaison Adviser for South West England. The Employer Liaison Service (ELS) meeting had been called to discuss the background and objectives of this new service. An update was provided on the current position on Revalidation.

It was noted that the Trust is making good progress with scheduling doctors for Revalidation and that a further meeting would be held post commencement of Revalidation in April 2013.

2. Neurorehabilitation

An Associate Specialist has taken up post for one year in October 2012. This reduces the risk of having a single handed consultant.

The Clinical Lead in Neurorehabilitation has undertaken additional clinics in October in order to address the waiting list for follow up appointments and to ensure that waiting times for new referrals do not exceed eleven weeks.

3. Appointment of Academic Consultant Rheumatologist

The Medical Director is pleased to be able to report that an Academic Consultant Rheumatologist has now been appointed and will take up post in January 2013.

4. Consultant Job Planning

The Chair of BMA Local Negotiating Committee has been provided with a copy of a guidance document for consultants regarding job planning, for comment.

5. CCG Review

A representative from BANES CCG met with the Medical Director and the Bone Group at the Trust to discuss current pathways for osteoporosis. The meeting was felt to be very positive and beneficial for all involved.

6. Postgraduate Programme

The inaugural combined Bath, Bristol and Weston Super Mare meeting on Ankylosing Spondylitis has taken place. It is planned to hold this meeting annually in line with the combined meetings focussing on connective tissue and bone disease.

Dr Ashok Bhalla
Medical Director

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

PATIENT SAFETY WALKROUND REPORT	
Department: Out-Patients Department	Lead area representative: Out-Patient Department Manager Walk round carried out by: Non-Executive Director, RNHRD
Date: 20/08/12	Format of walk round: Tour of Out –Patients department, discussion with patients and staff
Time: 11.30am	
Report completed by:	Patient Safety Co-ordinator Non-Executive Director
Distribution	Non-Executive Director ,Operational General Manager of Clinical Support Services, Out-Patient Manager services, and the Trust Board

PATIENT /RELATIVE /CARER STORY
I spoke to two patients in the waiting areas. Both were patients who have been patients of the Trust for several years and neither had any negative statements to make about the Trust or their treatment, only praise. One patient uses the hydrotherapy pool for voluntary evening sessions which she found very therapeutic; however, she was concerned that each booking of 6 week blocks could not be repeated without a delay which would set her back to the start point and questioned whether anything could be done about this.

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
	All actions from the last Out-Patients Department Patient Safety walkround in January 2012 are <u>completed</u> .				

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
1.	NO patient safety issues identified on walk round	None			
	SAFEGUARDING QUESTIONS TO ASK STAFF	RESPONSE			
1.	Have you attended Safeguarding Adults training and or Safeguarding Children training?	Yes; via face-to-face and e-learning			
2.	Can you tell me what you think your responsibilities are with regards to safeguarding patients and members of the public from abuse?	Explanation of role given			
<p>Safeguarding level 1 adults and children training is provided to all staff on Induction to the Trust. This provides general awareness of safeguarding issues to all levels of staff.</p> <p>Safeguarding level 2 training provides more detailed information to staff with face-to-face contact with adults or children and staff are required to attend once every 3 years.</p>					
	LEARNING FROM INCIDENTS – QUESTIONS TO ASK STAFF	RESPONSE			
1	Have there been any recent incidents on the ward, for example, a patient fall resulting in harm, or <i>C. difficile</i> infection, and what lessons have been learned from that?	Not applicable to Out Patients			

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
2	Are there any patient safety issues you would like to raise?	No			
3	Would you be happy for a member of your family to be treated in this area?	Yes			

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

PATIENT SAFETY WALKROUND REPORT	
Department: Pain Services	Lead area representative: Consultant Clinical Psychologist Walkround carried out by: Director of Governance
Date: 19.09.12	Format of Walkround: Tour of Pain Services Department and discussion with staff
Time: 10.00am	
Report completed by: The Director of Governance	Distribution: The Chief Executive RNHRD, Chair of the Trust, Service Manager, Pain and Fatigue

Pain Services at the RNHRD NHS FT provide a range of services for people of all ages with chronic pain. The services are delivered by a specialist inter-disciplinary team.

The services are delivered on the third floor of the trust in 1 one large group treatment room, 2 medium group treatment rooms and a range of individual rooms for individual consultations. All the accommodation was of a high standard which creates a pleasant atmosphere for patients.

The patients' sleeping accommodation is provided through leased accommodation adjacent to the trust with no clinical staff on site.

Staff questions	
Have you attended safeguarding adults training and or safeguarding children's training	All relevant staff are up to date with safeguarding and DoLs training.
Do you Under stand your responsibly with regards to safeguarding patients and members of the public from abuse	The member of staff interviewed has advanced child protection training. The Team take this very seriously as safeguarding issues are common in our population

PATIENT /RELATIVE/CARER STORY

Patient attending the course following assessment by the team 10 months ago. Delay in starting a course had been caused by the requirement to complete another provider's pain pathway and patient choice and need to wait for an appropriate course at the RNHRD.

Patient's key patient safety issue was the lift breaking down today as he had to use the stairs which was a challenge for his level of ability.

The patient reported that overall the staff were friendly and professional and that he had faith that this is the place to be.

The patient suggested that crutches were available on site to facilitate the progression of walking and that a facility to provide prescriptions would facilitate suggested changes to prescribed drugs rather than waiting for an appointment with his local GP.

The patient offered suggestions for improvements in the environment and food;

The patient had discussed his preferences for meals with the catering staff but felt that this could be improved further. The catering manager will discuss this further with the patient.

The patient acknowledged that although smoking was not permitted provision of a wall mounted ashtray would reduce rubbish created by smokers outside the trust boundary.

The patient also pointed out that the balcony in the off site accommodation required cleaning and therefore the maintenance staff arranged a deep clean for the following week and the fridge in the accommodation required defrosting and therefore the housekeeping staff were informed.

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
1.	Lift from service area floor has broken down 3 times this week. The stair climber device is available or alternatively patients who can ascend the stairs may do so but the lift would be their preferred option.	Given the nature of disability of the patient population attending pain programmes the trust should consider moving the programme to another floor of the trust which would then have access to 2 lifts.	Director of Operations.		

#	PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED	ACTION REQUIRED	ACTION OWNER	PLANNED COMPLETION DATE	ACTION COMPLETE?
2.	The services are delivered on the third floor which has 2 designated “compartments” in terms of a fire. In the event of a fire and horizontal evacuation there is one hour before patients would require vertical evacuation.	Given the nature of disability of the patient population attending pain programmes the trust should consider moving the programme to another floor of the trust which would then have access to a greater number of “compartments” in the event of a fire.	Director of operations		

Title:	Compliance Framework¹ Performance September 2012. Q2 Quality Report and CQC Compliance Declaration	Agenda Item : 7.2
Author:	Hayley Sewell, Director of Governance	
Meeting	Trust Board, October 2012	
Action Required:	For information	
Appendix	CQC Report September 2012	

NHS Foundation Trust

1. Compliance Framework National Targets - For noting by the board

- In **September 2012** the trust met all the applicable national targets and indicators for acute trusts detailed in Monitor's Compliance Framework 2012/13¹.
- In **September 2012** there were no serious incidents, complaints or new 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	Sept 2012	YTD	RAG YTD
Safety						
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	
Patient Experience						
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	96.8%	98.3%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	1.0	Quarterly	97.9%	98.7%	
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	Quarterly	Compliant	Compliant	

Certification of a minimum published CNST Level 1	N/A	2.0	Quarterly	Compliant	Compliant	
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References: 1. Compliance Framework, Monitor, March 2012

2. CQC Unannounced Inspection Visit

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 various outcomes at the same assessment. 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 report was published on the CQC website on 19.09.12 at http://www.cqc.org.uk/sites/default/files/media/reports/RBB_Royal_National_Hospital_for_Rheumatic_Diseases_NHS_Foundation_Trust_RBB01_Royal_National_Hospital_for_Rheumatic_Diseases_NHS_Foundation_Trust_DN_20120906.pdf and states that the trust is compliant with all the outcomes assessed;

Outcome 1 - people should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.

Outcome 5 – food and drink should meet people’s individual dietary needs.

Outcome 7 – people should be protected from abuse and staff should respect their human rights.

Outcome 13 - there should be enough members of staff to keep people safe and meet their health and welfare needs.

Outcome 21 - people’s personal records including medical records, should be accurate and kept safe and confidential.

The full version of the CQC report is attached as an appendix to this paper.

3. Quarter 2 2012/13 Complaints Report

This is a summary report to provide assurance to the board and sufficient information for the quarter 2 declaration to Monitor. As requested at the July 2012 Board, the NED attending IGQAC will provide a capping report on all written complaints and PALs for quarter 2. The quarter 2 IGQAC meeting will take place on 15.11.12.

In quarter 2 2012/13 there were 3 new written complaints, this compares with 5 in quarter 1 of 2012/13 and an average of 5.75 complaints per quarter in 2011/12, 4 per quarter in 2010/11 and 4.25 per quarter in 2009/10.

In this quarter the trust received a further complaint regarding the delay in rheumatology follow up appointments. The risk of delay to rheumatology follow up appointments has been raised to a high risk on the risk register and a detailed review is presented to the Finance and Activity Committee by the Director of Operations.

Table 2. Actions taken as a result of written complaints and improvements to services as a result of complaints received.

#	Complaint	Actions	Complaint required further
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YTD			action
6	Dissatisfied with an outpatient appointment.	Complaint reviewed by patient's Consultant and Medical Director and apology included in response to patient.	None
7	Delay in follow-up appointment. Experience of constant interruptions by staff to wash their hands during an outpatient therapy appointment.	Complaint investigated. Complaint reviewed and response written by Director of Operations and Clinical Practice.	Review of capacity for follow up appointments. Procedure for entering room identified with all therapy staff. Additional hand-washing sink to be fitted in therapy department.
8	Attitude of two members of the housekeeping team.	Complaint under investigation.	

4. Quarter 2 2012/13 Care Quality Commission (CQC) Essential standards of quality and safety Compliance Declaration

The RNHRD NHS FT is required to register with the Care Quality Commission (CQC) as a provider of NHS health care. The requirement for the CQC to register the trust includes an assessment of compliance against the “Essential standards of quality and safety¹”. In order to support registered providers in their ongoing compliance with these essential standards the CQC have developed a self-assessment tool called the Provider Compliance Assessment (PCA). The PCA focuses on outcomes for the 16 essential standards most directly related to the quality and safety of care.

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

The Executive Directors have completed an assessment against the essential standards of quality and safety for quarter 2 of 2012/13 and signed a statement declaring full compliance in all areas.

During quarter 2 of 2012/13 there was a CQC visit, as reported above, the outcome of which was that there were no CQC concerns and there are no outstanding compliance or enforcement actions.

The CQC may ask a provider to submit some or part of the PCA when a review of compliance (either planned or responsive) is being undertaken.

Monitor requires FTs to report on a failure or likely failure to meet the CQC registration requirements of the CQC. Compliance against the essential standards forms part of Monitor’s quarterly declaration against healthcare targets and indicators.

The compliance assessments will be repeated by the Executive Directors at the end of quarter 3 in 2012/13.

Table 3. The essential standards, lead Director and compliance level for Q2 2012/13 .

Outcome	Essential Standards	Lead Director	Quarter 2 2012/13 Compliance
1	Respecting and involving people who use services	Director of Governance	
2	Consent to care and treatment	Director of Governance	
4	Care and welfare of people who use services	Director of Operations & Clinical Practice	
5	Meeting nutritional needs	Director of Operations & Clinical Practice	
6	Cooperating with other providers	Director of Operations & Clinical Practice	
7	Safeguarding people who use services from abuse	Director of Operations & Clinical Practice	
8	Cleanliness and infection control	Director of Operations & Clinical Practice	
9	Management of medicines	Director of Operations & Clinical Practice	
10	Safety and suitability of premises	Director of Finance	
11	Safety, availability and suitability of equipment	Director of Operations & Clinical Practice	
12	Requirements relating to workers	Director of Operations & Clinical Practice	
13	Staffing	Director of Operations & Clinical Practice	
14	Supporting workers	Director of Operations & Clinical Practice	
16	Assessing and monitoring the quality of service provision	Director of Governance	
17	Complaints	Director of Governance	
21	Records	Director of Governance	

Table 4. Compliance Definitions

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

The definitions of 'impact' are:

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

The compliance assessments are reported to the Patient Safety and Quality Forum, Integrated Governance

Title: Operational Performance & Clinical Practice Report
Author: Rayna McDonald, Director of Clinical Practice & Operations
Meeting: Trust Board Meeting – 25 October 2012
Appendices: Appendix 1: Patient Safety Key Indicators September 2012
Appendix 2: Infection Control Quarter 2 report
Appendix 3: Vital Aspects of Nursing and Physiotherapy Care,
Quarter 2 2012
Action Required: For information

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

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 6 are:

- Average bed occupancy in Neuro rehabilitation was 9 patients although this was better than previously anticipated; it is still a reduction of the plan for 10. For October (month 7) we are predicting an average occupancy rate of 8 patients and for the remainder of the financial year an average occupancy of 6 patients.
- Due to sickness endoscopy activity is reduced in September with no recovery anticipated until early November. The communication of this led to a significant reduction in referrals.

Patient Safety

Appendix 1 provides detail of performance against the key patient safety indicators. There were no adverse events in September.

The quarter 2 Infection Control Report is attached as appendix 2 and demonstrates good progress against all priorities and achievement of all targets.

Clinical Practice

The VACS report for Quarter 2 is contained in Appendix 3, the VACs is in a new format following work to reduce the administrative time it takes to complete the report and to ensure areas requiring improvement are identified more effectively. The new report shows the outcomes for July, August and September, the entries to the October column are work in progress and are not part of this report. In the future the report will be presenting the previous month this is an improvement as in the past it would be reporting on two months previous to the Board meeting.

Rheumatology

Inpatient activity was low in September due to the Hydro pool being closed, activity in October is expected to be above plan and there is currently a waiting list for admission.

Neuro Rehabilitation

Activity in neuro has been higher than anticipated with an average occupancy of 9 patients, with occupied bed days for the month at 279 against a plan of 300. October forecast for OBD remains at 8, November onwards predicted at 6 OBD. These figures still represent an under recovery income in relation to plan which required an average occupancy of 10 patients.

Work Force

HR Key Performance Indicators (KPI)

HR KPI's	Target	Aug	Sep	Flag	Rolling YTD*
Induction attendance (%)	100	100	100	Green	100
CRB % completed before start date (%)	100	100	100	Green	100
Sickness rolling year to date (%)	4	4.94	4.82*	Red	4.82*
Of which short term absence %		79	77*		93.41
Of which long term absence %		21	23*		6.59
Turnover (%) FTE rolling year to date (Green as on target for 11% by April 2011)	11	0.89	0.92	Green	15.12
Personal development Plans (%)	85	83.09	80.29	Green	80.29

*Processed one month end in arrears not available/accurate information

Sickness for September has been higher than target due to a high level of long term sickness (over 4 weeks). 11 individuals are on long term sick due to personal illness or personal stress due to bereavement, 5 are due back on or before the 1st November.

Mandatory and Statutory Training

Training in all areas is performing well where there has been slippage to an amber rating, plans are in place to address this within the next few weeks, managers and trainers are now receiving forecasts of the number of people requiring training in the next three months to allow planning to ensure targets are maintained. In some areas the percentage trained is well above target.

Mandatory & Statutory Training Performance 2012-13			
	Target	Q1	Q2
Basic Life Support	100%	88%	87%
Conflict Resolution	80%	71%	72%
Equality & Diversity	80%	76%	77%
Fire Marshalls (Quarterly)	100%	100%	100%
Fire Training	80%	87%	86%
Food Safety	80%	Updating	86%
Fraud Awareness	80%	75%	80%
Immediate Life Support	100%	94%	87%
Infection Control Non Patient Contact	80%	90%	96%
Infection Control Patient Contact	80%	78%	91%
Information Governance	100%	61%	82%
Managing Difficult Behaviour	80%	83%	78%
Manual Handling - No patient contact (Back Awareness)	80%	75%	77%
Manual handling for Patient contact	80%	86%	81%
Mental Capacity & DoL L 1	80%	100%	100%
Safeguarding Adults Awareness (Induction) LV1	80%	100%	100%
Safeguarding Adults L2	80%	86%	83%
Safeguarding Children (Child Protection) Induction	80%	100%	100%
Safeguarding Children (Child Protection) Level 1	80%	60%	86%
Key: +80% = green, 60-79% = amber, 59% or less = red.			
Figures give a snapshot of compliance on day they are generated			

MacMillan Suite

The conversion has now been completed and the area is being used for clinical activity.

Recommendations

The Board is asked to:

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

Agenda Item : 8.1 / App 1

Adverse Harm Events 2012-13

Event	Info. Source	Total for Year 11/12	No. of days since last incidence	Apr 2012	May 2012	June 2012	July 2012	Aug 2012	Sept 2012	YTD 12/13 total
Total no. Events	Adverse events tool	15	51	4	0	1	0	0	0	5
MRSA Bloodstream infections	Audit	0	1915	0	0	0	0	0	0	0
C.Diff Infection	Audit	4	84	0	0	1	0	0	0	1
No. patients with catheter	Audit	34	125	5	2	3	4	5	4	23
No. patients with catheter infection		9		2	0	0	0	0	0	0
Pressure Ulcers Grade 2-4 RNHRD acquired	Audit	1	426	0	0	0	0	0	0	0
Patient Falls with adverse event	DATIX reports	0	122	1	0	0	0	0	0	1
Medication errors with adverse events	DATIX reports	0	1177	0	0	0	0	0	0	0
Blood transfusion adverse	DATIX reports	0	1177	0	0	0	0	0	0	0

Royal National Hospital for Rheumatic Diseases

NHS Foundation Trust

event										
Transfer to acute care within 72 hours admission	Web Trak	4	145	1	0	0	0	0	0	1
DVT or PE following admission	DATIX reports	0	244	0	0	0	0	0	0	0
Unexpected deaths	Web Trak	0	487	0	0	0	0	0	0	0

Patient safety thermometer audit results for the last

		13/06/2012	17/07/2012	15/08/2012	19/09/2012
Number of Patients in Audit		28	26	18	19
Total New Harms		0	0	0	0
Harm Type	Category				
Pressure Ulcer - Old	None	28	26	18	18
	Cat 2	0	0	0	0
	Cat 3	0	0	0	1
	Cat 4	0	0	0	0
Pressure Ulcer - New	None	28	26	18	19
	Cat 2	0	0	0	0
	Cat 3	0	0	0	0
	Cat 4	0	0	0	0
Falls	No Fall	28	26	18	18
	No Harm	0	0	0	1
	Low Harm	0	0	0	0
	Moderate Harm	0	0	0	0
	Severe Harm	0	0	0	0
	Death	0	0	0	0
UTI	None	28	26	18	19
	Old	0	0	0	0

	New	0	0	0	0
Catheter	No Catheter	27	26	2	15
	1 - 28 Days	0	2	1	1
	> 28 Days	1	0	1	3
	Days Not Known	0	0	0	0
VTE - Risk Assessment	Yes	28	26	18	19
	No	0	0	0	0
VTE - Prophylaxis	Yes	11	8	6	11
	No	1	0	12	8
	N/A	16	18	0	0
VTE Treated	No VTE	28	25	18	16
	Old DVT	0	0	0	2
	Old PE	0	1	0	1
	Old Other	0	0	0	0
	New DVT	0	0	0	0
	New PE	0	0	0	0
	New Other	0	0	0	0

Agenda Item : 8.1 / App 2

Title: Infection Prevention and Control Report Quarter 2 2012-2013
Author: Jackie Cooke, Infection Control Nurse
Director: Rayna McDonald, Director of Infection Prevention & Control
Meeting: Trust Board, October 2012
Action Required: For information

Introduction

This document is to provide assurance to the Trust Board on Infection Prevention and Control practices for the period August - October 2012 inclusive. The report details performance against Commissioners' contract requirements, national standards set by the Health and Social Care Act 2008, and compliance frameworks such as NHSLA and the CQC Regulation 12, outcome 4.

Infection Rates

Bacteraemia (MRSA, MSSA /E-Coli) and *C. difficile* rates are reported on a monthly basis to the Health Protection Agency. Table 1 below shows that the Trust has had 1 case of *C. difficile* in the first quarter, no cases in the second quarter. The Trust has a target of 6 agreed with Commissioners for the full year, performance against this target is green and within our trajectory.

Trust performance against bacteraemia targets remains excellent and targets have not yet been set for the new reporting requirements for MSSA and E. coli bacteraemia.

Table 1

2012-2013	Quarter 1		Quarter 2		Quarter 3		Quarter 4		YTD
	No.	Target	No.	Target	No.	Target	No.	Target	Actual
C. difficile	1 (June)	1	0 (Sept)	2		2		1	1
MRSA Bacteraemia	0	0	0 (Sept)	0		0		0	0
MSSA Bacteraemia	0	TBA	0 (Sept)	TBA		TBA		TBA	0
E. coli Bacteraemia	0	TBA	0 (Sept)	TBA		TBA		TBA	0

Root Cause Analysis

Root cause analyses are performed on all bacteraemia (MRSA, MSSA /E. Coli) and *C. difficile* cases. RCA from 2011-2012 have been completed.

RCA for the case of *C.difficile* 10/06/12 has been reviewed by the Infection Control Committee and action plan completed. Key areas for action included reminding staff of isolation and specimen collection procedures.

External Visit from Banes & Wiltshire PCT

The PCT inspection visited on the 22nd August 2012. This visit focused on the OPD Rheumatology therapist department. The last visit in March 2012 reviewed the Neuro rehabilitation ward and acknowledged the significant amount of work the Trust had already completed in light of the 3 previous cases of *C. difficile* on the unit.

MRSA Screening

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

For post-admission screening, in May 2 emergency patients on Neuro were not screened, one was a head injury patient and one was a pain management patient, in June 1 patient on Rheumatology was not screened. Investigation has been undertaken by the Matron and Nurse Manger and changes implemented. All omissions were followed up and actions implemented. Table 2 shows the cross-Trust figures and performance for MRSA screening.

Table 2

2011-12	Apr	May	Jun	Jul	Aug	Sept	Oct	No v	Dec	Jan 2012	Feb 2012	Mar 2012
MRSA screening prior to adm	100%	100%	100%	100%	100%	100%						

ion												
MRSA screening emergency	100%	96% 2pts	96% 1pt	100%	100%	96% 1pt						

Green 100%
Amber 90%-99%
Red <90%

Outbreaks

No outbreaks were reported within this time period. Transfer protocols have been implemented which ensure no patients are transferred from areas that have experienced any recent or current outbreaks. The ICC receives daily alerts which are disseminated across the Trust to raise awareness of staff for the need for vigilance and good hand hygiene. It should be noted that RUH and local communities have had significant outbreaks of Norovirus in recent months.

PEAT Assessment

The PEAT assessment was established in 2000 (managed by the National Patient Safety Agency (NPSA) since 2006 and is a benchmarking tool to ensure improvements are made in the non-clinical aspects of a patient's healthcare experience, such as cleanliness, food, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas). PEAT highlights areas for improvement and shares best practice across the NHS. PEAT is an annual assessment of inpatient healthcare sites in England that have more than 10 beds.

The 2011-12 assessment was completed on 21/02/12 and we are awaiting national publication of final report an internal action plan has been developed. This action plan is discussed monthly at the Matron's meeting and the Infection Control Committee meeting.

Performance against Hygiene Code

Indicator	Status
Management and organisation	Regular Infection Control walk-rounds by DIPC and Infection Control Coordinator - Peat inspection in February 2012, DIPC walk round in June 2012 and October 2012, next due January 2013. Regular IPC visits by PCT in place Monthly attendance at the RUH Collaboration meeting by the Infection Control Co-coordinator. DIPC attends regional meetings Monthly Department meetings with infection prevention link staff include training as well as feedback to link staff. Flu Campaign for 2012-13 is being led by HR with Occupational Health.
The environment	Regular monitoring by Matron and housekeepers includes weekly Matron walk-rounds documented by the Matron and a monthly audit using the Infection Prevention Society (IPS) national audit on environment. Environmental audits are undertaken by the ICC, Facilities and Housekeeping managers. See Table 3 below for audit results. Housekeeping managers check and sign off, on a daily basis, the environmental cleaning. Application to purchase access to database for National Standards of Cleanliness audit was made in 2010. A presentation of the software occurred on

	<p>12 October 2011 and a business plan developed. However due to financial priorities this development has not been funded for 2012/13. The Trust has ratified the Cleaning Plan policy in January 2012. Deep cleaning annual plan is up to dated and monitored monthly at the PEAT meeting.</p> <p>Clinical sink audit January 2012- Facilities and Infection Control have an agreed resources budget for 3 sinks per year and a priority list has been agreed. Work is scheduled now for October 2012 with expected completion in November 2012.</p>
Patient transfers and movements	<p>Patients transferred to the Trust are routinely screened pre-admission for MRSA and on readmission and treated. If a patient is admitted and is MRSA positive they are isolated whenever possible, and universal precautions are standard practice throughout the Trust.</p>
Information to patients and the public	<p>Patient information leaflets are available which have been approved by the Patient Literature Group.</p>
Antibiotic usage	<p>The Trust uses RUH Antibiotic Prescribing Guidance. New guidelines from the DOH, 'Advisory committee on antimicrobial Resistance and HCAI, November, 2011 requires the monthly antibiotic surveillance audit completed by Pharmacist on the 15th of each month. Medicine management team assessing the measurement on IV AB's is required. This audit is now completed daily due to the number of patients, commenced October 2012.</p> <p>New Anti microbial policy agreed in February 2012 and circulated to all Consultants.</p>
Infection control audits	<p>Annual Infection Prevention National audits completed in May 2012. The update 2011 IPS audits were launched in September 2011 but trust IT system is not compatible with the audit database. This could be part of the C4C software. See Table 3 below for monthly audit results.</p>
Hand hygiene and PPE	<p>Saving Lives and Clean your Hands hygiene audits completed monthly by infection control link nurses: A new link person for VP has started but due to change over of the link nurse on VP ward the audit was not completed for May, June and July 2012. see Table 3 for audit results.</p>
Clinical incidents regarding infection control	<p>The introduction of ICNET in November 2011 allows real time tracking of pathology results. No incidents reported in Quarter 1 and Q2</p>
Complaints	<p>None reported</p>
Induction and training programmes in infection control	<p>All induction training completed this year to date.</p> <p><u>Mandatory training figures as at August 2012</u></p> <p>Clinical staff: 88% (200/227)</p> <p>Non-clinical: 96% (24/129)</p> <p>Frequency of non-clinical training has been altered to once every 3 years instead of every 2 years.</p> <p>Training to the Board of Governors took place 23/11/11</p>
Policies /clinical care protocols	<p>80% policies ratified or waiting for final stage for ratification.</p> <p>Policies ratified: Isolation policy, Cleaning Procedure Manual and Strategic Cleaning policy, <i>C.difficile</i> policy, Standard Infection Control Precautions policy, Management of Viral Diarrhoea and Vomiting, and Outbreak policy, all updated</p> <p>Infestation (including scabies), MRSA policy, Infection control admission, transfer and discharge policy, chicken pox, Decontamination, Endoscopy, Surveillance, Waste management.</p> <p>Policies waiting ratification: Management of Flu policy,</p>

Audit

The ICC leads the annual infection control audit programme and is documented on the Trust audit database. All audit results are reported to the Infection Control Committee which monitors progress against action plans. From Table 3 it can be seen that monthly audits are being completed and results are good. Deteriorating scores in environment audits are related to progress with the capital programme, for example, hand washing sinks and maintenance of the environment and OPD

Table 3 Infection Control Audit Results

2012-13	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
CYH	97%	97%	96%	95%	97%	98%						
Saving lives (9x care bundles)	100%	100%	100%	100%	100%	100%						
Environment	88%	85%	86%	91%	88%	92%						

Green >95%

Amber 85%-94%

Red < 85%

Prevention of Catheter Associated Urinary Tract Infection (CAUTI)

Urinary tract infections are the commonest HCAI. The NICE guidelines 'Infection Prevention and Control in primary and community care' (2011) and 'Urinary Incontinence in Neurological Patients' (2012) both highlight the importance of reducing Catheter associated infections by reducing the number of patients with urinary catheters.

2012-13	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Total Patients	27	24	27	27	18	20						
No. With Catheters	9	2	3	5	2	4						
No with CAUTI	2	0	0	0	0	0						

A Gap analysis has been performed against the NICE guidelines Urinary Incontinence in Neurological Patients (2012)

Surveillance Tools

Infection Control Net (ICNET) has now been fully implemented which is a robust surveillance tool for accurate and timely information on laboratory results by individual patient, has been completed. This will improve management and control of infections, ease collection of data on infections for reporting purposes and clinical management of patients.

Recommendations

The Board is asked to note the contents of this report and support the priorities identified for improvement in 2012/13 which are:

Priorities	Actions
1. Sink replacement work (starts in August for completion by September 2012), phase 2 replacement of damaged patient chairs	Areas of high priority for new sinks agreed. Costing and ordering of the new sinks in progress and due completion in August. Chairs order agreed and gone to charity fund meeting in August
2. Prevention of <i>C.difficile</i> cases within the	Completion of training in May 2012. The action plan RCA

Trust	10/06/12 in final stages of implementation.
3. Setting a programme for educating relatives on BNRS on hand hygiene and isolation precautions.	Folder developed. Link staff trained completed-trial run to start in September 2012 on BNRS.
4. Complete updating of infection control policies	50% (15/30) updated. 30% (9/30) updated and waiting for last stage of ratification. 20% waiting for to be updated
5. Reduction of UTI /catheter use	Continance group meeting monthly. Bladder scan purchased and training completed, and being used in clinical practice.
6. Purchase of the C4C database for housekeeping and IPC audits	Business plan completed but no funding available for 2012/13.
7. Improvement in MRSA screening	Nurse manager implemented action plan on BNRS. Screening results 100% July.

Title	: Month 6 2012/13 Finance Report
Author of Document	: Rachel Hepworth, Director of Finance
Meeting	: The Trust Board, 30th September 2012
Action Required	: For information
Summary of Document	: To update the Trust Board on the financial position of the Trust for the first six months of 2012/13

SUMMARY NOTE

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

The key points to note are as follows:

- (i) The Trust income and expenditure position at the end of September 2012 was a deficit of £(246k), compared to a planned deficit of £(304k). The Trust is therefore £58k ahead of plan. The overall income and expenditure position is provided at Appendix 1.
- (ii) The cash balance at 30th September 2012 was £2,796k.
- (iii) The current forecast for the year-end is an income and expenditure deficit of £(695k)
- (iv) The balance sheet for 30th September 2012 shows net current liabilities of (£759k) compared with the figure of £(733k) at 31st August 2012. The balance sheet is provided at Appendix 4.
- (v) The debtor's position now stands at £1,095k (£1,091k at 31st August 2012) with creditors at £2,515k (£1,928k at 31st August 2012). The top ten debtors and creditors are provided at Appendices 6 and 7 respectively.
- (vi) The Trust achieved a financial risk rating of 1 after the application of over-riding rules.
- (vii) Capital expenditure for the year to date was £195k. The capital programme is shown at Appendix 5.

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 Trust's position deteriorated in-month by £(31k), compared to a budgeted deterioration of £(50k) and a forecast in-month deficit of £(13k). The year-to-date position is a deficit of £(246k) compared to plan of £(304k).

The reported position includes a £1,038k of planned support. Excluding this additional support, the in-month performance was an overall deterioration of £(204k), compared to a planned deficit of £(224k).

1.1 Income

1.1.1 PCT Income

In Month 6, PCT activities and income revenues were £(4k) below plan.

Neuro rehabilitation activity has increased from August to an average of 9 occupied beds. The forecast for October 2012 is for 8 occupied beds with this reducing to 6 occupied beds in November 2012. All patients are booked under the South West Specialised Commissioning Group contract.

As a result of the uncertainty of funding approval for Pain Management the clinical team plan to revisit their care pathway programme and to ensure direct contact is made with respective PCT's to promote and enhance Pain Management services at RNHRD.

Risks to future PCT income include:

- Neuro Rehabilitation activity will remain at an average of 8 occupied beds but may decline to 6 beds or less occupied from November period. A reduction in activity would reduce income by approximately £16k per month per bed.
- Pain Management activity plans in forthcoming months may still be uncertain if commissioners are still unwilling to move away from a prior approval funding regime. GP referrals to the service were low in September 2012 by 68 less than those received in the same period in 2011-2012 (April-September). Additionally, there has been a reversal of trend with more individuals assigned to programmes at the complex bed day at lower tariff rates rather than the 3,4 & in-hospital programmes within the high tariff spectrum. The current volume activity Pain Management treatments are under plan by 6 for 3 and 4 week programmes while complex patients programmes are overperforming by 9 over plan.
- The consultant for Endoscopy is on leave. This will impact on service activity if locum cover cannot be arranged.

1.1.2 Private Patient Income

Private patient income is below plan by £(42k) for the year to date. Pain Management services have a number of private patients booked into the service, and this is reflected in the year-end forecast.

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 6 of £121k, with in-month over-performance at £nil. The variance is mainly due to a number of research grants being awarded that were not known about at the time of preparing the budget. Two research projects have come to an end and therefore the in-month income reflects this.

1.1.3 Other Income

Other income is £(125k) below plan, with in-month performance £33k over budget. This relates to the recognition of £57k income for late effects activity delivered up to September 2012 whereas budget was phased from October 2012, and income earned in Neuro Rehabilitation of £12k. This is partially offset by under-performance against plan for income arising from donated assets equivalent to £(22k). The original budget assumed income of £259k for the year, however, the forecast position assumes the monthly average income earned during April 2012 to August 2012 would continue for the remainder of the year.

The MacMillan Step-Up service is now operational and seeing patients. Funding for this is given to support specific posts / items of expenditure and not to volume of activity.

1.2 Expenditure

1.2.1 Pay Expenditure

Pay expenditure is £321k underspent at the end of September 2012, an improvement of £70k on the previous month. A breakdown of pay expenditure by service line provided at Appendix 2.

Of the £321k underspend; £120k relates to vacancies in the Late Effects and MacMillan Step-Up Services whilst services are being developed.

Other significant underspends relate to Neuro Rehab £40k and Pain Management £40k with these departments postponing recruitment to vacant posts due to lower activity levels.

A further £43k underspend is in CFS Paediatrics. This is mainly due to delays in obtaining visiting consultants from other Trusts.

Rheumatology is overspent by £(16k) to the end of September 2012. There are varying over and underspends within Rheumatology including underspends in Medical Staffing and Therapy Outpatients, partially offset by waiting list initiatives and an overspend in Rheumatology Inpatients.

Risks to pay forecasts include the consultant for Diagnostics who is on leave and therefore the Trust would incur additional locum costs once appointed.

1.2.2 Non-Pay Expenditure

Non-pay expenditure is overspent overall by £(82k), this is a deterioration of £(68k) against the Month 5 position and is largely due an increase to the bad debt provision of £(56k) in respect of debts aged 3 months or more. This will remain under monthly review, while all efforts are made to recover the outstanding debts. A breakdown is provided at Appendix 3.

1.3 Forecast

The year-end forecast is currently a deficit of £(695k) after recognising £2,081k of planned support.

The forecast assumes the following:

Average bed occupancy in Neuro Rehabilitation of 8 beds in October 2012 and 6 beds each month thereafter to the end of the year.

Activity in Pain Management is assumed to be substantially below plan, particularly in respect of programmes.

Additional Neuro Rehabilitation outpatient clinics are undertaken from December 2012, following the appointment of the new Neuro Rehabilitation consultant but within all other existing resources.

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 with purchases or work approved only as necessary.

The capital expenditure for the period April to September 2012 totalled £195k.

The repairs to the roof will be complete once glass has been installed to the roof light.

2.2 Cash

The cash balance at the end of September 2012 was £2,796k.

2.3 Debtors and Creditors

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

Appendix 1

**INCOME & EXPENDITURE ACCOUNT
FOR THE PERIOD ENDING 30 Sep 2012**

Favourable Variance + \ Adverse Variance (-)

	Month 6 Actual £'000	Month 6 Budget £'000	Month 6 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual Budget £'000	Forecast Variance £'000	Forecast at Month 5 £'000
INCOME										
PCTs	923	927	(4)	5,414	5,553	(139)	10,675	11,303	(628)	10,675
Private patient	7	15	(8)	54	96	(43)	94	200	(106)	94
Education, training & research	111	111	(0)	790	669	121	1,310	1,338	(28)	1,310
Other income	95	62	33	248	372	(125)	840	1,157	(317)	840
Additional funding	173	173	(0)	1,038	1,041	(3)	2,081	2,081	0	2,081
sub total	1,310	1,289	21	7,544	7,731	(187)	15,000	16,079	(1,079)	15,000
PBR excluded drugs	467	458	9	2,892	2,750	142	5,491	5,500	(9)	5,491
Total income	1,777	1,747	30	10,436	10,481	(45)	20,491	21,579	(1,088)	20,491
EXPENDITURE										
Pay expenditure	907	977	70	5,541	5,862	321	11,262	11,725	463	11,262
Non-pay expenditure	378	310	(68)	1,942	1,859	(82)	3,746	3,726	(20)	3,746
sub total	1,285	1,287	2	7,482	7,721	239	15,009	15,452	443	15,009
PBR excluded drugs	467	458	(9)	2,892	2,750	(142)	5,491	5,500	9	5,491
Total expenditure	1,752	1,745	(7)	10,374	10,471	97	20,499	20,952	452	20,499
EBITDA	25	2	23	62	10	52	(9)	627	(636)	(9)
Depreciation	(35)	(37)	1	(209)	(220)	11	(497)	(440)	(57)	(497)
Interest receivable	1	0	1	2	0	2	2	0	2	2
Dividend payments on PDC	(22)	(16)	(6)	(100)	(93)	(7)	(192)	(187)	(5)	(192)
Total surplus/(deficit)	(31)	(50)	19	(246)	(304)	58	(695)	(0)	(695)	(695)

Appendix 2

ANALYSIS OF PAY EXPENDITURE
FOR THE PERIOD ENDING 30 Sep 2012

	Month 6 Actual £'000	Month 6 Budget £'000	Month 6 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual budget £'000	Forecast Variance £'000	Forecast at Month 5 £'000
Neuro Rehabilitation	180	197	17	1,144	1,184	40	2,248	2,367	119	2,248
Rheumatology	274	271	(3)	1,642	1,626	(16)	3,372	3,253	(119)	3,372
Pain Management Dept	54	62	9	334	374	40	660	748	87	660
CFS Adults	16	14	(3)	92	81	(11)	164	162	(2)	164
Macmillan Step Up Services	7	8	1	25	45	20	65	91	26	65
CFS Paeds	19	26	7	113	156	43	267	313	46	267
CRPS	16	15	(1)	98	92	(6)	185	185	(0)	185
Late Effects	13	24	11	41	141	100	154	282	128	154
Clin Measurement Dept	15	15	1	91	92	2	184	185	1	184
Porters/Stores/Switch Dpt	22	22	0	128	133	4	264	265	1	264
Catering Dept	15	16	1	92	98	6	185	196	12	185
Domestic Dept	26	30	4	163	181	18	338	363	25	338
Facilities Dept	9	9	0	53	55	2	107	111	4	107
Human Resources Dept	18	22	3	111	131	20	232	262	30	232
Governance Dept	11	11	0	65	66	1	129	131	2	129
Patient Sec.Services	19	22	3	117	131	14	219	262	42	219
Medical Records Dept	10	12	1	62	69	7	126	138	12	126
IT + Computer Dept	23	22	(0)	140	135	(6)	281	269	(12)	281
Finance Dept	22	25	3	149	147	(2)	281	295	14	281
Research & Development	39	41	2	271	247	(24)	562	494	(68)	562
Other	99	113	14	608	677	68	1,239	1,353	114	1,239
Total expenditure	907	977	70	5,541	5,862	321	11,262	11,725	463	11,262

Appendix 3

ANALYSIS OF NON-PAY EXPENDITURE
FOR THE PERIOD ENDING 30 Sep 2012

	Month 6 Actual £'000	Month 6 Budget £'000	Month 6 Variance £'000	YTD Actual £'000	YTD Budget £'000	YTD Variance £'000	Month 12 Forecast £'000	Annual budget £'000	Forecast Variance £'000	Forecast at Month 5 £'000
Neurology Inpatients	10	11	1	74	68	(6)	143	136	(7)	143
Rheumatology Inpats	7	11	4	35	68	33	107	136	29	107
Rheumatology - Orthotics	4	6	2	39	35	(4)	76	70	(5)	76
Diagnostic Dept	10	8	(2)	54	46	(8)	99	93	(6)	99
Pain Management Dept	1	2	1	6	12	5	20	22	2	20
Rheumatology Services	41	46	5	298	278	(20)	584	559	(25)	584
Medical Contracts	58	49	(9)	317	292	(24)	600	584	(16)	600
Facilities Dept	57	46	(11)	271	276	5	537	553	16	537
Human Resources Dept	2	5	3	13	28	15	44	57	13	44
Patient Transport	6	6	0	28	35	6	64	70	6	64
Executive	4	5	1	28	28	(0)	58	57	(1)	58
IT + Computer Dept	12	14	2	82	84	2	169	169	0	169
Finance Dept	84	21	(62)	224	128	(96)	293	256	(37)	293
Total R&D	19	23	4	155	139	(17)	300	278	(22)	300
Total Other	63	57	(6)	316	342	26	653	686	33	653
Non Pay	378	310	(68)	1,941	1,859	(82)	3,746	3,726	(20)	3,746

Appendix 4

BALANCE SHEET AS AT

30 September 2012

	31 Mar 2012	30 Sep 2012	Movement	31 Aug 2012	31 Oct 2012 Forecast	31 Mar 2013 Forecast
	£'000	£'000	£'000	£'000	£'000	£'000
Fixed Assets						
Intangible	126	108	(3)	111	109	104
Tangible	7,162	7,165	(3)	7,168	7,243	7,457
Total Fixed Assets	7,288	7,273	(6)	7,279	7,352	7,561
Current Assets						
Stock	44	44	0	44	44	44
NHS Trade Debtors	1,589	863	57	806	1,355	1,060
Provision for Irrecoverable Debt	(138)	(194)	(56)	(138)	(98)	(98)
Other Prepayments and Accrued Income	204	871	200	671	627	518
Other Debtors	208	232	(53)	285	429	439
Cash at Bank *	690	2,796	(175)	2,971	2,055	(875)
Total Current Assets	2,597	4,612	(27)	4,639	4,413	1,088
Total Assets	9,885	11,885	(33)	11,918	11,765	8,648
Current Liabilities						
NHS Trade Creditors	(1,307)	(493)	(59)	(434)	(434)	(434)
Non-NHS Trade Creditors - Revenue	(1,212)	(1,613)	(360)	(1,253)	(1,621)	(1,597)
Non-NHS Trade Creditors - Capital	(27)	0	0	0	0	0
PDC Dividend Creditor	(9)	0	87	(87)	(16)	(0)
Other Creditors	(249)	(409)	(168)	(241)	(241)	(241)
Payments Received on Account	(0)	(731)	0	(731)	(731)	0
Accruals and Deferred Income - transitional support	0	(1,762)	173	(1,935)	(1,588)	(721)
Accruals and Deferred Income	(299)	(363)	328	(691)	(531)	(131)
Total Current Liabilities	(3,103)	(5,371)	1	(5,372)	(5,161)	(3,125)
Non Current Liabilities						
Trade and other payables	(22)	0	0	0	(15)	(15)
Provisions	(15)	(15)	0	(15)	(32)	(32)
Deferred Income	(32)	(32)	0	(32)	0	0
Total Non Current Liabilities	(69)	(47)	0	(47)	(47)	(47)
TOTAL ASSETS EMPLOYED	6,713	6,467	(32)	6,499	6,556	5,477
TAXPAYERS' EQUITY						
PDC	6,015	6,015	0	6,015	6,015	6,015
Retained I & E Surplus	(249)	(249)	0	(249)	(249)	(249)
YTD I & E Surplus	0	(246)	(32)	(214)	(157)	(1,236)
Revaluation Reserve	947	947	0	947	947	947
TOTAL TAXPAYERS' EQUITY	6,713	6,467	(32)	6,499	6,556	5,477

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	262.0
	756.0

CAPITAL EXPENDITURE

	M06 YTD			Future in Year Commitme £000	Year End Forecast		
	Actual	Budget	Variance		Actual	Budget	Variance
	£000	£000	£000		£000	£000	£000
General IM&T							
Replacement PC's	42.4	45.0	2.6	2.6	45.0	45.0	0.0
Windows Upgrade	0.0	12.0	12.0	30.0	30.0	30.0	0.0
Printers	0.0	2.0	2.0	5.0	5.0	5.0	0.0
EPR Developments	0.0	8.0	8.0	20.0	20.0	20.0	0.0
Server	0.0	2.0	2.0	5.0	5.0	5.0	0.0
Back-up servers	0.0	6.0	6.0	15.0	15.0	15.0	0.0
DATIX upgrade	0.0	2.0	2.0	0.0	0.0	5.0	5.0
	42.4	77.0	34.6	77.6	120.0	125.0	5.0
Building & Maintenance							
Roof	75.0	26.7	-48.3	20.0	95.0	20.0	-75.0
Hydro Pool Maintenance	25.6	5.0	-20.6	0.0	25.6	10.0	-15.6
Lightening Conductor	1.0	0.0	-1.0	0.0	1.0	50.0	49.0
Refridgerant (R22)	3.5	6.5	3.0	9.5	13.0	13.0	0.0
HTM Compliance (Sink Replacement)	0.8	5.0	4.2	9.2	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	11.4	11.4	25.0	25.0	25.0	0.0
Macmillan Step Down Service / Parry Ward	37.9	0.0	-37.9	34.1	72.0	54.0	-18.0
Refresh	0.0	0.0	0.0	50.0	50.0	250.0	200.0
	143.8	69.6	-74.2	167.8	311.6	457.0	145.4
Medical Equipment							
Bladder Scanner	8.7	9.0	0.3	0.3	9.0	9.0	0.0
Endoscopy equipment	0.0	6.0	6.0	0.0	0.0	75.0	75.0
X Ray	0.0	0.0	0.0	0.0	0.0	82.0	82.0
	8.7	15.0	6.3	0.3	9.0	166.0	157.0
Other Schemes							
Nurse Call System/offices	0.0	25.0	25.0	50.0	50.0	50.0	0.0
PACS replacement (10% contribution to RUH)	0.0	25.0	25.0	50.0	50.0	50.0	0.0
	0.0	50.0	50.0	100.0	100.0	100.0	0.0
TOTAL	194.9	211.6	16.7	345.7	540.6	848.0	307.4

Appendix 6

Top Ten Debtors as at 30-09-12

Customer	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Debtors
1 BRISTOL PCT	200.3	0.0	0.0	0.0	2.2	0.0	202.5
2 HAMPSHIRE PCT	46.9	28.8	23.7	41.1	0.0	0.1	140.6
3 WELSH ORGANISATIONS	25.3	1.9	6.3	43.2	49.2	-10.1	115.8
4 WILTSHIRE PCT	88.4	0.0	0.0	0.0	0.0	0.0	88.4
5 BATH AND NORTH EAST SOMERSET PCT	74.1	0.0	0.0	0.0	0.0	0.0	74.1
6 NHS HEALTH SCOTLAND	19.1	0.0	0.0	30.8	2.7	-8.6	44.0
7 GLOUCESTERSHIRE PCT	35.3	0.0	0.0	0.0	0.0	0.0	35.3
8 HOUNSLOW PCT	0.0	0.0	0.0	20.5	1.4	0.0	21.9
9 BRIGHTON AND HOVE CITY TEACHING PCT	0.0	14.1	3.8	1.4	1.4	0.0	20.6
10 KIRKLEES PCT	0.0	20.3	0.0	0.0	0.0	0.0	20.3
	489.4	65.0	33.8	137.0	57.0	-18.7	763.5
Others							
NHS	149.2	23.3	36.9	25.2	23.5	2.2	260.3
NON NHS	27.9	-0.4	7.5	13.8	19.5	3.0	71.2
TOTAL at 30-09-12	666.4	87.9	78.2	175.9	100.1	-13.5	1095.0
% at 30-09-12	61%	8%	7%	16%	9%	-1%	100%
TOTAL at 31-08-12	710.6	94.8	36.4	134.6	96.5	-4.5	1068.4
% at 31-08-12	67%	9%	3%	13%	9%	0%	100%
TOTAL at 31-07-12	2155.1	134.2	60.7	72.4	109.1	129.1	2660.6
% at 31-07-12	81%	5%	2%	3%	4%	5%	100%
TOTAL at 30-06-12	624.7	228.1	42.5	64.4	109.7	99.1	1168.5
% at 30-06-12	53%	20%	4%	6%	9%	8%	100%
TOTAL at 31-05-12	1039.5	59.3	26.1	138.1	129.6	102.5	1495.1
% at 31-05-12	70%	4%	2%	9%	9%	7%	100%
TOTAL at 30-04-12	383.0	101.0	82.0	84.1	126.1	93.8	870.0
% at 30-04-12	44%	12%	9%	10%	14%	11%	100%

Appendix 7

Top 10 Creditors as at 30-09-2012

	Supplier	0 - 30	31 - 60	61 - 90	91 - 180	181 - 360	361+	Total Creditors
1	HAMPSHIRE PCT	0	0	404.9	0.0	0.0	0.0	404.9
2	HEALTHCARE AT HOME LTD	359.2	0.0	0.0	0.0	0.0	0.0	359.2
3	ROYAL UNITED HOSPITAL BATH NHS TRUST	156.3	36.3	46.3	41.0	0.0	0.0	279.9
4	NORTH BRISTOL NHS TRUST	0.0	20.4	0.0	0.0	40.3	0.0	60.8
5	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	19.9	5.3	30.4	0.0	0.0	0.0	55.6
6	HEALTH COMMISSION FOR WALES	0.0	0.0	0.0	0.0	0.0	41.7	41.7
7	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	33.4	0.0	0.0	0.0	0.0	0.0	33.4
8	ALLIANCE MEDICAL LTD	3.2	3.8	3.8	16.6	0.0	0.0	27.3
9	NHS SUPPLY CHAIN	6.1	0.0	0.0	18.3	0.0	0.0	24.5
10	BATH INSTITUTE FOR RHEUMATIC DISEASES TRADING LTD	0.0	13.7	3.8	2.7	2.9	0.0	23.2
		578.1	79.5	489.2	78.7	43.2	41.7	1310.4

OTHERS	105.7	24.5	70.4	19.6	1.5	2.2	223.9
PAY EXPENDITURE	343.5	0.0	0.0	0.0	0.0	0.0	343.5
ACCRUED EXPENDITURE	639.4	0.0	0.0	0.0	0.0	0.0	639.4

TOTAL at 30/09/2012	1666.7	104.0	559.6	98.2	44.7	43.9	2517.2
% at 30-09-12	66%	4%	22%	4%	2%	2%	100%

TOTAL at 31/08/2012	1045.7	638.2	70.4	78.4	40.5	53.6	1926.9
% at 31-08-12	54%	33%	4%	4%	2%	3%	100%

TOTAL at 31/07/2012	743.3	296.5	64.1	168.5	24.5	61.7	1358.5
% at 31-07-12	55%	22%	5%	12%	2%	5%	100%

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

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

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

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