**Royal National Hospital for Rheumatic Diseases**
NHS Foundation Trust

AGENDA

**The next meeting of the**
**Royal National Hospital of Rheumatic Diseases NHS Foundation Trust Board**
**to be held in Public**
**will be on**
**Thursday 22nd November 2012**
**at**
**1030 hrs**
**to be held in the**
**RNHRD Lecture Hall**

| | | Action | Person | Paper |
|---|---|---|---|---|
| **OPENING BUSINESS** | | | | |
| 1. | Training : The Health & Social Care Act 2012 | For information | Director of Governance | Presentation |
| 2. | Apologies for Absence | - | Chair | - |
| 3. | Declaration of Interests | - | Chair | - |
| 4. | Minutes of meeting held in public – 25th October 2012 | For approval | Chair | 4.1 |
| 5. | Action List / Matters Arising | For information | Chair | 5.1 |
| 6. | i) Chair's Report<br>ii) Chief Executive's Report<br>iii) Medical Director's Report | For information<br>For information<br>For information | Chair<br>Chief Executive<br>Medical Director | 6.1<br>6.2<br>6.3 |
| **QUALITY / GOVERNANCE** | | | | |
| 7. | i) Patient Safety Walkround<br>- Outpatient Therapy Dept<br><br>ii) Quality Report | For information<br><br>For information | Non-Executive Director<br><br>Director of Governance | 7.1<br><br>7.2 |
| **PERFORMANCE** | | | | |
| 8. | Operational Performance & Clinical Practice Report | For information | Director of Operations & Clinical Practice | 8.1 |
| 9. | Finance Report Month 7 2012/13 | For information | Director of Finance | 9.1 |
| **MEETINGS** | | | | |
| 10. | Charitable Funds Committee Report | For information | Chair of CFC | 10.1 |
| 11. | Integrated Governance & Quality Assurance Committee Report | For information | Non-Executive Director | 11.1 |
| **CLOSING BUSINESS** | | | | |
| 12. | Any Other Business | - | - | - |

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Minutes of the Trust Board

# Board held in public

## Thursday 25th October 2012
## 1030 hrs, Lecture Hall, 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) |
| Peter Spencer | Non-Executive Director (PS) |
| 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 10/12/1** | **Training : Quality in the New Health System – Maintaining and Improving Quality from April 2013**<br>The Director of Governance presented the key elements from the National Quality Board (NQB) report setting out how the new health system will maintain and improve quality and safety ensuring patients receive the best care possible following organisational changes across the NHS from April 2013. The report entitled "*Quality in the new health system – Maintaining and improving quality from April 2013"* is available for download from the link below.<br><br>https://www.wp.dh.gov.uk/publications/files/2012/08/nqb-quality-draft.pdf<br><br>A discussion followed on the systems in place at the Trust to alert the Board to any potential patient safety issues. The Director of Governance assured the Board that all incidences were reviewed by the Clinical Risk Committee that reports to the Integrated Governance, Quality & Assurance Committee and that a Non-Executive Director was present at such meetings.<br><br>The Board **noted** the report. | |
| **PM 10/12/2** | **Apologies for Absence**<br>Apologies were received from Stephen Cole, Non-Executive Director and Niall Bowen, Non-Executive Director. | |
| **PM 10/12/3** | **Declarations of Interests**<br>No declarations of interests were received. | |
| **PM 10/12/4** | **Minutes of Meeting held in public on 23rd August 2012**<br>The minutes of 23rd August 2012 meeting held in public were **approved**. | |

**PM 10/12/5** **Action List /Matters Arising**

The action list was **noted** with additional comments as follows:-

**PM 08/12/8 : Finance Report Month 4 2012 : Fire Compartmentalisation**

The Director of Finance to check the fire compartmentalisation action is complete and advise the Non-Executive Director for Health & Safety ahead of the November 2012 Board meeting.

**Action : Director of Finance** **RH**

**PM 08/12/9 : Integrated Governance, Quality & Assurance Committee Minutes – 25th July 2012 : Staff Survey Action Plan.**

The Director of Operations confirmed that there were no areas in the 2011/12 staff survey action plan that had not seen appropriate action. **Completed.**

**PM 10/12/6** **i) Chair's Report**

No item to discuss.

**ii) Chief Executive's Report**

The Chief Executive presented the report and highlighted:-

- The Q1 Monitor risk rating for the Trust, which remains the same due to the Trust remaining in significant breach of its terms of Authorisation on financial grounds
- The description of the newly formed Healthwatch structure
- The senior appointments announced at Monitor as part of the NHS transition process.

A Non-Executive Director asked whether the Executive team as a small group on a very limited budget were managing with the additional challenges of the proposed acquisition process. The Chief Executive's view was that the executive team were stretched to a degree however felt that the risk is with the team that sits beneath Directors due to significant sickness, maternity leave and holding of vacancies; additional resource may have to be brought in to support this structure. The Director of Governance added that patient safety is maintained by the good governance structures that are already in place within the Trust. The Chair stated that plans should be developed to identify the level of additional support to ensure delivery against the current agenda and that from a Board point of view any bid for additional capacity would be favourably received and attract careful consideration.

The Board **noted** the report.

**iii) Medical Director's Report**

The Medical Director presented the report and highlighted:-

- The GMC have set up regional office for any issues in relation to revalidation
- The appointments of an Academic Consultant in Rheumatology and a one-year fixed term contract for an Associate Specialist in Neuro-rehabilitation
- The positive meeting with the Banes CCG to review the bone service.

The Board **noted** the report.

**PM 10/12/7** **i) Patient Safety Walkround**

Two patient safety walkround reports were presented.

***Outpatient Department*** – this was conducted by a Non-Executive Director who reported the general feeling that patients were very content with the process and care provided by the Trust and that there were no significant issues.

The Chief Executive pointed out that the Outpatient Manager should be made aware that patient safety is a responsibility in all areas of the hospital, not just on the wards.

**Action : Director of Governance** **HS**

***Pain Services*** – this was conducted by the Director of Governance. It was noted on this particular day the lift had broken down therefore the location of all the pain programmes had been moved. As a result of this incident the Director of Operations is reviewing the future

location of the assessment and treatment of pain management patients to decrease any potential inconvenience in accessibility for patients. Patients interviewed were very complimentary of clinical staff with useful suggestions for improvement of non-clinical services that have since been followed up.

The Chair was encouraged that patients had the opportunity to suggest ways of improving the hospital's services.

The Board **noted** the reports.

**ii) Q2 Quality Report**

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

- The trust met all the applicable national targets and indicators
- There were no serious incidents, complaints or trends in complaints.
- A full report was attached from the unannounced CQC inspection on 2nd August 2012 noting that the Trust was compliant in all areas reviewed.
- A summary report on Q2 complaints
- The Q2 declaration against Essential Standards of Quality and Safety of full compliance in all areas.

The Board **noted** the report.

**PM 10/12/8 Operational Performance & Clinical Practice Report**

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

- The key risks:-
  - Neuro-rehabilitation average bed occupancy was below plan, although better than anticipated
  - Endoscopy activity was reduced in September 2012 due to sickness with no recovery in activity anticipated until early November 2012.
- The Q2 infection control report showing all targets have been met and all training is up to date.
- The VACs report which was in a new format. It was noted that the column for October 2012 should be ignored as it had not been verified. The training issues that had been identified have now all been addressed and the issue relating to communication has been resolved by additional ward meetings and a new team leader structure.
- Sickness level target is now red due to unusual levels of long term sickness and bereavement leave.

It was recognised that the key risk was the decrease in activity in endoscopy due to staff sickness, however it was noted that a development plan was underway to manage endoscopy referrals.

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

The Chair noted and wished to recognise the continued reduction in catheter infection since the bladder scanner had been purchased.

The Board acknowledged and supported the priorities identified for improvement in 2012/13 contained within the Q2 Infection Prevention and Control Report in particular the replacement of sinks programme.

The Board **noted** the report.

**PM 10/12/9 Finance Report Month 6 2012**

The Director of Finance presented the report and highlighted:-

- The Trust income and expenditure position at the end of September 2012 position deteriorated in-month by £(31k).

- The year-to-date position is a deficit of £(246k) compared to plan of £(304k). The reported position recognises the additional planned support.
- The current forecast for the year-end is an income and expenditure deficit of £(695k) which has taken in to account the activity levels in both neuro-rehabilitation and pain but not the adverse activity levels in endoscopy.
- The cash balance at the end of September 2012 was £2,796k.
- The debtor position remains largely unchanged from August 2012, however the creditor position has changed.
- The capital expenditure to date is £195k.

A Non-Executive Director requested additional information with regard to tracking month on month changes to the year end forecast in order to demonstrate a robust system in managing the current financial situation.

**Action : Director of Finance** **RH**

A Non-Executive Director asked for clarification on the Welsh debt. The Director of Finance reported that the debt had now been significantly reduced, and that no write-off was anticipated.

The Chair was concerned that the Trust was behind plan in capital expenditure. The Director of Finance reassured the Board that there was on-going dialogue with Monitor, our regulators, who were aware of the Trust's careful management of its cash position whilst prioritising patient and staff safety expenditure in terms of capital expenditure.

The Board **noted** the report.

**PM 10/12/10 Q2 Monitor Submission**

The Director of Finance presented the Q2 Monitor submission for Board approval.

The Board **approved** the submission.

**PM 10/12/11 Any Other Business**

There were no further items of business.

**Agenda Item : 5.1**

**Royal National Hospital for Rheumatic Diseases**
NHS Foundation Trust

# TRUST BOARD held in Public ACTION LIST – 22nd November 2012

| Item | Action | Responsible | Action/Update |
|---|---|---|---|
| **1.** | **PM 10/12/9 : Action List**<br>Check the fire compartmentalisation action is complete and advise the Non-Executive Director for Health & Safety ahead of the November 2012 Board meeting | **Director of Finance** | **Due to absence of the Estates Manager this action is still outstanding.** |
| **2.** | **PM 10/12/7 : Patient Safety Walkround : Outpatient Department**<br>The Outpatient Manager should be made aware that patient safety is a responsibility in all areas of the hospital, not just on the wards | **Director of Governance** | **Completed.** |
| **3.** | **PM 10/12/8 : Operational Performance & Clinical Practice Report**<br>It was recognised that the key risk was the decrease in activity in endoscopy due to staff sickness, however it was noted that a development plan was underway to manage endoscopy referrals. | **Director of Operations & Clinical Practice** | **Included in the Director of Operations & Clinical Practice report.** |
| **4.** | **PM 10/12/9 : Finance Report Month 6 2012**<br>Additional information required with regard to tracking month on month changes to the year end forecast in order to demonstrate a robust system in managing the current financial situation. | **Director of Finance** | **Update at Board meeting** |

## Future Actions

| Item | Action | Responsible | Action/Update |
|---|---|---|---|
| **-** | No current future actions | | |

| | |
|---|---|
| **Title** | **Chair's Report** |
| **Author** | **Peter Franklyn, Chair** |
| **Meeting** | **Trust Board, 22nd November 2012** |
| **Appendices** | **n/a** |
| **Review** | **n/a** |
| **Action Required** | **For Information** |

**Connie Wright BEM – BANES Appointed LINKS Governor**

It is with the greatest sadness and regret that we have to record the death of Connie Wright at RUH on the night of 14 November. Those who had the privilege of knowing Connie, who had seen her indomitable spirit, her determination to get the best for others, despite the considerable challenges of her own health, will know that in Connie the RNHRD has lost a true friend and resolute supporter. That her work should have been recognised by the award of the BEM earlier this year brought great pleasure to everyone whose lives she touched and she will be deeply missed.

A Memorial service will take place at the Hospital later this month

**Meetings:**

30 October Brian Stables – Chair RNHRD

5 November Simon Knighton – Chair Sirona

6 November Luke March – Chair Salisbury NHS FT

16 November Lead Governor & 3 Sub - Committee Chairs

**Quality/Patient Experience Agenda**

29 October In patient and day patient walk round with Matron

Peter Franklyn
Chair RNHRD NHS Foundation Trust

16 November 2012

**Royal National Hospital for Rheumatic Diseases**
NHS Foundation Trust

**A G E N D A**

# EMG
# THURSDAY 15th November 2012
# 1400 hrs
# In the
# BOARD ROOM

| | | | Paper |
|---|---|---|---|
| | | | |
| 1. | Apologies | - | - |
| 2. | Declarations of Interests | RM | - |
| 3. | Minutes of the 20th September 2012 | RM | √ |
| 4. | Action List and Matters Arising | RM | √ |
| 5. | Monthly Activity Report | RM | |
| 6. | Workforce Report | RM/MSp | |
| 7. | Governance Report | HS | |
| 8. | Strategy Update<br><br>8.1 Workstreams<br>- "Description of Success" document<br><br>8.2 Due Diligence | <br><br><br>DT<br><br>RM | <br><br>-<br>√<br><br>- |
| 9. | Presentation on Health & Wellbeing Board and Healthwatch | DT | - |
| 10. | Any Other Business<br>- Christmas Lunch | - | - |

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

| | |
|---|---|
| **Title** | **Chief Executive Report** |
| **Author** | **Kirsty Matthews, Chief Executive** |
| **Meeting** | **Trust Board, 22nd November 2012** |
| **Appendices** | **Appendix 1 : EMG Agenda – 15th November 2012** |
| **Review** | **n/a** |
| **Action Required** | **For Information** |

## 1. Local Update

1.1 A letter regarding the Saville allegations was circulated to all NHS Trusts on 12th November 2012 by Sir David Nicholson. It reminds Boards of their obligations with regard to arrangements and practices relating to vulnerable people and listening and acting on patients concerns.

1.2 **RNHRD Executive Management Group (EMG)**
The EMG agenda is attached as appendix 1.

## 2. National Update

2.1 **Publication of the NHS Mandate**
On 13th November 2012 the Secretary of State for Health published the first mandate to the NHS Commissioning Board (NHS CB). The NHS mandate sets out the Government's ambitions for the NHS, which it is asking the NHS CB to achieve from April 2013 to the end of 2015. The full mandate can be accessed through the link below:-
http://mandate.dh.gov.uk/

2.2 **Consultations**
**Proposals to revise the regulation and governance of NHS charities**
The Department of Health is seeking feedback from the NHS and other interested parties, on final proposals to revise the governance of their current NHS charities. These plans will mean the removal of regulation by ministers, and will enable the charities to operate more independently, while preserving their close relationship with the NHS provider services they support. Deadline 31st January 2013.
**Link:** http://www.dh.gov.uk/health/2012/11/nhs-charities/

## 3. Monitor Update

3.1 **Monitor takes on new powers to protect patient services at failing hospitals**
Monitor has taken on a series of new powers under the Health and Social Care Act 2012 to enable the regulator to protect patient services at failing hospitals with effect from 1st November 2012.

The new Trust Special Administration regime enables Monitor to appoint administrators to work with local commissioners to ensure that services are protected if a trust becomes insolvent. This regime is designed to protect patient services ahead of creditors if trusts break down financially.

Under the Trust Special Administration system, options for the continued provision of services include restructuring the existing service provider, using other providers to continue services at existing sites, relocating services to other local providers, or bringing in new providers such as an out-of-area provider wanting to expand.

In line with these powers, Monitor will shortly be issuing a tender through the Official Journal of the European Union to draw up a short list of administrators who could be called upon to carry out the Trust Special Administration process. Monitor intends to have a list of administrators in place who have the skills and expertise necessary to run a trust which is experiencing serious financial problems and work with local stakeholders to decide how to protect important services for patients.

Under the Secretary of State's commencement order which starts with effect from 1st November 2012, Monitor also takes on other powers to help prepare for important parts of its new regulatory responsibilities which start in 2013. These powers include giving the regulator the authority to assign special conditions to individual licence holders and the ability to consult on how it will enforce compliance when providers fail to meet licence conditions.

Monitor's new executive team took up their posts from 1st November 2012 to oversee Monitor's new role as sector regulator.

Monitor has also appointed four regional directors in the Provider Regulation Directorate whose responsibilities will align with the structure of the Care Quality Commission and the NHS Commissioning Board. They are Adam Cayley (Midlands/East region), Yvonne Mowlds (North Region), Frances Shattock (South Region) and Mark Turner (London Region).

3.2 **Appointment of CEO**

The Board of Monitor has appointed Dr David Bennett to the permanent post of Chief Executive with effect from 1st November 2012.

## 4. Communications and Marketing

4.1 **Position**

Media and communications activity has continued to be actively managed during the reporting period. Information regarding the Trust's intention to join with the RUH is widely circulated amongst stakeholders.

Alongside communications regarding transition the Trust continues to engage in positive reporting on service development and related aspects of business activity to ensure maintenance of business reputation. Events to profile cancer survivorship services provided at the Min, an exhibition of artefacts and a book launch are taking place in 3rd week of November 2012.

4.2 **Developments in the reporting period**

A new electronic staff CEO briefing has been created. The first edition was cascaded in October 2012 and this will be produced every 6 weeks. The briefing is to enhance other internal communications and ensure staff are engaged and informed.

The public website has been updated with refreshed information about the transition programme.

Twitter activity is being developed with an approach to regular communications about events, fundraising, news and information. There has been an increase in followers.

A feedback report has been published to the website regarding Annual Members day.

A patient experience group has come together and met to assist in determining the qualitative measures of patient experience at the Min as part of our transition programme work.

Proactive press releases circulated in the period include:

- Big Bath Stretch – World Arthritis Day
- Dr Sengupta Wins two awards for online patient tool
- Thermography about a new thermal imaging camera in use by Clinical Measurement

4.3 **Reporting in press and media is described in the table below:-**

| Item | Content | Published In |
|---|---|---|
| Dr Sengupta wins two awards for online patient evaluation tool | Recognition for doctor behind new assessment approach.<br>Consultant creates online patient assessment tool | Bath Chronicle<br><br>E health insider |
| Report over the Mins future | Speculation that Min could be on way out of city. Information provided to identify the true position | Bath Chronicle |
| Minuendos raising funds for RNHRD | Patient and musical director Liz Hunt talks about a choir set up for 11-18 years olds to raise funds for the hospital | Local Look |
| Dr Rolls book Diseased, Douched and Doctored and artefacts exhibition | A look at the rise and fall of healing waters – review of Roger Rolls book | Bath Chronicle Book Page |

## 5. Fundraising

Fundraising activity continues to be robust. Responses have picked up since the middle of October 2012. The sensory room has now been fully funded, the aim is to promote and hire out this room once the refurbishment has taken place. A programme of fundraising events is in place with activities through to end of March 2013 including events in conjunction with the Friends of the RNHRD, Diseased, Douched and Doctored and Christmas concert by the Minuendos.

The lecture hall bookings are increasing with Bath in Fashion confirming for the middle to end of April 2013, Bath Literature Festival for a long weekend in March 2013 and some evening events from November 2012 through to April 2013.

Kirsty Matthews
Chief Executive
19/10/12

| | |
|---|---|
| **Title** | **Medical Director's Report** |
| **Author** | **Dr Ashok Bhalla, Medical Director** |
| **Meeting** | **Trust Board Meeting – 22nd November 2012** |
| **Sponsor** | **n/a** |
| **Appendices** | **None** |
| **Review** | **n/a** |
| **Action Required** | **For information** |

## 1. Organisational Readiness for the Revalidation of Doctors

The organisational readiness self-assessment (ORSA) exercise is designed to help designated bodies in England develop their systems and processes in preparation for the implementation of revalidation.

The aims of the self-assessment exercise are to:

- ensure designated bodies understand what is needed for revalidation and identify and prioritise areas for development

- inform the England Revalidation Delivery Board and the GMC regarding progress towards implementation in England

- contribute towards the Secretary of State's assessment of readiness for revalidation in 2012

Board level accountability for the quality and effectiveness of these systems is required and therefore the ORSA interim questionnaire for period ending 30 September 2012 is attached as Appendix 1.

The Medical Director and Lead for Education will attend Medical Appraiser training, commissioned by the Royal United Hospital, in February 2013.

## 2. Consultant Job Planning

The Chair of BMA Local Negotiating Committee has discussed the guidance document for consultants regarding job planning, with the BMA Industrial Relations Officer. A few points have been raised for discussion, but overall it was felt that the document was reasonable and applies the principles of the consultant contract of 2003.

## 3. Peer Review Visit – Osteoporosis

The Medical Director is pleased to report that a successful peer review was undertaken of the osteoporosis service on 30 October 2012. The review was led by a leading Professor in the field of osteoporosis.

## 4. Severn Deanery – Visit to RNHRD FT

The Deanery has notified the Lead for Education that they will visit the Trust in the month of January 2013. The Deputy Postgraduate Dean (Quality) and team will meet with the Lead for Education; Medical Director, Chief Executive (upon request) and two/three trainees to discuss evaluation and outcome data received from trainees regarding their placement at the RNHRD.

## 5. SHO Rotation – Neuro Rehab

The Medical Director has been informed of some negative trainee feedback received from SHO placements on Neuro Rehab (anonymised). The Clinical Lead for Neuro Rehab and the Lead for Education have been requested to address the concerns as a matter of urgency to improve areas where trainee experience is felt to be lacking and to then liaise with the Head of GP VTS CMT training at The Royal United Hospital.

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:<br>**Rheumatology Outpatients Therapy** | **Lead area representative: clinical lead Walk round carried out by:** Non-executive Director, Out-patients Service Lead |
| Date: 3 Oct 2012 | Format of walk round: Details of where and discussions with whom**: The Out-patients Therapy areas, including discussions with colleagues and patients.** |
| Time: 1130-1220 | |
| Report completed by: Non-executive director | Distribution: **The Trust Board, Rheumatology Operational General Manager, Out-patients Service Lead** |

NB Please do not include any patient identifiable information on this form e.g. full name
List 3 most important action points only
No maintenance actions unless significant

| # | PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED | ACTION REQUIRED | ACTION OWNER | PLANNED COMPLETION DATE | ACTION COMPLETE? |
|---|---|---|---|---|---|
| **1.** | **General discussion about safety aspects of treatment of AS patients revealed high level of awareness of the particular vulnerability of this group to the consequences of trips and falls and the higher risk of such incidences in AS patients with balance problems.** | **No action required** | | | |
| **2.** | **Hydro pool was being used to treat two patients. Despite age of the pool, it appeared to be in good condition and staff confirmed that they have no major defects or maintenance problems** | **No action required** | | | |

| # | PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED | ACTION REQUIRED | ACTION OWNER | PLANNED COMPLETION DATE | ACTION COMPLETE? |
|---|---|---|---|---|---|
| | PATIENT'S STORY | | | | |
| | Patient A<br>**Has had AS for around 20 years but was only diagnosed 4 years ago. "This hospital has changed my life! When I arrived the doctor promised me that I would improve by at least 40% and I did". He particularly appreciated the emotional support from doctors, nurses and therapists as well as the treatment. When asked his constructive suggestions for improvement were:-**<br>**1. You need better marketing. So many GPs don't even know this wonderful facility exists.**<br>**2. Better pre-course information would help patients to know in advance what to expect and enable them to obtain even more benefit from the treatment.**<br>**3. Patients need something tangible to take away with them that will enhance their ability to self- manage their condition.**<br><br>Patient B<br>**Has been treated at the Min for rheumatoid arthritis since 1985. Was recently referred because of a flare. Full of praise for the staff and the treatment he has received – "without which I would no longer be able to walk". Only concerns were whether or not "all this will disappear" and why there were now so few beds for patients. (Although a day patient, he travels around 25 miles and has had to do this several days in a row when undergoing courses of treatment. He finds this very demanding.)** | **Snr physio & AS Course Manager's response:**<br>**1. Proposal to write leaflet aimed at doctors & health professionals to be placed on website with the leaflet for patients**<br>**2. Information pack in place; to be reviewed as a team**<br>**3. Pack available; to be reviewed as a team.**<br><br>**Note concerns.**<br><br>**I said that I believed** | **Snr physio & AS Course Manager & Comms and Marketing Officer** | **31 December 2012** | |

| # | PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED | ACTION REQUIRED | ACTION OWNER | PLANNED COMPLETION DATE | ACTION COMPLETE? |
|---|---|---|---|---|---|
| | | **that the rheumatology services would continue but under "new ownership". He accepted that new treatments mean that many fewer patients now need to be admitted for treatment.** | | | |
| | SAFEGUARDING QUESTIONS TO ASK STAFF | RESPONSE | | | |
| 1. | **Have you attended Safeguarding Adults training and or Safeguarding Children training?** | **Staff in the out-patients therapists' office had been trained in safeguarding of vulnerable adults and children. A flowchart of the key principles and actions required was prominently displayed for the benefit of those junior staff who have received more limited training.** | | | |
| 2. | **Can you tell me what you think your responsibilities are with regards to safeguarding patients and members of the public from abuse?** | **Staff in the unit are aware of their responsibilities.** | | | |
| **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.**<br>**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.** | | | | | |

| # | PATIENT SAFETY ISSUE IDENTIFIED / DISCUSSED | ACTION REQUIRED | ACTION OWNER | PLANNED COMPLETION DATE | ACTION COMPLETE? |
|---|---|---|---|---|---|
| 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 *C. difficile* infection, and what lessons have been learned from that?** | **No recent incidents** | | | |
| 2 | **Are there any patient safety issues you would like to raise?** | **Asked OTs and Physios. None had any particular safety concerns.** | | | |
| 3 | **Would you be happy for a member of your family to be treated in this area?** | **Yes** | | | |

| | |
|---|---|
| **Title:** | **Compliance Framework[1] Performance October 2012.** |
| **Author:** | **Hayley Sewell, Director of Governance** |
| **Meeting** | **Trust Board, November 2012** |
| **Action Required:** | **For information** |

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

- In **October 2012** the trust met all the applicable national targets and indicators for acute trusts detailed in Monitor's Compliance Framework 2012/13[1].
- In **October 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 | Oct 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 | 97.1% | 98.1% | |
| Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway | 92% | 1.0 | Quarterly | 98.6% | 98.7% | |
| Certification against compliance with requirements regarding access to healthcare for people with a learning disability | N/A | 0.5 | Quarterly | Comp -liant | Comp -liant | |
| Certification of a minimum published CNST Level 1 | N/A | 2.0 | Quarterly | Comp -liant | Comp -liant | |

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

## 2. RUH Care Quality Commission Un-announced Inspection Report dated 05.11.12

The above report is available at http://www.cqc.org.uk/directory/rd130. The report concluded that the provider was meeting the standards assessed;

**Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it.** Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights.** People experienced care, treatment and support that met their needs and protected their rights.

**Outcome 07: People should be protected from abuse and staff should respect their human rights.** People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills.** People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential.** Patients were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

| | |
|---|---|
| **Title:** | **Operational Performance & Clinical Practice Report** |
| **Author:** | **Rayna McDonald, Director of Clinical Practice & Operations** |
| **Meeting** | **Trust Board Meeting – 22nd November 2012** |
| **Appendices:** | **Appendix 1: Patient Safety Key Indicators October 2012**<br>**Appendix 2: Vital Aspects of Nursing and Physiotherapy Care, October 2012** |
| **Action required:** | **For information** |

## Introduction

This report provides the Board with an update on performance against key indicators in the following areas; patient safety, clinical practice, workforce and activity.

Key risks at month 7 are:

- Average bed occupancy in Neuro rehabilitation remains under plan at 9 beds, this will be maintained in November and possibly increased to 10, it is unlikely that this will be sustained for the following months. .
- Endoscopy activity is significantly under plan for October due to sickness, this will improve in November, however referrals have significantly reduced in response to the lack of service for a month.

## Rheumatology Activity

Generally rheumatology activity has been to plan for this month, in terms of the back log of patients waiting for follow up there are currently 446 patients awaiting an appointment to be booked with an overdue waiting time of approximately 3 months, this represents a reduction from the September position of approximately 300 patients. This has been achieved by additional clinics; the reduction is predicted to continue.

## Neuro Rehabilitation

Average bed occupancy in Neuro rehabilitation was 9 patients this was higher than anticipated, but still represents a reduction of the plan for 10. For November (month 8) we are predicting an average occupancy rate of 10 patients, however we are likely to see a drop in December due to a high number of planned discharges it is difficult to predict the occupancy rate for the remainder of the year. A conservative approach would suggest that this could fall to 6 or lower average bed occupancy from December onwards.

## Endoscopy

Due to consultant sickness endoscopy activity was significantly reduced in October with no recovery anticipated until early November. The loss of service for a month and return of

referrals to GPs has led to a major reduction in referrals. The service is now able to run at normal capacity, but the lack of referrals means that activity will continue to be reduced in November; referral activity is being monitored closely.

**McMillan Step-Up Service**
The first group programme for this service has commenced and the second programme in January has patients booked to it and referrals are being assessed. A number of patients are also receiving individual treatment packages. The team have presented several times to different groups resulting in a number of referrals and enquiries; plans are now underway to present the service to GP practices.

**Breast Rehabilitation Injury Service**
The service has delivered 2 clinics (September and October) to date and have two more booked for this year (November and December) resulting in a total caseload of 56 patients. The first in-patient treatment package is also booked for admission in November.

St Bartholomew's Hospital are planning to hold their first clinic in January and Manchester currently still are recruiting and will be holding a clinic soon afterwards. A service review meeting with all hospitals is planned for the end of November. Marketing has been on-going via Macmillan, conferences, GP forums as well as written articles

**Patient Safety**

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

**Clinical Practice**

During October the VACS data have shown that the domain overall scores are above target for nursing. There has been an improvement over the month period. There have been no issues for Learning Disabilities, Dementia or Safeguarding detected through the audit. In September, training needs were identified as required for medical devices, fire training and managing difficult behavior; this was addressed in September / October with training and the percentage has improved. Mental health issues for Neuro-rehabilitation have been identified in October and these are being addressed; no patients have been sectioned this month and no DOLS applications have been requested for October.

Within Physiotherapy domains there is an improvement in scores on last month. The Head of Nursing has commenced monthly meetings with all the senior physiotherapists to ensure feedback and support is delivered.

The action plan details actions for October and is updated monthly.

**HR Key Performance Indicators**

| HR KPIs | Target | Sep | Oct | 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** | **4.82*** | **4.91*** | **Red** | **4.91*** |
| ***Of which short term absence %*** | | *30.6** | *85.47* | | **93** |
| ***Of which long term absence %*** | | *69.4** | *14.53* | | **7** |
| **Turnover (%) FTE** ***(Green as on target for 11% by April 2011)*** | **11** | **0.92** | **1.09** | **Red** | **15.06** |
| **Personal development Plans (%)** | **85** | **80.29** | **82.08** | **Green** | **82.08** |
| ***Processed one month end in arrears not available/accurate information Correct at 14/11/2012** | | | | | |

Sickness absence overall remains at a similar level to last month, but there has been a shift in terms of an increase in short term sickness and a decrease in long term sickness.

A new health and sickness absence policy has now been ratified the main difference being it allows managers to instigate management of repeated sickness earlier. The trigger for intervention has now been lowered from 5 to 3 episodes of sickness absence in six months period.

The turnover target is 11%, currently we are operating at 15% this is mainly due to organisational change initiatives such as the Neuro rehabilitation therapy consultation and trust wide nursing consultation. Due to the financial position and the need to reduce costs it would be sensible to consider a slightly higher turnover rating as reasonable.

**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.

# Adverse Harm Events 2012-13

| Event | Info. Source | Total for Year 2011/12 | No. of days since last incidence | Total for Q1 | Total for Q2 | Oct 12 | YTD 12/13 total |
|---|---|---|---|---|---|---|---|
| **Total no. events** | Adverse events tool | **18** | **115** | **5** | **0** | **0** | **5** |
| **Adverse Events Summary** | | | | | | | |
| **MRSA bloodstream infections** | Audit | 0 | **1946** | 0 | 0 | 0 | 0 |
| **C Diff infection** | Audit | 4 | **115** | 1 | 0 | 0 | 1 |
| **No. patients with catheter** | Audit | 34 | **156** | 14 | 11 | 4 | 29 |
| **No. patients with catheter infection** | | 9 | | 2 | 0 | 0 | 2 |
| **Pressure Ulcers Grade 2-4 RNHRD acquired** | Audit | 1 | **457** | 0 | 0 | 0 | 0 |
| **Patient Falls with adverse event** | DATIX reports | 0 | **153** | 1 | 0 | 0 | 1 |
| **Medication errors with adverse events** | DATIX reports | 0 | **1208** | 0 | 0 | 0 | 0 |
| **Blood transfusion adverse event** | DATIX reports | 0 | **1208** | 0 | 0 | 0 | 0 |
| **Transfer to acute care within 72 hours admission** | WebTrak | 4 | **176** | 1 | 0 | 0 | 1 |
| **DVT or PE following admission** | DATIX reports | 0 | **275** | 0 | 0 | 0 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Unexpected deaths** | WebTrak | 0 | **518** | 0 | 0 | 0 | 0 |

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

Agenda item : 9.1

| | |
|---|---|
| **Title** | **: Month 7 2012/13 Finance Report** |
| **Author of Document** | **: Rachel Hepworth, Director of Finance** |
| **Meeting** | **: The Trust Board, 22nd November 2012** |
| **Action Required** | **: For information** |
| **Summary of Document** | **: To update the Trust Board on the financial position of the Trust for the first seven months of 2012/13** |

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**SUMMARY NOTE**

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

The key points to note are as follows:

(i) The Trust income and expenditure position at the end of October 2012 was a deficit of £(221k), compared to a planned deficit of £(178k). The Trust is therefore £43k behind plan. The overall income and expenditure position is provided at Appendix 1.

(ii) The cash balance at 31th October 2012 was £2,322k.

(iii) The current forecast for the year-end is an income and expenditure deficit of £(665k).

(iv) The balance sheet for 31th October 2012 shows net current liabilities of (£760k) compared with the figure of £(759k) at 30st September 2012. The balance sheet is provided at Appendix 4.

(v) The debtor's position now stands at £1,224k (£1,095k at 30st September 2012) with creditors at £1,991k (£2,515 at 30st September 2012). The Top 10 debtors and creditors are shown at Appendices 6 and 7.

(vi) The Trust achieved a financial risk rating of 2 after the application of over-riding rules.

(vii) Capital expenditure for the year to date was £256k. 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 in-month performance was an overall surplus of £24k, compared to a planned surplus of £100k and a forecast surplus of £70k.

Excluding the planned support, however, the Trust delivered an in-month deficit of £(149k), compared to a planned deficit of £(74k) and forecast deficit of £(103k). The Trust is therefore behind plan and forecast.

### 1.1 Income

#### *1.1.1 PCT Income*

In Month 7, PCT activities and income revenues were £(140k) below plan. The under-performance is across most areas, with the largest variances relating to the AS programme, Endoscopy, and Neuro Rehabilitation.

Neuro rehabilitation activity remained at an average of 9 occupied beds. The forecast for November 2012 is planned to remain between 9-11 bed occupancy. 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 is currently revisiting and streamlining their care pathway programme and to ensure direct contact is made with respective PCT's to promote and enhance Pain Management services at RNHRD. This has benefited the services with an uplift of referral for complex bed days, 4 weeks programme and Young person early intervention treatment.

Risks and potential benefors to future PCT income include:

- Neuro Rehabilitation activity may remain at an average of 9 occupied beds or increase to an average of 9-11 beds occupied from November period. This positive trend would reduce our current forecasted under-recovery of £(426k). However due to uncertainty with patient referrals and planned discharges in December, the team will need to revisit their planned activity as on ongoing basis.
- Pain Management activity plans in forthcoming months may be uncertain if commissioners are unwilling to approve funding. GP referrals to the service were low in October 2012, with 41 fewer referrals than those received in the same period in 2011-2012 (April-October). Additionally, there has been a reversal of trend with more individuals admitted as complex bed days which attract a lower tariff than the 3, 4 & in-hospital. Pain management services have overperformed in Complex patients bed day by 21. Young person early intervention treatments overperformed, with 3 treatments compared to a nil plan, and 4 weeks programmes by 1 in October.

- Endoscopy services will resume this month with an intake of circa 70 patients originally due to be treated in October, bringing back income to RNHRD. However due to lack of maintaining the services, Diagnostic income has incurred £(41k) under-performance on income in October and there is no alternative to recover the loss of income at this stage.

#### *1.1.2 Private Patient Income*

Private patient income is below plan by £(47k) 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 7 of £111k, with in-month over-performance at £16k. The variance is mainly due to a number of research grants being awarded that were not known about at the the time of preparing the budget. Two research projects have come to an end and therefore the in month income reflects this. It is still envisaged that income for the year will be above plan as provided in Appendix 1.

#### *1.1.3 Other Income*

Other income is £(171k) below plan, with in-month performance £(46k) below budget. The monthly movement relates predominantly to Late Effects, although the year-to-date performance is now in line with plan.

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

Also included in other income is budget for income arising from donated assets, equivalent to £250k for the year. To date, no income has been recognised, although this will change as assets are purchased through Charitable Funds. A review is being undertaken of charitable expenditure for the year so far to ensure it is being appropriately capitalised. Income will be recognised for all such assets added to the fixed asset register.

### 1.2 Expenditure

### 1.2.1 Pay Expenditure

Pay expenditure is £371k underspent at the end of October 2012, an improvement of £50k on the previous month. A breakdown of pay expenditure by service line provided at Appendix 2.

Of the £371k underspend; £132k relates to vacancies in the Late Effects and MacMillan Step-Up Services whilst services are being developed.

Other significant underspends relate to Neuro Rehab £52k and Pain Management £49k with these departments postponing recruitment to vacant posts due to lower activity levels.

A further £45k underspend is in CFS Paediatrics. This is mainly due to delays in obtaining visiting consultants from other Trusts.

Rheumatology is overspent by £(18)k to the end of October 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.

### 1.2.2 Non-Pay Expenditure

Non-pay expenditure is overspent overall by £(32k), this is an improvement of £50k against the Month 6.

The £50k underspend includes £69k of high cost drugs reallocated as high cost drugs. This has resulted in an in-month "negative" expenditure being reported for Rheumatology of £44k, however, the year-to-date position is now corrected.

Without this one-off adjustment, non-pay expenditure would be £19k over-spent. This is due to £37k expenditure in Late Effects. This relates to SLA's with partner organisations in the delivery of the service. As host, the Trust will earn income for the whole service and recognise the SLA's as a cost. Neither the income nor expenditure relating to the SLA's were set as budgets.

### 1.3 Forecast

There is a movement to the year-end forecast at the end of October 2012 amounting to a deficit of £(665k) compared to £(695k) at Month 6. This includes recongnition of £2,081k of planned support.

The forecast assumes the following:

Average bed occupancy in Neuro Rehabilitation of 9 beds in September and October 2012 but may decline to an average of 6 bed day occupancy depending on discharges and patient referrals.

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

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 October 2012 totalled £256k, relating to MacMillan Parry ward, roof upgrade and IT equipment.

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 October 2012 was £2,322.

### 2.3 Debtors and Creditors

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

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

## Appendix 1

### INCOME & EXPENDITURE ACCOUNT
### FOR THE PERIOD ENDING 31 Oct 2012

Favourable Variance + \ Adverse Variance (-)

| | Month 7 Actual £'000 | Month 7 Budget £'000 | Month 7 Variance £'000 | YTD Actual £'000 | YTD Budget £'000 | YTD Variance £'000 | Month 12 Forecast £'000 | Annual Budget £'000 | Forecast Variance £'000 | Forecast at Month 6 £'000 |
|---|---|---|---|---|---|---|---|---|---|---|
| **INCOME** | | | | | | | | | | |
| PCTs | 890 | 1,030 | ( 140) | 6,304 | 6,583 | ( 279) | 10,561 | 11,303 | ( 742) | 10,675 |
| Private patient | 23 | 28 | ( 5) | 77 | 124 | ( 47) | 94 | 200 | ( 106) | 94 |
| Education, training & research | 101 | 85 | 16 | 892 | 780 | 111 | 1,310 | 1,338 | ( 28) | 1,310 |
| Other income | 85 | 131 | ( 46) | 332 | 503 | ( 171) | 840 | 1,157 | ( 317) | 840 |
| Additional funding | 173 | 173 | ( 0) | 1,211 | 1,214 | ( 3) | 2,081 | 2,081 | 0 | 2,081 |
| **sub total** | **1,272** | **1,447** | **( 176)** | **8,816** | **9,205** | **( 389)** | **14,886** | **16,079** | **( 1,193)** | **15,000** |
| PBR excluded drugs | 436 | 458 | ( 23) | 3,328 | 3,208 | 120 | 5,491 | 5,500 | ( 9) | 5,491 |
| **Total income** | **1,707** | **1,906** | **( 198)** | **12,143** | **12,413** | **( 270)** | **20,377** | **21,579** | **( 1,202)** | **20,491** |
| **EXPENDITURE** | | | | | | | | | | |
| Pay expenditure | 927 | 977 | 50 | 6,468 | 6,839 | 371 | 11,125 | 11,725 | 600 | 11,262 |
| Non-pay expenditure | 268 | 319 | 50 | 2,210 | 2,178 | ( 32) | 3,739 | 3,726 | ( 13) | 3,746 |
| **sub total** | **1,195** | **1,296** | **100** | **8,678** | **9,017** | **339** | **14,864** | **15,452** | **587** | **15,009** |
| PBR excluded drugs | 436 | 458 | 22 | 3,328 | 3,208 | ( 120) | 5,491 | 5,500 | 9 | 5,491 |
| **Total expenditure** | **1,632** | **1,754** | **122** | **12,006** | **12,225** | **219** | **20,355** | **20,952** | **597** | **20,499** |
| **EBITDA** | **76** | **152** | **( 76)** | **137** | **188** | **( 50)** | **22** | **627** | **( 605)** | **( 9)** |
| Depreciation | ( 35) | ( 37) | 1 | ( 245) | ( 257) | 12 | ( 497) | ( 440) | ( 57) | ( 497) |
| Interest receivable | 1 | 0 | 1 | 3 | 0 | 3 | 2 | 0 | 2 | 2 |
| Dividend payments on PDC | ( 17) | ( 16) | ( 1) | ( 117) | ( 109) | ( 7) | ( 192) | ( 187) | ( 5) | ( 192) |
| **Total surplus/(deficit)** | **24** | **100** | **( 75)** | **( 221)** | **( 178)** | **( 43)** | **( 665)** | **( 0)** | **( 665)** | **( 695)** |

Royal National Hospital for Rheumatic Diseases
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# Appendix 2

**ANALYSIS OF PAY EXPENDITURE**
**FOR THE PERIOD ENDING 31 Oct 2012**

| | Month 7 Actual £'000 | Month 7 Budget £'000 | Month 7 Variance £'000 | YTD Actual £'000 | YTD Budget £'000 | YTD Variance £'000 | Month 12 Forecast £'000 | Annual budget £'000 | Forecast Variance £'000 | Forecast at Month 6 £'000 |
|---|---|---|---|---|---|---|---|---|---|---|
| Neuro Rehabilitation | 185 | 197 | 12 | 1,329 | 1,381 | 52 | 2,200 | 2,367 | 167 | 2,248 |
| Rheumatology Medical Staffing | 119 | 124 | 5 | 835 | 870 | 35 | 1,460 | 1,491 | 31 | 1,493 |
| Therapy Outpatients | 61 | 64 | 2 | 395 | 445 | 49 | 693 | 762 | 69 | 693 |
| Rheumatology Inpats | 48 | 47 | ( 1) | 382 | 330 | ( 52) | 650 | 565 | ( 85) | 678 |
| Rheumatology Anti-TNF | 11 | 11 | 0 | 74 | 76 | 2 | 126 | 130 | 4 | 126 |
| Specialist Nursing | 8 | 8 | 0 | 54 | 56 | 1 | 95 | 95 | 0 | 95 |
| Diagnostic Dept | 20 | 17 | ( 3) | 122 | 122 | ( 0) | 214 | 208 | ( 6) | 203 |
| Waiting List Initiative | 6 | 0 | ( 6) | 54 | 0 | ( 54) | 84 | 0 | ( 84) | 84 |
| Rheumatology | 273 | 271 | ( 2) | 1,916 | 1,897 | ( 18) | 3,322 | 3,253 | ( 69) | 3,372 |
| Pain Management Dept | 53 | 62 | 9 | 387 | 436 | 49 | 660 | 748 | 87 | 660 |
| CFS Adults | 16 | 14 | ( 3) | 108 | 95 | ( 13) | 164 | 162 | ( 2) | 164 |
| Macmillan Step Up Services | 7 | 8 | 1 | 32 | 53 | 21 | 65 | 91 | 26 | 65 |
| CFS Paeds | 24 | 26 | 2 | 137 | 182 | 45 | 260 | 313 | 53 | 267 |
| CFS | 47 | 47 | 0 | 277 | 330 | 53 | 489 | 566 | 77 | 496 |
| CRPS | 15 | 15 | 0 | 113 | 108 | ( 6) | 195 | 185 | ( 10) | 185 |
| Late Effects | 13 | 24 | 11 | 54 | 165 | 110 | 145 | 282 | 137 | 154 |
| CRPS | **28** | **39** | **11** | **168** | **272** | **105** | 340 | **467** | **127** | 339 |
| Clin Measurement Dept | 15 | 15 | 1 | 106 | 108 | 2 | 184 | 185 | 1 | 184 |
| Porters/Stores/Switch Dpt | 21 | 22 | 1 | 149 | 155 | 5 | 250 | 265 | 15 | 264 |
| Catering Dept | 14 | 16 | 2 | 106 | 115 | 8 | 185 | 196 | 12 | 185 |
| Domestic Dept | 25 | 30 | 5 | 189 | 212 | 23 | 330 | 363 | 33 | 338 |
| Facilities Dept | 9 | 9 | 0 | 62 | 65 | 2 | 107 | 111 | 4 | 107 |
| Human Resources Dept | 19 | 22 | 3 | 130 | 153 | 23 | 232 | 262 | 30 | 232 |
| Governance Dept | 11 | 11 | 0 | 76 | 77 | 1 | 129 | 131 | 2 | 129 |
| Patient Sec.Services | 18 | 22 | 4 | 135 | 153 | 17 | 219 | 262 | 42 | 219 |
| Medical Records Dept | 11 | 12 | 0 | 74 | 81 | 7 | 126 | 138 | 12 | 126 |
| IT + Computer Dept | 25 | 22 | ( 3) | 166 | 157 | ( 9) | 293 | 269 | ( 24) | 281 |
| Finance Dept | 24 | 25 | 0 | 173 | 172 | ( 1) | 266 | 295 | 29 | 281 |
| Research & Development | 46 | 41 | ( 5) | 317 | 288 | ( 29) | 562 | 494 | ( 68) | 562 |
| Other | 101 | 113 | 12 | 710 | 789 | 80 | 1,230 | 1,353 | 123 | 1,239 |
| **Total expenditure** | **927** | **977** | **50** | **6,468** | **6,839** | **371** | **11,125** | **11,725** | **600** | 11,262 |

Royal National Hospital for Rheumatic Diseases
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## Appendix 3

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

| | Month 7 Actual £'000 | Month 7 Budget £'000 | Month 7 Variance £'000 | YTD Actual £'000 | YTD Budget £'000 | YTD Variance £'000 | Month 12 Forecast £'000 | Annual budget £'000 | Forecast Variance £'000 | Forecast at Month 6 £'000 |
|---|---|---|---|---|---|---|---|---|---|---|
| Neurology Inpatients | 13 | 11 | ( 2) | 87 | 79 | ( 8) | 136 | 136 | ( 0) | 143 |
| Rheumatology Inpats | 6 | 11 | 5 | 41 | 79 | 38 | 107 | 136 | 29 | 107 |
| Rheumatology - Orthotics | 7 | 6 | ( 0) | 45 | 41 | ( 4) | 76 | 70 | ( 5) | 76 |
| Diagnostic Dept | 2 | 8 | 6 | 57 | 54 | ( 2) | 99 | 93 | ( 6) | 99 |
| Pain Management Dept | 3 | 2 | ( 1) | 9 | 14 | 5 | 20 | 22 | 2 | 20 |
| Rheumatology Services | ( 44) | 49 | 94 | 253 | 327 | 74 | 584 | 559 | ( 25) | 584 |
| Medical Contracts | 53 | 49 | ( 4) | 370 | 341 | ( 29) | 600 | 584 | ( 16) | 600 |
| Facilities Dept | 49 | 47 | ( 2) | 320 | 323 | 3 | 537 | 553 | 16 | 537 |
| Human Resources Dept | 3 | 5 | 2 | 16 | 33 | 17 | 44 | 57 | 13 | 44 |
| Patient Transport | 4 | 6 | 2 | 33 | 41 | 8 | 64 | 70 | 6 | 64 |
| Executive | 7 | 5 | ( 2) | 35 | 33 | ( 2) | 58 | 57 | ( 1) | 58 |
| IT + Computer Dept | 11 | 14 | 3 | 93 | 98 | 6 | 169 | 169 | 0 | 169 |
| Finance Dept | 28 | 21 | ( 7) | 253 | 150 | ( 103) | 293 | 256 | ( 37) | 293 |
| Total Other | 98 | 59 | ( 39) | 412 | 401 | ( 11) | 653 | 686 | 33 | 653 |
| **Non Pay** | **269** | **319** | **50** | **2,210** | **2,178** | **( 32)** | **3,739** | **3,726** | **( 13)** | **3,746** |

Royal National Hospital for Rheumatic Diseases
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# Appendix 4

**BALANCE SHEET AS AT** **31 October 2012**

| | 31 Mar 2012 | 31 Oct 2012 | Movement | 30 Sep 2012 | 31 Oct 2012 Forecast | 31 Mar 2013 Forecast |
|---|---|---|---|---|---|---|
| **Fixed Assets** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** |
| Intangible | 126 | 105 | (3) | 108 | 109 | 104 |
| Tangible | 7,162 | 7,194 | 29 | 7,165 | 7,243 | 7,457 |
| **Total Fixed Assets** | **7,288** | **7,299** | **26** | **7,273** | **7,352** | **7,561** |
| **Current Assets** | | | | | | |
| Stock | 44 | 44 | 0 | 44 | 44 | 44 |
| NHS Trade Debtors | 1,589 | 928 | 65 | 863 | 1,355 | 1,060 |
| Provision for Irrecoverable Debt | (138) | (194) | 0 | (194) | (98) | (98) |
| Other Prepayments and Accrued Income | 204 | 775 | (96) | 871 | 627 | 518 |
| Other Debtors | 208 | 315 | 83 | 232 | 429 | 439 |
| Cash at Bank * | 690 | 2,322 | (474) | 2,796 | 2,055 | (875) |
| **Total Current Assets** | **2,597** | **4,190** | **(422)** | **4,612** | **4,413** | **1,088** |
| **Total Assets** | **9,885** | **11,489** | **(396)** | **11,885** | **11,765** | **8,648** |
| **Current Liabilities** | | | | | | |
| NHS Trade Creditors | (1,307) | (537) | (44) | (493) | (434) | (434) |
| Non-NHS Trade Creditors - Revenue | (1,212) | (958) | 655 | (1,613) | (1,621) | (1,597) |
| Non-NHS Trade Creditors - Capital | (27) | 0 | 0 | 0 | 0 | 0 |
| PDC Dividend Creditor | (9) | (17) | (17) | 0 | (16) | (0) |
| Other Creditors | (249) | (416) | (7) | (409) | (241) | (241) |
| Payments Received on Account | (0) | (738) | (7) | (731) | (731) | 0 |
| Accruals and Deferred Income - transitional support | 0 | (1,935) | (173) | (1,762) | (1,588) | (721) |
| Accruals and Deferred Income | (299) | (349) | 14 | (363) | (531) | (131) |
| **Total Current Liabilities** | **(3,103)** | **(4,950)** | **421** | **(5,371)** | **(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** | **6,492** | **25** | **6,467** | **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 | (221) | 24 | (246) | (157) | (1,236) |
| Revaluation Reserve | 947 | 947 | 0 | 947 | 947 | 947 |
| **TOTAL TAXPAYERS' EQUITY** | **6,713** | **6,492** | **24** | **6,467** | **6,556** | **5,477** |

Royal National Hospital for Rheumatic Diseases
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## Appendix 5

### 2012-13 Capital Plan

| CAPITAL FUNDING AVAILABLE | M07 YTD Actual | 2012/13 £000 |
|---|---|---|
| - From Depreciation | 221.0 | 440.0 |
| - ASWCS | 17.7 | 0.0 |
| - Macmillan | 17.7 | 54.0 |
| - Charitable Funds | 0.0 | 268.0 |
| | 256.4 | 762.0 |

**CAPITAL EXPENDITURE**

| | M07 YTD | | | Future in Year | Year End Forecast | | |
|---|---|---|---|---|---|---|---|
| | Actual £000 | Budget £000 | Variance £000 | Commitme £000 | Actual £000 | Budget £000 | Variance £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 | 15.0 | 15.0 | 30.0 | 30.0 | 30.0 | 0.0 |
| EPR Developments | 0.0 | 10.0 | 10.0 | 20.0 | 20.0 | 20.0 | 0.0 |
| Back-up servers | 0.0 | 7.5 | 7.5 | 15.0 | 15.0 | 15.0 | 0.0 |
| Printers | 0.0 | 2.5 | 2.5 | 5.0 | 5.0 | 5.0 | 0.0 |
| Server | 0.0 | 2.5 | 2.5 | 5.0 | 5.0 | 5.0 | 0.0 |
| DATIX upgrade | 0.0 | 2.5 | 2.5 | 0.0 | 0.0 | 5.0 | 5.0 |
| | **42.4** | **85.0** | **42.6** | **77.6** | **120.0** | **125.0** | **5.0** |
| **Building & Maintenance** | | | | | | | |
| Refresh | 0.0 | 0.0 | 0.0 | 50.0 | 50.0 | 250.0 | 200.0 |
| Macmillan Step Down Service / Parry Ward | 77.1 | 0.0 | -77.1 | -5.1 | 72.0 | 54.0 | -18.0 |
| Lightening Conductor | 1.0 | 16.7 | 15.7 | 0.0 | 1.0 | 50.0 | 49.0 |
| Refridgerant (R22) | 3.5 | 7.6 | 4.1 | 9.5 | 13.0 | 13.0 | 0.0 |
| Medical Air Plant | 0.0 | 5.0 | 5.0 | 10.0 | 10.0 | 15.0 | 5.0 |
| Legionella | 0.0 | 13.6 | 13.6 | 25.0 | 25.0 | 25.0 | 0.0 |
| HTM Compliance (Sink Replacement) | 0.8 | 5.8 | 5.0 | 9.2 | 10.0 | 10.0 | 0.0 |
| Fire Precautions | 0.0 | 10.0 | 10.0 | 10.0 | 10.0 | 10.0 | 0.0 |
| Hydro Pool Maintenance | 25.6 | 5.9 | -19.7 | 0.0 | 25.6 | 10.0 | -15.6 |
| Roof | 88.1 | 28.3 | -59.8 | 6.9 | 95.0 | 20.0 | -75.0 |
| CFS | 9.2 | 0.0 | -9.2 | 0.0 | 9.2 | 0.0 | -9.2 |
| | **205.3** | **92.9** | **-112.4** | **115.5** | **320.8** | **457.0** | **136.2** |
| **Medical Equipment** | | | | | | | 0.0 |
| Bladder Scanner | 8.7 | 0.0 | -8.7 | 0.3 | 9.0 | 9.0 | 0.0 |
| Endoscopy Equipment | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 75.0 | 75.0 |
| X-Ray | 0.0 | 82.0 | 82.0 | 0.0 | 0.0 | 82.0 | 82.0 |
| | **8.7** | **82.0** | **73.3** | **0.3** | **9.0** | **166.0** | **157.0** |
| **Other Schemes** | | | | | | | |
| Nurse Call System | 0.0 | 29.2 | 29.2 | 50.0 | 50.0 | 50.0 | 0.0 |
| PACS replacement (10% contribution to RUH) | 0.0 | 29.2 | 29.2 | 50.0 | 50.0 | 50.0 | 0.0 |
| Contingency | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Slippage | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| | **0.0** | **58.3** | **58.3** | **100.0** | **100.0** | **100.0** | **0.0** |
| **TOTAL** | **256.4** | **318.2** | **61.8** | **293.4** | **549.8** | **848.0** | **298.2** |

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# Appendix 6

**Top Ten Debtors as at 31-10-12**

| | Customer | 0 - 30 | 31 - 60 | 61 - 90 | 91 - 180 | 181 - 360 | 361+ | Total Debtors |
|---|---|---|---|---|---|---|---|---|
| 1 | NATIONAL SPECIALISED COMMIISIONING TEAM (LOND( | 176.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 176.2 |
| 2 | HAMPSHIRE PCT | 70.7 | 0.7 | 28.8 | 57.2 | 0.0 | 0.1 | 157.5 |
| 3 | WILTSHIRE PCT | 102.5 | 54.5 | 0.0 | 0.0 | 0.0 | 0.0 | 157.0 |
| 4 | WELSH ORGANISATIONS | 11.6 | 0.2 | 2.4 | 40.0 | 41.6 | -3.6 | 92.3 |
| 5 | BATH AND NORTH EAST SOMERSET PCT | 11.6 | 59.1 | 0.0 | 0.0 | 0.0 | 0.0 | 70.7 |
| 6 | BRISTOL PCT | -1.7 | 54.0 | 0.0 | 0.0 | 1.8 | 0.4 | 54.5 |
| 7 | NHS HEALTH SCOTLAND | 23.0 | 0.0 | 0.0 | 20.9 | 11.0 | -7.0 | 47.8 |
| 8 | NHS NORTH SOMERSET | 18.6 | 14.4 | 0.0 | 0.0 | 0.0 | 0.0 | 33.0 |
| 9 | WORCESTERSHIRE PCT | 12.9 | 0.0 | 11.3 | 0.2 | 0.0 | 0.0 | 24.4 |
| 10 | ROYAL UNITED HOSPITAL BATH NHS TRUST | 5.8 | 3.2 | 0.0 | 9.8 | 3.7 | 0.0 | 22.5 |
| | | 431.1 | 186.2 | 42.5 | 128.1 | 58.2 | -10.2 | 836.0 |
| | **Others** | | | | | | | |
| | NHS | 131.3 | -1.9 | 37.6 | 32.1 | 23.4 | 6.9 | 229.4 |
| | NON NHS | 127.5 | 12.3 | 0.3 | 8.8 | 27.1 | 2.6 | 178.6 |
| | **TOTAL at 31-10-12** | **690.0** | **196.5** | **80.4** | **169.0** | **108.7** | **-0.6** | **1244.0** |
| | % at 31-10-12 | 55% | 16% | 6% | 14% | 9% | 0% | 100% |
| | **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 31-10-2012**

| | Supplier | 0 - 30 | 31 - 60 | 61 - 90 | 91 - 180 | 181 - 360 | 361+ | Total Creditors |
|---|---|---|---|---|---|---|---|---|
| 1 | HAMPSHIRE HOSPITALS NHSFT | 0 | 0 | 0 | 0.0 | 404.9 | 0.0 | 404.9 |
| 2 | ROYAL UNITED HOSPITAL BATH NHS TRUST | 145.8 | 76.5 | 39.6 | 79.3 | -15.1 | 0.0 | 326.0 |
| 3 | NORTH BRISTOL NHS TRUST | 1.0 | 0.0 | 20.4 | 0.0 | 40.3 | 0.0 | 61.8 |
| 4 | HEALTH COMMISSION FOR WALES | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 41.7 | 41.7 |
| 5 | UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST | 0.0 | 25.2 | 5.3 | 10.6 | 0.0 | 0.0 | 41.0 |
| 6 | GREAT WESTERN AMBULANCE SERVICE NHS TRUST | 32.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 32.7 |
| 7 | ALLIANCE MEDICAL LTD | 1.6 | 3.2 | 3.8 | 11.3 | 9.1 | 0.0 | 29.0 |
| 8 | NHS SUPPLY CHAIN | 9.0 | 0.0 | 0.0 | 9.2 | 9.2 | 0.0 | 27.3 |
| 9 | KINGS COLLEGE LONDON | 24.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 24.4 |
| 10 | BATH INSTITUTE FOR RHEUMATIC DISEASES TRADING LTD | 0.3 | 16.3 | 0.0 | 3.8 | 0.4 | 0.0 | 20.8 |
| | | 214.7 | 121.2 | 69.0 | 114.1 | 448.8 | 41.7 | 1009.5 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| OTHERS | 120.2 | 78.5 | 27.4 | 43.6 | -3.3 | 3.8 | 270.3 |
| PAY EXPENDITURE | 347.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 347.5 |
| ACCRUED EXPENDITURE | 283.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 283.8 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **TOTAL at 31/10/2012** | **966.2** | **199.7** | **96.4** | **157.7** | **445.5** | **45.5** | **1911.0** |
| % at 31-10-12 | 51% | 10% | 5% | 8% | 23% | 2% | 100% |
| 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% |

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

**Agenda Item : 10.1**

| | |
|---|---|
| **Title:** | **Charitable Funds Committee Meeting – Chair Report** |
| **Author:** | **Niall Bowen, Non-Executive Director/Chair of Charitable Funds Committee** |
| **Meeting:** | **Trust Board, 22nd November 2012** |
| **Appendices:** | **n/a** |
| **Review:** | **n/a** |
| **Action Required:** | **For Information** |

**CHARITABLE FUNDS COMMITTEE – 17th OCTOBER 2012**
**Summary for information of the Board**

## Fundraising Activity

There are currently 256 applications out, covering all areas of the Trust. Funding has been requested for a sensory room at an estimated cost of £10k. Final approval from the Executive Directors is awaited. Interest in the lecture hall for events organised by external parties continues. Donations for the use of the hall are to be shown as a separate revenue stream. The launch of Roger Rolls book – Diseased, Douched and Doctored – takes place on 26th November 2012, when an exhibition of the Trust's historical artifacts will be displayed.

## Legacy Spend

Recent legacies of over £250k are available for spending on equipment, improvements and services needed by the Trust and which will deliver immediate benefits to patients. Over 30 applications have been made and activity thus far includes completion of the Parry conversion, purchase of a stair climber chair and, subject to final agreement, a self check-in system for patients. The Executive Directors have delayed a decision on the purchase of new X-ray equipment until a better understanding of the reliability of present equipment and the consequences of breakdown are gained. A decision will be made at the December committee meeting, when urgent refurbishments of the OP area will also be considered.

## Financials

Time was spent reviewing a full set of financial reports and a number of costs were challenged. In future one twelfth of the intercompany settlement will be accrued each month instead of a settlement on a quarterly basis. For the December meeting a full reconciliation of donated assets spent through charitable funds has been requested so that these can be tied back to the approved legacy spend. Importantly, a cash flow forecast will now be produced on a monthly basis. The draft Final Accounts 2011/12 were tabled and several amendments made. The final version will come to the Board on 20th December 2012.

## Use of Funds to Support Staff

The support of staff in the run up to Christmas was discussed at length and, this year, it was decided not to make a contribution to departmental parties but, instead, to underwrite the cost of Christmas lunch provided for staff in the canteen. The Chief Executive is to take this up with the Catering Manager and then make the proposal to LINKS. Additionally it has

been suggested that we consider a celebration event for staff to mark the proposed RNHRD/RUH unification. The Executive Directors are to discuss this more fully.

Niall Bowen,
Chair, Charitable Funds.

Royal National Hospital for Rheumatic Diseases
NHS Foundation Trust

**Agenda Item : 11.1**

| | |
|---|---|
| **Title:** | **IGQAC 15.11.2012 Capping Brief** |
| **Author:** | **Christopher Johns, Non-Executive Director Lead for IGQAC** |
| **Meeting:** | **Trust Board, 22nd November 2012** |
| **Appendices:** | **n/a** |
| **Review:** | **n/a** |
| **Action Required:** | **For Information** |

**IGQAC (Integrated Governance and Quality Assurance) Meeting 15.11.2012**
**Summary for information of the Board**

At the 15th November 2012 IGQAC meeting the following items were identified for report to the Board:

1. **Fire Procedures**
   Director of Finance has unfortunately not provided information as requested by IGQAC following its July 25th 2012 meeting. There are mitigating circumstances due to sickness and leave but the matter is outstanding. External assurance regarding controls in place for fire procedures is being urgently pursued outside IGQAC for resolution and the Director of Finance will be invited to be a member of IGQAC from January 2013.

2. **Security**
   The RNHRD commissioned a security review (from Dorset and Somerset Counter Fraud and Security Management Service.) The Security Management Work Plan for 2012/13 has been agreed and signed off by the Director of Finance supported by the lead NED (CJ). **Action** – A progress review of implementation will be under taken by EMG in December 2012.

3. **Delays in Follow – Up Appointments in Rheumatology**
   The Director of Operations confirmed that there has been a significant improvement (at November 2012) in reducing the numbers outstanding from 753 to 404. The challenge will be to continue this improvement in both follow- up appointments and the improved trend in discharges.

4. **CQC Quality and Risk Profile for RNHRD at 30th September 2012**
   The Director of Governance reported that the Trust was rated Green or Yellow in all areas covered by the profile. No risks rated either Red or Amber.

5. **NHS Constitution Assessment Review and Action Plan**
   The Director of Governance has assessed the Trust against the revised NHS Constitution and confirmed that the current RAG rating is Green in all areas.

6. **Complaints**
   There continue to be some complaints received about follow-up appointments but actual numbers are small (2 verbal and 4 written). Follow up appointments are now clinically prioritised. No increasing trend in complaints overall.

**7. Clinical Risk Committee**

No clinical risks rated moderate or above were reported to IGQAC.

Christopher Johns
NED Lead IGQAC